

STAFF MEETING SUMMARY

Subject: Marshall Place Staff Meeting

Date: April 4, 2024

Time: 10:30a-12:30p

- ❖ **Safety/Health Review** –
- ❖ **Nursing Inservice (JoAnn)** – Summer and Seizure alerts
- ❖ **Program policies** – Data Privacy/HIPAA (*Lesson*), Safe Transportation policy (*STAR Services*), Summer Emergency Procedures, Swimming Guidelines policy (*STAR Services*)
- ❖ **Emergency Procedures** – March: Tornado Drill (Madison responsible)

Missing: February: Fire Drill – Living Room (Amanda Responsible)

Missing: September: Fire Drill – Bedroom #1 – empty room (*Holly Responsible*)

Meeting Review:

- A. **March Calendar reviewed** – Please let Sabrina know if you have days you cannot work by the 15th of the month prior. Thank you for working together to fill shifts.
- B. **From the administrator:** See attached document with information from Kristal.
- C. **STAR Services:** Reminder to go onto STAR Services regularly and make sure you have completed all that is assigned to you. The website is <https://mcgh.edvance360.com/>. - Brandie's and Wayne's semi annual meeting notes are on there to be reviewed.
- D. **EAP (Employee Assistance Program):** BCBS of Minnesota offers assistance to individuals with mental health issues, from the privacy of your home. See handout.
- E. **House concerns** –
 - New can opener
 - Put groceries needed on the list

F. Consumer reports:

Wayne:

NO Appts this month. Wayne had his semi annual meeting. He continues to want to write letters and send cards so please help him do that or document when he doesn't want to.

OUTINGS: BB game, Church, lent services, Holy Thursday, Zoom with family, Library, Legion spaghetti supper, Home for Easter weekend

He feeds the birds, empty household garbage's, take out recyclables to garage, works on puzzles or colors

Weight: 190 (+3)

Jack:

Jack continues to have music therapy on Wednesdays.

OUTINGS: BB game, Church, lent services, Library, Legion spaghetti supper, Holly's for Easter

He has had urine on the floor in his room by the bed a few times. No other behavior concerns

Weight: 174 (-1)

Brandie:

APPTS: Amanda from Alluma came 3 times to meet with him in March. Brandie had his semi annual meeting and he wanted to keep his goal to work on drawing. He will continue to work for the City of Warren with the support of job coaches at the ODC. Brandie did not want to go home for Easter.

OUTINGS: BB game, Church, Library, Legion spaghetti supper

CONCERNS: He has had verbal outbursts on occasions with little provocations. Mostly when he is asked a question. He did not want to go to lent services. He told staff he has used soap in his rectum to help him have a BM.

Weight: 124 (+2)

The next monthly staff meeting will be held Thursday, May 9 at 10:30am.

STAFF MEMBERS PRESENT:

Name:		Position:	Name:		Position:
Kristal Walen	exc	Adm	Cheryl Lubarski	exc	DCC
Sabrina Deschene	present	RPS	Mary Kay Stinar	present	DCS
Henrietta Linder	present	RN	Holly Confer	present	DCS
JoAnn Saunders	present	LPN	Amanda Mock	present	DCS
Madison Mock	present	ONP			

Authorized By: Sabrina Deschene, RPS

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Program Supervisor (RPS).

- 7) If 911 is called or Emergency relocation for more than 24 hours report the incident on the "Emergency Report and Internal review form".

The five steps above are listed in the order of importance and will be followed explicitly in the event of fire. Always remember step number 1 - The evacuation of all individuals to a place of safety away from the fire is the first and most urgent responsibility in case of fire. Steps 2, 3, and 4 are to be undertaken only if it is safe and feasible to do so, and only by supervising staff persons, never by recipients of the home.

Additionally, once all recipients have been evacuated from the home to a place of safety, a supervising staff person must remain with the recipients at all times to ensure their safety and prevent them from attempting to return to the home or wander off and become lost. Once the place of safety has been reached, staff persons must identify all recipients to ensure that each recipient has been evacuated. The recipients must not be left unsupervised under any circumstances. In an emergency staff may leave recipient in the care of a neighbor, police officer, fireman etc.

Fire Drill practices:

A minimum of one fire drill per quarter will be held per calendar year. Each fire drill should be thoroughly documented as described in in-service training and specified in the sample fire drill reports. All fire drills will be documented on the Fire Drill Log.

The times of the day and the routes of evacuation from the home should be varied with each drill so that all persons in the home become thoroughly familiarized with all possible means of evacuating the home in an emergency.

All exits and routes of evacuation must be kept free of obstruction. This includes all household equipment, toys, bicycles, snow - basically, anything which will hinder or obstruct rapid and safe evacuation from the building in an emergency.

No combustible materials - gasoline, cardboard boxes, paint, etc. - can be stored in open places in the building. All such materials will be destroyed or stored in metal storage cabinets in specified places in the building.

2. **Severe weather and natural disasters.** Additional information on safety in severe weather or natural disasters is available online at: <http://www.ready.gov/natural-disasters>. (for example: wind storms, floods, electrical storms, exceedingly cold or hot weather, blizzards and other natural disasters). ***In the event of a severe weather emergency, staff will take the following actions:***

Emergency Procedures SEVERE WEATHER and NATURAL DISASTER:

- 1) Identify all recipients present in the home to ensure all recipients are present and accounted for. Monitor weather condition and listen to the local television or radio for weather related warning and watches. Follow their directions and the need to change plans and activities. Stay indoors or seek shelter as appropriate to the situation.
- 2) Do not allow anyone to leave the home. Inform people why plans and activities are changing and what is being done to keep them safe.

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- 3) During a wind storm of any type, move all recipients away from electrical systems and outlets. A siren will sound for three (3) minutes, at which time all recipients are to seek shelter. No "All Clear" will be given as it is confusing to the public. You are asked to keep tuned to your radio for updated messages. When tornado sightings are reported recipients will go to designate shelter area.
- 4) If time permits, unplug all electrical appliances in the home.
- 5) When tornado warnings are reported recipients will go to Pastor Janet's home for shelter if feasible to do so. If evacuation to Pastor Janet's is not warranted or safe. Staff and consumers should stay in the hallways or use the bathrooms (no windows). If needed cushions from the couch and a mattress should be used as protection from flying glass. Keep the radio tuned to a local radio station for emergency messages and directions. Use the hallways or bathrooms.
- 6) **Portable tap lights are located on the fridge and in the laundry room. Flashlights are in all of the recipient's rooms, on the staff desk in the living room, in kitchen on counter by sink, laundry room, staff bedroom and in tornado shelter. Portable light, flash lights, radio and extra batteries are in the tornado shelter. Camp lights are in the staff bathroom, and laundry room.** Keep the radio tuned to a local radio station for emergency messages and directions.
- 7) Should evacuation be necessary, telephone the police department, the fire department - 911 - and /or the local emergency disaster services for assistance in evacuating. Recipients should be taken to the place recommended by the official in charge.
- 8) Recipients living in the home will not attend out of town nonessential community outings if it is -20 degrees (with or without wind chill) or colder.
- 9) If the nonessential community outing is in town and the temperature is -20 degrees (with or without wind chill) or colder staff may use their discretion. Staff are to consider all weather advisories and if unsure contact facility RPS for assistance.
- 10) Recipients living in Marshall County Group Homes, Inc. will attend medical appointments if it is warmer than -20 degrees (with or without wind chill).
- 11) If the temperature is -20 degrees (with or without wind chill) staff will consider the difficulty of rescheduling a medical appointment and its immediate importance to the consumer's health and make the final decision as to whether the consumer should attend the appointment. If unsure staff may contact the RPS or RN/LPN for assistance in making this decision.
- 12) Should a tornado or tornado drill occur record all information regarding the incident on an Emergency Report and Internal Review form.
- 13) If the home has actually experienced a tornado a supervisory staff person will contact the Marshall County Adult Foster Care licenser/case manager/legal guardian within 24 hours of occurrence or knowledge of the information unless the Incident has been reported by another license holder.
- 14) If the severe weather or other natural disaster causes the relocation of services for more than 24

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hours or if a law enforcement officer was involved, a supervisory staff person will call each consumer's legal representative, Marshall County licenser, case manager and Occupational Development Center (ODC).

WARNING: severe weather is either occurring or is imminent. A warning is the most significant and Staff must take immediate action to protect recipients and staff by seeking immediate shelter.

WATCH: severe weather is possible as conditions are favorable for the weather event. Staff should plan and prepare for the possibility of the severe weather. Staff should help people change their plans for travel and outdoor activities.

ADVISORY: weather conditions may cause inconvenience or difficulty when traveling or being outside. Staff should help people consider changing their plans for travel and outdoor activities or consider that additional time may be required to complete their plans.

3. **Power failures.** Additional information on safety during power failures is available online at: <http://www.ready.gov/technological-accidental-hazards>. *In the event of a power failure emergency, staff will take the following actions:*

Emergency Procedures POWER FAILURE:

- 1) Report power failures to the City of Warren @ 745-5343 during office hours (8 a.m. to 4:30 p.m. – Monday – Friday) or after hours call the Marshall County Sheriff's Department @ 745-5411. Use emergency supplies: **Portable tap lights are located on the fridge and in the laundry room. Flashlights are in all of the recipient's rooms, on the staff desk in the living room, in kitchen on counter by sink, laundry room, staff bedroom and in tornado shelter. Portable light, flash lights, radio and extra batteries are in the tornado shelter. Camp lights are in the staff bathroom, and laundry room.**
- 2) Account for the well-being of all recipients receiving services.
- 3) Inform all recipients why plans and activities are changing and what is being done to keep them safe.
- 4) Should a power outage last for a long period of time: keep warm by dressing in layers? Use portable generators if available. If power outage in becoming long home is becoming cold in winter call the RPS and/or ADM for assistance
- 5) Should evacuation be necessary, telephone the police department, the fire department - 911 - and /or the local emergency disaster services for assistance in evacuating.
- 6) Recipients should be taken to the place recommended by the official in charge.

If evacuation will be for longer than 24 hours it is necessary complete the "Emergency Report and Internal Review form". Supervisory staff person will call each consumer's legal representative, Marshall County licenser, case manager and ODC, within 24 hours of occurrence to inform them of relocation unless the Incident has been reported by another license holder.

Inservice Training Report

Annual Seizure Alert

Nursing Department

All staff present

Presenter: JoAnn Saunders LPN

Objective: Over view of seizures/epilepsy to include what they are, medications used in treatment, what to do for someone experiencing a seizure, how to stay healthy, diagnosing epilepsy, how seizures affect the body, safety during a seizure and self-care when you have a seizure.

Summary: as follows

Epilepsy is a central nervous system disorder in which the brain activity becomes abnormal, causing seizures or periods of unusual behavior, sensations and sometimes loss of awareness. Anyone can develop epilepsy. Epilepsy affects both males and females of all races, ethnic backgrounds and all ages.

Seizure symptoms can vary widely. Some people with epilepsy simply stare blankly for a few seconds during a seizure while others repeatedly twitch their arms or legs. Having a single seizure doesn't mean you have epilepsy. At least 2 seizures without a known trigger (unprovoked seizures) that happen at least 24 hours apart are generally required for an epilepsy diagnosis.

Treatment with medications or sometimes surgery can control seizures for most people with epilepsy. Some people require lifelong treatment to control seizures, but for others the seizures may eventually go away. Some children with epilepsy may outgrow the condition with age.

Because epilepsy is caused by abnormal activity in the brain, seizures can affect any process your brain coordinates. Seizure signs and symptoms may include: temporary confusion, a staring spell, stiff muscles, uncontrollable jerking movements of the arms and legs, loss of consciousness or awareness, psychological symptoms such as fear, anxiety, or déjà vu. Symptoms vary depending on the type of seizure. In most cases a person with epilepsy will tend

to have the same type of seizure each time so the symptoms will be similar from episode to episode.

Doctors generally classify seizures as either focal or generalized, based on how and where the abnormal brain activity begins.

Focal seizures appear to result from abnormal activity in just one area of your brain. There are two categories of focal seizures.

Focal seizures without loss of consciousness once called simple partial seizures. These seizures don't cause a loss of consciousness. They may alter emotions or change the way things look, smell, feel, taste, or sound. Some people experience a *déjà vu*. This type of seizure may also result in involuntary jerking of one body part, such as an arm or leg and spontaneous sensory symptoms such as tingling, dizziness and flashing lights.

Focal seizures with impaired awareness once called complex partial seizures involve a change or loss of consciousness or awareness. This type of seizure may seem like being in a dream. During a focal seizure with impaired awareness you may stare into space and not respond to normally to your environment or perform repetitive movements such as hand rubbing, chewing, swallowing or walking in circles.

Generalized seizures are seizures that appear to involve all areas of the brain. There are six types of generalized seizures.

Absence seizures previously known as petit mal seizures typically occur in children. They are characterized by staring into space with or without subtle body movements such as blinking or lip smacking and only last between 5-10 seconds. These seizures may occur in clusters happening as often as 100 times per day and cause a brief loss of awareness.

Tonic seizures cause stiff muscles and may affect consciousness. These seizures usually affect muscles in your back, arms and legs and may cause you to fall to the ground.

Atonic seizures also known as drop seizures, cause a loss of muscle control. Most often affects the legs and often causes you suddenly collapse or fall down.

Clonic seizures are associated with repeated or rhythmic jerking muscle movements. These seizures usually affect the neck, face and arms.

Myoclonic seizures usually appear as sudden brief jerks or twitches and usually affect the upper body, arms and legs.

Tonic-clonic seizures previously known as grand mal seizures are the most dramatic. They can cause an abrupt loss of consciousness and body stiffening, twitching and shaking. They sometimes cause loss of bladder control or biting your tongue.

When to seek the doctor?

A seizure lasts more than five minutes

Breathing or consciousness doesn't return after the seizure stops

A second seizure follows immediately

You have a high fever

You're pregnant

You have diabetes

You have injured yourself during the seizure

You continue to have seizures even though you have been taking anti-seizure medication

Causes for epilepsy

In about half of the people with a seizure disorder there is no identifiable cause. In the other half the condition may be traced to various factors including

Genetic influence where the type of seizure you experience, or the part of the brain affected run in families. In these cases, it is likely genetic.

Head injury as a result of a car accident or other traumatic injury can cause epilepsy

Brain abnormalities including brain tumors or vascular malformations can cause epilepsy. Stroke is the leading cause of epilepsy in adults older than 35

Infections such as meningitis, HIV, viral encephalitis and some parasitic infections can cause epilepsy.

Prenatal injury before birth; babies are sensitive to brain damage that could be caused by several factors such as an infection in the mother, poor nutrition, or oxygen deficiencies causing epilepsy or cerebral palsy.

Risk factors that may increase the risk of epilepsy include the following

Age with noted onset more common in children and older adults but can occur at any age.

Family history can cause an increased risk of developing a seizure disorder.

Head injuries are responsible for some seizure disorders. Wear a seat belt while riding in the car and by wearing a helmet while bicycling, skiing, riding a motorcycle or other activities where you risk having a head injury.

Stroke or other vascular disease can lead to brain damage triggering epilepsy. To reduce your risk factors of these diseases by limiting your intake of alcohol, avoiding cigarettes, eating a healthy diet and exercising regularly.

Dementia can increase the risk of epilepsy in older adults.

Brain infections such as meningitis which can cause inflammation in your brain and spinal cord can increase your risk.

Seizures in childhood such as high fevers. Children who have seizures due to high fevers do not generally develop epilepsy.

Complications from having a seizure can include falls injuring your head or break a bone. Drowning. You are 13-19 times more likely to drown while swimming or bathing than the rest of the population because of the risk of having a seizure in the water. Car accidents due to loss of awareness of consciousness while driving a car or operating other equipment. Many states have driving restrictions on persons with a seizure disorder. Pregnancy complications can pose a danger to both mother and baby and certain anti-epileptic medications can cause birth defects. Emotional health issues especially depression, anxiety, and suicidal

thoughts and behaviors. These problems may exist due to difficulty dealing with the condition as well as medication side effects.

Life threatening complications of epilepsy though rare are status epilepticus where you are in a state of seizure activity more than five minutes or having frequent recurrent seizures without regaining full consciousness in between them. Sudden unexpected death in epilepsy (SUDEP) although a small risk may be caused by heart or respiratory condition. It is most common in those with severe epilepsy that don't respond to treatment.

Diagnostic tests can include a neurological exam, blood tests, EEG, CT, MRI, PET scan, and neuropsychological testing.

Treatment usually begins with medication. There are 20 different anti-seizure medications. Side effects of these seizures can include fatigue, dizziness, weight gain, loss of bone density, skin rashes, loss of coordination, speech problems, memory and thinking problems. More severe but rare include depression, suicidal thoughts and behaviors, severe rash, inflammation of certain organs such as your liver.

Best seizure control is obtained by taking your medications as prescribed. Always call your doctor before switching to a generic version of your medication or taking other prescription medication, over the counter medications or herbal remedies. Never stop taking your medications without talking to your doctor. Notify your doctor if you have increased feelings of depression, suicidal thoughts or unusual changes in your mood or behaviors. Tell your doctor if you have migraines. Surgery is an option also where they remove the area of the brain causing seizures if it doesn't interfere with vital functions such as speech, language, motor function, vision or hearing. MRI guided stereotactic laser ablation may also be an option when more invasive surgery is too risky. Vagus nerve stimulator is another option. A device implanted underneath your skin in your chest that sends electrical impulses to through the vagus nerve to your brain to stop seizure activity. Ketogenic diet a diet high in fats and low in carbohydrates.

Managing your lifestyle by taking your meds correctly, get enough sleep, wear a medical alert bracelet and exercise. Manage stress, limit alcohol consumption and avoid cigarettes. Educate yourself and your family. Ignore negative reactions

from people. Live as independent as possible and find a doctor you like. Try not to worry and find an epilepsy support group.

Correct way to handle a seizure

Carefully roll the person onto one side to prevent choking

Place something soft under his or her head

Loosen tight neckwear

Do not put your fingers or anything else in the person's mouth

No one has ever swallowed his/her tongue

Do not restrain them

If they are moving, clear away objects

Stay with them until medical personnel arrive

Observe the person closely so you can provide information on what happened like the timing of the seizure and what body parts were involved.

Stay calm

Posted on Bulletin Board
@ each facility.

Seizure First Aid

How to help someone having a seizure

1

STAY with the person until they are awake and alert after the seizure.

- ✓ Time the seizure
- ✓ Remain calm
- ✓ Check for **medical ID**



2

Keep the person **SAFE**.

- ✓ Move or guide away from **harm**



3

Turn the person onto their **SIDE** if they are not awake and aware.

- ✓ Keep **airway clear**
- ✓ **Loosen tight clothes** around neck
- ✓ Put **something small and soft** under the head



Call
911
if...

- ▶ Seizure lasts longer than 5 minutes
- ▶ Person does not return to their usual state
- ▶ Person is injured, pregnant, or sick
- ▶ Repeated seizures
- ▶ First time seizure
- ▶ Difficulty breathing
- ▶ Seizure occurs in water

Do
NOT

- ✗ Do **NOT** restrain.
- ✗ Do **NOT** put any objects in their mouth.
- ▶ **Rescue medicines can be given** if prescribed by a health care professional

Learn more: epilepsy.com/firstaid



epilepsy.com

24/7 Helpline: 1-800-332-1000

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Inservice Training Report

Summer Alerts

Nursing Department

All Staff Present

Presenter: JoAnn Saunders

Objective: Review Summer Safety

Summer: Heat, heat exhaustion, heat stroke, sunburn, insect stings

HEAT STROKE

The most serious heat related disorder. It occurs when the body becomes unable to control its temperature. The body's temperature rises rapidly, the sweating mechanism fails and the body is unable to cool down. When heat stroke occurs the body temperature can rise to 106 degrees or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not given. Heat stroke is a true emergency and can mimic a heart attack.

Symptoms of heat stroke include hot dry skin or profuse sweating, hallucinations, chills, throbbing head, confusion, dizziness, high body temperature and slurred speech.

First aid involves moving the sick person to a cool shaded area. Cool the person using methods such as soaking their clothes with water, spraying or showering them with water and fanning the body. Access the EMS

HEAT EXHAUSTION

The body's response to an excessive loss of water and salt, usually through excessive sweating. A person is most prone to heat exhaustion are those that are elderly, have high blood pressure and those working in a hot environment. Diuretics and some behavior meds can put some people at risk also. Heat exhaustion can progress to heat stroke.

Symptoms of heat exhaustion include heavy sweating, extreme weakness or fatigue, dizziness, confusion, nausea, clammy, moist skin, pale or flushed

complexion, muscle cramps, slightly elevated body temperature, fast and shallow breathing.

First aid in treating heat exhaustion is have them rest in a cool shaded area or air-conditioned area. Have them drink plenty of water or other cool, nonalcoholic beverages. Have them take a cool shower, bath, or sponge bath.

HEAT SYNCOPE

Fainting episode or dizziness that usually occurs with prolonged standing or sudden rising from a sitting or lying position. Factors that may contribute to heat syncope include dehydration and lack of acclimatization.

Symptoms include light headedness, dizziness and fainting.

First aid in treating heat syncope would be to have the person sit or lie down in a cool place when they begin to feel symptoms. Slowly drink water, clear juice or sports beverages.

HEAT CRAMPS

Heat cramps usually affect persons who sweat a lot during strenuous activity. This sweating depletes the body's salt and moisture levels. Low salt levels in muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion

Symptoms include muscle pain or spasms usually in the abdomen, arms or legs.

First aid in treating heat cramps would be to have the person stop all activity and sit in a cool place. Drink clear juice or a sports beverage. Do not return to strenuous work for a few hours after the cramps subside because further exertion may lead to heat exhaustion or heat stroke. Seek medical attention if any of the following apply. If the worker has heart problems, is on a low sodium diet, or the cramps do not subside within one hour.

HEAT RASH

Heat rash is a skin irritation caused by excessive sweating during hot, humid weather.

Symptoms include a rash that looks like a red cluster of pimples or small blisters. It is more likely to occur on the neck or upper chest, in the groin, under the breasts, or in elbow creases.

First aid in treating a heat rash would be to try to cool the person, less humid environment when possible and keep the affected area dry. Dusting powder may be used to increase comfort.

SUNBURN

Apply sunscreen 15-30 minutes before going outdoors. Use SPF 15 or higher that covers both UVA (aging rays) or UVB (burning rays). Use waterproof or sweat proof sunscreen if in water or doing activities that would cause sweating.

When exposure to extreme heat, sun and high humidity these steps will help prevent heat stress.

Wear light-colored, loose-fitting clothing such as cotton. Avoid non breathing synthetic clothing. Gradually build up to heavy work. Schedule heavy work during the coolest parts of the day. Take more breaks in extreme heat and humidity. Take breaks in the shade or a cool area when possible. Drink water frequently. Drink enough water that you never become thirsty. Approximately 1 cup every 15-20 minutes. Avoid alcohol and drinks with large amounts of caffeine and or sugar. Be aware that protective clothing or personal protective equipment may increase the risk of heat stress. Monitor your physical condition and that of the persons served.

INSECT STINGS OR BITES

Most common reaction is local redness, swelling, pain, and itching. Severe reaction involves hives, wheezing, shortness of breath, chest pain, unconsciousness, even death. Call 911 or seek medical attention if reaction is severe. Stinging insects generally do not sting unless provoked. Wear shoes when walking through low lying flowers. Close fitting clothing can prevent them from getting under your clothes and getting trapped. Light colored and flowered clothing, cologne, and perfumes may attract stinging insects. Soda and

sweetened beverages may also attract stinging insects. Keep garbage cans covered. Treat insect bites using standing orders as needed.

April 2024

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Wk 2	31 Mar Easter 9a-8p- Holly 8p-9a- Madison Cindy on Call	1 Apr Harlem Globetrotters BS cleaning 11a-1p-(CL)*Mary Kay 1p-9p-(CL) Mary Kay 9p-9a- Madison	2 11a-1p-Cheryl/DCC 1p-9p- Cheryl 9p-9a- Madison	3 JO music Therapy 1p-6p-(CL)Holly 6p-9p- Cheryl 9p-9a- Cheryl	4 1p-9p-Amanda 9p-9a- Mary Kay	5 1p-5p- Madison 4p-9p- Amanda 9p-9a- Amanda Kristal on Call	6 9a-9p-Amanda 9p-9a-Amanda Kristal on Call
Wk 1	7 9a-8p-Amanda 8p-9a- Madison Kristal on Call	8 BS appt 11a-1p-Cheryl* 1p-9p- Cheryl 9p-9a- Madison Grocery Shopping	9 11a-1p-Cheryl/DCC 1p-9p- Cheryl 9p-9a- Madison	10 JO music Therapy 1p-9p- Cheryl 9p-9a- Cheryl	11 1p-9p-Amanda 9p-9a-(AM) Holly	12 1p-5p- Madison 4p-9p-(HC) Amanda 9p-9a- (HC)Amanda Sabrina on Call	13 9a-9p-Holly 9p-9a-Holly Sabrina on Call
Wk 2	14 9a-8p- Holly 8p-9a- Madison Sabrina on Call	15 BS cleaning 11a-1p-Cheryl* 1p-9p- Cheryl 9p-9a- Madison	16 11a-1p-Cheryl/DCC 1p-9p- Cheryl 9p-9a- Madison 4:30 Madison	17 JO music Therapy 1p-9p- Cheryl 9p-9a- Cheryl	18 1p-9p-Amanda 9p-9a- Mary Kay	12 1p-5p- Madison 4p-9p- Amanda 9p-9a- Amanda Cindy on Call	13 9a-9p-Amanda 9p-9a-Amanda Cindy on Call
Wk 1	21 9a-8p-Amanda 8p-9a- Madison Cindy on Call	22 BS cleaning 11a-1p-Cheryl* 1p-9p- Cheryl 9p-9a- Madison Grocery Shopping	23 11a-1p-Cheryl/DCC 1-3p Madison 1p-9p- Cheryl 9p-9a- Madison Grocery Shopping	24 JO music Therapy 1p-9p- Cheryl 9p-9a- Cheryl	25 1p-9p-Amanda 9p-9a-(AM) Holly	26 1p-5p- Madison 4p-9p-(HC) Amanda 9p-9a- (HC)Amanda Kristal on Call	27 9a-9p-Holly 9p-9a-Holly Kristal on Call
Wk 2	28 9a-8p- Holly 8p-9a- Madison Kristal on Call	29 BS cleaning 11a-1p-Cheryl* 1p-9p- Cheryl 9p-9a- Madison	30 11a-1p-Cheryl/DCC 1p-9p- Cheryl 9p-9a- Madison				

- CPR dates are being worked on. Watch Therap for dates and sign-up instructions. There may not be any daytime classes this year.
- April 16th and April 17th will be the dates to meet with Kristal to go over the Health Insurance premiums. Please watch Therap and sign up for a time to meet with me. I do not want staff to just show up. If you have insurance through the group home, you must meet with me.
- PTO balances are updated. A lot of time and configuration went into getting these balances updated. This caused a lot of staff to be at the max amount, keep in mind you can use it over 40 now when you have a scheduled day off, so this should help in dropping below that max faster. **I will contact those of you that I need to meet with to explain further.** If I do not contact you, your balance is updated and complete. Should you have questions please set a time to meet with me about it during office hours. Please do not contact me after hours or on the weekend and want an explanation. I have done the best I can do with all of the PTO and ESST balances. I ask that you give some grace and be appreciative of what has been done so that we can move forward.
- The updated handbook is on Therap under Agency wide documents. Please place the directions somewhere that all staff can access them when wanting to look up the handbook.
- There are updated Tax-exempt forms that will be given to the DCC's. Please use these when purchasing from somewhere that charges tax. Most places have them but if it's a new business they need this form. Make a copy of the one you have and give that to the business.
- Sams club-If you have a group home card you need to stop at customer service with your ID and get a new one. You also need to use the group home account and not your personal account. Your personal accounts are not tax exempt. We also have free shipping with the business membership. Please stop and get the new card and use it.
- I will be around to look at vehicles in the next month to be sure you have your tote on the vehicle with the fire extinguisher inside it, your current registration card and insurance card is in the black folder you were given, your odometer tracking is being done and that you have cleaned the inside of the vehicle. REMINDER: if your vehicle needs repairs or service you need to get that scheduled.

Learn to Live Employee Assistance Program

Learn to Live is available to all of your employees & family members ages 13+ even if they are not enrolled on a BCBS health plan.

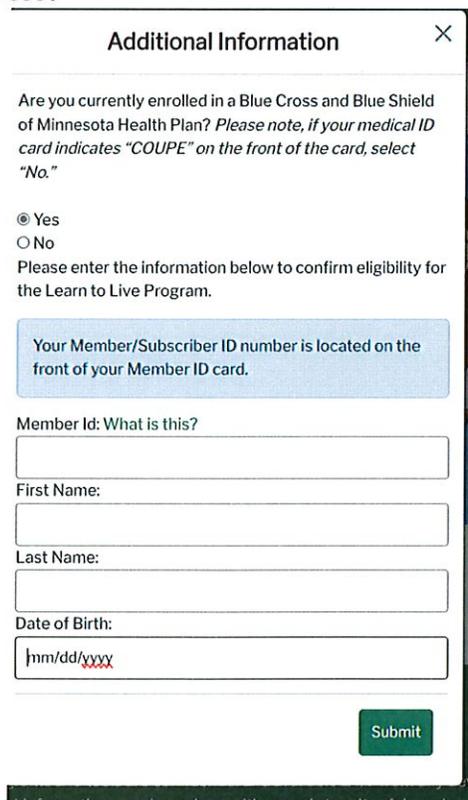
1. Navigate to www.learntolive.com/welcome/bcbsmn
2. Enter access code **BCBSMN**
3. Answer pop-up question, "Are you enrolled in a Blue Cross and Blue Shield of Minnesota Health Plan:

Enrolled employees

- a. If employee selects "yes," they will be prompted to enter their eligibility details. After submitting their eligibility details, they will be passed through to our comprehensive assessment & will have access to all Learn to Live programs and resources at no cost
enter the number off your card without the letters

Non-enrolled employees

- b. If employee selects "no," they will be passed immediately through to our comprehensive assessment & will have access to all Learn to Live programs and resources at no cost



The screenshot shows a web form titled "Additional Information" with a close button (X) in the top right corner. The form contains the following text and fields:

Are you currently enrolled in a Blue Cross and Blue Shield of Minnesota Health Plan? Please note, if your medical ID card indicates "COUPE" on the front of the card, select "No."

Yes
 No

Please enter the information below to confirm eligibility for the Learn to Live Program.

Your Member/Subscriber ID number is located on the front of your Member ID card.

Member Id: What is this?

First Name:

Last Name:

Date of Birth:

Submit

4. Click submit and you will then be brought to the assessment.
5. After the assessment you will create an account that you will use to log in after the first initial log in.