

Exit Conference Attendance

STATE EVALUATION: ASSISTED LIVING PROVIDERS (144G)

Instructions

MDH surveyors complete this form at the start of the survey exit conference.

Provider Information

Provider: Click or tap here to enter text.

HFID: Click or tap here to enter text.

Exit Date: Click or tap to enter a date.

Exit Time: Click or tap here to enter text.

Surveyors

Surveyor: Click or tap here to enter text.

Title: Click or tap here to enter text.

Surveyor: Click or tap here to enter text.

Title: Click or tap here to enter text.

Provider Staff Members in Attendance

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Tag IDs and 144G Statute/Descriptions

| Tag ID | 144G Statute and Description |
|-------------------------------|--|
| <input type="checkbox"/> 0100 | 144G.10 Subd. 1. License required |
| <input type="checkbox"/> 0110 | 144G.10 Subd. 1a. Assisted living director license required. |
| <input type="checkbox"/> 0115 | 144G.10 Subd. 2. Licensure categories. |
| <input type="checkbox"/> 0118 | 144G.10 Subd. 5. Protected title; restriction on use. |
| <input type="checkbox"/> 0120 | 144G.11 Applicability of other laws. |
| <input type="checkbox"/> 0130 | 144G.12 Subd. 1 Application for licensure. |
| <input type="checkbox"/> 0180 | 144G.16 Subd. 2. Initial survey. |
| <input type="checkbox"/> 0210 | 144G.16 Subd. 6. Requirements for notice and transfer. |
| <input type="checkbox"/> 0220 | 144G.17 License renewal. |
| <input type="checkbox"/> 0230 | 144G.18 Notification of changes in information. |
| <input type="checkbox"/> 0235 | 144G.19 Subd. 5. Change of ownership; existing contracts. |
| <input type="checkbox"/> 0240 | 144G.195 Subd. 1. Facility relocation. New license not required. |

| Tag ID | 144G Statute and Description |
|-------------------------------|--|
| <input type="checkbox"/> 0245 | 144G.195 Subd. 1. Facility relocation. New license not required. |
| <input type="checkbox"/> 0250 | 144G.20 Subd. 1. Conditions. |
| <input type="checkbox"/> 0270 | 144G.20 Subd. 12. Notice to residents. |
| <input type="checkbox"/> 0280 | 144G.20 Subd. 15. Plan required. |
| <input type="checkbox"/> 0320 | 144G.30 Subd. 1. Regulatory powers. |
| <input type="checkbox"/> 0330 | 144G.30 Subd. 4. Information provided by facility. |
| <input type="checkbox"/> 0340 | 144G.30 Subd. 5. (a), (b), (c)(1) Correction orders. |
| <input type="checkbox"/> 0345 | 144G.30 Subd. 5. (c)(2), (d) Correction orders. |
| <input type="checkbox"/> 0350 | 144G.30 Subd. 8. Notice of noncompliance |
| <input type="checkbox"/> 0380 | 144G.33 Subd. 6. Violation of innovation variances. |
| <input type="checkbox"/> 0420 | 144G.40 Subd. 1. Responsibility for housing and services. |
| <input type="checkbox"/> 0430 | 144G.40 Subd. 2. Uniform checklist disclosure of services. |
| <input type="checkbox"/> 0440 | 144G.40 Subd. 3. Reservation of rights |

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

| Tag ID | 144G Statute and Description |
|-------------------------------|---|
| <input type="checkbox"/> 0450 | 144G.41 Subd. 1. (1-4) Minimum requirements. |
| <input type="checkbox"/> 0460 | 144G.41 Subd. 1. (5-10) Minimum requirements. |
| <input type="checkbox"/> 0470 | 144G.41 Subd. 1. (11-12) Minimum requirements. |
| <input type="checkbox"/> 0480 | 144G.41 Subd. 1., Subd. 1a (b) Minimum requirements. |
| <input type="checkbox"/> 0485 | 144G.41 Subd. 1., Subd. 1a (a) Minimum requirements. |
| <input type="checkbox"/> 0490 | 144G.41 Subd. 1., Subd. 1b Minimum requirements. |
| <input type="checkbox"/> 0495 | 144G.41 Subd. 1. (13) Minimum requirements. |
| <input type="checkbox"/> 0500 | 144G.41 Subd. 2. Policies and procedures. |
| <input type="checkbox"/> 0510 | 144G.41 Subd. 3. Infection control program. |
| <input type="checkbox"/> 0520 | 144G.41 Subd. 4. Clinical nurse supervision. |
| <input type="checkbox"/> 0530 | 144G.41 Subd. 5. Resident councils. |
| <input type="checkbox"/> 0540 | 144G.41 Subd. 6. Family councils. |
| <input type="checkbox"/> 0550 | 144G.41 Subd. 7. Resident grievances; reporting maltreatment. |

| Tag ID | 144G Statute and Description |
|-------------------------------|---|
| <input type="checkbox"/> 0560 | 144G.41 Subd. 8. Protecting resident rights. |
| <input type="checkbox"/> 0570 | 144G.42 Subd, 1. Display of license. |
| <input type="checkbox"/> 0580 | 144G.42 Subd. 2. Quality management. |
| <input type="checkbox"/> 0590 | 144G.42 Subd. 3. Facility restrictions. |
| <input type="checkbox"/> 0600 | 144G.42 Subd. 4. Handling residents' finances and property. |
| <input type="checkbox"/> 0610 | 144G.42 Subd. 5. Final accounting; return of money and property. |
| <input type="checkbox"/> 0620 | 144G.42 Subd. 6. (a) Compliance with requirements for reporting maltreatment of vulnerable adults; abuse prevention plan. |
| <input type="checkbox"/> 0630 | 144G.42 Subd. 6. (b) Compliance with requirements for reporting maltreatment of vulnerable adults; abuse prevention plan. |
| <input type="checkbox"/> 0640 | 144G.42 Subd. 7 Posting information for reporting suspected crime and maltreatment. |
| <input type="checkbox"/> 0650 | 144G.42 Subd. 8. (a) Staff records. |
| <input type="checkbox"/> 0655 | 144G.42 Subd. 8. (b) Staff records. |

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

| Tag ID | 144G Statute and Description |
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| <input type="checkbox"/> 0660 | 144G.42 Subd. 9. Tuberculosis prevention and control. |
| <input type="checkbox"/> 0670 | 144G.42 Subd. 9a. Communicable diseases. |
| <input type="checkbox"/> 0680 | 144G.42 Subd. 10. Disaster planning and emergency preparedness plan. |
| <input type="checkbox"/> 0690 | 144G.43 Subd. 1. (a) Resident record. |
| <input type="checkbox"/> 0700 | 144G.43 Subd. 1. (b) Resident record. |
| <input type="checkbox"/> 0710 | 144G.43 Subd. 1. (c) (1-4) Resident record. |
| <input type="checkbox"/> 0720 | 144G.43 Subd. 2. Access to records. |
| <input type="checkbox"/> 0730 | 144G.43 Subd. 3. Contents of resident record. |
| <input type="checkbox"/> 0740 | 144G.43 Subd. 4. Transfer of resident records. |
| <input type="checkbox"/> 0750 | 144G.43 Subd. 5. Record retention. |
| <input type="checkbox"/> 0770 | 144G.45 Subd. 1. Minimum site Requirements. |
| <input type="checkbox"/> 0775 | 144G.45 Subd. 2. (a) Fire protection and physical environment. |
| <input type="checkbox"/> 0780 | 144G.45 Subd. 2.(a) (1) Fire protection and physical environment. |

| Tag ID | 144G Statute and Description |
|-------------------------------|---|
| <input type="checkbox"/> 0790 | 144G.45 Subd. 2 (a) (2-3) Fire protection and physical environment. |
| <input type="checkbox"/> 0800 | 144G.45 Subd. 2 (a) (4) Fire protection and physical environment. |
| <input type="checkbox"/> 0810 | 144G.45 Subd. 2 (b-f) Fire protection and physical environment. |
| <input type="checkbox"/> 0820 | 144G.45 Subd. 2 (g) Fire protection and physical environment. |
| <input type="checkbox"/> 0830 | 144G.45 Subd. 3. Local laws apply. |
| <input type="checkbox"/> 0840 | 144G.45 Subd. 4. Design requirements. |
| <input type="checkbox"/> 0850 | 144G.45 Subd. 5. Assisted living facilities; Life Safety Code. |
| <input type="checkbox"/> 0860 | 144G.45 Subd. 6. New construction; plans. |
| <input type="checkbox"/> 0900 | 144G.50 Subd. 1. Contract required. |
| <input type="checkbox"/> 0910 | 144G.50 Subd. 2. (a-b) (1-4) Contract information. |
| <input type="checkbox"/> 0920 | 144G.50 Subd. 2. (c) (1-7) Contract information. |
| <input type="checkbox"/> 0930 | 144G.50 Subd. 2. (d-e) (1-4) Contract information. |

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| <input type="checkbox"/> 0940 | 144G.50 Subd. 2. (e) (5-7) Contract information. |
| <input type="checkbox"/> 0950 | 144G.50 Subd. 3. Designation of representative. |
| <input type="checkbox"/> 0960 | 144G.50 Subd. 4. Filing. |
| <input type="checkbox"/> 0970 | 144G.50 Subd. 5. Waivers of liability prohibited. |
| <input type="checkbox"/> 0980 | 144G.51 Arbitration. |
| <input type="checkbox"/> 0990 | 144G.52 Subd. 2. Prerequisite to termination of a contract. |
| <input type="checkbox"/> 1000 | 144G.52 Subd. 3. Termination for nonpayment. |
| <input type="checkbox"/> 1010 | 144G.52 Subd. 4. Termination for violation of the assisted living contract. |
| <input type="checkbox"/> 1020 | 144G.52 Subd. 5. Expedited termination. |
| <input type="checkbox"/> 1025 | 144G.52 Subd. 5a. Impermissible ground for termination. |
| <input type="checkbox"/> 1030 | 144G.52 Subd. 6. Right to use provider of resident's choosing. |
| <input type="checkbox"/> 1040 | 144G.52 Subd. 7. Notice of contract termination required. |
| <input type="checkbox"/> 1050 | 144G.52 Subd. 8. Content of notice of termination. |

| Tag ID | 144G Statute and Description |
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| <input type="checkbox"/> 1060 | 144G.52 Subd. 9. Emergency relocation. |
| <input type="checkbox"/> 1070 | 144G.52 Subd. 10. Right to return |
| <input type="checkbox"/> 1080 | 144G.53 Subd. 1. Notice or termination procedure., Subd. .3. Requirements following notice., and Subd. 4. Right to move to a location of resident's choosing or to use provider of resident's choosing. |
| <input type="checkbox"/> 1085 | 144G.53 Subd. 2. Prohibited ground for nonrenewal. |
| <input type="checkbox"/> 1090 | 144G.54 Subd. 2. Permissible grounds to appeal termination. |
| <input type="checkbox"/> 1100 | 144G.54 Subd. 6. Service provision while appeal pending. |
| <input type="checkbox"/> 1110 | 144G.55 Subd. 1. (a-c) Duties of facility. |
| <input type="checkbox"/> 1120 | 144G.55 Subd. 1. (d-h) Duties of facility. |
| <input type="checkbox"/> 1130 | 144G.55 Subd. 2. Safe location. |
| <input type="checkbox"/> 1140 | 144G.55 Subd. 3. Relocation plan required. |
| <input type="checkbox"/> 1150 | 144G.55 Subd. 5. No waiver. |
| <input type="checkbox"/> 1160 | 144G.56 Subd. 2. Orderly transfer. |

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| <input type="checkbox"/> 1170 | 144G.56 Subd. 3. Notice required. |
| <input type="checkbox"/> 1180 | 144G.56 Subd. 4. Consent required. |
| <input type="checkbox"/> 1190 | 144G.56 Subd. 5. Changes in facility operations. |
| <input type="checkbox"/> 1200 | 144G.56 Subd. 6. Evaluation. |
| <input type="checkbox"/> 1210 | 144G.56 Subd. 7. Disclosure. |
| <input type="checkbox"/> 1220 | 144G.57 Subd. 1. Closure plan required. |
| <input type="checkbox"/> 1230 | 144G.57 Subd. 2. Content of closure plan. |
| <input type="checkbox"/> 1240 | 144G.57 Subd. 3. Commissioner's approval required prior to implementation. |
| <input type="checkbox"/> 1250 | 144G.57 Subd. 4. Termination planning and final accounting requirements. |
| <input type="checkbox"/> 1260 | 144G.57 Subd. 5. Notice to residents. |
| <input type="checkbox"/> 1270 | 144G.57 Subd. 6. Emergency closures. |
| <input type="checkbox"/> 1290 | 144G.60 Subd. 1. Background studies required. |
| <input type="checkbox"/> 1300 | 144G.60 Subd. 2. Qualifications, training, and competency. |

| Tag ID | 144G Statute and Description |
|-------------------------------|---|
| <input type="checkbox"/> 1310 | 144G.60 Subd. 3. Licensed health professionals and nurses. |
| <input type="checkbox"/> 1320 | 144G.60 Subd. 4. (a) Unlicensed personnel. |
| <input type="checkbox"/> 1330 | 144G.60 Subd. 4. (b) Unlicensed personnel. |
| <input type="checkbox"/> 1340 | 144G.60 Subd. 4. (c) Unlicensed personnel. |
| <input type="checkbox"/> 1350 | 144G.60 Subd. 5. Temporary staff. |
| <input type="checkbox"/> 1360 | 144G.61 Subd. 1. Instructor & competency evaluation requirements. |
| <input type="checkbox"/> 1370 | 144G.61 Subd. 2. (a) Training & evaluation of unlicensed personnel. |
| <input type="checkbox"/> 1380 | 144G.61 Subd. 2. (b) Training & evaluation of unlicensed personnel. |
| <input type="checkbox"/> 1390 | 144G.62 Subd. 1. (a) Availability of contact person to staff. |
| <input type="checkbox"/> 1400 | 144G.62 Subd. 1. (b) Availability of contact person to staff. |
| <input type="checkbox"/> 1410 | 144G.62 Subd. 2. (a) Delegation of assisted living services. |
| <input type="checkbox"/> 1420 | 144G.62 Subd. 2 (b) Delegation of assisted living service. |
| <input type="checkbox"/> 1430 | 144G.62 Subd. 3. Supervision of staff. |

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| Tag ID | 144G Statute and Description |
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| <input type="checkbox"/> 1440 | 144G.62 Subd. 4. Supervision of staff providing delegated nursing or therapy tasks. |
| <input type="checkbox"/> 1450 | 144G.62 Subd. 5. Documentation. |
| <input type="checkbox"/> 1460 | 144G.63 Subd. 1. Orientation of staff and supervisors. |
| <input type="checkbox"/> 1470 | 144G.63 Subd. 2. Content of required orientation. |
| <input type="checkbox"/> 1480 | 144G.63 Subd. 3. Orientation to resident. |
| <input type="checkbox"/> 1490 | 144G.63 Subd. 4. Training required relating to dementia, mental illness, and de-escalation. |
| <input type="checkbox"/> 1500 | 144G.63 Subd. 5. Required annual training. |
| <input type="checkbox"/> 1510 | 144G.63 Subd. 6. Implementation. |
| <input type="checkbox"/> 1520 | 144G.63 Subd. 7. Verification and documentation of orientation and training. |
| <input type="checkbox"/> 1530 | 144G.64 (a) (1-2) Training in dementia care, mental illness, and de-escalation required. |
| <input type="checkbox"/> 1540 | 144G.64 (a) (3) Training in dementia care, mental illness, and de-escalation required. |

| Tag ID | 144G Statute and Description |
|-------------------------------|--|
| <input type="checkbox"/> 1550 | 144G.64 (a) (4) Training in dementia care, mental illness, and de-escalation required. |
| <input type="checkbox"/> 1560 | 144G.64 (a) (5) (b) Training in dementia care, mental illness, and de-escalation required. |
| <input type="checkbox"/> 1565 | 144G.64 (c) Training in dementia care, mental illness, and de-escalation required. |
| <input type="checkbox"/> 1600 | 144G.70 Subd. 1. Acceptance of residents. |
| <input type="checkbox"/> 1610 | 144G.70 Subd. 2. (a-b) Initial reviews, assessments, and monitoring. |
| <input type="checkbox"/> 1620 | 144G.70 Subd. 2. (c-f) Initial reviews, assessments, and monitoring. |
| <input type="checkbox"/> 1630 | 144G.70 Subd. 3. Temporary service plan. |
| <input type="checkbox"/> 1640 | 144G.70 Subd. 4. (a-e) Service plan, implementation, and revisions to service plan. |
| <input type="checkbox"/> 1650 | 144G.70 Subd. 4. (f) Service plan, implementation, and revisions to service plan. |
| <input type="checkbox"/> 1660 | 144G.70 Subd. 5. Referrals. |
| <input type="checkbox"/> 1670 | 144G.70 Subd. 6. Medical cannabis. |

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

| Tag ID | 144G Statute and Description |
|-------------------------------|---|
| <input type="checkbox"/> 1680 | 144G.70 Subd. 7. Request for discontinuation of life-sustaining treatment. |
| <input type="checkbox"/> 1690 | 144G.71 Subd. 1. Medication management services. |
| <input type="checkbox"/> 1700 | 144G.71 Subd. 2. Provision of medication management services. |
| <input type="checkbox"/> 1710 | 144G.71 Subd. 3. Individualized medication monitoring and reassessment. |
| <input type="checkbox"/> 1720 | 144G.71 Subd. 4. Resident refusal. |
| <input type="checkbox"/> 1730 | 144G.71 Subd. 5. Individualized medication management plan. |
| <input type="checkbox"/> 1740 | 144G.71 Subd. 6. Administration of medication. |
| <input type="checkbox"/> 1750 | 144G.71 Subd. 7. Delegation of medication administration. |
| <input type="checkbox"/> 1760 | 144G.71 Subd. 8. Documentation of administration of medications. |
| <input type="checkbox"/> 1770 | 144G.71 Subd. 9. Documentation of medication setup. |
| <input type="checkbox"/> 1780 | 144G.71 Subd. 10. (a) (1) Medication management for residents who will be away from home. |

| Tag ID | 144G Statute and Description |
|-------------------------------|---|
| <input type="checkbox"/> 1790 | 144G.71 Subd. 10. (a) (2-4) (b) (1-2) Medication management for residents who will be away from home. |
| <input type="checkbox"/> 1800 | 144G.71 Subd. 11. Prescribed and nonprescribed medication. |
| <input type="checkbox"/> 1810 | 144G.71 Subd. 12. Medications; over-the-counter drugs; dietary supplements not prescribed. |
| <input type="checkbox"/> 1820 | 144G.71 Subd. 13. Prescriptions. |
| <input type="checkbox"/> 1830 | 144G.71 Subd. 14. Renewal of prescriptions. |
| <input type="checkbox"/> 1840 | 144G.71 Subd. 15. Verbal prescription orders. |
| <input type="checkbox"/> 1850 | 144G.71 Subd. 16. Written or electronic prescription. |
| <input type="checkbox"/> 1860 | 144G.71 Subd. 17. Records confidential. |
| <input type="checkbox"/> 1870 | 144G.71 Subd. 18. Medications provided by resident or family members. |
| <input type="checkbox"/> 1880 | 144G.71 Subd. 19. Storage of medications. |
| <input type="checkbox"/> 1890 | 144G.71 Subd. 20. Prescription drugs. |
| <input type="checkbox"/> 1900 | 144G.71 Subd. 21. Prohibitions. |
| <input type="checkbox"/> 1910 | 144G.71 Subd. 22. Disposition of medications. |

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

| Tag ID | 144G Statute and Description |
|-------------------------------|--|
| <input type="checkbox"/> 1920 | 144G.71 Subd. 23. Loss or spillage. |
| <input type="checkbox"/> 1930 | 144G.72 Subd. 2. Policies and procedures. |
| <input type="checkbox"/> 1940 | 144G.72 Subd. 3. Individualized treatment or therapy management plan. |
| <input type="checkbox"/> 1950 | 144G.72 Subd. 4. Administration of treatments and therapy. |
| <input type="checkbox"/> 1960 | 144G.72 Subd. 5. Documentation of administration of treatments and therapies. |
| <input type="checkbox"/> 1970 | 144G.72 Subd. 6. Treatment and therapy orders. |
| <input type="checkbox"/> 1980 | 144G.72 Subd. 7. Right to outside service provider; other payors. |
| <input type="checkbox"/> 2020 | 144G.80 Subd. 2. Demonstrated capacity. |
| <input type="checkbox"/> 2030 | 144G.80 Subd. 3. Relinquishing license. |
| <input type="checkbox"/> 2040 | 144G.81 Subd, 1. Fire protection and physical environment. |
| <input type="checkbox"/> 2060 | 144G.81 Subd. 3. Assisted living facilities with dementia care and secured dementia care unit; Life Safety Code. |
| <input type="checkbox"/> 2070 | 144G.81 Subd. 4. Awake staff requirement. |

| Tag ID | 144G Statute and Description |
|-------------------------------|--|
| <input type="checkbox"/> 2090 | 144G.82 Subd. 1. General. |
| <input type="checkbox"/> 2100 | 144G.82 Subd. 2. Additional requirements. |
| <input type="checkbox"/> 2110 | 144G.82 Subd. 3. Policies. |
| <input type="checkbox"/> 2120 | 144G.83 Subd. 1. General. |
| <input type="checkbox"/> 2130 | 144G.83 Subd. 2. Staffing requirements. |
| <input type="checkbox"/> 2140 | 144G.83 Subd. 3. Supervising staff training. |
| <input type="checkbox"/> 2150 | 144G.83 Subd. 4. Preservice and in-service training. |
| <input type="checkbox"/> 2160 | 144G.84 (a) Services for residents with dementia. |
| <input type="checkbox"/> 2170 | 144G.84 (b-d) Services for residents with dementia. |
| <input type="checkbox"/> 2180 | 144G.84 (e-g) Services for residents with dementia. |
| <input type="checkbox"/> 2240 | 144G.90 Subd. 1. Assisted living bill of rights; notification to resident. |
| <input type="checkbox"/> 2250 | 144G.90 Subd. 2. Notices in plain language; language accommodations. |
| <input type="checkbox"/> 2260 | 144G.90 Subd. 3. Notice of dementia training. |

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

| Tag ID | 144G Statute and Description |
|-------------------------------|---|
| <input type="checkbox"/> 2270 | 144G.90 Subd. 4. Notice of available assistance. |
| <input type="checkbox"/> 2280 | 144G.90 Subd. 5. Notice to residents; change in ownership or management. |
| <input type="checkbox"/> 2285 | 144G.90 Subd. 6. Notice to residents. |
| <input type="checkbox"/> 2290 | 144G.91 Subd. 2. Legislative intent. |
| <input type="checkbox"/> 2300 | 144G.91 Subd. 3. Information about rights. |
| <input type="checkbox"/> 2310 | 144G.91 Subd. 4. (a) Appropriate care and services. |
| <input type="checkbox"/> 2320 | 144G.91 Subd. 4. (b) Appropriate care and services. |
| <input type="checkbox"/> 2330 | 144G.91 Subd. 5. Refusal of care or services. |
| <input type="checkbox"/> 2340 | 144G.91 Subd. 6. Participation in care and service planning. and Subd. 6a. Designated support person. |
| <input type="checkbox"/> 2350 | 144G.91 Subd. 7. Courteous treatment. |
| <input type="checkbox"/> 2360 | 144G.91 Subd. 8. Freedom from maltreatment. |
| <input type="checkbox"/> 2370 | 144G.91 Subd. 9. Right to come and go freely. |
| <input type="checkbox"/> 2380 | 144G.91 Subd. 10. Individual autonomy. |

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| <input type="checkbox"/> 2390 | 144G.91 Subd. 11. Right to control resources. |
| <input type="checkbox"/> 2400 | 144G.91 Subd. 12. Visitors and social participation. |
| <input type="checkbox"/> 2410 | 144G.91 Subd. 13. Personal and treatment privacy. |
| <input type="checkbox"/> 2420 | 144G.91 Subd. 14. Communication privacy. |
| <input type="checkbox"/> 2430 | 144G.91 Subd. 15. Confidentiality of records. |
| <input type="checkbox"/> 2440 | 144G.91 Subd. 16. Right to furnish and decorate. |
| <input type="checkbox"/> 2450 | 144G.91 Subd. 17. Right to choose roommate. |
| <input type="checkbox"/> 2460 | 144G.91 Subd. 18. Right to access food. |
| <input type="checkbox"/> 2470 | 144G.91 Subd. 19. Access to technology. |
| <input type="checkbox"/> 2480 | 144G.91 Subd. 20. Grievances and inquiries. |
| <input type="checkbox"/> 2490 | 144G.91 Subd. 21. Access to counsel and advocacy services. |
| <input type="checkbox"/> 2500 | 144G.91 Subd. 22. Information about charges. |
| <input type="checkbox"/> 2510 | 144G.91 Subd. 23. Information about individuals providing services. |

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

| Tag ID | 144G Statute and Description |
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| <input type="checkbox"/> 2520 | 144G.91 Subd. 24. Information about other providers and services. |
| <input type="checkbox"/> 2530 | 144G.91 Subd. 25. Resident councils. |
| <input type="checkbox"/> 2540 | 144G.91 Subd. 26. Family councils. |
| <input type="checkbox"/> 2550 | 144G.911 Restrictions under home and community-based waivers. |
| <input type="checkbox"/> 2560 | 144G.92 Subd. 1. Retaliation prohibited. |
| <input type="checkbox"/> 2580 | 144G.93 Consumer advocacy and legal services. |
| <input type="checkbox"/> 3000 | 626.557 Subd. 3. Timing of report. |
| <input type="checkbox"/> 3020 | 626.557 Subd. 4. Reporting. |

| Tag ID | 144G Statute and Description |
|-------------------------------|---|
| <input type="checkbox"/> 3030 | 626.557 Subd. (4, a) Internal reporting of maltreatment. |
| <input type="checkbox"/> 3060 | 144.6502 Subd. 5 Notice to Facility/Exceptions |
| <input type="checkbox"/> 3070 | 144.6502 Subd. 6 Form Requirements |
| <input type="checkbox"/> 3080 | 144.6502 Subd. 7. Costs and Installation |
| <input type="checkbox"/> 3090 | 144.6502 Subd. 8. Notice to Visitors |
| <input type="checkbox"/> 3100 | 144.6502 Subd. 9. Obstruction of electronic monitoring devices. |
| <input type="checkbox"/> 3110 | 144.6502 Subd. 10. Dissemination of recordings. |
| <input type="checkbox"/> 3120 | 144.6502Subd. 14. Resident protections. |

Minnesota Department of Health
 Health Regulation Division
 PO Box 3879
 St. Paul, MN 55101-3879
 651-201-4200
health.assistedliving@state.mn.us
www.health.state.mn.us

EXIT CONFERENCE ATTENDANCE (STATE EVALUATION 144G)

May 7, 2026

To obtain this information in a different format, call: 651-201-4200.