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]

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen</td>
<td>☐</td>
</tr>
<tr>
<td>Compression Stockings</td>
<td>☐</td>
</tr>
<tr>
<td>Ace Wraps</td>
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<tr>
<td>Blood Glucose</td>
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<tr>
<td>Modified Diets</td>
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</tr>
<tr>
<td>CPAP/BiPAP</td>
<td>☐</td>
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<tr>
<td>Orthotic Braces</td>
<td>☐</td>
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<tr>
<td>Wound Care</td>
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<td>Other:</td>
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<td>Other:</td>
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<td>Other:</td>
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<td>Other:</td>
<td>☐</td>
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</tbody>
</table>

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
☐ 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)

06/30/2021
To obtain this information in a different format, call: 651-201-4200.