



Assisted Living Quarterly Update

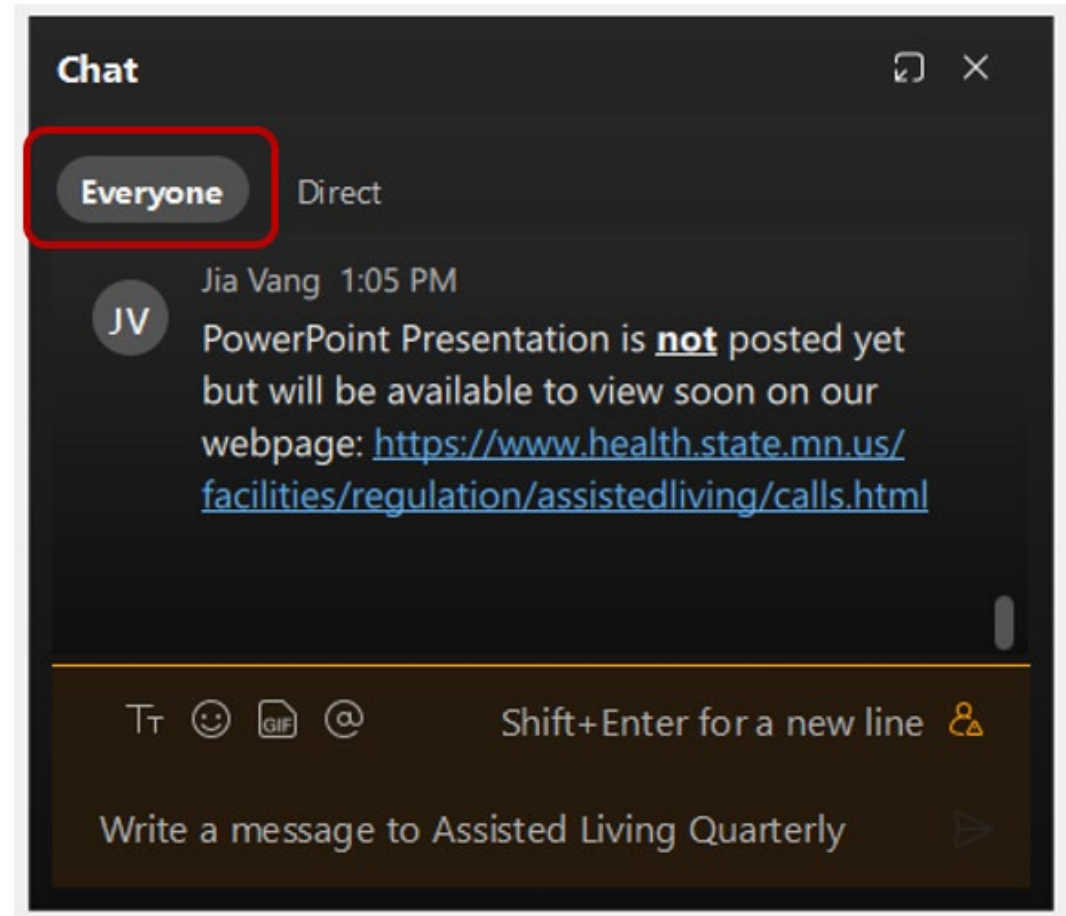
November 20, 2025

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 directly may not be addressed due to logistics.

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



- Assisted Living Data and Trends
 - Licensing and Enforcement
 - Survey
 - Complaints
 - Reconsideration
- MDH/HRD Continuous Improvement Project Updates
- Legislative Updates Effective January 1, 2026



Assisted Living Data and Trends



Licensing & Enforcement

Rick Michals | Executive Operations Manager
Rachel Gacioch | Licensing & Enforcement Manager

ALF and ALFDC Counts by year – Includes ALF, PALF, ALFDC and PALFDC

	2021	2022	2023	2024	2025
ALF	1462	1548	1633	1595	1719
ALFDC	591	599	611	609	609
Total	2053	2147	2244	2204	2328

Category	2025 Capacity
5 or Less	1,219
6 to 16	287
17+	822

Relocation Applications – Per 144G.195

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

1. Five or fewer 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.

Relocation Applications – By the #s

Between March 15 and November 18, 2025, MDH has received 19 applications for relocation.

18 of those applications were for ALF licensees.

1 was for an ALFDC licensee.





Assisted Living Surveys

Amy Hyers | Regional Operations Manager

Assisted Living Surveys Completed

Fiscal Year 2025 (Jul 1, 2024-Jun 30, 2025)

Assisted Living Facilities (ALF):	649
ALF Change of Ownership (CHOW):	40
Assisted Living Facility with Dementia Care (ALFDC):	270
ALFDC CHOW:	26
Provisional ALF (PALF):	147
PALFDC:	13
TOTAL:	1145



Assisted Living Correction Order Trends

Fiscal Year 2025 (Jul 1-Jun 30) - Most Cited 1-10

AL Tag #	Description of Violation	Tag Frequency
0810	Fire Protection & Physical Environment: Fire Safety and Evacuation	910
0480	Minimum Requirements: MN Food Code	908
0680	Disaster Planning & Emergency Preparedness	673
0780	Fire Protection & Physical Environment: Smoke Alarms	570
0800	Fire Protection & Physical Environment: Maintenance/Good Repair	549
1620	Initial Reviews, Assessments, and Monitoring	434
0660	Tuberculosis Prevention and Control	421
1290	Background Studies Required	347
1890	Prescription Drugs	339
0650	Employee/Staff Records	315

Assisted Living Correction Order Trends

Fiscal Year 2025 (Jul 1-Jun 30) – Most Cited 11-20

AL Tag #	Description of Violation	Tag Frequency
1640	Service plan, implementation and revisions to	307
0775	Fire Protection & Physical Environment: MN State Fire Code	303
1760	Documentation of Administration of Medication	296
0470	Minimum Requirements: Staffing	281
1880	Storage of Medications	277
1500	Required Annual Training	276
0820	Fire Protection & Physical Environment: Egress Windows	273
0790	Fire Protection & Physical Environment: Fire Extinguishers	269
0510	Infection Control Program	268
2310	Appropriate Care and Services	265

Assisted Living Correction Order Trend; July 1-Present

New(ish) requirement:

Mental illness and de-escalation training **by** July 1, 2025

144G.63 Subd. 4 Training required relating to dementia, mental illness, and de-escalation. All direct care staff and supervisors providing direct services must demonstrate an understanding of the training specified in section [144G.64](#).

144G.64 TRAINING IN DEMENTIA, MENTAL ILLNESS, AND DE-ESCALATION REQUIRED.

(a) All assisted living facilities must meet the following dementia care, mental illness, and de-escalation training requirements



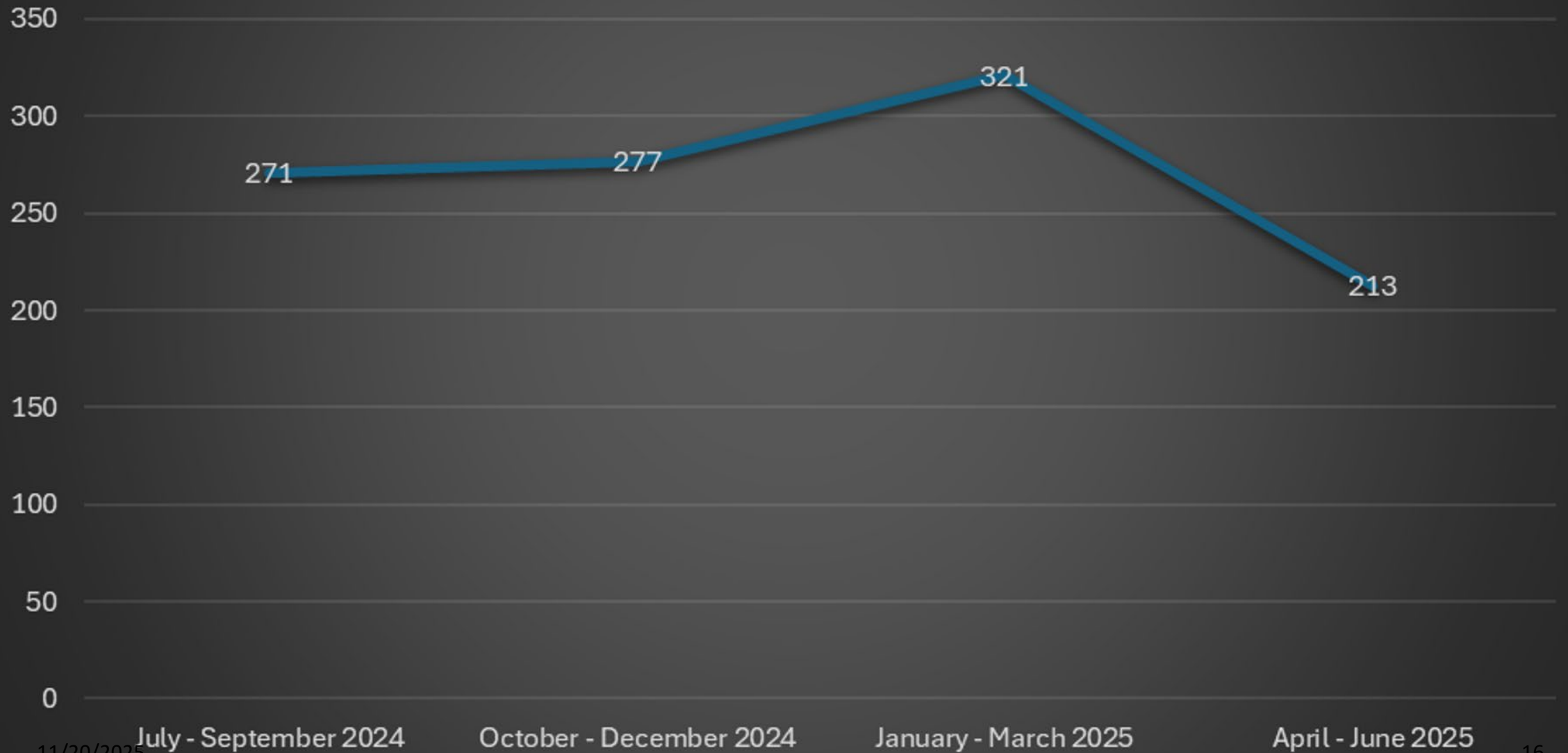
Assisted Living Complaints

Matt Heffron | Regional Operations Manager

Overall Complaint Trends

- During state fiscal year 2025, we investigated 1082 incidents in assisted living facilities.
- Assisted living facilities serve a diverse population with a wide variety of needs; these investigations are in facilities of all sizes in every part of the state.

State Fiscal Year Assisted Living Incidents Investigated



General Principles

- Effective care starts with the pre-admission assessment and determining if the individual is appropriate for the setting.
- Person-center care planning and delivery.
 - Knowing and documenting resident preferences.
 - Least restrictive intervention which meets the need.



Person Centered Planning and Care

The definition in the assisted living statutes for person-centered planning and service delivery includes:

- *Services must be provided in a manner that supports the person's preferences, daily needs, and activities.*
- *Identifies and supports what is important to the person.*
- *The least restrictive supports or interventions necessary.*

Behavioral interventions must be person-centered and must respect resident rights.

- This means all interventions should be individualized, not generic.
- The solution cannot restrict a resident right which assisted living facilities are not allowed to restrict.
- The interventions need to be updated as the situation changes.

- If a resident chooses to smoke, assessments and interventions:
 - Offering smoking cessation options if appropriate.
 - Otherwise, when and how the resident will smoke.
- Fire safety issues.
- Second-hand smoke / Clean Indoor Air Act.

Overdose Prevention and Response

Everything starts with observation and assessment.

When signs and symptoms of a substance use disorder are identified by direct care staff, these must be brought to the attention of the nurse. When repeated overdoses occur, the outcome for residents can be fatal.



Developing, documenting, and implementing interventions for both prevention and response can save a life.

Prevention includes monitoring, activities, offering treatment and alternatives, etc.

Response includes actions to take when the resident appears to have used or be under the influence. Additional monitoring and safety checks can benefit the resident. Narcan administration, by the facility or EMS, is often successful.



Reconsideration

Ben Hanson | Reconsideration Unit Supervisor

Reconsideration Requests Received

Appeal Types

- Correction Orders = 102
- Maltreatment = 82
- License Denials = 13
- Late Renewal Fee = 10

Appellant Identities

- Facility = 148
- Substantiated Perpetrators = 43
- On behalf of Vulnerable Adults = 13

Correction Order Reconsiderations

Most Frequently Contested Tags:

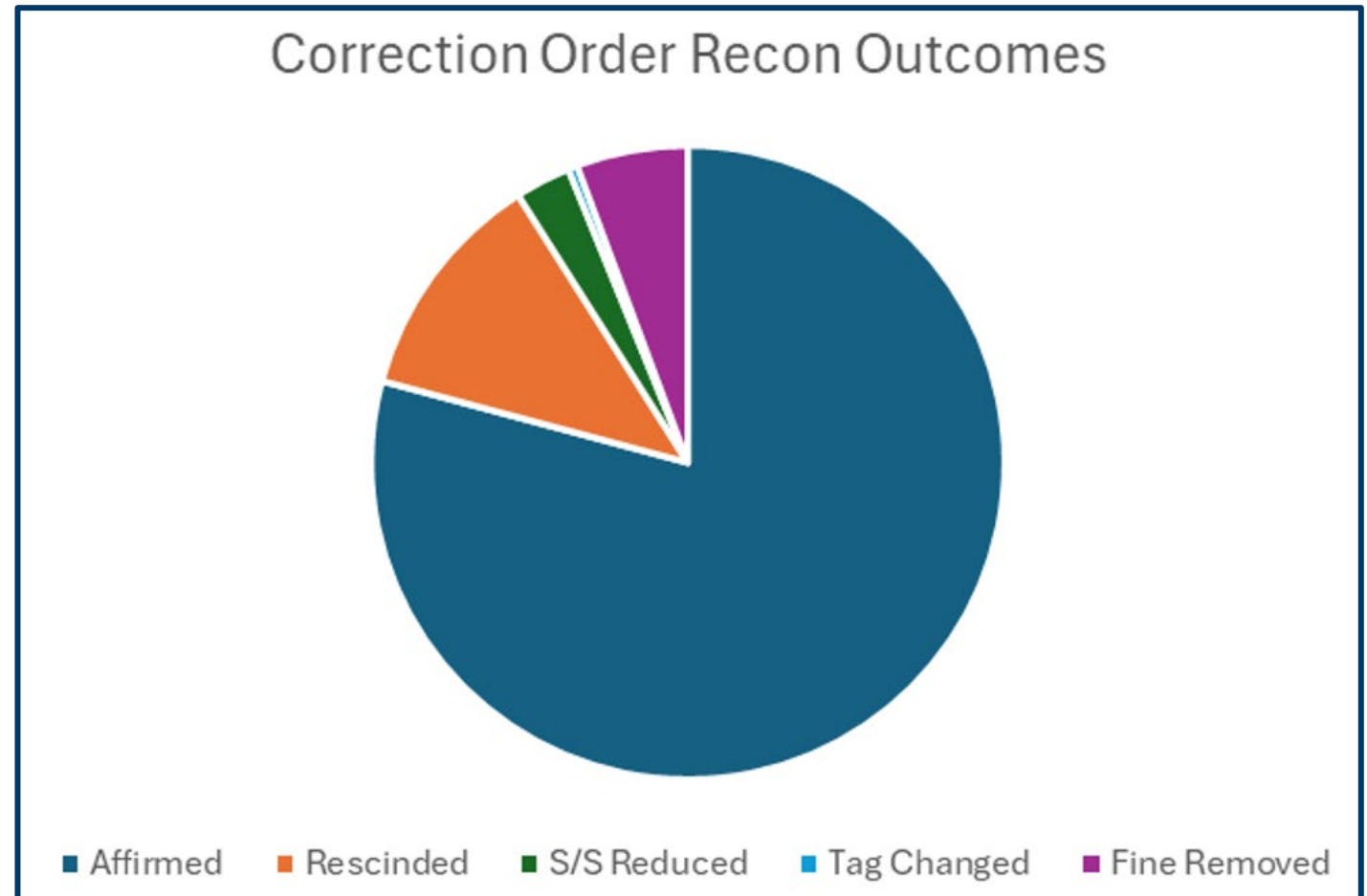
- 0820-Egress Window = 23
- 1290-Background Studies = 13
- 0810-Fire Safety and Evacuation Plans = 10
- 0800-Maintenance/Good Repair = 9
- 2310-mostly Bedrails = 8
- 0780-Smoke Alarms = 7

- 67 different tags contested
- Biggest Theme: Fire Protection/Physical Environment
- Others:
 - Background Studies
 - AL Bill of Rights

Correction Order Reconsideration Outcomes

Total Reviewed = 211

- Affirmed = 167 (79.1%)
- Rescinded = 25 (11.8%)
- S/S Reduced = 6 (2.8%)
- Tag Changed = 1 (0.5%)
- Fine Removed = 12 (5.7%)



Reasons for Change:

- Documentation (8): Either documentation provided in reconsideration or a lack of sufficient documentation in the records resulted in a change.
- Misapplication of statute/rule (8): The facts found by the survey did not constitute a violation of the statute.
- Prescribed practice (5): MDH's practices/policies resulted
 - Lingering 3000 tags, means to call for assistance.

No pattern of tags being overturned:

- No tag changed more than twice.

Maltreatment Reconsideration Outcomes

- Total Determinations = 67
 - Upheld = 59
 - Changed from Substantiated to Inconclusive/Not Substantiated = 8
 - Changed from Inconclusive/Not Substantiated to Substantiated = 0
- Fair Hearings = 22



MDH/HRD Continuous Improvement Updates



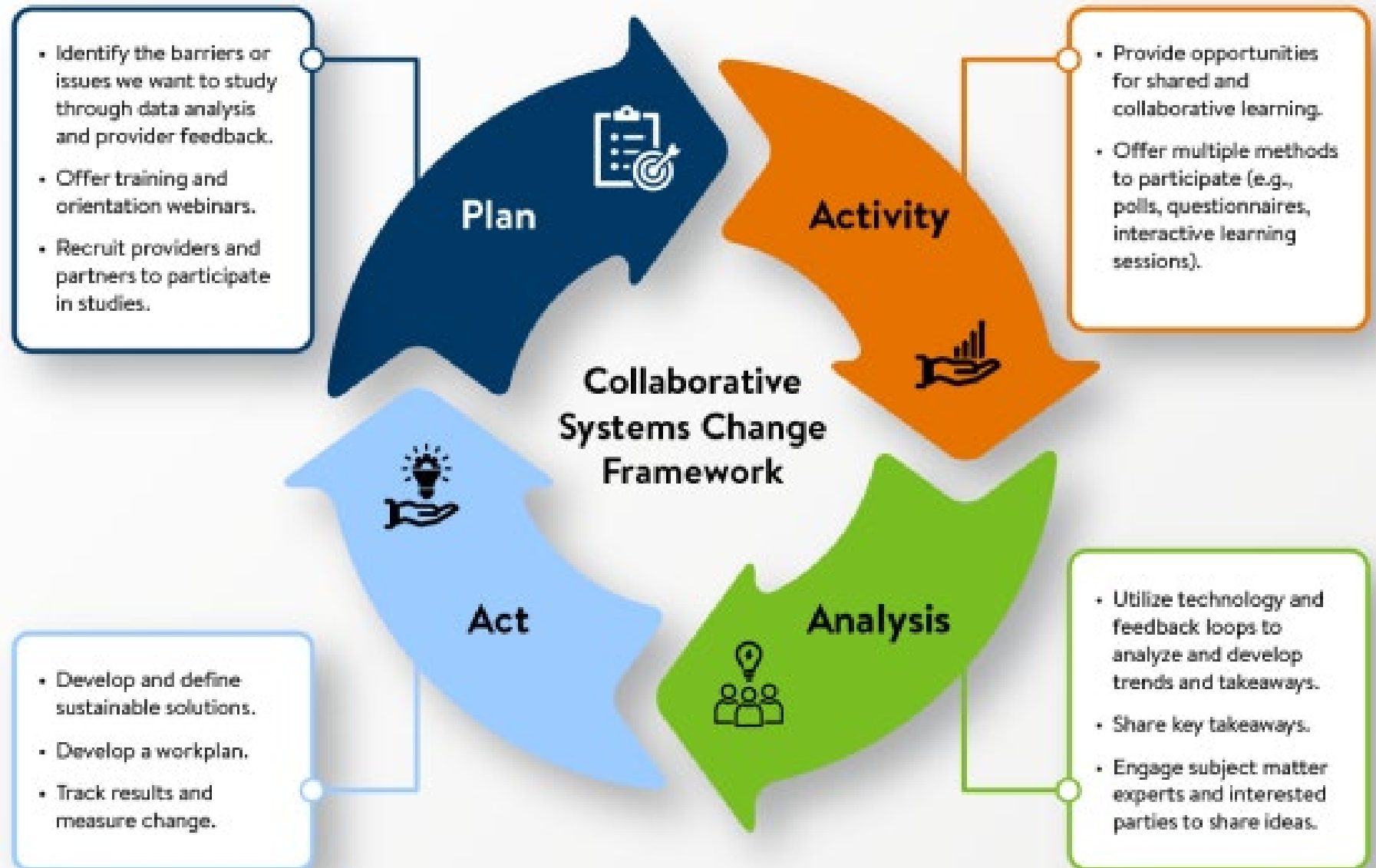
Collaborative Safety TB & IAPP

Catherine Lloyd | HRD Planning & Partnerships

Collaborative Systems Change Updates

- The Collaborative Systems Change Framework
- New Resources!
 - Tuberculosis Screening for direct care workforce.
 - Tuberculosis prevention and control FAQs for assisted living.
 - Individual abuse prevention plan development tips.
 - Tip sheet about who is required to have an IAPP and statutory requirements.
 - Individual abuse prevention plan for new residents.

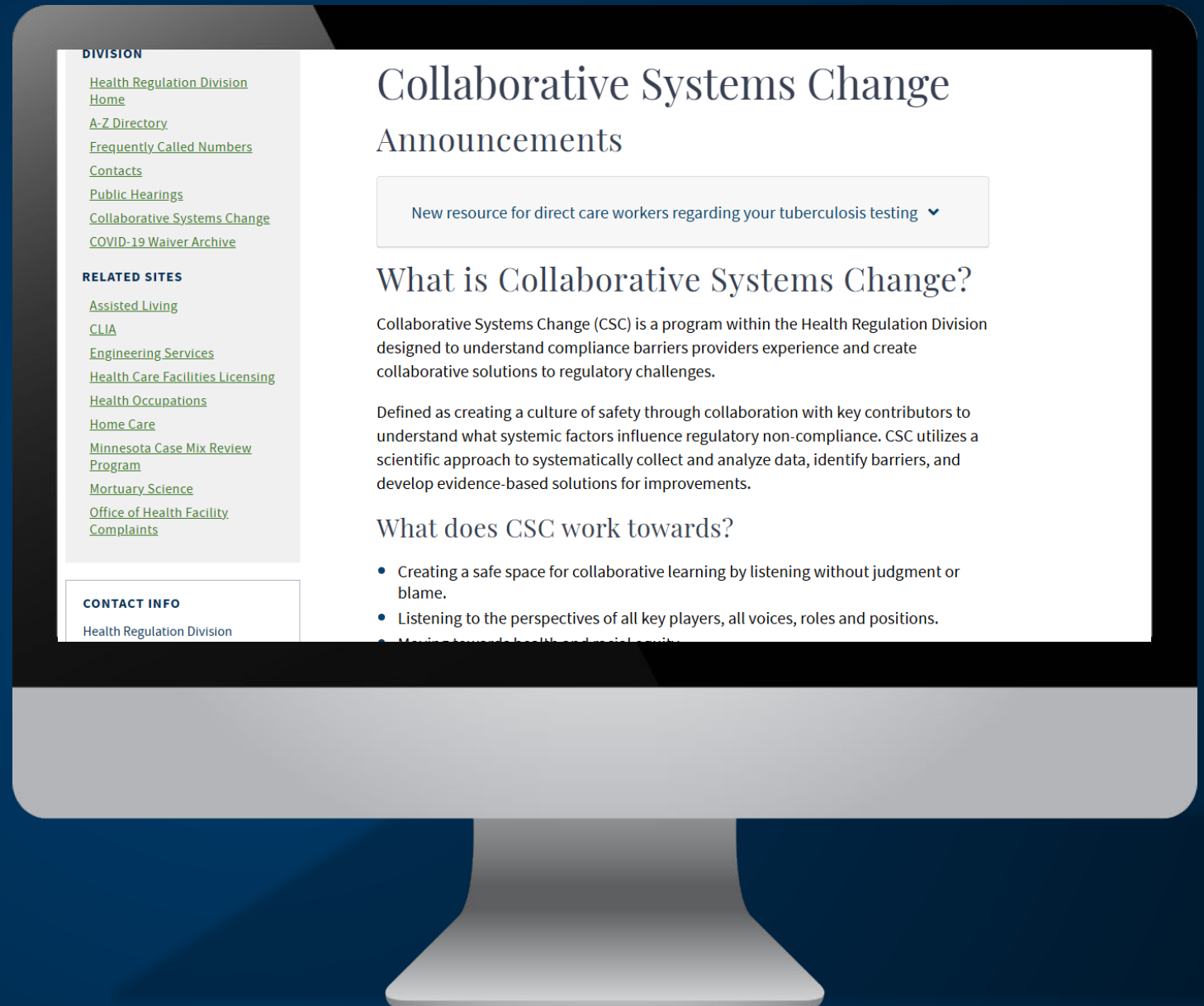
Framework for Collaborative Systems Change



HRD Collaborative Systems Change

Collaborative Systems Change

(<https://www.health.state.mn.us/about/org/hrd/collabsafety/index.html>)



Your Tuberculosis (TB) Test Results Why are your test results important to keep?



Why do we screen new employees for TB?

Tuberculosis (TB) screening is required for facility licensing including home care. The employees of healthcare settings are screened for TB before they work with residents or clients. The goals of screening are to 1) rapidly identify and refer for treatment those with active TB (sick/may infect others) and 2) diagnose and prioritize for treatment those with latent TB infection (not sick/cannot infect others).

What does the screening include?

Your TB risk history: prior diagnosis of TB or latent TB infection (LTBI), presence of an immune-suppressing condition that could affect interpretation of test results, prior receipt of Bacille Calmette-Guérin (BCG) vaccine (which can cause a false positive skin test), residing for greater than two months in a TB endemic country, or having close contact with someone who has had infectious TB disease since your last test.

Signs and Symptoms of active TB: persistent cough for three weeks or more, chest pain or shortness of breath, unexplained weight loss, night sweats, hemoptysis, fatigue, poor appetite, fever or chills. Other symptoms may be present depending on site of disease.

A TB test: a single IGRA (interferon gamma release assay) blood test or a two-step TST (Mantoux tuberculin skin test). If you ever had an adverse reaction to a TST or are concerned that past BCG vaccine will interfere with a TST, you should receive an IGRA.

What happens if my test is positive?

Employers cover the costs of required work screenings (TB test, chest x-ray). Anyone with a positive TB test will need to receive a chest x-ray (CXR). If the CXR is negative, you may begin resident or client cares. Employers are not responsible for further costs. If you are symptomatic or have an abnormal chest x-ray, you will need to follow up with a provider to rule out active TB. Remember, if you are diagnosed with latent TB infection, treatment can reduce the risk of future progression to active TB.

What if I tested positive in the past?

Keep your test results! If you have documentation of a past positive test, you do not need to be retested. If you also have a negative chest x-ray report that is dated either 90 days prior to the date of your positive test or dated anytime after the date of your positive test, you will not need a new chest x-ray. All employees with a baseline positive TB test will receive an annual symptom screen unless you provide verification of TB or LTBI treatment completion.



09/04/2025

TB Resources (1/3)

[Your TB Test Results | Why are your test results important to keep? \(PDF\)](https://www.health.state.mn.us/about/org/hrd/docs/tbstoryboard.pdf)
(<https://www.health.state.mn.us/about/org/hrd/docs/tbstoryboard.pdf>)

Your Tuberculosis (TB) Test Results Why are your test results important to keep?



What if I just had a test completed?

Keep your results and let your employer know you have them!

The Minnesota Department of Health and their partners in care are working to increase portability of TB testing results to reduce unnecessary and duplicate testing of Health Care Workers, but it will take all of us to meet this goal.

Any time you are screened and receive a TB test or chest x-ray report by an employer (or for a school program), it is your responsibility to keep record of those test results. If you do not receive the test results, ask for them. They are your health care information and, even if you did not pay for the test, you should be given record of the results.

Keep your test results somewhere safe and have it available to any new employers when you start a new position where it is required. Negative TB test results are valid for a limited period of time so always keep the most recent result. Positive TB test results do not expire, so keep those and all corresponding chest x-rays.

What if I lose my test results?

Contact your previous employer to obtain records of your last TB results. If you request the employer to send the results directly to a new employer, they may require you to sign a consent form before they will release those results.

If a clinic did the testing, you may also request a copy of your medical record from that clinic.

Resources

More information about TB is available on the Minnesota Department of Health website:

www.health.mn.gov/tb

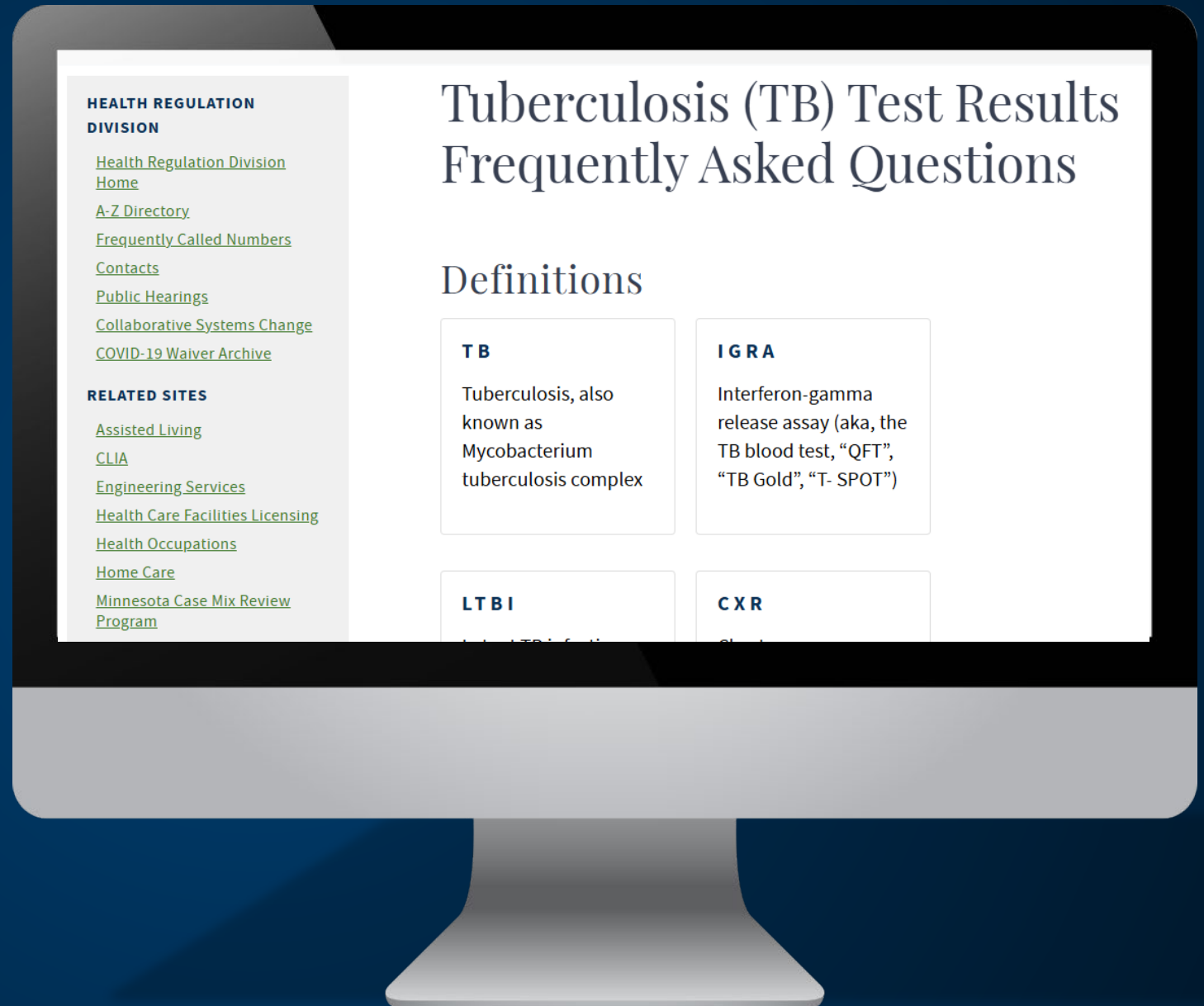
**Minnesota Department of Health
Health Regulation Division
Planning and Partnership
625 Robert Street North
PO Box 64975
St. Paul, MN 55164-0975
www.health.state.mn.us**

**Thank You
Health
Care
Workers!**



TB Resources (3/3)

[TB Test Results Frequently Asked Questions](https://www.health.state.mn.us/about/org/hrd/collabsafety/tbfaq.html)
(<https://www.health.state.mn.us/about/org/hrd/collabsafety/tbfaq.html>)



Developing the Individual Abuse Prevention Plan (IAPP)

ASSISTED LIVING

All residents living in an Assisted Living are required to have an IAPP, even those considered, “housing only.” Below are some suggested approaches providers can take when developing the IAPP with residents who may be concerned about the suggestion to participate in developing this plan.

Things to Keep in Mind

Let’s talk about what we know about the diverse population of Minnesota Assisted Living residents.

- Some residents fear that completing an IAPP implies they are vulnerable or incapable. They may feel it contradicts their self-perception as independent and self-sufficient adults.
- Many residents are coping with significant transitions such as leaving behind long-term homes, treasured possessions, familiar routines, pets, or social networks. Grief and resistance are common parts of this adjustment process.
- Some residents move into Assisted Living not for their own needs, but to support a spouse who requires care. They may not see the relevance of the IAPP to their own life.
- Residents may be living with mental health conditions (diagnosed or undiagnosed) that impact their insight, communication, or willingness to engage. These conditions may also influence their reactions to questions about abuse, risk, or safety.

IAPP Resources (1/3)

[Developing the Individual Abuse Prevention Plan \(PDF\)](https://www.health.state.mn.us/about/org/hrd/docs/deviappal.pdf)
(<https://www.health.state.mn.us/about/org/hrd/docs/deviappal.pdf>)

Health Regulation Division | SEPTEMBER 2025

Individual Abuse Prevention Plans (IAPP) in Assisted Living (AL) Developing an IAPP

[Minnesota Statutes, sections 144G.42, subdivision 6\(b\) and 626.557, subdivision 14](#) require an IAPP be developed.

The plan must contain 1) individualized review or assessment of the person susceptible to abuse by another person, 2) the person's risk of abusing other vulnerable adults, and statements of the specific measures to be taken to minimize the risk of abuse, 3) including self-abuse.

- An IAPP is not considered a healthcare or nursing assessment.
- Examples of self-abuse
 - Resident has history of not taking anti-psychotic medications and is on civil commitment.
 - Resident has history of suicidal ideation and attempts to cut wrist with 3 hospitalizations.
 - Resident has a history of not showers/bathing, is frequently incontinent and has worsening pressure ulcers.

Who is required to have an IAPP?

All individuals you are serving or housing, including in home care.

Yes, all AL residents, even those considered to be housing-only are required to have an IAPP completed.



When does an IAPP have to be completed or revised?

- Upon admission/move in
- When the resident's risks change.
 - i.e., If a resident is involved in a resident -to-resident altercation, the resident's IAPP should be revised to indicate the vulnerability (incident) and a plan developed by the resident, AL and their team to keep them safe from abuse.

Remember: The IAPP is not an assessment tool; rather, it is a required plan that outlines how the licensed assisted living provider will implement safeguards to help protect the resident from potential abuse, prevent the resident from abusing others, and minimize the risk of self-harm, within the provider's scope of services and environment of care.

Who can develop an IAPP with a resident?

There are no requirements for the personnel who develops an IAPP; this could be any personnel(s) the facility ensures is knowledgeable and competent to evaluate the resident's risk. The content of the plan is what is important.

Resources for IAPP Development:

[Welcome to your new services](#)

[Developing the IAPP Assisted Living Providers](#)

CONTACT

Minnesota Department of Health
651-201-4200

[Developing an IAPP \(PDF\)
\(https://www.health.state.mn.us/about/org/hrd/docs/iapprequiredal.pdf\)](https://www.health.state.mn.us/about/org/hrd/docs/iapprequiredal.pdf)

Welcome to your new services!

What we want you to know.

Assisted living (AL) laws in Minnesota require any person receiving assisted living services, including housing, to have an Individual Abuse Prevention Plan (IAPP). We are required to ask you these questions as everyone who works at this facility is a mandated reporter of abuse, neglect, and exploitation. The resulting plans are meant to be supportive to you as you move on to enjoy your new home.

What is an IAPP?

This is a plan that will be developed by you and your provider. The plan is an important tool the provider will use to ensure you are safe from abuse, if that risk is identified. Developing the IAPP requires a candid conversation between you and the provider about your history, current and future risks, and how the provider can assist to protect you. The plan will be individualized based on your need.

What does an IAPP cover?

- **Physical Abuse** — hitting, punching, pushing, pinching, slapping, dragging.
- **Verbal Abuse** — humiliating you in front of others; calling you insulting names, such as “stupid,” “disgusting,” or “worthless”; getting angry in a way that is frightening to you; threatening to hurt you, people you care about, or pets; the abuser threatening to harm him/herself when upset with you.
- **Sexual Abuse** — unwanted touching or sexual advancements, forced sexual acts, rape.
- **Financial Exploitation** — stealing goods, services or money. Using a relationship or status to manipulate money from you, financial scams.
- **Neglect** — not eating food to the point of malnutrition, not taking prescribed medication to the point of mental health crisis or hospitalization, not managing necessary hygiene to the degree it threatens your health and wellbeing.

IAPP Resources (3/3)

[Welcome to your new services! \(PDF\)](https://www.health.state.mn.us/about/org/hrd/docs/welcomenewserval.pdf)
<https://www.health.state.mn.us/about/org/hrd/docs/welcomenewserval.pdf>



Physical Environment Inspection Report

Daphne Ponds | State Executive Operations Manager

Physical Environment Inspection Report

MDH will begin using the Physical Environment Inspection Report to document physical environment and fire code related noncompliance identified by engineering evaluation staff during:

- ✓ Initial and routine surveys
- ✓ Licensing Order Follow-up (LOF) visits
- ✓ Physical environment-related investigations

Why This Change Matters

MDH recognizes the challenges providers have faced since assisted living licensure began on August 1, 2021. MDH wants to support providers with their ongoing efforts towards safety and compliance and providing clear documentation of physical environment inspection findings will help aid those efforts.

- ✓ Improves clarity and transparency of findings.
- ✓ Helps licensees better understand and address noncompliance.
- ✓ Enhances communication between providers and MDH.
- ✓ Designed as a communication tool, not a checklist or survey tool.

What This Means for Licensees

- This inspection report **does not** change the survey, LOF, or investigation process for licensees; **there is nothing new for licensees to do.**
- This change only impacts how assisted living licensees receive physical environment correction order documentation from MDH.

How the New Report Works

- Physical environment deficiencies will still appear on the 2567 correction order form.
- The Physical Environment Inspection Report will accompany the 2567.
- Provides detailed findings from MDH engineering evaluation staff.
- Like the Food and Beverage Inspection Report, the Physical Environment Inspection Report will be a separate document from the 2567.

Physical Environment Inspection Report

ENGINEERING | ASSISTED LIVING

Project No: 12345678-0	Date: 01/01/2025
Facility Name: ABC Assisted Living	
Facility Address: 2025 ABC Drive, St Paul	

TAG IDENTIFICATION: 0775

SCOPE/ SEVERITY: Level 2; Widespread

TIME PERIOD OF CORRECTION: Twenty One (21) days

1. Each assisted living facility must comply with the provisions of the Minnesota State Fire Code (MSFC) in Minnesota Rules chapter 7511. [Minn. Stat. 144G.45 subd. 2]
2. Fire doors shall be maintained to be self-closing and latch as designed. Fire doors shall not be blocked, obstructed, or otherwise made inoperable. [Minn. Stat. 144G.45 subd. 2; MSFC 705]
Comments: Labeled fire doors in the following locations were either blocked open or not maintained to self-close and latch: laundry room doors on second and third floors were propped open with chairs, The first-floor laundry room door was missing. (Maintenance manager) MM-C said that they are in the process or replacing the door. The double doors outside of The Cottage would not close and latch.
3. Delayed egress locking system shall: unlock upon activation of either the automatic sprinkler system or automatic fire detection system, unlock upon power loss, have the capability of being unlocked from the fire command center and other approved locations, an attempt to egress shall initiate an irreversible process that shall allow egress in not more than 15 (30) seconds. [Minn. Stat. 144G.45 subd 2; MSFC 1010.1.9.8.1]
Comments: When interviewed about the delayed egress locking system in The Cottage, MM-C stated that there was no manual override for the delayed egress locks in an approved location.

TAG IDENTIFICATION: 0780

SCOPE/ SEVERITY: Level 1; Widespread

TIME PERIOD OF CORRECTION: Twenty One (21) days

Transition to the New Report

Before Nov. 17, 2025:

Existing documentation process remains in use.

- Enforcement letter
- State Form (2567 w/ correction orders)
- Food and Beverage Inspection Report

On or after Nov. 17, 2025:

Assisted living survey documentation will include:

- Enforcement letter
- State Form (2567 w/ correction orders)
- Food and Beverage Inspection Report
- Physical Environment Inspection Report



Home Care and Assisted Living Resources Request for Proposal Project

Daphne Ponds | State Executive Operations Manager

Request for Proposal Recap

The Advisory Council submitted its annual recommendations to the Commissioner of Health which included recommendations to create home care and assisted living educational resources for licenses.

MDH posted a Request for Proposal (RFP) on behalf of the Advisory Council to provide the expertise, experience, and knowledge to meet three goals:

- 1) Create statutorily correct forms and training materials.
- 2) Create a Provider Digital Toolkit for Minnesota Home Care and Minnesota Assisted Living providers; and
- 3) Provide joint trainings in coordination with home care and assisted living surveyors and providers to share the information and processes of goal 1 and 2, including any current statutory updates at the time of the trainings.

MDH is routinely meeting with Stratis Health implement the workplan for the project.

MDH will be utilizing Advisory Council members who represent home care and assisted living licensees, stakeholders, and residents for input.

Guidance documents and digital toolkit currently on track for an end of summer/early fall 2026 release date.

Request for Proposal Contract Awarded


The RFP bids closed on June 10, 2025. The evaluation team comprised of the Advisory Council Chair and some council members scored the proposals and made its recommendation.

The RFP was awarded to Stratis Health. Contract negotiations are complete, and the contract with Stratis Health was executed as of September 10, 2025.

MDH is routinely meeting with Stratis Health implement the workplan.



Legislative Updates



Legislative Updates Effective January 1, 2026

Jill Freudenwald | Legislative Agency Policy Specialist

Designated Support Person

Minn. Stat. 144G.91, subd. 6a

- Allows a resident to choose a designated support person to be physically present with the resident at times of the resident's choosing while the resident resides at the facility.
- A designated support person means any person chosen by the resident to provide comfort.
- MDH will have an FAQ available by the end of the year to help answer questions.

Change of Ownership & AL Contracts

Minn. Stat. 144G.19, subd. 5

- Following a change of ownership, a new licensee must honor the terms of an assisted living contract in effect at the time of the change of ownership.
- Applies to all assisted living contracts executed on or after January 1, 2026.



Resident Termination

Minn. Stat. 144G.52, subd. 5(a)-(d)

- Prohibits termination/nonrenewal of an assisted living contract on the grounds that the resident changes from using private funds to using public funds.

Assisted Living Competitive Grant Program (1/3)

Minn. Stat. 144G.31, subd. 8

The 2025 Minnesota Legislature made changes to Minnesota Statute 144G.31 tasking the Commissioner of Health with administering a competitive grant program for assisted living licensees utilizing fine monies from the dedicated special revenue account.



Assisted Living Competitive Grant Program (2/3)

Statutory Eligibility:

- Assisted Living licensee or other organizations or entities with experience in or knowledge of assisted living operations, compliance residents needs, or best practices for the purpose of improving resident quality of care and outcomes in assisted living facilities.
- Provisional licensees are not eligible.
- Minimum grant award must be \$10,000.

Assisted Living Competitive Grant Program (3/3)

- MDH will be posting application information to the MDH website and hosting a Webex in January 2026 with details regarding the application process.
- Applications are anticipated to start being accepted in February or March 2026.

Reminder for 2027

- Assisted Living Name Change Extended to 2027 - On January 1, 2027, no person or entity may use the phrase "assisted living," unless the person or entity is a licensed assisted living facility that meets the requirements under Minn. Stat. 144G.
- Assisted living facility business names may not include the terms "home care" or "nursing home."

Questions?



Thank You!

health.assistedliving@state.mn.us