

Employee, Volunteer, Individual Contractor, and Temporary Staff Record Review

STATE EVALUATION: ASSISTED LIVING PROVIDERS (144G)

Provider Information

Provider:

Date:

HFID:

Time:

Surveyor:

Record Review: Employee, Volunteer, Individual Contractor, Temp Staff

Name:

Identifier:

Start Date:

Title/Position:

Credentials

- ☐ Current license or certification:
- ☐ Exp date:
- ☐ Background study (144G.60, Subd. 1) completed on:
- ☐ Current job description – If dated:
- ☐ Annual performance review(s):

Comments:

Orientation

Orientation to assisted living regulations; must be completed prior to providing services to residents. (144G.63 Subd. 2)

- ☐ Overview of Assisted Living statutes
- ☐ Review of provider's policies and procedures
- ☐ Handling emergencies and using emergency services
- ☐ Reporting maltreatment of vulnerable adults or minors
- ☐ Assisted Living Bill of Rights
- ☐ Handling of resident complaints, reporting of complaints, where to report
- ☐ Consumer advocacy services

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- ☐ Review of types of Assisted Living services the employee will provide and provider's scope of license
- ☐ Principles of person-centered planning/service delivery
- ☐ Hearing loss training (optional)
- ☐ Orientation to each specific resident and services provided (144G.63 Subd. 3)
- ☐ Dementia, mental illness, and de-escalation training required for all direct care staff and supervisors (144G.63 Subd. 4)
 - ☐ Initial 8 hours of dementia care training within 120 hrs. (supervisors)/160 hrs. (direct care) (144G.64)
 - ☐ Initial 2 hours of mental illness and de-escalation training within 120 hrs. (supervisors)/160 hrs. (direct care) (144G.64)

Comments:

Assisted Living with Dementia Care Specific

- ☐ Initial 8 hours of dementia care training within 80 working hours (direct care)
- ☐ Initial 2 hours of mental illness and de-escalation training within 80 working hours (direct care)
- ☐ Supervising Staff overseeing/providing staff training must have 2 years of work experience related to dementia, health care, gerontology, or another related field. Also, must pass a competency/knowledge test in required dementia training. (144G.83 Subd. 3)

Comments:

Annual Training (144G.63, Subd. 5)

Last annual training date(s):

At least eight hours for every 12 months of employment, in the following topics:

- ☐ Reporting maltreatment of vulnerable adults or minors
- ☐ Assisted Living Bill of Rights
- ☐ Infection control techniques
- ☐ Effective approaches to use to problems solve when working with a resident's challenging behaviors, and how to communicate with residents who have dementia, Alzheimer's disease, or related disorders
- ☐ Review of provider's policies and procedures
- ☐ Principles of person-centered planning/service delivery
- ☐ Hearing loss training (optional)
- ☐ Dementia Training: Met two (2) hours annually
- ☐ Mental Illness and De-escalation Training: Met one (1) hour annually

Comments:

TB screening and training (144G.42 Subd. 9)

TB history and symptom screen completed on:

Baseline screening by:

☐ TST x2 dates:

☐ Serum date:

☐ Other date:

☐ TB Training (at hire and annually based on facility risk assessment). Date:

☐ If positive result, required appropriate action taken.

Comments:

Training: Unlicensed Personnel (ULP) Only

Training and competency in the required 22 areas (144G.61, Subd. 2)

☐ ULPs currently listed on the MDH nursing assistant registry (NAR) are assumed to be competent in these requirements. NAR Expiration Date:

Indicate evidence in the employee record to support training and competency in the following topics. For underlined topics, indicate evidence the ULP completed a practical skills test of the task.

Training Area (Subd. 2a)	Evidence of Training Completed (Y/N)	Evidence of Demonstrated Competency (Y/N)
(1) documentation requirements for all services provided	<input type="checkbox"/>	<input type="checkbox"/>
(2) reports of changes in the resident's condition to the supervisor designated by the assisted living provider	<input type="checkbox"/>	<input type="checkbox"/>
(3) basic infection control, including blood-borne pathogens	<input type="checkbox"/>	<input type="checkbox"/>
(4) maintenance of a clean and safe environment	<input type="checkbox"/>	<input type="checkbox"/>
(5) <u>appropriate and safe techniques in personal hygiene and grooming, including:</u>	<input type="checkbox"/>	<input type="checkbox"/>
(i) <u>hair care and bathing</u>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) <u>care of teeth, gums, and oral prosthetic devices</u>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) <u>care and use of hearing aids</u>	<input type="checkbox"/>	<input type="checkbox"/>

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Training Area (Subd. 2a)	Evidence of Training Completed (Y/N)	Evidence of Demonstrated Competency (Y/N)
(iv) <u>dressing and assisting with toileting</u>	<input type="checkbox"/>	<input type="checkbox"/>
(6) training on the prevention of falls for providers working with the elderly or individuals at risk of falls	<input type="checkbox"/>	<input type="checkbox"/>
(7) <u>standby assistance techniques and how to perform them</u>	<input type="checkbox"/>	<input type="checkbox"/>
(8) medication, exercise, and treatment reminders	<input type="checkbox"/>	<input type="checkbox"/>
(9) basic nutrition, meal preparation, food safety, and assistance with eating	<input type="checkbox"/>	<input type="checkbox"/>
(10) preparation of modified diets as ordered by a licensed health professional	<input type="checkbox"/>	<input type="checkbox"/>
(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	<input type="checkbox"/>	<input type="checkbox"/>
(12) awareness of confidentiality and privacy	<input type="checkbox"/>	<input type="checkbox"/>
(13) understanding appropriate boundaries between staff and residents and the resident's family	<input type="checkbox"/>	<input type="checkbox"/>
(14) procedures to utilize in handling various emergency situations	<input type="checkbox"/>	<input type="checkbox"/>
(15) awareness of commonly used health technology equipment and assistive devices	<input type="checkbox"/>	<input type="checkbox"/>

Training Area (Subd. 2b)	Evidence of Training Completed (Y/N)	Evidence of Demonstrated Competency (Y/N)
(1) observation, reporting, and documenting of resident status	<input type="checkbox"/>	<input type="checkbox"/>

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Training Area (Subd. 2b)	Evidence of Training Completed (Y/N)	Evidence of Demonstrated Competency (Y/N)
(2) basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel	<input type="checkbox"/>	<input type="checkbox"/>
(3) <u>reading and recording temperature, pulse, and respirations of the resident</u>	<input type="checkbox"/>	<input type="checkbox"/>
(4) recognizing physical, emotional, cognitive, and developmental needs of the resident	<input type="checkbox"/>	<input type="checkbox"/>
(5) <u>safe transfer techniques and ambulation</u>	<input type="checkbox"/>	<input type="checkbox"/>
(6) <u>range of motioning and positioning</u>	<input type="checkbox"/>	<input type="checkbox"/>
(7) <u>administering medications or treatments as required</u>	<input type="checkbox"/>	<input type="checkbox"/>
(d) <u>Other RN/professionally delegated tasks (i.e., monitor vital signs, catheter or stoma care, Broda chair, mechanical lifts)</u>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Supervision of ULP

- ☐ ULP was supervised within 30 days of performing delegated tasks on (144G.62 Subd. 4 (b)) date(s):
- ☐ If ULP administers medications, the ULP has been trained and has demonstrated competency to the RN on all route procedures.
- ☐ Unplanned times away.
 - ☐ ULP has been trained in preparing medications and has demonstrated competency to the RN. (144G.71 Subd. 10)
 - ☐ RN has specific written procedures related to administration and documentation of medications for leaves of absence.
- ☐ If ULP performs prescribed treatments or therapies, the RN has instructed and evaluated competencies in the following treatments as applicable: (144G.72 Subd.4)

Trained in the following treatment(s):

- ☐ Oxygen
- ☐ Compression Stockings

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- ☐ Ace Wraps
- ☐ Blood Glucose
- ☐ Modified Diets
- ☐ CPAP/BiPAP
- ☐ Orthotic Braces
- ☐ Wound Care
- ☐ Other:

Comments:

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To obtain this information in a different format, call: 651-201-4200.