

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
<b>Chemical Dependency Treatment - Rule 31 - 20071224</b>							
<b>PHYSICAL PLANT</b>							
<b>All Programs</b>							
	9530.6470, Subp. 2	The Grievance Procedure was posted in a place visible to clients.					
	245A.65, Subd. 2,(a),(6)	Program Abuse Prevention Plan: A copy of the program abuse prevention plan was posted in a prominent location in the program and was available upon request to mandated reporters, persons receiving services, and legal representatives.					
	245A.65, Subd. 1,(d)	Vulnerable Adult Maltreatment Reporting Policies and Procedures: A copy of the internal and external reporting policies and procedures, including the phone number of the common entry point, was posted in a prominent location in the program. The policy was available upon request to mandated reporters, persons receiving services, and the person's legal representative.					
	9530.6465, Subp. 1	Service Initiation Criteria was either posted in the area of the facility where services for clients were initiated, or given to all interested persons upon request.					
	9530.6490, Subp. 1	License holders providing room and board for clients and their children must have an appropriate facility license from the Minnesota Department of Health.					
<b>Residential Programs</b>							
	9530.6505, Subp. 2	Visitors Policy: The license holder must post a notice of visiting rules and hours including both day and evening hours.					
	9530.6505, Subp. 4	The license holder must have the appropriate license from the Department of Health.					
<b>Programs Serving Clients with Children</b>							
	9530.6490, Subp. 1	License holders providing room and board for clients and their children must have an appropriate facility license from the Minnesota Department of Health.					
<b>POLICY, PROCEDURE AND PRACTICES</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.					

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	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.					
<b>All Programs - Service Initiation And Service Termination</b>							
	9530.6465, Subp. 1	There must be a Written Service Initiation policy that is posted or given to all interested person upon request. It must contain:					
	9530.6465, Subp. 1	service initiation preferences that comply with this rule and Code of Federal Regulations, title 45, part 96.131 (preferential treatment services for pregnant women), and					
	9530.6465, Subp. 1	specific service initiation criteria					
	9530.6465, Subp. 1	Titles of all staff members authorized to initiate services for clients were listed in the service initiation and termination policies.					
	9530.6465, Subp. 1	The license holder must not initiate services for individuals who did not meet the service initiation criteria.					
	9530.6465, Subp. 2,A	Individuals not served by the license holder: When terminating services or denying treatment service initiation to clients for reasons of health, behavior, or criminal activity, the license holder must have and comply with a written protocol for assisting clients in need of care not provided by the license holder, and for clients who pose a substantial likelihood of harm to themselves or others, if the behavior is beyond the behavior management capabilities of the staff.					
	9530.6465, Subp. 2,A	All service terminations and denials of service initiation which pose an immediate threat to the health of any individual or require immediate medical intervention must be referred to a medical facility capable of admitting the individual.					
	9530.6465, Subp. 2,B	All service termination policies and denials of service initiation that involved the commission of a crime against a license holder's staff member or on a license holder's property, as provided under Code of Federal Regulations, title 42, section 2.12 (c)(5), must be reported to a law enforcement agency with proper jurisdiction.					
	9530.6465, Subp. 3	Service termination and transfer policies: There must be a written policy specifying the conditions under which clients must be discharged. The policy must include:					

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	9530.6465, Subp. 3,A	procedures for individuals whose services have been terminated under subpart 2;					
	9530.6465, Subp. 3,B	a description of client behavior that constitutes reason for a staff-requested service termination and a process for providing this information to clients;					
	9530.6465, Subp. 3,C	procedures consistent with Minnesota Statutes, section 253B.16, subdivision 2, that staff must follow when a client admitted under Minnesota Statutes, chapter 253B, is to have services terminated;					
	9530.6465, Subp. 3,D	procedures staff must follow when a client leaves against staff or medical advice and when the client may be dangerous to self or others;					
	9530.6465, Subp. 3,E	procedures for communicating staff-approved service termination criteria to clients, including the expectations in the client's individual treatment plan according to part 9530.6425; and					
	9530.6465, Subp. 3,F	titles of staff members authorized to terminate client services must be listed in the service initiation and termination policies.					
<b>All Programs - Client Rights</b>							
	9530.6470, Subp. 1	All clients have the rights identified in Minnesota Rules, part 4747.1500.					
	9530.6470, Subp. 2	The Grievance Procedure must be made available to clients and former clients upon request;					
	9530.6470, Subp. 2,A	The Grievance Procedure must: require that staff help the client develop and process a grievance;					
	9530.6470, Subp. 2,B	require that telephone numbers and addresses of the Department of Human Services, licensing division; the Office of Ombudsman for Mental Health and Mental Retardation; and the Minnesota Board of Behavioral Health and Therapy (for alcohol and drug counselor licensing issues), be made available to clients; (note: if the license holder has an SLF license, the phone number for the office of health facilities complaints must also be available to clients)					
	9530.6470, Subp. 2,C	require that the license holder is obligated to respond to the client's grievance within three days of a staff member's receipt of the grievance; and					

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	245A.04, Subd. 1,(d)	permit the client to bring the grievance to the highest level of authority in the program if not resolved by other staff members.					
	9530.6470, Subp. 3	Photographs of client. All photographs, video tapes, and motion pictures of clients taken in the provision of treatment services must be considered client records. If photographs for identification and recordings by video and audio tape for enhancing either therapy or staff supervision are required of clients, they may only be available for use as communications within a program. Clients must be informed when their actions are being recorded by camera or tape, and have the right to deny any taping or photography, except as authorized by this subpart.					
	245A.04, Subd. 13,(a)	Client Property Management: The license holder must ensure that persons served by the program retain the use and availability of personal funds and property unless restrictions are justified in the person's individual plan.					
	245A.04, Subd. 13,(b)	The license holder must ensure separation of funds of persons served by the program from funds of the license holder, the program, or program staff.					
	245A.04, Subd. 13,(c),(1)	Whenever the license holder assists a person served by the program with the safekeeping of funds or other property, the license holder must: 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;					
	245A.04, Subd. 13,(c),(2)	return to the person upon the person's request, funds and property in the license holder's possession subject to restrictions in the person's treatment plan, as soon as possible, but no later than three working days after the date of the request.					
		<b>Residential Programs Only - Additional Client Rights (A license holder who provides supervised room and board)</b>					
	9530.6470, Subp. 1	Client rights: Clients provided room and board in an acute care inpatient facility or a supervised living facility have the additional rights identified in Minnesota Statutes, sections 144.651 and 253B.03.					
	9530.6505, Subp. 2	Visitors: Clients must be allowed to receive visitors at times prescribed by the license holder. A client's right to receive visitors may be subject to visiting hours established by the license holder for all clients.					

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	9530.6505, Subp. 2	Clients must be allowed to receive visits at all reasonable times from their personal physicians, religious advisors, county case managers, parole or probation officers, and attorneys.					
	9530.6505, Subp. 2	Visiting rules and hours must be set and posted, including both day and evening times;					
	9530.6505, Subp. 2	The treatment director or designee may impose limitations as necessary for the welfare of a client provided that the limitations and the reasons for them were documented in the client's file.					
	9530.6505, Subp. 3,A	In the course of client property management, the license holder: may establish policies regarding the use of personal property to assure that treatment activities and the rights of other patients are not infringed;					
	9530.6505, Subp. 3,B	may take temporary custody of property for violation of facility policies;					
	9530.6505, Subp. 3,C	must retain the client's property for a minimum of seven days after discharge if the client does not reclaim property upon service termination, or for a minimum of 30 days if the client does not reclaim property upon service termination and has received room and board services from the license holder; and					
	9530.6505, Subp. 3,D	must return all property held in trust to the client upon service termination regardless of the client's service termination status, except:					
	9530.6505, Subp. 3,D,(1)	drugs, drug paraphernalia, and drug containers that are forfeited under Minnesota Statutes, section 609.5316, were 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 to 2.67-1;					
	9530.6505, Subp. 3,D,(2)	weapons, explosives, and other property which can cause serious harm to self or others were given over to the custody of a local law enforcement agency, and the client was notified of the transfer and of the right to reclaim any lawful property transferred; and					
	9530.6505, Subp. 3,D,(3)	medications that were determined by a physician to be harmful after examining the client, except when the client's personal physician approved the medication for continued use.					

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<b>Programs serving clients with children - Supervision Requirements</b>							
	9530.6490, Subp. 2	Supervision of children: a caregiver was within sight or hearing of an infant, toddler, or preschooler at all times so that the caregiver could intervene to protect the health and safety of the child.					
	9530.6490, Subp. 2	Supervision of children: For the school age child a caregiver was available to help and care for the child so that the child's health and safety was protected.					
	9530.6490, Subp. 3,A	Policy and schedule requirements: the license holder had a policy and schedule delineating the times and circumstances under which the license holder is responsible for supervision of children in the program and when the child's parents are responsible for child supervision. The policy explained how the program would communicate its policy about child supervision responsibility to the parents; and					
	9530.6490, Subp. 3,B	Policy and schedule requirements: the license holder had written procedures addressing the actions to be taken by staff if children are neglected or abused including while the children are under the supervision of their parents.					
	9530.6490, Subp. 4,A	Additional licensing requirements. During the times the license holder was responsible for the supervision of children, the license holder met the following standards: child and adult ratios in part 9502.0367;					
	9530.6490, Subp. 4,B	day care training for staff as required in part 9502.0385; [The training conducted under 245A.1444 may be used to fulfill these requirements (training on SIDS and Shaken Babies)]					
	9530.6490, Subp. 4,C	behavior guidance in part 9502.0395;					
	9530.6490, Subp. 4,D	activities and equipment in part 9502.0415;					
	9530.6490, Subp. 4,E	physical environment in part 9502.0425; and					
<b>All Programs - Treatment Services</b>							
	9530.6455, J	The written policy and procedure manual must contain: a description of treatment services including the amount and type of client services provided,					
	9530.6455, K	the methods used to achieve desired client outcomes; and					
	9530.6455, L	the hours of operation and target population served.					

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	9530.6430, Subp. 3	All treatment services, including therapeutic recreation, must be provided by alcohol and drug counselors qualified according to part 9530.6450, unless the individual providing the service is specifically qualified according to accepted standards of that profession. Therapeutic recreation does not include planned leisure activities.					
	9530.6430, Subp. 1,A,(1)	The license holder must provide the following Treatment Services: individual and group counseling to help the client identify and address problems related to chemical use and develop strategies to avoid inappropriate chemical use after discharge;					
	9530.6430, Subp. 1,A,(2)	client education strategies to avoid inappropriate chemical use and health problems related to chemical use and the necessary changes in lifestyle to regain and maintain health. Client education included information concerning the human immunodeficiency virus, according to Minnesota Statutes, section 245A.19, other sexually transmitted diseases, drug and alcohol use during pregnancy, hepatitis, and tuberculosis;					
	9530.6430, Subp. 1,A,(3)	transition services to help the client integrate gains made during treatment into daily living and to reduce reliance on the license holder's staff for support; and					
	9530.6430, Subp. 1,A,(4)	services to address issues related to co-occurring mental illness, including education for clients on basic symptoms of mental illness, the possibility of comorbidity, and the need for continued medication compliance while working on recovery from chemical abuse or dependency.					
	9530.6430, Subp. 1,A,(4)	Groups to address co-occurring mental illness issues, as needed. When treatment for mental health problems was indicated, it is integrated into the client's treatment plan.					
	9530.6430, Subp. 1,B	Treatment services provided to individual clients must be provided according to the individual treatment plan and address cultural differences and special needs of all clients.					
<b>All Programs - Additional Treatment Services</b>							
	9530.6430, Subp. 2,A	A license holder may provide or arrange the following Additional Services: case management services to help the client obtain the services and support the client needs to establish a lifestyle free of the harmful effects of chemical abuse or dependency;					

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	9530.6430, Subp. 2,B	relationship counseling provided by a qualified professional to help the client identify the impact of inappropriate chemical use on others and to help the client and persons in the client's support structure identify and change behaviors that contribute to inappropriate chemical use;					
	9530.6430, Subp. 2,C	therapeutic recreation, to provide the client with an opportunity to participate in recreational activities without the use of mood-altering chemicals and to learn to plan and select leisure activities that do not involve the inappropriate use of chemicals; Therapeutic recreation does not include planned leisure activities.					
	9530.6430, Subp. 2,D	stress management and physical well-being to help the client reach and maintain an acceptable level of health, physical fitness, and well-being;					
	9530.6430, Subp. 2,E	living skills development to help the client learn basic skills necessary for independent living;					
	9530.6430, Subp. 2,F	employment or educational services to help the client become financially independent;					
	9530.6430, Subp. 2,G	socialization skills development to help the client live and interact with others in a positive and productive manner; and					
	9530.6430, Subp. 2,H	room, board, and supervision provided at the treatment site to give the client a safe and appropriate environment in which to gain and practice new skills					
<b>Specialized CD/MH - Treatment Services</b>							
	9530.6495, G	The program must: have available program materials adapted to individuals with mental health problems;					
	9530.6495, H	have policies that provide flexibility for clients who lapse in treatment or may have difficulty adhering to established treatment rules as a result of mental illness, with the goal of helping clients successfully complete treatment; and					
	9530.6495, I	have individual psychotherapy and case management available during the treatment process.					

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<b>All Programs - Health Care Services</b>							
	9530.6435, Subp. 1	Health care services description: The license holder must maintain a complete description of the health care services, nursing services, dietary services, and emergency physician services offered by the license holder.					
	9530.6435, Subp. 2	Medical Consultation services: the license holder must have a written procedure approved by a physician licensed under MN Statutes, chapter 147 for obtaining medical interventions when needed for any client.					
	9530.6435, Subp. 2	Mental Health Consultation services: The license holder must have access to and document the availability of a Mental Health Professional to provide diagnostic assessment and treatment planning assistance.					
	245A.19, (a)	HIV Policies and Procedures. The license holder must demonstrate compliance with HIV minimum standards AS EVIDENCED BY TIP 37 AND THE MN ADDENDUM.					
	245A.19, (d)	The license holder must maintain a list of referral sources for the purpose of making necessary referrals of clients to HIV-related services. The list of referrals must be updated annually.					
	245A.19, (d)	The license holder must develop and follow written policies and procedures, consistent with HIV minimum standards which include:					
	245A.19, (d)	HIV education once per treatment cycle, including an explanation of the nature and action of HIV, facts about transmission, and personal risk reduction strategies;					
	245A.19, (d)	Infection control procedures;					
	245A.19, (d)	Confidentiality of the client's HIV status.					
	245A.19, (d)	Information about HIV testing.					
	245A.19, (d)	non-discrimination towards clients with HIV.					
	9530.6455, C	Tuberculosis: The license holder must have written policies and procedures describing the methods and resources used by the license holder to: provide information on tuberculosis and tuberculosis screening to all clients, and					

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	9530.6455, C	report known cases of tuberculosis infection according to Minnesota Statutes, section 144.4804.					
<b>Programs that Administer and/or Assist With Self Administration Of Medication - Health Care Services</b>							
	9530.6435, Subp. 3,B	Policies and procedures for medication administration or assistance with self administration of medication or both: must be developed by a registered nurse, and					
	9530.6435, Subp. 3,B,(1)	must include a provision that delegations of administration of medication are limited to administration of those medications which are oral, suppository, eye drops, ear drops, inhalant, or topical;					
	9530.6435, Subp. 3,B,(2)	must require that each client's file include documentation indicating whether staff will be administering medication or the client will be doing self-administration or a combination of both;					
	9530.6435, Subp. 3,B,(3)	must provide that clients may carry emergency medication such as nitroglycerin as instructed by their physician;					
	9530.6435, Subp. 3,B,(4)	must provide for medication to be self-administered when a client is scheduled not to be at the facility;					
	9530.6435, Subp. 3,B,(5)	must provide that if medication is to be self-administered at a time when the client is present in the facility, medication will be self-administered under observation of a trained staff person;					
	9530.6435, Subp. 3,B,(6)	must provide that if the license holder serves clients who are parents with children, the parent must administer medication to the child under staff supervision;					
	9530.6435, Subp. 3,B,(7)	must require recording the client's use of medication, including staff signatures with date and time;					
	9530.6435, Subp. 3,B,(8)	must include guidelines for when to inform a registered nurse of problems with self-administration, including failure to administer, client refusal of a medication, adverse reactions or errors; and					
	9530.6435, Subp. 3,B,(9)	must require procedures for acceptance, documentation and implementation of prescriptions, whether written verbal, telephonic or electronic.					

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	9530.6435, Subp. 4,A	Control of drugs: The license holder must have and implement written policies and procedures developed by a registered nurse that contain the following provisions: a requirement that all drugs are stored in a locked compartment. Schedule II drugs, as defined by Minnesota Statutes, section 152.02, are stored in a separately locked compartment, permanently affixed to the physical plant or medication cart;					
	9530.6435, Subp. 4,B	a system which accounts for all scheduled drugs each shift;					
	9530.6435, Subp. 4,C	a procedure for recording the client's use of medication, including the signature of the administrator of the medication with the time and date;					
	9530.6435, Subp. 4,D	a procedure for destruction of discontinued, outdated or deteriorated medications;					
	9530.6435, Subp. 4,E	a statement that only authorized personnel are permitted to have access to the keys to the locked drug compartments; and					
	9530.6435, Subp. 4,F	statement that no legend drug supply for one client will be given to another client.					
<b>Residential Programs - Add'l Health Services Requirements</b>							
	9530.6505, Subp. 7	The license holder must have written procedures for assessing and monitoring client health, including a standardized data collection tool for collecting health related information about each client. The policies and procedures must be approved and signed by a registered nurse.					
<b>All Programs - Add'l Policy and Procedure Requirements</b>							
	9530.6455, I	Maltreatment of Minors: The policy and procedure manual must contain procedures for reporting maltreatment of minors under Minnesota Statutes, section 626.556, subdivision 3, (a) and (c). ((a) a person who knows or has reason to believe a child is being neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding three years, shall immediately report the information to the local welfare agency, agency responsible for assessing or investigating the report, police department, or the county sheriff;) and					
	9530.6455, I	((c) a person mandated to report physical or sexual child abuse or neglect occurring within a licensed facility shall report the information to the Department of Human Services, which is the the agency responsible for licensing the facility.)					

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	9530.6475, A,(1)	Emergency Procedures: The license holder must have written procedures that staff must follow when responding to a client who exhibits behavior that is threatening to the safety of the client or others. The emergency procedures must include: a plan designed to prevent the client from hurting themselves or others;					
	9530.6475, A,(2)	contact information for emergency resources that staff must consult when a client's behavior cannot be controlled by the procedures established in the plan;					
	9530.6475, A,(3)	types of procedures that may be used;					
	9530.6475, A,(4)	circumstances under which emergency procedures may be used; and					
	9530.6475, A, 5	staff members authorized to implement emergency procedures.					
	9530.6475, B	Emergency procedures: must not be used to enforce facility rules or for the convenience of staff;					
	9530.6475, B	must not be part of any client's treatment plan, or used at any time for any reason except in response to specific current behaviors that threaten the safety of the client or others.					
	9530.6475, B	may not include seclusion or restraint.					
	9530.6480, Subp. 1	EVALUATION: The license holder must participate in the drug and alcohol abuse normative evaluation system (DAANES) by submitting information about each client to the commissioner on forms specified by the commissioner. The information must include: demographic data about the client, including: the client's chemical use history,					
	9530.6480, Subp. 1	previous treatment services related to chemical use,					
	9530.6480, Subp. 1	other problems associated with chemical use, and					
	9530.6480, Subp. 1	status at the time of service termination.					
<b>Methadone Programs only - Additional Policy and Procedure requirements</b>							
	9530.6500, Subp. 2	Capacity management and waiting list system compliance: Each week, the program must report its capacity, current enrolled dosing clients, and any waiting list.					

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	9530.6500, Subp. 2	The program must notify the department within 7 days of when the program reached both 90 and 100 percent of the program's capacity to care for clients.					
	9530.6500, Subp. 2	The program must also notify the department when its census has increased or decreased from the 90 percent level.					
	9530.6500, Subp. 3	Waiting List System. The license holder must have a waiting list system that: places each person seeking admission, and determined by the program's assessment to be eligible for admission on the waiting list if the person cannot be admitted within 14 days from the date of the application;					
	9530.6500, Subp. 3	assigns a unique patient identifier for each intravenous drug abuser seeking treatment while awaiting admission;					
	9530.6500, Subp. 3	must not consider an applicant on a waiting list who receives no services under 9530.6430, subpart 1 must not be considered a "client" as defined in part 9530.6405, subpart 8.					
	9530.6500, Subp. 4	Client Referral: The program must consult the capacity management system so that persons on waiting lists are admitted at the earliest time to a program providing appropriate treatment within a reasonable geographic area.					
	9530.6500, Subp. 4	Client Referral: If the patient has been referred through a public payment system and if the program is not able to serve the client within 14 days of the date of application for admission, the program must contact and inform the referring agency of any available treatment capacity listed in the state capacity management system.					
	9530.6500, Subp. 5,A	Outreach: The program must carry out activities to encourage individuals in need of treatment to undergo treatment. The outreach procedure: must select, train and supervise outreach workers;					
	9530.6500, Subp. 5,B	must contact, communicate and follow up with high risk substance abusers, their associates, and neighborhood residents within the constraints of federal and state confidentiality requirements, including Code of Federal Regulations, title 42, sections 2.1 to 2.67;					
	9530.6500, Subp. 5,C	must promote awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV; and					
	9530.6500, Subp. 5,D	must recommend steps that can be taken to ensure that HIV transmission does not occur.					

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	9530.6500, Subp. 6	Central Registry: The license holder must submit information and necessary consents to the state central registry for each client admitted.					
	9530.6500, Subp. 6,A	The information submitted must include the client's: full name and all aliases					
	9530.6500, Subp. 6,B	date of admission;					
	9530.6500, Subp. 6,C	date of birth;					
	9530.6500, Subp. 6,D	social security number or INS number, if any;					
	9530.6500, Subp. 6,E	enrollment status in other current or last known opiate treatment programs;					
	9530.6500, Subp. 6,F	govenment-issued phot-identification card number; and					
	9530.6500, Subp. 6,G	driver's license number, if any.					
<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					
	245A.65, Subd. 2,(a),(2)	Existence of areas which are difficult to supervise					

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	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)	whether the reported event is similar to past events with the vulnerable adults or the services involved; and					
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.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	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)	Whether the policies and procedures were adequate;					
	245A.65, Subd. 1,(b),(1)	Whether there is a need for additional staff training					
	245A.65, Subd. 1,(b),(1)	Whether 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.					
	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	Corr. on site	Sub. req.	Prev. cited	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)	whether related policies and procedures were followed; AND					
	245A.65, Subd. 1,(b),(1)	Whether the policies and procedures were adequate; AND					
	245A.65, Subd. 1,(b),(1)	Whether there was a need for additional staff training; AND					
	245A.65, Subd. 1,(b),(1)	Whether there was a need for any further action to be taken to protect the health and safety of vulnerable adults.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
<b>Maltreatment of Minors Internal Review Requirements</b>							
245A.65,	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 invloved in the alleged or suspected maltreatment;						
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.						

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	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>All Programs - Personnel Policies</b>							
	9530.6460, Subp. 1	The license holder must have written personnel policies and make them available to each staff member.					
	9530.6460, Subp. 1,A	Personnel policies must: assure that staff member retention, promotion, job assignment, or pay are not affected by a good faith communication between a staff member and the Department of Health, the Department of Human Services, the ombudsman for mental health and mental retardation, law enforcement, or local agencies for the investigation of complaints regarding a client's rights, health, or safety;					
	9530.6460, Subp. 1,B	contain job descriptions for each position, specifying: responsibilities,					
	9530.6460, Subp. 1,B	the degree of authority to execute job responsibilities,					
	9530.6460, Subp. 1,B	qualifications;					
	9530.6460, Subp. 1,C	The Personnel Policies must: provide for job performance evaluations based on standards of job performance to be conducted on a regular and continuing basis, including a written annual review;					
	9530.6460, Subp. 1,D	Personnel policies must describe behavior that constitutes grounds for disciplinary action, suspension or dismissal, including:					
	9530.6460, Subp. 1,D	policies that address chemical use problems and that state the timeline requirements for freedom from chemical use problems described in part 9530.6450, subpart 1, A and B. (timeline requires two years for treatment directors, supervisors, nurses, counselors, and other professionals. One year for paraprofessionals and all other staff with direct client contact. The time period begins to run on the date the employee begins receiving treatment services or the date of the last incident.)					
	9530.6460, Subp. 1,D	policies prohibiting personal involvement (sexual contact) with clients or former clients within two years of receiving psychotherapy, in violation of Minnesota Statutes, chapter 148A.					
	9530.6460, Subp. 1,D	policies prohibiting client abuse as specified under Minnesota Statutes, sections 245A.65, 626.556, 626.557, and 626.5572;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	<i>9530.6460, Subp. 1,E</i>	The Personnel Policies must list behaviors or incidents that are considered chemical use problems. The list must include:					
	<i>9530.6460, Subp. 1,E,(1)</i>	receiving treatment for chemical use within the period specified for the position in the staff qualification requirements;					
	<i>9530.6460, Subp. 1,E,(2)</i>	chemical use that has a negative impact on the staff member's job performance;					
	<i>9530.6460, Subp. 1,E,(3)</i>	chemical use that affects the credibility of treatment services with clients, referral sources, or other members of the community; and					
	<i>9530.6460, Subp. 1,E,(4)</i>	symptoms of intoxication or withdrawal on the job.					
	<i>9530.6460, Subp. 1,F</i>	The Personnel Policies must include a chart or description of the organizational structure indicating lines of authority and responsibilities.					
	<i>9530.6460, Subp. 1,G</i>	The Personnel Policies must include orientation for all new staff based on a written plan that, at a minimum, must provide for training related to the specific job functions for which the staff member was hired, policies and procedures, and client needs.					
	<i>245A.04, Subd. 1,(c)</i>	The license Holder must have a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for persons being 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.					
	<i>245A.04, Subd. 13,(d),(1)</i>	Handling client funds and property. License holders and program staff: must not borrow money from a person served by the program;					
	<i>245A.04, Subd. 13,(d),(2)</i>	must not purchase personal items from a person served by the program;					
	<i>245A.04, Subd. 13,(d),(3)</i>	must not sell merchandise or personal services to a person served by the program;					
	<i>245A.04, Subd. 13,(d),(4)</i>	must not require a person served by the program to purchase items for which the license holder is eligible for reimbursement; or					
	<i>245A.04, Subd. 13,(d),(5)</i>	must not use funds of persons served by the program to purchase items for which the facility is already receiving public or private payments.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
<b>All Programs - Staffing Requirements</b>							
	9530.6445, Subp. 1	The license holder had a Treatment Director					
	9530.6445, Subp. 2	Alcohol and drug counselor supervisor requirements. The license holder employed an alcohol and drug counselor supervisor who meets the requirements under part 9530.6450, subpart 4.					
	9530.6445, Subp. 2	An individual may be simultaneously employed as a treatment director, alcohol and drug counselor supervisor, and an alcohol and drug counselor if the individual meets the qualifications for each position.					
	9530.6445, Subp. 2	If an alcohol and drug counselor was simultaneously an alcohol and drug counselor supervisor or treatment director, that individual was considered a 0.5 full-time equivalent alcohol and drug counselor for purposes of meeting the staffing requirements under subpart 4.					
	9530.6445, Subp. 3	Responsible staff person. The treatment director must designate a staff member who, when present in the facility, is responsible for the delivery of treatment services. There must be a designated staff person during all hours of operation.					
	9530.6445, Subp. 3	A license holder providing room and board and treatment at the same site must have a responsible staff person on duty 24 hours a day.					
	9530.6445, Subp. 3	The designated staff person must know and understand the implications of parts 9530.6405 to 9530.6505, and Minnesota Statutes, sections 245A.04, 245A.65, 626.556, and 626.557.					
	9530.6445, Subp. 5	Medical emergencies. When clients are present there must be at least one staff person on the premises who has a current American Red Cross (or equivalent) first aid certificate, and at least one staff person on the premises who has a current American Red Cross community, American Heart Association, or equivalent CPR certificate. One person with both certificates satisfies this requirement.					
	9530.6445, Subp. 4	Counselor staffing requirements: at least 25 percent of a counselor's scheduled work must be allocated to indirect services, including documentation of client services, coordination of services with others, treatment team meetings, and other duties.					
	9530.6445, Subp. 4	Group size: Counseling groups must not exceed an average of 16 clients, and the group size must be based on client needs.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6440, Subp. 1	Allocation of counselors' work hours: The license holder must maintain a record that documents compliance with part 9530.6445, subpart 4, related to allocation of the program's counselors' scheduled work hours, and to the size of the counseling groups.					
		<b>Methadone Programs - Additional Staffing Requirements</b>					
	9530.6445, Subp. 4	The counselor did not supervise more than 50 clients.					
		<b>Adolescents Programs - Additional Staffing Requirements</b>					
	9530.6485, Subp. 3	Staffing ratios. A counseling group consisting entirely of adolescents must not exceed 16 clients. It is the responsibility of the license holder to determine an acceptable group size based on the needs of the clients.					
		<b>CD/MH Specialized Programs - Additional Staffing Requirements</b>					
	9530.6495, A	In CD/MH specialized programs, the license holder: must demonstrate that staffing levels are appropriate for treating clients with chemical abuse or dependency and mental health problems, and that there is adequate staff with mental health training;					
	9530.6495, D	must determine group size, structure, and content with consideration for the special needs of those with chemical abuse or dependency and mental health disorders.					
	9530.6495, B	must have continuous access to a medical provider with appropriate expertise in prescribing psychotropic medications;					
	9530.6495, C	must have a licensed mental health professional available for staff supervision and consultation.					
		<b>Programs with Medication Admin or Self Admin - Additional Staffing Requirements</b>					
	9530.6435, Subp. 3,A	the task of administration of medication or assistance with self medication must be delegated by a licensed practitioner, or registered nurse to qualified staff members.					
	9530.6435, Subp. 3,B	The license holder must employ or contract with a registered nurse to: develop policies and procedures for medication administration or assistance with self administration or both; and					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6435, Subp. 3,B	provide onsite supervision at least monthly or more often as warranted by client health needs. Minnesota Rules, part 6321.0100 defines supervision as "the guidance by a registered nurse for the accomplishment of a function or activity. The guidance consists of the activities included in monitoring as well as establishing the initial direction, delegating, setting expectations, directing activities and courses of action, critical watching, overseeing, evaluating, and changing a course of action."					
		<b>Predatory Offender Notification</b>					
	243.166, Subd. 4b,(d)	[(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)					
		<b>All Programs - Client Record Keeping Practices</b>					
	9530.6440, Subp. 1	The license holder must maintain a file of current client records on the premises where the treatment services are provided or coordinated.					
	9530.6440, Subp. 1	The content and format of client records must be uniform and entries in each case must be signed and dated by the staff member making the entry.					
	9530.6440, Subp. 1	Client records must be protected against loss, tampering, or unauthorized disclosure in compliance with Minnesota Statutes, section 254A.09, Code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and, if applicable, Minnesota Statutes, chapter 13.					
	9530.6440, Subp. 2	Records of discharged clients must be retained by the license holder for seven years. PRACTICE					
	9530.6440, Subp. 4	Electronic Records: Prior to using electronic recordkeeping or electronic signatures to to comply with parts 9530.6405 to 9530.6505 the license holder: must provide documentation to the commissioner demonstrating the license holder's use of a system for ensuring security of electronic records, and					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6440, Subp. 4	obtained written permission from the commissioner.					
<b>PERSONNEL FILES</b>							
<b>All Programs - Background Studies</b>							
	245C.04, Subd. 1,(c),(3),(iii)	Background Study: The personnel file must contain the notice that a background study was undertaken and completed on or after October 1, 1995 on:					
	File 1	File 2	File 3	File 4	File 5		
	245C.03, Subd. 1,(a),(3)	current employees or contractors who had direct contact with persons served by the facility, agency, or program;					
	File 1	File 2	File 3	File 4	File 5		
	245C.03, Subd. 1,(a),(4)	volunteers or student volunteers who will have direct contact with persons served by the program to provide program services if the contact is not under the continuous, direct supervision by an individual listed in clause (3);					
	File 1	File 2	File 3	File 4	File 5		
	245C.20,	Each personnel file must contain documentation of the date that a completed background study form was submitted to the commissioner, which was prior to the date that the individual provided service that allowed direct contact with any client.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	245C.20,	If the program does not received a response from the commissioner for a background study within 45 days of initiation of the background study request, the licensed program must contact the commissioner to inquire about the status of the study.					
	File 1	File 2	File 3	File 4	File 5		
	245C.13, Subd. 2	Effective July 1, 2005, the subject of a background study may not provide direct contact services unless the subject of the study is under continuous, direct supervision of a supervising program staff person, prior to the license holder receiving either: 1)a BGS clearance, or 2)a notice that more time is needed to complete the background study for the individual and the individual may provide direct contact services while the background study is being completed.					
	File 1	File 2	File 3	File 4	File 5		
	245C.22, Subd. 5	Set Aside of a Disqualification. If the commissioner sets aside a disqualification, the disqualified individual remains disqualified, but may hold a license and have direct contact with or access to persons receiving services. The set aside of a disqualification is limited solely to the licensed program, applicant, or agency specified in the set aside notice, unless otherwise specified in the notice.					
	File 1	File 2	File 3	File 4	File 5		
	<b>All Programs - Qualifications - Staff with Direct Contact</b>						
	9530.6450, Subp. 1	at least 18 years of age.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6450, Subp. 1,A	Freedom from Chemical Use: At the time of hiring: Treatment directors, supervisors, nurses, counselors and other professionals must be free of chemical use problems for at least the two years immediately preceding their hiring and sign a statement attesting to that fact.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 1,B	Paraprofessionals and all other staff members with direct client contact must be free of chemical use problems for at least one year immediately preceding their hiring and sign a statement attesting to that fact.					
	File 1	File 2	File 3	File 4	File 5		
<b>All Programs - Treatment Director Qualifications</b>							
	9530.6450, Subp. 3	In addition to meeting the requirements of subpart 1: the treatment director must know and understand the implications of parts 9530.6405 to 9530.6505 (Rule 31), and Minnesota Statutes, chapter 245A (Human Services Licensing Act - HSLA), sections 626.556 (Maltreatment of Minors Act - MOMA), 626.557 (Vulnerable Adults Act - VAA), and 626.5572 (VAA Definitions).					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 3,A	The treatment director: must have at least one year of work experience in direct service to individuals with chemical use problems or one year of work experience in the management or administration of direct service to individuals with chemical use problems; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6450, Subp. 3,B	have a baccalaureate degree or three years of work experience in administration or personnel supervision in human services.					
	File 1	File 2	File 3	File 4	File 5		
	<b>All Programs - Counselor Supervisor Qualifications</b>						
	9530.6450, Subp. 4,A	In addition to meeting the requirements of subpart 1, the alcohol and drug counselor supervisor must meet the following qualifications: the individual must be competent in the areas specified in subpart 5;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 4,B	the individual must have three or more years of experience providing individual and group counseling to chemically dependent clients except that, prior to the effective date of parts 9530.6405 to 9530.6590, an individual employed in a program formerly licensed under parts 9530.5000 to 9530.6400 is required to have one or more years experience; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 4,C	the individual must know and understand the implications of parts 9530.6405 to 9530.6505, and Minnesota Statutes, sections 245A, 626.556, and 626.557 and 626.5572.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
<b>All Programs - Alcohol and Drug Counselor Qualifications</b>							
	9530.6450, Subp. 5	In addition to meeting the requirements of subpart 1, the alcohol and drug counselor must document competence in screening for and working with clients with mental health problems, through education, training, and experience.					
	File 1	File 2	File 3	File 4		File 5	
	9530.6450, Subp. 5,A	The alcohol and drug counselor licensed under Minnesota Statutes, chapter 148C, must comply with the rules adopted under MN Statutes, chapter 148C.					
	File 1	File 2	File 3	File 4		File 5	
	9530.6450, Subp. 5,B,(1)	The personnel file of alcohol and drug counselor exempt under Minnesota Statutes, chapter 148C, must contain documentation of competence, as evidenced by one of the following: completion of at least a baccalaureate degree with a major or concentration in social work, nursing, sociology, human services, or psychology, or licensure as a registered nurse; successful completion of a minimum of 120 hours of classroom instruction in which each of the core functions listed in Minnesota Statutes, chapter 148C, is covered; and successful completion of 440 hours of supervised experience as an alcohol and drug counselor, either as a student or as a staff member;					
	File 1	File 2	File 3	File 4		File 5	
	9530.6450, Subp. 5,B,(2)	completion of 270 hours of alcohol and drug counselor training in which each of the core functions listed in Minnesota Statutes, chapter 148C, is covered, and successful completion of 880 hours of supervised experience as an alcohol and drug counselor, either as a student, or as a staff member;					
	File 1	File 2	File 3	File 4		File 5	

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6450, Subp. 5,B,(3)	current certification as an alcohol and drug counselor or alcohol and drug counselor reciprocal, through the evaluation process established by the International Certification and Reciprocity Consortium Alcohol and Other Drug Abuse, Inc., and published in the Case Presentation Method Trainer's Manual, copyright 1993;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 5,B,(4)	The personnel file of alcohol and drug counselor exempt under Minnesota Statutes, chapter 148C, must contain documentation of competence, as evidenced by one of the following: completion of a bachelor's degree including 480 hours of alcohol and drug counseling education from an accredited school or educational program and 880 hours of alcohol and drug counseling practicum; or					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 5,B,(5)	employment in a program formerly licensed under parts 9530.5000 to 9530.6400 and successful completion of 6,000 hours of supervised work experience in a licensed program as an alcohol and drug counselor prior to the effective date of parts 9530.6405 to 9530.6590.					
	File 1	File 2	File 3	File 4	File 5		
<b>Adolescents Programs - Counselor Qualifications</b>							
	9530.6485, Subp. 2, A	In addition to the requirements specified in part 9530.6450, subparts 1 and 5, the personnel file of an alcohol and drug counselor providing treatment services to adolescents must document: an additional 30 hours of classroom instruction or one three-credit semester college course, completed one time only, in adolescent development; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6485, Subp. 2,B	at least 150 hours of supervised experience as an adolescent counselor, either as a student or as a staff member.					
	File 1	File 2	File 3	File 4	File 5		
	<b>All Programs - Qualifications for Other Persons Providing Treatment Services</b>						
	9530.6450, Subp. 6	A Paraprofessional must comply with subpart 1 and have knowledge of client rights, outlined in part 4747.1500, and of staff responsibilities.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 6	The paraprofessional may not admit, transfer, or discharge clients but may be responsible for the delivery of treatment services as required in part 9530.6445, subpart 3.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 7	Volunteers provided treatment services when they were supervised and could be seen or heard by a staff member meeting the criteria in subpart 4 or 5, but did not practice alcohol and drug counseling unless qualified under subpart 5.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6450, Subp. 8	Student interns. A qualified staff person supervised and was responsible for all treatment services performed by the student intern and reviewed and signed all assessments, progress notes, and treatment plans prepared by the intern.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
<b>All Programs - Staff Development Requirements</b>							
	9530.6460, Subp. 3,D	The personnel file must contain documentation of completed orientation and training.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 1,G	Orientation must be based on a written plan and provide training related to: the specific job functions for which the staff member was hired;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 1,G	client needs.					
	File 1	File 2	File 3	File 4	File 5		
	245A.04, Subd. 14,(b),(1)	(b) The license holder shall: (1) provide training to program staff related to their duties in implementing the program's policies and procedures					
	File 1	File 2	File 3	File 4	File 5		
	245A.04, Subd. 14,(b),(2)	(2) document the provision of this training; and					
	File 1	File 2	File 3	File 4	File 5		
	245A.04, Subd.14,(b),(3)	(3) monitor implementation of policies and procedures by program staff.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	245A.04, Subd. 1,(c)	Drug and Alcohol Policy - The license holder must provide training to employees, subcontractors, and volunteers about the program's drug and alcohol policy.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6445, Subp. 5	When clients are present at least one of the staff persons on the premises had a current American Red Cross (or equivalent) first aid certificate and at least one staff person on the premises had a current American Red Cross, community, American Heart Association or equivalent CPR certificate. One person with both certificates satisfies this requirement.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 2,A	Training. Every 2 years: the staff person must be trained every two years in: Client confidentiality rules and regulations;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 2,A	client ethical boundaries;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 2,B	Emergency procedures; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6460, Subp. 2,B	client rights as specified in part 4747.1500 and Minnesota Statutes, sections 144.651 and 253B.03.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 3	Annual Training. Each staff person received an orientation within 72 hours of first providing direct contact services to a vulnerable adult, and annually thereafter to:					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 3	VULNERABLE ADULTS MALTREATMENT reporting requirements and definitions in sections 626.557 and 626.5572; AND					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 3	the license holder's program abuse prevention plan; AND					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 3	all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services; AND					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 2,C	specific training covering the facility's policies for obtaining client releases of information required by 626.557, Subd. 3a,(a); AND					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6460, Subp. 2,C	Annual Training: All staff with direct client contact must be trained every year on mandatory reporting as specified for:					
	File 1	File 2	File 3	File 4	File 5		
	626.556,	Reporting of Maltreatment of Minors					
	File 1	File 2	File 3	File 4	File 5		
	626.5561,	Reporting of prenatal exposure to controlled substances; AND					
	File 1	File 2	File 3	File 4	File 5		
	626.5563, Subd. 2	Reporting prenatal exposure to alcohol abuse.					
	File 1	File 2	File 3	File 4	File 5		
	245A.19, (a)	Annual Training: Orientation to the HIV Minimum Standards must be provided by the license holder to all staff within 72 hours of employment and inservice training shall be provided at least annually.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6460, Subp. 2,E	Treatment directors, supervisors, nurses, and counselors must obtain 12 hours of training in co-occurring mental health problems and chemical abuse or dependency that includes competencies related to philosophy, screening, assessment, diagnosis and treatment planning, documentation, programming, medication, collaboration, mental health consultation, and discharge planning. Staff employed by a license holder on the date this rule was adopted (1/1/2005) must obtain the training within 12 months of the adoption date. New staff obtained it within 12 months of the rule adoption date or within six months of hire, whichever is later. Credit for prior relevant training may be granted by the license holder at staff request.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 3,F	Personnel files of staff members delegated by an RN to administer medications must contain the following written documentation of compliance with 9530.6435, subpart 3: the staff member successfully completed a medication training program for unlicensed personnel through an accredited Minnesota postsecondary educational institution; or					
	File 1	File 2	File 3	File 4	File 5		
	9530.6435, Subp. 3,A,(2)	the staff member was trained according to a formalized training program that was taught by a registered nurse and offered by the license holder; or					
	File 1	File 2	File 3	File 4	File 5		
	9530.6435, Subp. 3,A,(3)	the staff member demonstrated to a registered nurse competency to perform the delegated activity.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
<b>Programs Serving Clients with Children-Staff training requirements</b>							
	245A.1444,	Training on Risk of Sudden Infant Death Syndrome and Shaken Baby Syndrome by Other Programs. A licensed chemical dependency treatment program that serves clients with infants who sleep at the program must document that before program staff persons or volunteers assist in the care of infants, they are instructed on the standards in section 245A.1435 and					
	File 1	File 2	File 3	File 4	File 5		
	245A.1444,	they receive training on reducing the risk of sudden infant death syndrome and shaken baby syndrome.					
	File 1	File 2	File 3	File 4	File 5		
	245A.1444,	The training conducted under this section may be used to fulfill training requirements under MN Rules 9530.6490, Subp. 4,B.					
	File 1	File 2	File 3	File 4	File 5		
	245A.18, Subd. 2,(b)	EFFECTIVE 1/1/2006 (b) Before a license holder, staff person, caregiver, or helper transports a child or children under age nine in a motor vehicle, the person transporting the child must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	245A.18, Subd. 2,(c)	EFFECTIVE 1/1/2006 (c) Training required under this section must be at least one hour in length, completed at orientation or initial training, and repeated at least once every five years. At a minimum, the training must address the proper use of child restraint systems based on the child's size, weight, and age, and the proper installation of a car seat or booster seat in the motor vehicle used by the license holder to transport the child or children.					
	File 1	File 2	File 3	File 4	File 5		
	245A.18, Subd. 2,(d)	EFFECTIVE 1/1/2006 (d) Training under paragraph (c) must be provided by individuals who are certified and approved by the Department of Public Safety, Office of Traffic Safety. License holders may obtain a list of certified and approved trainers through the Department of Public Safety Web site or by contacting the agency.					
	File 1	File 2	File 3	File 4	File 5		
	<b>All Programs - Personnel File Contents</b>						
	9530.6460, Subp. 3,A	The license holder must maintain a separate personnel file for each staff person. In addition to background study information, orientation and training records, and documentation of competency and qualifications when applicable, each personnel file must contain: A completed application for employment signed by the staff member and containing the staff member's qualifications for employment;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6460, Subp. 3,C	For staff persons who provided psychotherapy services, employer names and addresses for the past 5 years for which the staff member provided psychotherapy services, and documentation of an inquiry made to those former employers regarding substantiated sexual contact with a client as required by MN Statutes, chapter 148A;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6460, Subp. 1,C	There was a written annual review of the employee's job performance.					
	File 1	File 2	File 3	File 4	File 5		
	<b>CLIENT RECORDS</b>						
	<b>Requirements at Service Initiation - All Programs</b>						
	9530.6470, Subp. 1	Rights: All clients have the rights identified in Minnesota Rules, part 4747.1500. (Client Bill of Right)					
	File 1	File 2	File 3	File 4	File 5		
	9530.6440, Subp. 3,A	the client file must contain documentation that the client was given information on client rights and responsibilities, and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6470, Subp. 1	the staff reviewed the statement with the client.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6470, Subp. 1	Additional Rights: Residential Programs only. Clients provided room and board in an acute care inpatient facility or a supervised living facility have the additional rights identified in Minnesota Statutes, sections 144.651 and 253B.03.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6470, Subp. 2	Grievance Procedure: Upon service initiation, the license holder must explain the grievance procedure to the client or their representative.					
	File 1	File 2	File 3	File 4	File 5		
	245A.19, (b)	HIV: the file must document that the client received orientation to the HIV minimum standards within 72 hours of admission to the program.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6440, Subp. 3,A	Tuberculosis: there must be documentation that the client received information on tuberculosis and tuberculosis screening.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 1,(c)	Within 24 hours of admission to the program, or 72 hours for persons who would benefit more from a later orientation, each new person receiving services from the program must receive orientation to the following policies and procedures governing maltreatment of vulnerable adults: the internal and external reporting policies, including the telephone number for the Common Entry Point (CEP); AND					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 2,(a),(4)	The program abuse prevention plan.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	626.557, Subd. 3a,(a)	The license holder must seek consent to the disclosure of suspected maltreatment from the resident, or a guardian, conservator, or legal representative upon the resident's admission					
	File 1	File 2	File 3	File 4	File 5		
	626.557, Subd. 3a,(a)	If upon admission the client refused consent for disclosure of suspected maltreatment, and an incident of suspected maltreatment was reported, the mandated reporter immediately sought consent again from the resident to make a report.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6440, Subp. 1	Release of Information: client records were protected against unauthorized disclosure in compliance with Minnesota Statutes, section 254A.09, code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and if applicable, Minnesota Statutes, chapter 13.					
	File 1	File 2	File 3	File 4	File 5		
	<b>Initial Service Plan - All Programs</b>						
	9530.6420,	The file must contain an Initial Service Plan that: is developed upon service initiation and prior to the first treatment session;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6420,	addresses the client's immediate health, safety, and preliminary service needs; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6420,	is based on available information from the client and the referral source.					
	File 1	File 2	File 3	File 4	File 5		
	<b>Additional Initial Service Plan Requirements - Methadone Programs Only</b>						
	9530.6500, Subp. 6,A	The license holder must maintain the original copy of the Central registry information that contains: Full name and all aliases;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6500, Subp. 6,B	date of admission;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6500, Subp. 6,C	date of birth;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6500, Subp. 6,D	social security number or INS number, if any;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6500, Subp. 6,E	enrollment status in other current or last known opiate treatment programs;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6500, Subp. 6,F	government-issued photo-identification card number; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6500, Subp. 6,G	driver's license number, if any.					
	File 1	File 2	File 3	File 4	File 5		
	<b>Comprehensive Assessment - All Programs</b>						
	9530.6422, Subp. 1	The Comprehensive Assessment of the client's chemical use problem must be coordinated by an alcohol and drug counselor; and (Note:The counselor may rely on information provided by a referring agency or other sources when information is available)					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1	completed within three calendar days after service initiation for a residential program or three sessions of the client's initiation of services for all other programs;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1	If not completed in the time specified, the treatment plan must indicate how and when the comprehensive assessment will be completed.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6422, Subp. 1,A	The Comprehensive Assessment must include the following required information about the client's problems related to chemical use and personal strengths that support recovery: age, sex, cultural background, sexual orientation, living situation, economic status, and level of education;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,B	Circumstances of service initiation;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,C	previous attempts at treatment for chemical use or dependency, compulsive gambling, or mental illness;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,D	chemical use history including amounts and types of chemicals used, frequency of use, and period of abstinence;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,E	specific problem behaviors exhibited by the client when under the influence of chemicals;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6422, Subp. 1,F	current family status, family history, including history or presence of physical or sexual abuse, level of family support, and chemical use, abuse, or dependency among family members and significant others;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,H	mental health history and current psychiatric status, including symptoms, disability, current treatment supports, and psychotropic medications needed to maintain stability.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,G	physical concerns or diagnoses that may influence the treatment plan;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,I	arrests and legal interventions related to chemical use;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,J	ability to function appropriately in a work and educational setting;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,K	ability to understand written treatment materials, including rules and client rights;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6422, Subp. 1,L	risk-taking behavior, including behavior that puts the client at risk of exposure to blood borne or sexually transmitted diseases;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,M	social network in relation to expected support for recovery and leisure time activities that have been associated with chemical use; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 1,N	a determination whether a client is a vulnerable adult as defined in Minnesota Statutes, section 626.5572, subdivision 21. An individual abuse prevention plan was required for all clients who met the definition of "vulnerable adult."					
	File 1	File 2	File 3	File 4	File 5		
<b>Comprehensive Assessment Summary - All Programs</b>							
	9530.6422, Subp. 2	Non-residential programs: The Comprehensive Assessment Summary must be prepared within three treatment sessions of service initiation.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2	Residential Programs only - The Comprehensive Assessment Summary must be prepared within three calendar days of service initiation.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6422, Subp. 2,A	The summary of the Comprehensive Assessment must be prepared by an alcohol and drug counselor; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2,B,(1)	Must contain relevant treatment planning information that is summarized into the following 6 categories: acute intoxication and withdrawal potential;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2,B,(2)	biomedical conditions and complications;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2,B,(3)	emotional and behavioral conditions and complications;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2,B,(4)	treatment acceptance and resistance;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6422, Subp. 2,B,(5)	relapse and continued use potential; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6422, Subp. 2,B,(6)	recovery environment.					
	File 1	File 2	File 3	File 4	File 5		
	<b>Individual Abuse Prevention Plan And Or VA Determinations</b>						
	245A.65, Subd. 1a	Determination of vulnerable adult status. (For Out Patient only)(a) A license holder that provides services to adults who are excluded from the definition of vulnerable adult section 626.5572, Subd. 21, clause (2), must determine whether the person is a vulnerable adult under section 626.5572, Subd. 21, clause (4). This determination must be made within 24 hours of:					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 1a	(1) admission to the license program; and					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 1a	(2) any incident that: (i) was reported under section 626.557; or					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 1a	(ii) would have been required to be reported under section 626.557, if one or more of the adults involved in the incident had been vulnerable adults.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	245A.65, Subd. 1a	(b) Upon determining that a person receiving services is a vulnerable adult under section 626.557, Subd. 21, clause (4), all requirements relative to vulnerable adults under section 626.557 and chapter 245A must be met by the license holder.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 2,(b),(2)	For each vulnerable adult receiving program services an individual abuse prevention plan shall be developed as part of the initial service plan. The plan must contain:					
	File 1	File 2	File 3	File 4	File 5		
	626.557, Subd. 14,(b),(1)	an individualized assessment of the person's susceptibility to abuse by other individuals, including other vulnerable adults, and self abuse; AND					
	File 1	File 2	File 3	File 4	File 5		
	626.557, Subd. 14,(b),(2)	an assessment of the person's risk of abusing other vulnerable adults; and					
	File 1	File 2	File 3	File 4	File 5		
	245A.65. Subd. 2,(b),(1)	a statement of the specific measures that will be taken to minimize the risk of abuse to that person when the individual assessment indicates the need for measures in addition to the specific measures identified in the program abuse prevention plan.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	245A.65, Subd. 2,(b),(1)	The measures shall: include the specific actions the program will take to minimize the risk of abuse within the scope of the licensed services; AND					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 2,(b),(1)	identify referrals made when the vulnerable adult was susceptible to abuse outside the scope or control of the licensed services.					
	File 1	File 2	File 3	File 4	File 5		
	626.557, Subd. 14,(c)	If the facility knows that the vulnerable adult has committed a violent crime or an act of physical aggression towards others the individual abuse prevention plan must detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. The facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority, a medical record prepared by another facility, another health care provider, or the facility's ongoing assessment of the vulnerable adult.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 2,(b),(1)	When the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the IAPP must document this determination.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	245A.65, Subd. 2,(b),(2)	The person receiving services shall participate in the development of the IAPP to the full extent of the person's abilities. If applicable the person's legal representative shall be given the opportunity to participate in the development of the plan.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 2,(b),(2)	The interdisciplinary team shall review and evaluate the IAPP as part of the service plan review, using the individual assessment and any reports of abuse relating to this person. The plan shall be revised to reflect the review of the review.					
	File 1	File 2	File 3	File 4	File 5		
<b>Individual Treatment Plans - All Programs</b>							
	9530.6425, Subp. 1	General: The Individual treatment plan must be developed after completion of the comprehensive assessment and continually updated, based on new information gathered about the client's condition and on whether planned treatment interventions had the intended effect.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 1	There must be a repeating cycle of assessment, priority setting, planning, implementation, and reassessment based on progress, revised priorities, and revised plan that continues throughout the provision of client services.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6425, Subp. 1	The plan must provide for the involvement of the client's family and those people selected by the client as being important to the success of the treatment experience at the earliest opportunity.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 1	The client must have active, direct involvement in selecting the anticipated outcomes of the treatment process and in developing the treatment plan.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 1	The individual treatment plan must be signed by the client and the alcohol and drug counselor.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 2,A	Plan Contents: The individual treatment plan must include: treatment goals addressing each problem identified in the assessment summary, prepared pursuant to part 9530.6422, subpart 2; (note: It is recommended that Treatment goals reflect the six dimensions listed in 9530.6422, subpart 2 used in the comprehensive assessment summary.)					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes	
	9530.6425, Subp. 2,B	specific methods to be used to address identified problems, including amount, frequency, and anticipated duration of treatment service. The methods must be appropriate to the client's language, reading skills, cultural background, and strengths; (NOTE: the treatment plan must identify how each of the treatment services required in 9530.6430, subp.1, and any of the additional treatment services listed in 9530.6430, subp.2 are provided.)						
	File 1	File 2	File 3	File 4	File 5			
	9530.6425, Subp. 2,C	resources to which the client is being referred for problems when the problems are to be addressed concurrently by another provider; and						
	File 1	File 2	File 3	File 4	File 5			
	9530.6425, Subp. 2,D	goals the client must reach to complete treatment and have services terminated.						
	File 1	File 2	File 3	File 4	File 5			
	<b>MH/CD Programs - Additional Treatment Plan Content Requirements</b>							
	9530.6495, Subp. E	There was documentation of active interventions to stabilize mental health symptoms present in treatment plans and progress notes.						
	File 1	File 2	File 3	File 4	File 5			
9530.6495, Subp. F	The license holder had continuing documentation of collaboration with continuing care mental health providers and involvement of those providers in treatment planning meetings.							
File 1	File 2	File 3	File 4	File 5				

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
<b>Treatment Plan Progress notes - All Programs</b>							
	9530.6425, Subp. 3,A	Progress notes must: reference the treatment plan and be entered in the client's file weekly or after each treatment service, whichever is less frequent, by the person providing the service; (Note: It is recommended that progress notes reflect the six dimensions listed in 9530.6422, subpart 2 used for the comprehensive assessment summary)					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,A,(1)	be entered immediately following any significant event that has an impact on the client's relationship with other clients, staff, client's family, or the client's treatment plan;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,A,(2)	indicate the type and amount of each treatment service the client has received;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,A,(3)	include monitoring of any physical and mental health problems; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,A,(4)	document the participation of others; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6425, Subp. 3,A,(5)	document that the client has been notified of each treatment plan change and whether or not the client agrees with the change.					
	File 1	File 2	File 3	File 4	File 5		
	<b>Treatment Plan Review - All Programs</b>						
	9530.6425, Subp. 3,B,(1)	Treatment Plan Review must: occur weekly or after each treatment service, whichever is less frequent;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,B,(2)	address each goal in the treatment plan that was worked on since the last review; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,B,(3)	address whether the strategies to address the goals are effective, and if not, must include the changes to the treatment plan.					
	File 1	File 2	File 3	File 4	File 5		
	<b>Record Keeping Requirements - All Programs</b>						
	9530.6425, Subp. 3,C	All entries in the client record must be legible, signed, and dated.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 3,C	Late entries must be clearly labeled, "late entry."					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6425, Subp. 3,C	Corrections to an entry must be made in a way in which the original entry can still be read.					
	File 1	File 2	File 3	File 4	File 5		
	<b>Summary at Termination of Services - All Programs</b>						
	9530.6425, Subp. 4	An alcohol and drug counselor must write a discharge summary for each client that is completed within five days of the client's service termination or within five days from the client's or program's decision to terminate services, whichever is earlier.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 4,A,(1)	The summary at termination of services must include the following information: client's problems, strengths, and needs while participating in treatment, including services provided; (note: the Summary should reflect the six dimensions listed in 9530.6422, subpart 2)					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 4,A,(2)	the client's progress toward achieving each of the goals identified in the individual treatment plan; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 4,A,(3)	the reasons for and circumstances of service termination.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6425, Subp. 4,B,(1)	For clients who successfully complete treatment, the summary must also include: living arrangements upon discharge;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 4,B,(2)	continuing care recommendations, including referrals made with specific attention to continuity of care for mental health problems, as needed;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 4,B,(3)	service termination diagnosis; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6425, Subp. 4,B,(4)	the client's prognosis.					
	File 1	File 2	File 3	File 4	File 5		
	<b>Health Care - Programs providing Medication Administration or Assistance with Self Medication</b>						
	9530.6435, Subp. 3,B,(2)	The client's file must include documentation indicating whether staff will be administering medication or the client will be doing self-administration, or a combination of both.					
	File 1	File 2	File 3	File 4	File 5		
	9530.6435, Subp. 3,B,(7)	The client's use of medication must be recorded, including staff signatures with date and time.					
	File 1	File 2	File 3	File 4	File 5		

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	9530.6435, Subp. 3,B,(8)	The guidelines were followed for informing a registered nurse of problems with self-administration, including failure to administer, client refusal of a medication, adverse reactions, or errors.					
	File 1	File 2	File 3	File 4	File 5		
	<b>Additional Health Care Requirements - Programs serving Clients with Children whose services include Medication Administration or Assistance with self-medication</b>						
	9530.6435, Subp. 3,B,(6)	If the license holder services clients who are parents with children, the parent must administer medication to the child under staff supervision.					
	File 1	File 2	File 3	File 4	File 5		
	<b>Additional Health Care Requirements - License Holders Providing Supervised Room and Board</b>						
	9530.6505, Subp. 7	Health Services: The health of each resident was assessed and monitored, and health related information about each client was collected on a standardized data collection tool.					
	File 1	File 2	File 3	File 4	File 5		
	<b>Additional Documentation of Services - Programs Serving Adolescents</b>						
	9530.6485, Subp. 4	Academic program requirements: Clients who are required to attend school must be enrolled and attending an educational program approved by the Minnesota Department of Education.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
	9530.6485, Subp. 5,A	In addition to the requirements specified in the client's treatment plan under part 9530.6425, programs serving adolescents must include the following: coordination with the school system to address the client's academic needs;					
	File 1	File 2	File 3	File 4	File 5		
	9530.6485, Subp. 5,B	when appropriate, a plan that addresses the client's leisure activities without chemical use; and					
	File 1	File 2	File 3	File 4	File 5		
	9530.6485, Subp. 5,C	a plan that addresses family involvement in the adolescent's treatment.					
	File 1	File 2	File 3	File 4	File 5		
	<b>Client Interviews</b>						
		Is the client receiving services?					
	File 1	File 2	File 3	File 4	File 5		
		Is the client satisfied with treatment services provided?					
	File 1	File 2	File 3	File 4	File 5		
		Was the client involved with the development of their treatment plan?					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. cited	Notes
		What has the client learned in treatment that is helpful?					
	File 1	File 2	File 3	File 4	File 5		