

Exit Conference Attendance

STATE EVALUATION: ASSISTED LIVING PROVIDERS (144G)

Instructions

MDH surveyors complete this form at the start of the survey exit conference.

Provider Information

Provider: Click or tap here to enter text.

HFID: Click or tap here to enter text.

Exit Date: Click or tap to enter a date.

Exit Time: Click or tap here to enter text.

Surveyors

Surveyor: Click or tap here to enter text.

Title: Click or tap here to enter text.

Surveyor: Click or tap here to enter text.

Title: Click or tap here to enter text.

Provider Staff Members in Attendance

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Tag IDs and 144G Statute/Descriptions

Tag ID	144G Statute and Description
<input type="checkbox"/> 0100	144G.10 Subdivision 1. License required
<input type="checkbox"/> 0110	144G.10 Subd. 1a. Assisted living director license required.
<input type="checkbox"/> 0115	144G.10 Subdivision 2. Licensure categories.
<input type="checkbox"/> 0118	144G.10 Subd. 5. Protected title; restriction on use.
<input type="checkbox"/> 0120	144G.11 APPLICABILITY OF OTHER LAWS.
<input type="checkbox"/> 0130	144G.12 Subd. 1 Application for Licensure.
<input type="checkbox"/> 0180	144G.16 Subd. 2. Initial survey.
<input type="checkbox"/> 0210	144G.16 Subd. 6. Requirements for notice and transfer.
<input type="checkbox"/> 0220	144G.17 LICENSE RENEWAL.
<input type="checkbox"/> 0230	144G.18 NOTIFICATION OF CHANGES IN INFORMATION.
<input type="checkbox"/> 0240	144G.195 Facility Relocation. Subdivision 1. New license not required.
<input type="checkbox"/> 0250	144G.20 Subdivision 1. Conditions.
<input type="checkbox"/> 0270	144G.20 Subd. 12. Notice to residents.

Tag ID	144G Statute and Description
<input type="checkbox"/> 0280	144G.20 Subd. 15. Plan required.
<input type="checkbox"/> 0320	144G.30 Subdivision 1. Regulatory powers.
<input type="checkbox"/> 0330	144G.30 Subd. 4. Information provided by facility.
<input type="checkbox"/> 0340	144G.30 Subd. 5. Correction orders.
<input type="checkbox"/> 0345	144G.30 Subd. 5. (c)(2), (d) Correction orders.
<input type="checkbox"/> 0350	144G.30 Subd. 8. Notice of noncompliance
<input type="checkbox"/> 0380	144G.33 Subd. 6. Violation of innovation variances.
<input type="checkbox"/> 0420	144G.40 Subd. 1. Responsibility for housing and services.
<input type="checkbox"/> 0430	144G.40 Subd. 2. Uniform checklist disclosure of services.
<input type="checkbox"/> 0440	144G.40 Subd. 3. Reservation of rights
<input type="checkbox"/> 0450	144G.41 Subdivision 1. (1-4) Minimum requirements.
<input type="checkbox"/> 0460	144G.41 Subdivision 1. (5-10) Minimum requirements.
<input type="checkbox"/> 0470	144G.41 Subdivision 1. (11-12) Minimum requirements.

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

Tag ID	144G Statute and Description
<input type="checkbox"/> 0480	144G.41 Subdivision 1. (13) (i) (B) Minimum requirements.
<input type="checkbox"/> 0485	144G.41 Subd. 1. (13) (i) (A & C) Minimum requirements.
<input type="checkbox"/> 0490	144G.41 Subdivision 1. (13) (ii-vii) Minimum requirements.
<input type="checkbox"/> 0495	144G.41 Subdivision 1. (14) Minimum requirements.
<input type="checkbox"/> 0500	144G.41 Subd. 2. Policies and procedures.
<input type="checkbox"/> 0510	144G.41 Subd. 3. Infection control program.
<input type="checkbox"/> 0520	144G.41 Subd. 4. Clinical nurse supervision.
<input type="checkbox"/> 0530	144G.41 Subd. 5. Resident councils.
<input type="checkbox"/> 0540	144G.41 Subd. 6. Family councils.
<input type="checkbox"/> 0550	144G.41 Subd. 7. Resident grievances; reporting maltreatment.
<input type="checkbox"/> 0560	144G.41 Subd. 8. Protecting resident rights.
<input type="checkbox"/> 0570	144G.42 Subdivision 1. Display of license.
<input type="checkbox"/> 0580	144G.42 Subd. 2. Quality management.

Tag ID	144G Statute and Description
<input type="checkbox"/> 0590	144G.42 Subd. 3. Facility restrictions.
<input type="checkbox"/> 0600	144G.42 Subd. 4. Handling residents' finances and property.
<input type="checkbox"/> 0610	144G.42 Subd. 5. Final accounting; return of money and property.
<input type="checkbox"/> 0620	144G.42 Subd. 6. (a) Compliance with requirements for reporting maltreatment of vulnerable adults; abuse prevention plan.
<input type="checkbox"/> 0630	144G.42 Subd. 6. (b) Compliance with requirements for reporting maltreatment of vulnerable adults; abuse prevention plan.
<input type="checkbox"/> 0640	144G.42 Subd. 7 Posting information for reporting suspected crime and maltreatment.
<input type="checkbox"/> 0650	144G.42 Subd. 8. Employee records.
<input type="checkbox"/> 0655	144G.42 Subd. 8. (b) Staff records.
<input type="checkbox"/> 0660	144G.42 Subd. 9. Tuberculosis prevention and control.
<input type="checkbox"/> 0670	144G.42 Subd. 9a. Communicable diseases.
<input type="checkbox"/> 0680	144G.42 Subd. 10. Disaster planning and emergency preparedness plan.

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

Tag ID	144G Statute and Description
<input type="checkbox"/> 0690	144G.43 Subdivision 1. (a) Resident record.
<input type="checkbox"/> 0700	144G.43 Subdivision 1. (b) Resident record.
<input type="checkbox"/> 0710	144G.43 Subdivision 1. (c) (1-4) Resident record.
<input type="checkbox"/> 0720	144G.43 Subd. 2. Access to records.
<input type="checkbox"/> 0730	144G.43 Subd. 3. Contents of resident record.
<input type="checkbox"/> 0740	144G.43 Subd. 4. Transfer of resident records.
<input type="checkbox"/> 0750	144G.43 Subd. 5. Record retention.
<input type="checkbox"/> 0770	144G.45 Subdivision 1. Minimum site Requirements.
<input type="checkbox"/> 0775	144G.45 Subd. 2. (a) Fire protection and physical environment.
<input type="checkbox"/> 0780	144G.45 Subd. 2.(a) (1) Fire protection and physical environment.
<input type="checkbox"/> 0790	144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment.
<input type="checkbox"/> 0800	144G.45 Subd. 2 (a) (4) Fire protection and physical environment.

Tag ID	144G Statute and Description
<input type="checkbox"/> 0810	144G.45 Subd. 2 (b-f) Fire protection and physical environment.
<input type="checkbox"/> 0820	144G.45 Subd. 2 (g) Fire protection and physical environment.
<input type="checkbox"/> 0830	144G.45 Subd. 3. Local laws apply.
<input type="checkbox"/> 0840	144G.45 Subd. 4. Design requirements.
<input type="checkbox"/> 0850	144G.45 Subd. 5. Assisted living facilities; Life Safety Code.
<input type="checkbox"/> 0860	144G.45 Subd. 6. New construction; plans.
<input type="checkbox"/> 0900	144G.50 Subdivision 1. Contract required.
<input type="checkbox"/> 0910	144G.50 Subd. 2. (a-b) (1-4) Contract information.
<input type="checkbox"/> 0920	144G.50 Subd. 2. (c) (1-7) Contract information.
<input type="checkbox"/> 0930	144G.50 Subd. 2. (d-e) (1-4) Contract information.
<input type="checkbox"/> 0940	144G.50 Subd. 2. (e) (5-7) Contract information.
<input type="checkbox"/> 0950	144G.50 Subd. 3. Designation of representative.
<input type="checkbox"/> 0960	144G.50 Subd. 4. Filing.

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

Tag ID	144G Statute and Description
<input type="checkbox"/> 0970	144G.50 Subd. 5. Waivers of liability prohibited.
<input type="checkbox"/> 0980	144G.51 ARBITRATION.
<input type="checkbox"/> 0990	144G.52 Subd. 2. Prerequisite to termination of a contract.
<input type="checkbox"/> 1000	144G.52 Subd. 3. Termination for nonpayment.
<input type="checkbox"/> 1010	144G.52 Subd. 4. Termination for violation of the assisted living contract.
<input type="checkbox"/> 1020	144G.52 Subd. 5. Expedited termination.
<input type="checkbox"/> 1030	144G.52 Subd. 6. Right to use provider of resident's choosing.
<input type="checkbox"/> 1040	144G.52 Subd. 7. Notice of contract termination required.
<input type="checkbox"/> 1050	144G.52 Subd. 8. Content of notice of termination.
<input type="checkbox"/> 1060	144G.52 Subd. 9. Emergency relocation.
<input type="checkbox"/> 1070	144G.52 Subd. 10. Right to return
<input type="checkbox"/> 1080	144G53 NONRENEWAL OF HOUSING.
<input type="checkbox"/> 1090	144G.54 Subd. 2. Permissible grounds to appeal termination.

Tag ID	144G Statute and Description
<input type="checkbox"/> 1100	144G.54 Subd. 6. Service provision while appeal pending.
<input type="checkbox"/> 1110	144G.55 Subdivision 1. (a-c) Duties of facility.
<input type="checkbox"/> 1120	144G.55 Subdivision 1. (d-g) Duties of facility.
<input type="checkbox"/> 1130	144G.55 Subd. 2. Safe location.
<input type="checkbox"/> 1140	144G.55 Subd. 3. Relocation plan required.
<input type="checkbox"/> 1150	144G.55 Subd. 5. No waiver.
<input type="checkbox"/> 1160	144G.56 Subd. 2. Orderly transfer.
<input type="checkbox"/> 1170	144G.56 Subd. 3. Notice required.
<input type="checkbox"/> 1180	144G.56 Subd. 4. Consent required.
<input type="checkbox"/> 1190	144G.56 Subd. 5. Changes in facility operations.
<input type="checkbox"/> 1200	144G.56 Subd. 6. Evaluation.
<input type="checkbox"/> 1210	144G.56 Subd. 7. Disclosure.
<input type="checkbox"/> 1220	144G.57 Subdivision 1. Closure plan required.
<input type="checkbox"/> 1230	144G.57 Subd. 2. Content of closure plan.

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

Tag ID	144G Statute and Description
<input type="checkbox"/> 1240	144G.57 Subd. 3. Commissioner's approval required prior to implementation.
<input type="checkbox"/> 1250	144G.57 Subd. 4. Termination planning and final accounting requirements.
<input type="checkbox"/> 1260	144G.57 Subd. 5. Notice to residents.
<input type="checkbox"/> 1270	144G.57 Subd. 6. Emergency closures.
<input type="checkbox"/> 1290	144G.60 Subdivision 1. Background studies required.
<input type="checkbox"/> 1300	144G.60 Subd. 2. Qualifications, training, and competency.
<input type="checkbox"/> 1310	144G.60 Subd. 3. Licensed health professionals and nurses.
<input type="checkbox"/> 1320	144G.60 Subd. 4. (a) Unlicensed personnel.
<input type="checkbox"/> 1330	144G.60 Subd. 4. (b) Unlicensed personnel.
<input type="checkbox"/> 1340	144G.60 Subd. 4. (c) Unlicensed personnel.
<input type="checkbox"/> 1350	144G.60 Subd. 5. Temporary staff.
<input type="checkbox"/> 1360	144G.61 Subd. 1. Instructor & competency evaluation requirements.

Tag ID	144G Statute and Description
<input type="checkbox"/> 1370	144G.61 Subd. 2. (a) Training & evaluation of unlicensed personnel.
<input type="checkbox"/> 1380	144G.61 Subd. 2. (b) Training & evaluation of unlicensed personnel.
<input type="checkbox"/> 1390	144G.62 Subd. 1. (a) Availability of contact person to staff.
<input type="checkbox"/> 1400	144G.62 Subd. 1. (b) Availability of contact person to staff.
<input type="checkbox"/> 1410	144G.62 Subd. 2. (a) Delegation of assisted living services.
<input type="checkbox"/> 1420	144G.62 Subd. 2 (b) Delegation of assisted living service.
<input type="checkbox"/> 1430	144G.62 Subd. 3. Supervision of staff.
<input type="checkbox"/> 1440	144G.62 Subd. 4. Supervision of staff providing delegated nursing or therapy tasks.
<input type="checkbox"/> 1450	144G.62 Subd. 5. Documentation.
<input type="checkbox"/> 1460	144G.63 Subdivision 1. Orientation of staff and supervisors.
<input type="checkbox"/> 1470	144G.63 Subd. 2. Content of required orientation.
<input type="checkbox"/> 1480	144G.63 Subd. 3. Orientation to resident.
<input type="checkbox"/> 1490	144G.63 Subd. 4. Training required relating to dementia.

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

Tag ID	144G Statute and Description
<input type="checkbox"/> 1500	144G.63 Subd. 5. Required annual training.
<input type="checkbox"/> 1510	144G.63 Subd. 6. Implementation.
<input type="checkbox"/> 1520	144G.63 Subd. 7. Verification and documentation of orientation and training.
<input type="checkbox"/> 1530	144G.64 (a) (1-2) Training in dementia care required.
<input type="checkbox"/> 1540	144G.64 (a) (3) Training in dementia care required.
<input type="checkbox"/> 1550	144G.64 (a) (4) Training in dementia care required.
<input type="checkbox"/> 1560	144G.64 (a, b, c) (5) Training in dementia care required.
<input type="checkbox"/> 1560	144G.64 (c) Training in Dementia, Mental Illness, and De-escalation required.
<input type="checkbox"/> 1600	144G.70 Subdivision 1. Acceptance of residents.
<input type="checkbox"/> 1610	144G.70 Subd. 2. (a-b) Initial reviews, assessments, and monitoring.
<input type="checkbox"/> 1620	144G.70 Subd. 2. (c) Initial reviews, assessments, and monitoring.
<input type="checkbox"/> 1630	144G.70 Subd. 3. Temporary service plan.

Tag ID	144G Statute and Description
<input type="checkbox"/> 1640	144G.70 Subd. 4. (a-e) Service plan, implementation, and revisions to service plan.
<input type="checkbox"/> 1650	144G.70 Subd. 4. (f) Service plan, implementation, and revisions to service plan.
<input type="checkbox"/> 1660	144G.70 Subd. 5. Referrals.
<input type="checkbox"/> 1670	144G.70 Subd. 6. Medical cannabis.
<input type="checkbox"/> 1680	144G.70 Subd. 7. Request for discontinuation of life-sustaining treatment.
<input type="checkbox"/> 1690	144G.71 Subdivision 1. Medication management services.
<input type="checkbox"/> 1700	144G.71 Subd. 2. Provision of medication management services.
<input type="checkbox"/> 1710	144G.71 Subd. 3. Individualized medication monitoring and reassessment.
<input type="checkbox"/> 1720	144G.71 Subd. 4. Resident refusal.
<input type="checkbox"/> 1730	144G.71 Subd. 5. Individualized medication management plan.
<input type="checkbox"/> 1740	144G.71 Subd. 6. Administration of medication.

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

Tag ID	144G Statute and Description
<input type="checkbox"/> 1750	144G.71 Subd. 7. Delegation of medication administration.
<input type="checkbox"/> 1760	144G.71 Subd. 8. Documentation of administration of medications.
<input type="checkbox"/> 1770	144G.71 Subd. 9. Documentation of medication setup.
<input type="checkbox"/> 1780	144G.71 Subd. 10. (a) (1) Medication management for residents who will be away from home.
<input type="checkbox"/> 1790	144G.71 Subd. 10. (a) (2-4) (b) (1-2) Medication management for residents who will be away from home.
<input type="checkbox"/> 1800	144G.71 Subd. 11. Prescribed and nonprescribed medication.
<input type="checkbox"/> 1810	144G.71 Subd. 12. Medications; over-the-counter drugs; dietary supplements not prescribed.
<input type="checkbox"/> 1820	144G.71 Subd. 13. Prescriptions.
<input type="checkbox"/> 1830	144G.71 Subd. 14. Renewal of prescriptions.
<input type="checkbox"/> 1840	144G.71 Subd. 15. Verbal prescription orders.
<input type="checkbox"/> 1850	144G.71 Subd. 16. Written or electronic prescription.
<input type="checkbox"/> 1860	144G.71 Subd. 17. Records confidential.

Tag ID	144G Statute and Description
<input type="checkbox"/> 1870	144G.71 Subd. 18. Medications provided by resident or family members.
<input type="checkbox"/> 1880	144G.71 Subd. 19. Storage of medications.
<input type="checkbox"/> 1890	144G.71 Subd. 20. Prescription drugs.
<input type="checkbox"/> 1900	144G.71 Subd. 21. Prohibitions.
<input type="checkbox"/> 1910	144G.71 Subd. 22. Disposition of medications.
<input type="checkbox"/> 1920	144G.71 Subd. 23. Loss or spillage.
<input type="checkbox"/> 1930	144G.72 Subd. 2. Policies and procedures.
<input type="checkbox"/> 1940	144G.72 Subd. 3. Individualized treatment or therapy management plan.
<input type="checkbox"/> 1950	144G.72 Subd. 4. Administration of treatments and therapy.
<input type="checkbox"/> 1960	144G.72 Subd. 5. Documentation of administration of treatments and therapies.
<input type="checkbox"/> 1970	144G.72 Subd. 6. Treatment and therapy orders.
<input type="checkbox"/> 1980	144G.72 Subd. 7. Right to outside service provider; other payors.

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

Tag ID	144G Statute and Description
<input type="checkbox"/> 2020	144G.80 Subd. 2. Demonstrated capacity.
<input type="checkbox"/> 2030	144G.80 Subd. 3. Relinquishing license.
<input type="checkbox"/> 2040	144G.81 Subdivision 1. Fire protection and physical environment.
<input type="checkbox"/> 2050	144G.81 Subd. 2. Fire drills.
<input type="checkbox"/> 2060	144G.81 Subd. 3. Assisted living facilities with dementia care and secured dementia care unit; Life Safety Code.
<input type="checkbox"/> 2070	144G.81 Subd. 4. Awake staff requirement.
<input type="checkbox"/> 2090	144G.82 Subdivision 1. General.
<input type="checkbox"/> 2100	144G.82 Subd. 2. Additional requirements.
<input type="checkbox"/> 2110	144G.82 Subd. 3. Policies.
<input type="checkbox"/> 2120	144G.83 Subdivision 1. General.
<input type="checkbox"/> 2130	144G.83 Subd. 2. Staffing requirements.
<input type="checkbox"/> 2140	144G.83 Subd. 3. Supervising staff training.
<input type="checkbox"/> 2150	144G.83 Subd. 4. Preservice and in-service training.

Tag ID	144G Statute and Description
<input type="checkbox"/> 2160	144G.84 (a) SERVICES FOR RESIDENTS WITH DEMENTIA.
<input type="checkbox"/> 2170	144G.84 (b-d) SERVICES FOR RESIDENTS WITH DEMENTIA.
<input type="checkbox"/> 2180	144G.84 SERVICES (e-g) FOR RESIDENTS WITH DEMENTIA.
<input type="checkbox"/> 2240	144G.90 Subdivision 1. Assisted living bill of rights; notification to resident.
<input type="checkbox"/> 2250	144G.90 Subd. 2. Notices in plain language; language accommodations.
<input type="checkbox"/> 2260	144G.90 Subd. 3. Notice of dementia training.
<input type="checkbox"/> 2270	144G.90 Subd. 4. Notice of available assistance.
<input type="checkbox"/> 2280	144G.90 Subd. 5. Notice to residents; change in ownership or management.
<input type="checkbox"/> 2290	144G.91 Subd. 2. Legislative intent.
<input type="checkbox"/> 2300	144G.91 Subd. 3. Information about rights.
<input type="checkbox"/> 2310	144G.91 Subd. 4. Appropriate care and services.
<input type="checkbox"/> 2320	144G.91 Subd. 4. Appropriate care and services.
<input type="checkbox"/> 2330	144G.91 Subd. 5. Refusal of care or services.

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

Tag ID	144G Statute and Description
<input type="checkbox"/> 2340	144G.91 Subd. 6. Participation in care and service planning.
<input type="checkbox"/> 2350	144G.91 Subd. 7. Courteous treatment.
<input type="checkbox"/> 2360	144G.91 Subd. 8. Freedom from maltreatment.
<input type="checkbox"/> 2370	144G.91 Subd. 9. Right to come and go freely.
<input type="checkbox"/> 2380	144G.91 Subd. 10. Individual autonomy.
<input type="checkbox"/> 2390	144G.91 Subd. 11. Right to control resources.
<input type="checkbox"/> 2400	144G.91 Subd. 12. Visitors and social participation.
<input type="checkbox"/> 2410	144G.91 Subd. 13. Personal and treatment privacy.
<input type="checkbox"/> 2420	144G.91 Subd. 14. Communication privacy.
<input type="checkbox"/> 2430	144G.91 Subd. 15. Confidentiality of records.
<input type="checkbox"/> 2440	144G.91 Subd. 16. Right to furnish and decorate.
<input type="checkbox"/> 2450	144G.91 Subd. 17. Right to choose roommate.
<input type="checkbox"/> 2460	144G.91 Subd. 18. Right to access food.
<input type="checkbox"/> 2470	144G.91 Subd. 19. Access to technology.

Tag ID	144G Statute and Description
<input type="checkbox"/> 2480	144G.91 Subd. 20. Grievances and inquiries.
<input type="checkbox"/> 2490	144G.91 Subd. 21. Access to counsel and advocacy services.
<input type="checkbox"/> 2500	144G.91 Subd. 22. Information about charges.
<input type="checkbox"/> 2510	144G.91 Subd. 23. Information about individuals providing services.
<input type="checkbox"/> 2520	144G.91 Subd. 24. Information about other providers and services.
<input type="checkbox"/> 2530	144G.91 Subd. 25. Resident councils.
<input type="checkbox"/> 2540	144G.91 Subd. 26. Family councils.
<input type="checkbox"/> 2550	144G.911 RESTRICTIONS UNDER HOME AND COMMUNITY-BASED WAIVERS.
<input type="checkbox"/> 2560	144G.92 Subdivision 1. Retaliation prohibited.
<input type="checkbox"/> 2580	144G.93 CONSUMER ADVOCACY AND LEGAL SERVICES.
<input type="checkbox"/> 3000	626.557 Subd. 3. Timing of report.
<input type="checkbox"/> 3020	626.557 Subd. 4. Reporting.
<input type="checkbox"/> 3030	626.557 Subd. (4, a) Internal reporting of maltreatment.

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

Tag ID	144G Statute and Description
<input type="checkbox"/> 3060	144.6502 Subd. 5 Notice to Facility/Exceptions
<input type="checkbox"/> 3070	144.6502 Subd. 6 Form Requirements
<input type="checkbox"/> 3080	144.6502 Subd. 7. Costs and Installation
<input type="checkbox"/> 3090	144.6502 Subd. 8. Notice to Visitors

Tag ID	144G Statute and Description
<input type="checkbox"/> 3100	144.6502 Subd. 9. Obstruction of electronic monitoring devices.
<input type="checkbox"/> 3110	144.6502 Subd. 10. Dissemination of recordings.
<input type="checkbox"/> 3120	144.6502Subd. 14. Resident protections.

Minnesota Department of Health
 Health Regulation Division
 PO Box 3879
 St. Paul, MN 55101-3879
 651-201-4200
health.assistedliving@state.mn.us
www.health.state.mn.us

12/21/2022

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