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.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303
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.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303; L 2001 c 69 s 2

Current as of 01/19/05

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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.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

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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. 2. Security of physical plant. A nursing home must
have a method of ensuring the security of exit doors leading
directly to the outside which are not under direct observation
from the nurses' station.

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,
tornadoes, 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.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

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**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.
4658.0085 NOTIFICATION OF CHANGE IN RESIDENT HEALTH STATUS.

A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for:

A. an accident involving the resident which results in injury and has the potential for requiring physician intervention;

B. a significant change in the resident's physical, mental, or psychosocial status, for example, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications;

C. a need to alter treatment significantly, for example, a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment;
D. a decision to transfer or discharge the resident from the nursing home; or

E. expected and unexpected resident deaths.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

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4658.0090 USE OF OXYGEN.

A nursing home must develop and implement policies and procedures for the safe storage and use of oxygen.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

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**4658.0095 AVAILABILITY OF LICENSING RULES.**

A copy of this chapter must be made available by a nursing home upon request for the use of all nursing home personnel, residents, and family members.

**STAT AUTH: MS s 144A.04; 144A.08; 256B.431**

HIST: 20 SR 303

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**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.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

*Current as of 01/19/05*

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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.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

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4658.0110 INCIDENT AND ACCIDENT REPORTING.

All persons providing services in a nursing home must report any accident or injury to a resident, and the nursing home must immediately complete a detailed incident report of the accident or injury and the action taken after learning of the accident or injury.
A nursing home must not schedule a person to duty for more than one consecutive work period except in a documented emergency. For purposes of this chapter, a documented emergency means situations where replacement staff are not able to report to duty for the next shift due to adverse weather conditions, natural disasters, illness, strike, or other documented situations where normally scheduled staff are no longer available. For purposes of this chapter, a normal work period must not exceed 12 hours. For purposes of this chapter, documentation of an emergency means a written record of the emergency. Documentation on the work schedule is one method of providing written record of the emergency.
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.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431
4658.0125 PERSONAL BElongings.

Personnel must not keep personal belongings in the food service or resident areas. Provision must be made elsewhere for storage.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

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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.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

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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.

Subp. 2. **Admission policies.** Admission policies must be made available upon request to prospective residents, family members, legal representatives, and designated representatives.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

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4658.0140 TYPE OF ADMISSIONS.

Subpart 1. **Selection of residents.** The administrator, in cooperation with the director of nursing services and the medical director, is responsible for the admission of residents to the home according to the admission policies of the nursing home.

Subp. 2. **Residents not accepted.** Unless otherwise
provided by law, including laws against discrimination, residents must not be admitted or retained for whom care cannot be provided in keeping with their known physical, mental, or behavioral condition. Prospective residents who are denied admission must be informed of the reason for the denial of their admission.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

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4658.0145 AGREEMENT AS TO RATES AND CHARGES.

Subpart 1. Written agreement. At the time of admission, there must be a written agreement between the nursing home and the resident, the resident's agent, or the resident's guardian, which includes:

A. the base rate and what services and items are provided by the nursing home and are included in that base rate;

B. extra charges for care or services;
C. obligations concerning payment of the rates and charges; and

D. the refund policy of the home.

All residents' bills must be itemized for services rendered.

Subp. 2. Notification of rates and charges. Annually, and when there is any change, a nursing home must inform the resident of services available in the nursing home and of charges for those services, including any charges for services not covered under Medicare or Medicaid or by the nursing home's per diem rate. A nursing home must inform the resident or the resident's agent or guardian before any change in the charges for services not covered under Medicare or Medicaid or by the nursing home's per diem rate.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

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4658.0150 INSPECTION BY DEPARTMENT.

All areas of a nursing home and all records related to the care and protection of residents including resident and employee records must be open for inspection by the department at all times for the purposes of enforcing this chapter.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

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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.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

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Penalty assessments will be assessed on a daily basis for violations of parts 4658.0050 to 4658.0155 and are as follows:

A. part 4658.0050, subpart 1, $250;

B. part 4658.0050, subpart 2, $100;

C. part 4658.0050, subpart 3, item A, $250;

D. part 4658.0050, subpart 3, items B to F, $100;

E. part 4658.0055, subparts 1 to 3, $100;

F. part 4658.0055, subpart 4, $50;

G. part 4658.0060, items A, F, H, and I, $50;

H. part 4658.0060, items B, C, D, E, and G, $100;

I. part 4658.0065, $200;
J. part 4658.0070, $100;

K. part 4658.0075, $100;

L. part 4658.0085, $350;

M. part 4658.0090, $500;

N. part 4658.0095, $50;

O. part 4658.0100, subparts 1 and 2, $100;

P. part 4658.0100, subpart 3, $50;

Q. part 4658.0100, subpart 4, $300;

R. part 4658.0105, $300;

S. part 4658.0110, $100;

T. part 4658.0115, $100;

U. part 4658.0120, subpart 1, $100;

V. part 4658.0120, subpart 2, $500;
W. part 4658.0120, subpart 3, $50;

X. part 4658.0125, $50;

Y. part 4658.0130, $50;

Z. part 4658.0135, $50;

AA. part 4658.0140, subpart 1, $100;

BB. part 4658.0140, subpart 2, $250;

CC. part 4658.0145, subpart 1, $100;

DD. part 4658.0145, subpart 2, $100;

EE. part 4658.0150, $100; and

FF. part 4658.0155, $50.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

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4658.0191 PENALTIES FOR VIOLATIONS OF RESIDENTS' BILL OF RIGHTS.

Penalty assessments for violations of Minnesota Statutes, section 144.651, are as follows:

A. Minnesota Statutes, section 144.651, subdivision 4, $100;

B. Minnesota Statutes, section 144.651, subdivision 5, $250;

C. Minnesota Statutes, section 144.651, subdivision 6, $250;

D. Minnesota Statutes, section 144.651, subdivision 7, $100;

E. Minnesota Statutes, section 144.651, subdivision 8, $100;

F. Minnesota Statutes, section 144.651, subdivision 9, $250;

G. Minnesota Statutes, section 144.651, subdivision...
10, $250;

H. Minnesota Statutes, section 144.651, subdivision 11, $100;

I. Minnesota Statutes, section 144.651, subdivision 12, $250;

J. Minnesota Statutes, section 144.651, subdivision 13, $500;

K. Minnesota Statutes, section 144.651, subdivision 14, $500;

L. Minnesota Statutes, section 144.651, subdivision 15, $250;

M. Except as noted in item N, a $100 penalty assessment must be issued for a violation of Minnesota Statutes, section 144.651, subdivision 16;

N. A $250 penalty assessment must be issued for a violation of that portion of Minnesota Statutes, section 144.651, subdivision 16, which states: "Patients and residents shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any
individual outside the facility."

O. Minnesota Statutes, section 144.651, subdivision 17, $100;

P. Minnesota Statutes, section 144.651, subdivision 18, $250;

Q. Minnesota Statutes, section 144.651, subdivision 19, $250;

R. Minnesota Statutes, section 144.651, subdivision 20, $250;

S. A $250 penalty assessment must be issued for a violation of the portions of Minnesota Statutes, section 144.651, subdivision 21, which state: "Patients and residents may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose." and "Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician in the medical record."

T. A $250 penalty assessment must be issued for a violation of the portions of Minnesota Statutes, section
144.651, subdivision 21, which state: "Patients and residents shall have access, at their expense, to writing instruments, stationery, and postage." and "There shall be access to a telephone where patients and residents can make and receive calls as well as speak privately. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patients' or residents' calls.";

U. Minnesota Statutes, section 144.651, subdivision 22, $250;

V. Minnesota Statutes, section 144.651, subdivision 23, $250;

W. Minnesota Statutes, section 144.651, subdivision 24, $100;

X. Minnesota Statutes, section 144.651, subdivision 25, $250;

Y. Minnesota Statutes, section 144.651, subdivision 26, $250;

Z. Minnesota Statutes, section 144.651, subdivision 27, $250;
Penalty assessments for violations of Minnesota Statutes, chapter 144A, are as follows:

A. Minnesota Statutes, section 144A.04, subdivision
B. Minnesota Statutes, section 144A.04, subdivision 6, $100;

C. A $100 penalty assessment must be issued for a violation of those portions of Minnesota Statutes, section 144A.10, subdivision 3, which state: "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 human services under section 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." and "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 13.05 or 13.46 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 chapter 13.";
D. Minnesota Statutes, section 144A.13, subdivision 1, $100;

E. except as noted in item F, a $100 penalty assessment must be issued for a violation of Minnesota Statutes, section 144A.13, subdivision 2;

F. a $250 penalty assessment must be issued for a violation of that portion of Minnesota Statutes, section 144A.13, subdivision 2, which states: "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 the resident under chapter 504B."; and

G. Minnesota Statutes, section 144A.16, $100.

STAT AUTH: MS s 144A.04; 144A.08

HIST: 21 SR 196; L 1999 c 199 art 2 s 35

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4658.0193 REPORTING MALTREATMENT OF VULNERABLE ADULTS; FINES.
Penalty assessments for violations of Minnesota Statutes, section 626.557, are as follows:

A. Minnesota Statutes, section 626.557, subdivision 3, $250;

B. Minnesota Statutes, section 626.557, subdivision 3a, $100;

C. Minnesota Statutes, section 626.557, subdivision 4, $100;

D. Minnesota Statutes, section 626.557, subdivision 4a, $100;

E. Minnesota Statutes, section 626.557, subdivision 14, $100; and

F. Minnesota Statutes, section 626.557, subdivision 17, $250.

STAT AUTH: MS s 144A.04; 144A.08

HIST: 21 SR 196

Current as of 01/19/05