



# Agenda

## Overview of New Assisted Living Licensing Law

- Focus on LPN Specific Regulations and Issues
- Our Public Policy Positions

## Caring with Empathy

- Impact of Institutional Language
- Understanding and Responding to Challenging Behavioral Expressions
- Understanding Family Emotions
- Transforming LPN Roles to Teaching, Empowerment and Supportive Guidance

# Our Values

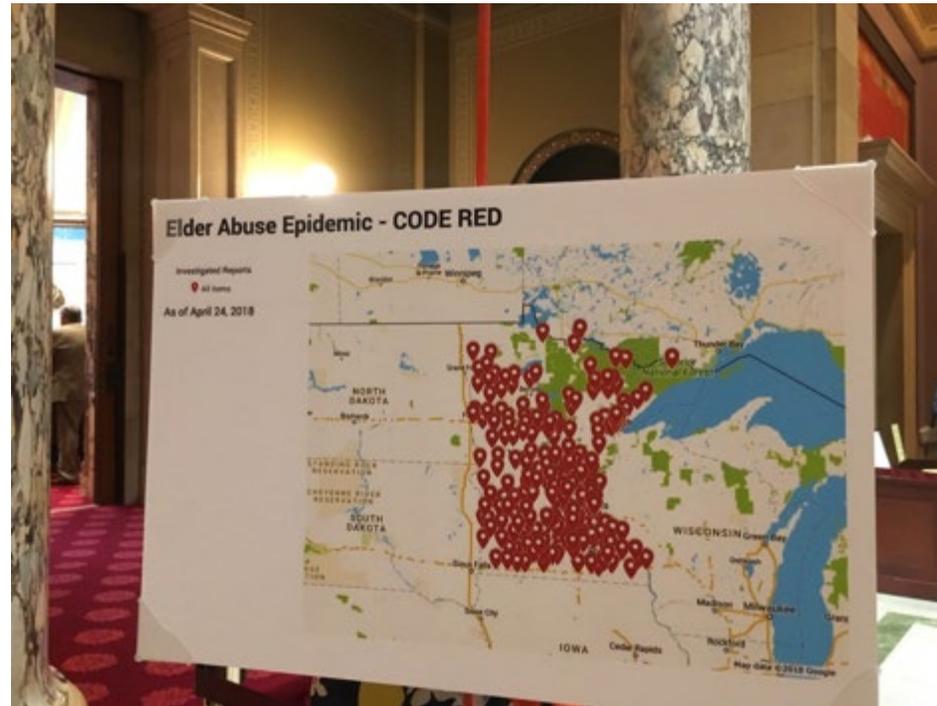
Respecting and protecting the human right for excellent and respectful care of all elders and vulnerable adults and recognizing and supporting the many dedicated caregivers.

# Family Members and Elder Care Professionals United to Form EVFA

## 562% Increase in Complaints

- 4,000 in 2010
- 22,500 in 2018

**The Voices of Elders and Their Families Needed to be Heard**



# Minnesota Was the Only State to Not License Assisted Living

## Consequence:

Understaffed, weak and inconsistent care standards, poor infection control, inadequate staff training and sparse accountability.

# Passed the Elder Care Reform Legislation in 2019



***“Without Elder Voice Family Advocates' steadfast and tenacious advocacy, we wouldn't have gotten the bill passed.”***

***Ron Elwood, Legal Services Advocacy Project***

# Two Levels of Assisted Living Licensing Effective August 1, 2021

1. **Establishes Assisted Living Licensure**
  2. **Establishes Assisted Living with Dementia Care Licensure**
    - One Contract for Housing and Services - Creates Single Line of Accountability
    - Does not Include Independent Living
      - *Required to disclose if they have "I am OK Checks" or not*
- 
- Requires Conspicuous Disclosure of Mandatory Arbitration
  - Survey/Inspection of Facilities without Notice at Minimum Every 2 Years after Licensure



# Protections for Residents and Staff

## Residents:

- Retaliation prohibited
- Protections against arbitrary termination
- Appeal process for termination of services
- Robust relocation/transfer assistance and planning prior to termination of services
- Requires 30 day notice with consent of resident to transfer within facility

## Staff:

- Retaliation prohibited against staff
- Adequate staff levels required
- Training requirements necessary

# Minimum Assisted Living Requirements

- Infection Control Plan - establish and maintain
- Clinical Nurse Supervision - by an RN
- Resident and Family Councils - provide space and privacy, assign staff to help
- Resident Grievances - policy must be posted
- Resident Rights - access to consumer advocacy or legal services:
  - Contact info for 3 advocacy or legal organizations
  - Contact info for the Office of the Ombudsman for Long-Term Care and for Ombudsman for Mental Health and Developmental Disabilities
  - Assist getting info for Medicare or Medical Assistance
  - Accommodate language and other communications issues
  - Use plain English

# Assisted Living Staffing Requirements

## Licensed Personnel

- Current MN license required
- Must be competent in assessing resident needs, implementing services and supervising staff



## Unlicensed Personnel

- Successful completion of training and competency evaluation
- Demonstrated competency by successful completion of written or oral test
- Temporary staff must meet the same requirements

# Assisted Living Medication Management Requirements



- Must establish and maintain medication management policies and procedures
  - How medications are received, administered, documented, control for storing, monitoring and evaluating medication use, resolving errors, communicating to prescriber, pharmacist and resident representative
  - Disposing of unused medication
  - Educating residents and representatives about use of medications
  - Controlled substances must have policies and procedures to ensure security and accountability for management, control, and disposition of them
- An assessment must be conducted for every resident requesting medication management services
- Must be administered by a nurse, physician or other licensed health practitioner authorized to administer
- RN must instruct unlicensed personnel who has demonstrated ability

# Assisted Living Medication Management Requirements - Cont.

- Documentation of administration of medication in the resident's record with medication name, dosage, date and time to administer and method and route of administration
- Medication management of residents away from home: resident given written instructions for administering and handling, in a medication clearly labeled container
- Over the counter drugs and dietary supplements not prescribed must stay in original labeled container with directions
- Must be a current written or electronically recorded prescription, and must be renewed at least every 12 months
- Verbal prescriptions must be received by a nurse or pharmacist
- Must be stored in a securely locked and substantially constructed compartments and kept in the original container
- No prescription of one person can be used for another person
- Disposal must be done when a resident leaves/no longer on the service plan, expired, or death of resident, and record must be made of disposal

# Assisted Living with Dementia Care Additional Requirements

- Additional training for dementia care in assisted living
  - Staffing levels must meet the 'scheduled and unscheduled needs'
  - Specific dementia-trained staff required from staff with 2 years experience in Alzheimer's disease, dementia, gerontology or related field
- Additional services for residents with dementia (in part)
  - Daily living assistance
  - Education of the person with dementia and their designated representatives about transition in dementia care
  - Resident evaluation to include interests, skills, emotional needs, physical abilities, activities
  - Individualized activity plan, structured and unstructured activities, one-on-one activities

# Retaliation Prohibited - Residents and Staff

A facility may not retaliate against a resident or employee

- Retaliation taken or threaten against resident such as:
  - Termination of a contract,
  - Discrimination
  - Prohibition of access to visitors
  - Involuntary seclusion or withholding food, care or services or withholding technology
- Retaliation against employee
  - Unwarranted discharge or transfer, discipline/punishment
  - Demotion or refusal to promote
  - Unwarranted discrimination



# Staffing Issues are Core to Lapses in Quality Care

## Under-staffing leads to:

- Neglect in many forms
- Medication errors
- Abuse
- Long wait for help
- Pressure sores

## Other Issues:

- Under-staffing during night and weekend shifts
- Inadequate training
- Poor supervision
- Poor hiring practices
- Memory care under-staffing very problematic

# Pandemic's Severe Impact on Nursing Homes and Assisted Living Residences

- Nearly 50 % of all MN deaths are in these long-term care homes - they are only 1% of the population
- Over 200,000 residents and staff in long-term care facilities have died in U.S
- 5,659 MN residents in LTC have died (3/24/22)
- Under staffing is a decades-long practice
- Now it has become a crisis
- 23,000 open positions
- Quality of care plunges
- Staff burnout is epic

# Public Policy Positions of Elder Voice

## **Opposed:**

- Nurse Compact Legislation
- Temporary Licensing Privileges for Nurses from Any State
- Blanket Immunity for Long-term Care Provider Wrongdoing

## **Supported:**

- Essential Caregiver Legislation
- Increasing reimbursement rates to long-term care providers IF 90% goes to increased wage, benefits, training and additional staff
- Hero pay for nurses and staff of long-term care

# We Entrust Our Mothers, Fathers, Spouses and Loved Ones in Your Care

“The way we treat our children in the dawn of their lives and the way we treat our elderly in the twilight of their lives is a measure of the quality of a nation.”

— Hubert H. Humphrey

“We are all elders in training... Tomorrow it may be you or me...”

— Dr. Eilon Caspi, Board member of Elder Voice Family Advocates



## Thank You !



Thank You

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# Caring with Empathy

## Critical Role of the LPN in Long Term Care

Presenter: Nancy M Haugen, BSN, MS, RN, PHN

Registered Nurse, Public Health Nurse

Master of Science in Mental Health Nursing

Elder Voice Family Advocates Board Member

[haugenn@gmail.com](mailto:haugenn@gmail.com)

Dedicated with Gratitude to Susette Parenteau LPN

# Critical Role of the LPN

## Through Lenses of a Nurse & Family Member

### Nursing Roles/ Responsibilities Lens

- Collaboration with family members, administrators and community health care providers
- Nursing Assessment and Care Plan development and implementation
- Care Team Leadership (RN, LPN, ULP)
- Powerful Gifts of the Unique LPN Role – **Empathic Presence**

### Family Member Lens

- Entrusting a person for whom we care into the care of others
- Family “Emotions in an Eggbeater”
- Repeated care deficiencies over five years
- Retaliation
- Advocacy for empathic best practice nursing and personal care

# Empathic Presence: The Unique Gift and Role of the LPN

The LPN is the nurse who is most regularly present 'by the side' of persons receiving care

- Respecting the **Dignity** of those individuals
- Building long term, close, trusting relationships with individuals, families and personal representatives
- ♥ Meeting individual needs
  - Physical needs as noted in Care/Service Plan
  - Psychological/Emotional needs
- Teaching, Modeling and Guiding **Empathic** person centered/directed care with other nurses and unlicensed caregivers



# Dignity

“The quality or state of being...

worthy,  
honored  
esteemed”

– Webster Dictionary



# Empathy

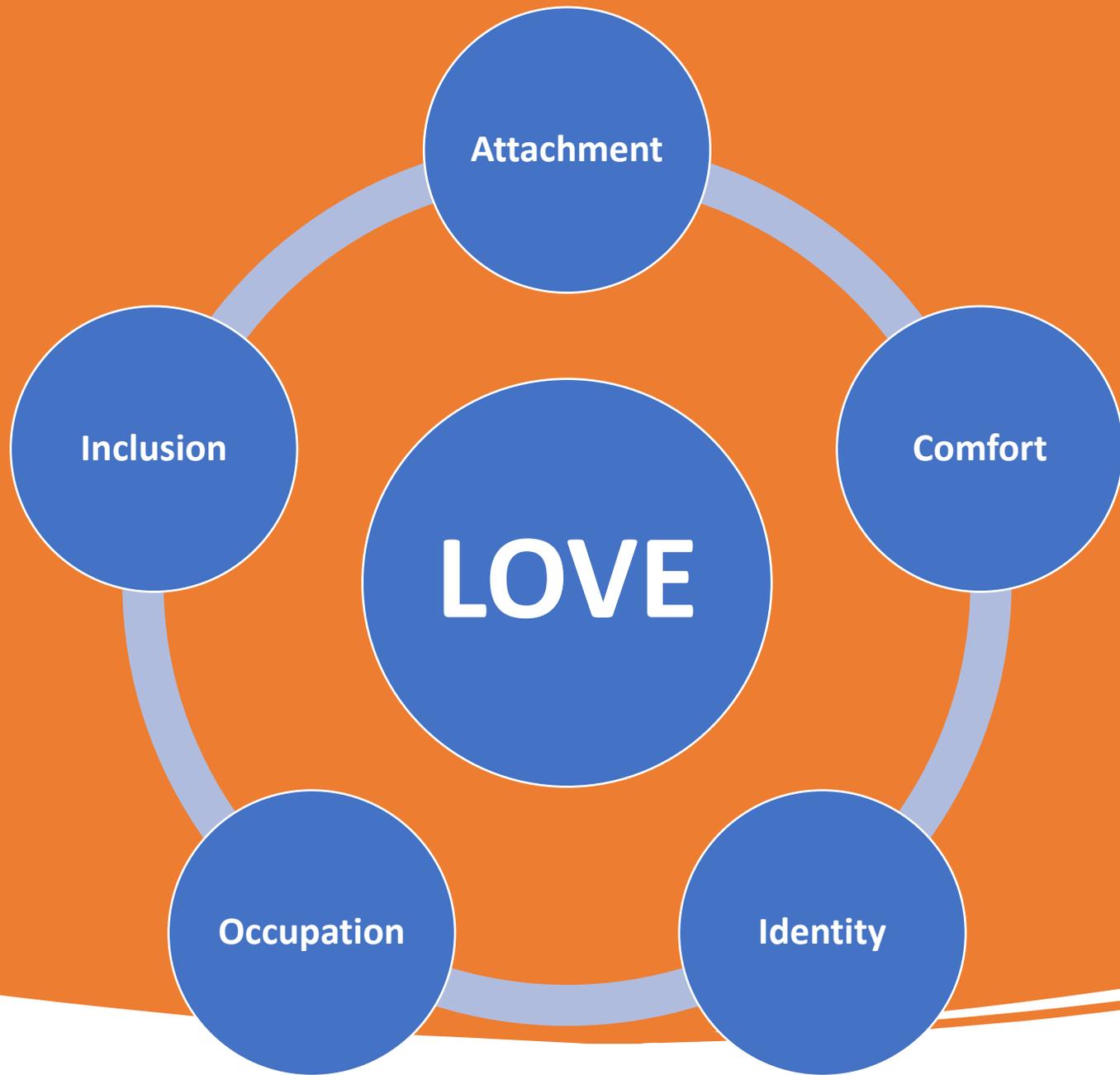
“The ability to understand and share the feelings of another”

Oxford dictionary

## Empathy is...

seeing with the eyes of another,  
listening with the ears of another,  
and feeling with the heart of another.





# Empathic Presence \*\*\*

## Putting the Pieces Together

Echoes from our Nursing Education

American Nurses' Association Code of Ethics  
State Nurse Practice Act

State Specific Regulation

- Client rights
- Statute
- Rule

Fulfilled through You



# Echoes from Nursing Education

- **Empathy** is the Essence of Nursing, not a burdensome task to accomplish
- **Empathy** is a Quality of the **Heart**
- **Empathy** gives Passion, Purpose and Power to Nursing roles
- **Empathy** Transforms how nurses accomplish responsibilities
- **Empathy** is what has allowed nurses over time to become 'Most Trusted' among health care providers



# Empathy in Code of Ethics and Practice Acts

## Empathy within ANA **Code of Ethics** \*\*\*

### Provision 1:

The nurse practices with **compassion and respect** for the inherent **dignity**, worth and unique attributes of every person.

## Empathy within **MN Nurse Practice Act**\*\*\* LPN Scope of Practice

- Provision (8) promoting a safe and therapeutic environment
- Provision (9) **advocating** for the **best interests** of individual(s)

# Empathy in Regulation? \*\*\*



## MN 2019 Assisted Living Statute

### 144G.63 Subd. 3 (Orientation)

- “... oriented specifically to each individual... and services to be provided”

### 1441G.60-72 (Services for Persons in Assisted Living)

- “the principles of person-centered planning and service delivery”

### 1441G.84 (Services for Persons with Dementia)

- “Services must be provided in a person-centered manner that promotes resident choice, **dignity**, and sustains the resident’s abilities”

# Challenges to Empathic Nursing

Empathic Nursing can be lost in the overwhelming stress of implementing

- Statutes and Regulations
- Corporate Policies
- Staffing Challenges
- Evolving Nursing Roles
- Crisis and Emergency Care

So Where Do We Start?





## Knowing the Person's Life History to be able to

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Anticipate and proactively address the full range individual needs

- Physical
- Emotional, psychological
- Social, occupational
- Cultural, spiritual

# The Person who Earned a Diploma or Degree (Tom Hussey)



# The Person who Devoted Years To a Career or Business (Tom Hussey)



# The Person who Was a Health Care Professional (Tom Hussey)



# The Person who Cared for a Home and a Family (Tom Hussey)



# Transforming Nursing with Empathy

Impact of **Language** (institutional language/jargon)

Understanding of **Person's Expressions/Responses/Reactions**

- 'Reluctance/Resistance', 'Refusal'
- 'Aggression'

Understanding of **Family Emotions**

## **Nursing Roles**

- 'Training' > Teaching, educating
- 'Assignment' > Empowerment
- 'Monitoring > Supportive Guidance'

**Daily Responsibilities and Tasks** into Relationship Building Interactions



# Moving from 'Labeling to Learning'

Eilon Caspi, PHD, Gerontologist

- ♥ **Language is Important!**
- ♥ The words we use influence and reinforce how we interpret others' emotional expressions and actions
- ♥ Institutional language underpins institutionally expedient rather than person-centered care
- ♥ The way we speak about the elders for whom we care impacts the quality of that care
  - ♥ Does it reflect an Empathic understanding and respect for their Dignity?
  - ♥ Does it describe what we see and hear using neutral words, without judgement & without labels?

## **Minefield:**

**Persistent use of institutional (even medical) language continues to further stigmatize persons in need of care**

# Transforming 'Institutional' Language

'Old Culture' Language to Avoid/Eliminate	'New Culture' Language to Incorporate/Model
<ul style="list-style-type: none"><li>• Facility,</li><li>• Memory Care/Unit, 'the floor'</li><li>• Transport</li></ul>	<ul style="list-style-type: none"><li>• Home</li><li>• Community, Neighborhood</li><li>• Assistance</li></ul>
<ul style="list-style-type: none"><li>• Resident</li><li>• Identity by Room Number</li><li>• Impersonal "Dear/Honey", "Bud/Pal"</li></ul>	<ul style="list-style-type: none"><li>• Person's Preferred Name or</li><li>• Title: "Ms.", "Mr.", "Mrs.", "Sir", "Dr."</li></ul>
<ul style="list-style-type: none"><li>• Dementia/Alzheimer's Patient/Client</li><li>• 'Demented' ~ 'Mentally ill', 'Insane'?</li></ul>	<ul style="list-style-type: none"><li>• Person experiencing changing abilities/needs *** Teepa Snow 'Gems'</li><li>• Person diagnosed with ...</li></ul>
<ul style="list-style-type: none"><li>• Diabetic, Epileptic, Asthmatic</li><li>• "We are not 'ics'"</li></ul>	<ul style="list-style-type: none"><li>• Person living with ...</li></ul>

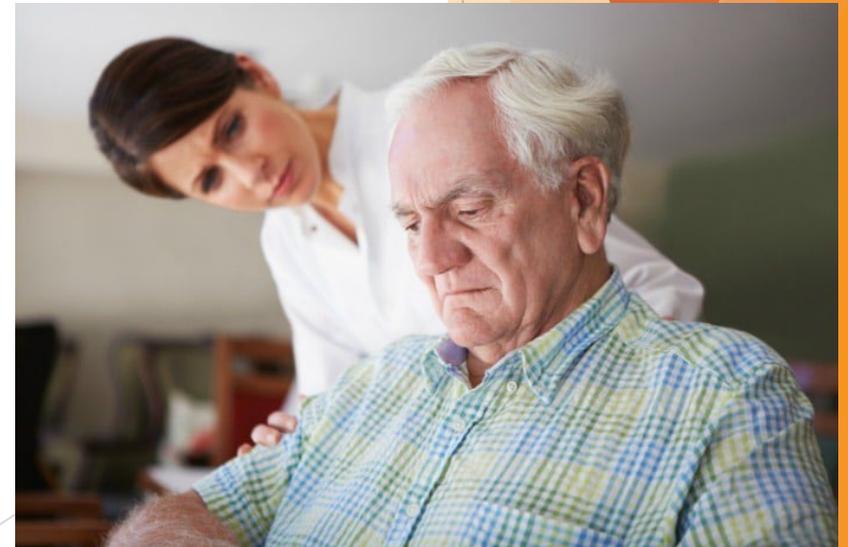
# Transforming 'Institutional' Language

<p>'Old Culture' Language to Avoid/Eliminate</p>	<p>'New Culture' Language to Incorporate/Model</p>
<ul style="list-style-type: none"> <li>Declining, Deteriorating</li> </ul>	<ul style="list-style-type: none"> <li>Experiencing Changing Abilities/Needs *** Teepa Snow 'Gems'</li> </ul>
<ul style="list-style-type: none"> <li>Sundowning, Wandering, 'Eloping'</li> </ul>	<ul style="list-style-type: none"> <li>Expressions of Unmet Human Needs</li> <li>Attachment, Comfort, Identity, Occupation, Inclusion, Love</li> </ul>
<ul style="list-style-type: none"> <li>Refusal</li> <li>Reluctance/Resistance to Care</li> </ul>	<ul style="list-style-type: none"> <li>Having difficulty hearing, understanding, processing prompts</li> <li>Having difficulty participating in/accepting care</li> </ul>
<ul style="list-style-type: none"> <li>Disruptive, Inappropriate, <u>Problem</u>, Aggressive Behavior, Violent</li> <li>(Stalker, Grabber, Hoarder, Attention Seeker)</li> </ul>	<ul style="list-style-type: none"> <li>Behavioral responses/expressions/reactions</li> <li>Nonjudgmental, neutral descriptions</li> <li>Consider fears, confusion, loneliness lack of meaningful activity, brain changes</li> </ul>

# Transforming Understanding of Person's Expressions/Responses/Reactions

## 'Reluctance' – 'Resistance' – 'Refusal' , 'Aggression'

- Hardwired in Long Term Care Language
- Judgmental labels that **blame or shame** a person for
  - Not complying with **our** expectations
  - Experiencing an unmet need:
    - The person may not be able to describe
    - May not what it seems to us
  - Actions no longer fully under person's control
  - Inept or hurried nursing or caregiving approaches



# Transforming Understanding of Person's Expressions/Responses/Reactions

Recognize this as the nurse/caregiver puzzle to solve \*\*\*

Why are we seeing this expression/response/reaction?

What is the actual need?

- **Consider Implications of Trauma**
  - What has happened/is happening to the person?
    - Instead of -
  - What is wrong with the person?



# Transforming Understanding of “Reluctance/Resistance/Refusal”



Timing may not fit with lifelong routines

The person may have difficulty recognizing the nurse or caregiver

The person may not hear, understand or may have difficulty processing the request or prompt

The person may be embarrassed to need help from ‘strangers’ with intimate care

There may be long standing or emerging fears (falling/water)

Care may be rushed, hurried, not allowing time for person to process and participate as able

Response may no longer be within the person’s control due to changing abilities related to physical, emotional, neurocognitive conditions

# Transforming Understanding of “Aggression”



Effort to maintain dignity, identity, security, control, affection, purpose

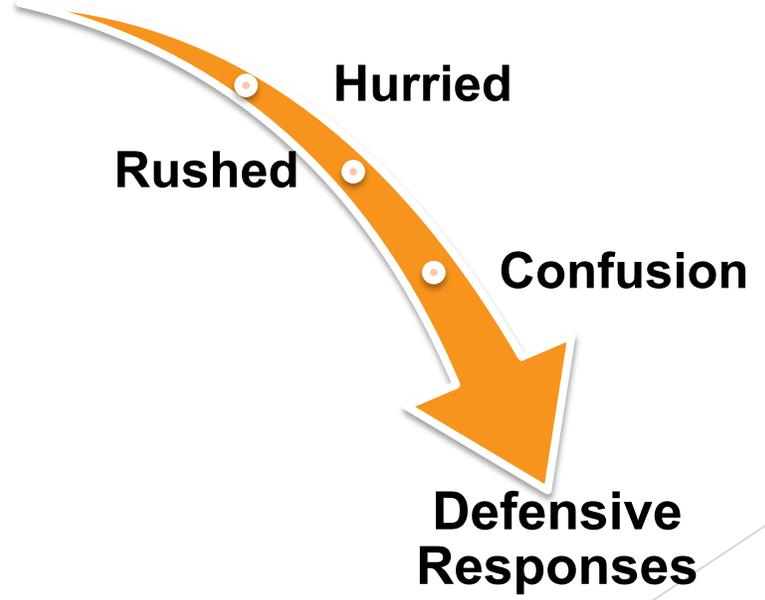
Person perceives invasion of personal space or feels threatened by 'stranger'

Has unmet needs the person is unable to understand, describe or express a solution:  
Comfort (pain, elimination, mobility/positioning, or sleep needs)  
Meaningful activity  
Absence of familiar life routines  
Companionship

# Transforming Understanding of Behavioral Expressions/Responses/Reactions

Consider Nursing and Caregiving Approach

When Assistance or Care is...



# Transforming Responses to Behavioral Expressions

- **Model** a 'new culture' understanding of behavioral expressions
- **Respond** immediately to judgmental language by care team member:  
“Reluctance/Resistance/Refusal and/or Aggression”
  - Employ a problem-solving approach
  - Collaboratively develop alternative approaches



# A Problem-Solving Exercise

## Adapted from Jitka M. Zgola

When a person acts in a manner that causes concern to care providers:

- The person is usually responding as best possible under difficult circumstances
- The person is usually unable to explain the reason for the actions
- The person is usually unable to consider alternatives

The LPN may initiate and partner in a problem-solving process with other team members

A Problem-Solving Exercise Handout is available  
as part of Webinar Materials

# Family “Emotions in an Eggbeater”

## Understanding Family Member Responses

- Helps to build close, trusting, long term relationships
- Fosters improved care for individuals
  
- Ache
- Apprehension
- Anguish
- Anger
- Appreciation



# Family “Emotions in an Eggbeater”



## ACHE

- Heartache: Dull pain - Chest feels like there is a heavy weight on it
- Prolonged, Continuous
- Bittersweet (holds powerful memories)
- May be accompanied by
  - Involuntary breath holding
  - Unexpected crying
- Sense of doom while waiting for the next crisis

## APPREHENSION

- Is the person for whom we care being treated with Empathy and Dignity?
- Are their personal preferences being honored when we are not here?
- Is the person for whom we care for lonely or missing us?
- Will our next visit be pleasant or stressful?
- Will the person remember us?
- Will we feel welcomed by staff members?
- What new changes will we see?
- What new problem (however small) that we had not anticipated will present itself?
- Should we visit more or less often?

# Family “Emotions in an Eggbeater”



## ANGUISH

- Suffering, distress, grief or pain
- Beyond sadness
- Inconsolable
  
- Difficult to express (too deep for words)
- Extreme - Fear of losing control
  
- Intensely personal
  
- Hidden from all but the most Trusted staff members

## ANGER

- This terrible condition
- Loss of hopes and dreams
- Other family members
- Ourselves
- The person for whom we care
- The Supreme Being
- Easily triggered by
- Judgmental statements made about the person for whom we care
- Need to repeat the same information over and over and over
- Repeated deficiencies in care over time
- Apathetic or defensive responses to our concerns
- Blaming care deficiencies on others
- Labeling family or person for whom we care
- as "difficult", "problem"

# Transforming LPN Nursing Roles 'Training' to Modeling (Teaching)

'Training' is task oriented, typically focused on

- Technical Skill to perform a task
- Who, What, When and How

Modeling is person oriented: teaching and demonstrating critical components of

- Why the task/care must be done a certain way
- Effective Adaptations and Approaches to meet individual needs and preferences

**Builds a relationship** between teacher and learner

- "That sounds challenging", "Let's do this together", "I'll help you"
- "Let's try to figure out why this is happening (again)"
- "Let's think about a more thoughtful/considerate/respectful approach"

**Every encounter is a Modeling opportunity**



# Transforming Nursing Roles 'Assignment' to Empowerment

## MN Nurse Practice Act LPN Scope and Sequence \*\*\*

- "Assignment" presumes that the RN has appropriately delegated those tasks and activities to a specific individual

## Transforming 'Assignment' to Empowerment

- Empowerment demonstrates empathy for persons receiving care and the caregiving team
- Trusts the caregiver to act competently on learned skills and approaches
- Ongoing process of two-way communication and support



# Transforming Nursing Roles: Monitoring to Supportive Guidance

**Minnesota Nurse Practice Act:** (Subd. 8a.)

**"Monitoring"** means the periodic **inspection** by a registered nurse or licensed practical nurse of a delegated or assigned nursing task or activity and includes:

1. **Watching** during the performance of the task or activity;
2. Periodic **checking and tracking** of the progress of the task or activity being performed
3. Updating a **supervisor** on the progress or completion of the task or activity
4. Contacting a supervisor as needed for direction and **consultation.** "

**Minefield:** 'Monitoring' too often:

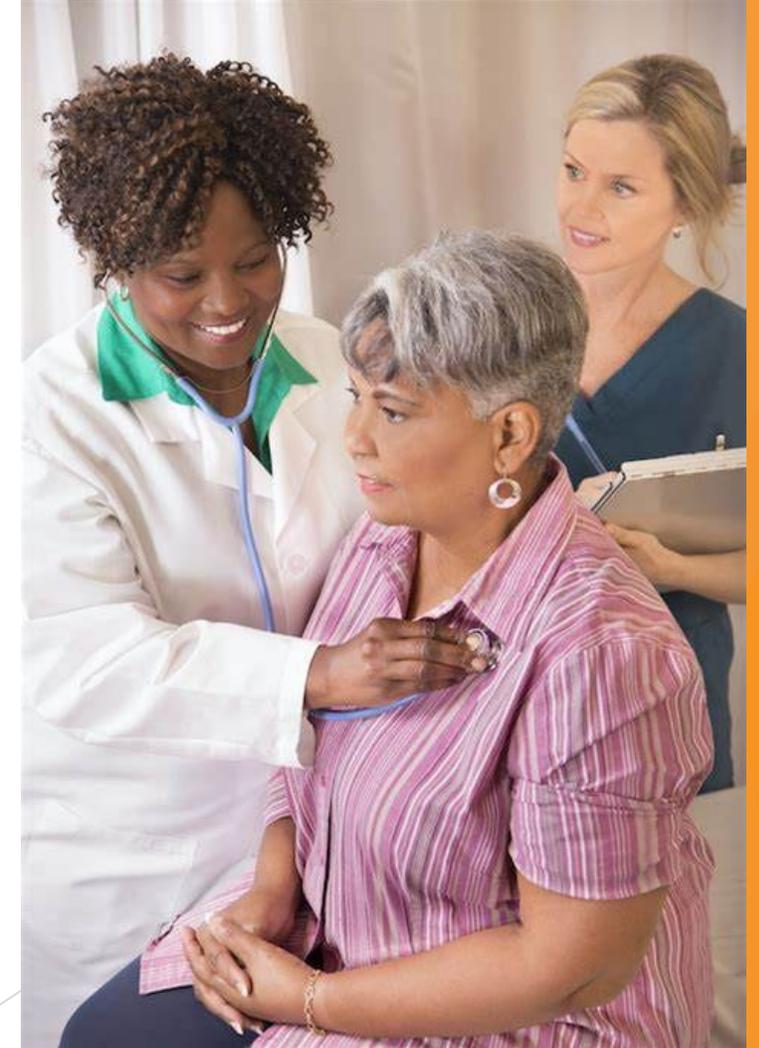
- Used as a corrective or punitive process – "We'll write s/he/them up"
- Used to motivate by intimidation
- Used to **blame/shame** (sometimes publicly)
  - Staff members for mistakes or errors
  - Person or family members for raising concerns ("complaining")



# Transforming Nursing Roles: Monitoring to Supportive Guidance

## Supportive Guidance:

- Uses LPN close and creative '**presence**' to
  - Identify individual need
  - Refresh caregiver competency and approach
- Provides direct assistance to the caregiver
- Provides guidance in private
- Partners with caregiver about improving the situation
- Makes expectations clear
- Checks for understanding
- Offers ongoing assistance
- Commits to a time frame for follow-up



# Family “Emotions in an Eggbeater”: Appreciation

Families have deep appreciation for nurses who model  
Transforming Daily Responsibilities with **Empathy**  
to build enduring, close, trusting relationships



# Daily Responsibilities Transformed With Empathy

## Personal Preferences

- Use the person's preferred name
- Avoid impersonal or generic references
- Incorporate individual lifestyle preferences into the life of the community rather than expecting the person to adapt to the routine of the 'facility'

## Person Centered

- Learn about and continually reference the person's
  - Life histories
  - Interests, hobbies
  - Work, career
  - Faith traditions
  - People and relationships who are important to them

## Presence

- Be present with individuals and caregivers on a regular basis
  - During meals
  - Participating in activities
  - During non-structured time
- Offers creative approaches to nursing 'rounds'

# Daily Responsibilities Transformed With Empathy

## Communication

- Talk with individuals often in addition to when providing assistance or care
- Talk about people, jobs, activities, hobbies that have been important to them
- Speak from a position where the person can see who is talking to them
- Use a clear, animated voice to help mitigate impaired attention and hearing abilities
- Learn and use the person's own expressions

## Compliments

- People delight in hearing compliments about
  - Hair, clothes, smile
  - Family pictures
  - Personal items
  - Anything
- Compliment often – it will be new and wonderful each time it is heard

## Touch as Accepted

- Use slow, firm but gentle motions
- Physical touch makes an emotional connection
- Touch helps individuals from feeling lost in an unfamiliar world
- Touch builds enduring relationships over time
- Gentle, firm touch assists individuals to self calm

# Daily Responsibilities Transformed With Empathy

## Accommodation

- Make use of person's long-term memory
- Provide meaningful, consistent cues
- Reduce distractions
- Attend to nonverbals
  
- Avoid correcting the person
- Avoid arguing or attempting to convince

## Choices

- Appropriate for almost all situations
  - Clothing
  - Activities
  - Food
  - Approaching ADL's
  
- When possible, pair words with actual objects
- Keep choices simple "This or That?"

## Meaningful Activities

- Engage the person in meaningful activities that connect to their life histories while respecting current abilities
  
- Avoiding using the TV as default caregiver

# Daily Responsibilities Transformed With Empathy

## Approaches

- Consider
  - Personal preferences
  - Changing abilities
- Use a 'relationship-based' rather than task-focused approach
- Pause for permission
- Invite instead of directing - (Let's try ....", "Please help me")
- Offer assistance rather than 'taking over' the care
- Use self-focused humor in challenging situations

## Accountability

- Be proactively transparent about mistakes and 'errors'
- Inform the family quickly and honestly
- Offer suggestions to prevent future events
  - For the individual
  - Community wide

## Advocacy

- Model non-judgmental, person centered 'New Culture' language
- Remove/Advocate for removal of all judgmental 'Old Culture' language
  - Among all team members and staff
  - From all systemic electronic and written documentation
  - In all communication with family members and community healthcare providers

# Can Empathy be Taught?

Stephen M. R. Covey 'The Speed of Trust'

“See” (Paradigm shift)

Understand with Empathy



“Speak” (Language shift)

Communicate with Empathy

Remove judgmental language



“Behave” (Behavior shift)

Model language, approaches and care with Empathy

# The Minefield of Moral Distress

- When care provided/observed does not meet or violates professional ethical standards
- The cost of 'Speaking Out'
  - As a minority Health Care Professional in a Hospitality (Assisted Living)/Business model
  - When concerns are interpreted as a challenge to leadership
- The cost of **not** 'Speaking Out'
  - Loss of trust with families and individuals in need of care
  - Increased risk of abuse and neglect
  - Personal mental and physical toll



# Thank you!



For being a Model and Advocate of Empathic Nursing  
for all persons you serve



# Questions?

# Webinar Links and Resources

## American Nurses Association Code of Ethics

- [ANA-Code-of-Ethics-for-Nurses.pdf \(rutgers.edu\)](#)

## Minnesota Nurse Practice Act Scope and Sequence

- [LPN and RN Scopes of Practice \(mn.gov\)](#)

## Minnesota Statute 2019 - 1441G.60-72 and 1441G.80-84

- [Minnesota Statutes 2019, Section 144G.08 \(mn.gov\)](#)
- [Minnesota Rules 2021, Chapter 4659 \(mn.gov\)](#)

## Bills of Rights for Assisted Living Clients

- [Minnesota Home Care Bill of Rights for Assisted Living Clients of Licensed Only Home Care Providers \(state.mn.us\)](#)
- [Assisted Living Centers Booklet6.pdf \(sd.gov\)](#)

# Webinar Links and Resources

Teepa Snow [www.teepasnow.com](http://www.teepasnow.com)

- Gems Poster [GEMS Poster 8.5x11\\_NON BLEED\\_v2.indd \(teepasnow.com\)](http://www.teepasnow.com/GEMS%20Poster%208.5x11_NON%20BLEED_v2.indd)
- [What Are the 3 Steps to Starting Successful Engagements? - Positive Approach to Care \(teepasnow.com\)](http://www.teepasnow.com/What%20Are%20the%203%20Steps%20to%20Starting%20Successful%20Engagements%3F-%20Positive%20Approach%20to%20Care)
- [Print-version-of-3-Strategies-for-Creating-Meaningful-Moments-in-Dementia-Care.pdf \(teepasnow.com\)](http://www.teepasnow.com/Print-version-of-3-Strategies-for-Creating-Meaningful-Moments-in-Dementia-Care.pdf)

Validation Training Institute: <https://vfvalidation.org>

DVD: Introduction to Validation:

<https://vfvalidation.org/product/introduction-validation-dvd/>

Why We Don't Call it Resident-to-Resident "Aggression" - The HPP Resource Center (healthpropress.com)

Twenty Reasons Why (Knowing a person's Life History is important)

<https://tinyurl.com/mprvtnpd>

# Books

Dementia Reconsidered, Revisited: The Person Still Comes First, Tom Kitwood  
2019

The Validation Breakthrough, Third Edition, Naomi Feil

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