

## Entrance Conference

### STATE EVALUATION: ASSISTED LIVING PROVIDERS (144G)

Surveyor Name:

### Provider Information

Provider:

Date:

HFID:

Time:

License effective date:

License expiration date:

Branch office address(s):

In attendance:

Agent/Director Name:

Email:

Housing Manager Name:

Email:

Licensed Assisted Living Director (LALD):

- LALD listed as Director of Record on BELTSS website.
- LALD completed continued education as required.
- If licensed for dementia care, 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)

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

Yes

No

Comments:

### Nurse/Licensed Health Professional Information

Primary nurse:

Phone number:

Hours/Days:

Previous experience:

Additional nurse(s):

Hours/Days:

PT/OT/Speech therapist:

How many licensed staff does licensee employ?

How do staff contact on-call nurse/licensed health care professional?

Provides system for residents to summon staff 24/7 (i.e., call light) (144G.41, Subd. 1 (5))

Type of system:

## Offers Minimum Services (144G.41)

Current Census:

Access Code(s):

### Services Offered (144G.41):

- ADLs
- Medication Management
- Wound Care
  - Simple
  - Complex
- Mechanical Lifts
- Modified Diets
  - Mechanical/Texture
  - Nutritional (low sodium, renal, etc.)
- Ventilators
- Tube Feeding
- Chronic Illness Management
- 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
- Provide a daily program of social and recreational activity

Comments:

## Assessment, Service Plan, and Service Provision

### Assessments (144G.70 Subd. 2)

Resident Review, Monitoring, and Assessment: Describe your individualized resident assessment, review, and monitoring procedures. Include information about the pre-assessment, admission assessment, changes in condition assessment (including falls, ER visits, post-hospital, etc.) and individual abuse prevention plans, physical device/safety (i.e., bed rails).

Nursing Assessments: Describe your assessment procedures. When conducted (i.e., falls, hospital return, etc), who completes them? Process for off hours (weekend, holidays)?

### Service Plan (144G.70 Subd. 4)

Describe your procedure for developing and maintaining the service plan. Who develops and updates the service plan?

### Medication Management Services

Describe your medication management services (144G.71):

- Times:
- PRN Procedures:
- Medication Security/Storage:
- Controlled Medications:
- Loss/Spillage:
- Disposition:

RN Medication set up services?

Describe your system for how prescribed orders are communicated to the registered nurse, including when received by fax, digital, or hardcopy.

### Treatment or Therapy Management Services

Describe treatment/therapy management services you are providing or would provide if requested:

- Oxygen:
- Compression Stockings:
- Ace Wraps:
- Blood Glucose:
- Modified Diets:
- CPAP/BiPAP:
- Orthotic Braces:

Wound Care:

Catheters:

Other:

Comments:

## Documentation Records

Resident record documentation system:

Electronic

Paper

Both

Location of records:

Are you aware of the required contents of the employee records?

Yes

No

How are employee records maintained and stored?

Electronic

Paper

Both

How are unlicensed personnel trained by the RN?

Comments:

## Communications

ULP communications: How do the ULPs communicate with each other and the licensed nurse regarding changes in the residents' 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, and what is the expected return communication time frame?

## Staffing Pattern

Contract agency use and how (if applicable):

Nurse

ULP

Other

Develop and implement staffing plan evaluated twice a year? (144G.41, Subd. 1 (11)) Date(s):

Daily staffing schedule posted for residents in a central location?

## Schedule

Describe your staffing schedule (hours, # of staff/shift) for both ULPs and nursing.

▪ Days:

▪ Evenings:

▪ Nights:

Comments:

## Complaints and Investigations

Resident complaint procedure: Describe and review your resident complaint procedure, investigations, and documentation. (144G.42 Subd. 6)

Management of resident unusual occurrence or incidents: Describe your investigative procedures and implementation of interventions and documentation of the following (144G.43 Subd. 3)

- Falls:
- Medication Error:
- Elopement:
- VA Reporting expectations:

## Tuberculosis (TB) Prevention and Control Program

Facility Risk Assessment completed:

Level:

Describe your employee, regularly schedule volunteer, and contract staff TB screening process including:

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

Comments:

## Quality Management Activities

Describe your agency's quality management plan and provide documentation for the previous twelve (12) months.

Last meeting:

Current focus/topics:

## Resident or Family Council

Designee(s):

- Space and requirements provided for Resident Council
- Space and requirements provided for Family Council
- Review of councils' requests, concerns, and resolutions

Comments:

## Required Documents

Provide these at the start of the survey.

### Reports or Documents

- Assisted Living bill of rights
- Written complaint notice
- Uniform Checklist Disclosure of Services (UDALSA)
- Website or advertising information
- Assisted living contract
- Current resident roster
- Discharged/deceased resident roster
- Current employee roster
- List of all licensed staff and evidence of current licensure, including LALD
- Documentation of incidents, accidents, and/or medication errors for the past six (6) months
- Abuse/neglect reports for the past six (6) months (MAARC)
- Any complaints for the past six (6) months
- 24-hour report book or communication book, if applicable
- ULP daily assignment work/shift forms
- Admission information/packets
- Descriptions of training program for dementia care
- CLIA waiver, if applicable
- Current quality management plan

### Policies and Procedures

- Training of ULP on:
  - Documentation requirements
  - Medication administration
  - Delegated Tasks
  - Treatment or therapy
  - Dementia and related disorders
- Content of employee records

ENTRANCE CONFERENCE (STATE EVALUATION 144G)

- Content of resident record
- Infection control
- Disaster and emergency plan (Appendix Z)
- Quality management plan and activities
- Orientation and annual training
- Vulnerable adult reporting/Reporting of maltreatment of minors (if serving minors)
- Handling of complaints from residents and/or resident representatives
- Medications management services
- Treatment and therapy services
- Service plan

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