

Staffing 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 Staffing is based on the findings from MDH survey correction orders, which may include requirements related to staff training and proficiency, staff availability, documentation, and dementia-care license specific staffing requirements. 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 Staffing 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 38 survey correction orders incorporated in the Staffing rating and includes the MDH survey correction order tag number and the corresponding requirement in statute for each tag:

Tag	Statute Citation	Statute Citation Description
110	144G.10 Subdivision 1a. Assisted living director license required.	(a)(1) Beginning August 1, 2021, no assisted living facility may operate in Minnesota unless it is licensed under this chapter.

470	144G.41, Subd. 1 (11-12) Minimum Requirements	<p>(11) develop and implement a staffing plan for determining its staffing level that:</p> <ul style="list-style-type: none"> (i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility; (ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and (iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility; <p>(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:</p> <ul style="list-style-type: none"> (i) awake; (ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time; (iii) capable of communicating with residents; (iv) capable of providing or summoning the appropriate assistance; and (v) capable of following directions;
495	144G.41 Subdivision 1. (14) Minimum requirements	(14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week.

520	144G.41 Subd. 4. Clinical nurse supervision	All assisted living facilities must have a clinical nurse supervisor who is a registered nurse licensed in Minnesota.
650	144G.42 Subd. 8. Employee records.	<p>(a) The facility must maintain current records of each paid employee, each regularly scheduled volunteer providing services, and each individual contractor providing services. The records must include the following information:</p> <ul style="list-style-type: none"> (1) evidence of current professional licensure, registration, or certification if licensure, registration, or certification is required by this chapter or rules; (2) records of orientation, required annual training and infection control training, and competency evaluations; (3) current job description, including qualifications, responsibilities, and identification of staff persons providing supervision; (4) documentation of annual performance reviews that identify areas of improvement needed and training needs; (5) for individuals providing assisted living services, verification that required health screenings under subdivision 9 have taken place and the dates of those screenings; and (6) documentation of the background study as required under section 144.057. <p>(b) Each employee record must be retained for at least three years after a paid employee, volunteer, or contractor ceases to be employed by, provide services at, or be under contract with the facility. If a facility ceases operation, employee records must be maintained for three years after facility operations cease.</p>

1300	144G.60 Subd. 2. Qualifications, training, and competency	All staff persons providing assisted living services must be trained and competent in the provision of services consistent with current practice standards appropriate to the resident's needs, and promote and be trained to support the assisted living bill of rights.
1310	144G.60 Subd. 3. Licensed health professionals and nurses	<p>(a) Licensed health professionals and nurses providing services as employees of a licensed facility must possess a current Minnesota license or registration to practice.</p> <p>(b) Licensed health professionals and registered nurses must be competent in assessing resident needs, planning appropriate services to meet resident needs, implementing services, and supervising staff if assigned.</p> <p>(c) Nothing in this section limits or expands the rights of nurses or licensed health professionals to provide services within the scope of their licenses or registrations, as provided by law.</p>
1330	144G.60 Subd. 4. (b) Unlicensed personnel	<p>b) Unlicensed personnel performing delegated nursing tasks in an assisted living facility must:</p> <p>(1) have successfully completed training and demonstrated competency by successfully completing a written or oral test of the topics in section 144G.61, subdivision 2, paragraphs (a) and (b), and a practical skills test on tasks listed in section 144G.61, subdivision 2, paragraphs (a), clauses (5) and (7), and (b), clauses (3), (5), (6), and (7), and all the delegated tasks they will perform;</p> <p>(2) satisfy the current requirements of Medicare for training or competency of home health aides or nursing assistants, as provided by Code of Federal Regulations, title 42, section 483 or 484.36; or</p> <p>(3) have, before April 19, 1993, completed a training course for nursing assistants that was approved by the commissioner.</p> <p>(c) Unlicensed personnel performing therapy or treatment tasks delegated or assigned by a licensed</p>

		health professional must meet the requirements for delegated tasks in section 144G.62, subdivision 2 , paragraph (a), and any other training or competency requirements within the licensed health professional's scope of practice relating to delegation or assignment of tasks to unlicensed personnel.
1340	144G.60 Subd. 4. (c) Unlicensed personnel	Unlicensed personnel performing therapy or treatment tasks delegated or assigned by a licensed health professional must meet the requirements for delegated tasks in section 144G.62, subdivision 2 , paragraph (a), and any other training or competency requirements within the licensed health professional's scope of practice relating to delegation or assignment of tasks to unlicensed personnel.
1350	144G.60 Subd. 5. Temporary staff	When a facility contracts with a temporary staffing agency, those individuals must meet the same requirements required by this section for personnel employed by the facility and shall be treated as if they are staff of the facility.
1360	144G.61 Subdivision 1. Instructor and competency evaluation requirements	Instructors and competency evaluators must meet the following requirements: (1) training and competency evaluations of unlicensed personnel who only provide assisted living services specified in section 144G.08, subdivision 9 , clauses (1) to (5), must be conducted by individuals with work experience and training in providing these services; and (2) training and competency evaluations of unlicensed personnel providing assisted living services must be conducted by a registered nurse, or another instructor may provide training in conjunction with the registered nurse.
1370	144G.61 Subd 2. (a) Training and evaluation of unlicensed personnel	(a) Training and competency evaluations for all unlicensed personnel must include the following: (1) documentation requirements for all services provided;

		<p>(2) reports of changes in the resident's condition to the supervisor designated by the facility;</p> <p>(3) basic infection control, including blood-borne pathogens;</p> <p>(4) maintenance of a clean and safe environment;</p> <p>(5) appropriate and safe techniques in personal hygiene and grooming, including:</p> <ul style="list-style-type: none">(i) hair care and bathing;(ii) care of teeth, gums, and oral prosthetic devices;(iii) care and use of hearing aids; and(iv) dressing and assisting with toileting; <p>(6) training on the prevention of falls;</p> <p>(7) standby assistance techniques and how to perform them;</p> <p>(8) medication, exercise, and treatment reminders;</p> <p>(9) basic nutrition, meal preparation, food safety, and assistance with eating;</p> <p>(10) preparation of modified diets as ordered by a licensed health professional;</p> <p>(11) communication skills that include preserving the dignity of the resident and showing respect for the resident and the resident's preferences, cultural background, and family;</p> <p>(12) awareness of confidentiality and privacy;</p> <p>(13) understanding appropriate boundaries between staff and residents and the resident's family;</p> <p>(14) procedures to use in handling various emergency situations; and</p> <p>(15) awareness of commonly used health technology equipment and assistive devices.</p>
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1380	144G.61 Subd 2. (b) Training and evaluation of unlicensed personnel	<p>(b) In addition to paragraph (a), training and competency evaluation for unlicensed personnel providing assisted living services must include:</p> <p>(1) observing, reporting, and documenting resident status;</p> <p>(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;</p> <p>(3) reading and recording temperature, pulse, and respirations of the resident;</p> <p>(4) recognizing physical, emotional, cognitive, and developmental needs of the resident;</p> <p>(5) safe transfer techniques and ambulation;</p> <p>(6) range of motioning and positioning; and</p> <p>(7) administering medications or treatments as required.</p>
1390	144G.62 Subdivision 1. (a) Availability of contact person to staff.	(a) Assisted living facilities must have a registered nurse available for consultation by staff performing delegated nursing tasks and must have an appropriate licensed health professional available if performing other delegated services such as therapies.
1400	144G.62 Subdivision 1. (b) Availability of contact person to staff.	(b) The appropriate contact person must be readily available either in person, by telephone, or by other means to the staff at times when the staff is providing services.
1410	144G.62 Subd. 2. (a) Delegation of assisted living services	(a) A registered nurse or licensed health professional may delegate tasks only to staff who are competent and possess the knowledge and skills consistent with the complexity of the tasks and according to the appropriate Minnesota practice act. The assisted living facility must establish and implement a system to communicate up-to-date information to the registered nurse or licensed health professional regarding the current available staff and their competency so the registered nurse or licensed

		health professional has sufficient information to determine the appropriateness of delegating tasks to meet individual resident needs and preferences.
1420	144G.62 Subd. 2. (b) Delegation of assisted living services	(b) When the registered nurse or licensed health professional delegates tasks to unlicensed personnel, that person must ensure that prior to the delegation the unlicensed personnel is trained in the proper methods to perform the tasks or procedures for each resident and is able to demonstrate the ability to competently follow the procedures and perform the tasks. If an unlicensed personnel has not regularly performed the delegated assisted living task for a period of 24 consecutive months, the unlicensed personnel must demonstrate competency in the task to the registered nurse or appropriate licensed health professional. The registered nurse or licensed health professional must document instructions for the delegated tasks in the resident's record.
1430	144G.62 Subd. 3. Supervision of staff	(a) Staff who only provide assisted living services specified in section 144G.08, subdivision 9, clauses (1) to (5), must be supervised periodically where the services are being provided to verify that the work is being performed competently and to identify problems and solutions to address issues relating to the staff's ability to provide the services. The supervision of the unlicensed personnel must be done by staff of the facility having the authority, skills, and ability to provide the supervision of unlicensed personnel and who can implement changes as needed, and train staff. (b) Supervision includes direct observation of unlicensed personnel while the unlicensed personnel are providing the services and may also include indirect methods of gaining input such as gathering feedback from the resident. Supervisory review of staff must be provided at a frequency based on the staff person's competency and performance.

1440	144G.62 Subd. 4. Supervision of staff providing delegated nursing or therapy tasks	<p>(a) Staff who perform delegated nursing or therapy tasks must be supervised by an appropriate licensed health professional or a registered nurse according to the assisted living facility's policy where the services are being provided to verify that the work is being performed competently and to identify problems and solutions related to the staff person's ability to perform the tasks. Supervision of staff performing medication or treatment administration shall be provided by a registered nurse or appropriate licensed health professional and must include observation of the staff administering the medication or treatment and the interaction with the resident.</p> <p>(b) The direct supervision of staff performing delegated tasks must be provided within 30 calendar days after the date on which the individual begins working for the facility and first performs the delegated tasks for residents and thereafter as needed based on performance. This requirement also applies to staff who have not performed delegated tasks for one year or longer.</p>
1450	144G.62 Subd. 5. Documentation	A facility must retain documentation of supervision activities in the personnel records.
1460	144G.63 Subdivision 1. Orientation of staff and supervisors	All staff providing and supervising direct services must complete an orientation to assisted living facility licensing requirements and regulations before providing assisted living services to residents. The orientation may be incorporated into the training required under subdivision 5. The orientation need only be completed once for each staff person and is not transferable to another facility.
1470	144G.63 Subd. 2 Content of required orientation	<p>(a) The orientation must contain the following topics:</p> <p>(1) an overview of this chapter;</p> <p>(2) an introduction and review of the facility's policies and procedures related to the provision of assisted living services by the individual staff person;</p>

		<p>(3) handling of emergencies and use of emergency services;</p> <p>(4) compliance with and reporting of the maltreatment of vulnerable adults under section 626.557 to the Minnesota Adult Abuse Reporting Center (MAARC);</p> <p>(5) the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person;</p> <p>(7) handling of residents' complaints, reporting of complaints, and where to report complaints, including information on the Office of Health Facility Complaints;</p> <p>(8) consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county-managed care advocates, or other relevant advocacy services; and</p> <p>(9) a review of the types of assisted living services the employee will be providing and the facility's category of licensure.</p> <p>(b) In addition to the topics in paragraph (a), orientation may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and the challenges it poses to communication;</p> <p>(2) health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p>
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		(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.
1480	144G.63 Subd. 3	Staff providing assisted living services must be oriented specifically to each individual resident and the services to be provided. This orientation may be provided in person, orally, in writing, or electronically.
1490	144G.63 Subd. 4 Training required related to dementia	All direct care staff and supervisors providing direct services must demonstrate an understanding of the training specified in section 144G.64 .
1500	144G.63 Subd. 5 Required annual training	<p>(a) All staff that perform direct services must complete at least eight hours of annual training for each 12 months of employment. The training may be obtained from the facility or another source and must include topics relevant to the provision of assisted living services. The annual training must include:</p> <p>(1) training on reporting of maltreatment of vulnerable adults under section 626.557;</p> <p>(2) review of the assisted living bill of rights and staff responsibilities related to ensuring the exercise and protection of those rights;</p> <p>(3) review of infection control techniques used in the home and implementation of infection control standards including a review of hand washing techniques; the need for and use of protective gloves, gowns, and masks; appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades; disinfecting reusable equipment; disinfecting environmental surfaces; and reporting communicable diseases;</p> <p>(4) effective approaches to use to problem solve when working with a resident's challenging behaviors, and how</p>

		<p>to communicate with residents who have dementia, Alzheimer's disease, or related disorders;</p> <p>(5) review of the facility's policies and procedures relating to the provision of assisted living services and how to implement those policies and procedures; and</p> <p>(6) the principles of person-centered planning and service delivery and how they apply to direct support services provided by the staff person.</p> <p>(b) In addition to the topics in paragraph (a), annual training may also contain training on providing services to residents with hearing loss. Any training on hearing loss provided under this subdivision must be high quality and research based, may include online training, and must include training on one or more of the following topics:</p> <p>(1) an explanation of age-related hearing loss and how it manifests itself, its prevalence, and challenges it poses to communication;</p> <p>(2) the health impacts related to untreated age-related hearing loss, such as increased incidence of dementia, falls, hospitalizations, isolation, and depression; or</p> <p>(3) information about strategies and technology that may enhance communication and involvement, including communication strategies, assistive listening devices, hearing aids, visual and tactile alerting devices, communication access in real time, and closed captions.</p>
1510	144G.63 Subd. 6. Implementation	The assisted living facility must implement all orientation and training topics covered in this section.
1520	144G.63 Subd. 7. Verification and documentation of orientation and training	The assisted living facility shall retain evidence in the employee record of each staff person having completed the orientation and training required by this section.

1530	144G.64 (a) (1-2) Training in dementia care required	<p>a) All assisted living facilities must meet the following training requirements:</p> <p>(1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;</p> <p>(2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p>
1540	144G.64 (a) (3) Training in dementia care required	<p>(3) for assisted living facilities with dementia care, direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 80 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or a supervisor meeting the requirements in clause (1) must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;</p>

1550	144G.64 (a) (4) Training in dementia care required	(4) staff who do not provide direct care, including maintenance, housekeeping, and food service staff, must have at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;
1560	144G.64 (a,b,c) (5) Training in dementia care required	<p>(5) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months.</p> <p>(b) Areas of required training include:</p> <p>(1) an explanation of Alzheimer's disease and other dementias;</p> <p>(2) assistance with activities of daily living;</p> <p>(3) problem solving with challenging behaviors;</p> <p>(4) communication skills; and</p> <p>(5) person-centered planning and service delivery.</p> <p>(c) The facility shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered.</p>
2090	144G.82 Subdivision 1. General	The licensee of an assisted living facility with dementia care is responsible for the care and housing of the persons with dementia and the provision of person-centered care that promotes each resident's dignity, independence, and comfort. This includes the supervision, training, and overall conduct of the staff.
2100	144G.82 Subd. 2 Additional requirements	<p>(a) The licensee must follow the assisted living license requirements and the criteria in this section.</p> <p>(b) The assisted living director of an assisted living facility with dementia care must <u>complete and document</u> that at least ten hours of the required annual continuing educational requirements relate to the care of individuals</p>

		with dementia. The training must include medical management of dementia, creating and maintaining supportive and therapeutic environments for residents with dementia, and transitioning and coordinating services for residents with dementia. Continuing education credits may include college courses, preceptor credits, self-directed activities, course instructor credits, corporate training, in-service training, professional association training, web-based training, correspondence courses, telecourses, seminars, and workshops.
2120	144G.83 Subdivision 1. General	<p>(a) An assisted living facility with dementia care must provide residents with dementia-trained staff who have been instructed in the person-centered care approach. All direct care staff assigned to care for residents with dementia must be specially trained to work with residents with Alzheimer's disease and other dementias.</p> <p>(b) Only staff trained as specified in subdivisions 2 and 3 shall be assigned to care for dementia residents.</p> <p>(c) Staffing levels must be sufficient to meet the scheduled and unscheduled needs of residents. Staffing levels during nighttime hours shall be based on the sleep patterns and needs of residents.</p> <p>(d) In an emergency situation when trained staff are not available to provide services, the facility may assign staff who have not completed the required training. The particular emergency situation must be documented and must address:</p> <p>(1) the nature of the emergency;</p> <p>(2) how long the emergency lasted; and</p> <p>(3) the names and positions of staff that provided coverage.</p>
2130	144G.83 Subd. 2. Staffing Requirements	(a) The licensee must ensure that staff who provide support to residents with dementia can demonstrate a basic understanding and ability to apply dementia training to the residents' emotional and unique health care needs using person-centered planning delivery.

		<p>Direct care dementia-trained staff and other staff must be trained on the topics identified during the expedited rulemaking process. These requirements are in addition to the licensing requirements for training.</p> <p>(b) Failure to comply with paragraph (a) or subdivision 1 shall result in a fine under section 144G.31.</p>
2140	144G.83 Subd. 3. Supervising staff training	<p>Persons providing or overseeing staff training must have experience and knowledge in the care of individuals with dementia, including:</p> <p style="padding-left: 40px;">(1) two years of work experience related to Alzheimer's disease or other dementias, or in health care, gerontology, or another related field; and</p> <p>completion of training equivalent to the requirements in this section and successfully passing a skills competency or knowledge test required by the commissioner.</p>
2150	144G.83 Subd. 4. Preservice and in-service training	<p>Preservice and in-service training may include various methods of instruction, such as classroom style, web-based training, video, or one-to-one training. The licensee must have a method for determining and documenting each staff person's knowledge and understanding of the training provided. All training must be documented.</p>
2260	144G.90 Subd. 3. Notice of dementia training	<p>An assisted living facility with dementia care shall make available in written or electronic form, to residents and families or other persons who request it, a description of the training program and related training it provides, including the categories of employees trained, the frequency of training, and the basic topics covered. A hard copy of this notice must be provided upon request.</p>