

MINNESOTA

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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

Current as of 01/19/05

Minnesota Rules, Table of Chapters Table of contents for Chapter 4658

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.

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4658.0200 POLICIES CONCERNING RESIDENTS.

Subpart 1. Visitors. A nursing home must provide access to a resident by relatives and guardians, and to any entity or individual that provides health, social, legal, advocacy, or religious services to the resident, subject to the resident's right to deny or withdraw consent at any time. A nursing home must also provide access to others who are visiting the resident with the resident's consent. A nursing home may restrict visits when the visits pose a health or safety risk to a resident or otherwise violate a resident's rights.

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. A resident must have access to a telephone at a convenient location within the building for personal use. A nursing home may charge the resident for actual long distance charges that the resident incurs.

Subp. 3. Mail. A resident must receive mail unopened unless the resident or the resident's legal guardian, conservator, representative payee, or other person designated in writing by the resident has requested in writing that the mail be reviewed. The outgoing mail must not be censored.

Subp. 4. Funds and possessions. A nursing home may not handle the personal major business affairs of a resident without written legal authorization by the resident or the resident's legal guardian, conservator, representative payee, or other person designated in writing by the resident.

Subp. 5. Smoking in bed. A resident must not be permitted to smoke in bed unless the resident's condition requires that the resident remain in bed, and the smoking is directly supervised by a staff member.

Subp. 6. Permitted smoking. Smoking is permitted in the nursing home only as provided by Minnesota Statutes, sections [16B.24](#), subdivision 9, and [144.411](#) to [144.417](#).

Subp. 7. Pet animals. Pet animals may be kept on the premises of a nursing home only according to part [4638.0200](#).

STAT AUTH: MS s [144A.04](#); [144A.08](#)

HIST: 21 SR 196

Current as of 01/19/05

4658.0205 PROCEDURE AT DEATH.

When a resident dies in a nursing home, the administrator, nurse, or other employee designated by the administrator must contact a relative, guardian, legal representative, other person designated in writing by the resident, or the placement agency regarding the death and the desired funeral arrangements. The body must be accorded privacy until removed from the nursing home. Where reasonably possible, no body may remain in a nursing home for more than 12 hours.

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

HIST: 21 SR 196

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4658.0215 ADMINISTRATION OF MEDICATIONS.

The right of residents to self-administer medications must be provided as allowed under part 4658.1325, subpart 4. Medications may be added to food only as provided under part 4658.1325, subpart 6.

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

HIST: 21 SR 196

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4658.0220 FREEDOM FROM CORPORAL PUNISHMENT AND INVOLUNTARY SECLUSION.

A resident must be free from corporal punishment and involuntary seclusion.

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

HIST: 21 SR 196

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4658.0250 ADMISSION POLICIES.

The admission policies of a nursing home must specify the manner of protecting personal funds of the residents, according to parts 4658.0250 to 4658.0280.

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

HIST: 21 SR 196

Current as of 01/19/05

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4658.0255 AUTHORIZATION.

Subpart 1. Written authorization. The personal funds of a resident must not be accepted for safekeeping without written authorization from the resident or from the resident's legal guardian, conservator, representative payee, or other person designated in writing by the resident. For purposes of this chapter, "representative payee" means an individual designated by the Social Security Administration to receive Social Security benefits on behalf of the resident.

Subp. 2. Copy retained. A copy of the written authorization must be retained in the resident's records.

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

HIST: 21 SR 196

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4658.0260 PERSONAL FUND ACCOUNTING AND RECORDS.

Subpart 1. No commingling of resident and nursing home funds. The personal funds of a resident must not be commingled with the funds of a nursing home or with the funds of any person other than residents of the nursing home, unless otherwise authorized by law.

Subp. 2. Resident funds not used by nursing home. The personal funds of a resident must not be used for the purpose of the nursing home or any other resident and must be maintained free from any liability that the nursing home incurs.

Subp. 3. Accounting system. A nursing home must establish and maintain a system that ensures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the nursing home on the resident's behalf.

Subp. 4. Financial record. The resident's financial record must be available through quarterly statements and on request to the resident or the resident's legal guardian, conservator, representative payee, or other person designated in writing by the resident.

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

HIST: 21 SR 196

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4658.0265 DEPOSIT OF PERSONAL FUNDS.

A nursing home, except for veterans homes under Minnesota Statutes, section 198.265, must deposit a resident's personal funds in excess of \$100 in an interest bearing account (or accounts) that is separate from any of the nursing home's operating accounts, and that

credits all interest earned on the resident's account to the resident's account. Pooled accounts must separately account for each resident's share.

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

HIST: 21 SR 196

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4658.0270 WITHDRAWAL OF FUNDS FROM THE ACCOUNT.

Upon the request of the resident or the resident's legal guardian, conservator, representative payee, or other person designated in writing by the resident, a nursing home must return all or any part of a resident's funds given to the nursing home for safekeeping, including interest, if any, accrued from deposits. A nursing home must develop a policy specifying the period of time during which funds can be withdrawn. The policy must ensure that the ability to withdraw funds is provided in accordance with the needs of the resident and must specify whether or not the nursing home allows residents to obtain funds to meet unanticipated needs on days when withdrawal periods are not scheduled. A nursing home must notify residents of the policy governing the withdrawal of funds. Funds kept outside of the nursing home must be returned within five business days.

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

HIST: 21 SR 196

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4658.0275 RETURN OF FUNDS AFTER DISCHARGE OR DEATH.

Subpart 1. Discharge of a resident. Upon discharge of a resident, the resident's funds must be returned to the resident or resident's legal guardian, conservator, representative payee, or other person designated in writing by the resident, with a written accounting in exchange for a signed receipt. If a resident's bed is being held for anticipated readmission, the resident's funds need not be returned. Funds which are maintained outside of the nursing home must be returned within five business days.

Subp. 2. Death of a resident. Upon the death of a resident, a nursing home must convey the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.

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

HIST: 21 SR 196

Current as of 01/19/05

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4658.1325 ADMINISTRATION OF MEDICATIONS.

...Subp. 4. Self-administration. A resident may self-administer medications if the comprehensive resident assessment and comprehensive plan of care as required in parts 4658.0400 and 4658.0405 indicate this practice is safe and there is a written order from the attending physician.