

## Safety Tags

Updated May 21, 2024

### Background information

Minnesota assisted living laws require the Minnesota Department of Health (MDH) to survey licensed assisted living providers at least once every two years. The purpose of these surveys is to evaluate and monitor the care and services provided to assisted living residents and determine if the provider is complying with assisted living licensing requirements.

The Assisted Living (AL) Report Card rating for Safety is based on the findings from MDH survey correction orders, which may include requirements related to safety policy, reporting maltreatment and grievances, advocacy services, emergency preparedness, infection and disease management, resident records, medication management, background checks, Life Safety Code, resident protections, and relocations and transfers. When MDH identifies a provider is out of compliance with a licensing requirement, MDH issues a correction order to the provider. When a provider receives a correction order included in the AL Report Card Safety rating, their report card score is negatively impacted. If a correction order is issued at a higher scope and severity, the correction order will have a greater negative impact on the provider’s report card score.

### List of tags

This table provides a list of the 36 survey correction orders incorporated in the Safety rating and includes the MDH survey correction order tag number and the corresponding requirement in statute for each tag:

Tag	Statute Citation	Statute Language
250	144G.20 Subdivision 1. Conditions	(a) The commissioner may refuse to grant a provisional license, refuse to grant a license as a result of a change in ownership, refuse to renew a license, suspend or revoke a license, or impose a conditional license if the owner, controlling individual, or employee of an assisted living facility:  (1) is in violation of, or during the term of the license has violated, any of the requirements in this chapter or adopted rules;

		<p>(2) permits, aids, or abets the commission of any illegal act in the provision of assisted living services;</p> <p>(3) performs any act detrimental to the health, safety, and welfare of a resident;</p> <p>(4) obtains the license by fraud or misrepresentation;</p> <p>(5) knowingly makes a false statement of a material fact in the application for a license or in any other record or report required by this chapter;</p> <p>(6) denies representatives of the department access to any part of the facility's books, records, files, or employees;</p> <p>(7) interferes with or impedes a representative of the department in contacting the facility's residents;</p> <p>(8) interferes with or impedes ombudsman access according to section <a href="#">256.9742</a>, subdivision 4;</p> <p>(9) interferes with or impedes a representative of the department in the enforcement of this chapter or fails to fully cooperate with an inspection, survey, or investigation by the department;</p> <p>(10) destroys or makes unavailable any records or other evidence relating to the assisted living facility's compliance with this chapter;</p> <p>(11) refuses to initiate a background study under section <a href="#">144.057</a> or <a href="#">245A.04</a>;</p> <p>(12) fails to timely pay any fines assessed by the commissioner;</p> <p>(13) violates any local, city, or township ordinance relating to housing or assisted living services;</p> <p>(14) has repeated incidents of personnel performing services beyond their competency level; or</p> <p>(15) has operated beyond the scope of the assisted living facility's license category.</p> <p>(b) A violation by a contractor providing the assisted living services of the facility is a violation by the facility.</p>
500	144G.41 Subd. 2. Policies and procedures.	<p>Each assisted living facility must have policies and procedures in place to address the following and keep them current:</p> <p>(1) requirements in section <a href="#">626.557</a>, reporting of maltreatment of vulnerable adults;</p> <p>(2) conducting and handling background studies on employees;</p>

		<p>(3) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance;</p> <p>(4) handling complaints regarding staff or services provided by staff;</p> <p>(5) conducting initial evaluations of residents' needs and the providers' ability to provide those services;</p> <p>(6) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate;</p> <p>(7) orientation to and implementation of the assisted living bill of rights;</p> <p>(8) infection control practices;</p> <p>(9) reminders for medications, treatments, or exercises, if provided;</p> <p>(10) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards;</p> <p>(11) ensuring that nurses and licensed health professionals have current and valid licenses to practice;</p> <p>(12) medication and treatment management;</p> <p>(13) delegation of tasks by registered nurses or licensed health professionals;</p> <p>(14) supervision of registered nurses and licensed health professionals; and</p> <p>(15) supervision of unlicensed personnel performing delegated tasks.</p>
510	144G.41 Subd. 3. Infection control program	<p>(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>(b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.</p> <p>(c) The facility must maintain written evidence of compliance with this subdivision.</p>
550	144G.41 Subd. 7. Resident grievances;	All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident

	reporting maltreatment	grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center.
560	144G.41 Subd. 8. Protecting resident rights.	<p>All facilities shall ensure that every resident has access to consumer advocacy or legal services by:</p> <p>(1) providing names and contact information, including telephone numbers and e-mail addresses of at least three organizations that provide advocacy or legal services to residents;</p> <p>(2) providing the name and contact information for the Minnesota Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, including both the state and regional contact information;</p> <p>(3) assisting residents in obtaining information on whether Medicare or medical assistance under chapter 256B will pay for services;</p> <p>(4) making reasonable accommodations for people who have communication disabilities and those who speak a language other than English; and</p> <p>(5) providing all information and notices in plain language and in terms the residents can understand.</p>
590	144G.42 Subd. 3. Facility restrictions	<p>(a) This subdivision does not apply to licensees that are Minnesota counties or other units of government.</p> <p>(b) A facility or staff person may not:</p> <p>(1) accept a power-of-attorney from residents for any purpose, and may not accept appointments as guardians or conservators of residents; or</p> <p>(2) borrow a resident's funds or personal or real property, nor in any way convert a resident's property to the possession of the facility or staff person</p>
620	144G.42 Subd. 6. (a) Compliance with requirements for reporting maltreatment of vulnerable adults; abuse prevention plan.	(a) The assisted living facility must comply with the requirements for the reporting of maltreatment of vulnerable adults in section <a href="#">626.557</a> . The facility must establish and implement a written procedure to ensure that all cases of suspected maltreatment are reported.

630	144G.42 Subd. 6. (b) Compliance with requirements for reporting maltreatment of vulnerable adults; abuse prevention plan.	b) The facility must develop and implement an individual abuse prevention plan for each vulnerable adult. The plan shall contain an individualized review or assessment of the person's susceptibility to abuse by another individual, including other vulnerable adults; the person's risk of abusing other vulnerable adults; and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For purposes of the abuse prevention plan, abuse includes self-abuse.
640	144G.42 Subd. 7. Posting information for reporting suspected crime and maltreatment.	<p>The facility shall support protection and safety through access to the state's systems for reporting suspected criminal activity and suspected vulnerable adult maltreatment by:</p> <p>(1) posting the 911 emergency number in common areas and near telephones provided by the assisted living facility;</p> <p>(2) posting information and the reporting number for the Minnesota Adult Abuse Reporting Center to report suspected maltreatment of a vulnerable adult under section <a href="#">626.557</a>; and</p> <p>(3) providing reasonable accommodations with information and notices in plain language.</p>
660	144G.42, subd. 9	<p>Tuberculosis prevention and control.</p> <p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p> <p>Subd. 9a. Communicable diseases.</p> <p>A facility must follow current state requirements for prevention, control, and reporting of communicable diseases as defined in Minnesota Rules, parts <a href="#">4605.7040</a>, <a href="#">4605.7044</a>, <a href="#">4605.7050</a>, <a href="#">4605.7075</a>, <a href="#">4605.7080</a>, and <a href="#">4605.7090</a>.</p>

670	144G.42 Subd. 9a. Communicable diseases.	<p>(a) The facility must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and Mortality Weekly Report. The program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and regularly scheduled volunteers. The commissioner shall provide technical assistance regarding implementation of the guidelines.</p> <p>(b) The facility must maintain written evidence of compliance with this subdivision.</p>
680	144G.42 Subd. 10. Disaster planning and emergency preparedness plan	<p>(a) The facility must meet the following requirements:</p> <p>(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;</p> <p>(2) post an emergency disaster plan prominently;</p> <p>(3) provide building emergency exit diagrams to all residents;</p> <p>(4) post emergency exit diagrams on each floor; and</p> <p>(5) have a written policy and procedure regarding missing tenant residents.</p> <p>(b) The facility must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training annually available to all residents. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.</p> <p>(c) The facility must meet any additional requirements adopted in rule.</p>
700	144G.43 Subd. 1 (b)	<p>(b) Resident records, whether written or electronic, must be protected against loss, tampering, or unauthorized disclosure in compliance with chapter 13 and other applicable relevant federal and state laws. The facility shall establish and implement written procedures to control use, storage, and security of resident records and establish criteria for release of resident information.</p>
730	144G.43, Subd. 3	<p>Contents of resident record.</p> <p>Contents of a resident record include the following for each resident:</p> <p>(1) identifying information, including the resident's name, date of birth, address, and telephone number;</p>

		<p>(2) the name, address, and telephone number of the resident's emergency contact, legal representatives, and designated representative;</p> <p>(3) names, addresses, and telephone numbers of the resident's health and medical service providers, if known;</p> <p>(4) health information, including medical history, allergies, and when the provider is managing medications, treatments or therapies that require documentation, and other relevant health records;</p> <p>(5) the resident's advance directives, if any;</p> <p>(6) copies of any health care directives, guardianships, powers of attorney, or conservatorships;</p> <p>(7) the facility's current and previous assessments and service plans;</p> <p>(8) all records of communications pertinent to the resident's services;</p> <p>(9) documentation of significant changes in the resident's status and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(10) documentation of incidents involving the resident and actions taken in response to the needs of the resident, including reporting to the appropriate supervisor or health care professional;</p> <p>(11) documentation that services have been provided as identified in the service plan;</p> <p>(12) documentation that the resident has received and reviewed the assisted living bill of rights;</p> <p>(13) documentation of complaints received and any resolution;</p> <p>(14) a discharge summary, including service termination notice and related documentation, when applicable; and</p> <p>(15) other documentation required under this chapter and relevant to the resident's services or status.</p>
770	144G.45 Subdivision 1. Minimum site Requirements	<p>The following are required for all assisted living facilities:</p> <p>(1) public utilities must be available, and working or inspected and approved water and septic systems must be in place;</p> <p>(2) the location must be publicly accessible to fire department services and emergency medical services;</p>

		<p>(3) the location's topography must provide sufficient natural drainage and is not subject to flooding;</p> <p>(4) all-weather roads and walks must be provided within the lot lines to the primary entrance and the service entrance, including employees' and visitors' parking at the site; and</p> <p>(5) the location must include space for outdoor activities for residents.</p>
780	144G.45 Subd. 2.(a) (1) Fire protection and physical environment	<p>(a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and:</p> <p>(1) for dwellings or sleeping units, as defined in the State Fire Code:</p> <p>(i) provide smoke alarms in each room used for sleeping purposes;</p> <p>(ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms;</p> <p>(iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics;</p> <p>(iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and</p> <p>(v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated;</p>
790	144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment	<p>(2) install and maintain portable fire extinguishers in accordance with the State Fire Code;</p> <p>(3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and</p>
800	144G.45 Subd. 2 (a) (4) Fire protection and physical environment	<p>4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program.</p>
810	144G.45 Subd. 2 (b-f) Fire protection	<p>b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to:</p>



	and physical environment.	<p>(1) location and number of resident sleeping rooms;</p> <p>(2) employee actions to be taken in the event of a fire or similar emergency;</p> <p>(3) fire protection procedures necessary for residents; and</p> <p>(4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation.</p> <p>(c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter.</p> <p>(d) Fire safety and evacuation plans shall be readily available at all times within the facility.</p>
820	144G.45 Subd. 2 (g) Fire protection and physical environment	<p>(g) Existing construction or elements, including assisted living facilities that were registered as housing with services establishments under chapter 144D prior to August 1, 2021, shall be permitted to continue in use provided such use does not constitute a distinct hazard to life. Any existing elements that an authority having jurisdiction deems a distinct hazard to life must be corrected. The facility must document in the facility's records any actions taken to comply with a correction order, and must submit to the commissioner for review and approval prior to correction.</p>
830	144G.45 Subd. 3. Local laws apply	<p>Assisted living facilities shall comply with all applicable state and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements</p>
850	144G.45 Subd. 5. Assisted living facilities; Life Safety Code	<p>(a) All assisted living facilities with six or more residents must meet the applicable provisions of the 2018 edition of the NFPA Standard 101, Life Safety Code, Residential Board and Care Occupancies chapter. The minimum design standard shall be met for all new licenses or new construction.</p> <p>(b) If the commissioner decides to update the Life Safety Code for purposes of this subdivision, the commissioner must notify the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health care and public safety of the planned update by January 15 of the year in which the new Life Safety Code will become effective. Following notice from the commissioner, the new edition shall become effective for assisted living facilities beginning August 1 of that year, unless provided otherwise in law. The commissioner shall, by publication in the State Register, specify a date by which facilities must comply with the updated Life Safety Code. The date by which facilities must comply shall not be sooner than six months after publication of the commissioner's notice in the State Register.</p>

1060	144G.52 Subd. 9. Emergency relocation	<p>(a) A facility may remove a resident from the facility in an emergency if necessary due to a resident's urgent medical needs or an imminent risk the resident poses to the health or safety of another facility resident or facility staff member. An emergency relocation is not a termination.</p> <p>(b) In the event of an emergency relocation, the facility must provide a written notice that contains, at a minimum:</p> <p>(1) the reason for the relocation;</p> <p>(2) the name and contact information for the location to which the resident has been relocated and any new service provider;</p> <p>(3) contact information for the Office of Ombudsman for Long-Term Care;</p> <p>(4) if known and applicable, the approximate date or range of dates within which the resident is expected to return to the facility, or a statement that a return date is not currently known; and</p> <p>(5) a statement that, if the facility refuses to provide housing or services after a relocation, the resident has the right to appeal under section <a href="#">144G.54</a>. The facility must provide contact information for the agency to which the resident may submit an appeal.</p> <p>(c) The notice required under paragraph (b) must be delivered as soon as practicable to:</p> <p>(1) the resident, legal representative, and designated representative;</p> <p>(2) for residents who receive home and community-based waiver services under chapter 256S and section <a href="#">256B.49</a>, the resident's case manager; and</p> <p>(3) the Office of Ombudsman for Long-Term Care if the resident has been relocated and has not returned to the facility within four days.</p> <p>(d) Following an emergency relocation, a facility's refusal to provide housing or services constitutes a termination and triggers the termination process in this section.</p>
1130	144G.55 Subd. 2. Safe location	<p>A safe location is not a private home where the occupant is unwilling or unable to care for the resident, a homeless shelter, a hotel, or a motel. A facility may not terminate a resident's housing or services if the resident will, as the result of the termination, become homeless, as that term is defined in section <a href="#">116L.361, subdivision 5</a>, or if an adequate and safe discharge location or adequate and needed service provider has not been identified. This subdivision does not preclude a resident from declining to move to the location the facility identified</p>

1160	144G.56 Subd. 2. Orderly transfer	A facility must provide for the safe, orderly, coordinated, and appropriate transfer of residents within the facility
1290	144G.60, Subd. 1	<p>Background studies required.</p> <p>(a) Employees, contractors, and regularly scheduled volunteers of the facility are subject to the background study required by section <a href="#">144.057</a> and may be disqualified under chapter 245C. Nothing in this subdivision shall be construed to prohibit the facility from requiring self-disclosure of criminal conviction information.</p> <p>(b) Data collected under this subdivision shall be classified as private data on individuals under section 13.02, subdivision 12.</p> <p>(c) Termination of an employee in good faith reliance on information or records obtained under this section regarding a confirmed conviction does not subject the assisted living facility to civil liability or liability for unemployment benefits.</p>
1920	144G.71 Subd. 23. Loss or spillage	<p>(a) Assisted living facilities providing medication management must develop and implement procedures for loss or spillage of all controlled substances defined in Minnesota Rules, part <a href="#">6800.4220</a>. These procedures must require that when a spillage of a controlled substance occurs, a notation must be made in the resident's record explaining the spillage and the actions taken. The notation must be signed by the person responsible for the spillage and include verification that any contaminated substance was disposed of according to state or federal regulations.</p> <p>(b) The procedures must require that the facility providing medication management investigate any known loss or unaccounted for prescription drugs and take appropriate action required under state or federal regulations and document the investigation in required records.</p>
2020	144G.80 Subd. 2. Demonstrated capacity	<p>(a) An applicant for licensure as an assisted living facility with dementia care must have the ability to provide services in a manner that is consistent with the requirements in this section. The commissioner shall consider the following criteria, including, but not limited to:</p> <p>(1) the experience of the applicant in managing residents with dementia or previous long-term care experience; and</p> <p>(2) the compliance history of the applicant in the operation of any care facility licensed, certified, or registered under federal or state law.</p>

		<p>(b) If the applicant does not have experience in managing residents with dementia, the applicant must employ a consultant for at least the first six months of operation. The consultant must meet the requirements in paragraph (a), clause (1), and make recommendations on providing dementia care services consistent with the requirements of this chapter. The consultant must (1) have two years of work experience related to dementia, health care, gerontology, or a related field, and (2) have completed at least the minimum core training requirements in section <a href="#">144G.64</a>. The applicant must document an acceptable plan to address the consultant's identified concerns and must either implement the recommendations or document in the plan any consultant recommendations that the applicant chooses not to implement. The commissioner must review the applicant's plan upon request.</p> <p>(c) The commissioner shall conduct an on-site inspection prior to the issuance of an assisted living facility with dementia care license to ensure compliance with the physical environment requirements.</p> <p>(d) The label "Assisted Living Facility with Dementia Care" must be identified on the license.</p>
2060	144G.81 Subd. 3. Assisted living facilities with dementia care and secured dementia care unit; Life Safety Code.	<p>(a) All assisted living facilities with dementia care and a secured dementia care unit must meet the applicable provisions of the 2018 edition of the NFPA Standard 101, Life Safety Code, Healthcare (limited care) chapter. The minimum design standards shall be met for all new licenses or new construction.</p> <p>(b) If the commissioner decides to update the Life Safety Code for purposes of this subdivision, the commissioner must notify the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health care and public safety of the planned update by January 15 of the year in which the new Life Safety Code will become effective. Following notice from the commissioner, the new edition shall become effective for assisted living facilities with dementia care and a secured dementia care unit beginning August 1 of that year, unless provided otherwise in law. The commissioner shall, by publication in the State Register, specify a date by which these facilities must comply with the updated Life Safety Code. The date by which these facilities must comply shall not be sooner than six months after publication of the commissioner's notice in the State Register.</p>
2360	144G.91 Subd. 8. Freedom from maltreatment	Residents have the right to be free from physical, sexual, and emotional abuse; neglect; financial exploitation; and all forms of maltreatment covered under the Vulnerable Adults Act

2560	144G.92 Subdivision 1. Retaliation prohibited	<p>A facility or agent of a facility may not retaliate against a resident or employee if the resident, employee, or any person acting on behalf of the resident:</p> <p>(1) files a good faith complaint or grievance, makes a good faith inquiry, or asserts any right;</p> <p>(2) indicates a good faith intention to file a complaint or grievance, make an inquiry, or assert any right;</p> <p>(3) files, in good faith, or indicates an intention to file a maltreatment report, whether mandatory or voluntary, under section <a href="#">626.557</a>;</p> <p>(4) seeks assistance from or reports a reasonable suspicion of a crime or systemic problems or concerns to the director or manager of the facility, the Office of Ombudsman for Long-Term Care, a regulatory or other government agency, or a legal or advocacy organization;</p> <p>(5) advocates or seeks advocacy assistance for necessary or improved care or services or enforcement of rights under this section or other law;</p> <p>(6) takes or indicates an intention to take civil action;</p> <p>(7) participates or indicates an intention to participate in any investigation or administrative or judicial proceeding;</p> <p>(8) contracts or indicates an intention to contract to receive services from a service provider of the resident's choice other than the facility; or</p> <p>(9) places or indicates an intention to place a camera or electronic monitoring device in the resident's private space as provided under section <a href="#">144.6502</a>.</p>
2580	144G.93 Consumer advocacy and legal services	<p>Upon execution of an assisted living contract, every facility must provide the resident with the names and contact information, including telephone numbers and e-mail addresses, of:</p> <p>(1) nonprofit organizations that provide advocacy or legal services to residents including but not limited to the designated protection and advocacy organization in Minnesota that provides advice and representation to individuals with disabilities; and</p> <p>(2) the Office of Ombudsman for Long-Term Care, including both the state and regional contact information</p>
3000	626.557 Subd. 3. Timing of report	<p>(a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a</p>

		<p>facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:</p> <p>(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or</p> <p>(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section <a href="#">626.5572, subdivision 21</a>, paragraph (a), clause (4).</p> <p>(b) A person not required to report under the provisions of this section may voluntarily report as described above.</p> <p>(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.</p> <p>(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.</p> <p>(e) A mandated reporter who knows or has reason to believe that an error under section <a href="#">626.5572, subdivision 17</a>, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section <a href="#">626.5572, subdivision 17</a>, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section <a href="#">626.5572, subdivision 17</a>, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c.</p>
3020	626.557 Subd. 4. Reporting	<p>(a) Except as provided in paragraph (b), a mandated reporter shall immediately make an oral report to the common entry point. The common entry point may accept electronic reports submitted through a web-based reporting system established by the commissioner. Use of a telecommunications device for the deaf or other similar device shall be considered an oral report. The common entry point may not require written reports. To the extent possible, the report must be of sufficient content to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment. A mandated reporter may disclose not public data, as defined in section <a href="#">13.02</a>, and medical records under sections <a href="#">144.291</a> to <a href="#">144.298</a>, to the extent necessary to comply with this subdivision.</p>

		<p>(b) A boarding care home that is licensed under sections <a href="#">144.50</a> to <a href="#">144.58</a> and certified under Title 19 of the Social Security Act, a nursing home that is licensed under section <a href="#">144A.02</a> and certified under Title 18 or Title 19 of the Social Security Act, or a hospital that is licensed under sections <a href="#">144.50</a> to <a href="#">144.58</a> and has swing beds certified under Code of Federal Regulations, title 42, section 482.66, may submit a report electronically to the common entry point instead of submitting an oral report. The report may be a duplicate of the initial report the facility submits electronically to the commissioner of health to comply with the reporting requirements under Code of Federal Regulations, title 42, section 483.12. The commissioner of health may modify these reporting requirements to include items required under paragraph (a) that are not currently included in the electronic reporting form.</p>
3030	626.557 Subd. (4, a) Internal reporting of maltreatment	<p>(a) Except as provided in paragraph (b), a mandated reporter shall immediately make an oral report to the common entry point. The common entry point may accept electronic reports submitted through a web-based reporting system established by the commissioner. Use of a telecommunications device for the deaf or other similar device shall be considered an oral report. The common entry point may not require written reports. To the extent possible, the report must be of sufficient content to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment. A mandated reporter may disclose not public data, as defined in section <a href="#">13.02</a>, and medical records under sections <a href="#">144.291</a> to <a href="#">144.298</a>, to the extent necessary to comply with this subdivision.</p>
3120	144.6502 Subd. 14. Resident protections	<p>(a) A facility must not:</p> <p>(1) refuse to admit a potential resident or remove a resident because the facility disagrees with the decision of the potential resident, the resident, or a resident representative acting on behalf of the resident regarding electronic monitoring;</p> <p>(2) retaliate or discriminate against any resident for consenting or refusing to consent to electronic monitoring, as provided in section <a href="#">144.6512</a> or <a href="#">144G.92</a>; or</p> <p>(3) prevent the placement or use of an electronic monitoring device by a resident who has provided the facility or the Office of Ombudsman for Long-Term Care with notice and consent as required under this section</p>