

CHAPTER 144A

NURSING HOMES

- | | | | |
|---------|--|---------------------------------|--|
| 144A.01 | Definitions. | 144A.22 | Organization of board. |
| 144A.02 | Licensure; penalty. | 144A.23 | Jurisdiction of board. |
| 144A.03 | License application. | 144A.24 | Duties of the board. |
| 144A.04 | Qualifications for license. | 144A.251 | Mandatory proceedings. |
| 144A.05 | License renewal. | 144A.26 | Reciprocity with other states. |
| 144A.06 | Transfer of interests. | 144A.27 | Acting administrators. |
| 144A.07 | Fees. | 144A.28 | Severability. |
| 144A.08 | Physical standards; penalty. | 144A.29 | Continuity of rules; authority. |
| 144A.09 | Facilities excluded. | 144A.30 | Pets in nursing homes. |
| 144A.10 | Inspection; commissioner of health; fines. | HEALTH CARE FACILITY GRIEVANCES | |
| 144A.11 | License suspension or revocation; hearing; relicensing. | 144A.51 | Definitions. |
| 144A.12 | Injunctive relief; subpoenas. | 144A.52 | Office of health facility complaints; creation. |
| 144A.13 | Complaints; resident's rights. | 144A.53 | Director; powers and duties. |
| 144A.14 | Voluntary receivership. | 144A.54 | Publication of recommendations; reports. |
| 144A.15 | Involuntary receivership. | 144A.55 | Advisory task force. |
| 144A.16 | Cessation of operations. | 144A.61 | Nursing assistant training. |
| 144A.17 | Advisory council. | 144A.611 | Reimbursable expenses payable to nursing assistants. |
| 144A.18 | Administrator's licenses; penalty. | NURSING HOME DENTAL PROGRAMS | |
| 144A.19 | Board of examiners for administrators; creation, membership. | 144A.65 | Statement of purpose. |
| 144A.20 | Administrator qualifications. | 144A.66 | Program aspects. |
| 144A.21 | Administrator licenses. | 144A.67 | Program supervision. |

144A.01 DEFINITIONS.

Subdivision 1. For the purposes of sections 144A.01 to 144A.27, the terms defined in this section have the meanings given them.

Subd. 2. "Commissioner of health" means the state commissioner of health established by section 144.01.

Subd. 3. "Board of examiners" means the board of examiners for nursing home administrators established by section 144A.19.

Subd. 4. "Controlling person" means any public body, governmental agency, business entity, officer, nursing home administrator, or director whose responsibilities include the direction of the management or policies of a nursing home. "Controlling person" also means any person who, directly or indirectly, beneficially owns any interest in:

- (a) Any corporation, partnership or other business association which is a controlling person;
- (b) The land on which a nursing home is located;
- (c) The structure in which a nursing home is located;
- (d) Any mortgage, contract for deed, or other obligation secured in whole or part by the land or structure comprising a nursing home; or
- (e) Any lease or sub-lease of the land, structure, or facilities comprising a nursing home.

"Controlling person" does not include:

(a) A bank, savings bank, trust company, building and loan association, savings and loan association, credit union, industrial loan and thrift company, investment banking firm, or insurance company unless the entity directly or through a subsidiary operates a nursing home;

(b) An individual state official or state employee, or a member or employee of the governing body of a political subdivision of the state which operates one or more nursing homes, unless the individual is also an officer or director of a nursing home, receives any remuneration from a nursing home, or owns any of the beneficial interests not excluded in this subdivision;

(c) A natural person who is a member of a tax-exempt organization under section 290.05, subdivision 1, clause (i), unless the individual is also an officer or director of a nursing home, or owns any of the beneficial interests not excluded in this subdivision; and

(d) A natural person who owns less than five percent of the outstanding common shares of a corporation:

(1) whose securities are exempt by virtue of section 80A.15, subdivision 1, clause (f); or

(2) whose transactions are exempt by virtue of section 80A.15, subdivision 2, clause (b).

Subd. 5. "Nursing home" means a facility or that part of a facility which provides nursing care to five or more persons. "Nursing home" does not include a facility or that part of a facility which is a hospital, clinic, doctor's office, diagnostic or treatment center, or a residential facility licensed pursuant to sections 245.781 to 245.821 or 252.28.

Subd. 6. "Nursing care" means health evaluation and treatment of patients and residents who are not in need of an acute care facility but who require nursing supervision on an inpatient basis. The commissioner of health may by rule establish levels of nursing care.

Subd. 7. "Uncorrected violation" means a violation of a statute or rule or any other deficiency for which a notice of noncompliance has been issued and fine assessed pursuant to section 144A.10, subdivision 6.

Subd. 8. "Managerial employee" means an employee of a nursing home whose duties include the direction of some or all of the management or policies of the nursing home.

Subd. 9. "Nursing home administrator" means a person who administers, manages, supervises, or is in general administrative charge of a nursing home, whether or not the individual has an ownership interest in the home, and whether or not his functions and duties are shared with one or more individuals, and who is licensed pursuant to section 144A.21.

History: 1976 c 173 s 1; 1977 c 305 s 45; 1980 c 509 s 43

144A.02 LICENSURE; PENALTY.

Subdivision 1. No facility shall be used as a nursing home to provide nursing care unless the facility has been licensed as a nursing home. The commissioner of health may license a facility as a nursing home if the facility meets the criteria established by sections 144A.02 to 144A.10, and the rules promulgated thereunder. A license shall describe the facility to be licensed by address and by legal property description. The license shall specify the location and square footage of the floor space constituting the facility and shall incorporate by reference the plans and specifications of the facility, which plans and specifications shall be kept on file with the commissioner of health. The license may also specify the level or levels of nursing care which the facility is licensed to provide and shall state any conditions or limitations imposed on the facility in accordance with the rules of the commissioner of health.

Subd. 2. A controlling person of a nursing home in violation of this section is guilty of a misdemeanor. The provisions of this subdivision shall not apply to any controlling person who had no legal authority to affect or change decisions related to the operation of the nursing home.

History: 1976 c 173 s 2; 1977 c 305 s 45

144A.03 LICENSE APPLICATION.

Subdivision 1. The commissioner of health by rule shall establish forms and procedures for the processing of nursing home license applications. An application for a nursing home license shall include the following information:

- (a) The names and addresses of all controlling persons and managerial employees of the facility to be licensed;
- (b) The address and legal property description of the facility;
- (c) A copy of the architectural and engineering plans and specifications of the facility as prepared and certified by an architect or engineer registered to practice in this state; and
- (d) Any other relevant information which the commissioner of health by rule or otherwise may determine is necessary to properly evaluate an application for license.

A controlling person which is a corporation shall submit copies of its articles of incorporation and bylaws and any amendments thereto as they occur, together with the names and addresses of its officers and directors. A controlling person which is a foreign corporation shall furnish the commissioner of health with a copy of its certificate of authority to do business in this state. An application on behalf of a controlling person which is a corporation, association or a governmental unit or instrumentality shall be signed by at least two officers or managing agents of that entity.

Subd. 2. Each application for a nursing home license or for renewal of a nursing home license shall specify one or more controlling persons or managerial employees as agents:

- (a) Who shall be responsible for dealing with the commissioner of health on all matters provided for in sections 144A.01 to 144A.17; and
- (b) On whom personal service of all notices and orders shall be made, and who shall be authorized to accept service on behalf of all of the controlling persons of the facility, in proceedings under sections 144A.06; 144A.10, subdivisions 4, 5, and 7; 144A.11, subdivision 3; and 144A.15. Notwithstanding any law to the contrary, personal service on the designated person or persons named in an application shall be deemed to be service on all of the controlling persons or managerial employee of the facility, and it shall not be a defense to any action arising under sections 144A.06; 144A.10, subdivisions 4, 5 and 7; 144A.11, subdivision 3; and 144A.15, that personal service was not made on each controlling person or managerial employee of the facility. The designation of one or more controlling persons or managerial employees pursuant to this subdivision shall not affect the legal responsibility of any other controlling person or managerial employee under sections 144A.01 to 144A.17.

History: 1976 c 173 s 3; 1977 c 305 s 45

144A.04 QUALIFICATIONS FOR LICENSE.

Subdivision 1. No nursing home license shall be issued to a facility unless the commissioner of health determines that the facility complies with the requirements of this section.

Subd. 2. The controlling persons of the facility must comply with the application requirements specified by section 144A.03 and the rules of the commissioner of health.

Subd. 3. The facility must meet the minimum health, sanitation, safety and comfort standards prescribed by the rules of the commissioner of health with respect to the construction, equipment, maintenance and operation of a nursing home. The commissioner of health may temporarily waive compliance with one or more of the standards if he determines that:

(a) Temporary noncompliance with the standard will not create an imminent risk of harm to a nursing home resident; and

(b) A controlling person on behalf of all other controlling persons:

(1) Has entered into a contract to obtain the materials or labor necessary to meet the standard set by the commissioner of health, but the supplier or other contractor has failed to perform the terms of the contract and the inability of the nursing home to meet the standard is due solely to that failure; or

(2) Is otherwise making a diligent good faith effort to meet the standard.

The commissioner of health shall allow, by rule, a nursing home to provide fewer hours of nursing care to intermediate care residents of a nursing home than required by the present rules of the commissioner if the commissioner determines that the needs of the residents of the home will be adequately met by a lesser amount of nursing care.

Subd. 4. The controlling persons of a nursing home may not include any person who was a controlling person of another nursing home during any period of time in the previous two year period during which time of control that other nursing home incurred the following number of uncorrected violations for which violations a fine was assessed and allowed to be recovered:

(a) Two or more uncorrected violations which created an imminent risk of harm to a nursing home resident; or

(b) Ten or more uncorrected violations of any nature.

The provisions of this subdivision shall not apply to any controlling person who had no legal authority to affect or change decisions related to the operation of the nursing home which incurred the uncorrected violations.

Subd. 5. Except as otherwise provided by this subdivision, a nursing home must have a full time licensed nursing home administrator serving the facility. In any nursing home of less than 25 beds, the director of nursing services may also serve as the licensed nursing home administrator. Two nursing homes having a total of 100 beds or less and located within 50 miles of each other may share the services of a licensed administrator if the administrator divides his full time work week between the two facilities in proportion to the number of beds in each facility. Every nursing home shall have a person-in-charge on the premises at all times in the absence of the licensed administrator. The name of the person in charge must be posted in a conspicuous place in the facility. The commissioner of health shall by rule promulgate minimum education and experience requirements for persons-in-charge, and may promulgate rules specifying the times of day during which a licensed administrator must be on the nursing home's premises. A nursing home may employ as its administrator the registered administrator of a hospital licensed pursuant to sections 144.50 to 144.56 if the individual is licensed as a nursing home administrator pursuant to section 144A.20 and the nursing home and hospital have a total of 150 beds or less, are under the same governing body and are located within one-half mile of each other. A nursing home which is located in a facility licensed as a hospital pursuant to sections 144.50 to 144.56, may employ as its administrator the registered administrator of the hospital if the individual meets minimum education and long term care experience criteria set by rule of the commissioner of health.

Subd. 6. A nursing home may not employ as a managerial employee or as its licensed administrator any person who was a managerial employee or the licensed administrator of another facility during any period of time in the previous two year period during which time of employment that other nursing home incurred the following number of uncorrected violations which were in the jurisdiction and control of the managerial employee or the administrator and for which violations a fine was assessed and allowed to be recovered:

- (a) Two or more uncorrected violations which created an imminent risk of harm to a nursing home resident; or
- (b) Ten or more uncorrected violations of any nature.

History: 1976 c 173 s 4; 1977 c 305 s 45; 1977 c 326 s 2; 1977 c 305 s 45; 1978 c 536 s 1

144A.05 LICENSE RENEWAL.

Unless the license expires in accordance with section 144A.06 or is suspended or revoked in accordance with section 144A.11, a nursing home license shall remain effective for a period of one year from the date of its issuance. The commissioner of health by rule shall establish forms and procedures for the processing of license renewals. The commissioner of health shall approve a license renewal application if the facility continues to satisfy the requirements, standards and conditions prescribed by sections 144A.01 to 144A.17 and the rules promulgated thereunder. Except as provided in section 144A.08, a facility shall not be required to submit with each application for a license renewal additional copies of the architectural and engineering plans and specifications of the facility. Before approving a license renewal, the commissioner of health shall determine that the facility's most recent balance sheet and its most recent statement of revenues and expenses, as audited by the state auditor, by a certified public accountant licensed by this state or by a public accountant as defined in section 412.222, have been received by the department of public welfare.

History: 1976 c 173 s 5; 1977 c 305 s 45; 1977 c 326 s 3

144A.06 TRANSFER OF INTERESTS.

Subdivision 1. Notice; expiration of license. Any controlling person who makes any transfer of a beneficial interest in a nursing home shall notify the commissioner of health of the transfer within 14 days of its occurrence. The notification shall identify by name and address the transferor and transferee and shall specify the nature and amount of the transferred interest. If the commissioner of health determines that the transferred beneficial interest exceeds ten percent of the total beneficial interest in the nursing home facility, the structure in which the facility is located, or the land upon which the structure is located, he may, and if he determines that the transferred beneficial interest exceeds 50 percent of the total beneficial interest in the facility, the structure in which the facility is located, or the land upon which the structure is located, he shall, require that the license of the nursing home expire 90 days after the date of transfer. The commissioner of health shall notify the nursing home by certified mail of the expiration of the license at least 60 days prior to the date of expiration.

Subd. 2. Relicensure. The commissioner of health by rule shall prescribe procedures for relicensure under this section. The commissioner of health shall relicense a nursing home if the facility satisfies the requirements for license renewal established by section 144A.05. A facility shall not be relicensed by the commissioner if at the time of transfer there are any uncorrected violations. The commissioner of health may temporarily waive correction of one or more violations if he determines that:

- (a) Temporary noncorrection of the violation will not create an imminent risk of harm to a nursing home resident; and
- (b) A controlling person on behalf of all other controlling persons:
 - (1) Has entered into a contract to obtain the materials or labor necessary to correct the violation, but the supplier or other contractor has failed to perform the terms of the contract and the inability of the nursing home to correct the violation is due solely to that failure; or

(2) Is otherwise making a diligent good faith effort to correct the violation.

History: 1976 c 173 s 6; 1977 c 305 s 45

144A.07 FEES.

Each application for a license to operate a nursing home, or for a renewal of license, except an application by the Minnesota veterans home or the commissioner of public welfare for the licensing of state institutions, shall be accompanied by a fee to be prescribed by the commissioner of health pursuant to section 144.122. No fee shall be refunded.

History: 1976 c 173 s 7; 1977 c 305 s 45

144A.08 PHYSICAL STANDARDS; PENALTY.

Subdivision 1. **Establishment.** The commissioner of health by rule shall establish minimum standards for the construction, maintenance, equipping and operation of nursing homes. The rules shall to the extent possible assure the health, treatment, comfort, safety and well being of nursing home residents.

Subd. 2. **Report.** The controlling persons of a nursing home shall, in accordance with rules established by the commissioner of health, within 14 days of the occurrence, notify the commissioner of health of any change in the physical structure of a nursing home, which change would affect compliance with the rules of the commissioner of health or with sections 144A.01 to 144A.17.

Subd. 3. **Penalty.** Any controlling person who establishes, conducts, manages or operates a nursing home which incurs the following number of uncorrected violations, in any two year period, for which violations a fine was assessed and allowed to be recovered:

(a) Two or more uncorrected violations which created an imminent risk of harm to a nursing home resident; or

(b) Ten or more uncorrected violations of any nature, is guilty of a misdemeanor.

The provisions of this subdivision shall not apply to any controlling person who had no legal authority to affect or change decisions as to the operation of the nursing home which incurred the uncorrected violations.

History: 1976 c 173 s 8; 1977 c 305 s 45

144A.09 FACILITIES EXCLUDED.

Subdivision 1. No rule established under sections 144A.01 to 144A.17 other than a rule relating to sanitation and safety of premises, to cleanliness of operation or to physical equipment, shall apply to a nursing home conducted in accordance with the teachings of the body known as the Church of Christ, Scientist.

Subd. 2. The provisions of sections 144A.01 to 144A.27 shall not apply to a facility operated by a religious society or order to provide nursing care to 20 or fewer non-lay members of the order or society.

History: 1976 c 173 s 9

144A.10 INSPECTION; COMMISSIONER OF HEALTH; FINES.

Subdivision 1. **Enforcement authority.** The commissioner of health is the exclusive state agency charged with the responsibility and duty of inspecting all facilities required to be licensed under section 144A.02. The commissioner of health shall enforce the rules established pursuant to sections 144A.01 to 144A.17, subject only to the authority of the department of public safety respecting the enforcement of fire and safety standards in nursing homes and the responsibility of the commissioner of public welfare under sections 245.781 to 245.821 or 252.28.

Subd. 2. **Inspections.** The commissioner of health shall annually inspect each nursing home to assure compliance with sections 144A.01 to 144A.17 and the rules promulgated thereunder. The annual inspection shall be a full inspection of the nursing home. If upon a reinspection provided for in subdivision 5 the representative of the commissioner of health finds one or more uncorrected violations, a second inspection of the facility shall be conducted. The second inspection need not be a full inspection. No prior notice shall be given of an inspection conducted pursuant to this subdivision. Any employee of the commissioner of health who willfully gives or causes to be given any advance notice of an inspection required or authorized by this subdivision shall be subject to suspension or dismissal in accordance with chapter 43. An inspection required by a federal rule or statute may be conducted in conjunction with or subsequent to any other inspection. Any inspection required by this subdivision may be in addition to or in conjunction with the reinspections required by subdivision 5. Nothing in this subdivision shall be construed to prohibit the commissioner of health from making more than one unannounced inspection of any nursing home during its license year. The commissioner of health shall coordinate his inspections of nursing homes with inspections by other state and local agencies.

Subd. 3. **Reports; posting.** After each inspection or reinspection required or authorized by this section, the commissioner of health shall, by certified mail, send copies of any correction order or notice of noncompliance to the nursing home. A copy of each correction order and notice of noncompliance, and copies of any documentation supplied to the commissioner of health or the commissioner of public welfare under sections 144A.03 or 144A.05 shall be kept on file at the nursing home and shall be made available for viewing by any person upon request. Except as otherwise provided by this subdivision, a copy of each correction order and notice of noncompliance received by the nursing home after its most recent inspection or reinspection shall be posted in a conspicuous and readily accessible place in the nursing home. No correction order or notice of noncompliance need be posted until any appeal, if one is requested by the facility, pursuant to subdivision 8, has been completed. All correction orders and notices of noncompliance issued to a nursing home owned and operated by the state or political subdivision of the state shall be circulated and posted at the first public meeting of the governing body after the order or notice is issued. Confidential information protected by section 15.1641, shall not be made available or posted as provided in this subdivision unless it may be made available or posted in a manner authorized by sections 15.1641 to 15.165.

Subd. 4. **Correction orders.** Whenever a duly authorized representative of the commissioner of health finds upon inspection of a nursing home, that the facility or a controlling person or an employee of the facility is not in compliance with sections 144A.01 to 144A.17 or the rules promulgated thereunder, a correction order shall be issued to the facility. The correction order shall state the deficiency, cite the specific rule or statute violated, state the suggested method of correction, and specify the time allowed for correction. The commissioner of health by rule shall establish a schedule of allowable time periods for correction of nursing home deficiencies.

Subd. 5. **Reinspections.** A nursing home issued a correction order under this section shall be reinspected at the end of the period allowed for correction. The reinspection may be made in conjunction with the next annual inspection or any other scheduled inspection. If upon reinspection the representative of the commissioner of health determines that the facility has not corrected a violation identified in the correction order, a notice of noncompliance with the correction order shall be mailed by certified mail to the nursing home. The notice shall specify the violations not corrected and the fines assessed in accordance with subdivision 6.

Subd. 6. **Fines.** A nursing home which is issued a notice of noncompliance with a correction order shall be assessed a civil fine in accordance with a schedule of fines promulgated by rule of the commissioner of health. The fine shall be assessed for each day the facility remains in noncompliance and until a notice of correction is received by the commissioner of health in accordance with subdivision 7. No fine for a specific violation may exceed \$250 per day of noncompliance.

Subd. 7. **Accumulation of fines.** A nursing home shall promptly notify the commissioner of health in writing when a violation noted in a notice of noncompliance is corrected. Upon receipt of written notification by the commissioner of health, the daily fine assessed for the deficiency shall stop accruing. The facility shall be reinspected within three working days after receipt of the notification. If upon reinspection the representative of the commissioner of health determines that a deficiency has not been corrected as indicated by the notification of compliance the daily fine assessment shall resume and the amount of fines which otherwise would have accrued during the period prior to resumption shall be added to the total assessment due from the nursing home. The commissioner of health shall notify the nursing home of the resumption by certified mail. The nursing home may challenge the resumption as a contested case in accordance with the provisions of chapter 15. Recovery of the resumed fine shall be stayed if a controlling person or his legal representative on behalf of the nursing home makes a written request for a hearing on the resumption within 15 days of receipt of the notice of resumption. The cost of a reinspection conducted pursuant to this subdivision shall be added to the total assessment due from the nursing home.

Subd. 8. **Recovery of fines; hearing.** Fines assessed under this section shall be payable 15 days after receipt of the notice of noncompliance and at 15 day intervals thereafter, as the fines accrue. Recovery of an assessed fine shall be stayed if a controlling person or his legal representative on behalf of the nursing home makes a written request for a hearing on the notice of noncompliance within 15 days after the home's receipt of the notice. A hearing under this subdivision shall be conducted as a contested case in accordance with chapter 15. If a nursing home, after notice and opportunity for hearing on the notice of noncompliance, or on the resumption of the fine, does not pay a properly assessed fine in accordance with this subdivision, the commissioner of health shall notify the commissioner of public welfare who shall deduct the amount from reimbursement moneys due or to be due the facility under chapter 256B. The commissioner of health may consolidate the hearings provided for in subdivisions 7 and 8 in cases in which a facility has requested hearings under both provisions. The hearings provided for in subdivisions 7 and 8 shall be held within 30 days after the request for the hearing. If a consolidated hearing is held, it shall be held within 30 days of the request which occurred last.

Subd. 9. **Nonlimiting.** Nothing in this section shall be construed to limit the powers granted to the commissioner of health by section 144A.11.

History: 1976 c 173 s 10; 1977 c 305 s 45; 1977 c 326 s 4,5; 1980 c 509 s 44

144A.11 LICENSE SUSPENSION OR REVOCATION; HEARING; RELI-CENSING.

Subdivision 1. **Optional proceedings.** The commissioner of health may institute proceedings to suspend or revoke a nursing home license, or he may refuse to grant or renew the license of a nursing home if any action by a controlling person or employee of the nursing home:

(a) Violates any of the provisions of sections 144A.01 to 144A.08, 144A.13 or 144A.16, or the rules promulgated thereunder;

- (b) Permits, aids, or abets the commission of any illegal act in the nursing home;
- (c) Performs any act contrary to the welfare of a patient or resident of the nursing home; or
- (d) Obtains, or attempts to obtain, a license by fraudulent means or misrepresentation.

Subd. 2. **Mandatory proceedings.** The commissioner of health shall initiate proceedings to suspend or revoke a nursing home license or shall refuse to renew a license if within the preceding two years the nursing home has incurred the following number of uncorrected violations for which violations a fine was assessed and allowed to be recovered:

- (a) Two or more uncorrected violations which created an imminent risk of harm to a nursing home resident; or
- (b) Ten or more uncorrected violations of any nature.

Subd. 3. **Hearing.** No nursing home license may be suspended or revoked without a hearing held as a contested case in accordance with chapter 15. If the controlling person designated under section 144A.03, subdivision 2, as an agent to accept service on behalf of all of the controlling persons of the nursing home has been notified by the commissioner of health that the facility will not receive an initial license or that a license renewal has been denied, the controlling person or his legal representative on behalf of the nursing home may request and receive a hearing on the denial. This hearing shall be held as a contested case in accordance with chapter 15.

Subd. 4. **Relicensing.** If a nursing home license is revoked a new application for license may be considered by the commissioner of health when the conditions upon which revocation was based have been corrected and satisfactory evidence of this fact has been furnished to the commissioner of health. A new license may be granted after an inspection has been made and the facility has been found to comply with all provisions of sections 144A.01 to 144A.17 and the rules promulgated thereunder.

History: 1976 c 173 s 11; 1977 c 305 s 45

144A.12 INJUNCTIVE RELIEF; SUBPOENAS.

Subdivision 1. **Injunctive relief.** In addition to any other remedy provided by law, the commissioner of health may in his own name bring an action in the district court in Ramsey county or in the district in which a nursing home is located to enjoin a controlling person or an employee of the nursing home from illegally engaging in activities regulated by sections 144A.01 to 144A.17. A temporary restraining order may be granted by the court in the proceeding if continued activity by the controlling person or employee would create an imminent risk of harm to a resident of the facility.

Subd. 2. **Subpoenas.** In all matters pending before him under sections 144A.01 to 144A.17, the commissioner of health shall have the power to issue subpoenas and compel the attendance of witnesses and the production of all necessary papers, books, records, documents and other evidentiary material. Any person failing or refusing to appear or testify regarding any matter about which he may be lawfully questioned or to produce any papers, books, records, documents or evidentiary materials in the matter to be heard, after having been required by order of the commissioner of health or by a subpoena of the commissioner of health to do so may, upon application by the commissioner of health to the district court in any district, be ordered by the court to comply therewith. The commissioner of health may issue subpoenas and may administer oaths to witnesses, or take their affirmation. Depositions may be taken within or without the state in the manner provided by law for the taking of depositions in

civil actions. A subpoena or other process or paper may be served upon any named person anywhere within the state by any officer authorized to serve subpoenas in civil actions, with the same fees and mileage and in the same manner as prescribed by law for process issued out of the district court of this state. Fees and mileage and other costs of persons subpoenaed by the commissioner of health shall be paid in the same manner as for proceedings in district court.

History: 1976 c 173 s 12; 1977 c 305 s 45

144A.13 COMPLAINTS; RESIDENT'S RIGHTS.

Subdivision 1. **Processing.** All matters relating to the operation of a nursing home which are the subject of a written complaint from a resident and which are received by a controlling person or employee of the nursing home shall be delivered to the facility's administrator for evaluation and action. Failure of the administrator within seven days of its receipt to resolve the complaint, or alternatively, the failure of the administrator to make a reply within seven days after he receives it to the complaining resident stating that the complaint did not constitute a valid objection to the nursing home's operations, shall be a violation of section 144A.10. If a complaint directly involves the activities of a nursing home administrator, the complaint shall be resolved in accordance with this section by a person, other than the administrator, duly authorized by the nursing home to investigate the complaint and implement any necessary corrective measures.

Subd. 2. **Resident's rights.** The administrator of a nursing home shall inform each resident in writing at the time of admission of his right to complain to the administrator about facility accommodations and services. A notice of the right to complain shall be posted in the nursing home. The administrator shall also inform each resident of his right to complain to the commissioner of health. No controlling person or employee of a nursing home shall retaliate in any way against a complaining nursing home resident and no nursing home resident may be denied any right available to him under chapter 566.

History: 1976 c 173 s 13; 1977 c 305 s 45

144A.14 VOLUNTARY RECEIVERSHIP.

A majority in interest of the controlling persons of a nursing home may at any time request the commissioner of health to assume the operation of the nursing home through appointment of a receiver. Upon receiving a request for a receiver, the commissioner of health may, if he deems receivership desirable, enter into an agreement with a majority in interest of the controlling persons, providing for the appointment of a receiver to take charge of the facility under conditions deemed appropriate by both parties. The agreement shall specify all terms and conditions of the receivership and shall preserve all rights of the facility residents as granted by law. A receivership initiated in accordance with this section shall terminate at the time specified by the parties or at the time when either party notifies the other in writing that he wishes to terminate the receivership agreement.

History: 1976 c 173 s 14; 1977 c 305 s 45

144A.15 INVOLUNTARY RECEIVERSHIP.

Subdivision 1. **Petition, notice.** In addition to any other remedy provided by law, the commissioner of health may petition the district court in Ramsey county or in the district in which a nursing home is located for an order directing the controlling persons of the nursing home to show cause why the commissioner of health or his designee should not be appointed receiver to operate the facility. The petition to the district court shall contain proof by affidavit that the commissioner of health has either commenced license suspension or revocation

proceedings, suspended or revoked a license, or decided not to renew the nursing home license. The order to show cause shall be returnable not less than five days after service is completed and shall provide for personal service of a copy to the nursing home administrator and to the persons designated as agents by the controlling persons to accept service on their behalf pursuant to section 144A.03, subdivision 2.

Subd. 2. **Appointment of receiver, rental.** If, after hearing, the court finds that involuntary receivership is necessary as a means of protecting the health, safety or welfare of a resident of a nursing home, the court shall appoint the commissioner of health, or any other person designated by the commissioner of health, as a receiver to take charge of the facility. The court shall determine a fair monthly rental for the facility, taking into account all relevant factors including the condition of the facility. This rental fee shall be paid by the receiver to the appropriate controlling persons for each month that the receivership remains in effect. Notwithstanding any other law to the contrary, no payment made to a controlling person by any state agency during a period of involuntary receivership shall include any allowance for profit or be based on any formula which includes an allowance for profit.

Subd. 3. **Powers and duties of receiver.** A nursing home receiver appointed pursuant to this section shall with all reasonable speed, but in any case, within 18 months after the receivership order, provide for the orderly transfer of all the nursing home's residents to other facilities or make other provisions for their continued safety and health care. The receiver may correct or eliminate those deficiencies in the facility which seriously endanger the life, health or safety of the residents unless the correction or elimination of deficiencies involves major alterations in the physical structure of the nursing home. He shall, during this period, operate the nursing home in a manner designed to guarantee the safety and adequate health care of the residents. The receiver shall take no action which impairs the legal rights of a resident of the nursing home. He shall have power to make contracts and incur lawful expenses. He shall collect incoming payments from all sources and apply them to the cost incurred in the performance of his functions as receiver. No security interest in any real or personal property comprising the nursing home or contained within it, or in any fixture of the facility, shall be impaired or diminished in priority by the receiver. The receiver shall pay all valid obligations of the nursing home and shall deduct these expenses, if appropriate, from rental payments owed to any controlling person by virtue of the receivership.

Subd. 4. **Receiver's fee; liability; commissioner assistance.** A nursing home receiver appointed pursuant to this section shall be entitled to a reasonable receiver's fee as determined by the court. The receiver shall be liable only in his official capacity for injury to person and property by reason of the conditions of the nursing home. He shall not be personally liable, except for his gross negligence and intentional acts. The commissioner of health shall assist the receiver in carrying out his duties.

Subd. 5. **Termination.** An involuntary receivership imposed pursuant to this section shall terminate 18 months after the date on which it was ordered or at any other time designated by the court or upon the occurrence of any of the following events:

- (a) A determination by the commissioner of health that the nursing home's license should be renewed or should not be suspended or revoked;
- (b) The granting of a new license to the nursing home; or
- (c) A determination by the commissioner of health that all of the residents of the nursing home have been provided alternative health care, either in another facility or otherwise.

History: 1976 c 173 s 15; 1977 c 305 s 45

144A.16 CESSATION OF OPERATIONS.

If a nursing home plans to cease operations or to curtail operations to the extent that relocation of residents is necessary, the controlling persons of the facility shall notify the commissioner of health at least 90 days prior to the scheduled cessation or curtailment. The commissioner of health shall cooperate with and advise the controlling persons of the nursing home in the resettlement of residents. Failure to comply with this section shall be a violation of section 144A.10.

History: 1976 c 173 s 16; 1977 c 305 s 45

144A.17 ADVISORY COUNCIL.

A nursing home advisory council consisting of 15 members shall be appointed by the commissioner of health to advise and make recommendations on proposed rules and other matters relating to nursing homes. The members of the council shall be selected from both urban and rural areas of the state, and shall include the following:

(a) Five professionals engaged in providing services to residents of nursing homes, including a currently registered nurse, pharmacist, dietitian, medical doctor, and social worker;

(b) A licensed nursing home administrator;

(c) Two controlling persons of a proprietary nursing home;

(d) Two controlling persons each associated with a different nonprofit nursing home;

(e) Three nursing home residents not residing in the same home; and

(f) Two public members as defined in section 214.02.

The council shall expire and the terms, compensation and removal of members shall be as provided in section 15.059.

History: 1976 c 173 s 17; 1977 c 305 s 45

144A.18 ADMINISTRATOR'S LICENSES; PENALTY.

No person shall act as a nursing home administrator or purport to be a nursing home administrator unless he is licensed by the board of examiners for nursing home administrators. A violation of this section is a misdemeanor.

History: 1976 c 173 s 18

144A.19 BOARD OF EXAMINERS FOR ADMINISTRATORS; CREATION, MEMBERSHIP.

Subdivision 1. There is hereby created the board of examiners for nursing home administrators which shall consist of the following members:

(a) A designee of the commissioner of health who shall be a nonvoting member;

(b) The commissioner of public welfare, or his designee who shall be a nonvoting member; and

(c) The following members appointed by the governor:

(1) Two members actively engaged in the management, operation, or ownership of proprietary nursing homes;

(2) Two members actively engaged in the management or operation of nonprofit nursing homes;

(3) One member actively engaged in the practice of medicine;

(4) One member actively engaged in the practice of professional nursing; and

(5) Three public members as defined in section 214.02.

Subd. 2. Membership terms, compensation of members, removal of members, the filling of membership vacancies, fiscal year and reporting requirements, the provision of staff, administrative services and office space, the review and processing of complaints, the setting of board fees and other provisions relating to board operations for the board of examiners shall be as provided in chapter 214.

Subd. 3. The provision of staff, administrative services and office space, the review and processing of complaints; the setting of board fees; and other provisions relating to board operations shall be as provided in chapter 214.

History: 1976 c 173 s 19; 1977 c 305 s 45; 1977 c 347 s 24; 1977 c 444 s 10

144A.20 ADMINISTRATOR QUALIFICATIONS.

Subdivision 1. The board of examiners may issue licenses to qualified persons as nursing home administrators, and shall establish qualification criteria for nursing home administrators. No license shall be issued to a person as a nursing home administrator unless he:

(a) Is at least 18 years of age and otherwise suitably qualified;

(b) Has satisfactorily met standards set by the board of examiners, which standards shall be designed to assure that nursing home administrators will be individuals who, by training or experience are qualified to serve as nursing home administrators; and

(c) Has passed an examination approved by the board and designed to test for competence in the subject matters referred to in clause (b), or has been approved by the board of examiners through the development and application of other appropriate techniques.

Subd. 2. Notwithstanding any law to the contrary, no person desiring to be licensed to administer a nursing home operated exclusively in accordance with the teachings of the body known as the Church of Christ, Scientist, shall be required to demonstrate proficiency in any medical technique or meet any medical educational qualification or medical standard which is not in accord with the type of remedial care and treatment provided in a nursing home operated exclusively in accordance with the teachings of that body.

History: 1976 c 173 s 20

144A.21 ADMINISTRATOR LICENSES.

Subdivision 1. A nursing home administrator's license shall not be transferable.

Subd. 2. The board of examiners by rule shall establish forms and procedures for the processing of license renewals. A nursing home administrator's license may be renewed only in accordance with the standards adopted by the board of examiners pursuant to section 144A.24.

Subd. 3. [Repealed, 1977 c 444 s 21]

Subd. 4. [Repealed, 1977 c 444 s 21]

History: 1976 c 173 s 21; 1977 c 444 s 11

144A.22 ORGANIZATION OF BOARD.

The board of examiners shall elect from its membership a chairman, vice-chairman and secretary-treasurer, and shall adopt rules to govern its proceedings. Except as otherwise provided by law the board of examiners shall employ and fix the compensation and duties of an executive secretary and other neces-

sary personnel to assist it in the performance of its duties. The executive secretary shall not be a member of the board of examiners.

History: 1976 c 173 s 22

144A.23 JURISDICTION OF BOARD.

Except as provided in section 144A.04, subdivision 5, the board of examiners shall have exclusive authority to determine the qualifications, skill and fitness required of any person to serve as an administrator of a nursing home. The holder of a license shall be deemed fully qualified to serve as the administrator of a nursing home.

History: 1976 c 173 s 23

144A.24 DUTIES OF THE BOARD.

The board of examiners shall:

(a) Develop and enforce standards for nursing home administrator licensing, which standards shall be designed to assure that nursing home administrators will be individuals of good character who, by training or experience, are suitably qualified to serve as nursing home administrators;

(b) Develop appropriate techniques, including examinations and investigations, for determining whether applicants and licensees meet the board's standards;

(c) Issue licenses to those individuals who are found to meet the board's standards;

(d) Establish and implement procedures designed to assure that individuals licensed as nursing home administrators will comply with the board's standards;

(e) Receive, investigate, and take appropriate action consistent with chapter 214, to revoke or suspend the license of a nursing home administrator who fails to comply with sections 144A.18 to 144A.27 or the board's standards;

(f) Conduct a continuing study and investigation of nursing homes, and the administrators of nursing homes within the state, with a view to the improvement of the standards imposed for the licensing of administrators and improvement of the procedures and methods used for enforcement of the board's standards; and

(g) Approve or conduct courses of instruction or training designed to prepare individuals for licensing in accordance with the board's standards. Courses designed to meet license renewal requirements shall be designed solely to improve professional skills and shall not include classroom attendance requirements exceeding 50 hours per year. The board may approve courses conducted within or without this state.

History: 1976 c 173 s 24; 1980 c 509 s 45

144A.25 [Repealed, 1977 c 444 s 21]

144A.251 MANDATORY PROCEEDINGS.

In addition to its discretionary authority to initiate proceedings under section 144A.24 and chapter 214, the board of examiners shall initiate proceedings to suspend or revoke a nursing home administrator license or shall refuse to renew a license if within the preceding two year period the administrator was employed at a nursing home which during the period of his employment incurred the following number of uncorrected violations, which violations were in the jurisdiction and control of the administrator and for which a fine was assessed and allowed to be recovered:

(a) Two or more uncorrected violations which created an imminent risk of harm to a nursing home resident; or

(b) Ten or more uncorrected violations of any nature.

History: 1976 c 173 s 26; 1977 c 444 s 12

144A.26 RECIPROCITY WITH OTHER STATES.

The board of examiners may issue a nursing home administrator's license, without examination, to any person who holds a current license as a nursing home administrator from another jurisdiction if the board finds that the standards for licensure in the other jurisdiction are at least the substantial equivalent of those prevailing in this state and that the applicant is otherwise qualified.

History: 1976 c 173 s 27

144A.27 ACTING ADMINISTRATORS.

If a licensed nursing home administrator is removed from his position by death or other unexpected cause, the controlling persons of the nursing home suffering the removal may designate an acting nursing home administrator who may serve without a license for no more than 90 days, unless an extension is granted by the board of examiners.

History: 1976 c 173 s 28

144A.28 SEVERABILITY.

Any part of sections 144A.18 to 144A.27 which is in conflict with any act of congress of the United States or any rule of a federal agency, so as to deprive nursing homes of this state of federal funds, shall be deemed void without affecting the remaining provisions of sections 144A.18 to 144A.27.

History: 1976 c 173 s 29

144A.29 CONTINUITY OF RULES; AUTHORITY.

Subdivision 1. The provisions of any rule affecting nursing homes or nursing home administrators heretofore promulgated in accordance with chapter 144, or hereafter promulgated in accordance with subdivision 2, shall remain effective with respect to nursing homes and nursing home administrators until repealed, modified or superseded by a rule promulgated in accordance with Laws 1976, Chapter 173.

Subd. 2. Any investigation, disciplinary hearing, court action or other proceeding affecting a nursing home or nursing home administrator heretofore initiated by the commissioner of health or board of examiners in accordance with chapter 144, shall be conducted and completed in accordance with that chapter as it existed prior to the effective date of this section. Proceedings heretofore initiated by the commissioner of health or board of examiners leading to the establishment of a rule affecting nursing homes or nursing home administrators may be continued and the rule may be promulgated in accordance with heretofore existing law, notwithstanding any other provision of Laws 1976, Chapter 173.

Subd. 3. As soon as possible after the effective date of this section, the commissioner of health shall by rule establish a schedule of fines in accordance with section 144A.10, subdivision 6.

Subd. 4. Each rule promulgated by the commissioner of health pursuant to sections 144A.01 to 144A.17 shall contain a short statement of the anticipated costs and benefits to be derived from the provisions of the rule.

History: 1976 c 173 s 30; 1977 c 305 s 45

144A.30 PETS IN NURSING HOMES.

Nursing homes may keep pet animals on the premises subject to reasonable rules as to the care, type and maintenance of the pet.

History: 1979 c 38 s 1

HEALTH CARE FACILITY GRIEVANCES**144A.51 DEFINITIONS.**

Subdivision 1. For the purposes of sections 144A.51 to 144A.55, the terms defined in this section have the meanings given them.

Subd. 2. "Administrative agency" or "agency" means any division, official, or employee of a state or local governmental agency, but does not include:

- (a) Any member of the senate or house of representatives;
- (b) The governor or his personal staff;
- (c) Any instrumentality of the federal government of the United States; or
- (d) Any court or judge.

Subd. 3. "Director" means the director of the office of health facility complaints.

Subd. 4. "Health care provider" means any professional licensed by the state to provide medical or health care services who does provide the services to a resident of a health facility.

Subd. 5. "Health facility" means a facility or that part of a facility which is required to be licensed pursuant to sections 144.50 to 144.58, and a facility or that part of a facility which is required to be licensed under any law of this state which provides for the licensure of nursing homes.

Subd. 6. "Resident" means any resident or patient of a health facility, or the guardian or conservator of a resident or patient of a health facility, if one has been appointed.

History: 1976 c 325 s 1

144A.52 OFFICE OF HEALTH FACILITY COMPLAINTS; CREATION.

Subdivision 1. The office of health facility complaints is hereby created in the department of health. The office shall be headed by a director appointed by the state commissioner of health. The director shall report to and serve at the pleasure of the state commissioner of health.

The commissioner of health shall provide the office of health facility complaints with office space, administrative services and secretarial and clerical assistance.

Subd. 2. The director may appoint a deputy director and one personal secretary to discharge the responsibilities of his office. Any deputy director or personal secretary shall serve at the director's pleasure and shall be in the unclassified service. All other employees of the office shall be classified employees of the state commissioner of health.

Subd. 3. The director may delegate to members of his staff any of his authority or duties except the duty of formally making recommendations to the legislature, administrative agencies, health facilities, health care providers, and the state commissioner of health.

Subd. 4. The director shall attempt to include on his staff persons with expertise in areas such as law, health care, social work, dietary needs, sanitation, financial audits, health-safety requirements as they apply to health facilities, and any other relevant fields. To the extent possible, employees of the office shall meet federal training requirements for health facility surveyors.

History: 1976 c 325 s 2; 1977 c 305 s 45

144A.53 DIRECTOR; POWERS AND DUTIES.

Subdivision 1. **Powers.** The director may:

(a) Promulgate by rule, pursuant to chapter 15, and within the limits set forth in subdivision 2, the methods by which complaints against health facilities, health care providers or administrative agencies are to be made, reviewed, investigated, and acted upon; provided, however, that he may not charge a fee for filing a complaint;

(b) Recommend legislation and changes in rules to the state commissioner of health, legislature, governor, administrative agencies or the federal government;

(c) Investigate, upon a complaint or upon his own initiative, any action or failure to act by a health care provider or a health facility;

(d) Request and receive access to relevant information, records, or documents in the possession of an administrative agency, a health care provider, or a health facility which he deems necessary for the discharge of his responsibilities;

(e) Enter and inspect, at any time, a health facility; provided that the director shall not unduly interfere with or disturb the activities of a resident unless the resident consents;

(f) Issue a correction order pursuant to section 144.653 or any other law which provides for the issuance of correction orders to health care facilities;

(g) Recommend the certification or decertification of health facilities pursuant to Title XVIII or Title XIX of the United States Social Security Act;

(h) Assist residents of health facilities in the enforcement of their rights under Minnesota law; and

(i) Work with administrative agencies, health facilities, health care providers and organizations representing consumers on programs designed to provide information about health facilities to the public and to health facility residents.

Subd. 2. **Complaints.** The director may receive a complaint from any source concerning an action of an administrative agency, a health care provider, or a health facility. He may require a complainant to pursue other remedies or channels of complaint open to the complainant before accepting or investigating the complaint.

The director shall keep written records of all complaints and his action upon them. After completing his investigation of a complaint, he shall inform the complainant, the administrative agency having jurisdiction over the subject matter, the health care provider and the health facility of the action taken.

Subd. 3. **Recommendations.** If, after duly considering a complaint and whatever material he deems pertinent, the director determines that the complaint is valid, he may recommend that an administrative agency, a health care provider or a health facility should:

(a) Modify or cancel the actions which gave rise to the complaint;

(b) Alter the practice, rule or decision which gave rise to the complaint;

(c) Provide more information about the action under investigation; or

(d) Take any other step which the director considers appropriate.

If the director requests, the administrative agency, a health care provider or health facility shall, within the time specified, inform the director about the action taken on his recommendation.

Subd. 4. **Referral of complaints.** If a complaint received by the director relates to a matter more properly within the jurisdiction of an occupational licensing board, the office of consumer services or any other governmental

agency, the director shall forward the complaint to that agency and shall inform the complaining party of the forwarding. The agency shall promptly act in respect to the complaint, and shall inform the complaining party and the director of its disposition. If a governmental agency receives a complaint which is more properly within the jurisdiction of the director, it shall promptly forward the complaint to the director, and shall inform the complaining party of the forwarding. If the director has reason to believe that any official or employee of an administrative agency or health facility has acted in a manner warranting criminal or disciplinary proceedings, he shall refer the matter to the state commissioner of health, the commissioner of public welfare, an appropriate prosecuting authority, or any other appropriate agency.

History: 1976 c 325 s 3; 1977 c 305 s 45

144A.54 PUBLICATION OF RECOMMENDATIONS; REPORTS.

Subdivision 1. Except as otherwise provided by this section, the director may determine the form, frequency, and distribution of his conclusions and recommendations. The director shall transmit his conclusions and recommendations to the state commissioner of health and the legislature. Before announcing a conclusion or recommendation that expressly or by implication criticizes an administrative agency, a health care provider or a health facility, the director shall consult with that agency, health care provider or facility. When publishing an opinion adverse to an administrative agency, a health care provider or a health facility, he shall include in the publication any statement of reasonable length made to him by that agency, health care provider or health facility in defense or explanation of the action.

Subd. 2. In addition to whatever other reports the director may make, he shall, at the end of each year, report to the state commissioner of health and the legislature concerning the exercise of his functions during the preceding year. The state commissioner of health may, at any time, request and receive information, other than resident records, from the director.

Subd. 3. In performing his duties under Laws 1976, Chapter 325, the director shall preserve the confidentiality of resident records. He may release a resident's records with the written approval of the resident who is the subject of the records.

History: 1976 c 325 s 4; 1977 c 305 s 45

144A.55 ADVISORY TASK FORCE.

The director of the office of health facility complaints shall appoint a 15 member task force to advise him in the establishment of the office under Laws 1976, Chapter 325. The appointment, compensation and term of office of the members of the task force shall be governed by the provisions of section 15.059, subdivision 6.

History: 1976 c 325 s 6

144A.61 NURSING ASSISTANT TRAINING.

Subdivision 1. **Purpose.** The purpose of sections 144A.61 and 144A.611 is to improve the quality of care provided to patients of nursing homes by assuring that approved programs for the training of nursing assistants are established as necessary throughout the state.

Subd. 2. **Nursing assistants.** For the purposes of sections 144A.61 and 144A.611 "nursing assistant" means a nursing home employee, including a nurse's aide or an orderly, who is assigned by the director of nursing to provide or assist in the provision of direct patient care services under the supervision of a registered nurse. The commissioner of education may, by rule, establish cate-

gories of nursing assistants who are not required to comply with the educational requirements of sections 144A.61 and 144A.611.

Subd. 3. **Curricula.** The commissioner of education shall develop curricula which may be used for nursing assistant training programs for employees of nursing homes. The curricula, as reviewed and evaluated by the board of nursing, shall be utilized by all facilities, institutions, or programs offering nursing assistant training programs.

Subd. 4. **Technical assistance.** The commissioner of education shall, upon request, provide necessary and appropriate technical assistance in the development of nursing assistant training programs.

Subd. 5. [Repealed, 1977 c 326 s 18]

Subd. 6. **Training program.** Each nursing assistant hired to work in a nursing home on or after January 1, 1979, shall have successfully completed an approved nursing assistant training program or shall be enrolled in the first available approved training program which is scheduled to commence within 60 days of the date of the assistant's employment. Approved training programs shall be offered at the location most reasonably accessible to the enrollees in each class.

Subd. 7. **Violation, penalty.** Violation of sections 144A.61 and 144A.611 by a nursing home shall be grounds for the issuance of a correction order to the nursing home by the state commissioner of health. The failure of the nursing home to correct the deficiency or deficiencies specified in the correction order shall result in the assessment of a fine in accordance with the schedule of fines promulgated by rule of the state commissioner of health.

Subd. 8. **Exceptions.** Employees of nursing homes conducted in accordance with the teachings of the body known as the Church of Christ, Scientist, shall be exempt from the requirements of sections 144A.61 and 144A.611.

History: 1976 c 310 s 1; 1977 c 305 s 45; 1977 c 326 s 6,7; 1977 c 453 s 26

NOTE: Subdivision 6 was also amended by Laws 1977, Chapter 326, Section 8, to read as follows:

"Subd. 6. **Training program.** Each nursing assistant hired to work in a nursing home on or after July 1, 1978, shall have successfully completed an approved nursing assistant training program or shall be enrolled in the first available approved training program which is scheduled to commence within 60 days of the date of the assistant's employment. Approved training programs shall be offered at the location most reasonably accessible to the enrollees in each class."

144A.611 REIMBURSABLE EXPENSES PAYABLE TO NURSING ASSISTANTS.

Subdivision 1. **Nursing homes.** The actual costs of tuition and reasonable expenses for that approved program deemed by the commissioner of education to be minimally necessary to protect the health and welfare of nursing home residents, which are paid to nursing home assistants pursuant to subdivision 2, shall be a reimbursable expense for nursing homes under the provisions of chapter 256B and the rules promulgated thereunder.

Subd. 2. **Nursing assistants.** A nursing assistant who has completed an approved training program shall be reimbursed by the nursing home for his actual costs of tuition and reasonable expenses for the training program 90 days after the date of his employment, or upon completion of the approved training program, whichever is later.

Subd. 3. **Rules.** The commissioner of public welfare shall promulgate any rules necessary to implement the provisions of this section. The rules shall include, but not be limited to:

(a) Provisions designed to prevent reimbursement by the commissioner under sections 144A.61 and 144A.611 to a nursing home or a nursing assistant for the assistant's training in more than one approved program;

(b) Provisions designed to prevent reimbursement by the commissioner under sections 144A.61 and 144A.611 to more than one nursing home for the training of any individual nursing assistant; and

(c) Provisions permitting the reimbursement by the commissioner to nursing homes and nursing assistants for the re-training of a nursing assistant after an absence from the labor market of not less than five years.

History: 1976 c 310 s 2; 1977 c 326 s 9

NURSING HOME DENTAL PROGRAMS

144A.65 STATEMENT OF PURPOSE.

The legislature finds that general health is related to dental health and, due to the increased longevity of the population, the expansion of the nursing home industry, and the existing unmet and continuing needs for dental health in nursing homes, it is appropriate and necessary to establish programs for residents of nursing homes which promote dental health and prevent dental disease.

History: 1980 c 570 s 3

NOTE: This section expires June 30, 1981. See Laws 1980, Chapter 570, Section 10.

144A.66 PROGRAM ASPECTS.

Subdivision 1. The commissioner of health shall provide for the establishment of nursing home dental health programs as provided in this section.

Subd. 2. The commissioner shall:

(a) Develop, maintain, and distribute to nursing homes a dental health manual which identifies their administrative and patient care responsibilities and which recommends a local dental health policy;

(b) Establish, in conjunction with the dental profession, nursing home dental health standards, priorities of dental operations and guidelines for advisory dentists;

(c) Review existing nursing home dental health regulations to insure their consistency with current oral health standards;

(d) Seek the cooperation and coordination of a joint statewide effort between the dental profession, the nursing home industry and senior citizen organizations to promote the purpose of this section; and

(e) Provide technical dental health assistance, dental consultation, and current dental health information to nursing homes.

Subd. 3. In each of the eight health department districts, the commissioner shall establish during the biennial cycle a specific site program for nursing homes each to include:

(a) The analysis and identification of resident dental care needs and obstacles to access and the achievement of optimal oral health care and maintenance; and

(b) A training program of preventive oral health practices for nursing home staff.

History: 1980 c 570 s 4

NOTE: This section expires June 30, 1981. See Laws 1980, Chapter 570, Section 10.

144A.67 PROGRAM SUPERVISION.

The commissioner shall provide for all administrative and technical responsibilities for section 144A.66. The development and administration of the program shall be under a licensed dentist.

History: 1980 c 570 s 5

NOTE: This section expires June 30, 1981. See Laws 1980, Chapter 570, Section 10.