

Entrance Conference: State Evaluations

ASSISTED LIVING

Surveyor name:

Provider Information

Provider name:

Date/Time:

HFID:

License effective/expiration dates:

In attendance:

Email of Director:

Director name:

Clinical Nurse Supervisor/Director of Nursing name:

Is the provider familiar with current assisted living laws and regulations? [144G.03, Subd. 1-6]

Yes No

Current license is displayed in provider's place of business/branch offices.

Yes No

Branch office address(s):

Electronic Monitoring Signage posted at entrance [144.6502, Subd. 8]

Yes No

Nurse/Licensed Health Professional Information

Primary responsible nurse name:

Nurse's work cell #:

Nurse's hours/days:

RN(s)' previous experience:

Other nurse name(s):

Nursing hours:

Nursing days of the week:

PT/OT/Speech therapist name(s) (if applicable):

How many licensed staff does this licensee employ?

How do staff contact on-call nurse or other licensed health professional?

Assisted Living Specific:

- Provide system for residents to summon staff 24/7 (i.e., call light) system [144G.41, Subd. 1(5)]:
- Develop and implement staffing plan evaluated twice a year [144G.41, Subd. 1 (11)]:

Date: _____, _____

- Offer minimum services [144G.61, Subd. 13]
 - 3 meals per day, served per MN Food Code
 - Weekly housekeeping and laundry
 - At resident request, assist with transportation, arranging appointments, shopping, accessing community resources
 - Provide culturally sensitive programs
 - Daily program of social and recreational activity

Service Locations

Assisted Living Provider Specific:

Residents with dementia in a secure unit:

- Yes No

Access Code:

Provider advertises as providing specialized care for residents with dementia, Alzheimer's disease, or related disorders:

- Yes No

Services and Resident Admission

Current Resident census:

Services offered:

- ADL's
- Medication Management
- Wound Care
- Mechanical Lifts
- Modified Diets
- Ventilators
- Tube Feeding
- Housekeeping/laundry
- Meals
- Chronic Illness Management

Surveyor will obtain a copy of the following documents at the start of the survey:

- Assisted Living bill of rights [144G.91]
- Written complaint notice [144G.41, subd. 7]]
- Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) [144G.40, subd. 2]
- Written notice of dementia care training program [[144A.4791](#), Subd. 2 and [144D.065](#) (4) (c)]
- Assisted Living Contract [144G.50]

Assessment, service plan and service provision

Nursing assessments: Describe your assessment procedures. When are they conducted (i.e. falls, hospital return, etc.), who completes them? [144G.70 Subd. 2]

Service plan: Describe your procedure for developing and maintaining the service plan. Who develops and updates the service plan? [144G. Subd. 4]

Medication management services: Describe your medication management services. [144G.71, Subd. 1-23]

- Times:
- PRN procedures:
- Medication security:
- Storage:
- Loss/spillage:
- Disposition:

RN medication set up services:

- Yes No

Prescribed medication: Describe your system for how prescribed orders are communicated to the registered nurse, including when received by fax. [144G.71 11-16]

Treatment or therapy services: Identify the client treatment and therapy services you have provided. [144G.72]

Treatment	Provided
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"/>

Other:

Resident record documentation system: [144G.43, Subd. 2; 144G.30, Subd. 4]

- Electronic Paper Both

Record Location:

Staff communications

ULP (Unlicensed Personnel) communications: How do the ULPs communicate with each other and the licensed nurse regarding changes in the resident's condition or events on their shift?

Nursing staff communications: How do nursing staff communicate to ULPs and to other nursing staff regarding changes in residents' condition, medications, treatments, etc.

Describe Nurse On-Call process: Who is available, how do staff find that information, etc.

Employee records

Are you aware of the required content in the employee records?

Yes No Maybe

How do you maintain the records for current employees, volunteers, and individual contractors who provide services? [144G.42, Subd. 8]

Staffing patterns

Contracted staff: Describe use of contracted ULP, licensed nursing staff, and other licensed health professionals, if applicable.

Do you utilize contracted staff?

No Yes: Nurse ULP Other:

Contracted agency used:

Daily staffing schedule Posted for residents in a central location?

Yes No

Comments:

Schedule: Describe your staffing schedule (hours, # of staff/shift), for both Nursing/ULP staff.

Days:

Evenings:

Nights:

Complaints and investigations

Resident complaint procedure: Describe and review your resident complaint procedure, investigating, and documenting. [144G.42, subd. 6]

Management of resident unusual occurrences/incidents: Describe your investigative procedures and implementation of interventions and documentation for incidents such as falls, medication errors, elopement, etc. [144G.43, Subd. 3]

- Falls:
- Med errors:
- Elopement:
- VA Reporting requirements [144G.41, Subd. 6]:

Tuberculosis (TB) Prevention and Control Program

[144G.42, subd. 9]

Do you have a TB facility risk assessment?

- Yes No

Level:

Describe your employee, regularly scheduled volunteer, and contracted staff TB screening process, including:

- TB policy and procedures
- Staff TB history and symptom screens and baseline screenings at hire date
- TB training records

Quality management activities

Describe your agency's quality management plan and provide documentation for past twelve months.

[144G. 42, Subd. 2]

Resident/Family Council Designee:

- Space and requirements provided for Resident Council [144G.41, Subd. 5]
- Space and requirements provided for Family Council [144G.41, Subd. 6]
- Review of council requests and concerns

Reports and documents

Provide these required documents at start of survey.

- Current resident roster (may use MDH form p5060)
- Discharged/deceased resident roster (may use MDH form p5061)
- List of current employees (including all contracted staff), titles, and hire dates
- List of all licensed staff and evidence of current licensure
- Documentation of incidents, accidents, and medication errors for the past six months
- Abuse/neglect reports for the past six months. (MAARC)
- Any complaints for the past three to six months
- 24-hour report book or communication book, if applicable
- Unlicensed personnel daily assignment work/shift forms
- Admission information (See page 2, Services and resident admission)
- A complete description of the training program in dementia care if providing services to residents with dementia, Alzheimer's and related disorders [144G.64; 144G.83]
- CLIA waiver (if applicable)
- Current year's quality management plan
- Medication administration book and treatment provision documentation/book (Provide when requested.)

Provider policies and procedures

- Training of unlicensed personnel on:
 - Documentation requirements
 - Medication administration
 - Delegated tasks
 - Treatments and therapies [144G.72 Subd. 2]
 - Dementia and related disorders
- Content of employee records
- Content of resident records

ENTRANCE CONFERENCE: STATE EVALUATIONS

- Infection Control policies
- Disaster and emergency plan (for business and for individual residents)
- Quality management plan and activities
- Orientation and annual training (including curriculum)
- Vulnerable adult reporting (if serving adults) / Reporting of maltreatment of minors (if serving minors)
- Handling of complaints from resident and/or resident representatives
- Medication management services
- Treatment and therapy services
- Service plan

State Evaluations
Health Regulation Division
P.O. Box 3879 St. Paul, MN 55101
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.