**MN Department of Human Services**

**Office of Inspector General**

**Licensing Division**

**Adult Day Services SAMPLE FORM**

**Registered Nurse Consultant Personnel File**

REQUIREMENTS FOR USE OF THIS SAMPLE DOCUMENT: Adult Day Services license holders are responsible for modifying this sample for use in their program. At a minimum, you must fill in the blanks on this form. You may modify the format and content to meet standards used by your program. This sample meets compliance with current licensing requirements as of **July 1, 2017**. Providers remain responsible for reading, understanding and ensuring that this document conforms to current licensing requirements. DELETE THIS HIGHLIGHTED SECTION TO BEGIN MODIFYING THIS FORM.

Registered Nurse Consultant Name:

Contact Information:

**LICENSE INFORMATION**

Expiration Date of RN License:

Copy of license is attached/enclosed in personnel file.

Copy of license is updated prior to expiration date.

**CONTRACT INFORMATION**

Dates of signed contract or letter of employment (begin and end dates):

Name of person or organization under contract for health services:

Copy of contract is attached/enclosed in personnel file.

Copy of contract is updated prior to expiration date.

Contract includes the specific conditions and terms of employment.

Contract includes health services required in Minnesota Rules, part 9555.9710, subpart 3.

A registered nurse must provide consultation and review of the health services at least monthly. Health services must include:

1. Monitoring participants’ health status and reporting changes to the participants’ caregiver and physician and the center director;
2. Educating and counseling participants on good health practices;
3. Maintaining a listing of professional health resources available for referrals as needed by participants;
4. Developing policies and monitoring procedures for participant self-administration of medications for training unlicensed personnel who provide medication assistance; and
5. Supervising staff distribution of medication and assistance with participant self-administration of medication and ensuring compliance with Minnesota Rules, part 9555.9680, subpart 2, item C.

Employees who are responsible for medication assistance must provide a certificate verifying successful completion of a trained medication aid program for unlicensed personnel approved the Minnesota Department of Health or shall be trained by a registered nurse to provide medication assistance. This does not apply to employees who are licensed as a physician, registered pharmacist, registered nurse, or licensed practical nurse.

Personnel file reviewed and updated as needed:

Date: Name:

Date: Name:

Date: Name:

Date: Name:

Date: Name:

Date: Name: