

<b>144G TRAINING REQUIREMENTS</b>		
<b>STATUTORY CITE</b>	<b>STATUTORY LANGUAGE</b>	<b>COMMENTS</b>
<b>General requirements that will require training</b>		
144G.41, Subd. 1(2)	All facilities must provide services in a manner that complies with the Nurse Practice Act in sections <a href="#">148.171</a> to <a href="#">148.285</a>	Make facility responsible for ensuring nurses are licensed and comply with the Nurse Practice Act; make sure other licensed health professionals comply with their agency training and licensing requirements
144G.41, Subd. 1(3)	All facilities must use a person-centered planning and service delivery process	Make part of orientation, initial training, and annual training
144G.41, Subd. 1(13)(i)(B)	Facility must prepare food according to Food Code	Food Code training
144G.41, Subd. 1(13)(iv)	Facility must provide direct or reasonable assistance for transporting residents to medical and social-service appointments	Training for driving residents, including those with specific medical equipment such as wheelchair
144G.41, subd. 1(13)(v)	Facility must provide reasonable assistance to residents to access community resources and social services	Training on communicating with residents
144G.41, subd. 2(1), (4), (8), (9)	Facility must have policy and procedure for: <ul style="list-style-type: none"> <li>• reporting maltreatment of vulnerable adults</li> </ul>	<i>See also</i> 144G.42, subd. 6, for reporting maltreatment of vulnerable adults and abuse-prevention plan

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	<ul style="list-style-type: none"> <li>• handling complaints on staff or staff-provided services</li> <li>• infection control</li> <li>• providing reminders for medications, treatments, or exercise</li> </ul>	<i>See also</i> 144G.41, subd. 7, for grievance procedure
144G.41, Subd. 5, 6	Facility must provide assistance to resident and family councils	
144G.41, Subd. 8(4), (5)	Facility must accommodate residents with communication disabilities and non-English speakers; provide notices in plain language	Communication training
144G.42, Subd. 2	Facility must engage in quality management, including evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents	
144G.42, Subd. 10(b)	Facility must provide emergency and disaster training to all staff during initial orientation and annually thereafter	Also training on missing resident/elopement

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144G.43	Resident-record requirements	Training specific to this section and other record requirements
144G.50, Subd. 2(c)(5), (e)(2)	Facility policy on discharging, evicting, or transferring resident or terminating services; policy on transferring resident within facility	Training on these processes, including helping resident with coordinated move under 144G.55
144G.82, Subd. 3(a)  For dementia-care facility	Facility must have policy and procedure on: <ul style="list-style-type: none"> <li>• how to evaluate behavioral symptoms, including nonpharmacological practices</li> <li>• wandering and egress prevention</li> <li>• medication management</li> <li>• how to implement life-enrichment programs</li> <li>• how to keep family engaged</li> <li>• limited use of public-address systems</li> <li>• safekeeping resident possessions</li> </ul>	List of policies and procedures must be given to resident and resident representatives when resident moves in
144G.90, Subd. 3	An assisted living facility with dementia care shall make available in written or electronic form, to residents and families or other persons who request it, a description of the training program and related training it provides, including the categories of employees trained, the frequency of training, and	<i>See also</i> 144G.64(c):  The facility shall provide to consumers in written or electronic form a description of the training program, the categories of

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	the basic topics covered. A hard copy of this notice must be provided upon request	employees trained, the frequency of training, and the basic topics covered
Specific training requirements		
144G.45, Subd. 2(b)	Facility must conduct fire drills according to Life Safety Code	<i>See</i> requirement for dementia-care facility under 144G.81, subd. 2
144G.60, Subd. 2	All staff providing assisted-living services must be trained and competent in providing the services appropriate to resident needs and trained to support the resident bill of rights under Minn. Stat. § 144G.91	Training on the resident bill of rights
144G.60, Subd. 3	In addition to complying with their professional requirements, licensed health professionals must be competent in assessing resident needs, planning services to meet resident needs, implementing services, and supervising staff	Have specific training for supervising staff and delegating health-care activities
144G.60, Subd. 4	Unlicensed personnel who provide assisted-living services must: <ul style="list-style-type: none"> <li>• complete a training-and-competency evaluation in topics under Minn. Stat. § 144G.61, subd. 2(a); <b>or</b></li> </ul>	Need requirements on the competency evaluation, written/oral test, and practical-skills test. Define what competency is

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	<ul style="list-style-type: none"> <li>demonstrate competency by completing a written or oral test on assigned tasks and topics under Minn. Stat. § 144G.61, subd. 2(a), <b>and</b> demonstrated competency by a practical-skills test on topics under Minn. Stat. § 144G.61, subd. 2(a)(5), (7), (8)</li> </ul>	
144G.60, Subd. 4(b)	<p>Unlicensed personnel performing delegated nursing tasks must:</p> <ul style="list-style-type: none"> <li>complete a written or oral test of topics under Minn. Stat. § 144G.61, subd. 2(a), (b), <b>and</b> a practical-skills test on topics under Minn. Stat. § 144G.61, subd. 2(a)(5), (7), and (b)(3), (5), (6), (7), <b>and</b> all delegated tasks they will perform;</li> <li>satisfy Medicare requirements for home health aides or nursing assistants under 42 CFR 483 or 484.80; <b>or</b></li> <li>have completed a training course for nursing assistants before April 19, 1993, that was approved by the commissioner</li> </ul>	<p><i>See also</i> 144G.62, subd. 2(a), (b):</p> <p>Staff must be competent and possess knowledge and skills according to complexity of delegated tasks</p> <p>Staff must be trained in proper methods to perform tasks or procedures and must be able to competently perform the tasks and procedures</p>

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144G.60, Subd. 4(c)	Unlicensed personnel performing delegated therapy or treatment tasks must meet requirements under Minn. Stat. § 144G.62, subd. 2(a)	
144G.60, Subd. 5	Temporary staff must meet requirements of 144G.60	
144G.61, Subd. 1	Training and competency evaluations of unlicensed personnel providing assisted living services must be conducted by a registered nurse, or another instructor may provide training in conjunction with the registered nurse	
144G.63, Subd. 1	All staff providing and supervising assisted-living services must complete an orientation on licensing requirements and assisted-living-facility regulations	Not sure what “licensing requirements” is supposed to be
144G.63, Subd. 5	All staff that provide assisted-living services must complete <b>at least eight hours</b> of annual training. Staff providing assisted-living services in a dementia-care facility must receive additional training under Minn. Stat. § 144G.83	

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144G.64(a)	<p>Staff must complete training on dementia care according to their work responsibilities:</p> <ul style="list-style-type: none"> <li>• Supervisors of direct-care staff must have <b>at least eight hours</b> of initial training on topics under Minn. Stat. § 144G.64(b) within 120 working hours and <b>two hours of training annually</b></li> <li>• Staff providing assisted-living services must have <b>at least eight hours</b> of initial training on topics under Minn. Stat. § 144G.64(b) within 160 working hours and <b>two hours of training annually</b></li> <li>• Staff providing assisted-living services in a dementia-care facility must have <b>at least eight hours</b> of initial training within 80 working hours and <b>two hours of training annually</b></li> <li>• Staff who do not provide assisted-living services must have <b>at least four hours</b> of initial training within 160 working hours and <b>two hours of training annually</b></li> </ul>	
144G.71	Medication management	See 144G.71, subs. 6-10, 19, 22 (administering medication, delegating medication administration, documenting medication-administration delegation, documenting medical setup,

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		managing medications when resident is away from home, storing medications, disposing medications)
144G.72	Treatment and therapy management	<i>See</i> 144G.72, subs. 4, 5 (administering treatment or therapy, documenting when administering treatment or therapy)
144G.82, Subd. 2(b)	An assisted-living director must complete <b>at least ten hours</b> of annual training that relates to caring for residents with dementia. In addition, under Minn. Stat. § 144A.20, subd. 4(c), an assisted-living director must receive <b>at least 30 hours</b> of training every two years on topics relevant to operating an assisted-living facility	The training must include medical management of dementia, creating and maintaining supportive and therapeutic environments for residents with dementia, and transitioning and coordinating services for residents with dementia. Continuing education credits may include college courses, preceptor credits, self-directed activities, course instructor credits, corporate training, in-service training, professional association training, web-based training, correspondence courses, telecourses, seminars, and workshops.
144G.83, Subd. 1	Facility must provide dementia-trained staff instructed in person-centered-care approach  All direct-care staff must be specially trained to work with residents with Alzheimer’s and other dementias	

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	In an emergency situation when trained staff are not available to provide services, the facility may assign staff who have not completed the required training	
144G.83, Subd. 2	The licensee must ensure that staff who provide support to residents with dementia can demonstrate a basic understanding and ability to apply dementia training to the residents' emotional and unique health care needs using person-centered planning delivery. Direct care dementia-trained staff and other staff must be trained on the topics identified during the expedited rulemaking process. These requirements are in addition to the licensing requirements for training	
144G.83, Subd. 3	<p>Persons providing or overseeing staff training must have experience and knowledge in the care of individuals with dementia, including:</p> <ul style="list-style-type: none"> <li>• two years of work experience related to Alzheimer's disease or other dementias, or in health care, gerontology, or another related field; and</li> <li>• completion of training equivalent to the requirements in this section and successfully passing a skills</li> </ul>	

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	competency or knowledge test required by the commissioner	
144G.83, Subd. 4	Preservice and in-service training may include various methods of instruction, such as classroom style, web-based training, video, or one-to-one training. The licensee must have a method for determining and documenting each staff person's knowledge and understanding of the training provided. All training must be documented	
<b>Miscellaneous training topics</b>		
144G.70, Subd. 1	A facility may not accept a person as a resident unless the facility has staff, sufficient in qualifications, competency, and numbers, to adequately provide the services agreed to in the assisted living contract	
144G.91, Subd. 4(b)	Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan	

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144G.91, Subd. 23	Before receiving services identified in the service plan, residents have the right to be told the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, and other choices that are available for addressing the resident's needs	Types of staff: licensed health professional, unlicensed personnel, support staff
<b>Specific training topics and evaluation topics</b>		
144G.61, Subd. 2(a)	<p>Training and competency evaluations for all unlicensed personnel:</p> <ul style="list-style-type: none"> <li>(1) documentation requirements for all services provided;</li> <li>(2) reports of changes in the resident's condition to the supervisor designated by the facility;</li> <li>(3) basic infection control, including blood-borne pathogens;</li> <li>(4) maintenance of a clean and safe environment;</li> <li>(5) appropriate and safe techniques in personal hygiene and grooming, including:               <ul style="list-style-type: none"> <li>(i) hair care and bathing;</li> <li>(ii) care of teeth, gums, and oral prosthetic devices;</li> </ul> </li> </ul>	

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	(iii) care and use of hearing aids; and (iv) dressing and assisting with toileting; (6) training on the prevention of falls; (7) standby assistance techniques and how to perform them; (8) medication, exercise, and treatment reminders; (9) basic nutrition, meal preparation, food safety, and assistance with eating; (10) preparation of modified diets as ordered by a licensed health professional; (11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family; (12) awareness of confidentiality and privacy; (13) understanding appropriate boundaries between staff and residents and the resident's family; (14) procedures to use in handling various emergency situations; and	

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	(15) awareness of commonly used health technology equipment and assistive devices	
144G.61, Subd. 2(b)	<p>Training and competency evaluations for unlicensed personnel providing assisted living services:</p> <p>(1) observing, reporting, and documenting resident status;</p> <p>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</p> <p>(3) reading and recording temperature, pulse, and respirations of the resident;</p> <p>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;</p> <p>(5) safe transfer techniques and ambulation;</p> <p>(6) range of motioning and positioning; and</p> <p>(7) administering medications or treatments as required</p>	
144G.63, Subd. 2(a)	<p>The orientation must include:</p> <p>(1) an overview of this chapter;</p>	Additional training may be on hearing loss ( <i>see</i> 144G.63, subd. 3(b))

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	<p>(2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;</p> <p>(3) handling of emergencies and use of emergency services;</p> <p>(4) compliance with and reporting of the maltreatment of vulnerable adults under section <a href="#">626.557</a> to the Minnesota Adult Abuse Reporting Center (MAARC);</p> <p>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</p> <p>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman</p>	

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	<p>at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure</p>	
144G.63, Subd. 5(a)	<p>All staff performing direct services must complete <b>at least eight hours</b> of annual training:</p> <p>(1) training on reporting of maltreatment of vulnerable adults under section <a href="#">626.557</a>;</p> <p>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p>	Additional training may be on hearing loss ( <i>see</i> 144G.63, subd. 5(b))

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	<p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person</p>	
144G.64(b)	<p>Required dementia-care training:</p> <p>(1) an explanation of Alzheimer's disease and other dementias;</p> <p>(2) assistance with activities of daily living;</p> <p>(3) problem solving with challenging behaviors;</p> <p>(4) communication skills; and</p> <p>(5) person-centered planning and service delivery</p>	