4658.00 (GENERAL)

4658.0015 COMPLIANCE WITH REGULATIONS AND STANDARDS.
A nursing home must operate and provide services in compliance with all applicable federal, state, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in a nursing home.

4658.0020 LICENSING IN GENERAL.
Subpart 1. Required. For the purpose of this chapter, a state license is required for a facility where nursing home care is provided for five or more aged or infirm persons who are not acutely ill.
Subp. 4. License to be posted. The license must be posted at the main entrance of a nursing home.
Subp. 5. Separate licenses. Separate licenses are required for institutions maintained on separate, noncontiguous premises even though operated under the same management. A separate license is not required for separate buildings maintained by the same owner on the same premises.
Subp. 15. Disclosure of controlling persons. According to Minnesota Statutes, section 144A.03, the nursing home license application must identify the name and address of all controlling persons of the nursing home, as defined in Minnesota Statutes, section 144A.01, subdivision 4.
Subp. 16. Disclosure of managerial employees. A nursing home license application must identify the name and address of all administrators, assistant administrators, directors of nursing, medical directors, and all other managerial employees, as defined in Minnesota Statutes, section 144A.01, subdivision 8, and indicate their previous work experience in nursing homes during the past two years.

4658.0050 LICENSEE.
Subpart 1. General duties. The licensee of a nursing home is responsible for its management, control, and operation. A nursing home must be managed, controlled, and operated in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.
Subp. 2. Specific duties. The licensee must develop written bylaws or policies for the management and operation of the nursing home and for the provision of resident care, which must be available to all members of the governing body, and must assume legal responsibility for matters under its control, for the quality of care rendered and for compliance with laws and rules relating to the safety and sanitation of nursing homes, or which otherwise relate directly to the health, welfare, and care of residents.
Subp. 3. Responsibilities. A licensee is responsible for:
A. Full disclosure of each person having an interest of ten percent or more of the ownership of the home to the department with any change reported in writing within 14 days after the licensee knew of or should have known of the transfer, whichever occurs first. In case of
corporate ownership, the name and address of each officer and director must be specified. If the home is organized as a partnership, the name and address of each partner must be furnished. In the case of a home operated by a lessee, the persons or business entities having an interest in the lessee organization must be reported and an executed copy of the lease agreement furnished. If the home is operated by the holder of a franchise, disclosure must be made as to the franchise holder who must also furnish an executed copy of the franchise agreement.

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

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

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

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

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

4658.0055 ADMINISTRATOR.

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

Subp. 2. [Repealed, L 2001 c 69 s 2]

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

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

4658.0060 RESPONSIBILITIES OF ADMINISTRATOR.
The administrator is responsible for the:
A. maintenance, completion, and submission of reports and records as required by the department;
B. formulation of written policies, procedures, and programs for operation, management, and maintenance of the nursing home;
C. current personnel records for each employee according to part 4658.0130;
D. written job descriptions for all positions which define responsibilities, duties, and qualifications that are readily available for all employees;
E. work assignments consistent with qualifications and the work load;
F. maintenance of a weekly time schedule which shows each employee’s name, job title, hours of work, and days off for each day of the week. The schedule must be dated and communicated to employees. The schedules and time cards, payroll records, or other written documentation of actual time worked and paid for must be kept on file in the home for three years;
G. orientation for new employees and volunteers and provision of a continuing in-service education program for all employees and volunteers to give assurance that they understand the proper method of carrying out all procedures;
H. establishment of a recognized accounting system; and
I. the development and maintenance of channels of communications with employees, including:
   (1) distribution of written personnel policies to employees;
   (2) regularly scheduled meetings of supervisory personnel;
   (3) an employee suggestion system; and
   (4) employee evaluation.

4658.0065 RESIDENT SAFETY AND DISASTER PLANNING.
Subpart 1. Safety program. A nursing home must develop and implement an organized safety program in accordance with a written safety plan. The written plan must be included in the orientation and in-service training programs of all employees and volunteers to ensure safety of residents at all times.
Subp. 3. Written disaster plan. A nursing home must have a written disaster plan specific to the nursing home with procedures for the protection and evacuation of all persons in the case of fire or explosion or in the event of floods, tornados, or other emergencies. The plan must include information and procedures about the location of alarm signals and fire extinguishers, frequency of drills, assignments of specific tasks and responsibilities of the personnel on each shift, persons and local emergency departments to be notified, precautions and safety measures during tornado alerts, procedures for evacuation of all persons during fire or floods, planned evacuation routes from the various floor areas to safe areas within the building, or from the building when necessary, and arrangements for temporary emergency housing in the community in the event of total evacuation.
Subp. 4. Availability of disaster plan. Copies of the disaster plan containing the basic emergency procedures must be posted at all nurses’ stations, kitchens, laundries, and boiler rooms. Complete copies of the detailed disaster plan must be available to all supervisory personnel.
Subp. 5. Drills. Residents do not need to be evacuated during a drill except when an evacuation drill is planned in advance.
4658.0070 QUALITY ASSESSMENT AND ASSURANCE COMMITTEE.
A nursing home must maintain a quality assessment and assurance committee consisting of the administrator, the director of nursing services, the medical director or other physician designated by the medical director, and at least three other members of the nursing home's staff, representing disciplines directly involved in resident care. The quality assessment and assurance committee must identify issues with respect to which quality assurance activities are necessary and develop and implement appropriate plans of action to correct identified quality deficiencies. The committee must address, at a minimum, incident and accident reporting, infection control, and medications and pharmacy services.

4658.0075 OUTSIDE RESOURCES.
If a nursing home does not employ a qualified professional person to furnish a specific service to be provided by the nursing home, the nursing home must have that service furnished to residents under a written agreement with a person or agency outside the nursing home. The written agreement must specify that the service meets professional standards and principles that apply to professionals providing services in a nursing home, and that the service meets the same standards as required by this chapter.

4658.01 (HUMAN RESOURCES)

4658.0100 EMPLOYEE ORIENTATION AND IN-SERVICE EDUCATION.
Subpart 1. Orientation and initial training. All personnel must be instructed in the requirements of the law and the rules pertaining to their respective duties and the instruction must be documented. All personnel must be informed of the policies of the nursing home, and procedure manuals must be readily available to guide them in the performance of their duties.
Subp. 2. In-service education. A nursing home must provide in-service education. The in-service education must be sufficient to ensure the continuing competence of employees, must address areas identified by the quality assessment and assurance committee, and must address the special needs of residents as determined by the nursing home staff. A nursing home must provide an in-service training program in rehabilitation for all nursing personnel to promote ambulation; aid in activities of daily living; assist in activities, self-help, maintenance of range of motion, and proper chair and bed positioning; and in the prevention or reduction of incontinence.
Subp. 3. Reference materials. Textbooks, periodicals, dictionaries, and other reference materials must be available and kept current. A nursing home must review the currency of these reference materials at least annually.
Subp. 4. Coordination of in-service education programs. In a nursing home with over 90 beds, one person must be designated as responsible for coordination of all in-service education programs.

4658.0105 COMPETENCY.
A nursing home must ensure that direct care staff are able to demonstrate competency in skills and techniques necessary to care for residents’ needs, as identified through the comprehensive resident assessments and described in the comprehensive plan of care, and are able to perform their assigned duties.
4658.0120 EMPLOYEE POLICIES.
Subpart 1. Keys. The person in charge of a nursing home on each work shift must have the
ability to open all doors and locks in the nursing home except the business office.
Subp. 2. Requirements for staff. A nursing home must have at least one responsible person
awake, dressed, and on duty at all times. The person must be at least 21 years of age and
capable of performing the required duties of evacuating the residents.
Subp. 3. Identification of staff. Each employee and volunteer must wear a badge which
includes name and position.

4658.0130 EMPLOYEES’ PERSONNEL RECORDS.
A current personnel record must be maintained for each employee and be stored in a
confidential manner. The personnel records for at least the most recent three-year period
must be maintained by the nursing home. The records must be available to representatives
of the department and must contain:
A. the person’s name, address, telephone number, gender, Minnesota license, certification,
or registration number, if applicable, and similar identifying data;
B. a list of the individual’s training, experience, and previous employment;
C. the date of employment, type of position currently held, hours of work, and attendance
records; and
D. the date of resignation or discharge. Employee health information, including the record
of all accidents and those illnesses reportable under part 4605.7040, must be maintained
and stored in a separate employee medical record.

4658.0135 POLICY RECORDS.
Subpart 1. Availability of policies. All policies and procedures directly related to resident
care adopted by the home must be placed on file and be made available upon request to
nursing home personnel, residents, legal representatives, and designated representatives.

4658.0155 REPORTS TO DEPARTMENT.
Reports regarding statistical data and services furnished must be submitted on forms
furnished by the department. Copies must be retained by the nursing home.

4658.02 (RESIDENT POLICY)
4658.0200 POLICIES CONCERNING RESIDENTS.
...Subp. 2. Telephones. A nursing home must provide at least one non-coin-operated
telephone which is accessible to residents at all times in case of emergency.

4658.04 (RECORDS)
4658.0430 HEALTH INFORMATION MANAGEMENT SERVICE.
Subpart 1. Health information management. A nursing home must maintain health
information management services, including clinical records, in accordance with accepted
professional standards and practices, federal regulations, and state statutes pertaining to
the content of the clinical record, health care data, computerization, confidentiality,
retention, and retrieval. For purposes of this part, “health information management” means
the collection, analysis, and dissemination of data to support decisions related to: disease
prevention and resident care; effectiveness of care; reimbursement and payment; planning, research, and policy analysis; and regulations.

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

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

4658.0435 CONFIDENTIALITY OF CLINICAL RECORDS AND INFORMATION.

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

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

4658.0440 ABBREVIATIONS.

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

4658.0445 CLINICAL RECORD.

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

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

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

4658.0450 CLINICAL RECORD CONTENTS.

Subpart 1. In general. Each resident's clinical record, including nursing notes, must include:
A. the condition of the resident at the time of admission;
B. temperature, pulse, respiration, and blood pressure, according to part 4658.0520, subpart 2, item I;
C. the resident's height and weight, according to part 4658.0520, subpart 2, item J;
D. the resident's general condition, actions, and attitudes;
E. observations, assessments, and interventions provided by all disciplines responsible for care of the resident, with the exception of confidential communications with religious personnel;
F. significant observations on, for example, behavior, orientation, adjustment to the nursing home, judgment, or moods;
G. date, time, quantity of dosage, and method of administration of all medications, and the signature of the nurse or authorized persons who administered the medication;
H. a report of a tuberculin test within the three months prior to admission, as described in part 4658.0810;
I. reports of laboratory examinations;
J. dates and times of all treatments and dressings;
K. dates and times of visits by all licensed health care practitioners;
L. visits to clinics or hospitals;
M. any orders or instructions relative to the comprehensive plan of care;
N. any change in the resident's sleeping habits or appetite;
O. pertinent factors regarding changes in the resident's general conditions; and
P. results of the initial comprehensive resident assessment and all subsequent comprehensive assessments as described in part 4658.0400.
Subp. 2. Physician and professional services. The clinical record must contain the recording requirements of parts 4658.0710 to 4658.0725.
Subp. 3. Nursing services. The clinical record must contain the recording requirements of parts 4658.0515 to 4658.0530.
Subp. 4. Dietary and food services. The clinical record must contain the recording requirements of parts 4658.0600 and 4658.0625.
Subp. 5. Resident personal funds account. The clinical record must contain the recording requirements of part 4658.0255.
Subp. 6. Activities. The clinical record must contain the recording requirements of part 4658.0900.
Subp. 7. Social services. The clinical record must contain the recording requirements of parts 4658.1015 and 4658.1020.

4658.0455 TELEPHONE AND ELECTRONIC ORDERS.
A. Orders received by telephone, facsimile machine, or other electronic means must be kept confidential according to Minnesota Statutes, sections 144.335, 144.651, and 144.652.
B. Orders received by telephone or other electronic means, not including facsimile machine, must be immediately recorded or placed in the resident’s record by the person authorized by the nursing home and must be countersigned by the ordering health care practitioner authorized to prescribe at the time of the next visit, or within 60 days, whichever is sooner.
C. Orders received by facsimile machine must have been signed by the ordering health practitioner authorized to prescribe, and must be immediately recorded or a durable copy must be placed in the resident’s clinical record by the person authorized by the nursing home.
4658.0460 MASTER RESIDENT RECORD.
A permanent record must be kept listing at a minimum the full name of the resident, resident identification number, date of birth, date of admission, date of discharge, and discharge disposition. The master resident record must be kept in such a manner that total admissions, discharges, deaths, and resident days can be calculated, and an alphabetical listing of residents can be created.

4658.0470 RETENTION, STORAGE, AND RETRIEVAL.
Subpart 1. Retention. A resident’s records must be preserved for a period of at least five years following discharge or death.
Subp. 2. Storage. Space must be provided for the safe and confidential storage of residents’ clinical records. Records of current residents must be stored on site.
Subp. 3. Retrieval. If records of discharged residents are stored off site, policies and procedures must be developed and implemented by clinical record personnel and the nursing home administration for the confidentiality, retention, and timely retrieval of records within one working day. The policies and procedures must specify who is authorized to retrieve a record. Off-site archived copies of clinical databases must be protected against fire, flood, and other emergencies. The policies must address the location and retention of records if the nursing home discontinues operation.

4658.0475 COMPUTERIZATION.
If a nursing home is converting to an electronic paperless health information management system:
A. policies and procedures must be established and maintained that require password protection of the clinical database;
B. any outside contract for health information management services must include a provision that the company providing the services assumes responsibility for maintaining the confidentiality of all health information within its control;
C. audit trails must be developed for computer applications to determine the source and date of all entries and deletions;
D. backup systems must be implemented and maintained;
E. preventative maintenance must be implemented and maintained;
F. there must be a plan for preparing, securing, and retaining archived copies of computerized clinical databases;
G. procedures must be implemented for preparing and securing daily, weekly, and monthly archived copies of computerized clinical databases; and
H. there must be confidentiality and protection from unauthorized use of active and archived computerized clinical databases.

4658.05 (NURSING)
4658.0500 DIRECTOR OF NURSING SERVICES.
Subpart 1. Qualifications and duties. A nursing home must have a director of nursing services who is a registered nurse.

4658.0505 RESPONSIBILITIES; DIRECTOR OF NURSING SERVICES.
The written job description for the director of nursing services must include responsibility for: