

# **Nurse Relevant Law for Assisted Living**

[Excerpts taken for MN Home Care, Assisted Living and Housing with Services Laws]

## **144G.41 MINIMUM ASSISTED LIVING FACILITY REQUIREMENTS.**

### **Subdivision 1. Minimum requirements**

All assisted living facilities shall:

- (1) distribute to residents the assisted living bill of rights;
- (2) provide services in a manner that complies with the Nurse Practice Act in sections [148.171](#) to [148.285](#);
- (3) utilize a person-centered planning and service delivery process;
- (4) have and maintain a system for delegation of health care activities to unlicensed personnel by a registered nurse, including supervision and evaluation of the delegated activities as required by the Nurse Practice Act in sections [148.171](#) to [148.285](#);
- (5) provide a means for residents to request assistance for health and safety needs 24 hours per day, seven days per week;
- (6) allow residents the ability to furnish and decorate the resident's unit within the terms of the assisted living contract;
- (7) permit residents access to food at any time;
- (8) allow residents to choose the resident's visitors and times of visits;
- (9) allow the resident the right to choose a roommate if sharing a unit;
- (10) notify the resident of the resident's right to have and use a lockable door to the resident's unit. The licensee shall provide the locks on the unit. Only a staff member with a specific need to

enter the unit shall have keys, and advance notice must be given to the resident before entrance, when possible. An assisted living facility must not lock a resident in the resident's unit;

(11) develop and implement a staffing plan for determining its staffing level that:

(i) includes an evaluation, to be conducted at least twice a year, of the appropriateness of staffing levels in the facility;

(ii) ensures sufficient staffing at all times to meet the scheduled and reasonably foreseeable unscheduled needs of each resident as required by the residents' assessments and service plans on a 24-hour per day basis; and

(iii) ensures that the facility can respond promptly and effectively to individual resident emergencies and to emergency, life safety, and disaster situations affecting staff or residents in the facility;

(12) ensure that one or more persons are available 24 hours per day, seven days per week, who are responsible for responding to the requests of residents for assistance with health or safety needs. Such persons must be:

(i) awake;

(ii) located in the same building, in an attached building, or on a contiguous campus with the facility in order to respond within a reasonable amount of time;

(iii) capable of communicating with residents;

(iv) capable of providing or summoning the appropriate assistance; and

(v) capable of following directions;

(13) offer to provide or make available at least the following services to residents:

(i) at least three nutritious meals daily with snacks available seven days per week, according to the recommended dietary allowances in the United States Department of Agriculture (USDA) guidelines, including seasonal fresh fruit and fresh vegetables. The following apply:

(A) menus must be prepared at least one week in advance, and made available to all residents. The facility must encourage residents' involvement in menu planning. Meal substitutions must be of similar nutritional value if a resident refuses a food that is served. Residents must be informed in advance of menu changes;

(B) food must be prepared and served according to the Minnesota Food Code, Minnesota Rules, chapter 4626; and

(C) the facility cannot require a resident to include and pay for meals in their contract;

(ii) weekly housekeeping;

(iii) weekly laundry service;

(iv) upon the request of the resident, provide direct or reasonable assistance with arranging for transportation to medical and social services appointments, shopping, and other recreation, and provide the name of or other identifying information about the persons responsible for providing this assistance;

(v) upon the request of the resident, provide reasonable assistance with accessing community resources and social services available in the community, and provide the name of or other identifying information about persons responsible for providing this assistance;

(vi) provide culturally sensitive programs; and

(vii) have a daily program of social and recreational activities that are based upon individual and group interests, physical, mental, and psychosocial needs, and that creates opportunities for active participation in the community at large; and

(14) provide staff access to an on-call registered nurse 24 hours per day, seven days per week.

**Subd. 2. Policies and procedures.**

Each assisted living facility must have policies and procedures in place to address the following and keep them current:

- (1) requirements in section [626.557](#), reporting of maltreatment of vulnerable adults;
- (2) conducting and handling background studies on employees;
- (3) orientation, training, and competency evaluations of staff, and a process for evaluating staff performance;
- (4) handling complaints regarding staff or services provided by staff;
- (5) conducting initial evaluations of residents' needs and the providers' ability to provide those services;
- (6) conducting initial and ongoing resident evaluations and assessments of resident needs, including assessments by a registered nurse or appropriate licensed health professional, and how changes in a resident's condition are identified, managed, and communicated to staff and other health care providers as appropriate;
- (7) orientation to and implementation of the assisted living bill of rights;
- (8) infection control practices;
- (9) reminders for medications, treatments, or exercises, if provided;
- (10) conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention standards;
- (11) ensuring that nurses and licensed health professionals have current and valid licenses to practice;
- (12) medication and treatment management;
- (13) delegation of tasks by registered nurses or licensed health professionals;
- (14) supervision of registered nurses and licensed health professionals; and

(15) supervision of unlicensed personnel performing delegated tasks.

**Subd. 3. Infection control program.**

(a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control.

(b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities.

(c) The facility must maintain written evidence of compliance with this subdivision.

**Subd. 4. Clinical nurse supervision.**

All assisted living facilities must have a clinical nurse supervisor who is a registered nurse licensed in Minnesota.

**Subd. 5. Resident councils.**

The facility must provide a resident council with space and privacy for meetings, where doing so is reasonably achievable. Staff, visitors, and other guests may attend a resident council meeting only at the council's invitation. The facility must designate a staff person who is approved by the resident council to be responsible for providing assistance and responding to written requests that result from meetings. The facility must consider the views of the resident council and must respond promptly to the grievances and recommendations of the council, but a facility is not required to implement as recommended every request of the council. The facility shall, with the approval of the resident council, take reasonably achievable steps to make residents aware of upcoming meetings in a timely manner.

**Subd. 6. Family councils.**

The facility must provide a family council with space and privacy for meetings, where doing so is reasonably achievable. The facility must designate a staff person who is approved by the family council to be responsible for providing assistance and responding to written requests that result from meetings. The facility must consider the views of the family council and must respond promptly to the grievances and recommendations of the council, but a facility is not required to implement as recommended every request of the council. The facility shall, with the approval of

the family council, take reasonably achievable steps to make residents and family members aware of upcoming meetings in a timely manner.

**Subd. 7. Resident grievances; reporting maltreatment.**

All facilities must post in a conspicuous place information about the facilities' grievance procedure, and the name, telephone number, and e-mail contact information for the individuals who are responsible for handling resident grievances. The notice must also have the contact information for the state and applicable regional Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, and must have information for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center.

**Subd. 8. Protecting resident rights**

All facilities shall ensure that every resident has access to consumer advocacy or legal services by:

(1) providing names and contact information, including telephone numbers and e-mail addresses of at least three organizations that provide advocacy or legal services to residents;

(2) providing the name and contact information for the Minnesota Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities, including both the state and regional contact information;

(3) assisting residents in obtaining information on whether Medicare or medical assistance under chapter 256B will pay for services;

(4) making reasonable accommodations for people who have communication disabilities and those who speak a language other than English; and

(5) providing all information and notices in plain language and in terms the residents can understand.

**History:**

[2019 c 60 art 1 s 11, 47](#); [7Sp2020 c 1 art 6 s 13, 14](#)

**144G.71 MEDICATION MANAGEMENT.**

**Subdivision 1. Medication management services.**

(a) This section applies only to assisted living facilities that provide medication management services.

(b) An assisted living facility that provides medication management services must develop, implement, and maintain current written medication management policies and procedures. The policies and procedures must be developed under the supervision and direction of a registered nurse, licensed health professional, or pharmacist consistent with current practice standards and guidelines.

(c) The written policies and procedures must address requesting and receiving prescriptions for medications; preparing and giving medications; verifying that prescription drugs are administered as prescribed; documenting medication management activities; controlling and storing medications; monitoring and evaluating medication use; resolving medication errors; communicating with the prescriber, pharmacist, and resident and legal and designated representatives; disposing of unused medications; and educating residents and legal and designated representatives about medications. When controlled substances are being managed, the policies and procedures must also identify how the provider will ensure security and accountability for the overall management, control, and disposition of those substances in compliance with state and federal regulations and with subdivision 23.

**Subd. 2. Provision of medication management services.**

(a) For each resident who requests medication management services, the facility shall, prior to providing medication management services, have a registered nurse, licensed health professional, or authorized prescriber under section [151.37](#) conduct an assessment to determine what medication management services will be provided and how the services will be provided. This assessment must be conducted face-to-face with the resident. The assessment must include an identification and review of all medications the resident is known to be taking. The review and identification must include indications for medications, side effects, contraindications, allergic or adverse reactions, and actions to address these issues.

(b) The assessment must identify interventions needed in management of medications to prevent diversion of medication by the resident or others who may have access to the medications and provide instructions to the resident and legal or designated representatives on interventions to manage the resident's medications and prevent diversion of medications. For purposes of this section, "diversion of medication" means misuse, theft, or illegal or improper disposition of medications.

**Subd. 3. Individualized medication monitoring and reassessment.**

The assisted living facility must monitor and reassess the resident's medication management services as needed under subdivision 2 when the resident presents with symptoms or other issues that may be medication-related and, at a minimum, annually.

**Subd. 4. Resident refusal.**

The assisted living facility must document in the resident's record any refusal for an assessment for medication management by the resident. The facility must discuss with the resident the possible consequences of the resident's refusal and document the discussion in the resident's record.

**Subd. 5. Individualized medication management plan.**

(a) For each resident receiving medication management services, the assisted living facility must prepare and include in the service plan a written statement of the medication management services that will be provided to the resident. The facility must develop and maintain a current individualized medication management record for each resident based on the resident's assessment that must contain the following:

(1) a statement describing the medication management services that will be provided;

(2) a description of storage of medications based on the resident's needs and preferences, risk of diversion, and consistent with the manufacturer's directions;

(3) documentation of specific resident instructions relating to the administration of medications;

(4) identification of persons responsible for monitoring medication supplies and ensuring that medication refills are ordered on a timely basis;

(5) identification of medication management tasks that may be delegated to unlicensed personnel;

(6) procedures for staff notifying a registered nurse or appropriate licensed health professional when a problem arises with medication management services; and



(7) any resident-specific requirements relating to documenting medication administration, verifications that all medications are administered as prescribed, and monitoring of medication use to prevent possible complications or adverse reactions.

(b) The medication management record must be current and updated when there are any changes.

(c) Medication reconciliation must be completed when a licensed nurse, licensed health professional, or authorized prescriber is providing medication management.

**Subd. 6. Administration of medication.**

Medications may be administered by a nurse, physician, or other licensed health practitioner authorized to administer medications or by unlicensed personnel who have been delegated medication administration tasks by a registered nurse.

**Subd. 7. Delegation of medication administration.**

When administration of medications is delegated to unlicensed personnel, the assisted living facility must ensure that the registered nurse has:

(1) instructed the unlicensed personnel in the proper methods to administer the medications, and the unlicensed personnel has demonstrated the ability to competently follow the procedures;

(2) specified, in writing, specific instructions for each resident and documented those instructions in the resident's records; and

(3) communicated with the unlicensed personnel about the individual needs of the resident.

**Subd. 8. Documentation of administration of medications**

Each medication administered by the assisted living facility staff must be documented in the resident's record. The documentation must include the signature and title of the person who

administered the medication. The documentation must include the medication name, dosage, date and time administered, and method and route of administration. The staff must document the reason why medication administration was not completed as prescribed and document any follow-up procedures that were provided to meet the resident's needs when medication was not administered as prescribed and in compliance with the resident's medication management plan.

**Subd. 9. Documentation of medication setup.**

Documentation of dates of medication setup, name of medication, quantity of dose, times to be administered, route of administration, and name of person completing medication setup must be done at the time of setup.

**Subd. 10. Medication management for residents who will be away from home.**

(a) An assisted living facility that is providing medication management services to the resident must develop and implement policies and procedures for giving accurate and current medications to residents for planned or unplanned times away from home according to the resident's individualized medication management plan. The policies and procedures must state that:

(1) for planned time away, the medications must be obtained from the pharmacy or set up by the licensed nurse according to appropriate state and federal laws and nursing standards of practice;

(2) for unplanned time away, when the pharmacy is not able to provide the medications, a licensed nurse or unlicensed personnel shall provide medications in amounts and dosages needed for the length of the anticipated absence, not to exceed seven calendar days;

(3) the resident must be provided written information on medications, including any special instructions for administering or handling the medications, including controlled substances; and

(4) the medications must be placed in a medication container or containers appropriate to the provider's medication system and must be labeled with the resident's name and the dates and times that the medications are scheduled.

(b) For unplanned time away when the licensed nurse is not available, the registered nurse may delegate this task to unlicensed personnel if:

(1) the registered nurse has trained the unlicensed staff and determined the unlicensed staff is competent to follow the procedures for giving medications to residents; and

(2) the registered nurse has developed written procedures for the unlicensed personnel, including any special instructions or procedures regarding controlled substances that are prescribed for the resident. The procedures must address:

(i) the type of container or containers to be used for the medications appropriate to the provider's medication system;

(ii) how the container or containers must be labeled;

(iii) written information about the medications to be provided;

(iv) how the unlicensed staff must document in the resident's record that medications have been provided, including documenting the date the medications were provided and who received the medications, the person who provided the medications to the resident, the number of medications that were provided to the resident, and other required information;

(v) how the registered nurse shall be notified that medications have been provided and whether the registered nurse needs to be contacted before the medications are given to the resident or the designated representative;

(vi) a review by the registered nurse of the completion of this task to verify that this task was completed accurately by the unlicensed personnel; and

(vii) how the unlicensed personnel must document in the resident's record any unused medications that are returned to the facility, including the name of each medication and the doses of each returned medication.

**Subd. 11. Prescribed and nonprescribed medication.**

The assisted living facility must determine whether the facility shall require a prescription for all medications the provider manages. The facility must inform the resident whether the facility requires a prescription for all over-the-counter and dietary supplements before the facility agrees to manage those medications.

**Subd. 12. Medications; over-the-counter drugs; dietary supplements not prescribed.**

An assisted living facility providing medication management services for over-the-counter drugs or dietary supplements must retain those items in the original labeled container with directions for use prior to setting up for immediate or later administration. The facility must verify that the medications are up to date and stored as appropriate.

**Subd. 13. Prescriptions.**

There must be a current written or electronically recorded prescription as defined in section [151.01, subdivision 16a](#), for all prescribed medications that the assisted living facility is managing for the resident.

**Subd. 14. Renewal of prescriptions.**

Prescriptions must be renewed at least every 12 months or more frequently as indicated by the assessment in subdivision 2. Prescriptions for controlled substances must comply with chapter 152.

**Subd. 15. Verbal prescription orders.**

Verbal prescription orders from an authorized prescriber must be received by a nurse or pharmacist. The order must be handled according to Minnesota Rules, part [6800.6200](#).

**Subd. 16. Written or electronic prescription.**

When a written or electronic prescription is received, it must be communicated to the registered nurse in charge and recorded or placed in the resident's record.

**Subd. 17. Records confidential.**

A prescription or order received verbally, in writing, or electronically must be kept confidential according to sections [144.291](#) to [144.298](#) and [144A.44](#).

**Subd. 18. Medications provided by resident or family members.**

When the assisted living facility is aware of any medications or dietary supplements that are being used by the resident and are not included in the assessment for medication management services, the staff must advise the registered nurse and document that in the resident record.

**Subd. 19. Storage of medications.**

An assisted living facility must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.

**Subd. 20. Prescription drugs.**

A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.

**Subd. 21. Prohibitions.**

No prescription drug supply for one resident may be used or saved for use by anyone other than the resident.

**Subd. 22. Disposition of medications**

(a) Any current medications being managed by the assisted living facility must be provided to the resident when the resident's service plan ends or medication management services are no longer part of the service plan. Medications for a resident who is deceased or that have been discontinued or have expired may be provided for disposal.

(b) The facility shall dispose of any medications remaining with the facility that are discontinued or expired or upon the termination of the service contract or the resident's death according to state and federal regulations for disposition of medications and controlled substances.

(c) Upon disposition, the facility must document in the resident's record the disposition of the medication including the medication's name, strength, prescription number as applicable, quantity, to whom the medications were given, date of disposition, and names of staff and other individuals involved in the disposition.

Subd. 23. **Loss or spillage.**

(a) Assisted living facilities providing medication management must develop and implement procedures for loss or spillage of all controlled substances defined in Minnesota Rules, part [6800.4220](#). These procedures must require that when a spillage of a controlled substance occurs, a notation must be made in the resident's record explaining the spillage and the actions taken. The notation must be signed by the person responsible for the spillage and include verification that any contaminated substance was disposed of according to state or federal regulations.

(b) The procedures must require that the facility providing medication management investigate any known loss or unaccounted for prescription drugs and take appropriate action required under state or federal regulations and document the investigation in required records.

**History:**

[2019 c 60 art 1 s 19](#),<sup>47</sup>

**144G.91 ASSISTED LIVING BILL OF RIGHTS.**

Subdivision 1. **Applicability.**

This section applies to residents living in assisted living facilities.

Subd. 2. **Legislative intent.**

The rights established under this section for the benefit of residents do not limit any other rights available under law. No facility may request or require that any resident waive any of these rights at any time for any reason, including as a condition of admission to the facility

Subd. 3. **Information about rights.**

Before receiving services, residents have the right to be informed by the facility of the rights granted under this section and the recourse residents have if rights are violated. The information must be in plain language and in terms residents can understand. The facility must make reasonable accommodations for residents who have communication disabilities and those who speak a language other than English.

Subd. 4. **Appropriate care and services.**

(a) Residents have the right to care and assisted living services that are appropriate based on the resident's needs and according to an up-to-date service plan subject to accepted health care standards.

(b) Residents have the right to receive health care and other assisted living services with continuity from people who are properly trained and competent to perform their duties and in sufficient numbers to adequately provide the services agreed to in the assisted living contract and the service plan.

**Subd. 5. Refusal of care or services.**

Residents have the right to refuse care or assisted living services and to be informed by the facility of the medical, health-related, or psychological consequences of refusing care or services.

**Subd. 6. Participation in care and service planning.**

Residents have the right to actively participate in the planning, modification, and evaluation of their care and services. This right includes:

(1) the opportunity to discuss care, services, treatment, and alternatives with the appropriate caregivers;

(2) the right to include the resident's legal and designated representatives and persons of the resident's choosing; and

(3) the right to be told in advance of, and take an active part in decisions regarding, any recommended changes in the service plan.

**Subd. 7. Courteous treatment.**

Residents have the right to be treated with courtesy and respect, and to have the resident's property treated with respect.

**Subd. 8. Freedom from maltreatment.**

Residents have the right to be free from physical, sexual, and emotional abuse; neglect; financial exploitation; and all forms of maltreatment covered under the Vulnerable Adults Act.

**Subd. 9. Right to come and go freely.**

Residents have the right to enter and leave the facility as they choose. This right may be restricted only as allowed by other law and consistent with a resident's service plan.

**Subd. 10. Individual autonomy.**

Residents have the right to individual autonomy, initiative, and independence in making life choices, including establishing a daily schedule and choosing with whom to interact.

**Subd. 11. Right to control resources.**

Residents have the right to control personal resources.

**Subd. 12. Visitors and social participation.**

(a) Residents have the right to meet with or receive visits at any time by the resident's family, guardian, conservator, health care agent, attorney, advocate, or religious or social work counselor, or any person of the resident's choosing. This right may be restricted in certain circumstances if necessary for the resident's health and safety and if documented in the resident's service plan.

(b) Residents have the right to engage in community life and in activities of their choice. This includes the right to participate in commercial, religious, social, community, and political activities without interference and at their discretion if the activities do not infringe on the rights of other residents.

**Subd. 13. Personal and treatment privacy.**

(a) Residents have the right to consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Staff must respect the privacy of a resident's space by knocking on the door and seeking consent before entering, except in an emergency or where clearly inadvisable or unless otherwise documented in the resident's service plan.

(b) Residents have the right to have and use a lockable door to the resident's unit. The facility shall provide locks on the resident's unit. Only a staff member with a specific need to enter the unit shall have keys. This right may be restricted in certain circumstances if necessary for a resident's health and safety and documented in the resident's service plan.

(c) Residents have the right to respect and privacy regarding the resident's service plan. Case discussion, consultation, examination, and treatment are confidential and must be conducted discreetly. Privacy must be respected during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance.



Subd. 14. **Communication privacy.**

(a) Residents have the right to communicate privately with persons of their choice.

(b) If an assisted living facility is sending or receiving mail on behalf of residents, the assisted living facility must do so without interference.

(c) Residents must be provided access to a telephone to make and receive calls.

Subd. 15. **Confidentiality of records.**

(a) Residents have the right to have personal, financial, health, and medical information kept private, to approve or refuse release of information to any outside party, and to be advised of the assisted living facility's policies and procedures regarding disclosure of the information. Residents must be notified when personal records are requested by any outside party.

(b) Residents have the right to access their own records.

Subd. 16. **Right to furnish and decorate.**

Residents have the right to furnish and decorate the resident's unit within the terms of the assisted living contract.

Subd. 17. **Right to choose roommate.**

Residents have the right to choose a roommate if sharing a unit.

Subd. 18. **Right to access food.**

Residents have the right to access food at any time. This right may be restricted in certain circumstances if necessary for the resident's health and safety and if documented in the resident's service plan.

Subd. 19. **Access to technology.**

Residents have the right to access Internet service at their expense.

**Subd. 20. Grievances and inquiries.**

Residents have the right to make and receive a timely response to a complaint or inquiry, without limitation. Residents have the right to know and every facility must provide the name and contact information of the person representing the facility who is designated to handle and resolve complaints and inquiries.

**Subd. 21. Access to counsel and advocacy services.**

Residents have the right to the immediate access by:

(1) the resident's legal counsel;

(2) any representative of the protection and advocacy system designated by the state under Code of Federal Regulations, title 45, section 1326.21; or

(3) any representative of the Office of Ombudsman for Long-Term Care.

**Subd. 22. Information about charges.**

Before services are initiated, residents have the right to be notified:

(1) of all charges for housing and assisted living services;

(2) of any limits on housing and assisted living services available;

(3) if known, whether and what amount of payment may be expected from health insurance, public programs, or other sources; and

(4) what charges the resident may be responsible for paying.

**Subd. 23. Information about individuals providing services.**

Before receiving services identified in the service plan, residents have the right to be told the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, and other choices that are available for addressing the resident's needs.

**Subd. 24. Information about other providers and services.**

Residents have the right to be informed by the assisted living facility, prior to executing an assisted living contract, that other public and private services may be available and that the resident has the right to purchase, contract for, or obtain services from a provider other than the assisted living facility.

**Subd. 25. Resident councils.**

Residents have the right to organize and participate in resident councils as described in section [144G.41, subdivision 5](#).

**Subd. 26. Family councils.**

Residents have the right to participate in family councils formed by families or residents as described in section [144G.41, subdivision 6](#).

**History:**

[2019 c 60 art 1 s 12,47](#)

**144G.92 RETALIATION PROHIBITED.**

**Subdivision 1. Retaliation prohibited.**

A facility or agent of a facility may not retaliate against a resident or employee if the resident, employee, or any person acting on behalf of the resident:

- (1) files a good faith complaint or grievance, makes a good faith inquiry, or asserts any right;
- (2) indicates a good faith intention to file a complaint or grievance, make an inquiry, or assert any right;
- (3) files, in good faith, or indicates an intention to file a maltreatment report, whether mandatory or voluntary, under section [626.557](#);

(4) seeks assistance from or reports a reasonable suspicion of a crime or systemic problems or concerns to the director or manager of the facility, the Office of Ombudsman for Long-Term Care, a regulatory or other government agency, or a legal or advocacy organization;

(5) advocates or seeks advocacy assistance for necessary or improved care or services or enforcement of rights under this section or other law;

(6) takes or indicates an intention to take civil action;

(7) participates or indicates an intention to participate in any investigation or administrative or judicial proceeding;

(8) contracts or indicates an intention to contract to receive services from a service provider of the resident's choice other than the facility; or

(9) places or indicates an intention to place a camera or electronic monitoring device in the resident's private space as provided under section [144.6502](#).

**Subd. 2. Retaliation against a resident.**

For purposes of this section, to retaliate against a resident includes but is not limited to any of the following actions taken or threatened by a facility or an agent of the facility against a resident, or any person with a familial, personal, legal, or professional relationship with the resident:

(1) termination of a contract;

(2) any form of discrimination;

(3) restriction or prohibition of access:

(i) of the resident to the facility or visitors; or

(ii) of a family member or a person with a personal, legal, or professional relationship with the resident, to the resident, unless the restriction is the result of a court order;

(4) the imposition of involuntary seclusion or the withholding of food, care, or services;

(5) restriction of any of the rights granted to residents under state or federal law;

(6) restriction or reduction of access to or use of amenities, care, services, privileges, or living arrangements; or

(7) unauthorized removal, tampering with, or deprivation of technology, communication, or electronic monitoring devices.

**Subd. 3. Retaliation against an employee.**

For purposes of this section, to retaliate against an employee means any of the following actions taken or threatened by the facility or an agent of the facility against an employee:

(1) unwarranted discharge or transfer;

(2) unwarranted demotion or refusal to promote;

(3) unwarranted reduction in compensation, benefits, or privileges;

(4) the unwarranted imposition of discipline, punishment, or a sanction or penalty; or

(5) any form of unwarranted discrimination.

**Subd. 4. Determination by commissioner.**

A resident may request that the commissioner determine whether the facility retaliated against a resident. If a resident demonstrates to the commissioner that the facility took any action described in subdivision 2 within 30 days of an initial action described in subdivision 1, the facility must present evidence to the commissioner of the nonretaliatory reason relied on by the facility for the facility action. Based on the evidence provided by both parties, the commissioner shall determine if retaliation occurred.

**Subd. 5. Other laws.**

Nothing in this section affects the rights and remedies available under section [626.557](#), subdivisions 10, 17, and 20.

**History:**

[2019 c 60 art 1 s 42,47](#); [7Sp2020 c 1 art 6 s 23](#)

**144G.93 CONSUMER ADVOCACY AND LEGAL SERVICES.**

Upon execution of an assisted living contract, every facility must provide the resident with the names and contact information, including telephone numbers and e-mail addresses, of:

(1) nonprofit organizations that provide advocacy or legal services to residents including but not limited to the designated protection and advocacy organization in Minnesota that provides advice and representation to individuals with disabilities; and

(2) the Office of Ombudsman for Long-Term Care, including both the state and regional contact information.

**History:**

[2019 c 60 art 1 s 43,47](#)