



## **NURSES – What’s New For You in Licensed Assisted Living**

As a nurse, what do you need to know about the new Licensed Assisted Living model compared to the Comprehensive Home Care model in a Housing with Services establishment?

Most of 144A (the comprehensive home care regulations) have been duplicated in 144G (the new licensed assisted living statutes). But there are some changes. This document is not all inclusive, nurses should still read all of 144G, the assisted living rules that accompany 144G (Chapter 4659), and the modifications made to 144G during the 7<sup>th</sup> special session of 2020. Below are the top 17 most substantial changes affecting nurses in a newly licensed assisted living setting.

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1. Unless your company intends to provide comprehensive home care services to clients outside of your licensed assisted living community (i.e.: in their own private homes), your Comprehensive Home Care license will be discontinued effective August 1, 2021. Instead of providing *home care services* in the license assisted living, you will be providing *assisted living services*. MN Statute 144G.08 Subd. 9 (definition of “assisted living services”).
2. Previous separations of the registered Housing with Services and their arranged Home Care Providers will go away – to be replaced by licensed assisted living or licensed assisted living with dementia care.
3. A licensed assisted living facility will need to identify a position that did not exist under comprehensive home care...the Clinical Nurse Supervisor. This must be an RN. If such person does not carry this title, their job description should indicate they are acting as the clinical nurse supervisor for ABC assisted living. There is no minimum number of hours a licensed assisted living must employ the clinical nurse supervisor, a clinical nurse supervisor could be shared between buildings, and the clinical nurse supervisor could have multiple roles, such as the RN on call, or also be the licensed assisted living director. The clinical nurse supervisor may also fulfill any of the responsibilities that a registered nurse is required to perform at the licensed assisted living facility. MN Statute 144G.41 Subd. 4.

4. The clinical nurse supervisor, working alongside the licensed assisted living director, should complete a Uniform Disclosure of Assisted Living Services and Amenities (UDLSA) form for each assisted living building. In some buildings, a separate UDLSA should be completed for unique parts of the building (e.g.; secured unit, transitional unit, etc.). The UDLSA is a new form that did not exist under comprehensive home care – it is a requirement of licensed assisted living. How the UDLSA is filled out is important, as it commits the licensed assisted living to what it will and will not provide in terms of assisted living services and building amenities – this can be important as resident needs change. See UDLSA form here: <https://www.health.state.mn.us/facilities/regulation/assistedliving/docs/forms/udalsa.pdf> . MN Rule 4659.0090 and MN Statute 144G.40 Subd. 2.
5. The nursing assessment and monitoring schedules have been modified a bit – see 144G.70 Subd.2. If a resident is to receive assisted living services, there must now be an RN assessment for prospective residents with temporary services plans developed, followed by a resident assessment and monitoring no later than 14 days after initial initiation of services, followed by ongoing reassessment and monitoring based on changes in the needs of residents, but cannot be less than every 90 days. Reassessment and monitoring can be completed by LPNs if acting within their scope of practice. MN Rule 4659.0140 and MN Statute 144G.70 Subd. 2-4.
6. Prospective residents who are denied admission to the licensed assisted living must be informed of the reason for the denial. Mn Rule 4659.0140 Subp. 1 (c).
7. 144G and accompanying rules have specific elements that must be included in assessments...this is new. You will want to verify with your software vendor that the software assessment(s) meet the requirements in the rule. MDH will not be providing a sample or model assessment tool, but the licensed assisted living must provide MDH with a sample of the assessment(s) the AL will use. MN Rule 4659.0150 Subp. 1- 5 and MN Statute 144G.70 Subd. 2-4.
8. There are new direct care staff scheduling rules as well as staff schedule posting rules. These involve the development by, or oversight, of the clinical nurse supervisor. MN Rule 4659.0180 Subp 1-4.
9. At least one person must be awake at all times in a licensed assisted living. The exempt awake staff exemption no longer exists. MN Statute 144G.03 Subd 2 (b)(7)(i).
10. Night shift staff response time - During the hours of 10:00 p.m. to 6:00 a.m., direct-care staff shall respond to a resident's request for assistance with health or safety needs within a reasonable amount of time. MN Rule 4659.0180 Subp. 6 (10-minute response time removed by ALJ).

11. Two person assist - A minimum of two direct-care staff must be scheduled and available to assist at all times whenever a resident requires the assistance of two direct-care staff for scheduled and reasonably foreseeable unscheduled needs, as reflected in the resident's assessments and service plan. MN Rule 4659.0180 Subp. 5.
12. If the assisted living with dementia care facility has a secured unit, at least one person must be awake and physically present on that unit at all times. Mn Statute 144G.81 Subd. 4.
13. An RN must be available to conduct a reassessment of a resident returning from the hospital to the facility on weekends and holidays. MN Rule 4659.0140 Subp. 7.
14. There are additional training requirements for staff who are permitted to work in a facility with a dementia license. MN Rule 4659.0190 Subp. 3 and MN Rule 4659.0100 and MN Statutes 144G.42, and 144G.60 to 144G.64.
15. Persons providing or overseeing staff training regarding dementia care must have experience and knowledge in the care of individuals with dementia, including (MN Statute 144G.83 Subd. 3.):
  - (1) two years of work experience related to Alzheimer's disease or other dementias, or in health care, gerontology, or another related field; and
  - (2) completion of training equivalent to the requirements in this section and successfully passing a skills competency or knowledge test required by the commissioner. Approved options for the dementia skills competency or knowledge test are:
    - Option one: Purchase the Alzheimer's Association Person-Centered Dementia Care Training Program, which includes the essentiALZ® exam. [Dementia Care Training Program & essentiALZ® Exam | alz.org](https://www.alz.org).
    - Option two: Purchase a training program recognized by the Alzheimer's Association and essentiALZ® Exam from the Alzheimer's Association. You can find [Recognized Dementia Care Training Programs](#) that have been recognized by the Alzheimer's Association as reflecting the five topic areas of the [Dementia Care Practice Recommendations](#). Providers using these training programs are eligible to purchase [essentiALZ® exams](#) for their staff.
    - Option three: Purchase a curriculum review from the Alzheimer's Association and essentiALZ® Exam from Alzheimer's Association. Providers and training companies using proprietary training materials may submit their training programs for review. [Curriculum Review Guidelines \(alz.org\)](#)
16. There are new policies, procedures, and follow-up actions required to be followed with any instance of a resident elopement. MN Rule 4659.0110 Subp. 2-4.
17. There are new infection control requirements. MN Rule 4659.0170 Subp 1-2.