

Employee, Volunteer, Individual Contractor and Temporary Staff Record Review: State Evaluation

ASSISTED LIVING

Provider Information

Surveyor Name:

Provider Name:

HFID:

Date of survey:

Time of Survey:

Employee/Volunteer/Individual Contractor/Temp Staff Information

Name:

Identifier:

Title/Position:

RN/LPN

Volunteer

Other

ULP

Contractor

Start Date:

Record Review: All Employees, Volunteers, Individual Contractors, Temporary Staff

Credentials

Current license or certification:

- Type:
- Exp Date:

Currently registered on MDH nursing assistant registry

- Exp Date:

Orientation [144G.63]

Orientation to assisted living regulations [144G.63 Subd. 2] (Must be completed prior to providing home care services to clients.)

Dated:

- Overview of Assisted Living statutes
- Review of provider's policies and procedures
- Handling emergencies and using emergency services
- Reporting maltreatment of vulnerable adults or minors

- Assisted Living bill of rights
- Handling of resident' complaints, reporting of complaints, where to report
- Consumer advocacy services
- Review of types of Assisted Living services the employee will provide and provider's scope of license
- Principles of person-centered planning/service delivery
- Hearing loss training (optional)
- Orientation to each specific resident and services provided [144G.63 Subd. 3]

Dementia Training Requirements

- Dementia training required for all direct care staff and supervisors [144G.63 Subd. 4]
- Initial dementia care training within 120/160 hrs for Assisted Living, within 80hrs for Assisted Living With Dementia Care in the specified topics. [144G.64]
- Met 8 hours
- Met 2 hours annually comments:

Assisted Living with Dementia Care specific:

- Assisted Living Director must have 10 hours annual training [144G.82 Subd. 2]
- Supervising Staff overseeing/providing staff training must have 2 years of work experience related to dementia, health care, gerontology or another related field. Also must pass a competency/knowledge test in required dementia training. [144G.82 Subd. 3]

Annual Training [144G.63, Subd. 5]

- Last annual training dates:
 - At least eight hours for every 12 months of employment, in the following topics:
 - Reporting maltreatment of vulnerable adults or minors
 - Home Care/Assisted Living bill of rights
 - Infection control techniques
 - Review of provider's policies and procedures
 - Principles of person-centered planning/service delivery
 - Hearing loss training (optional)

Other requirements

- Background study [144G.60, Subd. 1] completed on:
Comments:
- Current job description – Dated:
- TB screening and training [144G.42 Subd. 9]

Comments:

- TB history and symptom screen completed on:
- Baseline screening (TST x 2, serum or CDC accepted standard) on Date:
Date: _____ Comments: _____
- TB training (at hire and annually if required based on facility risk assessment) completed on:
- Annual performance reviews completed on _____; _____; _____

Record Review: Unlicensed Personnel (ULP) Only

ULP training and competency testing

- Training and competency in the required 22 areas [144G.61, Subd. 2]
- ULPs currently listed on the MDH nursing assistant registry (NAR) are assumed to be competent in these requirements.

Training and competency evaluation

Indicate evidence in the employee record to support training and competency in the following topics. For underlined topics, indicate evidence the ULP completed a practical skills test of the task.

Training Topics: <u>Assisted Living Licensees</u> [144G.61 Subd. 2]	Evidence of Training Completed	Evidence of Demonstrated Competency
(1) documentation requirements for all services provided	<input type="checkbox"/>	<input type="checkbox"/>
(2) reports of changes in the client's condition to the supervisor designated by the home care provider	<input type="checkbox"/>	<input type="checkbox"/>
(3) basic infection control, including blood-borne pathogens	<input type="checkbox"/>	<input type="checkbox"/>
(4) maintenance of a clean and safe environment	<input type="checkbox"/>	<input type="checkbox"/>
(5) appropriate and safe techniques in personal hygiene and grooming, including: (i) hair care and bathing	<input type="checkbox"/>	<input type="checkbox"/>
(ii) care of teeth, gums, and oral prosthetic devices	<input type="checkbox"/>	<input type="checkbox"/>
(iii) care and use of hearing aids	<input type="checkbox"/>	<input type="checkbox"/>
(iv) dressing and assisting with toileting	<input type="checkbox"/>	<input type="checkbox"/>
(6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls	<input type="checkbox"/>	<input type="checkbox"/>
(7) standby assistance techniques and how to perform them	<input type="checkbox"/>	<input type="checkbox"/>
(8) medication, exercise, and treatment reminders	<input type="checkbox"/>	<input type="checkbox"/>
(9) basic nutrition, meal preparation, food safety, and assistance with eating	<input type="checkbox"/>	<input type="checkbox"/>
(10) preparation of modified diets as ordered by a licensed health professional	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE RECORD REVIEW: STATE EVALUATION

Training Topics: Assisted Living Licensees [144G.61 Subd. 2]	Evidence of Training Completed	Evidence of Demonstrated Competency
(11) communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family	<input type="checkbox"/>	<input type="checkbox"/>
(12) awareness of confidentiality and privacy	<input type="checkbox"/>	<input type="checkbox"/>
(13) understanding appropriate boundaries between staff and clients and the client's family	<input type="checkbox"/>	<input type="checkbox"/>
(14) procedures to utilize in handling various emergency situations	<input type="checkbox"/>	<input type="checkbox"/>
(15) awareness of commonly used health technology equipment and assistive devices	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Training Topics: Assisted Living [144G.61 Subd. 2 (b)]	Evidence of Training Completed	Evidence of Demonstrated Competency
(1) observation, reporting, and documenting of client status	<input type="checkbox"/>	<input type="checkbox"/>
(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>reading and recording temperature, pulse, and respirations of the client</u>	<input type="checkbox"/>	<input type="checkbox"/>
(4) recognizing physical, emotional, cognitive, and developmental needs of the client	<input type="checkbox"/>	<input type="checkbox"/>
(5) <u>safe transfer techniques and ambulation</u>	<input type="checkbox"/>	<input type="checkbox"/>
(6) <u>range of motioning and positioning</u>	<input type="checkbox"/>	<input type="checkbox"/>
(7) <u>administering medications or treatments as required</u>	<input type="checkbox"/>	<input type="checkbox"/>
(d) <u>Other RN/professionally delegated tasks (e.g., monitor vital signs, catheter or stoma care, Broda chair, mechanical lifts)</u>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Supervision of ULP

ULP was supervised within 30 days of performing delegated tasks on _____ [144G.62 Subd. 4 (b)]

If ULP administers medications, the ULP has been trained and has demonstrated competency to the RN on all route procedures. **Comments:**

Unplanned times away: **Comments:**

EMPLOYEE RECORD REVIEW: STATE EVALUATION

- ULP has been trained in preparing medications and has demonstrated competency to the RN. [144G.71 Subd. 10]
- RN has specific written procedures related to administration and documentation of medications for leaves of absence.

If ULP performs prescribed treatments or therapies, the RN has instructed and evaluated competencies in the following treatments as applicable: [144G.72 Subd.4]

Treatment	Trained
Oxygen	<input type="checkbox"/>
Compression Stockings	<input type="checkbox"/>
Ace Wraps	<input type="checkbox"/>
Blood Glucose	<input type="checkbox"/>
Modified Diets	<input type="checkbox"/>
CPAP/BiPAP	<input type="checkbox"/>
Orthotic Braces	<input type="checkbox"/>
Wound Care	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

State Evaluations
 Health Regulation Division
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 Phone 651-201-4200 | Fax 651-215-9697
 Assisted Living (<https://www.health.state.mn.us/facilities/regulation/assistedliving/index.html>)

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To obtain this information in a different format, call: 651-201-4200.