

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
		<b>Rule 32 Detoxification - Self Monitoring - POLICY, PROCEDURE, AND PRACTICES - 20090211</b>		
		<b>Policy &amp; Procedure Book</b>		
	245A.04, Subd. 14,(a)	The license holder shall develop program policies and procedures necessary to maintain compliance with licensing requirements under MN Statutes and MN Rules.		
	245A.04, Subd. 14,(c)	The license holder shall keep program policies and procedures readily accessible to staff and		
	245A.04, Subd. 14,(c)	index the policies and procedures with a table of contents or another method approved by the commissioner.		
	9530.6580,	The written policy and procedure manual must be alphabetically indexed. Consumers of the services, and other authorized parties must have access to all policies and procedures. The manual must contain the following materials:		
	9530.6580, A	A description of client education services as required in part 9530.6530;		
	9530.6580, B	Personnel policies that comply with part 9530.6570;		
	9530.6580, C	Admission information and referral and discharge policies that comply with part 9530.6525;		
	9530.6580, D	A health monitoring plan that complies with part 9530.6550;		
	9530.6580, E	A protective procedures policy that complies with part 9530.6535, if the program elects to use protective procedures;		
	9530.6580, F	Policies and procedures for assuring appropriate client to staff ratios that comply with part 9530.6560;		
	9530.6580, G	Policies and procedures for assessing and documenting the susceptibility for risk of abuse to the client and using the client assessment as the basis for the abuse prevention plan required by Minnesota Statutes, section 245A.65;		
	9530.6580, H	Procedures for mandatory reporting as required by Minnesota Statutes, sections 245A.65, 626.556, and 626.557;		
	9530.6580, I	A medication control plan that complies with part 9530.6555; and		

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	9530.6580, J	Policies and procedures regarding HIV that meet the minimum standards under Minnesota Statutes, section 245A.19.		
		<b>Admission And Discharge</b>		
	9530.6585, Subp. 2	A LH must retain the records of discharged clients for seven years, unless otherwise required by law.		
	9530.6590,	Evaluation: LH must participate in the drug and alcohol abuse normative evaluation system by submitting, in a format approved by the commissioner, information concerning each client admitted to the program.		
	9530.6525, Subp. 1	LH must have a written admission policy containing specific admission criteria. The policy must describe the admission process and the point at which a person who is eligible under subpart 2 is admitted to the program.		
	9530.6525, Subp. 1	LH must not admit individuals who do not meet the admission criteria.		
	9530.6525, Subp. 1	The policy must be approved and signed by the medical director of the facility		
	9530.6525, Subp. 1	must designate which staff members are authorized to admit and discharge clients.		
	9530.6525, Subp. 2	The detoxification program may only admit persons who meet the admission criteria and who, at the time of admission:		
	9530.6525, Subp. 2,A	appear intoxicated;		
	9530.6525, Subp. 2,B	experience physical, mental, or emotional problems due to withdrawal from alcohol or other drugs;		
	9530.6525, Subp. 2,C	are being held under apprehend and hold orders under Minnesota Statutes, section 253B.07, subdivision 2b;		
	9530.6525, Subp. 2,D	have been committed under Minnesota Statutes, chapter 253B, and need temporary placement;		
	9530.6525, Subp. 2,E	are held under emergency holds or peace and health officer holds under Minnesota Statutes, section 253B.05, subdivisions 1 and 2; or		

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	9530.6525, Subp. 2,F	need to stay temporarily in a protective environment because of a crisis related to substance use disorder. Persons meeting this criterion may be admitted only at the request of the county of fiscal responsibility, as determined according to Minnesota Statutes, section 256G.02, subdivision 4. Persons admitted according to this provision must not be restricted to the facility.		
	9530.6525, Subp. 3	Individuals denied admission by program. A LH must have a written plan for addressing the needs of individuals whose potential for medical problems may require acute medical care, including:		
	9530.6525, Subp. 3	Clients whose pregnancy, in combination with their presenting problem, requires services not provided by the program.		
	9530.6525, Subp. 3	Clients who pose a substantial likelihood of harm to themselves or others if their behavior is beyond the behavior management capabilities of the program and staff.		
	9530.6525, Subp. 4	Discharge and transfer policies must be approved and signed by the medical director, and include the following:		
	9530.6525, Subp. 4,A	Guidelines for determining when a client is detoxified and		
	9530.6525, Subp. 4,A	whether a client is ready for discharge or transfer		
	9530.6525, Subp. 4,B	Procedures staff must follow, including the procedures for making reports to law enforcement agencies when appropriate, when discharging a client under each of the following circumstances:		
	9535.6525, Subp. 4,B,(1)	when the client is involved in the commission of a crime against program staff or against a LH's property		
	9530.6525, Subp. 4,B,(2)	when discharging a client who behaves in a manner that is dangerous to self or others and is beyond the LH's capacity to assure safety;		
	9530.6525, Subp. 4,B,(3)	when discharging a client who was admitted under Minnesota Statutes, chapter 253B;		
	9530.6525, Subp. 4,B,(4)	when the client is leaving against staff or medical advice		

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<b>Protective Procedures</b>				
	9530.6535, Subp. 1,A	Protective procedures may be used only in cases where a less restrictive alternative will not protect the client or others from harm and when the client is in imminent danger of causing harm to self or to others. The procedures must end when the client is no longer dangerous.		
	9530.6535, Subp. 1,B,(1)	Protective procedures may not be used: for disciplinary purposes;		
	9530.6535, Subp. 1,B,(2)	Protective procedures may not be used: to enforce program rules;		
	9530.6535, Subp. 1,B,(3)	Protective procedures may not be used: for the convenience of staff;		
	9530.6535, Subp. 1,B,(4)	Protective procedures may not be used: as a part of any client's health monitoring plan; or		
	9530.6535, Subp. 1,B,(5)	Protective procedures may not be used: for any reason except in response to specific current behaviors which threaten the safety of the client or others.		
	9530.6535, Subp. 2	The LH must have a written plan that establishes the protective procedures that program staff must follow when: a client's behavior threatens the safety of the client or others.		
	9530.6535, Subp. 2	The protective procedures plan must be appropriate to the type of facility and level of staff training and must include:		
	9530.6535, Subp. 2,A	Approval, signed and dated by the program director and medical director prior to implementation.		
	9530.6535, Subp. 2,A	Any changes to the plan must be approved, signed, and dated by the program director and the medical director prior to implementation;		
	9530.6535, Subp. 2,B	Which protective procedures the license holder will use to prevent clients from: harming self or others.		
	9530.6535, Subp. 2,C	The emergency conditions under which the protective procedures are used, if any,		
	9530.6535, Subp. 2,D	The client's health conditions that limit the specific procedures that can be used and alternative means of ensuring safety;		

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	9530.6535, Subp. 2,E	emergency resources the program staff must contact when a client's behavior cannot be controlled by the procedures established in the plan.		
	9530.6535, Subp. 2,F	The training staff must have before using any protective procedure;		
	9530.6535, Subp. 2,G	documentation of approved therapeutic holds.		
	9530.6535, Subp. 2,H	The use of law enforcement personnel.		
	9530.6535, Subp. 4	Seclusion, [defined in 9530.6510, Subp. 12,A, as the temporary placement of a client, without the client's consent, in an environment to prevent social contact] must be used only when less restrictive measures are ineffective or not feasible and must meet the following standards:		
	9530.6535, Subp. 4,A	Seclusion must be employed solely for the purpose of preventing a client from harming self or others.		
	9530.6535, Subp. 4,C	Seclusion must be authorized by the program director, a licensed physician, or registered nurse. If one is not present in the facility, one must be contacted and authorization obtained within 30 minutes of initiation of seclusion according to written policies.		
	9530.6535, Subp. 4,D	Clients must not be placed in seclusion for more than 12 hours at any one time.		
	9530.6535, Subp. 4,E	Clients in seclusion must be observed every quarter hour for the duration of seclusion and must always be within hearing range of program staff.		
	9530.6535, Subp. 4,F	Program staff must have a process for removing a client to a more restrictive setting in the facility or have other resources available to the facility if seclusion does not sufficiently assure client safety.		
	9530.6535, Subp. 5	Physical holds or restraint equipment [defined in 9530.6510, Subp. 12,B as the restraint of a client by use of equipment to limit the movement of limbs or use of physical means to limit the body of movement] may only be used in cases where seclusion will not assure the client's safety.		
	9530.6535, Subp. 5,A	The following requirements apply to the use of physical holds or restraint equipment:		

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	<i>9530.6535, Subp. 5,A,(1)</i>	A physical hold cannot be used to control a client's behavior for more than 30 minutes before obtaining authorization;		
	<i>9530.6535, Subp. 5,A,(2)</i>	The client's health concerns will be considered in deciding whether to use physical holds or restraint equipment and which holds or equipment are appropriate for the client.		
	<i>9530.6535, Subp. 5,A,(3)</i>	The use of physical holds or restraint equipment must be authorized by the program director, licensed physician, or registered nurse.		
	<i>9530.6535, Subp. 5,A,(4)</i>	Only approved holds may be utilized.		
	<i>9530.6535, Subp. 5,A,(5)</i>	The use of restraint equipment must not exceed four hours.		
	<i>9530.6535, Subp. 5,B</i>	Restraint equipment must be designed, used, and maintained to ensure client protection from self-harm with minimal discomfort.		
	<i>9530.6535, Subp. 5,C</i>	A client in restraint equipment must be checked for circulatory difficulties every 15 minutes.		
	<i>9530.6535, Subp. 5,C</i>	Restraint equipment must be loosened at least once every 60 minutes to allow change of position unless loosening the restraints would be dangerous to the client or others.		
	<i>9530.6535, Subp. 5,C</i>	If the restraint equipment is not loosened every hour, the client's behavior that prevented loosening the restraints must be documented in the client's file.		
	<i>9530.6535, Subp. 8,A</i>	Law enforcement shall only be called for a violation of the law by a client.		
	<i>9530.6535, Subp. 8,B</i>	If a law enforcement agent uses any force or protective procedure which is not specified in the protective procedures plan for use by trained staff members, the client must be discharged, according to part 9530.6525, subpart 4.		
	<i>9530.6535, Subp. 9</i>	Administrative review. The license holder must keep a record of all protective procedures used, and		
	<i>9530.6535, Subp. 9</i>	Conduct a quarterly administrative review of the use of protective procedures. The record of the administrative review of the use of protective procedures must state whether:		
	<i>9530.6535, Subp. 9,A</i>	The required documentation was recorded for each use of a protective procedure;		

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	9530.6535, Subp. 9,B	The protective procedure was used according to the protective procedures plan;		
	9530.6535, Subp. 9,C	The staff who implemented the protective procedure were properly trained;		
	9530.6535, Subp. 9,D	Any patterns or problems indicated by similarites in the time of day, day of the week, duration of the use of a procedure, individuals involved, or other factors associated with the use of protective procedures;		
	9530.6535, Subp. 9,E	Any injuries resulting from the use of protective procedures;		
	9530.6535, Subp. 9,F	Actions needed to correct deficiencies in the program's implementation of protective procedures;		
	9530.6535, Subp. 9,G	An assessment of oppourtunities missed to avoid the use of protective procedures; and		
	9530.6535, Subp. 9,H	Proposed actions to be taken to minimize the use of protective procedures.		

**Grievance Procedures**

9530.6540,	A LH must have a written grievance procedure that includes: The grievance policy must be made available to former clients of the program.		
9530.6540, A	Staff assistance in developing and processing the grievance;		
9530.6540, B	An initial response to the client within 24 hours of the program's receipt of the grievance,		
9530.6540, B	Timelines for additional steps to be taken for resolving the grievance,		
245A.04, Subd. 1	Permission for persons served by the program and their authorized representatives to bring a grievance to the highest level of authority in the program.		
9530.6540, D	The addresses and telephone numbers of the Department of Human Services Licensing Division; and		
9530.6540, D	Minnesota Department of Health, Office of Health Facilities Complaints; and		

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	9530.6540, D	The Board of Behavioral Health and Therapy, Alcohol and Drug Counselor Licensing Program; and		
	9530.6540, D	Office of the Ombudsman for Mental Health and Mental Retardation.		
<b>Client Property Management</b>				
	245A.04, Subd. 13,(a)	Residential programs handling resident funds and property must: ensure that residents retain the use and availability of personal funds or property unless restrictions are justified in the resident's individual plan.		
	245A.04, Subd. 13,(b)	The LH must ensure separation of resident funds from funds of the license holder, the residential program, or program staff.		
	245A.04, Subd. 13,(c),(1)	Whenever the LH assists a person served by the program with the safekeeping of funds or other property, the LH must: (1)immediately document receipt and disbursement of the person's funds or other property at the time of receipt or disbursement, including the person's signature, or the signature of the conservator or payee; and		
	245A.04, Subd. 13,(c),(2)	Provide a statement, at least quarterly, itemizing receipts and disbursements of resident funds or other property; and		
	245A.04, Subd. 13,(a)	Return to the resident upon the resident's request, funds and property in the license holder's possession subject to restrictions in the resident's treatment plan, as soon as possible, but no later than three working days after the date of request.		
	245A.04, Subd. 13,(d),(1)	The LH must ensure that program staff do not borrow money from a resident;		
	245A.04, Subd. 13,(d),(2)	OR purchase personal items from a resident;		
	245A.04, Subd. 13,(d),(3)	OR sell merchandise or personal services to a resident;		
	245A.04, Subd. 13,(d),(4)	OR require a resident to purchase items for which the LH is eligible for reimbursement;		
	245A.04, Subd. 13,(d),(5)	OR use resident funds to purchase items for which the facility is already receiving public or private payments.		

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	9530.6545, A	A LH must meet the requirements for handling residential client funds and property in part 245A.04, except: A LH may establish policies regarding the use of personal property to assure that program activities and the rights of other clients are not infringed, and may take temporary custody of personal property if these policies are violated;		
	9530.6545, B	AND the LH must retain the client's property for a minimum of seven days after discharge if the client does not reclaim the property after discharge;		
	9530.6545, C,(1)	AND the LH must return to the client all property held in trust at discharge, regardless of discharge status, except that: drugs must be destroyed by staff according to procedures established, drug paraphernalia and drug containers that are forfeited under Minnesota Statutes, section 609.5316, must be destroyed by staff or given over to the custody of a local law enforcement agency according to Code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1-2.67, and		
	9530.6545, C,(2)	Weapons, explosives, and other property that may cause serious harm to self or others must be transferred to a local law enforcement agency. The client must be notified of the transfer and of the right to reclaim the property if the client has a legal right to possess the item.		
<b>Health Services</b>				
	9530.6550, A	LHs must have a standardized data collection tool for collecting health related information about each client.		
	9530.6550, A	The data collection tool must be approved and signed by the medical director.		
	9530.6550, B,(1)	LHs must have the following written procedures for assessing and monitoring client health:The procedures must be approved by the medical director.		
	9530.6550, B,(2)	The procedure must include a follow-up screening, conducted between 4 and 12 hours after service initiation that collects information relating to health complaints and behavioral risk factors that the client may not have been able to communicate clearly at service initiation, if the client was intoxicated at the time services were initiated.		

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	9530.6550, B,(3)	The procedures must specify the physical signs and symptoms that, when present, require consultation with a registered nurse or a physician and that require transfer to an acute care medical facility.		
	9530.6550, B,(4)	The procedures must specify the staff members responsible for monitoring client health and		
	9530.6550, B,(4)	Provide for hourly observation, and for more frequent observation if the service initiation assessment or follow-up screening indicates a need for intensive physical or behavioral health monitoring.		
	9530.6550, B,(5)	The procedures must specify the actions to be taken to address specific complicating conditions including pregnancy or the presence of physical signs or symptoms of any other medical condition.		
	9530.6555, Subp. 1,B	A registered nurse must be employed or contracted to develop the policies and procedures for medication administration. A registered nurse must provide supervision as defined in part 6321.0100. The registered nurse supervision must include on-site supervision at least monthly or more often as warranted by the health needs of the client. The policies and procedures must include:		
	9530.6555, Subp. 1,B,(1)	A requirement that delegations of administration of medication are limited to administration of those medications which are oral, suppository, eye drops, ear drops, inhalant, or topical;		
	9530.6555, Subp. 1,B,(2)	A provision that clients may carry emergency medication such as nitroglycerin as instructed by their physician must be included. (If the LH allows clients to carry emergency medications.)		
	9530.6555, Subp. 1,B,(3)	Requirements for recording the client's use of medication, including staff signatures with date and time;		
	9530.6555, Subp. 1,B,(4)	Guidelines regarding when to inform a registered nurse of problems with medication administration, including failure to administer, client refusal of a medication, adverse reactions, or errors; and		
	9530.6555, Subp. 1,B,(5)	Procedures for acceptance, documentation, and implementation of prescriptions, whether written, verbal, telephonic, or electronic.		
	9530.6555, Subp. 2	Control of drugs. A LH must have in place and implement written policies and procedures developed by an RN that contain the following provisions:		
	9530.6555, Subp. 2,A	A requirement that all drugs must be stored in a locked compartment.		

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	<i>9530.6555, Subp. 2,B</i>	A system for accounting for all scheduled drugs each shift;		
	<i>9530.6555, Subp. 2,C</i>	A procedure for recording the client's use of medication, including staff signatures with time and date;		
	<i>9530.6555, Subp. 2,D</i>	A procedure for destruction of discontinued, outdated, or deteriorated medications;		
	<i>9530.6555, Subp. 2,E</i>	A statement that only authorized personnel are permitted to have access to the keys to the locked drug compartments; and		
	<i>9530.6555, Subp. 2,F</i>	A statement that no legend drug supply for one client may be given to another client.		
	<i>245A.19, (d)</i>	Written policies and procedures, consistent with HIV minimum standards, shall be developed and followed by the LH. The policies included:Equal access to services despite HIV status;		
	<i>245A.19,(d)</i>	HIV education once per treatment cycle including an explanation of the nature and action of HIV, facts about transmission and personal risk reduction strategies		
	<i>245A.19,(d)</i>	Infection control		
	<i>245A.19,(d)</i>	Information about HIV testing		
	<i>245A.19,(d)</i>	Confidentiality procedures regarding HIV status		
	<i>245A.19, (c)</i>	The LH shall maintain a list of referral sources for the purpose of making necessary referrals of clients to HIV-related services. The list of referral services shall be updated at least annually.		
<b>Staffing Requirements</b>				
	<i>9530.6560, Subp. 1</i>	Program director. A LH must employ or contract with a person, on a full-time basis, to serve as program director. The program director must be responsible for all aspects of the facility and the services delivered to the LH's clients. An individual may serve as program director for more than one program owned by the same license holder.		
	<i>9530.6560, Subp. 2</i>	During all hours of operation, a LH must designate a staff member to be present and awake in the facility, and be responsible for the program.		

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	9530.6560 Subp.2	The responsible staff person must be employed by or under contract with the LH and must have decision-making authority over the day-to-day operation of the program as well as the authority to direct the activity of or terminate the shift of any staff member who has direct client contact.		
	9530.6560, Subp. 2	AND must have the ability to open all locks on exits in the facility.		
	9530.6560, Subp. 2	Responsible staff person. A technician who does not meet the requirements of part 9530.6565, subpart 5, must not be the designated responsible staff person.		
	9530.6560, Subp. 3	LH requirements regarding technician: Must have one technician awake on duty at all times for every ten clients in the program. May assign technicians according to the clients' need for care, except that the same technician must not be responsible for more than 15 clients at one time. For purposes of establishing this ratio, all staff whose qualifications meet or exceed those for technicians under part 9530.6565, subpart 5, and who are performing the duties of a technician may be counted as technicians.		
	9530.6560, Subp. 3	The same individual may not be counted as both a technician and a chemical dependency assessor.		
	9530.6560, Subp. 4	Registered nurse required. A LH must employ or contract with a registered nurse. The registered nurse must be responsible for:		
	9530.6560, Subp. 4,A	Establishing and implementing procedures for the provision of nursing care and delegated medical care, including:		
	9530.6560, Subp. 4,A,(1)	A health monitoring plan		
	9530.6560, Subp. 4,A,(2)	a medication control plan;		
	9530.6560, Subp. 4,A,(3)	training and competency evaluation for staff performing delegated medical and nursing functions;		
	9530.6560, Subp. 4,A,(4)	Handling serious illness, accident, or injury to clients;		
	9530.6560, Subp. 4,A,(5)	An infection control program; and		
	9530.6560, Subp. 4,A,(6)	A first aid kit;		
	9530.6560, Subp. 4,B	Delegating nursing functions to other staff consistent with their education, competence, and legal authorization;		

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	9530.6560, Subp. 4,C	Assigning, supervising, and evaluating the performance of nursing tasks;		
	9530.6560, Subp. 4,D	Implementing condition-specific protocols in compliance with Minnesota Statutes, section 151.37, subdivision 2.		
	9530.6560, Subp. 5	A LH must have a medical director available for medical supervision. The medical director is responsible for ensuring the accurate and safe provision of all health-related services and procedures. A LH must obtain and document the medical director's annual approval of the following procedures before the procedures may be used:		
	9530.6560, Subp. 5,A	Admission, discharge, and transfer criteria and procedures;		
	9530.6560, Subp. 5,B	Health services plan;		
	9530.6560, Subp. 5,C	Physical indicators for physician or hospital referral and procedures for referral;		
	9530.6560, Subp. 5,D	Procedures to follow incase of accident, injury, or death of a client.		
	9530.6560, Subp. 5,E	Formulation of condition-specific protocols regarding the medications that require a withdrawal regimen that will be administered to clients;		
	9530.6560, Subp. 5,F	Infection control program;		
	9530.6560, Subp. 5,G	Protective procedures		
	9530.6560, Subp. 5,H	Medication control plan.		
	9530.6560, Subp. 6	Assessor required. A detoxification program must provide the equivalent of one full-time assessor for every 15 clients served by the program and require a chemical use assessment according to part 9530.6530, subpart 2. The requirement may be met by part-time, full-time, or contracted staff or staff from another agency guaranteed by interagency contract, who meets the requirements of part 9530.6615, subpart 2.		
	9530.6560, Subp. 7	Ensuring staff-to-client ratio. The responsible staff member under subpart 2 must ensure that the program does not exceed the staff-to-client ratio in subpart 3 and must inform admitting staff of the current staffed capacity of the program for that shift.		

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	<i>9530.6560, Subp. 7</i>	Ensuring staff-to-client ratio. A LH must have a written policy for documenting staff-to-client ratios for each shift and actions to take when staffed capacity is reached.		
<b>Personnel Policies and Procedures</b>				
	<i>9530.6565, Subp. 6,A</i>	The LH had a written policy addressing personal relationships between clients and staff who have direct client contact. The policy must: prohibit direct contact between a client and a staff member if the staff member has had a personal relationship with the client within two years prior to the client's admission to the program;		
	<i>9530.6565, Subp. 6,B</i>	Prohibits access to a client's clinical records by a staff member who has had a personal relationship with the client within two years prior to the client's admission, unless the client consents in writing.		
	<i>9530.6565, Subp. 6,C</i>	Prohibit a clinical relationship between a staff member and a client if the staff member has had a personal relationship with the client within two years prior to the client's admission. If a personal relationship exists, the staff member must report the relationship to his or her supervisor and recuse himself or herself from the clinical relationship with that client.		
	<i>9530.6570, Subp. 1</i>	LH must have the written personnel policies available to staff members at all times.		
	<i>9530.6570, Subp. 1,A</i>	The personnel policies must assure that staff member's: retention, promotion, job assignment, pay are not affected by a good faith communication between a staff member and DHS, MDH, the ombudsman for mental health and mental retardation, law enforcement, OR local agencies that investigate complaints regarding client rights, health or safety.		
	<i>9530.6570, Subp. 1,B</i>	The personnel policies must: Include a job description for each position that specifies responsibilities,		
	<i>9530.6570, Subp. 1,B</i>	AND degree of authority to execute job responsibilities,		
	<i>9530.6570, Subp. 1,B</i>	AND standards of job performance related to specified job responsibilities and qualifications;		
	<i>9530.6570, Subp. 1,C</i>	Provide for written job performance evaluations for staff members of the LH at least annually;		

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	<i>9530.6570, Subp. 1,D</i>	The Personnel policies must describe behavior that constitutes grounds for disciplinary action, suspension, or dismissal, including policies that address chemical use problems and meet the requirements of part 9530.6565, subp. 1 and 2. The policy must list behaviors or incidents that are considered chemical abuse problems. The list must include:		
	<i>9530.6570 Subp 1,D,(1)</i>	Receiving treatment for chemical use or substance use disorder within the period specified for the position in the staff qualification requirements		
	<i>9530.6570, Subp. 1,D,(2)</i>	AND chemical use that has a negative impact on the staff member's job performance;		
	<i>9530.6570, Subp. 1,D,(3)</i>	AND chemical use that affects the credibility of treatment services with clients, referral sources, or other members of the community; and		
	<i>9530.6570, Subp. 1,D,(4)</i>	AND symptoms of intoxication or withdrawal on the job;		
	<i>9530.6570, Subp. 1,E</i>	Personnel policies include: Policies prohibiting personal involvement with clients		
	<i>9530.6570, Subp. 1,E</i>	Policies prohibiting client maltreatment as specified under Minnesota Statutes, sections 245A.65, 626.556, 626.557, and 626.5572;		
	<i>9530.6570, Subp. 1,F</i>	A chart or description of organizational structure indicating the lines of authority and responsibilities;		
	<i>9530.6570, Subp. 1,G</i>	A written plan for new staff member orientation that, at a minimum, includes the following: training related to the specific job functions for which the staff member was hired, (see Personnel File section for implementation of this rule subpart)		
	<i>9530.6570, Subp. 1,G</i>	AND program policies and procedures,		
	<i>9530.6570, Subp. 1,G</i>	AND client needs,		
	<i>9530.6570, Subp. 1,G</i>	AND LH and staff responsibilities for client confidentiality		
	<i>9530.6570, Subp. 1,G</i>	AND the facility's policies concerning obtaining client releases of information;		
	<i>9530.6570, Subp. 1,G</i>	AND standards governing use of protective procedures;		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	9530.6570, Subp. 1,G	AND client ethical boundaries and client rights, including the rights of clients admitted under Minnesota Statutes, chapter 253B;		
	9530.6570, Subp. 1,G	AND infection control procedures;		
	9530.6570, Subp. 1,G	AND mandatory reporting under Minnesota Statutes, sections 245A.65, 626.556, and 626.557, including specific training covering the facility's policies concerning obtaining client releases of information;		
	9530.6570, Subp. 1,G	AND HIV minimum standards as required in Minnesota Statutes, section 245A.19. Orientation shall be provided to all staff and clients, within 72 hours of employment		
	9530.6570, Subp. 1,H	Include a policy on the confidentiality of client information.		
	245A.04, Subd. 1,(c)	The License Holder had a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for persons served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care.		
<b>Vulnerable Adults: Program Abuse Prevention Plan</b>				
	245A.65, Subd. 2,(a),(1)	The Program Abuse Prevention Plan included a population assessment which identified factors which may encourage or permit abuse, including: Age		
	245A.65, Subd. 2,(a),(1)	Gender		
	245A.65, Subd. 2,(a),(1)	Mental Functioning		
	245A.65, Subd. 2,(a),(1)	Physical & emotional health or behavior of clients		
	245A.65, Subd. 2,(a),(1)	Need for specialized programs of care for clients		
	245A.65, Subd. 2,(a),(1)	Need for staff training to meet identified individual needs of the clients		
	245A.65, Subd. 2,(a),(1)	Knowledge a LH may have regarding previous abuse that is relevant to minimizing risk of abuse for clients.		
	245A.65, Subd. 2,(a),(2)	The physical plant assessment included an evaluation of: Condition and design of the building		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	245A.65, Subd. 2,(a),(2)	Existence of areas which are difficult to supervise		
	245A.65, Subd. 2,(a),(3)	Location of the program in a particular neighborhood / community		
	245A.65, Subd. 2,(a),(3)	Type of grounds and terrain surrounding the building		
	245A.65, Subd. 2,(a),(3)	Type of internal programming		
	245A.65, Subd. 2,(a),(3)	Program's staffing patterns		
	626.557, Subd. 14,(a)	The assessment identified factors which may encourage or permit abuse.		
	626.557, Subd. 14,(a)	There was a statement of specific measures to be taken to minimize the risk of abuse.		
	245A.65, Subd. 2,(a),(5)	The license holder's governing body reviewed the plan at least annually using the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review. (PRACTICE-Must be documented)		

**Vulnerable Adults: Maltreatment Reporting Policies and Procedures**

245A.65, Subd. 1,(a)	The LH had a policy allowing, but not mandating, internal reporting of alleged or suspected maltreatment.		
245A.65, Subd. 1,(a),(2)	The policy must include the primary and secondary person or position to whom internal reports may be made, and		
245A.65, Subd. 1,(a),(2)	The primary and secondary person or position responsible for forwarding internal reports to the common entry point.		
245A.65, Subd. 1,(a),(2)	The secondary person must be involved (with receiving the report and forwarding it to the common entry point) when there is reason to believe that the primary person was involved in the alleged maltreatment.		
245A.65, Subd. 1,(b),(1)	The policy must include that an internal review is completed and that corrective action is taken as necessary to protect the health and safety of vulnerable adults when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made.		
245A.65, Subd. 1,(b),(1)	The review must include an evaluation of whether: related policies and procedures were followed;		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	245A.65, Subd. 1,(b),(1)	the policies and procedures were adequate;		
	245A.65, Subd. 1,(b),(1)	there is a need for additional staff training;		
	245A.65, Subd. 1,(b),(1)	the reported event is similar to past events with the vulnerable adults or the services involved;		
	245A.65, Subd. 1,(b),(1)	there is a need for any corrective action by the license holder to protect the health and safety of vulnerable adults.		
	245A.65, Subd. 1,(b),(1)	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct the current lapses and prevent future lapses in performance by individuals or the license holder, if any.		
	245A.65, Subd. 1,(b),(2)	The policy must identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed.		
	245A.65, Subd. 1,(b),(2)	The secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment;		
	245A.65, Subd. 1,(b),(3)	The LH must document and make internal reviews accessible to the commissioner upon the commissioner's request. The documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.		
	626.557, Subd. 3,(a)	The policy required that if the facility received a report of suspected maltreatment and determined to report it to the CEP, the facility notified the CEP within 24 hours of awareness of the suspected maltreatment.		
	626.557, Subd. 4a,(b)	The procedure included that reporters are informed about whether the facility reported the incident to the common entry point: in writing		
	626.557, Subd. 4a,(b)	Within two working days;		
	626.557, Subd. 4a,(b)	In a manner that protects the confidentiality of the reporter.		
	626.557, Subd 4a,(c)	The written response to the mandated reporter shall note that if the mandated reporter is not satisfied with the action taken by the facility on whether to report the incident to the common entry point, then the mandated reporter may report externally.		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	626.557, Subd. 4a,(d)	A facility may not prohibit a mandated reporter from reporting externally, and a facility is prohibited from retaliating against a mandated reporter who reports an incident to the common entry point in good faith. The written notice by the facility must inform the mandated reporter of this protection from retaliatory measures by the facility against the mandated reporter for reporting externally.		
	626.5572,	If the LH's reporting policy and procedure included definitions of maltreatment or referenced the definitions, they were attached and were consistent with the current statute language. The current statute language is available at <a href="http://www.revisor.leg.state.mn.us">http://www.revisor.leg.state.mn.us</a>		
<b>Vulnerable Adults: Maltreatment - Review of Internal Reporting Practices</b>				
	626.557, Subd. 4a,(b)	If the facility received an internal report of suspected maltreatment, the following internal reporting procedures will be reviewed: WRITTEN NOTICE TO MANDATED REPORTER: the reporter was given written notice stating whether the facility reported the incident to the common entry point;		
	626.557, Subd. 4a,(b)	In writing;		
	626.557, Subd. 4a,(b)	Within two working days;		
	626.557, Subd. 4a,(b)	In a manner that protects the confidentiality of the reporter.		
	626.557, Subd. 4a,(c)	AND the written notice included a statement that if the mandated reporter was not satisfied with the action taken by the facility on whether to report the incident to the CEP, then the mandated reporter may report externally.		
	245A.65, Subd. 1,(b),(1)	INTERNAL REVIEW: When the facility had an internal report, or knew of an external report of alleged or suspected maltreatment an internal review was completed; AND included an evaluation of the following:		
	245A.65, Subd. 1,(b),(1)	The review must include an evaluation of whether: related policies and procedures were followed;		
	245A.65, Subd. 1,(b),(1)	the policies and procedures were adequate;		
	245A.65, Subd. 1,(b),(1)	there is a need for additional staff training;		
	245A.65, Subd. 1,(b),(1)	the reported event is similar to past events with the vulnerable adults or the services involved;		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	245A.65, Subd. 1,(b),(1)	there is a need for any corrective action to be taken by the license holder to protect the health and safety of vulnerable adults.		
	245A.65, Subd. 1,(b),(1)	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct the current lapses and prevent future lapses in performance by individuals or the license holder, if any.		
<b>Maltreatment of Minors Internal Review Requirements</b>				
	245A.66,	Except for family child care setting and foster care for children in the license holder' residence, license holders serving children shall: (1) establish and maintain policies and procedures to ensure that an internal review is completed and		
	245A.66,	that corrective action is taken if necessary to protect the health and safety of children in care when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made.		
	245A.66	The review must include an evaluation of whether: (i)related policies and procedures were followed;		
	245A.66,	(ii) the policies and procedures were adequate;		
	245A.66,	(iii) there is a need for additional staff training;		
	245A.66,	(iv) the reported event is similar to past events with the children or the services involved; and		
	245A.66,	(v) there is a need for corrective action by the license holder to protect the health and safety of children in care.		
	245A.66,	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any;		
	245A.66,	(2) The policy must identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed.		
	245A.66,	The secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment;		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	245A.66,	(3) The license holder must document that the internal review has been completed and		
	245A.66,	provide documentation showing the review was completed to the commissioner upon the commissioner's request.		
	245A.66,	The documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.		
<b>Predatory Offender Notification</b>				
	243.166, <i>Subd. 4b,(d)</i>	[(a) For the purposes of this subdivision, "health care facility" means a residential facility licensed under chapter 245A to provide adult mental health treatment or chemical dependency treatment to adults.] If a health care facility receives a fact sheet from law enforcement or a corrections agent that includes a risk level classification for the offender, and if the facility admits the offender, the facility shall distribute the fact sheet to all residents at the facility. If the facility determines that distribution to a resident is not appropriate given the resident's medical, emotional, or mental status, the facility shall distribute the fact sheet to the patient's next of kin or emergency contact. (NA-DOC CRF)		