

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 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)

Comments:

Assisted Living with Dementia Care Specific

- Initial 8 hours dementia care 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

Comments:

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

TB history and symptom screen completed on:

Baseline screening by:

- TST x2 dates: ;
- Serum date:

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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"/>
(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"/>

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Training Area (Subd. 2a)	Evidence of Training Completed (Y/N)	Evidence of Demonstrated Competency (Y/N)
(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"/>
(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"/>

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Training Area (Subd. 2b)	Evidence of Training Completed (Y/N)	Evidence of Demonstrated Competency (Y/N)
(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
- Ace Wraps
- Blood Glucose
- Modified Diets
- CPAP/BiPAP
- Orthotic Braces

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Wound Care

Other:

Comments:

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

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