



# Assisted Living Quarterly Update Webex

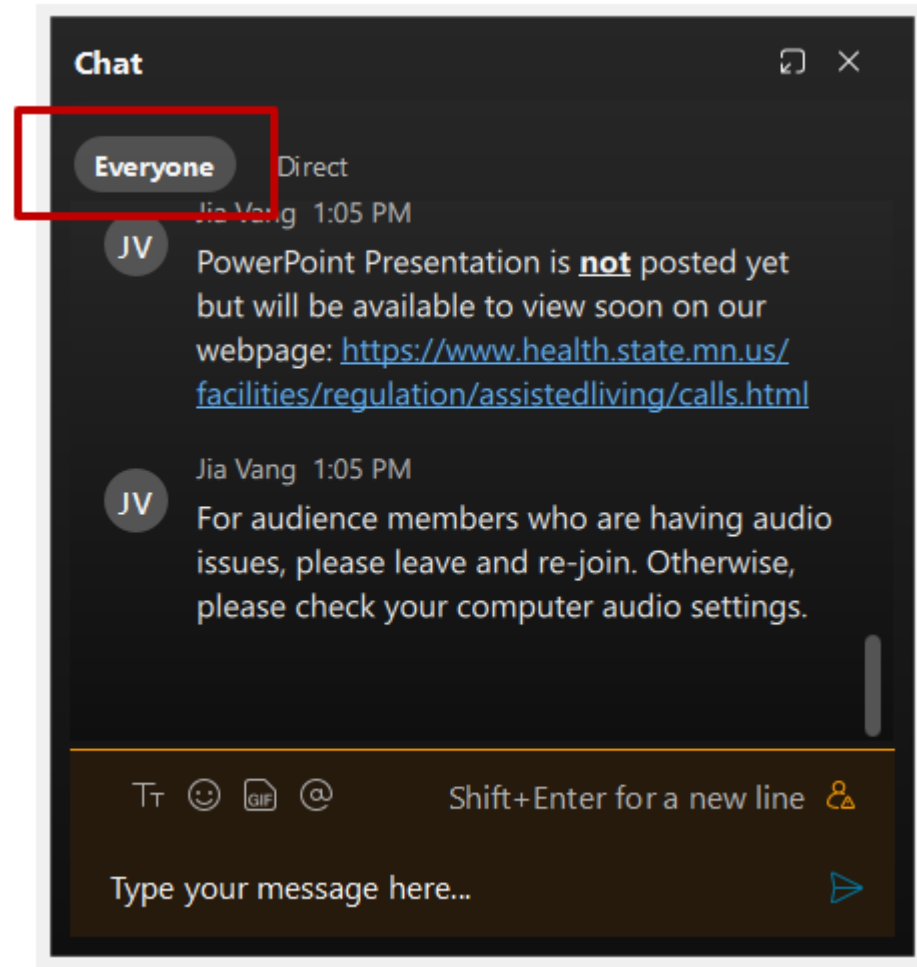
February 20, 2025

# Webex Participants

## Participants are muted.

To ask a question, click on the chat bubble to open the chat, select “Everyone”, and ask a question or provide a comment. Messages sent privately may not be addressed due to logistics.

We will answer as many questions as we can at the end of our time today.



- CY 2024 Assisted Living Data
- Relocation (Portability) of Existing AL License Overview
- General Reporting to OHFC
- Fire Safety Education and Compliance



## Assisted Living Data Calendar Year (CY) 2024

Daphne Ponds | State Executive Operations Manager

# Assisted Living Correction Order Trends

## Calendar Year 2024 – Most Cited 1-10

AL Tag #	Description of Violation	Tag Frequency
0480	Minimum Requirements: MN Food Code	706
0810	Fire Protection & Physical Environment: Fire Safety and Evacuation	661
0680	Disaster Planning & Emergency Preparedness	535
0800	Fire Protection & Physical Environment: Maintenance/Good Repair	501
0780	Fire Protection & Physical Environment: Smoke Alarms	436
1620	Initial Reviews, Assessments, and Monitoring	336
0660	Tuberculosis Prevention and Control	335
0820	Fire Protection & Physical Environment: Egress Windows	284
0650	Employee/Staff Records	259
0470	Minimum Requirement: Assisted Living Bill of Rights	248

# Assisted Living Correction Order Trends

Calendar Year 2024 – Most Cited 11-20

AL Tag #	Description of Violation	Tag Frequency
0790	Fire Protection & Physical Environment: Fire Extinguishers	244
1760	Documentation of administration of medication	231
1640	Service Plan, Implementation & Revisions	230
1290	Background Studies Required	228
2310	Appropriate Care and Services	227
1880/1890	Storage of Medications/Prescription Drugs	220/220
2360	Freedom from Maltreatment (Substantiated Maltreatment Finding)	219
0510	Infection Control	199
1530	Training in Dementia Care Required	188
1500	Required Annual Training	187



## Relocation (Portability) of an Assisted Living License

Rick Michals | LCR Executive Operations Manager

# Relocation (Portability) of an Existing Assisted Living License Effective March 15, 2025

Today, assisted living licensees who want to change the physical location of their assisted living facility must close their current license, discharge residents, and undergo the provisional licensing process to license a new physical location.

The 2024 Minnesota Legislature passed [Minn. Stat. 144G.195](#) to establish a new assisted living licensure path for *existing* AL licensees who want to change the physical location of their current assisted living facility.



# Eligibility for a Relocation of an Existing License

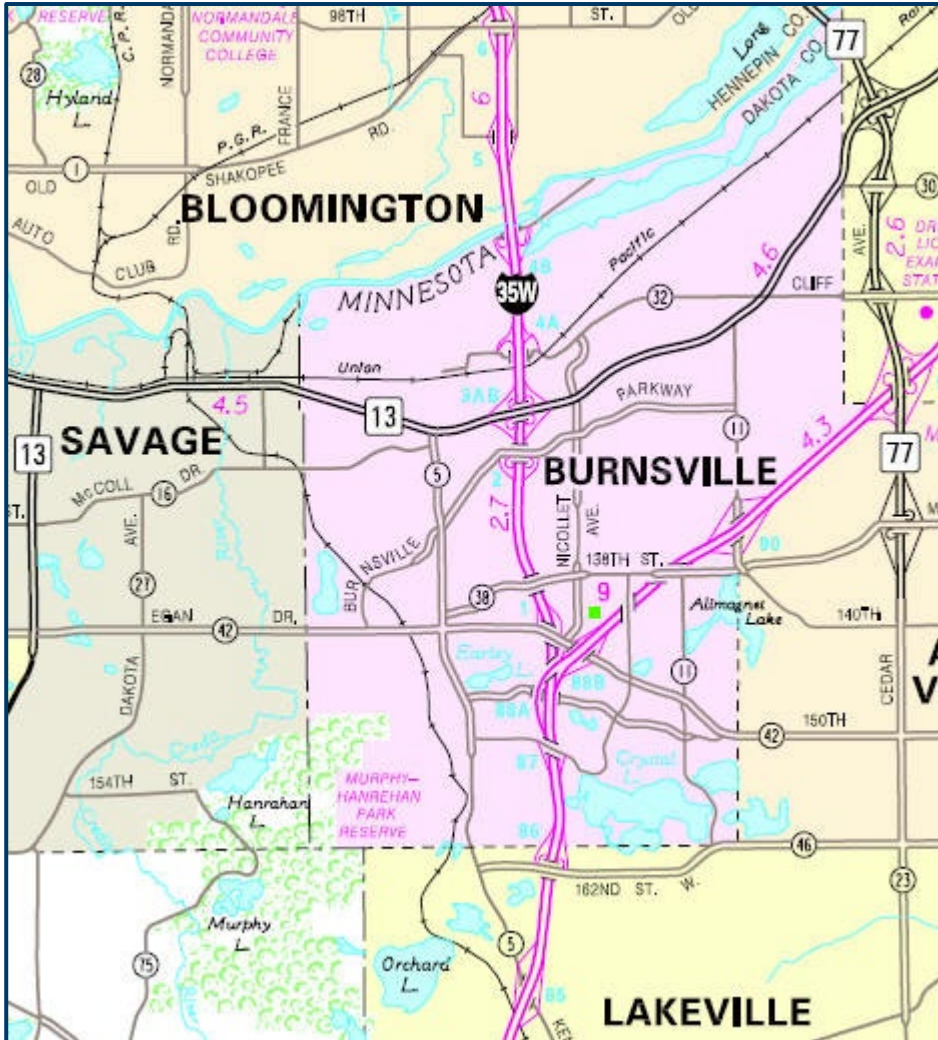
A current assisted living facility or an assisted living facility with dementia care licensee may apply for a relocation of their existing license on March 15, 2025, if the current licensee meets three criteria:

1. Five or less resident capacity;
2. New facility location is in the same municipality or a contiguous municipality; and
3. Relocation may occur one time in the previous three-year period.

# Licensed capacity of five (5) or fewer residents

- ✓ The applicant must be an existing AL licensee and have five (5) or fewer residents at the time of application.
- ✓ If a licensee has more than five residents at the facility, the licensee DOES NOT qualify for relocation.
- ✓ Licensed resident capacity increases or decreases will not be considered at the time of facility relocation application process.

# Same or Contiguous Municipality

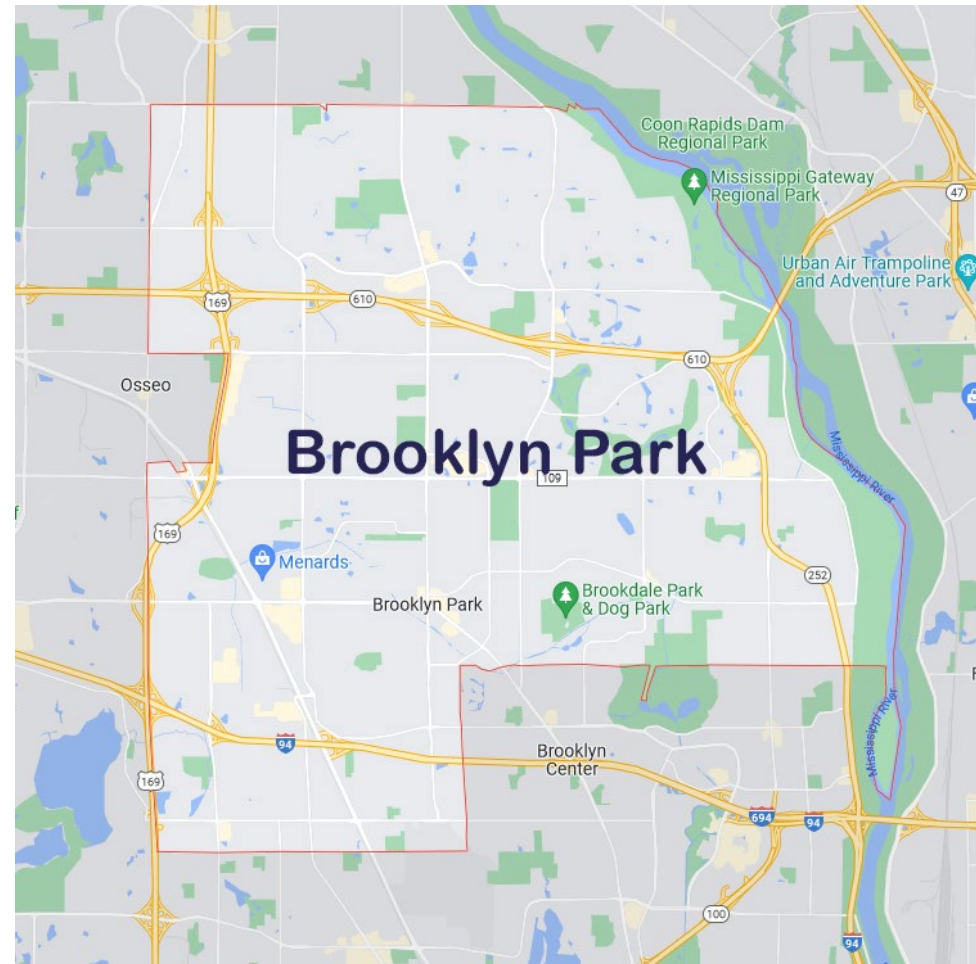


The new facility address is within the geographic boundaries of the **municipality** in which the facility is currently located or within the geographic boundaries of a **contiguous municipality.**

# What is a contiguous municipality?

For purposes of facility relocation, a municipality is defined as a city, town, or village.

Contiguous means being in actual contact, touching along a boundary or at a point.



# New Facility Location

The new facility physical location address must be:

- (1) located within the same city, town, or village as the current facility location address or
- (2) located in a city, town, or village whose geographic boundary touches the boundary of the city, town, or village of the current facility location; AND

# One Relocation in 3 Years

The licensee has not relocated within the previous three-year period. MDH may approve an additional relocation within a three-year period upon a licensee's demonstration of an extenuating circumstances.



# DHS Reimbursement – Are you impacted?

While you might qualify under [Minn. Stat. 144G.195](#) for relocation of your existing assisted living license, you might NOT qualify under [Minn. Stat. 256B.49](#).

In other words,

**You could be granted relocation by MDH but may NOT get paid/reimbursed for DHS waived services.**





# Attention DHS Waiver Reimbursement Recipients

If you are enrolled DHS waiver reimbursement for customized living services, a transfer of your DHS enrollment date is allowed if you meet one of five criteria under Minn. Stat. 256B.49. Your DHS waiver reimbursement **WILL NOT** be impacted (1 of 5 criteria):

If you are a provider or business that directly or indirectly through one or more intermediaries is controlled by, is under common control with, or controls the business enrolled to provide customized living services at the current physical location purchases a new physical location, **AND** the commissioner of health (MDH) approves the relocation of the provider's assisted living facility license to the newly purchased physical location.



Check with DHS now to see if you qualify!

Check with DHS to see if your DHS waiver reimbursement will be impacted **BEFORE** you apply for relocation through MDH.



# Non-refundable application fee

Once MDH verifies the application is complete, MDH will ask the applicant to submit the relocation fee of \$3,905.

The fee is **non-refundable** per Minn. Stat. 144G.195, subd. 1(c).

# DLI Certificate and Building Plans

- ✓ MDH will review the application to ensure the applicant meets the Minn. Stat. 144G.195 qualifying criteria to be granted a facility relocation.
- ✓ If MDH determines the applicant meets the qualifying criteria for relocation, then MDH will then determine whether the application is complete.
- ✓ MN Department of Labor and Industry (DLI) Certificate of Occupancy of the new facility location.
- ✓ Copy of the MN DLI approved, or City approved facility building plans of the new facility location.

# 30 Days to Approve or Deny a Facility Relocation

After accepting the license fee, MDH has 30 days to approve or deny the relocation. MDH will need to complete a plan review and inspection of the new physical location

If the new physical location is noncompliant with 144G physical environment requirements and the noncompliance is unable to be quickly remedied by the applicant, the license will be denied, and the application fee will NOT be refunded.

# If a Relocation of an Existing License is Approved

A relocation applicant will retain the same license type (ALF or ALFDC) if granted approval of the relocation.

Upon approval of the relocation, the applicant/licensee will need to give 60 days notice to residents at the current location regarding the move to the new facility location.

MDH will not be accepting relocation applications until March 15, 2025.

More information on facility relocation will be available on the MDH website in early March.

# Relocation Questions?

[health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)



## General Reporting to OHFC

Matt Heffron | State Rapid Response Regional Operations Manager



# MAARC Reporting

- Contact the Minnesota Adult Abuse Reporting Center (MAARC) for:
  - "reason to believe that a vulnerable adult is being or has been maltreated" or
  - "a physical injury which is not reasonably explained".
  - Resident to resident incidents with serious harm.
- Call 844-880-1574 or online at [MAARC Mandated Reporter Form \(http://mn.gov/dhs/reportadultabuse/\)](http://mn.gov/dhs/reportadultabuse/)

# Non-MAARC reporting

MDH is working to create a better method of reporting assisted living facility concerns that are NOT related to vulnerable adult maltreatment but still have a significant impact on resident safety.

MDH wants to provide technical assistance and be aware of AL physical environment concerns so the Department can respond appropriately and collaborate with local authorities, if needed.

# Reporting about Fire/Physical Environment



If an assisted living facility has physical environment concerns related to:

- excessive heat or cold,
- water pipe leaks,
- power outages,
- facility fires, or
- hazardous physical environment issues (building damage).

Consider contacting OHFC at:  
[health.ohfc-complaints@state.mn.us](mailto:health.ohfc-complaints@state.mn.us)

# What information should be reported?

- Number of residents at the facility.
- Describe the emergency or incident (who, what, when, how).
- Number of residents impacted by the emergency/incident? Did the facility evacuate? Were residents moved from the facility? Within the facility?
- Are local first responders/emergency involved? State Fire Marshal? Have you implemented your emergency preparedness plans?
- Was the incident caused by residents, such as the resident starting a fire?

# MDH Emergency Preparedness & Response



The MDH Emergency Preparedness & Response is also available 24 hours a day, 7 days a week at **651-201-5700** to take and respond to reports if an emergency occurs at a facility on weekends or public holidays.



## Fire Safety Education and Compliance

Bob Dehler, P.E. | Engineering Manager

Kevin Sedivy | AL Engineer

Nate Morlan | AL Engineer

- Fire Safety and Evacuation Plans
- Fire Extinguishers
- Smoke Alarms
- Carbon Monoxide Alarms
- Fire Safety and Smoking



# Fire Safety and Evacuation Plan

Minn. Stat. 144G.45, subd. 2(b)

Each assisted living facility is required to develop and maintain a Fire Safety and Evacuation Plan (FSEP).

The FSEP is a key document necessary to train staff and residents, so everyone knows what to do in the event of a fire or similar emergency.

- This FSEP is separate from the facility Emergency Preparedness plan.
- If the facility received/purchased a policy developed by a third party, please modify/update the facility-specific contents.



# Location and Number of Resident Sleeping Rooms

Minn. Stat. 144G.45, subd. 2(b)(1)

- On a floorplan or diagram of your facility, show the location and number of resident rooms.
- Rooms numbered or labeled on a plan help first responders quickly identify the location of a resident room if there is an emergency.
- Fire extinguisher locations, smoke barriers and exits should be on the plan so the person looking at it can quickly understand the path of egress referenced in the written policy (to another smoke barrier or to outside).
- Show the meeting area outside and the different options to get there for an evacuation.

# Employee Actions

## Minn. Stat. 144G.45, subd. 2(b)(2)

- Every employee may not have the requisite experience or expertise to know how to deal with a fire or emergency.
- The FSEP should be developed by a qualified person who can determine the best actions for employees to take based on the type of residents and facility.
- Employee actions listed in the FSEP should be a guideline of what is expected of each employee from initiation of the emergency to the time where all residents are safe, and any danger is mitigated.

# Employee Actions - Examples

## Employee Action Examples:

- How should staff evacuate residents if there is a fire in a resident room? Do you evacuate adjacent rooms? Where do the staff take the residents? Who calls 911? Does staff pull manual pull station?
- Fire in a corridor? Do residents shelter in place or get evacuated? If evacuated, where should staff residents? What staff person oversees that? What staff person calls 911 and directs the emergency services personnel to the site and where they need to go?

# Resident Procedures

## Minn. Stat. 144G.45, subd. 2(b)(3)

Residents need to know their role when it the facility's FSEP.

If fire safety and evacuation procedures are provided in resident handbook, the procedures should also be included in FSEP.

**Scenario 1:** What should residents do if they discover a fire in their room?

- Should they call 911?
- Should they attempt to put it out?
- Should they leave their room, shut their door, and find a staff member to help them?

**Scenario 2:** What should residents do if the alarms are going off in the building?

- Should they run out of the house?
- Should they leave their room and gather in the living room?
- How do they know it is safe to open their bedroom door?
- What should they do if they cannot leave their bedroom?

# Procedures for Resident Movement, Evacuation, and Relocation

## Minn. Stat. 144G.45, subd. 2(b)(4)

Does your team have a strategy to identify the residents in your facility that may need assistance during an evacuation?

Examples:

- Color-coded floor plans and dot stickers on the door frames or name plates of apartments, that relate to the need and level of assistance during evacuation.
- Resident roster in the FSEP binder that have the apartments/ bedrooms with residents who will need assistance identified in a way that is quick and easy to understand.

# Procedures for Resident Movement (2/4)

Once the facility identifies which residents will need assistance, the FSEP can be developed around the type of staff assistance the residents will need in an emergency.

- What is your policy for residents who use a wheelchair, walker, cane?
- What about residents who are bedbound or have a temporary injury that impacts their ability to self-evacuate?
- What is your policy for residents who may be vision or hearing impaired?
- Do you have residents that require some coaxing to leave their room or the facility in general?

# Procedures for Resident Movement (3/4)

## Resident relocation in a Fire/Emergency:

- Depends on the size and capacity of the facility.
- Facilities with larger resident capacities may have strategies for isolated, partial, and complete relocation/evacuation.
  - What is the relocation plan inside the facility? How do staff temporarily relocate to a different area of the building?
  - Does the adjacent smoke compartment have a place to hold the displaced residents?

# Procedures for Resident Movement (4/4)

Facilities with smaller resident capacities:

- Complete evacuation may be the only strategy.
  - Where are staff and residents gathering?
  - If it is the middle of winter, does that meeting point change?
  - How are residents being protected from the elements if the facility cannot be re-entered immediately?
  - Have you worked with your local fire official and reviewed your plan with them?



# Employee Training

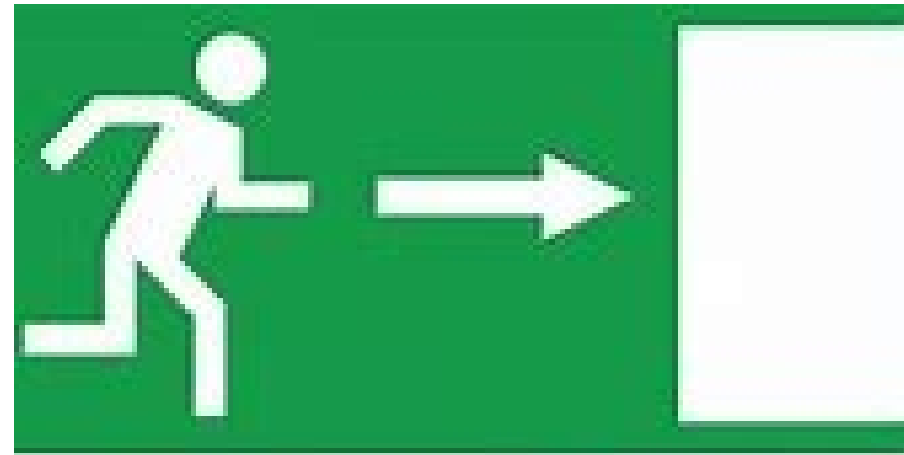
Minn. Stat. 144G.45, subd. 2(c)

Employees must be trained on the facility FSEP:

- Upon hire.
- Twice per year after hire.

Employee FSEP training must be documented and available during survey.

Drills are not FSEP training.



# FSEP Must Be Readily Available At All Times

Minn. Stat. 144G.45, subd.2(d)

- The FSEP should be in central location, accessible to all employees.
- The best prepared facilities place the evacuation plan in each unit or wing if you expect staff to take the plan and implement it.
- If you have a locked memory care unit, having one copy in the area is a good procedure. Especially if employees are trained to stay with residents in case of any emergency, they will need the policy book to reference in any emergencies.

# Resident Training

Minn. Stat. 144G.45, subd. 2(e)

Residents who are capable of assisting in their own evacuation must be trained by the facility on the proper actions to take in the event of a fire to include movement, evacuation, or relocation.

The facility is required to make the training available to residents at least once per year and documented when the training is complete.

- If the training occurred at a resident meeting or resident council, save the agenda or minutes to provide verification that the facility is providing this offering.
- If a resident refuses training, then staff should plan to assist the resident with evacuation.

# Evacuation Drills

Minn. Stat. 144G.45, subd. 2(f)

- Evacuation drills are required for employees twice per year, per shift, with at least one evacuation drill every other month.
- Evacuation of the residents is not required.
- Fire alarm system activation is not required to initiate the evacuation drill.
  - The facility should conduct drills during specific shift times. The cause of the fire, staff capacity, and residents' lifestyles are very different when the fire occurred during daytime vs. nighttime.



Fire Extinguishers

# Fire Extinguisher Basics

Most fires begin small enough to be easily put out with a fire extinguisher. That makes fire extinguishers your first line of defense, and proper maintenance is crucial to the safety of your home and business.

But what do you need to do to ensure your fire extinguisher will work when you need it most?

If a fire starts, call 911 immediately. Then decide if you feel safe trying to put the fire out yourself. If you don't, evacuate.

# Selecting and installing your fire extinguisher

The first step to fire-extinguisher safety is ensuring the extinguisher is the correct type and available for use.

- 1) Use the correct classification type of extinguisher(s). Most likely, you will need type A, B, C, D, or K.
  - A. for use on materials like cloth, wood, and paper.
  - B. for use on combustible/flammable liquids (grease, gasoline, oil, oil-based paints, etc.).
  - C. for use on electrical equipment (e.g., appliances).
  - D. for use on flammable metals.
  - K. for use on oils and fats in cooking appliances.
- 2) Make sure the label on the extinguisher displays the mark of approval from a recognized testing laboratory.
- 3) Ensure everyone in the home or business knows where the fire extinguishers are and can access them.
- 4) Properly distribute and mount the extinguisher according to the manufacturer's guidelines and fire code.



# HOW TO USE A FIRE EXTINGUISHER



## Using Fire Extinguishers

Everyone in your home or business should know how to use the fire extinguishers.

Share the manufacturer's instructions with all residents or employees.

Teach **PASS**:

- **P**ull the pin with the nozzle pointing away from you.
- **A**im low at the base of the fire.
- **S**queeze the lever smoothly.
- **S**weep from side to side.



It's easy to remember how to use a fire extinguisher if you can remember the acronym PASS, which stands for: Pull, Aim, Squeeze, and Sweep. Pull the pin, Aim at fire, Squeeze the lever, and Sweep the nozzle left to right. This will allow you to discharge the extinguisher.



# Fire Extinguishers in ALF/ALFDC

Minn. Stat. 144G.45, subd. 2(2-3)

Minnesota State Fire Code requires fire extinguishers in R-4, I-1 and I-2 (medium to large ALF/ALFDC occupancy types).

144G requires fire extinguishers for R-3 (single family style houses).

Must install portable fire extinguishers having a minimum 2-A:10-B:C rating.

Maximum Travel Distance:

- Within 75 feet distance of travel for most occupancies including R-4, I-1 and I-2.
- Within 30 feet distance of travel from commercial cooking equipment and from domestic cooking equipment in Group I-1; I-2, Condition 1; and R-2 congregate living facilities. **Class K**

# How to use Fire Extinguisher

- How to use fire extinguisher, courtesy of the San Jose Fire Department
- <https://youtu.be/DQeAwADGi0M>

# Monthly Fire Extinguisher Inspection

Visually inspect all extinguishers monthly.

The date of the inspection should be written on the back of your annual maintenance tag attached to each extinguisher. Here's what to look for:

- Make sure the extinguisher is easily accessible and not obstructed.
- Check for any damage like dents, cracks, or rust to the outside of the extinguisher.
- If the extinguisher is equipped with a gauge, make sure the needle points to the green "charged" portion of the dial.
- Make sure the pin and tamper seal are in place and undamaged.
- Check the hose and nozzle (if equipped with one) for obstructions or any signs of damage or aging.
- Tip the extinguisher upside down to loosen any compacted extinguishing agent.
- Ensure the label is legible and facing out when the extinguisher is mounted.

If your fire extinguishers need repairs or replacement, contact a licensed fire extinguisher maintenance company to check your extinguishers.

# Yearly Fire Extinguisher Service

- Be sure you have a competent fire extinguisher maintenance company perform the yearly inspection and service.
- The inspector will thoroughly check the extinguisher for any issues listed above and will recharge, repair, or replace any extinguishers as needed.
- This inspection should also assess the need for hydrostatic testing (reference the OSHA guide for more info).
- The maintenance company must leave a tag on each extinguisher indicating the date it was inspected and that it has been properly serviced.
- An emergency is not when you want to find out that your fire extinguisher is not working. Regular inspections and maintenance are an easy way to ensure that it won't let you down when you need it.

# 6-Year Fire Extinguisher Service

**Every 6 years maintenance needs to take place:**

- Empty fire extinguisher
- Inspect the inside
- Replace the agent
- Recharge
- Ready for 6 more years



# 12-Year Fire Extinguisher Service

Every 12 years maintenance needs to take place:

- Empty fire extinguisher
- Inspect the inside
- Wash the inside
- Dry the inside
- Perform a hydrostatic test
- Replace with **NEW** agent
- Recharge
- Ready for 6 more years



# Disposable or Non-Rechargeable Extinguishers

## **Larger facilities**

- Generally, have rechargeable fire extinguishers that will follow the service schedule.

## **Smaller facilities**

- Generally, may not have rechargeable fire extinguishers. Those extinguishers would get the yearly service but be completely replaced every six years.
- If you have a disposable or non-rechargeable extinguisher, it must be replaced after any use.



# Smoke Alarms



# Smoke Alarms (1/7)

First line of defense is early detection of smoke and fire in dwelling and sleeping units.

[Lifesaving demonstration to safely escape a house fire | ABC News \(https://youtu.be/zeiN\\_A-OSt8?t=139\)](https://youtu.be/zeiN_A-OSt8?t=139)

An assisted living facility must:

- Shall comply with Minnesota Assisted Living Statute 144G.45, Minnesota State Fire Code and Manufactures Installation and Use Manual.
- Tested to Underwriters Laboratories (UL) 217.
- Provide smoke alarms in each room used for sleeping purposes.
- Provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms.
- Provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics.

# Smoke Alarms (3/7)

Minn. Stat. 144G.45, subd. 2(a)(1)

- Where more than one smoke alarm is required, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and
- Ensure the power supply for existing smoke alarms complies with the Minnesota State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated. Hardwired (receiving power from the building electrical system) are required to remain hardwired.

# Smoke Alarms (4/7)

- Single station smoke alarms are typically separate from general fire alarm system in larger commercial facilities but not always.
- Some medium sized facilities may have smoke alarms and not fire alarm system depends on building occupancy type, construction and age.
- Smoke alarms required to be installed and maintained in accordance with Minnesota Assisted Living Statute 144G.45, Minnesota State Fire Code (MSFC), and manufactures installation and user manual (keep user manual).
- Smoke alarms required to be installed and maintained in accordance with Minnesota Assisted Living Statute 144G.45, Minnesota State Fire Code (MSFC), and manufactures installation and user manual (keep user manual).

# Smoke Alarms (5/7)

- Shall be installed not more than 12 inches down from ceiling and not closer than 4 inches to ceiling. Not closer than 4 inches to wall if installed on the ceiling.
- Existing hardwired (receiving primary power from building electrical system) alarms required to be maintained as hardwired.
- Required additional alarms are permitted to be battery powered
- Required additional battery powered alarms are required to be interconnected to required hardwired alarms.
- Wireless technology is available to interconnect battery powered and hardwired alarms.
- Eliminate multiple smoke alarms installed in one required location.
- Maintain one working compliant system within individual dwelling or sleeping unit.

# Smoke Alarms (6/7)

- Test alarms weekly.
- Change batteries semi-annually unless 10-year maintenance free.
- Shall be replaced if alarm does not operate upon test button activation.
- Shall be maintained and replaced not more than 10-years from date of manufacture. Manufacture date is stamped or printed on back alarm.
- Provider should know how to properly test the smoke alarms. Surveyor will be asking provider to test alarms according to manufactures user guide.
- Surveyors may be asking provider to take alarm down to check for hardwired or manufacture date.

## **2023 Minnesota Smoke alarms statistics:**

- 4,745 residential structure fires.
- 2,430 were 1 or 2 family dwellings.
- 1 and 2 family dwellings 862 reported smoke alarms installed.
- 514 alarms activated.
- 52 alarms failed.

## **2023 National smoke alarm statistics:**

- In the United States, 74 percent of reported home fires from 2018-2022 had smoke alarms installed.
- 59 percent of fire deaths were caused by fires in properties with no smoke alarms or smoke alarms that failed to operate.



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# Carbon Monoxide Alarms



# Carbon Monoxide Alarms/Detectors

**CO alarms are required by fire code.**

**Guidance from State Fire Marshal:**

- [Carbon monoxide detection in residential occupancies \(https://dps.mn.gov/divisions/sfm/fire-code/fire-code-information-topic/carbon-monoxide-detection-residential-occupancies\)](https://dps.mn.gov/divisions/sfm/fire-code/fire-code-information-topic/carbon-monoxide-detection-residential-occupancies)

**Single Family Style House:**

- CO alarms within 10 feet of all sleeping areas.

**Apartment Style Building.**

- Within 10 feet of all sleeping areas and in bedroom if CO producing equipment is in bedroom.
- If dwelling units do not contain CO producing appliance, CO detectors may be located on the ceiling of rooms containing the fuel-burning appliance(s), (i.e., Boiler/Furnace/Water Heater Rooms/Fireplaces/Kitchens).

# Real Life Carbon Monoxide Incidents/Facts

- 50,000 people a year go to the emergency room for carbon monoxide poisoning.
- November 2023, 4 transported from a Rochester, MN motel for carbon monoxide poisoning in the pool area, including a child in critical condition.
- December 2024, 12 dead at a ski resort in the country of Georgia.
- [MDH CO poisoning deaths in MN](https://data.web.health.state.mn.us/carbon_monoxide_deaths)  
([https://data.web.health.state.mn.us/carbon\\_monoxide\\_deaths](https://data.web.health.state.mn.us/carbon_monoxide_deaths)).



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# Smoking Hazards

# Smoking in ALF/ALFDC (1/4)

- The Minnesota Clean Indoor Air Act (MCIAA) protect employees and the public from the health hazards of secondhand smoke.
- Unless a facility has adopted a campus-wide smoke-free policy or is subject to a local ordinance, patients, or residents of nursing homes, boarding care facilities and licensed residential facilities for adults are permitted to smoke or use e-cigarettes within a designated separate, enclosed room maintained in accordance with applicable state and federal laws.
- The MCIAA does not prohibit outdoor smoking, regardless of the distance from building openings such as doors or windows. Some cities and counties have local ordinances that restrict smoking by entrances.

# Smoking in ALF/ALFDC (2/4)

The following requirements apply to all such licensed residential healthcare facilities:

- Smoking is allowed only for patients and residents of a facility. Facility staff, volunteers and guests are banned from smoking indoors in these facilities.
- Smoking must be limited to a designated separate, enclosed room. No smoking is allowed in rest of the facility.
- A sign must be posted at each entrance to the facility that states: “Smoking is prohibited, except in designated areas.”
- The designated smoking room must have a sign posted at the entrance that states “Smoking Permitted” or displays the international smoking-permitted symbol.



# Smoking in ALF/ALFDC (3/4)

- Recommend implementing a smoking policy and staff and resident training base on the smoking policy.
- Example of smoking training hand out to include signature of smoker acknowledging training was received.
- Policy to include facility designated smoking area.
- Best practice to not include attached wood decks and steps as designated smoking areas.
- Suitable non-combustible containers shall be provided on each table or in appropriate area.
- Containers manufactured for the purpose of disposing used cigarette butts and used according to manufactures instructions.
- Container located with a separation distance away from the building exterior wall or according to manufacturer.

# Smoking in ALF/ALFDC (4/4)

- Provider shall ensure all occupants comply with smoking policy and disposal of used cigarette butts.
- Staff may need to check designated smoking areas and around doorways several times a day.
- Pay careful attention to disposal next to building exterior walls and in areas of vegetation next to the building and around the property.
- Survey staff will survey any buildings detached from the assisted living main building that are designated smoking areas or used by resident smokers for smoking (example detached garages, storage sheds, porches, gazebos, pergolas).
- One assisted living facility in Minnesota in the last quarter of 2024 was a total loss from fire, displacing 19 residents due to improperly discarded smoking materials outside the facility.
- One smoking related death in Minnesota in 2024 related to a long-term care resident smoking while using oxygen.

# Questions for the MDH-HRD Engineering Section?

[health.healthcareengineers@state.mn.us](mailto:health.healthcareengineers@state.mn.us)



# Thank you!

[health.assistedliving@state.mn.us](mailto:health.assistedliving@state.mn.us)