

Minnesota Attorney General: Administrative Rules Proceedings

Copyright Notice:

This material may be protected by copyright law (U.S. Code, Title 17). Researchers are liable for any infringement. For more information, visit www.mnhs.org/copyright.

Version 3
August 20, 2018

MINNESOTA STATE REGULATIONS

Notice of filing by the Commissioner of Administration

We have received on this date, stamped and filed 2 copies of Rules and Regulations pertaining to the Department of Health

(Agency or Board)

Regulation No. MHD 391 thru 401, 752, 161 thru 165 (amended + new)

Subject: construction, equipment, maintenance + operation of Supervised Living Facilities. Reportable Diseases and Food + Beverage Establishments

Department of Administration
Publication, Central Services Division
Documents Section
140 Centennial Office Building
St. Paul, Minnesota 55155
Telephone: (612) 296-2874

FILED
RICHARD L. [illegible]BACHER
Commissioner [illegible] Administration

DEC 4 1974 4:10 pm

BY Eda Staudenmaier
AUTH. SIGNATURE EJ

Stamped and filed with the Secretary of State 12-4-74

Rev. 9-72

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Rules Relating to Supervised Living Facilities and Amendments to Rules Relating to Standards for the Operation of Residential Programs for Persons Who are Mentally Retarded

FINDINGS OF FACT

The above-entitled matter came on for hearing before the Minnesota State Board of Health and the Minnesota Department of Public Welfare on the 30th day of May, 1974, at 9:30 A.M. in the Auditorium, Ground Floor of the State Office Building, Wabasha Street at Park Avenue, St. Paul, Minnesota, after proper notice required by Minn. Stat. § 15.0412 (1971) was served upon all persons, associations and other interested groups registered with the Secretary of State for that purpose and also upon other persons, associations and groups of which the State Board of Health was aware of as possibly having an interest in the above-captioned rules.

After affording interested persons an opportunity to present written and oral data, statements and arguments, and having heard and considered all of the testimony and evidence adduced and upon the records, files and proceedings herein, the Board makes and enters the following findings:

1. Authority to adopt regulations pertaining to the certification and regulation of Health Maintenance Organizations (H.M.O.s) is contained in Minn. Stat. § 144.50-144.56 (1971). These statutes grant the Board of Health the authority to license institutions for the hospitalization and care of human beings and to establish by regulation standards which are necessary and in the public interest and which must be met by such facilities.

2. There are currently a large number of facilities in the state which will come under the category of Supervised Living Facility. These facilities are currently inadequately regulated by the state as to their construction, equipment, maintenance and operation insofar as such factors relate to the sanitation and safety of the building and the health, treatment, comfort and well-being of the persons accommodated for care. Accordingly, there is found to be a need for these regulations.

3. MHD 393 (c) has been modified in accordance with testimony reserved at the hearing to further clarify the type of person who would be permitted to reside in Class B Supervised Living Facilities. This section has also been amended to make reference to related requirements of the Uniform Building Code, which was recently amended to accommodate two classifications of supervised living facilities. Since a Supervised Living Facility must comply with the Uniform Building Code, this modification was made for the purpose of clarity. These modifications are found to be reasonable.

4. Pursuant to testimony received at the hearing, it is found that the following modifications are necessary to clarify MHD 393: Part (e)(3) was modified to clarify minimum space requirements and arrangements at the ends of patient beds when that space is used for resident and staff access. MHD 393 (e)(4) and (e)(5) were likewise modified to change the space arrangement slightly and require four (4) feet of space at the end and one side (rather than both sides) of the bed. MHD 393 (e)(5) was also clarified to show that it applied to non-mobile adult residents. These changes are found to be reasonable and necessary to clarify the intent of the Board. Testimony received at the hearing supports the changes which were made.

5. Due to a renumbering of Board of Health regulations relating to food and beverage service establishments, MHD 394 is amended to reference the new citation numbers. This change is found to be necessary and reasonable.

6. Pursuant to testimony received in the record, MHD 396 (b) was revised to require a physical examination and medical history of an applicant within 30 days preceding admission, rather than immediately preceding admission. This change is found to add greater clarity and specificity to the regulation and is supported by the testimony in the record.

7. The section formerly numbered MHD 397 (a)(9) had required that any resident have a pre-discharge medical examination. In accordance with testimony in the record, it is found that this section was extremely difficult to comply with, very difficult to enforce, and would add little to the function of a Supervised Living Facility. Accordingly, former section MHD 397 (a)(9) has been found unreasonable and is not adopted.

8. MHD 399 has been modified pursuant to testimony received at the public hearing. The phrase "of unknown or uncertain cause," referring to certain injuries which must be reported, was deleted. This deletion was found to be necessary to avoid confusion. Any Supervised Living Facility must still comply with all relevant legal requirements. The deletion of that phrase is therefore found to be reasonable and it does not effect any substantive change in the regulations.

9. Other provisions of the regulations not specifically referred to herein are found to be supported by evidence in the record.

10. Many comments and suggested amendments were made at the hearing. Based thereon, modifications were made but in no instance do these modifications significantly change the substance of the regulations as presented at the public hearing.

11. At the hearing, one witness raised the question of whether adequate notice of the hearing was given. Exhibit 4 is an affidavit noting that all persons on the Secretary of State's general mailing list, the Secretary of State's list for the Health and Welfare Departments, and all Minnesota legislators received the Notice of Hearing. In addition, a Notice of Hearing was sent to all persons or organizations who had indicated to the Department of Health that they wished to receive the Notice of Hearing. Accordingly, it is found that the notice requirements of Minn. Stat. § 15.0412 (1971) have been met.

Dated: November 14, 1974.

STATE OF MINNESOTA

BOARD OF HEALTH

John H. Westerman

JOHN H. WESTERMAN, M.H.A.
President

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of the Proposed Rules Relating to Supervised Living Facilities and Amendments to Rules Relating to Standards for the Operation of Residential Programs for Persons Who are Mentally Retarded

ORDER ADOPTING RULES

The above-entitled matter came on for hearing before the Minnesota State Board of Health and the Minnesota Department of Public Welfare on the 30th day of May, 1974, at 9:30 A.M. in the Auditorium, Ground Floor of the State Office Building, Wabasha Street at Park Avenue, St. Paul, Minnesota, after proper notice required by Minn. Stat. § 15.0412 (1971) was served upon all persons, associations and other interested groups registered with the Secretary of State for that purpose.

After affording interested persons an opportunity to present written and oral data, statements and arguments, and having heard and considered all of the testimony and evidence adduced and upon the records, files and proceedings herein, and applicable statutory standards or criteria, and having confirmed the need for the above-captioned rules,

NOW, THEREFORE, IT IS ORDERED that these rules identified as Regulations of the Minnesota State Board of Health for Construction, Equipment, Maintenance, and Operation of Supervised Living Facilities (MHD 391-401) are adopted

this 14th day of November, 1974, pursuant to authority vested in me by Minn. Stat. §§ 144.50-144.56, and by resolution of the Minnesota State Board of Health duly adopted at a meeting of the said Board on the 12th day of September, 1974.

STATE OF MINNESOTA

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

ADMIN. 1000

STATE OF MINNESOTA

DEPARTMENT ATTORNEY GENERAL

Office Memorandum

TO : Michael B. Miller
Special Assistant Attorney General
Room 619 Administration Bldg.

DATE: Jan. 24, 1975

FROM : Leonard A. Nelson
Special Assistant Attorney General

SUBJECT: Correction of Rule Relating to Supervised Living Facilities

Enclosed find 3 sets of documents submitted to effect the correction of an error in MHD 393 (e) (10) of the above-captioned rules. The rules were approved and filed December 4, 1974.

The enclosures are:

3 Affidavit of W. R. Lawson
3 Certificate of Boards Adoption Resolution
3 Correct Version of MHD 393 (e)(10).

In essence the correction of the rule is on line four thereof by deleting "one-eighth" and in its stead inserting "one-tenth" and on lines five and six by deleting the words "for each resident using the room."

LAN:aj

Enclosures

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA
STATE BOARD OF HEALTH
AND THE DEPARTMENT OF
PUBLIC WELFARE

In the Matter of Proposed
Rules Relating to Supervised
Living Facilities and Amendments
to Rules Relating to Standards
for the Operation of Residential
Programs for Persons who are
Mentally Retarded

AFFIDAVIT

WARREN R. LAWSON, M.D., being first duly sworn upon oath, deposes and says:

1. I am the Secretary and Executive Officer of the Minnesota State Board of Health.

2. At the State Board of Health meeting duly and properly called and held on the 12th day of September, 1974 the Board reviewed and adopted Rules Relating to Supervised Living Facilities.

3. Subsequent to the adoption of said rules it was learned that one of the rules contained an error due to administrative oversight.

4. That it is an error and was not intended is apparent because if the error were not corrected it would lead to an absurd and impossible result.

5. That a corrected version of the rule was submitted and adopted at a meeting of the State Board of Health duly and properly called and held on the 9th day of January, 1975.

6. That the attached Certificate of Board's Adoption Resolution contains a true, complete and correct copy

of the resolution adopting the correct version of the Rule, and said resolution is set forth in the minutes of the said meeting and has not been rescinded or modified.

FURTHER AFFIANT SAYETH NOT.

WARREN R. LAWSON, M.D.

Subscribed and sworn to before me
this 29th day of January, 1975.
Marie B. Tromiczak

MARIE B. TROMICZAK
NOTARY PUBLIC - MINNESOTA
HENNEPIN COUNTY
My Commission expires Oct 9, 1980

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
JAN 31 1975
Joan Anderson Growe
Secretary of State

CERTIFICATE OF BOARD'S

ADOPTION RESOLUTION

I, Warren R. Lawson, M.D., do hereby certify that I am the Secretary and Executive Officer of the Minnesota State Board of Health, a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the said Board of Health duly and properly called and held on the 9th day of January, 1975, that a quorum was present at said meeting; that a majority of those present voted for the resolution; that said resolution is set forth in the minutes of said meeting and has not been rescinded or modified.

"WHEREAS, regulations pertaining to the construction, equipment, maintenance, and operation of Supervised Living Facilities were approved and adopted by the Board of Health on September 12, 1974.

WHEREAS, MHD 393 (e) (10) incorrectly provided due to an administrative oversight, as follows:

(10) Bedrooms shall be exterior rooms with at least one window which is easily opened to the outside. In existing construction, the bedroom window area shall be at least one-eighth of the floor area and not less than nine square feet for each resident using the room. The window sill shall not be more than three feet above the floor. Bedrooms with floor level located below the grade at the outside wall shall have floors and walls adequately sealed to prevent leakage or dampness from underground and surface runoff water. In new construction, the floors shall be located at or above the outside grade level.

WHEREAS, the corrected wording of the regulation shall provide:

(10) Bedrooms shall be exterior rooms with at least one window which is easily opened to the outside. In existing construction, the bedroom window area shall be at least one-tenth of the floor area and not less than nine square feet. The window sill shall not be more than three feet above the floor.

Bedrooms with floor level located below the grade at the outside wall shall have floors and walls adequately sealed to prevent leakage or dampness from underground and surface runoff water. In new construction, the floors shall be located at or above the outside grade level.

NOW, THEREFORE, IT IS HEREBY RESOLVED that the corrected wording of MHD 393 (e) (10) is hereby approved and adopted."

IN WITNESS WHEREOF, I have hereunto subscribed my name this 29th day of January, 1975.

STATE OF MINNESOTA

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
JAN 31 1975
Joan Anderson Growe
Secretary of State

CORRECTED VERSION OF

MHD 393 (e) (10)

(10) Bedrooms shall be exterior rooms with at least one window which is easily opened to the outside. In existing construction, the bedroom window area shall be at least one-tenth of the floor area and not less than nine square feet. The window sill shall not be more than three feet above the floor. Bedrooms with floor level located below the grade at the outside wall shall have floors and walls adequately sealed to prevent leakage or dampness from underground and surface runoff water. In new construction, the floors shall be located at or above the outside grade level.

APPROVED AS TO FORM AND LEGALITY
JAN 31 1975 19
WARREN SPANNAUS, ATTORNEY GENERAL
BY Michael B Miller
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
JAN 31 1975 – 2:00 pm
Joan Anderson Growe
Secretary of State

FILED
RICHARD BRACHER
Commissioner
JAN 31 1975 2:05 p-m
BY Edna Stackenmaier
AUTH. SIGNATURE EJ

ADMIN 1000A (2/86)

(21)

STATE OF MINNESOTA

DEPARTMENT_____

Office Memorandum

TO : Mike Miller

DATE:

FROM : Jack Brevig

SUBJECT: Supervised Living Facility Regulations

Please review and file the enclosed regulations before the fee setting regulations ~~hit~~ for the Health Department since the fee setting regulations reference the SLF rules at one point. I see no legal problems with these regulations. I believe they are within the Board's authority to adopt under Minn. Stat. §§ 144.50 - 144.56 (1971).

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA STATE BOARD OF HEALTH AND THE DEPARTMENT OF PUBLIC WELFARE

In the Matter of Proposed Rules Relating to Supervised Living Facilities and Amendments to Rules Relating to Standards for the Operation of Residential Programs for Persons Who are Mentally Retarded

ORDER FOR HEARING

To effectively implement Minn. Stat. §§ 144.50-144.56, 245.072, 245.78, 256.01, and 252.28, the Minnesota State Board of Health and the Minnesota Department of Public Welfare deem it necessary to consider adoption of the proposed rules captioned above pursuant to the authority vested in them by the above-referenced statutes.

NOW, THEREFORE, IT IS ORDERED this 26th day of April, 1974, that a public hearing on the proposed rules captioned above be held in the Auditorium, Ground Floor of the State Office Building, Wabasha Street at Park Avenue, Saint Paul, Minnesota, on May 30, 1974, commencing at 9:30 A.M., and continuing until all representatives of associations or other interested groups or persons have had an opportunity to be heard.

IT IS FURTHER ORDERED, that notice of said hearing be given to all representatives of associations or other interested groups or persons who have registered their names

with the Secretary of State for that purpose and all persons who are presently members of the Minnesota Legislature.

STATE OF MINNESOTA

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

DEPARTMENT OF PUBLIC WELFARE

VERA J. LIKINS
Commissioner of Public Welfare

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA
STATE BOARD OF HEALTH
AND THE DEPARTMENT OF
PUBLIC WELFARE

In the Matter of Proposed
Rules Relating to Supervised
Living Facilities and Amendments
to Rules Relating to Standards
for the Operation of Residential
Programs for Persons Who are
Mentally Retarded

NOTICE OF HEARING

Notice is hereby given that a public hearing will be held pursuant to Minn. Stat. § 15.0412 subd. 4 (1971) in the above-entitled matter, in the Auditorium, Ground Floor of the State Office Building, Wabasha Street at Park Avenue, Saint Paul, Minnesota, on Thursday, May 30, 1974, commencing at 9:30 A.M., and continuing until all representatives or other interested groups of persons have had an opportunity to be heard concerning adoption of the proposed rules captioned above by submitting either oral or written data, statements, or arguments. Statements or briefs may be submitted without appearing at the hearing.

The Board proposes to adopt rules relating to the following matters: the licensure of Supervised Living Facilities; the type of residents who may reside in a Supervised Living Facility; the health of the staff; the physical plant requirements; the food handling practices; nutritional requirements; the health services to be offered; the type of

resident health record to be maintained; medication handling procedures; safety requirements; clothing and laundry services; and housekeeping services.

The Commissioner proposes to adopt amendments to rules relating to the following matters: the standards for the operation of residential programs for persons who are mentally retarded, including the procedure for licensing; the grouping and organization of living units; the physical plant; staff-resident relationships and activities; requirements relating to health, hygiene, and grooming; clothing; the food service; types of developmental and remedial services to be offered; the admission and release procedures; and administrative policies and practices, including personnel policies, financing, record-keeping; and emergency and unusual occurrence practices.

Copies of the proposed rules are now available and may be obtained directly at or by writing to Ernest Kramer, Minnesota Department of Health Building, 717 Delaware Street S.E., Minneapolis, Minnesota 55440. Copies will also be available at the door on the date of the hearing.

A copy of the procedural rules for the hearing is attached and made a part hereof.

Testimony or other evidence to be submitted for consideration should be pertinent to the matter at hand and may be presented either orally or in writing at the public hearing or by mailing a statement to the Secretary and Executive Officer of the Board at the Department of Health Building, address as above, or the Commissioner of Public Welfare, Fourth Floor, Centennial Office Building, St. Paul, Minnesota 55155. If the person submitting a statement cannot be present to read his statement at the time of the hearing,

the statement will be entered into the record. For those wishing to submit written statements or exhibits, it is requested that at least three (3) copies of such statement, exhibit or summary be furnished at the hearing. The record will remain open for receipt of briefs or other written material relative to the proposed rules for twenty (20) days subsequent to the hearing.

It is suggested that to save time and avoid duplication, those organizations or associations having a common viewpoint or interest in these proceedings join together where possible and present a single statement in behalf of such interests.

Dated: April 26th, 1974.

STATE OF MINNESOTA

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

DEPARTMENT OF PUBLIC WELFARE

VERA J. LIKINS
Commissioner of Public Welfare

MINNESOTA STATE BOARD OF HEALTH

PROCEDURAL RULES FOR HEARING

The purpose of the hearing is to allow interested parties to express their views and present facts bearing upon the proposed regulations. So as to provide for an orderly presentation of evidence, the following rules will be in effect during the hearing specified in the attached Notice of Hearing:

1. Anyone wishing to be heard should indicate by signing the speaking sheet, listing his name, address, and the group which he represents. The speaking sheet will be available at the main entrance to the hearing room. It is requested that each group select one speaker only to present its views.

2. The first time the witness makes a statement he should spell his name and identify the group he is representing. Prior to making any subsequent statements he should state his name and the group which he represents. He may be sworn upon his request but it is not required. If he elects not to be sworn, that may be considered in determining the weight to be given to his testimony.

3. By giving testimony, a witness, including one who may also be a member of the panel, subjects himself to questioning by the panel. However, he is subject to cross-examination by non-members of the panel only if he affirmatively consents to being so examined. A refusal to be cross-examined may be considered in determining the weight to be given to his testimony.

4. All parties interested in introducing any written matter may do so by having it marked as an exhibit and then introduced for the record. Unsworn written matter may be received, but the fact that it is unsworn may be considered in determining the weight to be given it.

STATE OF MINNESOTA

COUNTY OF HENNEPIN

In the Matter of the Proposed
Rules Relating to Supervised
Living Facilities and Amendments
to Rules Relating to Standards
for the Operation of Residential
Programs for Persons Who are
Mentally Retarded

CERTIFICATE

I hereby certify that the attached 345 general labels and 2 health welfare department list constitute the complete list of persons, associations, and other interested groups who as of 12.20 O'clock P .M., this 25th day of April, 1974, have requested pursuant to Minn. Stat. § 15.0412 subd. 4 (1971), that their names be placed on file with the Secretary of State for the purpose of receiving notice of public hearing on proposed rules on the subject captioned above.

SECRETARY OF STATE

ARLEN I. ERDAHL

By Virginia Daniels

STATE OF MINNESOTA

COUNTY OF HENNEPIN

In the Matter of Proposed
Rules Relating to Supervised
Living Facilities and Amendments
to Rules Relating to Standards
for the Operation of Residential
Programs for Persons Who are
Mentally Retarded

AFFIDAVIT
OF MAILING

Nancy E. Baker, being first duly sworn, deposes and says:

That on the 26 day of April, 1974, at the City of Minneapolis, County of Hennepin, State of Minnesota, She served the attached Notice of Hearing by depositing in the United States mail at said City of Minneapolis, a true and correct copy thereof, properly enveloped, with postage prepaid, to all persons and associations at the addresses listed on the attached Certificate of the Secretary of State as well as to all members of the Minnesota Legislature.

Nancy E. Baker

Subscribed and sworn to before
me this 26 day of April, 1974.

Christine A. Kuderka

CHRISTINE A. KUDERKA
Notary Public, Ramsey County, Mn.
My Commission Expires, Nov. 8, 1978

STATE OF MINNESOTA
COUNTY OF HENNEPIN

BEFORE THE MINNESOTA
STATE BOARD OF HEALTH

In the Matter of Proposed
Rules Relating to Supervised
Living Facilities

STATEMENT OF NEED

The above-captioned rules are not amendments to existing rules of the State Board of Health.

The need to adopt these rules arises because there are numerous facilities where mentally retarded, adult mentally ill, chemically dependent, or physically handicapped reside under supervision provided through programs licensed by the Department of Public Welfare. The Board is concerned that these services are provided in a safe, healthful, and sanitarily operated and maintained building. The Board is also concerned that only those persons are accepted as residents whose needs can be met by the facility. The Board has the statutory authority to establish rules and regulations setting standards for the licensure of any institution which provides care for human beings under Minn. Stat. §§ 144.50 to 144.56. Therefore, these rules are being proposed to achieve those ends.

STATE OF MINNESOTA
BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATE OF MINNESOTA

COUNTY OF HENNEPIN

BEFORE THE MINNESOTA

STATE BOARD OF HEALTH

In the Matter of Proposed
Rules Relating to Supervised
Living Facilities

APPOINTMENT

David Giese is hereby appointed to serve as hearing officer on behalf of the State Board of Health in the above-captioned matter, said hearing to be held on May 30, 1974, and continuing until all representatives of associations or other interested groups or persons have had an opportunity to be heard.

This appointment is made pursuant to the following authority: resolution of the State Board of Health dated September 13, 1973.

STATE OF MINNESOTA

BOARD OF HEALTH

Warren R. Lawson

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

Dated: April 26th, 1974.

CERTIFICATE OF BOARD'S

ADOPTION OF RULES RESOLUTION

I, Warren R. Lawson, M.D., do hereby certify that I am the Secretary and Executive Officer of the Minnesota State Board of Health, a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the said Board of Health duly and properly called and held on the 12th day of September, 1974; that a quorum was present at said meeting; that a majority of those present voted for the resolution; that said resolution is set forth in the minutes of said meeting and has not been rescinded or modified.

> "RESOLVED, that the rules relating to the Licensure of Supervised Living Facilities identified as MHD 391 to 401 are found to be reasonable, necessary and supported by the evidence contained in the record, and are hereby approved and adopted, pursuant to authority vested in us by Minn. Stat. §§ 144.50-144.58 and that Warren R. Lawson, M.D., Secretary and Executive Officer of the Minnesota State Board of Health, be and hereby is authorized to sign an order adopting those rules."

IN WITNESS WHEREOF, I have hereunto subscribed my name this 14th day of November, 1974.

STATE OF MINNESOTA

BOARD OF HEALTH

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

CERTIFICATE OF BOARD'S

AUTHORIZING RESOLUTION

I, Warren R. Lawson, M.D., do hereby certify that I am the Secretary and Executive Officer of the Minnesota State Board of Health, a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the said Board duly and properly called and held on the 13th day of September, 1973, that a quorum was present at said meeting; that a majority of those present voted for the resolution; that said resolution is set forth in the minutes of said meeting and has not been rescinded or modified.

> "RESOLVED, that Warren R. Lawson, M.D., Secretary and Executive Officer of the Minnesota State Board of Health, be and he hereby is granted the authority and directed to call a hearing for the purpose of promulgating rules of the Board of Health relating to the construction, equipment, maintenance, operation and licensing of supervised living facilities and of receiving centers for intoxicated persons as well as perform any and all acts incidental thereto, including but without being limited thereto, signing an order for hearing and notice of hearing as well as acting as or appointing a presiding officer at all hearings."

IN WITNESS WHEREOF, I have hereunto subscribed my name this 14th day of November, 1974.

STATE OF MINNESOTA

BOARD OF HEALTH

Warren R. Lawson

WARREN R. LAWSON, M.D.
Secretary and Executive Officer

STATEMENT OF COMPLIANCE WITH

MANUAL OF RULE MAKING PROCEDURES

I, Special Assistant Attorney General John A. Breviu, do hereby declare that I have examined the proposed rules relating to the Construction, Equipment, Maintenance and Operation of Supervised Living Facilities and all related documents and that, based on them and my personal familiarity with the applicable procedures, the Manual of Rule Making Procedures has been followed.

Dated: November 14, 1974.

JOHN A. BREVIU
Special Assistant
Attorney General

Proposed Regulations of the Minnesota State Board of Health for Construction, Equipment, Maintenance, and Operation of Supervised Living Facilities

REVISED - April 9, 1974

Minnesota State Board of Health
Division of Health Facilities
717 Delaware Street S.E.
Minneapolis, Minnesota 55440

MINNESOTA DEPARTMENT OF HEALTH
Division of Health Facilities
717 Delaware Street South East
Minneapolis, Minnesota 55440

Law for Licensing Hospitals and Related Institutions
Minnesota Statutes
Sections 144.50 to 144.58, inclusive

HOSPITALIZATION

144.49 VIOLATIONS; PENALTIES.

Subd. 7. Any person, partnership, association, or corporation establishing, conducting, managing, or operating any hospital, sanatorium, rest home, nursing home, or institution in accordance with the provisions of sections 144.50 to 144.56 violating any provision of sections 144.50 to 144.56 or any regulation thereunder, is guilty of a misdemeanor.

144.50 HOSPITALS, LICENSES; DEFINITIONS. No person, partnership, association, or corporation, nor any state, county, or local governmental units, nor any division, department, board, or agency thereof, shall establish, conduct, or maintain in the state any hospital, sanatorium, rest home, nursing home, boarding home, or other institution for the hospitalization or care of human beings without first obtaining a license therefor in the manner hereinafter provided.

Hospital, sanatorium, rest home, nursing home, boarding home, and other related institutions, within the meaning of sections 144.50 to 144.56 shall mean any institution, place, building, or agency in which any accommodation is maintained, furnished, or offered for the hospitalization of the sick or injured or for maternity care of more than one woman within a period of six months or for care of five or more aged or infirm persons requiring or receiving chronic or convalescent care. Nothing in sections 144.50 to 144.56 shall apply to hotels or other similar places that furnish only board and room, or either, to their guests.

"Hospitalization" means the reception and care of persons for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of such persons.

"Maternity care" means the care and treatment of a woman during pregnancy or during delivery or within ten days after delivery, and for the purposes of sections 144.50 to 144.56 shall include care during such period of time of the infant born to such mother.

"Chronic or convalescent care" means (1) care required by a person because of prolonged mental or physical illness or defect or during recovery from injury or disease and shall include any or all of the procedures commonly employed in caring for the sick; and (2) care incident to old age required by a person who because of advancing age is not capable

of properly caring for himself and shall include necessary personal or custodial care. The furnishing of board, room, and laundry shall not in itself be deemed care incident to old age.

Nothing in sections 144.50 to 144.56 shall authorize any person, partnership, association, or corporation, nor any state, county, or local governmental units, nor any division, department, board or agency thereof, to engage, in any manner, in the practice of healing, or the practice of medicine, as defined by law.
[1941 c 549 s 1; 1943 c 649 s 1; 1951 c 304 s 1; 1969 c 358 s 1]

144.51 EXISTING HOSPITALS, LICENSES. No person, partnership, association, or corporation, nor any state, county, or local governmental units, nor any division, department, board, or agency thereof, may operate a hospital, sanatorium, rest home, nursing home, or boarding home for the infirm aged, without a license therefor.

Before a license shall be issued under section 144.50 to 144.56, the person applying shall submit evidence satisfactory to the state board of health that he is not less than 18 years of age and of reputable and responsible character; in the event the applicant is an association or corporation or governmental unit like evidence shall be submitted as to the members thereof and the persons in charge. All applicants shall, in addition, submit satisfactory evidence of their ability to comply with the provisions of sections 144.50 to 144.56 and all rules, regulations, and minimum standards adopted thereunder.
[1941 c 549 s 2; 1943 c 649 s 2; 1951 c 304 s 2]

144.52 APPLICATION. Any person, partnership, association, or corporation, including state, county, or local governmental units, or any division, department, board, or agency thereof, desiring a license under sections 144.50 to 144.56 shall file with the state board of health a verified application containing the name of the applicant desiring said license; whether such persons so applying are 18 years of age; the type of institution to be operated; the location thereof; the name of the person in charge thereof, and such other information pertinent thereto as the state board of health by regulation may require. Application on behalf of a corporation or association or other governmental unit shall be made by any two officers thereof or by its managing agents.
[1941 c 549 s 3; 1943 c 649 s 3; 1951 c 304 s 3]

144.53 FEES. Each application for a license to operate a hospital, sanatorium, rest home, or boarding home, or related institution, within the meaning of sections 144.50 to 144.56, except application by the commissioner of public welfare for the licensing of state institutions or by the administrator for the licensing of the university of Minnesota hospitals, shall be accompanied by a fee to be determined by the number of beds

available for persons accommodated: those with less than ten such beds shall pay a fee of $30; those with ten beds or more and less than 50 beds shall pay a fee of $50; those with 50 beds or more and less than 100 beds shall pay a fee of $75; those with 100 beds or more shall pay a fee of $100. No such fee shall be refunded. All licenses shall expire annually on the 31st day of December. An application for renewal of the license shall be filed not later than the 31st day of December. All such fees received by the state board of health shall be paid into the state treasury.

No license granted hereunder shall be assignable or transferable.
[1941 c 549 s 4; 1945 c 192 s 1; 1951 c 304 s 4; 1959 c 466 s 1]

144.54 INSPECTIONS. Every building, institution, or establishment for which a license has been issued shall be periodically inspected by a duly appointed representative of the state board of health under the rules and regulations to be established by the state board of health. No institution of any kind licensed pursuant to the provisions of sections 144.50 to 144.56 shall be required to be licensed or inspected under the laws of this state relating to hotels, restaurants, lodging houses, boarding houses, and places of refreshment.
[1941 c 549 s 5; 1951 c 304 s 5]

144.55 LICENSES; ISSUANCE, SUSPENSION AND REVOCATION BY STATE BOARD OF HEALTH. The state board of health is hereby authorized to issue licenses to operate hospitals, sanatoriums, rest homes, nursing homes, or other related institutions, which after inspection are found to comply with the provisions of sections 144.50 to 144.56 and any reasonable regulations adopted by the state board of health. All decisions of the state board of health thereunder may be reviewed in the district court in the county in which the institution is located or contemplated.

The state board of health may refuse to grant, refuse to renew, or may suspend or revoke a license on any of the following grounds:

(1) Violation of any of the provisions of sections 144.50 to 144.56 or the rules, regulations, or standards issued pursuant thereto;

(2) Permitting, aiding, or abetting the commission of any illegal act in such institution;

(3) Conduct or practices detrimental to the welfare of the patient, or

(4) Obtaining, or attempting to obtain a license by fraudulent means or misrepresentation.

Before any such license issued thereunder is suspended, or revoked, or its renewal refused, 30 days written notice shall be given the holder

thereof of the date set for hearing of the complaint. The holder of such license shall be furnished with a copy of the complaint and be entitled to be represented by legal counsel at such hearing. Such notice may be given by the state board of health by registered mail. The board may appoint, in writing, any competent person to preside at such hearing who shall take testimony, administer oaths, issue subpoenas, and compel the attendance of witnesses and transmit the record of such hearing to the board. The decision of the board shall be based on the testimony and records.

If a license is revoked as herein provided a new application for license may be considered by the state board of health if, when, and after the conditions upon which revocation was based have been corrected and evidence of this fact has been satisfactorily furnished. A new license may then be granted after proper inspection has been made and all provisions of sections 144.50 to 144.56 and rules and regulations thereunder as heretofore or hereinafter provided have been complied with and recommendation has been made therefor by the hospital inspector as an agent of the state board of health.
[1941 c 549 s 6; 1951 c 304 s 6]

144.56 STANDARDS. Subdivision 1. The state board of health shall, in the manner prescribed by law, adopt and enforce reasonable rules, regulations, and standards under sections 144.50 to 144.56 which it finds to be necessary and in the public interests and may rescind or modify them from time to time as may be in the public interest, insofar as such action is not in conflict with any provision thereof.

Subd. 2. In the public interest the board, by such rules, regulations, and standards, may regulate and establish minimum standards as to the construction, equipment, maintenance, and operation of the institutions insofar as they relate to sanitation and safety of the buildings and to the health, treatment, comfort, safety, and well-being of the persons accommodated for care. Construction as used in this subdivision means the erection of new buildings or the alterations of or additions to existing buildings commenced after the passage of this act.

Subd. 3. The board shall, with the advice of the commissioner of public welfare, prescribe such general regulations and rules for the conduct of all institutions receiving maternity patients as shall be necessary to effect the purposes of all laws of the state relating to maternity patients and newborn infants so far as the same are applicable.

Subd. 4. The board of health may classify the institutions licensed under sections 144.50 to 144.56 on the basis of the type of care provided and may prescribe separate rules, regulations, and minimum standards for each class.
[1941 c 549 s 7; 1943 c 649 s 7; 1951 c 304 s 7]

144.653 REGULATIONS; INSPECTIONS

Subd. 1. Rules and regulations. The state board of health is the exclusive state agency charged with the responsibility and duty of inspecting all facilities required to be licensed under the provisions of Minnesota Statutes 1971, Sections 144.50 to 144.58. The state board of health shall enforce such rules, regulations and standards subject only to the authority of the department of public safety respecting the enforcement of fire and safety standards in nursing homes and other licensed health care facilities and the responsibility of the commissioner of public welfare pursuant to Minnesota Statutes 1971, Sections 245.78; 252.28; and 257.081 to 257.123.

Subd. 2. Periodic inspection. All facilities required to be licensed under the provision of sections 144.50 to 144.58 shall be periodically inspected by the state board of health to insure compliance with its rules, regulations and standards. The state board of health may enter into agreements with political subdivisions providing for the inspection of such facilities by locally employed inspectors.

Subd. 3. Enforcement. With the exception of the department of public safety which has the exclusive jurisdiction to enforce state fire and safety standards, the state board of health is the exclusive state agency charged with the responsibility and duty of inspecting facilities required to be licensed under the provisions of sections 144.50 to 144.58 and enforcing the rules, regulations and standards prescribed by it.

Subd. 4. Without notice. One or more unannounced inspections of each facility required to be licensed under the provisions of sections 144.50 to 144.-58 shall be made annually.

Subd. 5. Correction orders. Whenever a duly authorized representative of the state board of health finds upon inspection of a facility required to be licensed under the provisions of sections 144.50 to 144.58 that the license of such facility is not in compliance with an applicable regulation promulgated under the administrative procedures act by the state board of health pursuant to section 144.56, a correction order shall be issued to the licensee. The correction order shall state the deficiency, cite the specific regulation violated, and specify the time allowed for correction.

Subd. 6. Reinspections; fines. If upon reinspection it is found that the licensee of a facility required to be licensed under the provision of sections 144.50 to 144.58 has not corrected the deficiency or deficiencies specified in the correction order, the licensee shall forfeit to the state within 15 days a sum of up to $250 for each such deficiency not corrected. For each subsequent reinspection, the licensee may be fined an additional amount for each deficiency which has not been corrected. Al forfeitures shall be paid into the state treasury and creditied to the general fund.

Subd. 7. Recovery. Any unpaid forfeitures may be recovered by the attorney general.

Subd. 8. Hearings. A licensee of a facility required to be licensed under the provisions of sections 144.50 to 144.58 is entitled to a hearing on any correction order issued to him, provided that he makes a written request there

forfeiture provided for in this section. Upon receipt of the request for a hearing, a hearing officer, who shall not be an employee of the state board of health shall be appointed by the state board of health, and the hearing officer shall promptly schedule a hearing on the matter, giving at least ten days notice of the date, time, and place of such hearing to the licensee. The hearing and review thereof shall be in accordance with the relevant provisions of the administrative procedures act.

Subd. 9. Nonlimiting. Nothing in this section shall be construed to limit the powers granted to the state board of health in section 144.55.

[1973 c 688 s 3]

FOREWORD

Minnesota Statute (1971) Sections 245.78, 252.28, and 257.081 to 257.123 provide for regulation by the Department of Public Welfare of residential facilities and services for persons with certain disabilities. The Statute permits the incorporation of rules and regulations suggested by the Commissioner of Health.

These regulations have been developed pursuant to a cooperative agreement with the Minnesota Department of Public Welfare, under which the Department of Public Welfare regulates the habilitative, rehabilitative, and social service programs provided to residents of these facilities and the Board of Health, under provisions of Minnesota Statute (1971) Section 144.56 (STANDARDS), establishes a Supervised Living Facility (SLF) as a facility, licensed by both the Minnesota Department of Health and the Minnesota Department of Public Welfare, in which appropriate programs and services are provided. These regulations establish minimum standards as to the construction, equipment, maintenance, and operation of supervised living facilities insofar as they relate to sanitation and safety of the buildings, and to the health, treatment, comfort, safety, and well-being of the persons accommodated for care, except for standards of the Department of Public Safety, which has the exclusive jurisdiction to enforce state fire and safety standards.

The purpose of a Supervised Living Facility is to provide a residential, home-like setting for persons who are mentally retarded, adult mentally ill, chemically dependent, or physically handicapped and who are able to live safely under supervision provided through programs licensed by the Department of Public Welfare.

Supervised Living Facilities are facilities in which certain services are provided. Among these services are the provision of meals, lodging, housekeeping services, health services, and other services, provided either by staff or by residents under supervision, but in all cases in accordance with sanitary standards which must be observed in a group situation to prevent the creation of unsanitary conditions which endanger the health of individual residents and staff.

Of concern to the Board of Health is that residents are provided appropriate services in a safe, sanitary and healthful setting. Germane to this concern is the necessity for a procedure which will effectively ascertain at the time of admission of the resident and periodically thereafter, that persons admitted to a Supervised Living Facility are persons who have handicaps that prevent or limite independent living, but who are not in need of continuing medical or nursing care. This procedure is implemented through program licensure by the Minnesota Department of Public Welfare.

Individualized ongoing evaluation is provided through licensed programs to help each resident reach his maximum level of functional capabilities. Periodic evaluation of residents by representatives of the State Board of Health are made to assure that the needs of the residents do not exceed those services which the licensee is authorized to provide.

Supervised Living Facilities may, but are not required to provide treatment, educational, training, personal care, or sheltered workshop services on a 24 hour-a-day basis. Some of these services may be provided to residents either by having the service brought into the facility or by assuring that the resident receives appropriate services elsewhere.

The range of services required by residents of Supervised Living Facilities includes services for persons who are dependent for reasons other than degenerative processes of aging as well as services for persons young or old, who are living and working in the community or are in transition from residential to independent community life.

In all cases, only those facilities will receive and retain licensure as Supervised Living Facilities that can demonstrate to the satisfaction of the State Board of Health that:

a) functional services are provided in safe, healthful, and sanitarily operated and maintained buildings, and;

b) only those persons are accepted as residents whose needs can be met by the facility directly or in cooperation with other resources with which there is evidence of acceptable agreements or arrangements.

TABLE OF CONTENTS

Chapter Twenty-three: MHD 391-401 Regulations for Construction, Equipment, Maintenance, and Operation of Supervised Living Facilities

MHD 391	Definitions	1 - 2
MHD 392	General Provisions	2 - 6
MHD 393	Physical Plant	6 - 12
MHD 394	Food Handling Practices	12 - 13
MHD 395	Nutrition	13 - 15
MHD 396	Health Services	15 - 16
MHD 397	Resident's Health Record	17 - 18
MHD 398	Medication Handling Procedures	18 - 21
MHD 399	Safety	21 - 23
MHD 400	Clothing and Laundry Services	23 - 24
MHD 401	Housekeeping Services	24
APPENDIX A	Reportable Diseases	
APPENDIX B	Minnesota State Board of Health Regulations Governing Food and Beverage Establishments	

MHD 391. Definitions

(a) "Supervised Living Facility" means a facility in which there is provided supervision, lodging, meals and in accordance with provisions of Rules of the Department of Public Welfare, counseling and developmental habilitative or rehabilitative services to five or more persons who are mentally retarded, chemically dependent, adult mentally ill, or physically handicapped.

(b) "Health and Safety Component" means those elements of a facility which influence all residents including, but not limited to, physical plant design, general sanitation, nutritional requirements, medication handling procedures and practices relating to health, such as provisions for health care arrangements, emergency medical care and physician's orders.

(c) The term "Board" as used in these regulations means the "Minnesota State Board of Health." The term "department" means the "Minnesota Department of Health."

(d) "Ambulatory" means the ability to walk independently and at least negotiate any barriers such as ramps, doors, stairs, corridors, etc., without assistance as may be necessary to get in and out of the facility.

(e) "Mobile" means the ability to move from place to place with the use of devices such as walkers, crutches, wheelchairs, wheeled platforms, etc.

(f) "Non-ambulatory" means the inability to walk independently.

(g) "Non-mobile" means the inability to move independently from place to place.

(h) "New construction" as used in these regulations means the erection of

new buildings or the alterations of or additions to existing buildings commenced on or after the effective date of these regulations.

(i) "Resident" means an individual who receives service from a supervised living facility.

MHD 392. General Provisions

(a) Facility License. A license shall be issued by the Board of Health to an applicant who satisfactorily meets all requirements contained in these regulations.

(1) The license is valid for one year.

(2) Separate licenses are required for facilities maintained on separate premises, even though operated by the same ownership.

(3) A separate license shall not be required for separate buildings maintained by the same owner of the same premises, unless such buildings represent different classifications.

(4) Each license shall be conspicuously posted in the facility.

(5) Facilities which have been determined by the State Fire Marshal to be out of compliance with fire safety requirements of the State Fire Marshal are not eligible for licensure by the Board of Health.

(6) Each license shall specify the maximum allowable number of residents that may be lodged in the facility.

(b) Licensure Procedure.

(1) Application for a facility license to establish or operate a supervised living facility shall be made in writing and submitted on forms provided by the Department. The application for a new facility or for a change in classification shall include a copy of the proposed program or

other acceptable indication from the Department of Public Welfare pertaining to the types of residents who are to be served by the facility.

(2) If the applicant is a corporation, the applicant shall furnish the Department names and addresses of the governing body and names of current officers of the corporation.

(3) In addition to the documents required in (b)(2), out-of-state corporations shall furnish the Department with a copy of the Certificate of Authority to do business in Minnesota.

(4) Existing buildings and new construction shall be reviewed and approved by the Department prior to licensure. Review includes submission of construction drawings and specifications for new construction and alterations.

(c) Building Classification. For considerations of licensure, construction and major renovation, supervised living facilities are classified as follows:

(1) Class A supervised living facilities include homes for ambulatory and mobile disabled persons who are capable of taking appropriate action for self-preservation under emergency conditions as determined by program licensure provisions. Physically handicapped persons shall be housed at street level.

(2) Class B supervised living facilities include homes for non-mobile or mobile disabled persons who are not mentally or physically capable of taking appropriate action for self-preservation under emergency conditions as determined by program licensure provisions.

(d) Waivers. A supervised living facility may request in writing a waiver of a specific regulation. The request for a waiver must cite the regulation in question, reasons for requesting the waiver, the period of time the licensee wishes to have the regulation waived, and the equivalent measures planned for protecting the health and safety of residents and staff. Waivers granted by the Board shall specify in writing the time limitation and required equivalent measures to be taken to protect the health and safety of residents and staff.

(e) Program License. All applicants for licensure must have received or have applied for a program license from the Minnesota Department of Public Welfare under provisions of Rules 34, 35, 36, or 80 before the supervised living facility license is issued by the Board of Health.

(f) Staff. At all times that residents are up and about in the facility, there shall be at least one responsible person awake, dressed, and up and about in the facility. The responsible person shall be at least eighteen (18) years of age and capable of performing required duties in supervision of residents. This person shall be immediately accessible to all residents in the facility and shall be the person to whom residents can report injuries, symptoms of illness, and emergency situations. Facilities that accept persons who are not capable of adequate judgement in taking action for self-preservation, must assure that there is, additional to the requirement above, adequate staff on duty on a 24 hour a day basis to provide:

(1) necessary physical services for activities of daily living

(2) maintenance of an appropriate personal hygiene program for each resident

(3) for appropriate movement of residents to safe harborage

within the facility or evacuation from the facility in the case of fire or other emergency situation.

(g) Residents. Supervised Living Facilities may accept as residents such persons as are described in MHD 391(a), but may not accept as residents nor provide lodging to any of the following persons:

(1) persons who have or are suspected of having a communicable disease or a disease endangering the health of other residents

(2) persons who require nursing care as defined in State Board of Health Regulations, Chapter Five: MHD 44(a), except for brief, episodic periods.

(h) Resident Register. A register shall be kept in a separate bound book, listing in chronological order the dates and names of all persons admitted to and discharged from the facility. This register shall be available to department employees for inspection.

(i) Census Data. Records shall be kept of admissions, discharges, deaths, and transfers of residents and shall be available for inspection by department employees.

(j) Staff Health. The licensee shall assure that:

(1) All staff shall, prior to employment and annually thereafter, show freedom from tuberculosis by a report of either a standard Mantoux tuberculin test or a chest X-ray. If the Mantoux test is positive or contra-indicated, a chest X-ray shall be taken. The results of these tests shall be reported in writing and made a part of the staff member's personnel record.

(2) Any staff member with a communicable disease shall not be permitted to work in the facility until such time that a physician certifies that the staff member's condition

will permit his return to work without endangering the health of other staff and residents.

(3) The facility administrator may require that a staff member have a medical examination when a reasonable suspicion of communicable disease exists.

(4) Personnel records shall be available for inspection by department employees.

(k) Resident Death. When a resident dies:

(1) The date, time and circumstances of the resident's death shall be recorded in the resident's record.

(2) If the resident dies in the facility, the coroner's office shall be notified.

(3) Personal belongings shall be handled in a responsible and legal manner.

(4) Records of a deceased individual shall be retained for a period of three years following death.

MHD 393. Physical Plant

(a) Building. Every building, structure, or enclosure utilized by the supervised living facility shall be kept in good repair and so maintained as to protect the health, comfort, safety, and well-being of persons accommodated. Buildings housing physically disabled residents shall have a plan acceptable to the Board of Health with reasonable target dates for the removal of or the reduction of architectural barriers consistent with the resident program.

(b) Floors. The floors of all rooms, hallways, bathrooms, store rooms, and all other spaces used or traversed by residents and staff shall be of such construction as to be easily cleaned, shall be smooth, and shall be kept clean and in good repair. Cleaning of floors

shall be so done as to minimize the raising of dust and the exposure of residents thereto. The safe use of rugs, carpets or natural stone which can be kept clean is permitted. Abrasive strips to reduce or prevent slipping shall be used where slippery surfaces present a hazard.

(c) Walls and Ceilings. The walls and ceilings of all rooms, halls and stairways shall be kept clean and in good repair.

(d) Lighting and Ventilation. Lighting levels, measured 30 inches above the floor shall not be less than 20 footcandles for all resident use areas and not less than 5 footcandles for exit stairways, mechanical equipment, and storage areas.

An area shall be considered well ventilated when excessive heat, odors, fumes, vapors, smoke or condensation is reduced to a level barely perceptible to the normal senses. Air replacement vents shall be disigned to permit the entrance of an equal volume of displaced air and to prevent the entrance of insects, dust or other contaminating materials.

Toilet rooms shall be well ventilated by natural or mechanical methods. Interior toilet rooms, central toilets serving more than 4 persons, and soiled utility rooms shall be provided with mechanical exhaust ventilation.

During seasons when weather conditions require tempering of make-up air, adequate equipment shall be provided to temper the make-up air. Every gas fired or oil-fired room heater and water heater and other heating appliance shall be vented to the outside air.

(e) Space Arrangements and Requirements. Provision of appropriate space and arrangements thereof for sleeping, dining, recreation, and other common use areas for activities or training shall be in conformance with the residents' mobility needs and with the program licensure

requirements of the Department of Public Welfare.

(1) Minimum areas for residents dining and living areas shall be 10 and 20 square feet respectively per resident, or 30 square feet total per resident when the area is used for a combination thereof. Common use areas for use by non-ambulatory mobile residents require an increase of 50 percent. This increase applies also to dining areas serving disabled residents who require assistance with eating.

(2) Single bedrooms for ambulatory residents shall provide at least 70 square feet of useable floor space with a side dimension of not less than 7 feet.

(3) Multi-bed rooms for ambulatory residents shall provide at least 60 square feet per person of useable floor space for each resident. There shall be at least 3 feet between beds when placed side by side, and at least 1 foot between beds when placed end to end.

(4) Single bedrooms for non-ambulatory residents shall provide at least 100 square feet of useable floor area with a side dimension of not less than 9 feet. Mobility space at the end and sides of beds shall be not less than 4 feet.

(5) Multi-bed rooms for non-ambulatory residents shall provide at least 80 square feet of useable floor space for each resident. Multi-bed rooms for active, non-ambulatory, mobile residents, shall provide at least 100 square feet per resident. Mobility space at the end and sides of beds shall be not less than 4 feet.

(6) Bedrooms for non-ambulatory, mobile residents shall have adequate accessible space for storage of wheelchairs and other prosthetic or adaptive equipment for daily out-of-bed activity or acceptable similar storage space shall be provided outside the bedroom readily and handily accessible to the resident.

(7) Bed arrangements shall be compatible with the physical and programmatic needs of the residents. Beds shall be located so as to avoid drafts from windows and excessive heat from heat sources.

(8) Level ceilings in sleeping rooms shall not be less than 7 feet in height. In sleeping rooms with sloped ceilings only the areas with vertical wall heights of 5 feet or more shall be included in the required useable floor areas. At least one-half of the useable floor area must have a level ceiling of the required height.

(9) Bedrooms shall be provided with a private enclosed space for each resident's belongings, preferably built-in. Such space shall be accessible and adjustable for use by each resident in conformance with program requirements.

(10) Bedrooms shall be exterior rooms with at least one window which is easily opened to the outside. The window sill shall not be more than 3 feet above the floor. Bedrooms with floor level located below the grade at the outside wall shall have floors and walls adequately sealed to prevent leakage or dampness from underground and surface runoff water. In new construction, the floors shall be located at or above the outside grade level.

(f) Beds. Each resident shall have an individual bed. Adult beds shall be at least 36 inches wide. Each bed shall have good springs and a clean, firm, comfortable mattress. Beds shall be of suitable construction and dimensions to accommodate persons using them, and shall be able to accommodate siderails if necessary.

(g) Bedding and Linen. All beds provided for residents shall be supplied with suitable pillow cases and under and top sheets. All bedding including mattresses, quilts, blankets, pillows, sheets, spreads and all bath linen shall be kept clean. Bedding including mattresses, quilts, blankets, pillows, bed and bath linen which is worn out or unfit for further use shall not be used. Bedding shall be appropriate to the season. Pillow cases, sheets and bath linen after being used by one resident shall be washed before they are used by another resident.

Clean bed linen shall be furnished at least once each week, or more frequently to maintain cleanliness, and at least a clean washcloth and a clean towel or appropriate paper service shall be available each day to each resident.

(h) Room Furnishings. All equipment, fixtures, furniture and furnishings, including windows, draperies, curtains and carpets, shall be kept clean and free of dust, dirt, vermin, and other contaminants and shall be maintained in good order and repair. Each resident shall be provided with appropriate individual furniture, including a chest of drawers, an individual closet with clothes racks and shelves, unless built in, a mirror, and table or desk, where appropriate. Tilted mirrors or equivalent provisions shall be available to mobile non-ambulatory residents. There shall be accessible private storage space for clothing in the bedroom area for each resident. Each resident shall have individual racks

or other drying space for washcloths and towels.

(i) Toilets and Baths. Every facility shall be equipped with adequate and conveniently located toilet rooms for its employees and residents. Water closets, lavatories and bath tubs or showers for residents shall be available on each inhabited floor or in each resident unit when not provided for each individual bedroom.

(1) Water closets and lavatories shall be provided in the ratio of at least one toilet[1/] and at least one lavatory for every eight residents, or fraction thereof.

(2) At least one bath tub or shower shall be available for every eight residents, or fraction thereof.

(3) Toilets, bath tubs and showers used by residents shall provide for individual privacy unless specifically contra-indicated by program needs.

(4) Toilet and bathing areas and fixtures shall approximate normal patterns found in residential construction, except where special requirements are applicable for handicapped persons or for special program needs.

(5) All toilet and bathing areas, facilities, and fixtures shall be kept clean and in good repair and shall be well lighted.

(6) Toilet rooms shall be well ventilated by natural or mechanical methods.

(j) Insect and Rodent Control. Every facility shall be so constructed or equipped as to prevent the entrance, harborage or breeding of flies, roaches, bedbugs, rats, mice and all other insects and vermin. Cleaning, renovation, or fumigation by licensed pest control operators for the elimination of such pests shall be used

1/ Additional water closets or space for commodes may be required by specific programs.

when necessary.

(k) Water Supply. A safe and adequate supply of water shall be provided. The water supply system shall be located, constructed and operated in accordance with the standards of the Board.[1/]

(l) Plumbing. All systems of plumbing shall be installed in accordance with the provisions of the Minnesota Plumbing Code.[2/]

(m) Sewage Disposal. All liquid waste shall be disposed of in an approved public sewage system or in a sewage system which is designed, constructed, installed and operated in accordance with the Standards and Regulations of the Board[3/] and the Minnesota Pollution Control Agency.

MHD 394. Food Handling Practices.[4/]

Any food service provided in a Supervised Living Facility shall be in accordance with the provisions of the Minnesota State Board of Health Regulations MHD 146-151 governing food and beverage service establishments. Wherever the food service in a Supervised Living Facility is limited to serving 10 residents or less, or where the main meals of the day are not prepared in the facility, then certain variances from the requirements may be granted by the Board.

1/ Construction Code for Water Wells MHD 169-178. Available from Division of Environmental Health, Minnesota Department of Health, 717 Delaware St. S.E., Minneapolis, Minnesota, 55440.

2/ Minnesota Plumbing Code MHD 120 - MHD 135. Documents Section, 658 Cedar, St. Paul, Minnesota, 55155. For information on compliance, contact the Division of Environmental Health, Minnesota Department of Health.

3/ Standards for Design of Soil Absorption Type Sewage Disposal Systems for Public Establishments 1962, Chapters Seven and Eight. Available from Minnesota Department of Health, Division of Environmental Health.

4/ It is recommended that the Department's food handling guide entitled "Information for Food Service Personnel in Hospitals and Related Care Facilities" be made readily available for reference by all food service personnel.

These variances may include, but not be limited to, substitution of certain domestic type equipment for commercial type. When food is catered into a supervised living facility, it shall be obtained from a source acceptable to the Board and transported, handled and served in accordance with provisions of applicable Regulations of the Board.

MHD 395. Nutrition

(a) Frequency of Meals. There shall be more than fourteen (14) hours between a substantial evening meal and breakfast. Where residents are not routinely absent from the facility for work or other purposes, at least three meals shall be made available at regular times during each twenty-four hour period.

(b) Quality and Variety. Foods and beverages shall be palatable, of adequate quantity and variety, attractively served at appropriate temperatures and prepared by methods which conserve nutritional value.1/ Food services shall recognize and provide for the physiological, cultural, emotional and developmental needs of each resident. All meals provided shall be planned, prepared and served by persons who have received instruction in food handling techniques and practices.

(c) Dietary Service. The food and nutritional needs of residents shall be met in accordance with their needs and shall meet the dietary allowances, as stated in the Recommended Dietary Allowances, National Academy of Sciences, 7th edition 1968. Providing each resident the specified servings per day from each of the following five food groups will satisfy this requirement.

1/ It is recommended that dishes be used rather than compartment trays.

(1) Meat or Protein Group. Two (2) or more servings per day.

A serving of meat or protein is defined as:

2-3 ounces cooked (equivalent to 3-4 ounces raw) of any meat without bone, such as beef, pork, lamb, poultry, or variety meats such as liver, heart and kidney
2 slices prepared luncheon meat
2 eggs
2 ounces of fresh or frozen cooked fish or shellfish or $\frac{1}{2}$ cup canned fish
1 cup cooked navy beans

(2) Milk Group. Two (2) or more servings per day. A serving is defined as 8 ounces (one cup) of milk. A portion of this amount may be served in cooked form, such as cream soups, desserts, etc.

1 ounce of cheese for 3/4 cup milk
3/4 cup cottage cheese for 1/3 milk
1/2 cup ice cream for 1/4 cup milk

(3) Vegetable Group. Three (3) or more servings per day, one of which is deep green or yellow. A serving is defined as 1/2 cup.

(4) Fruit Group. Two (2) or more servings per day, one of which is citrus (i.e. orange, grapefruit) or tomato. A serving of citrus fruit or tomato is defined as:

1 medium orange or 4 ounces of orange juice
1/2 grapefruit or 4 ounces of grapefruit juice
1 large tomato or 8 ounces of tomato juice

(5) Cereal and Bread Group. Three (3) to four (4) servings per day of whole grain or enriched products. A serving is defined as:

1 slice bread
1/2 cup cooked cereal
3/4 cup dry cereal
1/2 cup macaroni, rice or noodles

(d) Menu Planning. All menus including special diets shall be planned, dated and available for review for a minimum of one week in advance. Notations shall be made of any substitutions in the meals actually served and these shall be of equal nutritional value. Records of menus and of foods purchased shall be filed for six (6) months. A reasonable variety of foods shall be provided. A file of tested recipes adjusted to a yield appropriate for the size of the facility shall be maintained.

(e) Modified Diets. If the facility accepts or retains individuals in need of medically prescribed therapeutic diets, there shall be evidence that such diets are provided as ordered by the attending physician.

MHD 396. Health Services

Health services shall be utilized to maintain an optimal general level of health and to maximize function, prevent disability, and promote optimal development of each resident.

(a) Emergency Medical Services. The licensee shall make arrangements for appropriate medical services for medical emergencies.

(b) Admission Health Assessment. All residents shall have a general medical history and physical examination by a physician immediately preceding admission or within three days after admission. The licensee shall receive a statement from the examining physician that the applicant at the time of admission is free of communicable disease. The report of the examination and the statement from the physician shall be kept in the resident's health record. The report shall include appropriate instructions for meeting special needs, such as diet or medications.

(c) Child Health Assessment. Resident children (infancy through seventeen years) shall have health assessments periodically as recommended by the Council on Pediatric Practice, American Academy of Pediatrics, Standards of Child Health Care (Evanston, Illinois: 1972.) Periodic assessment shall include an evaluation of speech, vision, hearing and special dietary needs. Records of these assessments shall be maintained in the resident health record.

(d) Personal Hygiene. Supervised Living Facilities shall develop and implement a plan for attainment of personal hygiene practices of all residents with special assistance for those residents who are unable to care for themselves. Personal hygiene shall include provision for, where appropriate, and instruction in: handwashing, brushing teeth after meals, regular bathing, hair combing, brushing, and shampooing, shaving, caring for toenails and fingernails, and immediate cleaning of incontinent residents, unless specifically contra-indicated by a plan for toilet training. Persons shall wash their hands after handling an incontinent resident. Each resident shall be assisted in learning normal grooming practices with individual toilet articles.

(e) Dental Assessment. Dental assessment shall be performed at least annually. Dental examinations for children shall begin by three years of age.

(f) Bed Rest. Orders prescribing bed rest shall be self-terminating in three days unless renewed by a physician.

(g) Reporting Illness. Any occurrence of sickness or communicable disease, listed in Appendix A incurred by staff or residents shall be promptly reported to the local health officer and the department.

MHD 397. Resident's health Record

Supervised Living Facilities shall maintain a resident's health record for each resident. It may be contained in a general resident record.

(a) Required Data. Basic health information to be maintained in each resident's health record shall include:

(1) identifying information: name, previous address, date of admission and discharge, person to contact in an emergency;

(2) the physician responsible for his/her medical care as designated by the resident or guardian;

(3) the name of the resident's dentist as designated by the resident, parent, or guardian; dates of dental examinations and treatments; special instructions for care and oral hygiene as recommended;

(4) adverse reactions to drugs recorded and prominently posted as a precaution;

(5) where professional therapy services are provided to the resident, regular notations regarding the resident's progress in such therapies;

(6) dates and descriptions of all illnesses, accidents, treatments thereof, and immunizations, including examinations required in MHD 396;

(7) summary of hospitalizations, to include recommendations for follow-up and treatment;

(8) where the resident is being treated through a special diet, a copy of the diet, length of time to be used, prescription signed by the supervising physician, and the dates of review of the diet;

(9) a record of a pre-discharge medical examination which shall identify the resident's health status and to identify the continuing medical needs of the resident upon entering the new environment.

(b) Nature of Health Record.

(1) Each resident or his/her guardian shall be provided with a copy of the resident's health record upon discharge.

(2) All information contained in the resident's health records shall be considered privileged and confidential, and written consent of the resident or his parent shall be required for the release of information to persons not otherwise authorized to receive it. The resident shall have access to the health record upon request.

(3) All entries in the resident's health record shall be legible, dated and authenticated by the signature and identification of the individual making the entry.

(c) Retention of Health Record. All Resident Health Records shall be kept by the facility for at least three years following discharge. Employees of the department may review such records for accuracy and completeness.

MHD 398. Medication Handling Procedures.

(a) Control of Medications. Facilities shall develop and adhere to a written medication control plan acceptable to the Board. The plan shall be on file and available for inspection. The plan shall contain at least the following provisions:

(1) a statement of: whether the staff will administer medications, how the staff will supervise medications, whether medications will be self-administered, or a

combination of the above systems, how distribution and storage of medications will be handled;

(2) if the facility has both staff-administered and self-administered medications, the plan shall specify who will determine which system each resident will use and the criteria used in making the decision;

(3) procedures for recording medications that residents are taking;

(4) procedures for periodic examination and review of medication regimens;

(5) procedures for storage of prescription and non-prescription medications;

(6) method of refrigeration of biologicals.

(b) Handling of Medications. Stock supplies of prescription medications shall not be maintained in a supervised living facility. Staff may administer prescription medications which can be safely self-administered only to residents for whom the medication is ordered by a physician. In no case shall such medications be maintained, distributed, or administered from containers other than individual prescription containers bearing appropriate labels.

(c) Medication Containers. All prescription medications shall be kept in their original container bearing the original label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration dates of all time-dated drugs, directions for use, resident's name, physician's name, date of original issue or in case of a refill, the most recent date thereof and name and address of the licensed pharmacy which issued the medications. It shall be the responsibility of the facility to secure the prescription number and name of the medication if these

are not on the label.

(1) Any drug container having detached, excessively soiled or damaged labels shall be returned to the issuing pharmacy for relabeling.

(2) The contents of any drug container having no label or with an illegible label shall be destroyed immediately.

(3) Medications having a specific expiration date shall not be used after the date of expiration.

(d) Record of Medications. All prescribed medications and comfort drugs used by each resident shall be recorded on the resident's health record. This information shall include the name and quantity of the drug prescribed. Special notations shall be made whenever medications are started or discontinued. Adverse reaction to a medication and the report to the physician of the same shall be recorded.

(e) Disposition of Medications. If authorized by the attending physician or the resident's physician, medications belonging to residents shall be given to them when discharged or transferred. This shall be recorded in the resident's health record. Unused portions of controlled substances shall be handled by contacting the Minnesota State Board of Pharmacy, which will furnish the necessary instructions and appropriate forms, a copy of which shall be kept on file in the facility for two years. Any other unused portions of prescription drugs remaining in the facility after the death or discharge of the resident for whom they were prescribed or any prescriptions discontinued permanently, shall be destroyed by the licensee or designee by flushing them into the sewer system and removing and destroying the labels from the containers. A notation

of such destruction giving date, quantity, name of medication and prescription number shall be recorded on the resident's chart. Such destruction shall be witnessed and the notation signed by both persons.

MHD 399. Safety

(a) First Aid. Every facility shall have on the premises a suitable first aid kit approved in writing by a physician for use for residents and staff. Tourniquets shall not be stored in the kit. The kit shall be maintained in a place known to and readily available to all personnel responsible for the health or well-being of residents, and they shall be instructed in acceptable emergency first aid procedures.

(b) Emergency Plan. There shall be a written plan on file which specifies action and procedures for meeting emergency situations such as fire, serious illness, severe weather and missing persons. The procedures shall be clearly communicated to and reviewed with staff and residents. The plan shall be developed with the assistance and advice of at least the local fire and/or rescue authority and any other appropriate resource persons. The plan shall specify responsibilities assumed by the licensee for assisting residents who require emergency care or special assistance to residents in emergencies. An accident or incident report form shall be provided by and used by the staff of the facility.

(c) Emergency Procedures Meeting. There shall be a meeting of all employees on each shift at least once every three months to discuss emergency procedures.

Meeting shall cover:

(1) Assignment of persons to specific tasks and responsibilities in case of emergency situation.

(2) Instructions relating to the use of alarm systems and signals.

(3) Systems for notification of appropriate persons outside the facility.

(4) Information on the location of emergency equipment in the facility.

(5) Specification of evacuation routes and procedures.

(d) Telephones. There shall be at least one non-coin operated telephone which is accessible to staff, residents and visitors at all time for use in emergency. A list of the following telephone numbers shall be posted at this telephone: police, fire, ambulance, hospital and emergency physician.

(e) Keys. The person in charge of the facility on each work shift shall have keys to all locks on exits and egresses in the facility in his possession.

(f) Smoking. If smoking is permitted, it shall be permitted only in designated areas. Bedfast residents may be allowed to smoke only while under the direct supervision of a staff member.

(g) Staff Training Program. There shall be a staff training program that is appropriate to the size and nature of the facility. The program shall include, but not be limited to, plans for assignment of staff and residents to specific tasks and responsibilities.

(h) Emergency and Unusual Occurrence.

(1) In the event of an emergency or unusual occurrence, such as hospitalization, serious illness, accident, imminent death or death, the resident's parent or others who

maintain a close relationship with [redacted] shall be notified. The wishes of the resident and his parent about religious matters shall be determined and followed as closely as possible.

(2) In case of accident:

Appropriate measures for the care and safety of the resident shall be undertaken,

An accident report shall be made for use by the facility and in case of injury of unknown or uncertain cause, all legal requirements shall be complied with. This includes Minnesota Statute Section 626.554 relating to reporting of possible child abuse or neglect, as well as Minnesota Statute Section 626.555, relating to abuse or neglect of residents of facilities licensed pursuant to Sections 144.50 to 144.58.

MHD 400. Clothing and Laundry Services

(a) Clothing.

(1) Each resident shall have neat, clean clothing appropriate for the season.

(2) Each resident should have his own clothing, which is, when necessary, properly and inconspicuously marked with his name.

(3) Washable, specially designed clothing should be utilized as needed for multiple handicapped and incontinent residents.

(b) Laundry Services.

Laundry services are to be managed so that daily clothing and linen needs are met without delay and there is a minimum loss

and damage clothing.

MHD 401. Housekeeping Services

The licensee shall be responsible for or shall supervise the cleaning and maintenance of all areas in the supervised living facility.

Such responsibility shall:

include cleaning and maintenance of the resident's room; its furnishings and equipment;

be provided on a regularly scheduled basis at least weekly;

be provided through a process that insures the security of the resident's room and his personal belongings.

APPENDIX A

MHD 252 (10795) - REPORTABLE DISEASES

(a) When called to a case, suspected case, or death from any of the following diseases, the attending physician, within 24 hours, shall notify the local health officer by means of the regular reporting post card or special blank provided for such reports. Diseases marked by asterisk shall also be reported directly to the Division of Personal Health Services, Minnesota State Board of Health.

When no physician is in attendance, it shall be the duty of the head of the household, or other person in charge of any institution, school, hotel, boarding house, camp, dairy farm, or pasteurization plant, or any other person having knowledge of any individual believed to have or suspected of having any disease, presumably communicable, to report immediately the name and address of any such person to the local health officer. Until official action on such has been taken, strict isolation shall be maintained.

Within 24 hour of the receipt of such notification or other knowledge of a case, the local health officer shall forward same to the Minnesota Department of Health, Division of Personal Health Services, 717 Delaware Street S.E., Minneapolis, Minnesota, 55440 (612-296-5201) after transcribing essential information for permanent local record.

*Actinomycosis
*Anthrax
*Botulism
Brucellosis (Undulant Fever)
Chickenpox (Over 16 yrs. of age)
*Cholera, Asiatic
Conjunctivitis, Epidemic
Diarrhea, Epidemic
Diphtheria
Dysentery
(a) Amebic
(b) Bacillary
Encephalitis (all types)
German Measles (rubella)
Food infection and poisoning
*Glanders
Hepatitis, Infectious
Hepatitis, Serum
Influenze
*Leprosy
Leptospirosis
Malaria
Measles
Meningitis (all types)
Mononucleosis, Infectious
*Ophthalmia, Neonatorum
Paratyphoid Fever
*Plague
Pneumonia
Poliomyelitis
*Psittacosis
*Rabies (cases and exposed persons)
Rheumatic Fever
Ringworm of the Scalp
*Rocky Mountain Spotted Fever
Scarlet Fever and Epidemic
Sore Throat
*Smallpox
*Tetanus
Trachoma
*Trichinosis
Tuberculosis
Tularemia
Typhoid Fever
*Typhus Fever
Whooping Cough (Pertussis)
Yellow Fever

APPENDIX B

MINNESOTA STATE BOARD OF HEALTH

CHAPTER TEN: MHD 161-170

REQUIREMENTS FOR FOOD AND BEVERAGE ESTABLISHMENTS

MHD 161. SCOPE

(a) This regulation shall be applicable to all food and beverage establishments such as restaurants, boarding houses and places of refreshment as defined in Minnesota Statutes Chapter 157, and shall include drive-ins, bars, taverns, drive-in cafes, clubs, lodges, eating facilities at resorts, private schools, public buildings and churches, except as exempted by Section 157.14, and all other businesses and establishments where meals, lunches or drinks are served. In addition this regulation shall serve as the criteria for evaluation of food and beverage service facilities in children's camps as defined in Section 144.72.

MHD 162. DEFINITIONS

(a) **ADULTERATED** shall mean the condition of a food if it bears or contains any poisonous or deleterious substance in a quantity which may render it injurious to health; if it bears or contains any added poisonous or deleterious substance for which no safe tolerance has been established by regulation, or in excess of such tolerance if one has been established; if it consists in whole or in part of any filthy, putrid, or decomposed substance, or if it is otherwise unfit for human consumption; if it has been processed, prepared, packed, or held under insanitary conditions, whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health; if it is in whole or in part the product of a diseased animal, or an animal which has died otherwise than by slaughter; or if its container is composed in whole or in part of any poisonous or deleterious substance which may render the contents injurious to health.

(b) **APPROVED** shall mean acceptable to the State Board of Health following its determination as to conformity with departmental standards and established public health practices.

(c) **BOARD** shall mean the Minnesota State Board of Health and the Minnesota Department of Health, which terms shall be synonymous.

(d) **CLOSED** shall mean fitted together snugly leaving no openings large enough to permit the entrance of vermin.

(e) **CLEAN** shall mean free from physical, chemical and microbial substances discernible by ordinary sight or touch, by ultraviolet light, by artificial light, and by the safranine-0 dye test, and free from insects, vermin and debris. (The safranine-0 dye test is a procedure for determining the effectiveness of the washing-sanitizing of dishes and glassware. Washed, sanitized, and drained dry glasses are dusted lightly with a mechanical mixture of talc (85%) and safranine-0 dye (15%). When wetted the dye becomes red. Dusted glasses are subjected to a gentle rinse for five seconds, or until run-off is no longer red. Since the dye-impregnated talc clings tenaciously to residual organic matter on the glass, the appearance of red spots or areas on drained glasses is an index of ineffective washing.

Reference - - Abele, C. A., "Needed: A Reliable Field Determinate of Cleanliness." JOURNAL OF FOOD AND MILK TECHNOLOGY, August 1965. Also - Armbruster, E. H., Rodenour, G. M. "Field Test Procedure for Cleanliness Measurement of Multiple-Use Eating Utensils." THE SANITARIAN, September-October 1960.

(f) CORROSION-RESISTANT MATERIAL shall mean a material which maintains its original surface characteristics under prolonged influence of food, cleaning compounds and sanitizing solutions which may contact it.

(g) EASILY CLEANABLE shall mean readily accessible and of such material and finish and so fabricated that residue may be completely removed by normal cleaning methods.

(h) EMBARGO shall mean the witholding of food, equipment, utensils or clothing from sale or use in any establishment licensed as a restaurant, boarding house or place of refreshment until approval is given by the State Board of Health for such sale or use.

(i) EMPLOYEE shall mean any person working in a licensed establishment who transports food or food containers, who engages in food preparation or service, or who comes in contact with any food utensils or equipment.

(j) EQUIPMENT shall mean all stoves, ranges, hoods, meatblocks, work-tables, counters, refrigerators, freezers, sinks, dishwashing machines, steam tables, and similar items, other than utensils, used in the operation of a food-service establishment.

(k) FOOD shall mean any raw, cooked, or processed substance, beverage or ingredient used or intended for use in whole or in part for human consumption. The term food shall further include, but not be limited to, ice and water.

(l) FOOD-CONTACT SURFACES shall mean those surfaces of equipment and utensils with which food normally comes in contact, and those surfaces with which food may come in contact and drain back onto surfaces normally in contact with food.

(m) FOOD ESTABLISHMENT shall mean food and beverage service establishments as defined in Minnesota Statutes Chapter 157 and 144.72 and shall include drive-ins, bars, taverns, drive-in cafes, clubs, lodges, eating facilities at resorts and churches, except as exempted by Section 157.14.

(n) PERISHABLE FOOD shall mean any food of such type or in such condition as may spoil.

(o) POTENTIALLY HAZARDOUS FOOD shall mean any perishable food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other food capable of supporting rapid and progressive growth of infectious or toxigenic micro-organisms: Provided, that products in hermetically sealed containers processed to prevent spoilage, and dehydrated, dry or powdered products so low in moisture content as to preclude development of micro-organisms, are excluded from the terms of these definitions.

(p) SAFE TEMPERATURES, as applied to potentially hazardous food, shall mean temperatures of 40° F. or below, and 150° F. or above.

(q) SANITIZE shall mean effective bactericidal treatment of clean surfaces of equipment and utensils by a process which has been approved by the Board as being effective in destroying micro-organisms, including pathogens.

(r) SEALED shall mean free of cracks or other openings which permit the entry or passage of moisture.

(s) SINGLE-SERVICE ARTICLES shall mean cups, containers, lids, or closures; plates, knives, forks, spoons, stirrers, paddles; straws, place mats, napkins, doilies, wrapping material; and all similar articles which are constructed wholly or in part from paper, paperboard, molded pulp, foil, wood, plastic, synthetic, or other readily destructible materials, and which are intend-

ed by the manufacturers and generally recognized by the public as for one usage only, then to be discarded.

(t) TABLEWARE shall mean all multi-use eating and drinking utensils, including flatware (knives, forks, and spoons).

(u) TEMPORARY FOOD-SERVICE ESTABLISHMENT shall mean any food-service establishment which operates at a fixed location for a temporary period of time, not to exceed two weeks, in connection with a fair, carnival, circus, public exhibition, or similar transitory gathering.

(v) UTENSIL shall mean any tableware and kitchenware used in the storage, preparation, conveying, or serving of food.

MHD 163 . SANITATION

(a) FOOD SUPPLIES: All food in food-service establishments shall be from sources approved or considered satisfactory by the Board, and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption. No hermetically sealed, non-acid or low-acid food which has been processed in a place other than a commercial food-processing establishment shall be used.

(b) FOOD PROTECTION: All food while being stored, prepared, displayed, served, or sold at food-service establishments, or during transportation between such establishments, shall be protected from contamination. All perishable food shall be stored at such temperatures as will protect against spoilage. All potentially hazardous food shall be maintained at safe temperatures (40° F. or below, or 150° F. or above), except during necessary periods of preparation and service. Refrigerated display cases may be maintained at a temperature of 45° F. to prevent sweating, however, foods shall not be stored in such display cases for periods exceeding four hours. A variation of 5° F. in refrigerator temperatures is permitted during times of meal service. Raw fruits and vegetables shall be washed before use. Stuffing, poultry, stuffed meats, stuffed poultry, and pork and pork products shall be thoroughly cooked before being served. Individual portions of food once served to the customer shall not be served again: Provided, that wrapped food which has not been unwrapped and which is wholesome may be re-served.

Only such poisonous and toxic materials as are required to maintain sanitary conditions and for sanitization purposes may be used or stored in food-service establishments. Poisonous and toxic materials shall be identified, and shall be used only in such manner and under such conditions as will not contaminate food, or constitute a hazard to employees or customers as determined by the Board.

(c) HEALTH AND DISEASE CONTROL: No person while affected with any disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores, or an acute respiratory infection, shall work in any area of a food-service establishment in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces with pathogenic organisms, or transmitting disease to other individuals; and no person known or suspected of being affected with any such disease or condition shall be employed in such an area or capacity.

(d) CLEANLINESS: All employees shall wear clean outer garments, maintain a high degree of personal cleanliness, and conform to hygienic practices while on duty. They shall wash their hands thoroughly in an approved handwashing facility before starting work, and as often as may be necessary to remove soil and contamination. No employee shall resume work after visiting the toilet room without first washing his hands. No person shall expectorate or use tobacco in any form while engaged in food preparation or service, or while in equipment and utensil washing or food preparation areas. Hairnets, headbands, caps, or other hair restraints shall be used by employees engaged in the preparation and service of food to keep hair from food and food contact surfaces.

(e) SANITARY DESIGN, CONSTRUCTION AND INSTALLATION OF EQUIPMENT AND UTENSILS: All equipment and utensils shall be so designed and of such material and workmanship as to be smooth, easily cleanable and durable, and shall be in good repair; and the food-contact surfaces of such equipment and utensils shall, in addition, be easily accessible for cleaning, non-toxic, corrosion-resistant and relatively non-absorbent.

All equipment shall be so installed and maintained as to facilitate the cleaning thereof, and of all adjacent areas.

All new equipment installed after the effective date of this Regulation shall comply with the following standards of the National Sanitation Foundation when applicable:

Standard No. 1 - Soda Fountain and Luncheonette Equipment, April 1965
Standard No. 2 - Food Service Equipment, April 1965
Standard No. 3 - Spray Type Dishwashing Machines, April 1965
Standard No. 4 - Gas and Electric Commercial Cooking and Warming Equipment, July 1963
Standard No. 5 - Gas and Electric Commercial Hot Water Generating Equipment, January 1959
Standard No. 6 - Dispensing Freezers, January 1959
Standard No. 7 - Food Service Refrigerators and Food Service Storage Freezers, April 1964
Standard No. 8 - Commercial Powered Food Preparation Equipment, April 1965
Standard No. 12 - Automatic Ice-Making Equipment, June 1963
Criteria C-1 - Vending Machines, February 1963
Criteria C-2 - Special Equipment and/or Devices, April 1964

Used equipment which has been granted the seal of approval by the National Sanitation Foundation under earlier standards may be installed when such equipment is in good repair and does not constitute a health hazard as determined by the Board.

Equipment in use at the time of adoption of this regulation which does not meet fully the above requirements may be continued in use only if it is in good repair, capable of being maintained in a sanitary condition and the food-contact surfaces are non-toxic, and is approved by the Board.

Single-service articles shall be made from non-toxic materials.

(f) CLEANING, BACTERICIDAL TREATMENT AND STORAGE OF UTENSILS AND EQUIPMENT: All equipment, fixtures, and furnishings, including windows, shall be kept clean and free from dust, dirt, insects and other contaminating materials. All cloths used by waiters, chefs and other employees shall be clean.

Single-service containers, utensils and equipment shall be used only once.

After each usage all multi-use eating and drinking utensils shall be thoroughly washed in hot water containing a suitable soap or synthetic detergent, rinsed in clean water, and effectively subjected to a bactericidal process approved by the Board. All multi-use utensils used in the preparation or serving of food and drink shall be thoroughly washed, rinsed, and effectively subjected to an approved bactericidal process after each use or immediately following the day's operations, and such utensils shall not be re-used without having been so treated. Where dishwashing is done by hand, the sink compartments shall be adequate in size to permit the introduction of the largest utensils to be washed and wire baskets or racks of dishes, and shall be supplied with hot and cold running water. Approved facilities for manual dishwashing shall consist of a three-compartment sink with stacking and drain boards at each end. Facilities for washing multi-use utensils where mechanical dishwashing is used, and for drive-ins using paper

service, may consist of a two-compartment sink with stacking and drain boards. Utensils which, because of size and weight, are not normally washed in sink compartments may be washed, rinsed and sanitized as individual units.

Dishwashing machines shall be equipped with thermometers which will accurately indicate the temperature of the wash and rinse water.

Either of the following bactericidal processes for manual dishwashing is regarded as approved:

(1) Complete immersion in clean water at a temperature of not lower than 170° Fahrenheit for at least two minutes. The bactericidal treatment compartment must be properly equipped with a heating unit or other means to maintain the specified temperature while in use.

(2) Complete immersion in clean water containing not less than 50 parts per million of available chlorine if hypochlorites are used, or not less than 200 parts per million if chloramines are used, for not less than two minutes. Other compounds acceptable to the Board may be used in accordance with standards recommended at the time of acceptance. Equipment that is too large to immerse may be treated with live steam from a hose, in the case of equipment in which steam can be confined, or by spraying or a swabbing with chlorine solution of approved strength.

Any other processes acceptable to the Board may be used for machine or manual dishwashing.

All dishes, utensils and equipment after washing and bactericidal treatment shall be permitted to drain and air dry.

After bactericidal treatment, eating and drinking utensils and utensils used for the preparation and serving of food and drink shall be stored in a clean, dry place protected from flies, dust and other contamination, and shall be so handled as to prevent contamination. Wet cold storage of glasses or similar utensils is prohibited except in approved equipment as determined by the Board. All under-counter utensil storage compartments less than 18 inches from the floor and located in traffic areas shall be enclosed and shall be kept enclosed except during times of meal service. Enclosed automatic utensil elevators are accepted. Cups and glasses stored on shelves shall be inverted. Rack or tray stacking of glasses is accepted. Shelving shall be protected by easily cleanable, non-absorbent materials.

Single-service utensils shall be purchased only in sanitary containers, shall be stored therein in a clean, dry place until used, and shall be handled in a sanitary manner.

(g) WATER SUPPLY: A safe and adequate supply of water shall be provided. The water supply system shall be located, constructed and operated in accordance with the standards of the Board. Water, if not piped into the establishment, shall be transported and stored in approved containers and shall be handled and dispensed in a sanitary manner. Ice used for any purpose shall be made from water which comes from an approved source and shall be used only if it has been manufactured, stored, transported and handled in a sanitary manner. When strict compliance with the provisions for location and construction specified in this item is impractical, the Board may waive any of the requirements subject to such conditions as may be deemed desirable in the individual case.

(h) SEWAGE DISPOSAL: All liquid waste shall be disposed of in an approved public sewerage system or in a sewerage system which is designed, constructed and operated in accordance with the standards of the Board.

(i) PLUMBING: All new plumbing and all plumbing reconstructed or replaced after the effective date of this regulation shall be designed, constructed and installed in conformity with the Minnesota Plumbing Code.

(j) TOILET FACILITIES: Each food-service establishment shall be provided with adequate, conveniently located toilet facilities for its employees. Toilet fixtures shall be of sani-

tary design and easy to clean. Toilet facilities, including rooms and fixtures, shall be kept in a clean condition and in good repair. The doors of all toilet rooms shall be self-closing. Toilet tissue shall be provided. Easily cleanable receptacles shall be provided for waste materials, and such receptacles in toilet rooms for women shall be covered. Where the use of non-water-carried sewage disposal facilities have been approved by the Board, such facilities shall be separate from the establishment and in accordance with the standards of the Board. When toilet facilities are provided for the patrons, such facilities shall meet the requirements of this section.

(k) HANDWASHING FACILITIES: Each food-service establishment shall be provided with adequate, conveniently located hand-washing facilities for its employees, including a lavatory or lavatories equipped with hot and cold or tempered running water, hand-cleansing soap or detergent, and approved sanitary towels or other approved hand-drying devices. Such facilities shall be kept clean and in good repair.

(l) GARBAGE AND RUBBISH DISPOSAL: All garbage and rubbish containing food waste shall, prior to disposal, be kept in leak-proof, non-absorbent containers which shall be kept covered with tight-fitting lids when filled or stored, or not in continuous use: Provided, that such containers need not be covered when stored in a special vermin proofed room or enclosure, or in a food-waste refrigerator. All other rubbish shall be stored in containers, rooms or areas in an approved manner. The rooms, enclosures, areas and containers used shall be adequate for the storage of all food waste and rubbish accumulating on the premises. Adequate cleaning facilities shall be provided, and each container, room, or area shall be thoroughly cleaned after the emptying or removal of garbage and rubbish. Food-waste grinders, if used, shall be installed in compliance with State and local standards and shall be of suitable construction. All garbage and rubbish shall be disposed of with sufficient frequency and in such a manner as to prevent a nuisance.

(m) VERMIN CONTROL: Effective measures shall be taken to protect against the entrance into the establishment and the breeding or presence on the premises of vermin.

(n) FLOORS, WALLS, AND CEILINGS: The floor surfaces in kitchens, in all other rooms and areas in which food is stored or prepared and in which utensils are washed, and in walk-in refrigerators, dressing or locker rooms and toilet rooms, shall be of smooth, relatively non-absorbent materials, and so constructed as to be easy to clean and shall be coved at the juncture of the floor and wall: Provided, that the floors of non-refrigerated, dry-food-storage areas need not be non-absorbent. All floors shall be kept clean and in good repair. Floor drains shall be provided in all rooms where floors are subjected to flooding-type cleaning or where normal operations release or discharge water or other liquid waste onto the floor. All exterior areas where food is served shall be kept clean and properly drained, and surfaces in such areas shall be finished so as to facilitate maintenance and minimize dust.

The walls and ceilings of all rooms shall be kept clean and in good repair. All walls of rooms or areas in which food is prepared, or utensils or hands are washed, shall be easy to clean, smooth and light-colored, and shall have washable surfaces up to the highest level reached by splash or spray.

(o) LIGHTING: All areas in which food is prepared or stored or utensils are washed, hand-washing areas, dressing or locker rooms, toilet rooms, and garbage and rubbish-storage areas shall be well lighted. All working surfaces shall be illuminated at not less than 20 foot candles of light. At least 10 foot candles of light shall be provided on all other surfaces and equipment. In storage areas five foot candles of light 30 inches from the floor is acceptable. Subdued lighting in dining rooms and public access areas is acceptable: Provided, that lighting meeting the standards of this section shall be available during all cleanup periods.

(p) VENTILATION: All rooms in which food is prepared or served or utensils are washed, dressing or locker rooms, toilet rooms, and garbage and rubbish storage areas shall be well ventilated and free of disagreeable or excessive odors, condensation, vapors, smoke and fumes. Ventilation hoods and devices shall be designed to prevent grease or condensate from dripping

into food or onto food preparation surfaces. Air replacement vents shall be provided and designed to permit the entrance of an equal volume of displaced air and to prevent the entrance of insects, dust, or other contaminating materials. During seasons when weather conditions require tempering of make-up air, adequate equipment shall be provided to temper the make-up air. Every gas or oil-fired room heater or water heater shall be vented to the outside air in accordance with the American Gas Association Standards entitled, "Installation of Gas Appliances and Gas Piping," September, 1964.

(q) DRESSING ROOMS AND LOCKERS: Adequate facilities shall be provided for the orderly storage of employee's clothing and personal belongings. Where employees routinely change clothes within the establishment, one or more dressing rooms or designated areas shall be provided for this purpose. Such designated areas shall be located outside of the food preparation, storage, and serving areas, and the utensil-washing and storage areas: Provided, that when approved by the Board, such an area may be located in a storage room where only completely packaged food is stored. Designated areas shall be equipped with adequate lockers, and lockers or other suitable facilities shall be provided in dressing rooms. Dressing rooms and lockers shall be kept clean.

(r) HOUSEKEEPING: All parts of the establishment and its premises shall be kept neat, clean, and free of litter and rubbish. Cleaning operations shall be conducted in such a manner as to minimize contamination of food and food-contact surfaces. None of the operations connected with a food-service establishment shall be conducted in any room used as living or sleeping quarters. Soiled linens, coats, and aprons shall be kept in suitable containers until removed for laundering. No live birds or animals shall be allowed in any area used for the conduct of food-service establishment operations: Provided, that guide dogs accompanying blind persons may be permitted in dining areas.

(s) TEMPORARY FOOD-SERVICE ESTABLISHMENTS: A temporary food-service establishment shall comply with all provisions of this regulation which are applicable to its operation: Provided, that the Board may augment such requirements when needed to assure the service of safe food, may prohibit the sale of certain potentially hazardous food, and may modify specific requirements for physical facilities when in its opinion no health hazard will result.

(t) EMBARGO, CONDEMNATION AND TAGGING: Equipment and utensils which do not meet the requirements of this regulation may be embargoed. Equipment and utensils shall be released from the embargo upon notification of the Board by the licensee of alteration of such equipment or utensils to meet the requirements of this regulation, and after inspection of such utensils and equipment by the Board. The Board may condemn and forbid the sale of, or cause to be removed or destroyed, any food which is unwholesome or adulterated, or prepared, processed, handled, packaged, transported or stored in any unwholesome manner unfit for human consumption or otherwise prohibited by State or Federal law. The Board may condemn and cause to be removed any equipment, clothing or utensils found in a food establishment, the use of which would not comply with this regulation or which is being used in violation of this regulation, and also may condemn or cause to be removed any equipment, clothing or utensils which, by reason of dirt, filth, extraneous matter, insects, corrosion, open seams or chipped or cracked surfaces, is unfit for use. The Board shall place a tag to indicate the embargo or the condemnation upon such food, equipment, utensils or clothing. No person shall remove such tag except under the direction of the Board.

(u) PLAN REVIEW OF FUTURE CONSTRUCTION: When an establishment licensed or to be licensed under the provisions of Section 157.03 Minnesota Statutes is hereafter constructed or extensively remodeled, or when an existing structure is converted for use as a licensed establishment, properly prepared plans and specifications for such construction, remodeling, or alteration, showing layout, arrangement, and construction materials of work areas, and the location, size, and type of fixed equipment and facilities, shall be submitted to and approved by the Board before such work is begun. The plans and specifications shall be submitted in duplicate and drawn to scale, shall be legible and complete in all details. The Board shall review such plans and report their findings within 15 working days of the date that plans are received.

(v) PROCEDURE WHEN INFECTION IS SUSPECTED: When the Board has reasonable cause to suspect possibility of disease transmission from a food-service establishment employee, the Board shall secure a morbidity history of the suspected employee, or make such other investigation as may be indicated, and take appropriate action. The Board may require any or all of the following measures: (1) the immediate exclusion of the employee from all food-service establishments; (2) the immediate closure of the food-service establishment concerned until, in the opinion of the Board, no further danger of disease outbreak exists; (3) restriction of the employee's services to some area of the establishment where there would be no danger of transmitting disease; and (4) adequate medical and laboratory examinations of the employee, of other employees, and of his or their body discharges.

MHD 164. RESCINDING OF EXISTING REGULATIONS

(a) The following regulation is hereby rescinded: Regulation 10947 dated July 1, 1961.

MHD 165. EFFECTIVE DATE

(a) This regulation shall take effect January 1, 1968.

MHD 166-170 (Reserved for future expansion)

Regulations of the Minnesota State Board of Health for Construction, Equipment, Maintenance, and Operation of Supervised Living Facilities

September 12, 1974

Minnesota State Board of Health
Division of Health Facilities
717 Delaware Street S.E.
Minneapolis, Minnesota 55440

FOREWORD

Minnesota Statute (1971) Sections 245.78, 252.28, and 257.081 to 257.123 provide for regulation by the Department of Public Welfare of residential facilities and services for persons with certain disabilities. The Statute permits the incorporation of rules and regulations suggested by the Commissioner of Health.

These regulations have been developed pursuant to a cooperative agreement with the Minnesota Department of Public Welfare, under which the Department of Public Welfare regulates the habilitative, rehabilitative, and social service programs provided to residents of these facilities and the Board of Health, under provisions of Minnesota Statute (1971) Section 144.56 (STANDARDS), establishes a Supervised Living Facility (SLF) as a facility, licensed by both the Minnesota Department of Health and the Minnesota Department of Public Welfare, in which appropriate programs and services are provided. These regulations establish minimum standards as to the construction, equipment, maintenance, and operation of supervised living facilities insofar as they relate to sanitation and safety of the buildings, and to the health, treatment, comfort, safety, and well-being of the persons accommodated for care, except for standards of the Department of Public Safety, which has the exclusive jurisdiction to enforce state fire and safety standards.

The purpose of a Supervised Living Facility is to provide a residential, home-like setting for persons who are mentally retarded, adult mentally ill, chemically dependent, or physically handicapped and who are able to live safely under supervision provided through programs licensed by the Department of Public Welfare.

Supervised Living Facilities are facilities in which certain services are provided. Among these services are the provision of meals, lodging, housekeeping services, health services, and other services, provided either by staff or by residents under supervision, but in all cases, in accordance with sanitary standards which must be observed in a group situation to prevent the creation of unsanitary conditions which endanger the health of individual residents and staff.

Of concern to the Board of Health is that residents are provided appropriate services in a safe, sanitary and healthful setting. Germane to this concern is the necessity for a procedure which will effectively ascertain at the time of admission of the resident and periodically thereafter, that persons admitted to a Supervised Living Facility are persons who have handicaps that prevent or limit independent living, but who are not in need of continuing medical or nursing care. This procedure is implemented through program licensure by the Minnesota Department of Public Welfare.

Individualized ongoing evaluation is provided through licensed programs to help each resident reach his maximum level of functional capabilities. Periodic evaluation of residents by representatives of the State Board of Health are made to assure that the needs of the residents do not exceed those services which the licensee is authorized to provide.

Supervised Living Facilities may, but are not required to provide treatment, educational, training, personal care, or sheltered workshop services on a 24 hour-a-day basis. Some of these services may be provided to residents either by having the service brought into the facility or by assuring that the resident receives appropriate services elsewhere.

The range of services required by residents of Supervised Living Facilities includes services for persons who are dependent for reasons other than degenerative

processes of aging as well as services for persons younger or old, who are living and working in the community or are in transition from residential to independent community life.

In all cases, only those facilities will receive and retain licensure as Supervised Living Facilities that can demonstrate to the satisfaction of the State Board of Health that:

a) functional services are provided in safe, healthful, and sanitarily operated and maintained buildings; and

b) only those persons are accepted as residents whose needs can be met by the facility directly or in cooperation with other resources with which there is evidence of acceptable agreements or arrangements.

TABLE OF CONTENTS

Chapter Twenty-three: MHD 391-401 Regulations for Construction, Equipment, Maintenance, and Operation of Supervised Living Facilities

MHD 391	Definitions	1
MHD 392	General Provisions	1 - 4
MHD 393	Physical Plant	5 - 8
MHD 394	Food Handling Practices	8 - 9
MHD 395	Nutrition	9 - 10
MHD 396	Health Services	10 - 11
MHD 397	Resident's Health Record	11 - 12
MHD 398	Medication Handling Procedures	12 - 14
MHD 399	Safety	14 - 15
MHD 400	Clothing and Laundry Services	15 - 16
MHD 401	Housekeeping Services	16
APPENDIX A	Reportable Diseases	
APPENDIX B	Minnesota State Board of Health Regulations Governing Food and Beverage Establishments	

MHD 391. Definitions

(a) "Supervised Living Facility" means a facility in which there is provided supervision, lodging, meals and in accordance with provisions of Rules of the Department of Public Welfare, counseling and developmental habilitative or rehabilitative services to five or more persons who are mentally retarded, chemically dependent, adult mentally ill, or physically handicapped.

(b) "Health and Safety Component" means those elements of a facility which influence all residents including, but not limited to, physical plant design, general sanitation, nutritional requirements, medication handling procedures and practices relating to health, such as provisions for health care arrangements, emergency medical care and physician's orders.

(c) The term "Board" as used in these regulations means the "Minnesota State Board of Health." The term "department" means the "Minnesota Department of Health."

(d) "Ambulatory" means the ability to walk independently and at least negotiate any barriers such as ramps, doors, stairs, corridors, etc., without assistance as may be necessary to get in and out of the facility.

(e) "Mobile" means the ability to move from place to place with the use of devices such as walkers, crutches, wheelchairs, wheeled platforms, etc.

(f) "Non-ambulatory" means the inability to walk independently.

(g) "Non-mobile" means the inability to move independently from place to place.

(h) "New construction" as used in these regulations means the erection of new buildings or the alterations of or additions to existing buildings commenced on or after the effective date of these regulations.

(i) "Resident" means an individual who receives service from a supervised living facility.

(j) "Physically handicapped" encompasses those orthopedic incoordinative sight and hearing disabilities that result in the significant reduction of mobility, flexibility, coordination, or perceptiveness and that, singly or in combination, interfere with the individual's ability to live independently; that are not the result of the normal aging process that are considered to be chronic conditions.

MHD 392. General Provisions

(a) Facility License. A license shall be issued by the Board of Health to an applicant who satisfactorily meets all requirements contained in these regulations.

(1) The license is valid for one year.

(2) Separate licenses are required for facilities maintained on separate premises, even though operated by the same ownership.

(3) A separate license shall not be required for separate buildings maintained by the same owner of the same premises, unless such buildings represent different classifications.

(4) Each license shall be conspicuously posted in the facility.

(5) Facilities which have been determined by the State Fire Marshal to be out of compliance with fire safety requirements of the State Fire Marshal are not eligible for licensure by the Board of Health.

(6) Each license shall specify the maximum allowable number of residents that may be lodged in the facility.

(b) Licensure Procedure.

(1) Application for a facility license to establish or operate a supervised living facility shall be made in writing and submitted on forms provided by the Department. The application for a new facility or for a change in classification shall include a copy of the proposed program or other acceptable indication from the Department of Public Welfare pertaining to the types of residents who are to be served by the facility.

(2) If the applicant is a corporation, the applicant shall furnish the Department names and addresses of the governing body and names of current officers of the corporation.

(3) In addition to the documents required in (b)(2) above, out-of-state corporation shall furnish the Department with a copy of the Certificate of Authority to do business in Minnesota.

(4) Existing buildings and new construction shall be reviewed and approved by the Department prior to licensure. Review includes submission of construction drawings and specifications for new construction and alterations.

(c) Building Classification. For considerations of licensure, construction and major renovation, supervised living facilities are classified as follows:

(1) Class A supervised living facilities include homes for ambulatory and mobile persons who are capable of taking appropriate action for self-preservation under emergency conditions as determined by program licensure provisions. Class A supervised living facilities shall be in conformance with provisions of Chapter 13 of the 1973 Edition of the Uniform Building Code, as amended for Group H Occupancies. Physically handicapped persons shall be housed at the street level.

(2) Class B supervised living facilities include homes for ambulatory, non-ambulatory, mobile, or non-mobile persons who are not mentally or physically capable of taking appropriate action for self-preservation under emergency conditions as determined by program licensure provisions. Class B supervised living facilities shall be in conformance with provisions of Chapter 9 of the 1973 Edition of the Uniform Building Code, as amended for Group D Occupancies.

(d) Waivers. A supervised living facility may request in writing a waiver of a specific regulation. The request for a waiver must cite the regulation in question, reasons for requesting the waiver, the period of time the licensee wishes to have the regulation waived, and the equivalent measures planned for protecting the health and safety of residents and staff. Waivers granted by the Board shall specify in writing the time limitation and required equivalent measures to be taken to protect the health and safety of residents and staff.

(e) Program License. All applicants for licensure must have received or have applied for a program license from the Minnesota Department of Public Welfare under provisions of Rules 34, 35, 36, or 80 before the supervised living facility license is issued by the Board of Health.

(f) Staff. At all times that residents are up and about in the facility, there shall be at least one responsible person awake, dressed, and up and about in the facility. The responsible person shall be at least 18 years of age and capable of performing required duties in supervision of residents. This person shall be immediately accessible to all residents in the facility and shall be the person to whom residents can report injuries, symptoms of illness, and emergency situations. Facilities that accept persons who are not capable of adequate judgement in taking action for self-preservation, must assure that there is, additional to the requirement above, adequate staff on duty on a 24 hour a day basis to provide:

(1) necessary physical services for activities of daily living;

(2) maintenance of an appropriate personal hygiene program for each resident; and

(3) for appropriate movement of residents to safe harborage within the facility or evacuation from the facility in the case of fire or other emergency situation.

(g) Residents. Supervised Living Facilities may accept as residents such persons as are described in MHD 391(a), but may not accept as residents, nor provide lodging to any of the following persons:

(1) persons who have or are suspected of having a communicable disease or a disease endangering the health of other residents;

(2) persons who require nursing care as defined in State Board of Health Regulations, Chapter Five: MHD 44(a)[1], except for brief, episodic periods.

(h) Resident Register. A register shall be kept in a separate bound book, listing in chronological order the dates and names of all persons admitted to and discharged from the facility. This register shall be available to department employees for inspection.

(i) Census Data. Records shall be kept of admissions, discharges, deaths, and transfers of residents and shall be available for inspection by department employees.

(j) Staff Health. The licensee shall assure that:

(1) All staff shall, prior to employment and annually thereafter, show freedom from tuberculosis by a report of either a standard Mantoux tuberculin test or a chest X-ray. If the Mantoux test is positive or contra-indicated, a chest X-ray shall be taken. The results of these tests shall be reported in writing and made a part of the staff member's personnel record;

(2) Any staff member with a communicable disease shall not be permitted to work in the facility until such time that a physician certifies that the staff member's condition will permit his return to work without endangering the health of other staff and residents;

(3) The facility administrator may require that a staff member have a medical examination when a reasonable suspicion of communicable disease exists; and

(4) Personnel records shall be available for inspection by department employees.

(k) Resident Death. When a resident dies:

(1) The date, time and circumstances of the resident's death shall be recorded in the resident's record;

(2) If the resident dies in the facility, the coroner's office shall be notified;

(3) Personal belongings shall be handled in a responsible and legal manner; and

(4) Records of a deceased individual shall be retained for a period of three years following death.

(l) Effective Date. These regulations shall become effective January 1, 1975.

1/ "Examples of nursing care: bedside care, including administration of medications, irrigations and catheterizations, applications of dressings or bandages; rehabilitative nursing techniques; and other treatments prescribed by a physician which require technical knowledge, skill, and judgement as possessed by a registered nurse."

(a) Building. Every building, structure, or enclosure utilized by the supervised living facility shall be kept in good repair and so maintained as to protect the health, comfort, safety, and well-being of persons accommodated. Buildings housing physically disabled residents shall have a plan acceptable to the Board of Health with reasonable target dates for the removal of or the reduction of architectural barriers consistent with the resident program.

(b) Floors. The floors of all rooms, hallways, bathrooms, store rooms, and all other spaces used or traversed by residents and staff shall be of such construction as to be easily cleaned, shall be smooth, and shall be kept clean and in good repair. Cleaning of floors, shall be so done as to minimize the raising of dust and the exposure of residents thereto. The safe use of rugs, carpets or natural stone, which can be kept clean, is permitted. Abrasive strips to reduce or prevent slipping shall be used where slippery surfaces present a hazard.

(c) Walls and Ceilings. The walls and ceilings of all rooms, halls and stairways shall be kept clean and in good repair.

(d) Lighting and Ventilation. Lighting levels, measured 30 inches above the floor shall not be less than 20 footcandles for all resident use areas and not less than five footcandles for exit stairways, mechanical equipment, and storage areas.

An area shall be considered well ventilated when excessive heat, odors, fumes, vapors, smoke or condensation is reduced to a level barely perceptible to the normal senses. Air replacement vents shall be designed to permit the entrance of an equal volume of displaced air and to prevent the entrance of insects, dust or other contaminating materials.

Toilet rooms shall be well ventilated by natural or mechanical methods. Interior toilet rooms, central toilets serving more than four persons, and soiled utility rooms shall be provided with mechanical exhaust ventilation.

During seasons when weather conditions require tempering of make-up air, adequate equipment shall be provided to temper the make-up air. Every gas-fired or oil-fired room heater and water heater and other heating appliance shall be vented to the outside air.

(e) Space Arrangements and Requirements. Provision of appropriate space and arrangements thereof for sleeping, dining, recreation, and other common use areas for activities or training shall be in conformance with the residents' mobility needs and with the program licensure requirements of the Department of Public Welfare.

(1) Minimum areas for residents dining and living areas shall be ten and 20 square feet respectively per resident, or 30 square feet total per resident when the area is used for a combination thereof. Common use areas for use by

non-ambulatory mobile residents require an increase of 50 percent. This increase applies also to dining areas serving disabled residents who require assistance with eating.

(2) Single bedrooms for ambulatory residents shall provide at least 70 square feet of useable floor space with a side dimension of not less than seven feet.

(3) Multi-bed rooms for ambulatory residents shall provide at least 60 square feet per person of useable floor space for each resident. There shall be at least three feet between beds placed side by side and at least one foot between beds placed end to end. In each case, there shall be at least three feet of unobstructed space between ends of beds where such space is used for resident or staff access.

(4) Single bedrooms for non-ambulatory residents shall provide at least 100 square feet of useable floor area with a side dimension of not less than nine feet. Mobility space at the end and one side of each bed shall be not less than four feet.

(5) Multi-bed rooms for non-ambulatory, non-mobile residents shall provide at least 80 square feet of useable floor space for each resident. Multi-bed rooms for active, non-ambulatory, mobile residents, shall provide at least 100 square feet per adult resident. Mobility space at the end and one side of each bed shall be not less than four feet.

(6) Bedrooms for non-ambulatory, mobile residents shall have adequate accessible space for storage of wheelchairs and other prosthetic or adaptive equipment for daily out-of-bed activity or acceptable similar storage space shall be provided outside the bedroom readily and handily accessible to the resident.

(7) Bed arrangements shall be compatible with the physical and programmatic needs of the residents. Beds shall be located so as to avoid drafts from windows and excessive heat from heat sources.

(8) Level ceilings in sleeping rooms shall not be less than seven feet in height. In sleeping rooms with sloped ceilings only the areas with vertical wall heights of five feet or more shall be included in the required useable floor areas. At least one-half of the useable floor area must have a level ceiling of the required height.

(9) Bedrooms shall be provided with a private enclosed space for each resident's belongings, preferably built-in. Such space shall be accessible and adjustable for use by each resident in conformance with program requirements.

(10) Bedrooms shall be exterior rooms with at least one window which is easily opened to the outside. In existing construction, the bedroom window area shall be at least one-eighth of the floor area and not less than nine square feet for each resident using the room. The window sill shall not be more than three feet above the floor. Bedrooms with floor level located below the grade at the outside wall shall have floors and walls adequately sealed to prevent leakage or dampness from underground and surface runoff water. In new construction, the floors shall be located at or above the outside grade level.

(f) Beds. Each resident shall have an individual bed. Adult beds shall be at least 36 inches wide. Each bed shall have good springs and a clean, firm, comfortable mattress. Beds shall be of suitable construction and dimensions to accommodate persons using them, and shall be able to accommodate siderails if necessary.

(g) Bedding and Linen. All beds provided for residents shall be supplied with suitable pillow cases and under and top sheets. All bedding including mattresses, mattress pads, quilts, blankets, pillows, sheets, spreads and all bath linen shall be kept clean. Bedding including mattresses, mattress pads, quilts, blankets, pillows, bed and bath linen which is worn out or unfit for further use shall not be used. Bedding shall be appropriate to the season. Pillow cases, sheets and bath linen after being use by one resident shall be washed before they are used by another resident.

Clean bed linen shall be furnished at least once each week, or more frequently to maintain cleanliness, and at least a clean washcloth and a clean towel or appropriate paper service shall be available each day to each resident.

(h) Room Furnishings. All equipment, fixtures, furniture and furnishings, including windows, draperies, curtains and carpets, shall be kept clean and free of dust, dirt, vermin, and other contaminants and shall be maintained in good order and repair. Each resident shall be provided with appropriate individual furniture, including a chest of drawers, an individual closet with clothes racks and shelves, unless built in, a mirror, and table or desk, where appropriate. Tilted mirrors or equivalent provisions shall be available to mobile non-ambulatory residents. There shall be accessible private storage space for clothing in the bedroom area for each resident. Each resident shall have individual racks or other drying space for washcloths and towels.

(i) Toilets and Baths. Every facility shall be equipped with adequate and conveniently located toilet rooms for its employees and residents. Water closets, lavatories and bath tubs or showers for residents shall be available on each inhabited floor or in each resident unit when not provided for each individual bedroom.

(1) Water closets and lavatories shall be provided in the ratio of at least one toilet[1/] and at least one lavatory

1/ Additional water closets or space for commodes may be required by specific programs.

for every eight residents, or fraction thereof.

(2) At least one bath tub or shower shall be available for every eight residents, or fraction thereof.

(3) Toilets, bath tubs and showers used by residents shall provide for individual privacy unless specifically contra-indicated by program needs.

(4) Toilet and bathing areas and fixtures shall approximate normal patterns found in residential construction, except where special requirements are applicable for handicapped persons or for special program needs.

(5) All toilet and bathing areas, facilities, and fixtures shall be kept clean and in good repair and shall be well lighted.

(6) Toilet rooms shall be well ventilated by natural or mechanical methods.

(j) Insect and Rodent Control. Every facility shall be so constructed or equipped as to prevent the entrance, harborage or breeding of flies, roaches, bedbugs, rats, mice and all other insects and vermin. Cleaning, renovation, or fumigation by licensed pest control operators for the elimination of such pests shall be used when necessary.

(k) Water Supply. A safe and adequate supply of water shall be provided. The water supply system shall be located, constructed and operated in accordance with the standards of the Board.[1/]

(l) Plumbing. All systems of plumbing shall be installed in accordance with the provisions of the Minnesota Plumbing Code.[2/]

(m) Sewage Disposal. All liquid waste shall be disposed of in an approved public sewage system or in a sewage system which is designed, constructed, installed and operated in accordance with the Standards and Regulations of the Board[3/] and the Minnesota Pollution Control Agency.

MHD 394. Food Handling Practices.[4/]

Any food service provided in a Supervised Living Facility shall be in accordance with the provisions of the Minnesota State Board of

1/ Construction Code for Water Wells MHD 169-178. Available from Division of Environmental Health, Minnesota Department of Health, 717 Delaware Street. S.E., Minneapolis, Minnesota, 55440.

2/ Minnesota Plumbing Code MHD 120 - MHD 135. Documents Section, 658 Cedar, St. Paul, Minnesota, 55155. For information on compliance, contact the Division of Environmental Health, Minnesota Department of Health.

3/ Standards for Design of Soil Absorption Type Sewage Disposal Systems for Public Establishments 1962, Chapters Seven and Eight. Available from Minnesota Department of Health, Division of Environmental Health.

4/ It is recommended that the Department's food handling guide entitled "Information for Food Service Personnel in Hospitals and Related Care Facilities" be made readily available for reference by all food service personnel.

Health Regulations MHD 161 - 170 governing food and beverage service establishments. Wherever the food service in a Supervised Living Facility is limited to serving ten residents or less, or where the main meals of the day are not prepared in the facility, then certain variances from the requirements may be granted by the Board. These variances may include, but not be limited to, substitution of certain domestic type equipment for commercial type. When food is catered into a supervised living facility, it shall be obtained from a source acceptable to the Board and transported, handled and served in accordance with provisions of applicable Regulations of the Board.

MHD 395. Nutrition

(a) Frequency of Meals. There shall be not more than 14 hours between a substantial evening meal and breakfast. Where residents are not routinely absent from the facility for work or other purposes, at least three meals shall be made available at regular times during each 24 hour period.

(b) Quality and Variety. Foods and beverages shall be palatable, of adequate quantity and variety, attractively served at appropriate temperatures and prepared by methods which conserve nutritional value.1/ Food services shall recognize and provide for the physiological, cultural, emotional and developmental needs of each resident. All meals provided shall be planned, prepared and served by persons who have received instruction in food handling techniques and practices.

(c) Dietary Service. The food and nutritional needs of residents shall be met in accordance with their needs and shall meet the dietary allowances, as stated in the Recommended Dietary Allowances, National Academy of Sciences, 7th Edition 1968. Providing each resident the specified servings per day from each of the following five food groups will satisfy this requirement.

(1) Meat or Protein Group. Two or more servings per day.

A serving of meat or protein is defined as:

2-3	ounces cooked (equivalent to 3-4 ounces raw) of any meat without bone, such as beef, pork, lamb, poultry, or variety meats such as liver, heart and kidney
2	slices prepared luncheon meat
2	eggs
2	ounces of fresh or frozen cooked fish or shellfish or 1/2 cup canned fish
1	cup cooked navy beans

1/ It is recommended that dishes be used rather than compartment trays.

(2) Milk Group. Two or more servings per day. A serving is defined as 8 ounces (one cup) of milk. A portion of this amount may be served in cooked form, such as cream soups, desserts, etc.

1 ounce of cheese for 3/4 cup milk
3/4 cup cottage cheese for 1/3 milk
1/2 cup ice cream for 1/4 cup milk

(3) Vegatable Group. Three or more servings per day, one of which is deep green or yellow. A serving is defined as 1/2 cup.

(4) Fruit Group. Two or more servings per day, one of which is citrus (i.e. orange, grapefruit) or tomato. A serving of citrus fruit or tomato is defined as:

1 medium orange or 4 ounces of orange juice
1/2 grapefruit or 4 ounces of grapefruit juice
1 large tomato or 8 ounces of tomato juice

(5) Cereal and Bread Group. Three to four servings per day of whole grain or enriched products. A serving is defined as:

1 slice bread
1/2 cup cooked cereal
3/4 cup dry cereal
1/2 cup macaroni, rice or noodles

(d) Menu Planning. All menus including special diets shall be planned, dated and available for review for a minimum of one week in advance. Notations shall be made of any substitutions in the meals actually served and these shall be of equal nutritional value. Records of menus and of foods purchased shall be filed for six months. A reasonable variety of foods shall be provided. A file of tested recipes adjusted to a yield appropriate for the size of the facility shall be maintained on the premises.

(e) Modified Diets. If the facility accepts or retains individuals in need of medically prescribed therapeutic diets, there shall be evidence that such diets are provided as ordered by the attending physician.

MHD 396. Health Services

Health services shall be utilized to maintain an optimal general level of health and to maximize function, prevent disability, and promote optimal development of each resident.

(a) Emergency Medical Services. The licensee shall make arrangements for appropriate medical services for medical emergencies.

(b) Admission Health Assessment. Applicant residents shall have a general medical history and physical examination by a physician

within 30 days preceding admission or within three days after admission. The licensee shall require a statement from the examining physician that the applicant at the time of admission is free of communicable disease. A report of the physical examination and the statement from the physician shall be provided to the licensee and shall be kept in the resident's health record. The report shall include appropriate instructions for meeting special needs, such as diet or medications.

(c) Child Health Assessment. Resident children (infancy through 17 years) shall have health assessments periodically as recommended by the Council on Pediatric Practice, American Academy of Pediatrics, Standards of Child Health Care (Evanston, Illinois: 1972.) Periodic assessment shall include an evaluation of speech, vision, hearing and special dietary needs. Records of these assessments shall be maintained in the resident health record.

(d) Personal Hygiene. Supervised Living Facilities shall develop and implement a plan for attainment of personal hygiene practices of all residents with special assistance for those residents who are unable to care for themselves. Personal hygiene shall include provision for, where appropriate, and instruction in: handwashing, brushing teeth after meals, regular bathing, hair combing, brushing, and shampooing, shaving, caring for toenails and fingernails, and immediate cleaning of incontinent residents, unless specifically contra-indicated by a plan for toilet training. Persons shall wash their hands after handling an incontinent resident. Each resident shall be assisted in learning normal grooming practices with individual toilet articles.

(e) Dental Assessment. Dental assessment shall be performed at least annually. Dental examinations for children shall begin by three years of age.

(f) Bed Rest. Orders prescribing bed rest for residents shall be self-terminating in three days unless renewed by a physician.

(g) Reporting Illness. Any occurrence of sickness or communicable disease, listed in Appendix A incurred by staff or residents shall be promptly reported to the local health officer and the department.

MHD 397. Resident's Health Record

Supervised Living Facilities shall maintain a resident's health record for each resident. It may be contained in a general resident record.

(a) Required Data. Basic health information to be maintained in each resident's health record shall include:

(1) identifying information: name, previous address, date of admission and discharge, person to contact in an emergency;

(2) the physician responsible for his/her medical care as designated by the resident or guardian;

(3) the name of the resident's dentist as designated by the resident, parent, or guardian; dates of dental examinations and treatments; special instructions for care and oral hygiene as recommended;

(4) adverse reactions to drugs recorded and prominently posted as a precaution;

(5) where professional therapy services are provided to the resident, regular notations regarding the resident's progress in such therapies;

(6) dates and descriptions of all illnesses, accidents, treatments thereof, and immunizations, including examinations required in MHD 396;

(7) summary of hospitalizations, to include recommendations for follow-up and treatment; and

(8) where the resident is being treated through a special diet, a copy of the diet, length of time to be used, prescription signed by the supervising physician, and the dates of review of the diet;

(b) Nature of Health Record.

(1) Upon request, a resident or parent or guardian shall be provided with a summary of the resident's health record within a reasonable period of time following discharge.

(2) All information contained in the resident's health records shall be considered privileged and confidential, and written consent of the resident or his parent shall be required for the release of information to persons not otherwise authorized to receive it. The resident shall have access to the health record upon request.

(3) All entries in the resident's health record shall be legible, dated and authenticated by the signature and other identifying designation of the individual making the entry.

(c) Retention of Health Record. All Resident Health Records shall be kept by the facility for at least three years following discharge. Employees of the department may review such records for accuracy and completeness.

MHD 398. Medication Handling Procedures.

(a) Control of Medications. Facilities shall develop and adhere to a written medication control plan acceptable to the Board. The plan shall be on file and available for inspection. The plan shall contain at least the following provisions:

(1) a statement of: whether the staff will administer medications, how the staff will supervise self administration of medications, whether medications will be self-administered, or a combination of the above systems;

(2) how the distribution and storage of medications will be handled, including a description of suitable storage facilities;

(3) if the facility has both staff-administered and self-administered medications, the plan shall specify who will determine which system each resident will use;

(4) procedures for recording medications that residents are taking;

(5) procedures for periodic examination and review of medication regimens;

(6) procedures for storage of prescription and non-prescription medications;

(7) method of refrigeration of biologicals.

(b) Handling of Medications. Stock supplies of prescription medications shall not be maintained in a supervised living facility. Staff may administer prescription medications which can be safely self-administered only to residents for whom the medication is ordered by a physician. In no case shall such medications be maintained, distributed, or administered from containers other than individual prescription containers bearing appropriate labels.

(c) Medication Containers. All prescription medications shall be kept in their original container bearing the original label with legible information stating the prescription number, name of drug, strength and quantity of drug, expiration dates of all time-dated drugs, directions for use, resident's name, physician's name, date of original issue or in case of a refill, the most recent date thereof and name and address of the licensed pharmacy which issued the medications. It shall be the responsibility of the facility to secure the prescription number and name of the medication if these are not on the label.

(1) Any drug container having detached, excessively soiled or damaged labels shall be returned to the issuing pharmacy for relabeling.

(2) The contents of any drug container having no label or with an illegible label shall be destroyed immediately.

(3) Medications having a specific expiration date shall not be used after the date of expiration.

(d) Record of Medications. All prescribed medications and comfort drugs used by each resident shall be recorded on the resident's health

record. This information shall include the name and quantity of the drug prescribed. Special notations shall be made whenever medications are started or discontinued. Adverse reaction to a medication and the report to the physician of the same shall be recorded.

(e) Disposition of Medications. If authorized by the attending physician or the resident's physician, medications belonging to residents shall be given to them when discharged or transferred. This shall be recorded in the resident's health record. Unused portions of controlled substances shall be handled by contacting the Minnesota State Board of Pharmacy, which will furnish the necessary instructions and appropriate forms, a copy of which shall be kept on file in the facility for two years. Any other unused portions of prescription drugs remaining in the facility after the death or discharge of the resident for whom they were prescribed or any prescriptions discontinued permanently, shall be destroyed by the licensee or designee by flushing them into the sewer system and removing and destroying the labels from the containers. A notation of such destruction giving date, quantity, name of medication and prescription number shall be recorded on the resident's chart. Such destruction shall be witnessed and the notation signed by both persons.

MHD 399. Safety

(a) First Aid. Every facility shall have on the premises a suitable first aid kit approved in writing by a physician for use for residents and staff. Tourniquets shall not be stored in the kit. The kit shall be maintained in a place known to and readily available to all personnel responsible for the health or well-being of residents, and such personnel shall be instructed in acceptable emergency first aid procedures.

(b) Emergency Plan. There shall be a written plan on file which specifies action and procedures for meeting emergency situations such as fire, serious illness, severe weather and missing persons. The procedures shall be clearly communicated to and reviewed with staff and residents. The plan shall be developed with the assistance and advice of at least the local fire and/or rescue authority and any other appropriate resource persons. The plan shall specify responsibilities assumed by the licensee for assisting residents who require emergency care or special assistance to residents in emergencies. An accident or incident report form shall be provided by and used by the staff of the facility.

(c) Emergency Procedures Meeting. There shall be a meeting of all employees on each shift at least once every three months to discuss emergency procedures used in the facility. Business of the meetings shall cover:

(1) Assignment of persons to specific tasks and responsibilities in case of emergency situation;

(2) Instructions relating to the use of alarm systems and signals;

(3) System for notification of appropriate persons outside the facility;

(4) Information on the location of emergency equipment in the facility; and

(5) Specification of evacuation routes and procedures.

(d) Telephones. There shall be at least one non-coin operated telephone which is accessible to staff, residents and visitors at all time for use in emergency. A list of the following telephone numbers shall be posted at this telephone: police, fire, ambulance, hospital and emergency physician.

(e) Keys. The person in charge of the facility on each work shift shall have keys to all locks on exits and egresses in the facility in his possession.

(f) Smoking. If smoking is permitted, it shall be permitted only in designated areas. Bedfast residents may be allowed to smoke only while under the direct supervision of a staff member.

(g) Staff Training Program. There shall be a staff training program that is appropriate to the size and nature of the facility. The program shall include, but not be limited to, plans for assignment of staff and residents to specific tasks and responsibilities.

(h) Emergency and Unusual Occurrence.

(1) In the event of an emergency or unusual occurrence, such as hospitalization, serious illness, accident, imminent death or death, the resident's parent or others who maintain a close relationship with him shall be notified. The wishes of the resident and his parent about religious matters shall be determined and followed as closely as possible.

(2) In case of accident:

Appropriate measures for the care and safety of the resident shall be undertaken;

An accident report shall be made for use by the facility and in case of injury, all relevant legal requirements shall be complied with. This includes Minnesota Statute Section 626.554 relating to reporting of possible child abuse or neglect, as well as Minnesota Statute Section 626.555, relating to abuse or neglect of residents of facilities licensed pursuant to Sections144.50 to 144.58.

MHD 400. Clothing and Laundry Services

(a) Clothing.

(1) Each resident shall have neat, clean clothing appropriate for the season.

(2) Each resident should have his own clothing, which is, when necessary, properly and inconspicuously marked with his name.

(3) Washable, specially designed clothing should be utilized as needed for multiple handicapped and incontinent residents.

(b) Laundry Services. Laundry services are to be managed so that daily clothing and linen needs are met without delay and there is a minimum loss and damage to clothing.

MHD 401. Housekeeping Services

The licensee shall be responsible for or shall supervise the cleaning and maintenance of all areas in the supervised living facility.

Such responsibility shall assure cleanliness and orderliness of the residents' rooms, furnishings, and equipment through regularly scheduled cleaning, which shall be provided at least weekly. Such responsibility shall provide for security of the residents' rooms and their personal belongings.

APPENDIX A

MHD 252 (10795) - REPORTABLE DISEASES

(a) When called to a case, suspected case, or death from any of the following diseases, the attending physician, within 24 hours, shall notify the local health officer by means of the regular reporting post card or special blank provided for such reports. Diseases marked by asterisk shall also be reported directly to the Division of Personal Health Services, Minnesota State Board of Health.

When no physician is in attendance, it shall be the duty of the head of the household, or other person in charge of any institution, school, hotel, boarding house, camp, dairy farm, or pasteurization plant, or any other person having knowledge of any individual believed to have or suspected of having any disease, presumably communicable, to report immediately the name and address of any such person to the local health officer. Until official action on such has been taken, strict isolation shall be maintained.

Within 24 hours of the receipt of such notification or other knowledge of a case, the local health officer shall forward same to the Minnesota Department of Health, Division of Personal Health Services, 717 Delaware Street S.E., Minneapolis, Minnesota, 55440 (612-296-5201) after transcribing essential information for permanent local record.

*Actinomycosis
*Anthrax
*Botulism
Brucellosis (Undulant Fever)
Chickenpox (Over 16 yrs. of age)
*Cholera, Asiatic
Conjunctivitis, Epidemic
Diarrhea, Epidemic
Diphtheria
Dysentery
(a) Amebic
(b) Bacillary
Encephalitis (all types)
German Measles (rubella)
Food infection and poisoning
*Glanders
Hepatitis, Infectious
Hepatitis, Serum
Influenze
*Leprosy
Leptospirosis
Malaria
Measles
Meningitis (all types)
Mononucleosis, Infectious
*Ophthalmia, Neonatorum
Paratyphoid Fever
*Plague
Pneumonia
Poliomyelitis
*Psittacosis
*Rabies (cases and exposed persons)
Rheumatic Fever
Ringworm of the Scalp
*Rocky Mountain Spotted Fever
Scarlet Fever and Epidemic Sore Throat
*Smallpox
*Tetanux
Trachoma
*Trichinosis
Tuberculosis
Tularemia
Typhoid Fever
*Typhus Fever
Whooping Cough (Pertussis)
Yellow Fever

APPENDIX B

MINNESOTA STATE BOARD OF HEALTH

TEN

CHAPTER THIRTEEN: MHD 146-151 161-170

REQUIREMENTS FOR FOOD AND BEVERAGE ESTABLISHMENTS

MHD 161. SCOPE

(a) This regulation shall be applicable to all food and beverage establishments such as restaurants, boarding houses and places of refreshment as defined in Minnesota Statutes Chapter 157, and shall include drive-ins, bars, taverns, drive-in cafes, clubs, lodges, eating facilities at resorts, private schools, public buildings and churches, except as exempted by Section 157.14, and all other businesses and establishments where meals, lunches or drinks are served. In addition this regulation shall serve as the criteria for evaluation of food and beverage service facilities in children's camps as defined in Section 144.72.

MHD 162 DEFINITIONS

(a) ADULTERATED shall mean the condition of a food if it bears or contains any poisonous or deleterious substance in a quantity which may render it injurious to health; if it bears or contains any added poisonous or deleterious substance for which no safe tolerance has been established by regulation, or in excess of such tolerance if one has been established; if it consists in whole or in part of any filthy, putrid, or decomposed substance, or if it is otherwise unfit for human consumption; if it has been processed, prepared, packed, or held under insanitary conditions, whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health; if it is in whole or in part the product of a diseased animal, or an animal which has died otherwise than by slaughter; or if its container is composed in whole or in part of any poisonous or deleterious substance which may render the contents injurious to health.

(b) APPROVED shall mean acceptable to the State Board of Health following its determination as to conformity with departmental standards and established public health practices.

(c) BOARD shall mean the Minnesota State Board of Health and the Minnesota Department of Health, which terms shall be synonymous.

(d) CLOSED shall mean fitted together snugly leaving no openings large enough to permit the entrance of vermin.

(e) CLEAN shall mean free from physical, chemical and microbial substances discernible by ordinary sight or touch, by ultraviolet light, by artificial light, and by the safranine-0 dye test, and free from insects, vermin and debris. (The safranine-0 dye test is a procedure for determining the effectiveness of the washing-sanitizing of dishes and glassware. Washed, sanitized, and drained dry glasses are dusted lightly with a mechanical mixture of talc (85%) and safranine-0 dye (15%). When wetted the dye becomes red. Dusted glasses are subjected to a gentle rinse for five seconds, or until run-off is no longer red. Since the dye-impregnated talc clings tenaciously to residual organic matter on the glass, the appearance of red spots or areas on drained glasses is an index of ineffective washing.

Reference - - Abele, C. A., "Needed: A Reliable Field Determinate of Cleanliness." JOURNAL OF FOOD AND MILK TECHNOLOGY, August 1965. Also - Armbruster, E. H., Rodenour, G. M. "Field Test Procedure for Cleanliness Measurement of Multiple-Use Eating Utensils." THE SANITARIAN, September-October 1960.

(f) CORROSION-RESISTANT MATERIAL shall mean a material which maintains its original surface characteristics under prolonged influence of food, cleaning compounds and sanitizing solutions which may contact it.

(g) EASILY CLEANABLE shall mean readily accessible and of such material and finish and so fabricated that residue may be completely removed by normal cleaning methods.

(h) EMBARGO shall mean the witholding of food, equipment, utensils or clothing from sale or use in any establishment licensed as a restaurant, boarding house or place of refreshment until approval is given by the State Board of Health for such sale or use.

(i) EMPLOYEE shall mean any person working in a licensed establishment who transports food or food containers, who engages in food preparation or service, or who comes in contact with any food utensils or equipment.

(j) EQUIPMENT shall mean all stoves, ranges, hoods, meatblocks, work-tables, counters, refrigerators, freezers, sinks, dishwashing machines, steam tables, and similar items, other than utensils, used in the operation of a food-service establishment.

(k) FOOD shall mean any raw, cooked, or processed substance, beverage or ingredient used or intended for use in whole or in part for human consumption. The term food shall further include, but not be limited to, ice and water.

(l) FOOD-CONTACT SURFACES shall mean those surfaces of equipment and utensils with which food normally comes in contact, and those surfaces with which food may come in contact and drain back onto surfaces normally in contact with food.

(m) FOOD ESTABLISHMENT shall mean food and beverage service establishments as defined in Minnesota Statutes Chapter 157 and 144.72 and shall include drive-ins, bars, taverns, drive-in cafes, clubs, lodges, eating facilities at resorts and churches, except as exempted by Section 157.14.

(n) PERISHABLE FOOD shall mean any food of such type or in such condition as may spoil.

(o) POTENTIALLY HAZARDOUS FOOD shall mean any perishable food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other food capable of supporting rapid and progressive growth of infectious or toxigenic micro-organisms: Provided, that products in hermetically sealed containers processed to prevent spoilage, and dehydrated, dry or powdered products so low in moisture content as to preclude development of micro-organisms, are excluded from the terms of these definitions.

(p) SAFE TEMPERATURES, as applied to potentially hazardous food, shall mean temperatures of 40° F. or below, and 150° F. or above.

(q) SANITIZE shall mean effective bactericidal treatment of clean surfaces of equipment and utensils by a process which has been approved by the Board as being effective in destroying micro-organisms, including pathogens.

(r) SEALED shall mean free of cracks or other openings which permit the entry or passage of moisture.

(s) SINGLE-SERVICE ARTICLES shall mean cups, containers, lids, or closures; plates, knives, forks, spoons, stirrers, paddles; straws, place mats, napkins, doilies, wrapping material; and all similar articles which are constructed wholly or in part from paper, paperboard, molded pulp, foil, wood, plastic, synthetic, or other readily destructible materials, and which are intend-

ed by the manufacturers and generally recognized by the public as for one usage only, then to be discarded.

(t) TABLEWARE shall mean all multi-use eating and drinking utensils, including flatware (knives, forks, and spoons).

(u) TEMPORARY FOOD-SERVICE ESTABLISHMENT shall mean any food-service establishment which operates at a fixed location for a temporary period of time, not to exceed two weeks, in connection with a fair, carnival, circus, public exhibition, or similar transitory gathering.

(v) UTENSIL shall mean any tableware and kitchenware used in the storage, preparation, conveying, or serving of food.

MHD 163 . SANITATION

(a) FOOD SUPPLIES: All food in food-service establishments shall be from sources approved or considered satisfactory by the Board, and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption. No hermetically sealed, non-acid or low-acid food which has been processed in a place other than a commercial food-processing establishment shall be used.

(b) FOOD PROTECTION: All food while being stored, prepared, displayed, served, or sold at food-service establishments, or during transportation between such establishments, shall be protected from contamination. All perishable food shall be stored at such temperatures as will protect against spoilage. All potentially hazardous food shall be maintained at safe temperatures (40° F. or below, or 150° F. or above), except during necessary periods of preparation and service. Refrigerated display cases may be maintained at a temperature of 45° F. to prevent sweating, however, foods shall not be stored in such display cases for periods exceeding four hours. A variation of 5° F. in refrigerator temperatures is permitted during times of meal service. Raw fruits and vegetables shall be washed before use. Stuffing, poultry, stuffed meats, stuffed poultry, and pork and pork products shall be thoroughly cooked before being served. Individual portions of food once served to the customer shall not be served again: Provided, that wrapped food which has not been unwrapped and which is wholesome may be re-served.

Only such poisonous and toxic materials as are required to maintain sanitary conditions and for sanitization purposes may be used or stored in food-service establishments. Poisonous and toxic materials shall be identified, and shall be used only in such manner and under such conditions as will not contaminate food, or constitute a hazard to employees or customers as determined by the Board.

(c) HEALTH AND DISEASE CONTROL: No person while affected with any disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores, or an acute respiratory infection, shall work in any area of a food-service establishment in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces with pathogenic organisms, or transmitting disease to other individuals; and no person known or suspected of being affected with any such disease or condition shall be employed in such an area or capacity.

(d) CLEANLINESS: All employees shall wear clean outer garments, maintain a high degree of personal cleanliness, and conform to hygienic practices while on duty. They shall wash their hands thoroughly in an approved handwashing facility before starting work, and as often as may be necessary to remove soil and contamination. No employee shall resume work after visiting the toilet room without first washing his hands. No person shall expectorate or use tobacco in any form while engaged in food preparation or service, or while in equipment and utensil washing or food preparation areas. Hairnets, headbands, caps, or other hair restraints shall be used by employees engaged in the preparation and service of food to keep hair from food and food contact surfaces.

(e) SANITARY DESIGN, CONSTRUCTION AND INSTALLATION OF EQUIPMENT AND UTENSILS: All equipment and utensils shall be so designed and of such material and workmanship as to be smooth, easily cleanable and durable, and shall be in good repair; and the food-contact surfaces of such equipment and utensils shall, in addition, be easily accessible for cleaning, non-toxic, corrosion-resistant and relatively non-absorbent.

All equipment shall be so installed and maintained as to facilitate the cleaning thereof, and of all adjacent areas.

All new equipment installed after the effective date of this Regulation shall comply with the following standards of the National Sanitation Foundation when applicable:

Standard No. 1 - Soda Fountain and Luncheonette Equipment, April 1965
Standard No. 2 - Food Service Equipment, April 1965
Standard No. 3 - Spray Type Dishwashing Machines, April 1965
Standard No. 4 - Gas and Electric Commercial Cooking and Warming Equipment, July 1963
Standard No. 5 - Gas and Electric Commercial Hot Water Generating Equipment, January 1959
Standard No. 6 - Dispensing Freezers, January 1959
Standard No. 7 - Food Service Refrigerators and Food Service Storage Freezers, April 1964
Standard No. 8 - Commercial Powered Food Preparation Equipment, April 1965
Standard No. 12 - Automatic Ice-Making Equipment, June 1963
Criteria C-1 - Vending Machines, February 1963
Criteria C-2 - Special Equipment and/or Devices, April 1964

Used equipment which has been granted the seal of approval by the National Sanitation Foundation under earlier standards may be installed when such equipment is in good repair and does not constitute a health hazard as determined by the Board.

Equipment in use at the time of adoption of this regulation which does not meet fully the above requirements may be continued in use only if it is in good repair, capable of being maintained in a sanitary condition and the food-contact surfaces are non-toxic, and is approved by the Board.

Single-service articles shall be made from non-toxic materials.

(f) CLEANING, BACTERICIDAL TREATMENT AND STORAGE OF UTENSILS AND EQUIPMENT: All equipment, fixtures, and furnishings, including windows, shall be kept clean and free from dust, dirt, insects and other contaminating materials. All cloths used by waiters, chefs and other employees shall be clean.

Single-service containers, utensils and equipment shall be used only once.

After each usage all multi-use eating and drinking utensils shall be thoroughly washed in hot water containing a suitable soap or synthetic detergent, rinsed in clean water, and effectively subjected to a bactericidal process approved by the Board. All multi-use utensils used in the preparation or serving of food and drink shall be thoroughly washed, rinsed, and effectively subjected to an approved bactericidal process after each use or immediately following the day's operations, and such utensils shall not be re-used without having been so treated. Where dishwashing is done by hand, the sink compartments shall be adequate in size to permit the introduction of the largest utensils to be washed and wire baskets or racks of dishes, and shall be supplied with hot and cold running water. Approved facilities for manual dishwashing shall consist of a three-compartment sink with stacking and drain boards at each end. Facilities for washing multi-use utensils where mechanical dishwashing is used, and for drive-ins using paper

service, may consist of a two-compartment sink with stacking and drain boards. Utensils which, because of size and weight, are not normally washed in sink compartments may be washed, rinsed and sanitized as individual units.

Dishwashing machines shall be equipped with thermometers which will accurately indicate the temperature of the wash and rinse water.

Either of the following bactericidal processes for manual dishwashing is regarded as approved:

(1) Complete immersion in clean water at a temperature of not lower than 170° Fahrenheit for at least two minutes. The bactericidal treatment compartment must be properly equipped with a heating unit or other means to maintain the specified temperature while in use.

(2) Complete immersion in clean water containing not less than 50 parts per million of available chlorine if hypochlorites are used, or not less than 200 parts per million if chloramines are used, for not less than two minutes. Other compounds acceptable to the Board may be used in accordance with standards recommended at the time of acceptance. Equipment that is too large to immerse may be treated with live steam from a hose, in the case of equipment in which steam can be confined, or by spraying or a swabbing with chlorine solution of approved strength.

Any other processes acceptable to the Board may be used for machine or manual dishwashing.

All dishes, utensils and equipment after washing and bactericidal treatment shall be permitted to drain and air dry.

After bactericidal treatment, eating and drinking utensils and utensils used for the preparation and serving of food and drink shall be stored in a clean, dry place protected from flies, dust and other contamination, and shall be so handled as to prevent contamination. Wet cold storage of glasses or similar utensils is prohibited except in approved equipment as determined by the Board. All under-counter utensil storage compartments less than 18 inches from the floor and located in traffic areas shall be enclosed and shall be kept enclosed except during times of meal service. Enclosed automatic utensil elevators are accepted. Cups and glasses stored on shelves shall be inverted. Rack or tray stacking of glasses is accepted. Shelving shall be protected by easily cleanable, non-absorbent materials.

Single-service utensils shall be purchased only in sanitary containers, shall be stored therein in a clean, dry place until used, and shall be handled in a sanitary manner.

(g) WATER SUPPLY: A safe and adequate supply of water shall be provided. The water supply system shall be located, constructed and operated in accordance with the standards of the Board. Water, if not piped into the establishment, shall be transported and stored in approved containers and shall be handled and dispensed in a sanitary manner. Ice used for any purpose shall be made from water which comes from an approved source and shall be used only if it has been manufactured, stored, transported and handled in a sanitary manner. When strict compliance with the provisions for location and construction specified in this item is impractical, the Board may waive any of the requirements subject to such conditions as may be deemed desirable in the individual case.

(h) SEWAGE DISPOSAL: All liquid waste shall be disposed of in an approved public sewerage system or in a sewerage system which is designed, constructed and operated in accordance with the standards of the Board.

(i) PLUMBING: All new plumbing and all plumbing reconstructed or replaced after the effective date of this regulation shall be designed, constructed and installed in conformity with the Minnesota Plumbing Code.

(j) TOILET FACILITIES: Each food-service establishment shall be provided with adequate, conveniently located toilet facilities for its employees. Toilet fixtures shall be of sani-

tary design and easy to clean. Toilet facilities, including rooms and fixtures, shall be kept in a clean condition and in good repair. The doors of all toilet rooms shall be self-closing. Toilet tissue shall be provided. Easily cleanable receptacles shall be provided for waste materials, and such receptacles in toilet rooms for women shall be covered. Where the use of non-water-carried sewage disposal facilities have been approved by the Board, such facilities shall be separate from the establishment and in accordance with the standards of the Board. When toilet facilities are provided for the patrons, such facilities shall meet the requirements of this section.

(k) HANDWASHING FACILITIES: Each food-service establishment shall be provided with adequate, conveniently located hand-washing facilities for its employees, including a lavatory or lavatories equipped with hot and cold or tempered running water, hand-cleansing soap or detergent, and approved sanitary towels or other approved hand-drying devices. Such facilities shall be kept clean and in good repair.

(l) GARBAGE AND RUBBISH DISPOSAL: All garbage and rubbish containing food waste shall, prior to disposal, be kept in leak-proof, non-absorbent containers which shall be kept covered with tight-fitting lids when filled or stored, or not in continuous use: Provided, that such containers need not be covered when stored in a special vermin proofed room or enclosure, or in a food-waste refrigerator. All other rubbish shall be stored in containers, rooms or areas in an approved manner. The rooms, enclosures, areas and containers used shall be adequate for the storage of all food waste and rubbish accumulating on the premises. Adequate cleaning facilities shall be provided, and each container, room, or area shall be thoroughly cleaned after the emptying or removal of garbage and rubbish. Food-waste grinders, if used, shall be installed in compliance with State and local standards and shall be of suitable construction. All garbage and rubbish shall be disposed of with sufficient frequency and in such a manner as to prevent a nuisance.

(m) VERMIN CONTROL: Effective measures shall be taken to protect against the entrance into the establishment and the breeding or presence on the premises of vermin.

(n) FLOORS, WALLS, AND CEILINGS: The floor surfaces in kitchens, in all other rooms and areas in which food is stored or prepared and in which utensils are washed, and in walk-in refrigerators, dressing or locker rooms and toilet rooms, shall be of smooth, relatively non-absorbent materials, and so constructed as to be easy to clean and shall be coved at the juncture of the floor and wall: Provided, that the floors of non-refrigerated, dry-food-storage areas need not be non-absorbent. All floors shall be kept clean and in good repair. Floor drains shall be provided in all rooms where floors are subjected to flooding-type cleaning or where normal operations release or discharge water or other liquid waste onto the floor. All exterior areas where food is served shall be kept clean and properly drained, and surfaces in such areas shall be finished so as to facilitate maintenance and minimize dust.

The walls and ceilings of all rooms shall be kept clean and in good repair. All walls of rooms or areas in which food is prepared, or utensils or hands are washed, shall be easy to clean, smooth and light-colored, and shall have washable surfaces up to the highest level reached by splash or spray.

(o) LIGHTING: All areas in which food is prepared or stored or utensils are washed, hand-washing areas, dressing or locker rooms, toilet rooms, and garbage and rubbish-storage areas shall be well lighted. All working surfaces shall be illuminated at not less than 20 foot candles of light. At least 10 foot candles of light shall be provided on all other surfaces and equipment. In storage areas five foot candles of light 30 inches from the floor is acceptable. Subdued lighting in dining rooms and public access areas is acceptable: Provided, that lighting meeting the standards of this section shall be available during all cleanup periods.

(p) VENTILATION: All rooms in which food is prepared or served or utensils are washed, dressing or locker rooms, toilet rooms, and garbage and rubbish storage areas shall be well ventilated and free of disagreeable or excessive odors, condensation, vapors, smoke and fumes. Ventilation hoods and devices shall be designed to prevent grease or condensate from dripping

into food or onto food preparation surfaces. Air replacement vents shall be provided and designed to permit the entrance of an equal volume of displaced air and to prevent the entrance of insects, dust, or other contaminating materials. During seasons when weather conditions require tempering of make-up air, adequate equipment shall be provided to temper the make-up air. Every gas or oil-fired room heater or water heater shall be vented to the outside air in accordance with the American Gas Association Standards entitled, "Installation of Gas Appliances and Gas Piping," September, 1964.

(q) DRESSING ROOMS AND LOCKERS: Adequate facilities shall be provided for the orderly storage of employee's clothing and personal belongings. Where employees routinely change clothes within the establishment, one or more dressing rooms or designated areas shall be provided for this purpose. Such designated areas shall be located outside of the food preparation, storage, and serving areas, and the utensil-washing and storage areas: Provided, that when approved by the Board, such an area may be located in a storage room where only completely packaged food is stored. Designated areas shall be equipped with adequate lockers, and lockers or other suitable facilities shall be provided in dressing rooms. Dressing rooms and lockers shall be kept clean.

(r) HOUSEKEEPING: All parts of the establishment and its premises shall be kept neat, clean, and free of litter and rubbish. Cleaning operations shall be conducted in such a manner as to minimize contamination of food and food-contact surfaces. None of the operations connected with a food-service establishment shall be conducted in any room used as living or sleeping quarters. Soiled linens, coats, and aprons shall be kept in suitable containers until removed for laundering. No live birds or animals shall be allowed in any area used for the conduct of food-service establishment operations: Provided, that guide dogs accompanying blind persons may be permitted in dining areas.

(s) TEMPORARY FOOD-SERVICE ESTABLISHMENTS: A temporary food-service establishment shall comply with all provisions of this regulation which are applicable to its operation: Provided, that the Board may augment such requirements when needed to assure the service of safe food, may prohibit the sale of certain potentially hazardous food, and may modify specific requirements for physical facilities when in its opinion no health hazard will result.

(t) EMBARGO, CONDEMNATION AND TAGGING: Equipment and utensils which do not meet the requirements of this regulation may be embargoed. Equipment and utensils shall be released from the embargo upon notification of the Board by the licensee of alteration of such equipment or utensils to meet the requirements of this regulation, and after inspection of such utensils and equipment by the Board. The Board may condemn and forbid the sale of, or cause to be removed or destroyed, any food which is unwholesome or adulterated, or prepared, processed, handled, packaged, transported or stored in any unwholesome manner unfit for human consumption or otherwise prohibited by State or Federal law. The Board may condemn and cause to be removed any equipment, clothing or utensils found in a food establishment, the use of which would not comply with this regulation or which is being used in violation of this regulation, and also may condemn or cause to be removed any equipment, clothing or utensils which, by reason of dirt, filth, extraneous matter, insects, corrosion, open seams or chipped or cracked surfaces, is unfit for use. The Board shall place a tag to indicate the embargo or the condemnation upon such food, equipment, utensils or clothing. No person shall remove such tag except under the direction of the Board.

(u) PLAN REVIEW OF FUTURE CONSTRUCTION: When an establishment licensed or to be licensed under the provisions of Section 157.03 Minnesota Statutes is hereafter constructed or extensively remodeled, or when an existing structure is converted for use as a licensed establishment, properly prepared plans and specifications for such construction, remodeling, or alteration, showing layout, arrangement, and construction materials of work areas, and the location, size, and type of fixed equipment and facilities, shall be submitted to and approved by the Board before such work is begun. The plans and specifications shall be submitted in duplicate and drawn to scale, shall be legible and complete in all details. The Board shall review such plans and report their findings within 15 working days of the date that plans are received.

(v) PROCEDURE WHEN INFECTION IS SUSPECTED: When the Board has reasonable cause to suspect possibility of disease transmission from a food-service establishment employee, the Board shall secure a morbidity history of the suspected employee, or make such other investigation as may be indicated, and take appropriate action. The Board may require any or all of the following measures: (1) the immediate exclusion of the employee from all food-service establishments; (2) the immediate closure of the food-service establishment concerned until, in the opinion of the Board, no further danger of disease outbreak exists; (3) restriction of the employee's services to some area of the establishment where there would be no danger of transmitting disease; and (4) adequate medical and laboratory examinations of the employee, of other employees, and of his or their body discharges.

MHD 164. RESCINDING OF EXISTING REGULATIONS

(a) The following regulation is hereby rescinded: Regulation 10947 dated July 1, 1961.

MHD 165. EFFECTIVE DATE

(a) This regulation shall take effect January 1, 1968.

MHD 166. 170 (Reserved for future expansion)

FILED
RICHARD L. BRUBACHER
Commissioner of Administration
DEC 4 1974 4:10 pm
BY Edna Staudenmaier
AUTH. SIGNATURE
mc

APPROVED AS TO FORM AND LEGALITY
DEC -4 1974 19
WARREN SPANNAUS, ATTORNEY GENERAL
BY Michael B Miller
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
DEC 4 - 1974 - 3:15 pm
Arlen I. Erdahl
Secretary of State

March, 1974 H.R. & R.