



|                             |                           |                   |                   |                              |             |                               |                   |                         |                                    |         | Medication Administration |                          |           |            |         | Treatments and Therapies |        |            |                 |           |          |          |               |            |       |  |
|-----------------------------|---------------------------|-------------------|-------------------|------------------------------|-------------|-------------------------------|-------------------|-------------------------|------------------------------------|---------|---------------------------|--------------------------|-----------|------------|---------|--------------------------|--------|------------|-----------------|-----------|----------|----------|---------------|------------|-------|--|
| Name of Resident Room#/unit | Housing Only, No services | Start of Services | Primary Diagnosis | Housekeeping, laundry, meals | Memory Care | Recent (3 mo) Hospitalization | Falls (last 3 mo) | Bed rails or restraints | Skilled or Medicare certified care | Hospice | Nebulizer                 | Psychotropic Medications | Med-Admin | Med Set-up | Insulin | Blood Glucose Monitoring | Oxygen | Ventilator | C-Pap or Bi-Pap | Tube Feed | PT/OT/ST | Dialysis | Catheter Care | Wound Care | Other |  |
|                             |                           |                   |                   |                              |             |                               |                   |                         |                                    |         |                           |                          |           |            |         |                          |        |            |                 |           |          |          |               |            |       |  |
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### 144G.08 Definitions (Assisted Living)

**Subd. 20 Dietary supplement.** "Dietary supplement" means a product taken by mouth that contains a dietary ingredient intended to supplement the diet. Dietary ingredients may include vitamins, minerals, herbs or other botanicals, amino acids, and substances such as enzymes, organ tissue, glandulars, or metabolites.

**Subd. 37 Medication.** "Medication" means a prescription or over-the-counter drug. For purposes of this chapter only, medication includes dietary supplements.

**Subd. 38 Medication administration.** "Medication administration" means performing a set of tasks to ensure a resident takes medications, and includes the following:

- (1) checking the resident's medication record;
- (2) preparing the medication as necessary;
- (3) administering the medication to the resident;
- (4) documenting the administration or reason for not administering the medication; and
- (5) reporting to a nurse any concerns about the medication, the resident, or the resident's refusal to take the medication.

**Subd. 39 Medication management.** "Medication management" means the provision of any of the following medication-related services to a resident:

- (1) performing medication setup;
- (2) administering medication;
- (3) storing and securing medications;
- (4) documenting medication activities;
- (5) verifying and monitoring effectiveness of systems to ensure safe handling and administration;
- (6) coordinating refills;
- (7) handling and implementing changes to prescriptions;
- (8) communicating with the pharmacy about the resident's medications; and
- (9) coordinating and communicating with the prescriber.

**Subd. 47 Over-the-counter drug.** "Over-the-counter drug" means a drug that is not required by federal law to bear the symbol "Rx only."

**Subd. 71 Treatment or therapy.** "Treatment" or "therapy" means the provision of care, other than medications, ordered or prescribed by a licensed health professional provided to a resident to cure, rehabilitate, or ease symptoms.

State Evaluations  
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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.*