

CareCertify LLC

Assisted Living Training Series

AL-01

Orientation to Assisted Living

Participant Guide

Assisted Living Training Series · Audience: HHAs · CNAs · PCAs · DSPs · AL Staff · CE Hours: 1.0

Your First Step Before Working With Residents

Minnesota law treats orientation as a gate, not a formality. Under Minn. Stat. 144G.63, subd. 1, all staff providing and supervising direct services must complete an orientation to assisted living licensing requirements and regulations before providing assisted living services to residents. You only complete it once, but it does not transfer to a facility owned by a different company.

Use this guide as your orientation reference. It covers each topic the statute requires, why it matters at the bedside, and where to go when something is wrong. Everything here reflects current Minnesota law in Chapter 144G.

Learning Objectives — by the end of this module you will be able to:

- Explain why orientation must be completed before providing services and that it is not transferable between unaffiliated facilities
- Identify the required orientation topics under Minn. Stat. 144G.63, subd. 2
- Describe how and where to report suspected maltreatment of a vulnerable adult
- Summarize the Assisted Living Bill of Rights and your role in protecting it
- Name the advocacy resources available to residents, including the Ombudsman for Long-Term Care
- Locate where your completed orientation is documented and why it matters

Section 1: 1. Overview of Chapter 144G

Chapter 144G, the Assisted Living Licensure law, took effect August 1, 2021 and is administered by the Minnesota Department of Health (MDH). It created a single license for assisted living, replacing the previous housing-with-services registration and comprehensive home care license model.

The law sets the minimum requirements for how an assisted living facility operates: staffing, training, resident rights, assessments and service plans, medication management, and protection from maltreatment. Knowing that these rules exist — and that MDH enforces them — is the foundation of everything else in orientation.

Section 2: 2. The Two License Categories

There are two categories of license under Chapter 144G: an Assisted Living Facility license, and an Assisted Living Facility with Dementia Care license for settings that serve residents with Alzheimer's disease or other dementias in a secured or specialized program.

Your facility's category matters to you because it determines some of the training you must complete. Staff in a facility with dementia care face additional and faster training requirements (Minn. Stat. 144G.83 and 144G.64). Know which category your facility holds.

Section 3: 3. The Required Orientation Topics

Minn. Stat. 144G.63, subd. 2 spells out the content of orientation. The nine topics listed are mandatory. Your facility may add training on serving residents with hearing loss, but it cannot remove any of these required topics. The sections that follow walk through each one.

Section 4: 4. The Facility's Policies and Procedures

The law requires orientation to the facility's policies and procedures related to the services you personally will provide. Policies are how the statute becomes practice: they tell you how to document, how to hand off at shift change, how and when to contact the nurse, and how to respond to common situations.

When you are unsure, the policy manual and your supervisor are your first resources. If a coworker's habit conflicts with written policy, follow the policy and raise the question. Knowing where to find an answer is part of competent care.

Section 5: 5. Handling Emergencies and Emergency Services

Orientation introduces how your facility handles emergencies and uses emergency services. At minimum, you should leave orientation knowing where exits, alarms, extinguishers, shelter areas, and utility shut-offs are, how and when to call 911, and how the facility communicates and accounts for residents during an emergency.

Residents in assisted living often cannot evacuate quickly on their own, so staff readiness matters. The Emergency Procedures lesson in this course covers fire, weather, medical, and security emergencies in full; orientation makes sure you are not caught unprepared on day one.

Section 6: 6. Reporting Maltreatment of Vulnerable Adults

Every assisted living resident is a vulnerable adult. Direct-care staff are mandated reporters under Minn. Stat. 626.557, the Vulnerable Adults Act. If you have reason to believe a vulnerable adult is being or has been maltreated, or is in danger of maltreatment, you must report it.

Reports go to the Minnesota Adult Abuse Reporting Center (MAARC), 1-844-880-1574, which takes reports 24 hours a day. Report immediately — it is not your job to investigate or to be certain first. The law protects good-faith reporters from retaliation. A dedicated Maltreatment Reporting lesson covers this in depth.

When in doubt, report.

You are not required to be certain that maltreatment occurred. If you have reason to believe it did, call MAARC at 1-844-880-1574.

Section 7: 7. The Assisted Living Bill of Rights

The Assisted Living Bill of Rights (Minn. Stat. 144G.91) lists the rights every resident keeps. These include the right to appropriate care from competent staff, to refuse care after being told the consequences, to actively

participate in care planning, to access food, to have a designated support person physically present, to privacy and dignity, and to make complaints and get a timely response without retaliation.

A facility may not request or require a resident to waive any of these rights, including as a condition of admission. The Resident Rights lesson covers the Bill of Rights in full; orientation ensures you understand it from your first shift.

Section 8: 8. Person-Centered Planning and Service Delivery

Person-centered planning puts the resident at the center of decisions about their care and daily life. The service plan reflects the resident's assessed needs, goals, and preferences, and your direct support should follow it rather than a generic routine.

When you notice a change in a resident's condition or needs, report it so the plan can be updated. Person-centered care is delivered in the everyday choices you respect — wake time, food, dress, and how a person wishes to spend the day.

Section 9: 9. Handling and Reporting Complaints

Residents have the right to make a complaint or inquiry and receive a timely response. Handle concerns respectfully and route them according to facility policy; the facility must give residents the name and contact of the person designated to resolve complaints. Residents may also report to the Office of Health Facility Complaints (OHFC) at MDH.

Never discourage or retaliate against a resident for raising a concern. Treat complaints as useful information: they help the facility find and fix problems before they grow.

Section 10: 10. Ombudsman and Other Advocacy Services

Orientation must cover consumer advocacy services, including the Office of Ombudsman for Long-Term Care — an independent advocate for residents of long-term care settings (Minn. Stat. 144A.51–144A.54). Other resources include the Office of Ombudsman for Mental Health and Developmental Disabilities, the Managed Care Ombudsman at the Department of Human Services, and county managed-care advocates.

Your role is to make sure residents know these resources exist and to support rather than obstruct their access to them.

Section 11: 11. Your Services and the Facility's License Category

Finally, orientation reviews the specific assisted living services you will provide and your facility's category of licensure. This is about scope: you should do only what you are trained and authorized to do. Some tasks, such as medication administration, require an RN to delegate them to you after verifying your competency.

When a task falls outside what you've been trained or delegated to do, stop and ask the nurse or your supervisor. Staying within your scope keeps residents safe and keeps you on solid ground.

Section 12: 12. Orientation Logistics

Orientation is completed once per staff person and is not annual. However, it is generally not transferable: if you move to a facility operated by a different company, you must complete orientation again. The exception is transfers between facilities operated by the same licensee or affiliated organization, where the new facility documents your prior orientation and provides supplemental, facility-specific orientation.

A staff person cannot transfer into an assisted living facility with dementia care without satisfying the additional training requirements under Minn. Stat. 144G.83. Orientation may also be incorporated into the annual training the law requires.

Annual training is separate

Orientation is one-time. On top of it, all direct-service staff must complete at least 8 hours of training every 12 months (Minn. Stat. 144G.63, subd. 5), including maltreatment reporting, the Bill of Rights, and infection control.

Section 13: 13. Documentation and Your Employee Record

Minn. Stat. 144G.63, subd. 7 requires the facility to retain evidence in your employee record that you completed the required orientation and training. In practice, that means signing and dating the training log and keeping completion certificates on file.

Documentation is not busywork: it is how the facility demonstrates compliance during an MDH survey, and how you show you were properly prepared. If it isn't documented, the law treats it as though it didn't happen.

Key Terms

Term	What it means
Chapter 144G	Minnesota's Assisted Living Licensure law, effective August 1, 2021.
Orientation	Required training on licensing requirements completed before providing services; once per staff person, not transferable between unaffiliated facilities.
MAARC	Minnesota Adult Abuse Reporting Center — where maltreatment of vulnerable adults is reported (1-844-880-1574).
Vulnerable adult	An adult who, due to age, disability, or care setting, is at risk; assisted living residents qualify (Minn. Stat. 626.5572).
Assisted Living Bill of Rights	The rights guaranteed to residents under Minn. Stat. 144G.91.
Ombudsman for Long-Term Care	An independent state advocate for residents of long-term care settings.
Person-centered planning	Care planning and delivery driven by the resident's goals, preferences, and routines.
Scope of practice	The tasks you are trained and authorized (and, where required, delegated) to perform.

Check Your Understanding

1. When must orientation be completed, and does it transfer if you change employers?
2. Name five of the required orientation topics.
3. Who do you call to report suspected maltreatment of a vulnerable adult, and what is the number?
4. Give two rights guaranteed by the Assisted Living Bill of Rights.
5. What independent resource can a resident contact with a concern about their care?
6. Where is your completed orientation documented, and why does that matter?

What's Next

Looking ahead

Next, AL-02: Resident Rights goes deep on the Assisted Living Bill of Rights (Minn. Stat. 144G.91) and exactly how to honor each right during your shift.