



Staff Monthly Meeting Agenda

Home/Facility: Sheffield

Meeting 1

Start Time: 1:00pm

Date: 3/9/22

Meeting 2

End Time: _____

Staff Present:

- | | |
|----------------------------|---------------------------|
| 1. <u>Brynn Hatto</u> | 16. _____ |
| 2. <u>Stasia A Coffelt</u> | 17. <u>Wendy Lpmurse</u> |
| 3. <u>Kelly Holmes</u> | 18. <u>Mickie RN</u> |
| 4. <u>August Pregitzer</u> | 19. _____ |
| 5. <u>Deyanne Swann</u> | 20. _____ |
| 6. <u>Jordan</u> | 21. _____ |
| 7. <u>Gabby</u> | 22. _____ |
| 8. <u>Alyssa</u> | 23. _____ |
| 9. _____ | 24. <u>Kate Thomasson</u> |
| 10. _____ | 25. <u>Ashley Scott</u> |
| 11. _____ | 26. <u>(both on</u> |
| 12. _____ | 27. <u>teams)</u> |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

Staff Absent (Excused)

Staff Absent (Not Excused)

Shaunna Sanford



Staff Monthly Meeting Agenda

Household Maintenance Issues:

Put into Facility Dude

Resident Issues/Concerns (Programs - Progress):

Rm- wk , resident goals

Staff Issues/Scheduling Issues:

Staff ratios changing the 14th
if your on schedule you need to report

Special Announcements:

New resident

Review of Emergency Plan (Review of fire & tornado drills, past/upcoming, evacuation procedures, etc.)

Everyone make sure to sign book



Staff Monthly Meeting Agenda

Medical Concerns (Appointments, Reviews, etc):

UTI
Sharing
rash (PRN)
Signing Email

Diagnosis Update Since Last Meeting:

None

Documentation Issues (Review of ER's, IR's, and Chart Note Examples that are good):

All - follow the leader, mom,

Cleaning Duties:

Go over lists

Review of PCP, Behavior Plan Change & In-Services:

Bring out book to make sure
everyone has signed

New client - will advise on when
inservice is



Staff Monthly Meeting Agenda

Policy Review for the Month (refer to calendar):

Refer to Patti's Email

Mental Health Awareness:

TJC Review :

Enhanced Staffing Review:

Residents on Enhanced Staffing

How Many Hours a Day

Birthdays This Month:

Residents

Staff

Raeanne TODAY

February 2022

Systems Call Meeting Notes

Policy Review

- Resident Person-Centered Planning/IPOS Policy # CTS-009
- Organization & Employee Code of Ethic Policy # HR-007
- Visitor (Staff) in the home Policy # HR-015
- Resident Mail, Phone, and Visit Policy # RI-002

Learning & Development

- LEAP Overview
- DSP LEAP Process
- Training calendar for February
- Next Steps
- Contact Buttons
- Application
- Policy – [HR-055]
- Monitored Assessment
- Passing Assessment
- Beacon Proud reminder
- Member Spotlight – Sierra Way
- Member Spotlight – Jessica Lutz
- January DSP LEAPs
- Upcoming Meetings
- 2022 Annual Refresher Training
- L&D Staffing Changes
- DSP LEAP Progress
- DSP LEAP Activities & Worksheet
- Training Calendar for February 2022
- FAQs
- Home Manager CDP Page Three
- DD L&D Reporting 2022
- Communication
- CRU Study Guides & Activity Worksheets coming soon to Basecamp
- Training Calendar for March 2022

- Upcoming Meetings
- Training Spotlight – Introduction to Beacon
 - Presentation by Evelyn Northrop and Cameron Shoemaker
- New TMHs
 - [\[COM.TMH-023\]](#) Intake Paperwork HM
 - [\[HR.TMH-030\]](#) Reviewing & Approving Transfers
 - [\[LD.TMH-016\]](#) DSP LEAP Process
 - [\[LD.TMH-017\]](#) Kalamazoo Recipient Rights Login
 - [\[LD.TMH-018\]](#) ISK Recipient Rights Enrollment
 - [\[LD.TMH-019\]](#) Macomb Recipient Rights Virtual
 - [\[MED.TMH-023\]](#) Paper MAR

Compliance

- Client Satisfaction and Service
- Provider Contact Procedure
- Resident Face Sheet
- Change in Clarity COVID 19 Reporting Form Procedures
- Helpful Reminders
- Compliance Notification
- Attendance and Work Schedule - Policy [#HR-042](#)
- Cellular Phone - Policy [#HR-046](#)
- Documentation - Policy [#CTS-022](#)
- Emergency Use of Physical Management Form
- Lab Orders
- Corrective Action Plan
- Internal Audit Process
 - Process Update
 - Plans of Correction
 - Internal Home Watch List
 - Disciplinary Measures
- Corporate Compliance Officer contact information
- Documentation – Policy [#CTS-022](#)
- Environment of Care Maintenance Inspection – Policy [#EC-009](#)
- Incident and Event Reporting – Policy [#CTS-024](#)
- Provider Contact Sheet – Policy [#MM-015](#)

Administration

- Daily Lead Checklist form
- Staff Shift Change Agenda form
- Staff Checklist form
- Float Checklist form
- Corporate Compliance Plan change
- Health Screening Questionnaire
- Events and Incident Reporting
- Watch List

Clinical

- On-Call Reminders
- Reasons to Call Clinical
- Petition FAQ
- Petitions Step by Step
- Petitions example
- Pick-Up Order
- Pick-Up Order Forms

Work Force Solutions

- Punch Variance Report
- Punching/Makeshift
- Makeshift
- Punch Report
- Training Hours

Medical

- Paper Mar
- Event Report Needed
- Emergency Room/Hospital Admission
- EMAR
- Discontinuation of Medication
- Insulin Administration
- Manual Blood Pressure

Facilities

- 3-Key System presentation

- 2022 Year to Date Work Order

Human Resources

- Beacon Wear

Billing

- Billing Reminder

Nutrition

- My25 Success
- My25 Changes Based on Trends

Marketing

- Valentine's Day Movie Night - Hitch
- Spirit Day - Jackbox Games
- Valentine's Day photo submission request
- Invite to book a community music concert with Marty Miller

When Doing an appointment-

You must have the following documents to go:

Provider Contact Sheet (Basecamp)

MARS (nextstep)

Facesheet (nextstep)

Make sure when you are filling out the provider contact sheet you have residents first and last name, date of appointment, time of appointment, who they are seeing, transporter, and a brief description on why they are going to be seen.

When a nurse ie. HFAH nurse comes into the home they MUST fill out a provider contact sheet. If a doctor is on the phone there also must be a provider contact sheet filled out by YOU the staff on what was said. Did anything change? Is there a follow up? Are there any Labs or xrays needed?

ALWAYS remember you are the residents advocate when you are on an appointment!

After the appointment is done and the resident is back in the home please make sure that you sign the bottom of the contact sheet. Write down any follow up appointments on the calendar and email me the provider contact sheet along with the AVS (after visit summary) . Please leave all paperwork for me face down on my desk. Always make sure that if there were medications called in that they get picked up from the pharmacy.



Resident Mail/Phone/Visits Policy

Policy: The organization shall ensure the rights of all Residents to receive mail, telephone calls and visitors are upheld

Procedure:

1. A Resident shall be provided access to a telephone for incoming and outgoing calls unless the Resident is otherwise restricted in a approved PCP/Behavior Plan. If require greater privacy for phone usage than the usual phone placement allows, they will be allowed access to a house mobile phone to use to accommodate this need for privacy.
2. A Resident shall be provided with the opportunity to have visitors without restrictions unless otherwise specified in an approved PCP/Behavior Treatment Plan.
3. If a private space is not available, residents may have visitors in their room but the door must remain open to ensure no prohibited or dangerous conduct occurs.
4. If visitors conduct themselves in such a way that they violate the resident Rights and Responsibilities agreement to respect one another (this may include yelling, alcohol consumption, violence), the Visitor may be asked to leave.
5. A Resident shall be provided daily distribution of mail unless other specified in an approved PCP/Behavioral Treatment Plan.
6. Any restrictions to the above shall be in a properly authorized PCP/Behavior Treatment Plan with Clear Indications of the time frame for review.



Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Shift Change

Trained By: Beth Pierce Date Trained: 3/9/2022

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

I understand that it is my responsibility to adhere to the requirements of the training fully, and if I do not understand my responsibility or need clarification, I will seek immediate assistance from a Home Manager in order to act in accordance with state policy, procedures and company expectations.

I understand that this Training Acknowledgment will become part of my permanent employment record, and that failure to apply the principles I was taught in my training will result disciplinary action, up to and including my termination of employment for failure to follow company policy.

Employee Signature

Date

Beth Pierce
Home Manager Signature

3/9/2022
Date

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Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Use of van on shift

Trained By: Beth Pierce Date Trained: 3/9/2022

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Smoke breaks

Trained By: Beth Pierce Date Trained: 3/9/2022

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3/9/2022

Home Manager Signature

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: On call

Trained By: Beth Pierce Date Trained: 3/9/2022

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3/9/2022

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Colcking in and out

Trained By: Beth Pierce Date Trained: 3/9/2022

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3/9/2022

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Attendance

Trained By: Beth Pierce Date Trained: 3/9/2022

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Employee Signature

Date

Beth Pierce
Home Manager Signature

3/9/2022
Date

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: All Documentation

Trained By: Beth Pierce Date Trained: 3/9/2022

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3/9/2022
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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Feeding Pump

Trained By: Beth Pierce Date Trained: 3/9/2022

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3/9/2022
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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Hoyer

Trained By: Beth Pierce Date Trained: 3/9/2022

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Home Manager Signature

3/9/2022
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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: 1:1 Staff

Trained By: Beth Pierce Date Trained: 3/9/2022

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Date

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3/9/2022

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: AF Colostomy

Trained By: Beth Pierce Date Trained: 3/9/2022

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Employee Signature

Date

Beth Pierce

3/9/2022

Home Manager Signature

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: AF Standard

Trained By: Beth Pierce Date Trained: 3/9/2022

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3/9/2022

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: feeding tube/residual

Trained By: Beth Pierce Date Trained: 3/9/2022

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3/9/2022
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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Catheter

Trained By: Beth Pierce Date Trained: 3/9/2022

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Nextstep

Trained By: Beth Pierce Date Trained: 3/9/2022

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: van/tie downs

Trained By: Beth Pierce Date Trained: 3/9/2022

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Integro

Trained By: Beth Pierce Date Trained: 3/9/2022

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Integro

Trained By: Beth Pierce Date Trained: 3/9/2022

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Communication

Trained By: Beth Pierce Date Trained: 3/9/2022

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