Nursing Home providers frequently struggle with determining the minimum requirements for ongoing staff training requirements. Lack of documented staff training is often referenced in nursing home deficiencies issued by the Minnesota Department of Health.

Obviously, each employee, depending upon his/her registration, certification, or license must keep such registration, certification, or license current (F499). Facilities should retain proof of all current staff registrations, certifications, and licenses.

On a very broad scale, Minnesota Rule 4658.0100 requires:

1. All personnel must be instructed in the requirements of the law and the rules pertaining to their respective duties
2. All personnel must be informed of the policies of the nursing home
3. Inservice education must be sufficient to ensure the continuing competence of employees.

In addition, facilities must have a system to deliver appropriate staff training and keep documentation of such training.

Below is a list of inservice/training requirements and recommendations that facilities should comply with. While this list does not include every federal, state, professional, or local training requirement, it is a good place to begin your annual training calendar (please contact Doug Beardsley at dbeardsley@careproviders.org if you believe anything on this list is erroneous or if you have additional mandated training requirements that should be added):

1. 12 hours of training for Nursing Assistants every 12 months (required annually- F497).

2. Nursing Assistant training topics should include areas of weakness identified in performance reviews (which must be completed every 12 months) and may address the special needs to residents (required annually – F497).

3. Nursing Assistants who care for residents with cognitive impairments must have inservice training in the care of cognitively impaired persons (required annually – F497). In addition, Section 6121 of the Patient Protection and

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Affordable Care Act (PPACA) of 2010 amended Sections 1819(f)(2)(A)(i)(I) and 1919(f)(2)(A)(i)(I) of the Social Security Act. The amendment requires that nurse aide training include initial and annual dementia management and patient abuse prevention training for all nurse aides. This means that you must incorporate material on dementia management and abuse prevention into your annual in-service plans.

4. For facilities serving clients with Alzheimer’s disease or related disorders, staff training must include: (1) An explanation of Alzheimer’s disease and related disorders, (2) Assistance with activities of daily living, (3) problem-solving with challenging behaviors, (4) communication skills. A description of the training program, including the categories of employees trained, the frequency of training, and the basic topics covered must be made available to consumers (required for identified facilities – no frequency specified – Minnesota Statute 144.6503).

5. Staff education on the facility’s policies and procedures regarding advance directives and the Patient Self Determination Act (required - no frequency specified – F156).

6. Community education regarding advance directives and the facilities policies and procedures regarding advance directives, including any facility limitations (required – no frequency specified - F156)

7. Abuse prevention training for all employees. Suggested topics include all seven required components of a facility abuse prevention plan: screening, training, prevention, identification, investigation, protection, and reporting/response (required upon hire and then “on-going sessions” - F226 and Appendix P).

8. Staff training should address staff responsibilities under the Minnesota Vulnerable Adult Act (MN Statute 625.557). Training should include facility policies and procedures, definitions, mandatory reporters, reportable incidents, internal and external reporting procedures, and common entry point (CEP) information (recommended upon hire and then annually). Verify staff understand they are mandated reporters under the Minnesota Vulnerable Adults Act and that reporting suspected maltreatment must be done “immediately” to the Administrator (or person in charge with delegated administrative responsibilities) and to the OHFC online reporting system.

9. Annually notify each employee of that individual’s obligation to report suspicion of a crime against a resident to both the State Agency and local law enforcement within the required time period (2 hours or 24 hours based on level of harm). Notification should also include a statement that employees will not be retaliated against for lawfully reporting a reasonable suspicion of a crime (Per Section 1150B of the Social Security Act (the Act), as established by section 6703(b)(3) of the Patient Protection and Affordable Care Act of 2010). See CMS S&C 11-30-NH.
10. Training regarding the facility’s emergency procedures (required upon hire and then “periodically” thereafter – F518)

11. Training regarding the facility’s infection control program. Training should include standard precautions and any other precautions used by the facility. Particular focus emphasis should be placed on hand washing and C. difficile infections (required upon hire and then “periodically” thereafter – F441 and MN Rule 4658.0800).

12. Initial and ongoing training about TB is required for all healthcare workers. The content will vary depending on the setting’s risk classification, the work setting and the workers’ specific occupations. Settings are required to annually assess the need for TB training. Suggested components of TB training are found at [www.health.state.mn.us/divs/idepc/diseases/tb/infcontrol.html](http://www.health.state.mn.us/divs/idepc/diseases/tb/infcontrol.html).

13. Training regarding the facility’s Bloodborne Pathogens procedures, at the time of initial assignment to tasks where occupational exposure may take place and then at least annually thereafter (OSHA 1910.1030).

14. Training regarding the implementation of action plans identified by the facility’s Quality Assessment and Assurance Committee (required – no frequency specified but must be ongoing – F520). Consider beginning to use QAPI principles.

15. Training regarding the facility’s organized safety program and safety plan (required upon hire and through inservice programs - Minnesota Rule 4658.0065).

16. Training regarding the facility’s AWAIR (A Workplace Accident and Injury Reduction program) for all affected employees (required annually – Minnesota Statute 182.653).

17. Training regarding the facility’s comprehensive hazard training program, including the Employee Right to Know/Workplace Safety program, Universal Precautions, Safety Data Sheets (SDS), and lockout/tagout programs (required when an employee receives his/her initial work assignment and whenever a new physical or health hazard is introduced into the employee's work area).

18. Training of nurses and other direct patient care workers on the use of safe patient handling equipment is required under the Minnesota Safe Patient Handling Program (182.6553), both initially when patient handling equipment arrives at the facility and periodically afterwards.

19. Training regarding the facility’s program in rehabilitation; including the promotion of ambulation, aid in activities of daily living, assistance in activities,
self-help, maintenance of range of motion, proper chair and bed positioning, and
the prevention or reduction of incontinence for all nursing personnel (required,
no frequency specified – MN Rule 4658-0100).

20. Staff training must address the special needs of residents as identified by the
nursing staff (required, no frequency specified – MN Rule 4658-0100).

21. For HIPAA covered entities, HIPAA training is required of employees who are
likely to obtain access to protected health information; the training must include
the facility’s policies and procedures relating to protected health information
(required upon hire and every three years thereafter).

22. Staff training should address Federal Resident Rights (Federal Statue
483.50/F150) and the Minnesota Resident Bill of Rights (Minnesota Statute
626.557) (recommended upon hire and then annually).

23. Staff training should address the Federal Safe Medical Devices Act, including
medical device reporting requirements (recommended upon hire and then
periodically).

24. Staff training addressing commonly cited survey deficiencies and facility
specific deficiencies is highly recommended. This may include periodic “hot”
survey topics (infection control, reducing off-label use of antipsychotics, etc.),
as well as facility specific survey deficiency history (recommended annually).
This is also a good way to avoid being a “yo-yo” facility… repeated cycling in-
and-out of compliance for the same requirements.

25. Minnesota Statute 144A.04 requires that a nursing home must have on duty at
all times at least one staff member who is trained in CPR and has either taken
the course in the past 2 years or received a refresher course in the previous two
years, documentation of such staff credentials and current training must be
retained at the facility (recommend refresher training be part of a facility’s
inservice program).