Be Survey Ready: Continuous Survey Readiness

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Minnesota Regulations You Need to Know

The first step to being survey-ready is understanding what you are being surveyed against. This section provides a clear overview of the state laws, rules, and survey authorities that shape compliance expectations for Assisted Living and Home Care providers in Minnesota. It explains where requirements come from, who enforces them, and which regulations should be reviewed regularly to stay survey-ready year-round.

The Minnesota Department of Health (MDH) is the State Survey Agency and the sole surveyor for both Assisted Living and Home Care providers in Minnesota.

For a small cost, printed and bound copies of Minnesota statutes, laws, and rules are available for purchase through Minnesota Government Publications, including the combined Home Care and Assisted Living Laws and Rules book.

Survey Requirements for Assisted Living and Home Care

	Assisted Living	Home Care
Primary Law:	Minnesota Statutes 144G	Minnesota Statutes 144A
Also Included in Survey:	Minnesota State Fire Code Emergency Preparedness* Minnesota Food Code Chapter 4626	None
Survey Frequency:	At least every 2 years; more often if concerns are identified	At least every 3 years
Additional Surveys:	Initial survey within 1 year of provisional license or up to 14 months	Initial survey within 14 months of temporary license

	Change of Ownership survey within 6 months	Change of Ownership survey within 6 months

**Assisted living is not federally regulated by the Centers for Medicare & Medicaid Services (CMS) for operations. CMS oversight applies only to emergency preparedness, using Appendix Z, which is also surveyed by MDH.*

What is a survey?

A survey is an on-site review conducted by state surveyors to determine whether your organization is meeting Minnesota's licensing requirements, service standards, and safety expectations. Surveyors evaluate how care is delivered, how records are maintained, and whether your day-to-day practices align with state regulations.

Preparing for a Survey

Stay survey-ready.

Staying survey-ready year-round reduces costly citations, improves quality, and keeps your organization aligned with regulations. How your organization operates and completes day-to-day work should match your written policies. Documentation must be accurate and every staff member must understand their role in maintaining compliance.

Maintain a survey binder.

Providers are encouraged to maintain a current survey binder containing key documents. The binder may be maintained in either a physical or electronic format. All staff should know what the survey binder is, where it is located, and how to access its contents to ensure timely retrieval of information when surveyors arrive.

If using a physical binder, you may include references or directions to electronically stored documents instead of printing full copies. For example, under a "Policies" section, the binder may indicate where current policies are maintained electronically (e.g., shared drive location, specific computer, software system). This helps ensure surveyors are reviewing the most current versions of documents and reduces the risk of outdated materials being included in the binder.

Providers are responsible for ensuring any referenced electronic documents are readily accessible during the survey.

Use templates wisely.

Standard templates or sample policies can be a helpful starting point. However, templates must always be reviewed and should be customized to accurately reflect the specific services your organization provides. A policy that is not tailored to your actual practice can lead to citations during a survey.

You should carefully review all template language and remove or revise content that does not apply to your setting. For example, a purchased evacuation policy may reference features such as elevators or automatic fire doors. These may not be present in a smaller, residential-style setting and should be removed or replaced with procedures that reflect the actual layout and safety features of the home.

Policies should clearly describe what staff will do in real-life situations within your specific environment. Customizing templates ensures policies are realistic, accurate, and aligned with day-to-day operations.

Make survey readiness a part of day-to-day work.

Survey readiness should be built into your regular daily routines, not treated as a one-time effort when a survey is expected. Consistent use of the right tools, checklists, and clearly defined processes helps staff remain prepared and informed throughout the year.

Providers are also encouraged to conduct periodic, facility-led mock surveys. These practice reviews help staff become familiar with survey expectations, identify gaps, and reinforce correct processes in a low-risk setting. Mock surveys can include reviewing documentation, observing care practices, and asking staff questions similar to those posed by surveyors.

Incorporating survey readiness into daily operations and routine practice activities help ensure staff feel confident, prepared, and able to demonstrate compliance at any time.

Structure for Continuous Survey Readiness: How to Get Ready and Stay Ready

A strong continuous survey readiness program relies on clear leadership responsibility, active team involvement, and routine monitoring to ensure ongoing compliance. This includes training all staff on current regulations and procedure updates, helping them understand why compliance matters and their role in maintaining it, and making sure they can apply regulations in daily practice (e.g., adapting templates, tools, and internal procedures to accurately reflect the services your organization provides).

Assign leadership and accountability.

To keep the organization survey-ready, designate a leader to oversee regulatory compliance, policies, training, and continuous readiness activities. This person should stay current on Minnesota statutes, rules, and guidance; ensure daily operations reflect all requirements; and update policies, procedures, and related documents whenever regulations or practices change.

The survey readiness lead is responsible for maintaining accurate training records, ensuring staff understand how policies apply in daily work, and coordinating internal audits, mock surveys, documentation reviews, and workflow checks. They also facilitate routine readiness check-ins with department leads to keep compliance and quality efforts on track.

Create a readiness team.

Continuous survey readiness depends on an interdisciplinary team, a group of individuals from different roles who bring clinical, operational, environmental, and administrative perspectives to compliance and quality efforts. These diverse viewpoints help organizations spot gaps early, strengthen communication across departments, and build shared accountability for maintaining high quality, compliant operations.

By working together, the team can identify barriers to following procedures, address issues that affect daily practice, update documentation, and foster an environment where staff feel supported in raising concerns and suggesting improvements.

Team composition will vary based on license type, staffing structure, and the services provided. Not every organization will need every role, but your team should include staff who work in different areas. This ensures the team reflects the range of roles needed to maintain strong, organization-wide readiness.

Example Roles of Readiness Team Members

Select team members that fit your organization. Teams will vary based on staffing, services, and scope.

Assisted Living Readiness Team	***Home Care Readiness Team***
Clinical nurse supervisor (CNS) Registered nurse (RN) Licensed assisted living director (LALD)/manager Activities staff Dietary Unlicensed personnel (ULP) Other support personnel such as maintenance and housekeeping	Registered nurse (RN) Manager/administrator Licensed practical nurse (LPN) Home health aides/ULP Therapists (physical, occupational, speech) Social workers Other support personnel

Use readiness cycles.

Regular readiness check-ins help teams catch issues early, reduce risk, and stay aligned with Minnesota statutes and administrative rules. These check-ins work best when frontline staff are actively involved. They see daily work up close and can quickly notice safety concerns, missing

or unclear documentation, or times when practice does not match policy. Involving staff builds shared responsibility, increases awareness, and supports compliance as part of everyday work.

Monthly
Monthly cycles focus on short, high-frequency checks that confirm daily practice matches policies and regulatory standards. Frontline staff play a key role by participating in environmental walkthroughs, reviewing required postings, and helping with spot checks that can quickly identify issues before they escalate.

Activities may include:

- Environmental and safety rounds *(assisted living only)*: Check hallways, rooms, equipment, lighting, and posted signage for hazards or maintenance needs. Staff help identify issues as they arise.
- Documentation spot checks: Review a small sample of charts or service plans to ensure documentation accurately reflects the care provided and aligns with policy.
- Incident report review: Verify timely completion and follow-up while identifying early trends to support proactive corrective action.
- Policy-vs-practice review: Select 1 or 2 policies and confirm staff practice aligns with written procedures. Staff can flag when real-world practice no longer matches policy.

Quarterly
Quarterly activities examine broader patterns across multiple individuals served, workflows, or staff files. Staff participation increases the accuracy of these reviews by identifying system-level gaps, not just one-off errors.

Activities may include:

- Medication audits: Review medication administration record (MAR) accuracy, storage practices, expiration dates, and staff competency. Staff participation supports accurate MAR review and identification of storage or expiration issues.
- Assessment and service plan audits: Ensure assessments are current and service plans accurately reflect resident needs and align with supporting documentation.
- Employee rile reviews: Confirm credentialing, training completion, background studies, tuberculosis (TB) screening, and competency records, ensuring all required documentation is current and complete.
- Quality improvement updates: Review project progress, identify barriers, adjust action steps, and incorporate staff observations to refine priorities and improvement strategies.

Annual
The annual review ensures organizational processes, education, and policies remain current. This is also a valuable opportunity for staff to contribute insights from daily practice into policy updates and long-term planning.

Activities may include:

- Full policy and procedure review: Confirm policies reflect current regulations and align with forms, workflows, and real-time practice. Staff feedback helps identify outdated language or procedures that no longer match operations.
- Annual staff training: Complete and document all required annual education to reinforce expectations and address competency gaps.
- Emergency preparedness review: Update hazard analyses, communication plans, and training components, incorporating staff experience from drills and real incidents.
- Emergency preparedness drill *(assisted living only)*: Conduct or review required emergency drills (e.g., fire, evacuation), update related documentation, and involve staff to strengthen familiarity with emergency procedures. Drills may be required more often. Check with the local fire authority and building codes.
- Comprehensive compliance assessment: Use a statute-based checklist to verify alignment with all Minnesota requirements, supported by staff input to ensure consistency between policy, documentation, and daily practice.

Establish and use a corrective action process.

Build a consistent process to fix problems when you find them.:

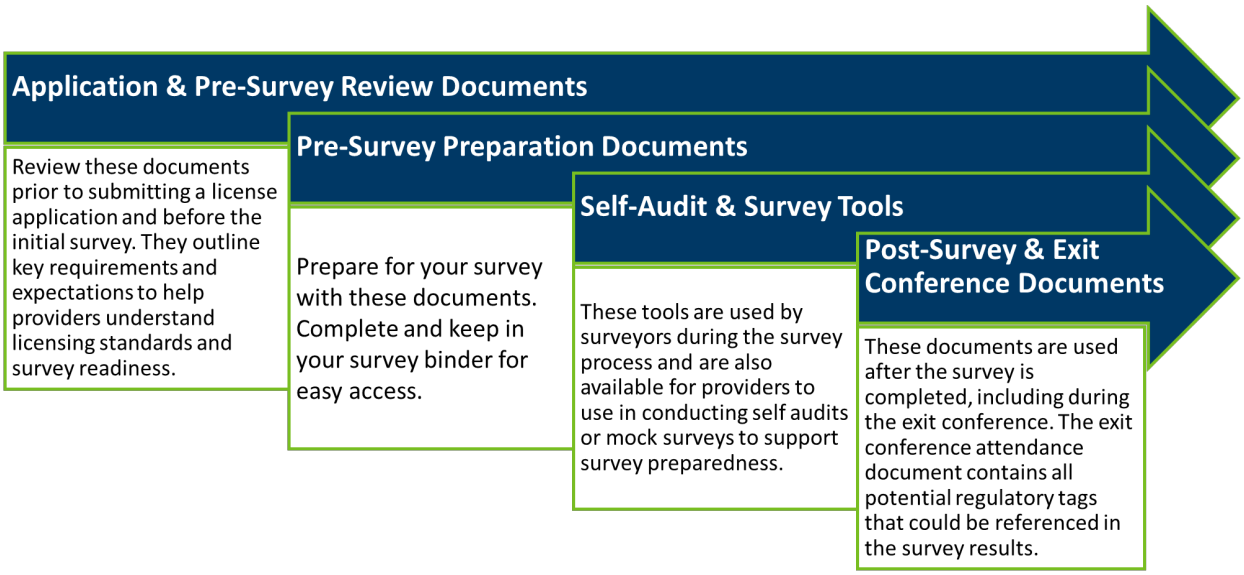
- Use correction order documentation guidelines. Review provider-specific guidelines for:
  - Assisted living.
  - Home care.
- Do not make a change without understanding how work is being done.
- Track deficiencies, timelines, and responsible staff.
- Verify sustained correction.
- Review trends quarterly with leadership.

Other Tips

- Consider using compliance software to track changes and manage risks, customizing it to your needs.
- Develop a system to regularly check for updates or amendments by monitoring state registers or subscribing to agency alerts. Keep current on changes such as reviews, rulemaking cycles, and state agency calendars.
- Use a Survey Readiness Checklist like this assisted living example from American Health Care Association (AHCA)/National Center for Assisted Living (NCAL).

Minnesota Self-Audit and Survey Tools

These curated lists of self-audit and survey tools provided by the MDH will help you practice continuous survey readiness. Access the tools in the provided lists or find them on the MDH webpages for assisted living and home care.



These tools can be used across four phases:

Assisted Living License Self-Audit and Survey Tools

Application and Pre-Survey Review Documents	• Exit Conference Guidelines (P5067) (PDF) • Uniform Disclosure of Assisted Living Services and Amenities (UDALSA) • Emergency Preparedness: Appendix Z (144G) (PDF) • Infection Prevention and Control Program (144G) (PDF) • Clinical Laboratory Improvement Amendment Information (P5050) (PDF) • Tuberculosis Prevention and Control (144G) (PDF) • Health Insurance Portability and Accountability Act (HIPAA) Information (P5035) PDF
Pre-Survey Preparation Documents	• Guide to the Survey Process for Provisional Assisted Living Providers (144G) (PDF) • Guide to the Survey Process for Licensed Assisted Living Providers (144G) (PDF) • Pre-Survey Checklist (144G) (PDF) • Records Request (144G) (PDF) • Resources (P5000) (PDF) • Entrance Conference (144G) (PDF) • Employee List (144G) (PDF) • Required Postings (144G) (PDF) • Current Resident Roster (P5060) (PDF) • Discharged or Deceased Resident Roster (P5061) (PDF)
Self-Audit and Survey Tools	• Medication Administration Observation and Drug Storage (144G) (PDF) • Employee Record Review (144G) (PDF) • Interview: Resident or Resident Representative (144G) (PDF)

	• Resident Observation and Record Review (144G) (PDF) • Meal and Menu Requirements (144G) (PDF) • Treatment Observation (144G) (PDF)
Post-Survey and Exit Conference Documents	• Exit Conference Guidelines (P5067) (PDF) • Exit Conference Attendance (144G) (PDF) • Correction Order Documentation Guidelines (P5040) (PDF) • Requesting Reconsideration of Correction Orders (P4123) (PDF) • Requesting Reconsideration of License Denial (P4125) (PDF)

Home Care Basic and Comprehensive License Self-Audit and Survey Tools

These cover all temporary and fully licensed home care providers.

Application and Pre-Survey Review Documents	**Basic and Comprehensive Providers**	
	• Exit Conference Guidelines (PDF) • Clinical Laboratory Improvement Amendment Information (PDF) • Tuberculosis Prevention and Control (PDF) • HIPAA Information (PDF)	
Pre-Survey Preparation Documents	**Basic and Comprehensive Providers**	
	• Guide to the Survey Process for Licensed Home Care Providers (PDF) • Introduction Letter for Licensed Home Care Survey (PDF) • Records Request (PDF) • Employee List (sample form) (PDF) • Discharged or Deceased Client Roster (PDF) • Consent for Home Visit (PDF)	
	Basic Providers	**Comprehensive Providers**
	• Entrance Conference for Basic Providers (PDF) • Current Client Roster for Basic Providers (PDF) • Statement of Home Care Services for Basic Providers (PDF)	• Entrance Conference for Comprehensive Providers (PDF) • Current Client Roster for Comprehensive Providers (PDF) • Statement of Home Care Services for Comprehensive Providers (PDF)
	Basic and Comprehensive Providers	

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<tr><td>Basic Providers</td><td>Comprehensive Providers</td></tr>
<tr><td>• Employee, Volunteer, Individual Contractor, and Temporary Staff Record Review for Basic Providers (PDF)
• Client Observation and Record Review for Basic Providers (PDF)</td><td>• Employee, Volunteer, Individual Contractor, and Temporary Staff Record Review for Comprehensive Providers (PDF)
• Medication Administration Observation and Drug Storage (PDF)
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