

## CEDAR NORTH/CEDAR SOUTH STAFF MEETING SUMMARY

**Subject:** CN/CS Staff Meeting

**Date:** May 1, 2024

### **Inservices:**

- ❖ **Safety/Health Review – Sorenson Construction looking at cement repair/replacement outside CN and CS; waiting for an estimate. Please be mindful of applying sunscreen when spending any time outdoors. \* Traffic on the county road in front of the group home is traveling very fast at times. Rachel will talk to the city of Argyle, Marshall County Sheriff and the Marshall County Highway Department to ask for signage for traffic to slow down.**
- ❖ **Emergency Procedures – May – Tornado Drill (CN-Margaret, CS-Helen)**
- ❖ **EE Policy Book: 5.0 Performance, Discipline, Layoff and Termination**
- ❖ **Program Policies: No policies to review this month**
- ❖ **Nursing Inservice (Henrietta): Health Service Coordination and Care (see attached)  
Safe Medication Assistance and Administration (test on Star Services)  
Diabetes/Healthy Eating and Nutrition (see attached)**
- ❖ **Star Services – All staff need to sign into Star Services frequently as that is where most trainings/tests, inservices, meeting minutes, individual reports will now be located.**

### **Meeting Review:**

**May Calendar Reviewed:** Please let Cindy know if you have days you cannot work by the 15<sup>th</sup> of the month prior. Thank you for working together to fill shifts. (see attached May Schedules)

#### **A. House Concerns:**

- Monthly Staff Meetings – **ALL** staff are required to attend the monthly staff meetings. If you are unable to attend you need to notify Cindy and then you will be asked to listen via zoom.
- ISP Data – Staff need to be documenting individual's ISP Data every time you work. It is your responsibility to know what outcomes/goals each person is working on and to document when they work on their outcomes.
- If a staff member does not show up for their shift, please call them within 15 minutes of their shift.

### **CN Individual Reports:**

- Dylan: DIET – REGULAR DIET- WEIGHT – 180.5 (+1.8)  
Continues to do coupons on the 11,18 and the 25 on Thursdays. He also delivers meals on Tues. And Thursdays he will start on Fridays in May due to no ODC on Fridays. He went home on the 8<sup>th</sup> overnight and returned the next morning. He went out for lunch on the 4<sup>th</sup> to Paradiso for SO birthday. He played piano at the hospital on the 18<sup>th</sup> and 25<sup>th</sup>. He had cheeseburgers and French fries from the dell on the 22<sup>nd</sup> for a fund raiser. Bible study on the 9<sup>th</sup> and 23<sup>rd</sup>. Birthday Party on the 25<sup>th</sup> at Uptown Cafe.
  - **Outcome: Choose a community site to do volunteer work with at least 1x/week.**

- Jean: DIET – DIABETIC DIET, 1/2C SERVING PORTIONS, SOFT FOODS, MEATS CUT INTO SMALL BITES -WEIGHT 153.5 (+3.0)

Music therapy on the 3<sup>rd</sup>, 10<sup>th</sup>, 17 and the 24<sup>th</sup> on Wednesdays. She went to a birthday lunch on the 4<sup>th</sup> at Paradiso for a house mate. She had massages on the 9<sup>th</sup> and 23<sup>rd</sup>. Fundraiser on the 22<sup>nd</sup> at Farmer Dell. We went to Uptown Cafe on the 25<sup>th</sup> for a birthday party.

**OT/PT Exercise Program: PROM lower extremities BID; swallow/tongue exercises assigned by SLP; body massage EOW, propel own wheelchair daily.**

- Outcomes: 1. Have her hometown newspaper read to her weekly.  
2. Jean will assist with meal preparation 1x/week.
- Hailey: DIET – REGULAR DIET - WEIGHT: 155.1 (+1.0)  
Haircut on the 4<sup>th</sup>. On the 6<sup>th</sup> she went to TRF for a outing and to McDonald's. On the 8<sup>th</sup> she went to Target and ice cream. On the 11<sup>th</sup> she stayed home from school. She had cold symptoms but did go to the Farmer Dell for supper. On the 12<sup>th</sup> she went to the dance and McDonald's for supper. On the 15<sup>th</sup> I went to GF for ice cream. On the 16<sup>th</sup> she went home overnight for a eye appointment she is on eye drops 3x a day. On the 19<sup>th</sup> she went to musical in Warren. On the 22<sup>nd</sup> she went to the mall and ice cream plus fundraiser. She goes to church on Sundays. On the 25<sup>th</sup> Uptown Cafe birthday party. On the 26<sup>th</sup> dance and McDonald's for supper. On the 27<sup>th</sup> she went to the circus and got dropped off at home to go to the grand march.  
○ Outcome: Weekly, Hailey will explore new leisure activities so she can identify interests she enjoys and can do during her free time.
- Sandra: DIET – TO HAVE 2-3 CARB CHOICES AT EACH MEAL; SNACKS ARE TO BE 1 CARB – WEIGHT: 175.0 (+3.2)  
Appt. Fasting lab on the 2<sup>nd</sup>, Panwalker on the 11<sup>th</sup> in TRF, Brenda King on the 18<sup>th</sup>, Rose Brandt on the 19<sup>th</sup> in Crookston and Dr. Maingi in TRF on the 23<sup>rd</sup>. She goes to church on Sundays and Bible Study on the 9<sup>th</sup> and 23<sup>rd</sup>. She still works Wednesdays and Fridays at the Argyle Lumber Yard. She had her birthday lunch at Paradiso on the 4<sup>th</sup> with her son joining us. On the 6<sup>th</sup> she went to TRF for a outing and to the Farmer Dell for supper with daughter and family. On the 8<sup>th</sup> she went to TRF for some shopping and lunch at Biff's Kitchen. She went to see her son on the 9<sup>th</sup>. On the 11<sup>th</sup> after her appointment, she went to Walmart for shopping and after to the Farmer Dell for supper. On the 12<sup>th</sup> dance and McDonald's. On the 16<sup>th</sup> went to gf and Wendy's for lunch. On the 18<sup>th</sup> after her appointment, she went to Burger King for lunch. On the 19<sup>th</sup> after her appointment, she went to McDonald's for lunch and library on the way home. On the 25<sup>th</sup> she went to Uptown Cafe for a birthday party. On the 26<sup>th</sup> dance and McDonald's. On the 27<sup>th</sup> she went to the circus. On the 30<sup>th</sup> she went to Warren and got her fishing license.  
○ Outcomes: 1. To participate in at least 2 dances/month at LISTEN Center in Grand Forks  
2. Sandra will prepare and cook a meal for herself 2 times per week

## CS Individual Reports:

- ❖ Gary: DIET - REGULAR DIET 1/2C SERVING PORTIONS WEIGHT: 164.8 (-1.2)  
Gary was not happy when staff re-arranged the furniture, therefore, his chair was put back by the window. He has a new Twins blanket to keep on his chair in the living room. He was uncooperative with staff one morning when the DCC was gone, but after a discussion he understood that sometimes she needs to be gone and he has to allow other staff to help him. He has had visits from his brother and mom, phone calls from his sister. He had the arm rests on his wheelchair replaced, he was so proud of DCC that he told every staff member "She fixed it". He did go outside one day with staff, for just a short period of time. He went shopping with DCC and DCA, he bought a new recliner and some summer clothes. He chose Perkins for lunch. Beginning on the 20<sup>th</sup> he again started having issues with loose stools, he had an accident

at ODC and their staff was not very professional in handling the situation. Henrietta has contacted his PCP about a Probiotic for him. Lately, he has had an accident in bed in the morning but seems to do well the rest of the day, there has been a couple of times when he has soiled his brief. He has not been going to the ODC due to this. We have been giving him Imodium PRN. He is getting his massages again now that Carol has returned home.

**OT/PT Exercise Program: PROM to lower extremities x2/day; PROM upper extremities x1/day; walking three times/day w/ gait belt if able to walk more please do, he like to use his walker; upper extremities peddle bike 5-10 minutes daily.**

- Outcomes: 1. Gary will correspond with family and friends by him making phone calls or mail monthly, with staff assistance.  
2. Once a month Gary will participate in a community outing by choosing a restaurant to eat at, with verbal prompting from staff.

- Diane: DIET – MECHANICAL SOFT, ALL MEATS PUREED, NO SERVING PORTION CONTROL; ASSIST OF 1 AT ALL TIMES WHEN WALKING WITH FRONT-WHEELED WALKER; ASSIST OF 1 FOR TRANSFERS WEIGHT: 117.6 (-2.6)

Diane has had many days where she was uncooperative with staff when walking. She wants to sit down too soon and/or let go of her walker. Jill Smith was contacted for a new prescription for Chlorhexidine being there is no dentist on staff in Fergus Falls. She has an order in her MARS to have Tea Tree Oil administered to her toes twice a day, it is helping a great deal. She sleeps well, appears to move around a lot as many times her leg pillow is removed by her. She has been for rides with staff. She had a birthday party on the 18<sup>th</sup> with staff and housemates. She also received a card from her sister, it has been some time since she had any correspondence from family. She enjoys having her nails painted by staff. She went to the dentist in Fergus Falls and has a f/u 8/27/24. She was extremely tired when we returned, she even had a hard time staying awake during supper. She is getting her massage again, now that Carol is back from her winter vacation.

**OT/PT Exercise Program: ambulating at handrail for 25' with assist of 1; foot/ankle exercises in am; upper extremity peddle bike 5-10 minutes daily; ROM to lower extremities 3x/day; sit to stand exercises for 30 second durations**

- Outcomes: 1. Diane will participate in community outings that focus on her leisure interests in music and movies, x2/month.  
2. Diane will spend time outdoors by sitting outside with staff during warm weather months.

- Vinette: DIET – SOFT FOODS, MEAT CUT INTO SMALL PIECES, NECTAR-THICK LIQUIDS, 1/2C PORTIONS -WEIGHT 176.2 (+0.2 )She has a scale that is kept in her room. Vinette received a new Glider Rocker from Linda Haugen (donated), it is much easier for her to get in and out of. She was so happy, she sent a Thank You card to Linda. The situation with her loose stools has improved. Vinette went to the dermatologist for her rash. She was given a prescription for Triamcinolone to be administered twice a day for 2 weeks, along with CeraVe. After the 2 weeks, she is to use it PRN but continue with the CeraVe twice daily. DCC brought her a water glass with a straw, which she can drink out of easily, no coughing. She will drink two to three of these every day. She is getting her massage again. She enjoys sitting outside on the nice days and attending church on the weekends. Henrietta contacted her PCP and received an order to soak her hands daily and to put Tea Tree Oil on her fingers twice a day. Her nails are improving nicely, she enjoyed having staff paint her nails. She went out for supper at the Uptown Cafe for a friends birthday. Staff went online shopping with her, she picked out a new pair of pajamas, an outfit for church and some new sandals.

**OT/PT Exercise Program: Neck massage daily, exercise program BID, ride exercise bike, oral exercises daily, walking program daily w/ counting wooden pieces to track; finger board (located on living room wall) once daily; upper extremities peddle bike and pulley system.**

- Outcomes: 1. Vinette will attend church services or watch church services on television

twice a month

- Each weekday (M-F), Vinette will put her lunch items into her lunchbox, with verbal prompts from staff.

- Corrie: DIET – MECHANICAL SOFT, ABLE TO EAT FINGER FOODS, NEEDS ASSISTANCE WITH ALL OTHER FOODS, NO PORTION CONTROL - WEIGHT: 101.9 (+5.6)

Corrie has been sleeping well. His Boost is now given at 2p and 7p with ice cream. He has been for rides with staff. He gets excited daily when his housemates return on the bus from ODC. He went home April 9-11. When he gets lonesome he calls and listens to his aunt's voice on the phone. He had no results on the 12<sup>th</sup> from his suppository, nurse was called and MOM was given. He did have 2 BM's the following day. He enjoyed pizza and cake for housemates birthday. On 4/23 his sister Stacy and Aunt Missy came to see him. They stayed for about an hour. During their visit his sister called his biological Mom and Dad so he could talk to them. He went to Fergus Falls to the dentist on the 25<sup>th</sup>, and has a f/u 8/27/24. He was very tired when he got home, fell asleep on his mat and snored. He was also tired the next day. He has been on Whole Milk this month, a glass at every meal after he has drank his water. He has had some BM smear in his liner and he even had 2 BMs without a suppository administered. He went home on Sunday, the 28<sup>th</sup>

- Outcomes: 1. Corrie will spend time in the community, x1/month, watching community members engaged in activities (walking, shopping, playing, visiting, etc)
- 2. One time per month, Corrie will eat at a restaurant, with staff assistance.

- Samantha: DIET – REGULAR 1/2C PORTIONS WEIGHT – 170.8

Sam was at CS the weekend of Apr 5-7, she had several behaviors. Staff had to administer her PRN due to her throwing items, slamming her door, yelling and using disrespectful language to staff and housemates. She returned the weekend of Apr 20-21. That weekend when staff was busy she ran out the kitchen door and staff had to run after her. Staff did explain how unsafe that was and DCC was informed. Staff was asked to keep the door into the kitchen locked to help deter her from doing this again. Sam again came on Sun Apr 28<sup>th</sup> due her family having to be out of town for a funeral. Shortly after arriving James and Donilynn (family friends) came and picked her up to attend the circus. Today she rode the bus with her sister to school in Warren. Sam's intake meeting is scheduled for Monday, June 3<sup>rd</sup> and her move-in date is Monday, June 10<sup>th</sup>.

***The next monthly staff meeting will be held Wednesday, June 5th at 8:45am.***

**STAFF MEMBERS PRESENT:**

<b>Name:</b>	<b>Position:</b>	<b>Name:</b>	<b>Position:</b>
Kristal Walen	Administrator	Destiny Lopez	exc DCS
Cindy Gratzek	RPS	Helen Gilster	DCS
Henrietta Linder	RN	Laura Kostrzewski	DCS
JoAnn Saunders	LPN	Selena McLean	abs DCS
Carol Urbaniak	DCC	Lori Weber	DCS
Rachel Lopez	DCC	Marilyn Huderle	DCS
Kim Kostrzewski	DCA	Jennifer Yutzenka	exc DCS
Patsy Whitlow	DCA	Margaret Deschene	DCS
Joy Edgar	exc ONP	Darla Groff	zoom DCS
Angela Wick	ONP	Karjmella Williams	exc DCS
Liz Anderson	DCS	Sara Bring	DCS
Cheryl Lubarski	exc DCS	Kathleen (Rose) Juenke	DCS
Josie Deschene	exc DCS		

**Authorized By:** Cindy Gratzek, RPS

Inservice Training Report

Health Service Coordination

Nursing Department

Presenter: JoAnn Saunders LPN

Objective: Review Health Service Coordination Policy

Summary: As follows, see attached policy and form

The purpose of the Health Service Coordination policy is to meet the health needs of the person served.

To monitor health conditions as per written instructions from their health care providers.

To provide medication setup, assistance and administration.

Assist with coordinating medical dental and other health care service appointments.

The safe and correct use of medical equipment, devices or adaptive equipment aids or technology. Staff will be properly trained in the use of such.

Prompt notification to the legal representative and case manager of any changes to the persons mental and physical needs that may affect the services provided.

A form will be completed by the supervisor of the home indicating notification of legal representative and case manager. The licensed professional of that home will be notified to make the additions to the health care plan

# Marshall County Group Homes, Inc.

## POLICY AND PROCEDURE ON HEALTH SERVICE COORDINATION

### I. PURPOSE

The purpose of this policy is to promote the health and safety of persons served through establishing guidelines for the coordination and care of health-related services.

### II. POLICY

This company is designated as a residential program and will implement procedures to ensure the continuity of care regarding health-related service needs as assigned in the *Coordinated Service and Support Plan (CSSP)* and/or *CSSP Addendum*. These procedures will be implemented in a way that is consistent with the specific health needs of the person served and which follows the procedures stated in the *Policy and Procedure on Safe Medication Assistance and Administration*.

Decision making regarding the health services needs of the person served will be guided by person-centered philosophy and conservative medical practice. The company will defer to the judgment of the assigned nurse, nurse consultant, or other licensed health care professional regarding medical or health-related concerns. If the company does not have an assigned nurse or nurse consultant, the company will coordinate all health-related services with the licensed health care professionals of the persons served.

### III. PROCEDURE

- A. If responsibility for meeting the person's health service needs has been assigned to the company in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*, the company must maintain documentation on how the person's health needs will be met, including a description of the procedures the company will follow in order to:
  1. Provide medication setup, assistance, or administration according to MN Statutes, chapter 245D.
  2. Monitor health conditions according to written instructions from a licensed health care professional.
  3. Assist with or coordinate medical, dental, and other health service appointments.
  4. Use medical equipment, devices, or adaptive aides or technology safely and correctly according to written instructions from a licensed health care professional.
- A. Unless directed otherwise in the *CSSP* or the *CSSP Addendum*, the company will ensure the prompt notification to the legal representative, if any, and the case manager of any changes to the person's mental and physical health needs that may affect the health service needs assigned to the company in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*. This notice will be made, and the date documented, when the change in mental and physical health needs of the person has been discovered by the company, unless the company has reason to know that the change has already been reported. A copy of the Health Needs Change Report to be used and is attached to this policy. (See Attachment A)
- B. In coordination with the person's health care providers, the company and person's legal representative will determine how each person's health condition(s) will be monitored.
- C. When a person served requires the use of medical equipment, devices, or adaptive aides or technology, the company will ensure the safe and correct use of the item and that staff are trained accordingly on its use and assistance to the person. These items will only be used according to the written instructions from a licensed health care professional.
- F. When a person served requires the use of medical equipment to sustain life or to monitor a medical condition that could become life-threatening without proper use of the medical equipment, staff will be specifically trained by a licensed health care professional or a manufacturer's representative including an observed skill assessment to demonstrate staff's ability to safely and correctly operate the equipment according to the treatment orders and manufacturer's instructions. Equipment includes, but is not limited to ventilators, feeding tubes, and endotracheal tubes.

Marshall County Group Homes, Inc.

(Attachment A)

**Health Needs Change Notice**

Unless directed otherwise in the coordinated service and support plan or the coordinated services and support plan addendums, the program must report any changes in the person's physical health needs when assigned in the coordinated service and support plan or coordinated service and support plan addendum.

Person name: \_\_\_\_\_

Program name: \_\_\_\_\_

Date a change in physical and/or mental health needs was discovered: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date of this report: \_\_\_\_\_

Date of notification to:

Legal Representative: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Describe in detail the change in the person's physical and/or mental health needs:

Was the Health Care Plan/Needs Record Form updated as a result of this notice?  Yes  No

If you have questions you can contact the Resident Program Coordinator at:

Address: 805 Pacific Ave, P O Box D, Argyle, MN 56713

Email: River / Marshall: [sabrinad6400@gmail.com](mailto:sabrinad6400@gmail.com) Cedar North / Cedar South: [cindyg6696@gmail.com](mailto:cindyg6696@gmail.com)

Phone: 218-437-6694

Inservice Training Report

Nursing Department

Objective: Review of proper nutrition

Summary: see attached

## Nutrition

Resource Book: The Calorie King Calorie, Fat and Carbohydrate Counter

### Weight control Tips

1. Eat and drink sensibly by avoiding fad diets. Eat 3 sensible portion- controlled meals daily.
2. Limit fats, high fat foods/snacks and sugar. Eat adequate fresh fruits and vegetables
3. Limit soft drinks, energy drinks, fruit juice and alcohol. Quench your thirst with water.
4. Exercise daily for at least 30 minutes a day even if you do it in 5-10 minute lots.

### Body Fat Distribution

Moderate amount of body fat does not compromise health. However excess fat above the hips carries a greater health risk than fat on or below the hips. Abdominal obesity greatly increases the risk of developing diabetes, heart disease, arthritis and some cancers. So called cellulite carries no extra health risks. Body Mass Index or BMI is a general indicator of body fatness. BMI alone is not diagnostic but the higher the BMI the greater the health risk of developing diabetes, high blood pressure and heart disease. BMI is measured by height and weight.

### Calories

Calories are derived in food from protein, fat and carbohydrates. Alcohol provides calories. Vitamins, minerals and water provide no calories. Recommended servings a day are 6 servings of grains, 3-5 servings of vegetables a day, 3-5 servings of fruit, 2-3 servings of protein and 2-3 servings of dairy a day.

### Portion Size Counts

Super-sized servings have become the norm. A days' worth of calories can be consumed in one meal or even a snack being equivalent to a full meal. You can easily underestimate portion size of foods and drink and unwittingly consume excess calories even if the fat content is low or even zero. Example: Southwest Crispy Chicken Salad WITHOUT dressing at McDonalds is 450 calories. Sugar free vanilla crème wafer have 160 calories verse the regular vanilla crème wafers have 115 calories. Reduced fat and fat free foods are not necessarily low calorie. Just because a product advertises Zero Trans Fats does not mean it isn't loaded with other fats. READ YOUR LABELS!

### Carbohydrates

Carbohydrate food in their more natural form (not highly processed) are essential to good health. They are the major source of fuel for the body and are a main source of important vitamins, minerals, antioxidants and fiber. All of which help protect against heart disease, diabetes, hypertension, constipation ailments and many other diseases.

### Exercise

A person who exercises regularly lose more weight and keep it off longer than non-exercisers. Exercise is a good way to wake up your metabolism. Always check with your doctor to make sure the type of exercise you choose is safe for you to begin. Strength training is the key to retaining or rebuilding muscles. As we age we lose 6 pounds of muscle per decade. This results in lower metabolism and fewer calories being burned. Muscles are like furnaces. The more muscle you have the more calories you

burn. Avoid injury when beginning to exercise by starting slow and working your way up whether it is walking, low impact aerobics or weight supported exercise.

Inservice Training Report

Nursing Department

2021

All Staff Present

JoAnn Saunders LPN

Objective: Overview of Diabetes

Summary: See attached

### **Diabetes in America**

25.8 million children and adults in the US have diabetes. 18.5 million are diagnosed and 7 million are undiagnosed. 1.9 million cases of diabetes are diagnosed in persons aged 20 years and older each year. 79 million have pre diabetes

### **Diagnosing Diabetes**

Fasting blood glucose normal range is less than 100

Impaired fasting blood glucose or pre diabetes is 100-125

Fasting blood glucose greater than 126 or greater than 200 with symptoms is indicative of diabetes. The requirement to diagnose diabetes is two elevated values on separate days. An A1C test of greater than 6.5 is also diagnostic.

People diagnosed with diabetes are at the same risk for having a heart attack as those who have already had one heart attack.

### **Classifications of Diabetes**

Type 1; your body is unable to produce insulin.

Type 2; your body may produce some insulin for a time but not enough to cover your bodys blood sugar.

Pre Diabetes; blood sugar levels are higher than normal but are not high enough to be called diabetes.

### **Blood Sugar Targets**

Fasting: 90-130 (no calorie intake for 8 hours).

2 hours after the first bite of a meal should be less than 180.

### **Hyperglycemia**

Blood sugar level that rises and stays above normal; above 140 before meals and above 180 after meals.

Happens to everyone with diabetes at times.

Diet, medication and exercise adjustments may be necessary.

Causes of hyperglycemia may include certain medications like cold medications, steroids, phenytoin, phenobarbital and contraceptives and some anti-hypertensive agents. Increase in food intake, physical stress such as surgery, illness, emotional stress, lack of exercise, omission of diabetes medication, and growth hormone administration.

Signs and symptoms of hyperglycemia include increased thirst with or without a reasonable explanation such as being in the heat and/or intense prolonged activity. Increase in urination, unexplained fatigue, unexplained or unplanned weight loss, nausea/vomiting. Vision changes either blurred or double. Illness that does not improve with treatment. Recurring vaginal infections. Dry itchy skin and sores or wounds that do not heal.

Treatment of hyperglycemia include medication and or medication changes. Patient, family and or caregivers education on diabetes management. Meal planning, exercise, weight reduction, self monitoring of blood sugars and quarterly A1C tests which gives a good estimate of how well diabetes is being managed over 2-3 months at a time.

### **Type 2 Medications**

Metformin (Glucophage); decreases glucose production by the liver and helps the body use its own insulin better.

Actos; helps insulin work better in the muscles and fat cells and decreases glucose production by the liver.

Glyburide/Diabeta/Glipizide/Glucatorl; stimulates the pancreas to release more insulin.

Januvia; helps to improve the levels of insulin produced by your own body after a meal and decreases the amount of sugar made by the body.

Lantus Insulin; when given onset is 2-4 hours. There is no peak and lasts 12-24 hours. Should be given at the same time each day. It is given subcutaneous and should be given regardless of what the blood sugar is.

Levemir; when given onset is 1 hour. There is no peak and lasts 12-24 hours. It is given subcutaneously and should be given regardless of what the blood sugar is.

Rapid acting insulins or pre meal insulins Humalog and novolog; are convenient, they reduce the risk of exercise induced hypoglycemia, limits the need for snacks, can be used to cover snacks and should be given within 15 minutes of a meal before or after.

### **Hypoglycemia**

Low blood glucose with a level below 70.

Causes of hypoglycemia may be caused by a delay in eating a meal or skipping a meal, increase in exercise or too much diabetes medication.

Signs and symptoms of low blood sugar include shaking, sweaty, anxiousness, feeling dizzy, fast heart rate and difficulty concentrating. Weakness, irritability, impaired vision and headache.

Treatment of hypoglycemia would include giving 15 grams of a quick acting carbohydrate such as ½ cup of juice, ½ can of regular soda, 1 cup of milk or 3-4

glucose tabs. Wait 15 minutes if feeling better have them eat a meal or a snack.  
**If unconscious call 911.**

## **Nutrition Therapy**

Carbohydrate counting

15 grams of carbohydrate=1 choice or serving

Meal plans are based on age and weight, activity level, food preferences, medications and any pre-existing health condition.

Meal plans are individualized for each person. **There are no forbidden foods.** All carbohydrates need to be counted and healthy choices are encouraged.

Men; 4-5 carbohydrates breakfast , lunch and supper and 1-2 carbohydrates per snack am, afternoon and pm.

Women; 3-4 carbohydrates breakfast, lunch and supper and 1-2 carbohydrates per snack am, afternoon and pm.

1 carbohydrate choice =15 grams.

## **Food Labels**

Food labels include servings per container and carbohydrates per serving. Don't be fooled sugar free foods can have carbohydrates.

High fiber helps balance blood sugar because it slows the breakdown of carbohydrates into sugar. Everyone should have 25-30 grams of fiber a day.

Fat also helps to slow the breakdown of carbohydrates into sugar. Limit your fats, saturated fats and cholesterol to prevent heart disease. Trans fats include shortenings, processed foods and margarin. Hidden trans fats are listed as "partially hydrogenated oils" in the ingredient list.

## **Serving amounts**

6 servings of fiber rich whole grains, beans and starches a day. 2 servings of fruits a day. 2-3 servings of non- starchy vegetables a day and 6 ounces of lean meat or meat substitute (divided between meals).

Starchy vegetables include your potato, corn, peas, baked beans, winter squash and sweet potato.

Non meat or meat substitute include cheese, cottage cheese, eggs and tofu.

Protein sources include your meats beef, pork, lamb, chicken and fish. Non meat protein sources include cheese, cottage cheese, eggs, beans, humus, nuts, tofu and peanut butter. Remember some of these sources may not be a free food (meaning contains no carbs) so check your labels.

Remember to read your labels and watch your serving sizes. Most of the time serving sizes are a lot smaller than what is actually served. By watching your serving sizes and making healthy choices you will have better blood sugar control and weight reduction.

**A diabetic diet is actually a diet everyone should follow not just your diabetics.**

## Diabetes Guide

Diabetes occurs when the body has difficulty processing glucose sugar in the blood.

1. After digestion sugar and starches are changed into glucose which is the simplest form of sugar vital for body energy and growth. Insulin is the hormone which acts like a key that opens the door to body cells and allows glucose to enter.
2. Without enough insulin, glucose builds up in the blood and passes into the urine. High blood glucose levels can lead to frequent urination, extreme thirst and tiredness.
3. Untreated diabetes increases the risk of damage to nerves and blood vessels. This in turn increases the risk of heart disease, stroke, blindness, kidney damage, foot ulcers and gangrene, impotence and other complications.

### Symptoms of Diabetes

1. Frequent urination
2. Extreme thirst
3. Unusual hunger
4. Rapid weight loss
5. Extreme fatigue
6. Blurred vision
7. Skin infections that are slow to heal
8. Tingling/numbness in feet

Diabetes can be present even with no symptoms

### Type 1 Diabetes

1. Occurs in 10% of diabetes cases
2. Usually in children and young adults
3. Pancreas produces little or no insulin. Daily insulin injections are necessary along with matching pre meal insulin to the amount of carbohydrates eaten. Weight control and regular physical activity are factored in also in controlling your blood glucose levels.

4. Insulin acts like a key. It opens the door to body cells and allows glucose to enter.
5. People with type 1 diabetes and some with type 2 diabetes have too few or no keys and require insulin injections.
6. Others (primarily type 2 ) make enough but the body doesn't use it as well as it should particularly if obese or inactive.

#### Type 2 Diabetes

1. Occurs in 90% of diabetes cases
2. Occurs mainly in adults, particularly in overweight and inactive persons
3. Insulin is produced but body cells resist its action and glucose cannot enter cells
4. Usually treated with meal planning and physical activity. Sometimes requires medication (pills or insulin)

Gestational diabetes can occur during pregnancy and usually disappears after baby is born. Women who experience gestational diabetes have a high risk of developing type 2 diabetes within 5-10 years.

#### Risk Factors for Diabetes

Pre- diabetes means that your blood glucose levels are higher than normal but not high enough to be called diabetes. If you have pre-diabetes you have a higher risk of getting diabetes later on. If you are diagnosed with prediabetes you can take action to prevent diabetes by making healthy lifestyle changes such as losing weight if overweight and being more physically active.

1. Have I been told I have pre diabetes
2. Family history of diabetes
3. African American, Latino American, Asian American, Native American or Pacific Islander
4. I have had gestational diabetes
5. I am over age 45
6. I am overweight
7. My waist is larger than 35 inches (for a woman) or 40 inches (for a man)
8. I get little or no physical activity
9. My blood pressure is higher than 130 over 85

10. My HDL (good cholesterol) is too low
11. My triglycerides (blood fats) are too high

If you fall into 2 or more of these categories you may be more likely to develop type 2 diabetes

#### Blood Glucose Classifications

1. Normal: below 100
2. Pre Diabetes: 100-125
3. Diabetes: fasting over 125

Everyone over the age of 45 should have a blood glucose level test every 3 years.

#### Diabetes Guide to Meal Planning

1. Eat a wide variety of foods that are mainly low in fat, low in refined sugars and high in fiber.
2. The plate method is an easy way to eat sensibly: fill half of your plate with non-starchy vegetables, salad, and greens. Fill a quarter of your plate with carbohydrates like wholegrain bread, pasta, potato or brown rice. Fill the other quarter of your plate with 3-4 ounces of lean meat, poultry or fish. Add a small piece of fruit or 8 ounces of skim/low fat milk or yogurt.
3. Maintain a healthy weight
4. Don't skip meals
5. If on insulin eat meals at the same time each day. Eat similar amounts of food at each meal.
6. Read your labels and know which foods contain carbohydrates and the amount of carbohydrate is in the food. All carbohydrates break down into sugars after digestion.
7. Choose wholegrain breads, cereals and pasta. Foods containing fiber help to slow the release of glucose into your blood stream after a meal.
8. Limit goods high in saturated fat, trans fat and cholesterol. Instead enjoy fish, soy or other foods rich in omega 3 fats.
9. Limit sugars and foods high in added sugars. Remember when a label says lo fat or nonfat the fat has been replaced with sugar.

## Carbohydrate Counting

A dietician can best determine the amount of carbohydrates to consume for each meal and snack throughout the day

1. 15 grams of carbohydrates equals one carb choice
2. Breakfast generally 3-4 carbohydrate choices or 30 -45 grams
3. Lunch and Dinner generally 3-4 carbohydrate choices or 30 -45 grams
4. Snacks if needed should include 1-2 carbohydrate choice

## Lower Glycemic Foods

Lead to better control of your blood glucose and insulin levels which in turn lowers the risk of damage to blood vessels and nerves. More slowly digested and absorbed. Use these foods regularly but continue to limit portion size for weight control

1. Dried beans, peas, lentils
2. Nuts and seeds
3. Wholegrain breads
4. Bran cereals, oats
5. Sweet corn, barley, buckwheat
6. Whole grain pasta, basmati rice
7. Fresh fruits: apples, avocados, bananas, cherries, grapefruit, grapes, olives, oranges, peaches, pears, plums and fresh juices.
8. Vegetables: broccoli, yam, sweet potatoes, salad greens
9. Milk, yogurt, soy drinks
10. Dark chocolate
11. Sugar alcohols (sorbitol and maltitol)

## Higher Glycemic Foods

Higher glycemic foods more rapidly raise blood glucose levels and therefore requiring more insulin by the body. Eat in moderation.

1. White bread, rice cakes, bagels, croissants, doughnuts
2. Low fiber cereals: cornflakes, rice krispies, froot loops
3. White potatoes, white rice
4. Watermelon, ripe bananas, cantaloupe, pineapple

5. Soda, sugar sweetened sport drinks and energy drinks
6. Sugar, candy, popcorn
7. Ice cream (lowfat), frozen yogurt

High glycemic fruits and potatoes are still healthy choices when eaten in moderation.

# DIABETES

## American Diabetes Association Preventative Care Guidelines For Adults

Tests/Exams/Teaching	How Often	Goal	If your A1C is	Then your Average Blood Glucose is
A1C	Two to four times per year, depending on control	less than 7%		
Blood Pressure	Each visit	less than 130/80		
Dilated Eye Exam	Once a year			
Lipid Profile (Cholesterol, HDL, LDL, Triglyceride)	At least annually ♦ May repeat every 2 years if low risk (i.e. individuals with LDL < 100, HDL > 50, Triglycerides < 150.)	<ul style="list-style-type: none"> <li>♦ Total cholesterol less than 200</li> <li>♦ LDL less than 100 (less than 70 if heart disease)</li> <li>♦ HDL greater than 50 in women; greater than 40 in men</li> <li>♦ Triglycerides less than 150</li> </ul>	13	326
Kidney function (urine microalbuminuria screening)	Once a year	♦ Less than 30	12.5	312
Serum creatinine	Once a year	♦ 0.6 - 1.3	12	298
Vaccine ♦ Flu ♦ Pneumovax	<ul style="list-style-type: none"> <li>♦ Once a year</li> <li>♦ Once in your lifetime or as recommended by your doctor</li> </ul>		11.5	283
Foot Exam	<ul style="list-style-type: none"> <li>♦ Every regular visit</li> <li>♦ Comprehensive exam yearly</li> </ul>		11	269
Diabetes Self-Management Education	See a diabetes nurse educator at time of diagnosis and as needed thereafter		10.5	255
Nutritional Assessment	Individualized medical nutrition therapy as needed to achieve treatment goals		10	240
Aspirin Therapy*	Daily (75-162mg/day)	<ul style="list-style-type: none"> <li>♦ All adults with diabetes and cardiovascular disease</li> <li>♦ Men with diabetes over age 50 and at risk for cardiovascular disease and women over 60 with diabetes</li> </ul>	9.5	226
*Some people cannot take aspirin, so talk to your health care provider to make sure it is right for you.			9	212
Tobacco Cessation	Each visit	No tobacco use	8.5	197
Health Care Goals	Each visit	Individualized	8	183
Weight and BMI	Each visit	Individualized	7.5	169
			7	154
			6.5	140
			6	126

Inservice Training Report

Nursing Department

2022

JoAnn Saunders LPN

Objective: Overview of Medication Administration guidelines

Summary: see as follows and attached Policy

Staff providing medication administration to persons served will be trained and demonstrate competency in proper medication administration. They will be trained by a licensed health care professional followed by an observed skill assessment. This will be completed during the orientation period.

The 6 rights of administering medications will be followed: Dose, time, route, person served, right medication and date.

A medication can be given 60 minutes before or after the prescribed scheduled time.

Staff should be familiar with side effects and special instructions regarding each medication.

If injectable medications are prescribed a licensed health care professional can delegate and provide necessary training to unlicensed staff.

Documentation of prescribed scheduled medications and prescribed PRN medications will be in Therap under MAR.

The MAR in Therap must correspond with the label on the prescribed medication and physicians' orders.

All medications will be stored in a locked cabinet. Each person served will have their own medication compartment.

Standing order medications will be stored separately from persons served medications.

All prescribed medications will come in blister packs from the pharmacy. Staff from the home picking up medications will view the blister pack so make sure all bubbles are appropriately filled. If not will notify the pharmacy. Medications supplied in a blister pack will be counted and documented in the MAR daily. Medications not supplied in a blister pack such as supplements and over the counter medications will not be counted.

When administering a medication from the blister pack staff will pop the medication out and initial on the front of the blister pack over the medication they removed with their initials. The medication will be administered to the person served and then documented on the MAR. The count that remains is the number documented in the MAR. Never document a medication that it was given before it has been successfully given. Medications may need to be crushed and mixed with food before given. Always check with a pharmacist to make sure if a med can be crushed or not. There are some meds that cannot be crushed and may need to be ordered in a different form. If a medication is inadvertently removed

Safe dose

**POLICY AND PROCEDURE ON SAFE MEDICATION  
ASSISTANCE AND ADMINISTRATION**

**I. PURPOSE**

The purpose of this policy is to establish guidelines to promote the health and safety of persons served by ensuring the safe assistance and administration of medication and treatments or other necessary procedures.

**II. POLICY**

The company is responsible for meeting health service needs including medication-related services of persons as assigned in the *Coordinated Service and Support Plan (CSSP)* and/or *CSSP Addendum*.

Persons served will be encouraged to participate in the process of medication administration to the fullest extent of their abilities, unless otherwise noted in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*. The following procedures contain information on medication-related services for the administration of medication as well as the assistance staff may provide to a person who self-administers their own medication.

All medications and treatments will be administered according to this policy and procedure and the company's medication administration training curriculum.

**III. PROCEDURE**

**Staff training**

- A. When medication set up and/or administration has been assigned to the company as stated in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*, staff who will set up or administer medications to persons served will receive training and demonstrate competency as well as reviewing this policy and procedure.
- B. Unlicensed staff, prior to the set up and/or administration of medication, must successfully complete a medication set up or medication administration training course developed by a registered nurse or appropriate licensed health professional. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures. The course must be taught by a registered nurse/licensed practical nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician, if at the time of service initiation or any time thereafter. This may occur if the person has or develops a health care condition that affects the service options available to the person because the condition requires specialized or intensive medical or nursing supervision and nonmedical service providers to adapt their services to accommodate the health and safety needs of the person.
- C. Upon completion of this course and prior to the setting up and/or administering medications, staff will be required to demonstrate medication set up and/or administration established specifically for each person served at their location, if this has not already been completed.
- D. This training will be completed for each staff person during orientation, within the first 60 days of hire. Staff who demonstrate a pattern of difficulty with accurate medication administration may be required to complete retraining at a greater frequency and/or be denied the responsibility of administering medications.
- E. Documentation for this training and the demonstrated competency will be maintained in each staff person's personnel file.

**Medication set up**

- A. Medication setup means the arranging of medications according to instructions from the pharmacy, the prescriber, or a licensed nurse, for later administration when the company is assigned responsibility in the

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*Coordinated Service and Support Plan or the CSSP Addendum.* A prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.

- B. Staff will document the following information in the person's served medication administration record:
1. Dates of medication set up.
  2. Name of medication.
  3. Quantity of dose.
  4. Times to be administered.
  5. Route of administration at the time of set up.
  6. When the person will be away from the service location.
  7. To whom the medication was given.

## Medication assistance

- A. There may be occasions when the company is assigned responsibility solely for medication assistance to enable a person served to self-administer medication or treatments when the person is capable of directing their own care or when the person's legal representative is present and able to direct care for the person.
- B. If medication assistance is assigned in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*, staff may:
1. Bring to the person and open a container of previously set up medications, empty the container into the person's hand, or open and give the medication in the original container to the person under the direction of the person.
  2. Bring to the person food or liquids to accompany the medication.
  3. Provide reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.

## Medication administration

- A. Medication may be administered within 60 minutes before or after the prescribed time. For example, a medication ordered to be given at 7:00 am may be administered between 6:00 am and 8:00 am.
- B. Medications ordered to be given as an "AM medication" and/or "PM medication" may be administered at a routine daily time. The routine time may fluctuate up to two hours in order to accommodate the person's schedule. For example, if a person typically receives their medication at 7:00 am, then on the weekends, the medication may be given between 5:00 am and 9:00 am.
- C. Staff administering medication must know or be able to locate medication information on the intended purpose, side effects, dosage, and special instructions.
- D. General and specific procedures on administration of medication by routes are included at the end of this policy. Routes included are:
1. Oral tablet/capsule/lozenge.
  2. Liquid medication.
  3. Buccal medication.
  4. Inhaled medication.
  5. Nasal spray medication.
  6. Eye medication.
  7. Ear drop medication.
  8. Topical medication.

## Medication Authorization

- A. Prior to administering medication for the person served, the company will obtain written authorization from

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the person served and/or legal representative to administer medications or treatments, including psychotropic medications.

- B. This authorization will remain in effect unless withdrawn in writing and it may be withdrawn at any time.
- C. If authorization by the person served and/or legal representative is refused, the company will not administer the medication or treatment. This refusal will be immediately reported to the person's prescriber and staff will follow any directives or orders given by the prescriber.

### **Injectable medications**

- A. Injectable medications may be administered to a person served according to their prescriber's order and written instructions when one of the following conditions has been met:
  - 1. A registered nurse or licensed practical nurse will administer injections.
  - 2. A supervising registered nurse with a prescriber's order can delegate the administration of an injectable medication to unlicensed staff persons and provide the necessary training.
  - 3. There is an agreement that must be signed by the company, the prescriber, and the person served and/or legal representative will be maintained in the service recipient record. This agreement will specify:
    - a. What injection may be given;
    - b. When and how the injection may be given;
    - c. That the prescriber retains responsibility for the company to give the injection.
- B. Only a licensed health care professional is allowed to administer psychotropic medications by injection. This responsibility will not be delegated to unlicensed staff.

### **Psychotropic medication**

- A. When a person served is prescribed a psychotropic medication and the company is assigned responsibility for the medication administration, the requirements for medication administration will be followed.
- B. The company will develop, implement, and maintain the following information in the person's *CSSP Addendum* according to MN Statutes, sections 245D.07 and 245D.071. This information includes:
  - 1. A description of the target symptoms that the psychotropic medication is to alleviate.
  - 2. Documentation methods that the company will use to monitor and measure changes to these target symptoms, if required by the prescriber.
  - 3. Data collection of target symptoms and reporting on the medication and symptom-related data, as instructed by the prescriber, a minimum of quarterly or as requested by the person and/or legal representative. This reporting will be made to the expanded support team.
- C. If the person and/or legal representative refuse to authorize the administration of a psychotropic medication as ordered by the prescriber, the company will not administer the medication and will notify the prescriber as expediently as possible. After reporting the refusal to the prescriber, the company must follow any directives or orders given by the prescriber. A refusal may not be overridden without a court order. Refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency.

### **Documentation requirements on the Medication Administration Record (MAR)**

The following information will be documented on a person's medication administration record

- 1. Information on the current prescription labels or the prescriber's current written or electronically recorded order or prescription that includes the:
  - a. Person's name
  - b. Description of the medication or treatment to be provided
  - c. Frequency of administration
  - d. Other information needed to safely and correctly administer medication or treatment to ensure effectiveness

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2. Easily accessible information on risks and other side effects that are reasonable to expect and any contraindications to the medications use.
3. Possible consequences if the medication or treatment is not taken or administered as directed.
4. Instruction on when and to whom to report:
  - a. If a dose of medication is not administered or treatment is not performed as prescribed, whether by staff error, the person's error, or by the person's refusal
  - b. The occurrence of possible adverse reactions to the medication or treatment
5. Notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by staff error, the person's error, or by the person's refusal, or of adverse reactions, and when and to whom the report was made.
6. Notation of when a medication or treatment is started, administered, changed, or discontinued.

### **Medication documentation and charting**

- A. Staff will transcribe a prescriber's new, changed, and discontinued medication/treatment orders to the monthly medication sheet by:
  1. Comparing the label on the medication with the prescriber's to ensure they match. Any discrepancy must be reported to the pharmacy immediately.
  2. Copying any new medication/treatment or change from the original prescriber's orders to the monthly medication sheet.
  3. When there is a change in a current medication/treatment, the revision is written on the MAR in order to implement the medication change.
  4. Entering the medication/treatment name, dose, route, frequency, and times to be administered.
  5. Drawing a line to the start date for each assigned time.
  6. Discontinuing a medication/treatment as ordered by writing "D/C" or "Discontinued," on the date, then drawing a line through the remaining boxes on the MAR.
  7. Completing any applicable health documentation regarding the entry and notifying the necessary personnel.
- B. Staff will document administration of medications/treatments on the monthly medication sheet by:
  1. Ensuring the person's name, allergies, month, and year are on the monthly medication sheet.
  2. Completing documentation on the monthly medication sheet in black or blue ink.
  3. Ensuring white-out, erasing, or disfigurement, such as scratching out are not used at any time.
- C. Each month, staff administering and documenting medication/treatment administration will enter their initials on the MAR. Full name, and initials are documented on the designated signature sheet annually beginning in January each year.

### **Medication storage and security, including Schedule II medication storage; Medication Destruction**

- A. The medication storage area/container will be appropriate for the person served, which may include being locked by the person or by the company, when unattended by staff and will be kept clean, dry, and within the appropriate temperature range.
- B. Each person served will have a separate container for their medications and a separate container for their external medications. Standing order medications will be in a separate container.
- C. Medication will not be kept in the same area as food or chemicals (in the case of refrigerated medications, they will be kept in a locked container and separated from food).
- D. Schedule II controlled substances, names in MN Statutes, section 152.02, subdivision 3, will be stored in a locked storage area permitting access to the person served and staff authorized to administer medications.
- E. Medications will be disposed of according to the Environmental Protection Agency recommendations.

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## Verification and monitoring of effectiveness of systems to ensure safe medication handling and administration (reporting and reviewing)

- A. The designated person will be responsible for reviewing each person's medication administration record to ensure information is current and accurate. This will include a review of the monthly medication sheets, referrals, medication orders, etc.
- B. At a minimum, this review will occur quarterly or more frequently if directed by the person and/or legal representative or the *Coordinated Service and Support Plan* or *CSSP Addendum*.
- C. Based upon this quarterly or more frequent review, the reviewer will notify the manager, as needed, of any issues. Collaboratively, a plan must be developed and implemented to correct patterns of medication administration errors or systemic errors when identified. When needed, staff training will be included as part of this plan to correct identified errors.
- D. The following information will be reported to the legal representative and case manager as they occur or as directed by the *Coordinated Service and Support Plan* or *CSSP Addendum*:
  1. Concerns about a person's self-administration of medication or treatment.
  2. A person's refusal or failure to take or receive medication or treatment as prescribed.
  3. Any reports as required, regarding:
    - a. Pattern of missed dose of medication not administered or treatment is not performed as prescribed, whether by staff error, the person's error, or by the person's refusal
    - b. Occurrence of possible adverse reactions to the medication or treatment

## Coordination and communication with prescriber

- A. As part of medication set up and administration, the company will ensure that clear and accurate documentation of prescription orders has been obtained by the prescriber in written format.
- B. Initiations, dosage changes, or discontinuations of medications will be coordinated with the prescriber and discussed as needed to ensure staff and/or the person served has a clear understanding of the order. If the order has only been done verbally, staff will request a written, telephone, or electronically recorded copy from the prescriber. Staff will not make any changes to medications or treatment orders unless there is a written or electronically recorded copy. Telephone order may be written by nursing or staff member.
- C. All prescriber instructions will be implemented as directed and within required timelines by staff and/or the person served and documented in related health documentation.
- D. Concerns regarding medication purpose, dosage, potential or present side effects, or other medication-related issues will be promptly communicated to the prescriber by staff, the manager, assigned nurse, or nurse consultant.
- E. Any changes to the physical or mental needs of the person as related to medication will be promptly made to the prescriber in addition to the legal representative and case manager.

## Coordination of medication refills and communicating with the pharmacy

- A. The manager or other assigned staff person will be responsible for checking medication supply routinely to ensure adequate amount for administration.
- B. Some pharmacies may automatically refill prescriptions of persons served. If this is the case, staff will contact the pharmacy if a medication or treatment is discontinued.
- C. The company will ensure that the pharmacy has the contact information for the service location and the main contact person who can answer questions and be the primary person responsible for coordinating refills.

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## Handling changes to prescriptions and implementation of those changes

- A. All written instructions regarding changes to medications and treatments are required to be documented through a prescription label or the prescriber's written, telephone order or electronically recorded order for the prescription.
- B. Changes made to prescriptions will be immediately communicated to the manager and nurse, as applicable.
- C. Any concerns regarding these changes and the order will be resolved prior to administration of the medication to ensure safety and accuracy.
- D. Staff will implement changes and document appropriately on the monthly medication sheet.
- E. Discontinued medications or medications that the dosage is no longer accurate due to the changes will be discarded appropriately.

## IV. GENERAL AND SPECIFIC PROCEDURES ON ADMINISTRATION OF MEDICATION BY ROUTES

- A. General procedures completed before administering medication by any route
  1. Staff must begin by washing their hands and assembling equipment necessary for administration.
  2. The person's monthly medication sheet is reviewed to determine what medications are to be administered and staff remove the medication from the storage area.
  3. Staff will compare the medication sheet with the label of each medication for the following:
    - a. Right person
    - b. Right medication
    - c. Right date
    - d. Right time
    - e. Right route
    - f. Right dose
    - g. Expiration date
  4. If there is a discrepancy, the medication will not be administered. Instructions will be verified by contacting the nurse, pharmacist, or prescriber.
  5. Staff will compare the label with the medication sheet for the second time.
  6. Immediately prior to the administration of any medication or treatment, staff will identify the person and will explain to the person what is to be done.
  7. Staff will compare the label with the medication sheet for the third time before administering it, according to the specific procedures below, to the person.
  8. After administration, staff will document the administration of the medication or treatment or the reason for not administering the medication or treatment.
  9. Staff will contact the nurse, or prescriber regarding any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed.
  10. Adverse reactions will be immediately reported to the nurse, or prescriber.
- B. Additional procedures for administration of oral tablet/capsule/lozenge
  1. If medications are in a bottle, staff will pour the correct number of tablets or capsules into the lid of the medication container and transfer them to a medication cup.
  2. If medications are in bubble packs, staff will, beginning with the highest number, push the correct dose into a medication cup, and write their initials on the card next to the dose popped out.
  3. If medication is in lozenge form, staff will unwrap the lozenge and transfer it to a medication cup.
  4. Staff will administer the correct dosage by instructing the person to swallow the medication. If the medication is in lozenge form, staff will instruct the person not to chew or swallow the lozenge so it is able to dissolve in their mouth.
  5. If the medication is to be swallowed (tablet/capsule), staff will offer at least 4 ounces of a beverage or soft food and remain with the person until the medication is swallowed.

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6. If the medication is in lozenge form, staff will stay in the vicinity until the lozenge is completely dissolved; checking periodically to ensure the lozenge has not been chewed or swallowed.
- C. Additional procedures for the administration of **liquid medications**
1. Staff will shake the medication if it is a suspension (staff will check the label if in doubt).
  2. Staff will pour the correct amount of medication, at eye level on a level surface, with the label facing up, into a plastic medication measuring cup or measuring spoon.
  3. Staff will wipe around the neck of the bottle with a damp paper towel, if sticky, and replace the cap.
  4. Staff will dilute or dissolve the medication if indicated on the label or medication sheet with the correct amount of fluid.
  5. Staff will administer the correct dose according to the directions in an appropriate container.
  6. Staff will remain with the person until the medication is swallowed.
- D. Additional procedures for the administration of **buccal medication**
1. Buccal medications are usually given in a liquid form and administered into the cheek.
  2. Staff will open the container and measure the correct dose of liquid medication into a syringe or dropper.
  3. Staff will position the person on their side.
  4. Staff will administer the medication by squeezing the syringe or dropper into the person's cheek, with gloved hands, avoiding going between the teeth.
  5. Staff will remain with the person to ensure that the medication has been absorbed into the cheek and that they have not drank any liquids.
- E. Additional procedures for the administration of **inhaled medications**
1. If more than 1 inhaled medication is to be given, staff will state which one is administered first.
  2. Staff will position the person sitting, if possible.
  3. Staff will gently shake the spray container (Diskus style inhalers do not require shaking).
  4. Staff will assemble the inhaler properly, if required, and remove the cover (Diskus style: staff will slide lever to open inhaler, then cock internal lever to insert dose into mouthpiece).
  5. Staff will instruct the person to exhale through their mouth completely.
  6. Staff will place the mouthpiece into the person's open mouth and instruct the person to close their lips around the mouthpiece.
  7. Staff will press down the canister once, while instructing the person to inhale deeply and slowly through the mouth (Diskus style: staff will instruct the person to inhale the powdered medication).
  8. Staff will wait 1 minute and repeat steps 5-7, if more than one puff is ordered.
  9. Staff will instruct the person to rinse their mouth with water if directed.
  10. Staff will return the medication to the locked area.
  11. Staff will wash the inhaler mouthpiece daily with soap and warm water and dry it with a clean paper towel (Diskus style: staff will wipe the mouthpiece with a clean dry cloth).
- F. Additional procedures for the administration of **nasal spray medications**
1. Staff will ask the person to blow their nose or will gently wipe the nose with gloved hands.
  2. Staff will gently shake the spray container.
  3. Staff will ask the person to tilt their head slightly forward.
  4. Staff will remove the cap from the nozzle and will insert the nozzle into one nostril, aiming away from the septum (middle of the nostril).
  5. Holding the other nostril closed, staff will instruct the person to inhale and squeeze once to spray.
  6. Staff will repeat steps 4 and 5 to deliver the correct dosage to the other nostril.
  7. Staff will rinse the nozzle with warm water, dry it with a clean paper towel, and replace the cap.
- G. Additional procedures for the administration of **eye medications**
1. Staff will open the medication container.
  2. Staff will position the person in a sitting or lying down position.
  3. Staff will observe the eye(s) for any unusual conditions which should be reported to the nurse or prescriber prior to administration.

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4. Staff will cleanse the eye (unless otherwise noted) with a clean tissue, gently wiping from the inner corner outward once (if medication is used in both eyes, staff will use a separate tissue for each eye).
  5. Staff will assist or ask the person to tilt their head back and look up.
  6. With gloved hands, staff will pull correct lower eyelid down to form a 'pocket' or ask the person to pull down their lower eyelid and will administer the correct dose (number of drops/strand for ointments) into the correct eye(s).
  7. If different eye medications are prescribed, staff will give (5) minutes before administering the second medication.
  8. Staff will avoid touching the tip of the dropper or tube to the person's eyelid or any other object or surface and replace the cap.
  9. Staff will offer the person a tissue for each eye or blot the person's eye with separate tissues.
- H. Additional procedures for the administration of **ear drop medication**
1. Staff will have the person sit or lie down with the affected ear up.
  2. If sitting, staff will have the person tilt head sideways until the ear is as horizontal as possible.
  3. If lying down, staff will have the person turn their head.
  4. Staff will observe ears and notify the nurse or prescriber of any unusual condition prior to administration of the medication.
  5. Staff will administer the correct number of drops, which are at room temperature, into the correct ear by pulling the ear gently backward and upward. For children, under 3 years of age, staff will pull the ear gently back and down.
  6. Staff will have the person remain in the required position for one (1) to two (2) minutes.
  7. Staff will have the person hold their head upright while holding a tissue against the ear to soak up any excess medication that may drain.
  8. Staff will repeat the procedure for the other ear if necessary.
  9. Staff will replace the cap on the container and will avoid touching the tip of the dropper to the person's ear or any other surface.
- I. Additional procedures for the administration of **topical medications**
1. Staff will position the person as necessary for administration of the medication.
  2. Staff will, prior to administering the medication, observe for any unusual conditions of the affected area of the body which should be reported to the nurse or prescriber.
  3. Staff will wash and dry the affected area unless otherwise indicated.
  4. Staff will administer medication to the correct area, according to directions, with the appropriate applicator or with gloved hands.
  5. If the topical is in powder form, staff will instruct the person to avoid breathing particles in the air that may result from the application.
  6. If the topical is a transdermal patch, staff needs to be aware of the appropriate site location to place the transdermal patch.
  7. If the topical is a transdermal patch, staff will remove the old patch and select a new patch site (new patch should be applied to clean dry skin which is free of hair, cuts, sores, or irritation on upper torso unless otherwise directed).
  8. If the topical is a transdermal patch, staff will unwrap the new patch, sign and date the patch, remove the backing, and apply it to the new patch site.
  9. Staff will replace the cap on the container, if needed, avoiding contact with any other surfaces.
- J. Staff will throw away all disposable supplies and place all medications in the locked medication storage area/container prior to leaving the area.
- K. Staff will wash their hands.

This policy and procedure was established in consultation with and approved by:

Name: Cindy Winter

Title: Registered Nurse

Company: STAR Services

# Marshall County Group Homes, Inc.

Date of consultation and final approval: July 31, 2015









## MAY 2024 CEDAR SOUTH SCHEDULE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1. <b>Staff Mtg</b> 7a-4p-Rachel 12p-8p-Patsy 4p-8p-Rose 8p-8a-Angela	2. 7a-2p-Rachel 12p-8p-Patsy 2p-8p-Laura 8p-8a-Laura	3. <b>Sabrina on call 4p</b> 7a-4p-Rachel 8a-8p-Darla 4p-9p-Angela 9p-9a-Angela	4. <b>Sabrina on call</b> 9a-4p-Laura 8a-3p-Rose 4p-9p-Rachel <b>3p-8p-Cindy on standby to assist</b> 9a-8p-Rachel
5. <b>Sabrina on call</b> 8a-4p-Laura 8a-4p-(RJ)Sara 4p-8p-Helen 4p-9p-Jenn 9p-8a-(JY)Angela	6. 7a-4p-Rachel 12-8p-Laura 4p-8p-Rose 8p-8a-(AW) Jenn	7. 7a-12p-(RL) Sara 12p-8p-Patsy 2p-8p-Laura <b>Sara to CN at 12p</b> 8p-8a-Laura	8. 7a-4p-Rachel 12p-8p-Patsy 4p-8p-Rose 8p-8a-Angela	9. 7a-2p-Rachel 12p-8p-Patsy 2p-8p-Laura 8p-8a-Laura	10. <b>Cindy on call 4p</b> 7a-4p-Rachel 8a-4p-Sara 4p-9p-Angela <b>4p-8p-</b> 9p-9a-Angela <b>SK weekend</b>	11. <b>Cindy on call</b> 9a-9p-Patsy 8a-8p-Darla 9a-9p-Darla <b>SK weekend</b>
12. <b>Cindy on call</b> 9a-9p-Darla 8a-4p-Laura 4p-8p-Helen 9p-8a-(LA)Jenn <b>SK weekend</b>	13. 7a-4p-Rachel 12-8p-Laura 4p-8p-Rose 8p-8a-Angela	14. <b>Bible Study 10a</b> 7a-2p-Rachel 12p-8p-Patsy 2p-8p-Laura 8p-8a-Laura	15. 7a-4p-Rachel 12p-8p-Angela 4p-8p-Rose 8p-8a-Angela	16. 7a-2p-Rachel 12p-8p-Patsy 2p-8p-Laura 8p-8a-Laura	17. <b>Kristal on call 4p</b> 7a-4p-Rachel 8a-4p-Sara 4p-8p-Rose 4p-9p-Angela 9p-9a-Angela <b>SK weekend</b>	18. <b>Kristal on call</b> <b>9a-9p-</b> 8a-4p-Rose 4p-8p-Rachel 9a-9p-Rachel <b>SK weekend</b>
19. <b>Kristal on call</b> <b>9a-9p-</b> 8a-4p-Rose 4p-8p-Helen 9p-8a-Jenn <b>SK weekend</b>	20. 7a-4p-Rachel 12-8p-Laura 4p-8p-Rose 8p-8a-Angela	21. 7a-2p-Rachel 12p-8p-Patsy 2p-8p-Laura 8p-8a-Laura	22. 7a-4p-Rachel 12p-8p-Patsy 4p-8p-Rose 8p-8a-Angela	23. 7a-2p-Rachel 12p-8p-Patsy 2p-8p-Laura 8p-8a-Laura	24. <b>Sabrina on call 4p</b> 7a-4p-Rachel <b>12p-8p-</b> 4p-9p-Angela 9p-9a-Angela <b>SK weekend</b>	25. <b>Sabrina on call</b> 9a-9p-Darla 8a-3p-Rose <b>3p-8p-</b> 9a-9p-Darla
26. <b>Sabrina on call</b> 9a-3p-Rose 8a-4p-Sara 4p-8p-Helen 3p-9p-Patsy 9p-8a-Liz	27. <b>Memorial Day</b> 7a-2p-(DL)Rachel 8a-8p-Darla 2p-8p-(RL)Laura 8p-8a-Angela	28. <b>Bible Study</b> 7a-2p-Rachel 12p-8p-Patsy 2p-8p-Laura 8p-8a-Laura	29. 7a-4p-Rachel 12p-8p-Patsy 4p-8p-Rose 8p-8a-Angela	30. 7a-2p-Rachel 12p-8p-Patsy 2p-8p-Laura 8p-8a-Laura	31. <b>Cindy on call 4p</b> 7a-4p-(RL)Sara 8a-11aLaura 11a-9p-Patsy <b>4p-9p-</b> 9p-9a-Angela <b>SK weekend</b>	<b>SK weekend</b> <b>5/30-6/3</b>