

## Exit Conference Attendance

### STATE EVALUATION: TEMPORARY LICENSED OR LICENSED HOME CARE PROVIDERS (144A)

#### Instructions

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

#### Provider Information

Provider:

Exit Date:

HFID:

Exit Time:

#### Surveyors

Surveyor:

Title:

Surveyor:

Title:

#### Provider Staff Members in Attendance

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

## Tag IDs and 144A Statute/Descriptions

Tag ID	144A Statute and Description
<input type="checkbox"/> 0260	144A.44 Subd.1(a)(1) Receive Written Information
<input type="checkbox"/> 0265	144A.44 Subd.1(a)(2) Up-To-Date Plan/Accepted Standards Practice
<input type="checkbox"/> 0270	144A.44 Subd.1(a)(3) Told in Advance Of Receiving Services
<input type="checkbox"/> 0275	144A.44 Subd.1(a)(4) Told in Advance Of Change In Service Plan
<input type="checkbox"/> 0280	144A.44 Subd.1(a)(5) Right to Refuse
<input type="checkbox"/> 0285	144A.44 Subd.1(a)(6) Limits to Service
<input type="checkbox"/> 0290	144A.44 Subd.1(a)(7) Whether Services Are Covered
<input type="checkbox"/> 0295	144A.44 Subd.1(a)(8) Other Services Available
<input type="checkbox"/> 0300	144A.44 Subd.1(a)(9) Choose Freely and Change Providers
<input type="checkbox"/> 0305	144A.44 Subd.1(a)(10) Information Private
<input type="checkbox"/> 0310	144A.44 Subd.1(a)(11) Access to Records
<input type="checkbox"/> 0315	144A.44 Subd.1(a)(12) Served by People Who are Competent

Tag ID	144A Statute and Description
<input type="checkbox"/> 0320	144A.44 Subd.1(a)(13) Treated with Respect
<input type="checkbox"/> 0325	144A.44 Subd.1(a)(14) Free from Maltreatment
<input type="checkbox"/> 0330	144A.44 Subd.1(a)(15) Advance Notice of Changes
<input type="checkbox"/> 0335	144A.44 Subd.1(a)(16) Reason for Termination
<input type="checkbox"/> 0340	144A.44 Subd.1(a)(17) Advance Notice of Charges
<input type="checkbox"/> 0345	144A.44 Subd.1(a)(18) Coordinated Transfer
<input type="checkbox"/> 0350	144A.44 Subd.1(a)(19) Right to Complain
<input type="checkbox"/> 0355	144A.44 Subd.1(a)(20) Contact Individual
<input type="checkbox"/> 0360	144A.44A Subd.1(a)(21) State/County Agency
<input type="checkbox"/> 0365	144A.44 Subd.1(a)(22) Assert Rights Without Retaliation
<input type="checkbox"/> 0366	144A.44 Subd.1(a)(23) Electronic Monitoring Device
<input type="checkbox"/> 0368	144A.44 Subd.1(c) Provider Requirements
<input type="checkbox"/> 0369	144A.44 Subd.1(d) Waiver of Rights

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144A)

Tag ID	144A Statute and Description
<input type="checkbox"/> 0370	144A.44 Subd.2 Enforcement of Rights
<input type="checkbox"/> 0415	144A.471 Subd.1 License Required
<input type="checkbox"/> 0420	144A.471 Subd.2 Determination of Services
<input type="checkbox"/> 0425	144A.471 Subd.3 Determination of Regularly Engaged
<input type="checkbox"/> 0430	144A.471 Subd.4 Operating Without a License
<input type="checkbox"/> 0435	144A.471 Subd.5 Levels of Licensure
<input type="checkbox"/> 0440	144A.471 Subd.6 Basic Home Care Licensure Provider
<input type="checkbox"/> 0445	144A.471 Subd.7 Comprehensive Home Care Provider
<input type="checkbox"/> 0465	144A.472 Subd.1 License Applications
<input type="checkbox"/> 0470	144A.472 Subd.2 Comprehensive License Applications
<input type="checkbox"/> 0475	144A.472 Subd.3 License Renewal
<input type="checkbox"/> 0485	144A.472 Subd.5 Transfers Prohibited/Chows
<input type="checkbox"/> 0490	144A.472 Subd.6 Notification of Changes
<input type="checkbox"/> 0510	144A.473 Subd.2 Temporary License

Tag ID	144A Statute and Description
<input type="checkbox"/> 0545	144A.474 Subd.5 Information Provided by Provider
<input type="checkbox"/> 0550	144A.474 Subd.6 Providing Client Records
<input type="checkbox"/> 0555	144A.474 Subd.7 Contacting and Visiting Clients
<input type="checkbox"/> 0560	144A.474 Subd.8 Correction Orders
<input type="checkbox"/> 0645	144A.475 Subd.1 Conditions
<input type="checkbox"/> 0715	144A.476 Subd.2 Employees, Contractors, and Volunteers
<input type="checkbox"/> 0780	144A.479 Subd.1 Display of License
<input type="checkbox"/> 0785	144A.479 Subd.2 Advertising
<input type="checkbox"/> 0790	144A.479 Subd.3 Quality Management
<input type="checkbox"/> 0795	144A.479 Subd.4 Provider Restrictions
<input type="checkbox"/> 0800	144A.479 Subd.5 Handing of Client's Finances/Property
<input type="checkbox"/> 0805	144A.479 Subd.6(a) Reporting Maltrx of Vulnerable Adults/Minors
<input type="checkbox"/> 0810	144A.479 Subd.6(b) Individual Abuse Prevention Plan
<input type="checkbox"/> 0815	144A.479 Subd.7 Employee Records

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144A)

Tag ID	144A Statute and Description
<input type="checkbox"/> 0825	144A.4791 Subd.1 Home Care Bill of Rights Notification to Clients
<input type="checkbox"/> 0830	144A.4791 Subd.2 Notice of Services for Dementia/Alzheimer's
<input type="checkbox"/> 0835	144A.4791 Subd.3 Statement of Home Care Services
<input type="checkbox"/> 0840	144A.4791 Subd.4 Acceptance of Clients
<input type="checkbox"/> 0845	144A.4791 Subd.5 Referrals
<input type="checkbox"/> 0850	144A.4791 Subd.6 Initiation of Services
<input type="checkbox"/> 0855	144.4791 Subd.7 Basic Individualized Client Review/Monitoring
<input type="checkbox"/> 0860	144A.4791 Subd.8 Comprehensive Assessment and Monitoring
<input type="checkbox"/> 0865	144A.4791 Subd.9(a-e) Service Plan, Implementation & Revisions
<input type="checkbox"/> 0870	144A.4791 Subd.9(f) Contents of Service Plan
<input type="checkbox"/> 0875	144A.4791 Subd.10 Termination of Service Plan

Tag ID	144A Statute and Description
<input type="checkbox"/> 0880	144A.4791 Subd.11 Client Complaint and Investigative Process
<input type="checkbox"/> 0885	144A.4791 Subd.12 Disaster/Emergency Preparedness Planning
<input type="checkbox"/> 0890	144A.4791 Subd.13 Discontinuation of Life-Sustaining Treatment
<input type="checkbox"/> 0900	144A.4792 Subd.1 Medication Management; Comprehensive
<input type="checkbox"/> 0905	144A.4792 Subd.2 Provision of Medication Mgt Services
<input type="checkbox"/> 0910	144A.4792 Subd.3 Individualized Medication Monitoring/Reassess
<input type="checkbox"/> 0915	144A.4792 Subd.4 Client Refusal
<input type="checkbox"/> 0920	144A.4792 Subd.5 Individualized Medication Mgt Plan
<input type="checkbox"/> 0925	144A.4792 Subd.6 Administration of Medication
<input type="checkbox"/> 0930	144A.4792 Subd.7 Delegation of Medication Administration
<input type="checkbox"/> 0935	144A.4792 Subd.8 Documentation of Administration of Medication
<input type="checkbox"/> 0940	144A.4792 Subd.9 Documentation of Medication Setup

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144A)

Tag ID	144A Statute and Description
<input type="checkbox"/> 0945	144A.4792 Subd.10(a) Medication Mgt for Clients Away from Home
<input type="checkbox"/> 0950	144A.4792 Subd.10 (b) Medication Mgt for Clients – Unplanned
<input type="checkbox"/> 0955	144A.4792 Subd.11 Prescribed and Nonprescribed Medication
<input type="checkbox"/> 0960	144A.4792 Subd.12 Medication; OTC; Dietary Supplements
<input type="checkbox"/> 0965	144A.4792 Subd.13 Prescriptions
<input type="checkbox"/> 0970	144A.4792 Subd.14 Renewal of Prescriptions
<input type="checkbox"/> 0975	144A.4792 Subd.15 Verbal Prescriptions Orders
<input type="checkbox"/> 0980	144A.4792 Subd.16 Written or Electronic Prescription
<input type="checkbox"/> 0985	144A.4792 Subd.17 Records Confidential
<input type="checkbox"/> 0990	144A.4792 Subd.18 Medications Provided by Client or Family
<input type="checkbox"/> 0995	144A.4792 Subd.19 Storage of Medications
<input type="checkbox"/> 1000	144A.4792 Subd.20 Prescription Drugs
<input type="checkbox"/> 1005	144A.4792 Subd.21 Prohibitions

Tag ID	144A Statute and Description
<input type="checkbox"/> 1010	144A.4792 Subd.22 Disposition of Medications
<input type="checkbox"/> 1015	144A.4792 Subd.23 Loss or Spillage
<input type="checkbox"/> 1025	144A.4793 Subd.1 Providers with a Comprehensive License
<input type="checkbox"/> 1030	144A.4793 Subd.2 Policies and Procedures
<input type="checkbox"/> 1035	144A.4793 Subd.3 Individualized Treatment/Therapy Mtg Plan
<input type="checkbox"/> 1040	144A.4793 Subd.4 Administration of Treatments/Therapy
<input type="checkbox"/> 1045	144A.4793 Subd.5 Documentation of Treatment/Therapy
<input type="checkbox"/> 1050	144A.4793 Subd.6 Treatment or Therapy Orders
<input type="checkbox"/> 1060	144A.4794 Subd.1(a) Client Record
<input type="checkbox"/> 1065	144A.4794 Subd.1(b) Protecting Client Records
<input type="checkbox"/> 1070	144A.4794 Subd.1(c) Disclosure of Information
<input type="checkbox"/> 1075	144A.4794 Subd.2 Access to Records
<input type="checkbox"/> 1080	144A.4794 Subd.3 Content of Client Record
<input type="checkbox"/> 1085	144A.4794 Subd.4 Transfer of Client Record

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144A)

Tag ID	144A Statute and Description
<input type="checkbox"/> 1090	144A.4794 Subd.5 Record Retention
<input type="checkbox"/> 1100	144A.4795 Subd.1 Qualifications, Training, and Competency
<input type="checkbox"/> 1105	144A.4795 Subd.2 Licensed Health Professionals and Nurses
<input type="checkbox"/> 1110	144A.4795 Subd.3(a) Unlicensed Personnel – Basic
<input type="checkbox"/> 1115	144A.4795 Subd.3(b) Unlicensed Personnel – Comprehensive
<input type="checkbox"/> 1120	144A.4795 Subd.3 (c) Unlicensed Personnel – Therapy/Treatment
<input type="checkbox"/> 1125	144A.4795 Subd.4 Delegation of Home Care Tasks
<input type="checkbox"/> 1130	144A.4795 Subd.5 Individual Contractors
<input type="checkbox"/> 1135	144A.4795 Subd.6 Temporary Staff
<input type="checkbox"/> 1140	144A.4795 Subd.7(a) Requirements of Instructors/Trainers
<input type="checkbox"/> 1145	144A.4795 Subd.7(b) Training/Competency Evals All Staff
<input type="checkbox"/> 1150	144A.4795 Subd.7(c) Training/Competency Evals Comp Staff
<input type="checkbox"/> 1155	144A.4795 Subd.7(d) RN/LPN Responsibilities
<input type="checkbox"/> 1165	144A.4796 Subd.1 Orientation of Staff and Supervisors

Tag ID	144A Statute and Description
<input type="checkbox"/> 1170	144A.4796 Subd.2 Content of Orientation
<input type="checkbox"/> 1175	144A.4796 Subd.3 Verification/Documentation of Orientation
<input type="checkbox"/> 1180	144A.4796 Subd.4 Orientation to Client
<input type="checkbox"/> 1185	144A.4796 Subd.5 Alzheimer's/Dementia Training Required
<input type="checkbox"/> 1190	144A.4796 Subd.6 Required Annual Training
<input type="checkbox"/> 1195	144A.4796 Subd.7 Documentation
<input type="checkbox"/> 1205	144A.4797 Subd.1(a) Availability of Contact Person – Basic
<input type="checkbox"/> 1210	144A.4797 Subd.1(6) Availability of Contact Person – Comp
<input type="checkbox"/> 1215	144A.4797 Subd.1(c) Readily Available Contact Person
<input type="checkbox"/> 1220	144A.4797 Subd.2 Supervision of Staff – Basic
<input type="checkbox"/> 1225	144A.4797 Subd.3 Supervision of Staff – Comp
<input type="checkbox"/> 1230	144A.4797 Subd.4 Documentation of Supervision
<input type="checkbox"/> 1245	144A.4798 Subd.1 TB Infection Control
<input type="checkbox"/> 1250	144A.4798 Subd.2 Communicable Diseases

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144A)

Tag ID	144A Statute and Description
<input type="checkbox"/> 1252	144A.4798. Subd.3 Infection Control Program
<input type="checkbox"/> 1815	626.556 Subd.3 Mandated Reporters
<input type="checkbox"/> 1820	626.556 Subd.3(a) Report of Depr of Parental Rights/Kidnapping
<input type="checkbox"/> 1860	626.556 Subd.5 Malicious and Reckless Reports
<input type="checkbox"/> 1865	626.556 Subd.6 Failure to Report
<input type="checkbox"/> 1875	626.556 Subd.7 Report

Tag ID	144A Statute and Description
<input type="checkbox"/> 1885	626.556 Subd.9 Mandatory Reporting – Medical Examiner – Coroner
<input type="checkbox"/> 1990	626.556 Subd.12 Duties of Facility Operators
<input type="checkbox"/> 2015	626.557 Subd.3 Timing of Report
<input type="checkbox"/> 2025	626.557 Subd.4 Reporting
<input type="checkbox"/> 2030	626.557 Subd.4(a) Internal Reporting of Maltreatment

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