

CEDAR NORTH/CEDAR SOUTH STAFF MEETING SUMMARY

Subject: CN/CS Staff Meeting

Date: September 4, 2024

Inservices:

- ❖ **Safety/Health Review** – North Valley Public Health will be administering COVID and Flu Vaccines on CN/CS, October 4th at 10:00a; Cindy, RPS will have forms filled out and signed by guardians
- ❖ **Emergency Procedures** – September – Fire Drill/Smoke Detector – CS Bedroom #3 (Rachel)
CN Bedroom #3 (Kim)
- ❖ **EE Policy Book:** 9.0 Trade Secrets and Inventions (located on Star Services and Sharepoint)
- ❖ **Program Policies:** (STAR) Service Suspension and Service Termination Policy
Funds and Property Authorization Policy
Admission Policy
- ❖ **Nursing Inservice (Henrietta):** Safe Lifting/Body Mechanics/Mechanical lifts/Transfer board/any medical equipment used in home. There will also be a Back Safety video assigned in Star Services. Henrietta provided inservices at the meeting for all medical equipment used in the home (electric beds, CPAP, shower chair, EPI Pen). Review nebulizer and other treatments per home. (See attached Medical Equipment Procedures)

Meeting Review:

- A. **September Calendar Reviewed:** Please let Cindy know if you have days you cannot work by the 15th of the month prior. Any requests made after the 15th of month prior will need to be filled by the staff member making the request. Also remember that if you are sick or need last minute time off that you send a group text showing you have tried to fill your shift before you approach the DCC and/or DCA. Thank you for working together to fill shifts. Coverage needs to be approved by RPS or Admin. (see attached September Schedules)
- B. **Confidentiality:** It is extremely important to follow the Data Privacy and HIPPA regulations. Be aware of conversations between staff and the potential for individual's to overhear what is being said. Recently, staff were discussing an individual's BM (amount of BM, size, mess to clean) in front of that individual's housemates and the individual.
- C. **Annual MCGH Picnic:** Thank you to the Planning Committee for organizing the picnic. It went well and several individual's and family members were grateful the picnic was held.
- D. **Bible Study:** Bible Study will be resuming on Friday, September 13th at 2p on either CS or CN. Marshall Place and River Place are also invited.
- E. **CN Individual Reports:**
 - Dylan: DIET – REGULAR DIET- WEIGHT – 182.9 (+2.0)
Appts: None in August
Concerns: Nothing to report
Outings: Prepares Argyle Grocers sale ad placards and delivers Meals on Wheels every Friday,

ordered food from local food trucks that were in Argyle 3x, got a haircut and had lunch with his mother, participated in the Annual MCGH Picnic – played cornhole and visited with his mother, played piano at North Valley Health Center (mother transported him).

- Outcome: Choose a community site to do volunteer work with at least 1x/week

- Hailey: DIET – REGULAR DIET - WEIGHT: 157.5 (+5.8)

Appts: Horse Therapy on Mondays but will be done for the season on Sunday, 9/15 when she has a Horse Therapy Program. She has Play Therapy x2/week but when school starts it will be 1x/week – Thursdays at 3p. Parents have asked CN to take her on 9/12. On 8/19 Hailey had her annual school physical, she was accompanied by her parents.

Concerns: Remind Hailey to make good choices when ordering food at restaurants – she was ordering large amounts of food and giving it to others. She can order an entrée and a beverage of her choice. She needs to clean up her area in the living room every day. Reminder, school is starting and lunch and snacks need to be ready the night before and have her backpack ready and sitting in the living room. Hailey will be coming home earlier from school this year. The plan is for school day to be done earlier and she will be home by 2:45p.

Outings: Hailey got a haircut, went to a movie and out to eat at Perkins, went to Crazy Days Parade in Warren and out to eat at Mainstreet Café, attended a dance at the LISTEN Center and out to eat at Pizza Ranch, went to the Moosefest Parade in Karstad and out to eat after at Taco John's in TRF, went to the Oslo Days Parade and ate from a food vendor there, had supper 3x in August from food trucks that were in Argyle on Monday evenings, parents took her to the school to meet her new special educator teacher, attended the Annual MCGH Picnic, went out to eat at Jimmy John's and KFC following two therapy sessions.

- 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: 180.0 (+5.7)

Appts: 8-20-24 with Dr. Brenda King

Concerns: Addition to her case notes – staff are to document in the notes section every morning under “use of CPAP” how long she wore the mask and if there was a good seal. Assist Sandra in making healthy food choices.

Outings: Went to a movie and out to eat at Perkins, ordered from food trucks 3x in August, went to Crazy Days in Warren and out to eat at Mainstreet, attended a dance at the LISTEN Center and went out to eat at Pizza Ranch, watched the Moose Fest Parade in Karlstad and then out to eat at Taco John's in TRF, visited with her son in Crookston and shopped at Walmart, attended the Oslo Days Parade and ate at a food vendor there, participated in the Annual MCGH Picnic, outing to Grand Forks and ate at KFC, went to Grafton to see her step-dad, has attended church on Sundays and Tuesdays, cleaning x2/week for Argyle/Stephen Builders Supply and will be starting a new job cleaning at the Argyle Enterprise and MCGH office on Thursday, Sept 5th.

- 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

- Vinette: DIET – PUREED FOODS, HONEY-THICK LIQUIDS, 1/2C PORTIONS -WEIGHT 174.0 (-1.8)

Appts: Seen by Diane Woolsey, Speech Pathologist on 8/16/24. Diane recommended that she be on a pureed diet with honey-thick liquids. This seems to have helped Vinette and she is not coughing as much during meals now.

Concerns: Case Notes have been updated in Therap. She is to be turned at 11p and 3a nightly. Vinette was sick and stayed home from the ODC for a week; she did test positive for COVID.

Outings: Went to a movie and Perkins for supper; attending church, participated in the MCGH Annual Picnic, participated in Oslo days on 8/17, went to Grafton with staff and housemates on 8/29.

OT/PT Exercise Program: Neck massage daily, exercise program BID, ride exercise bike, walking program daily w/ counting wooden pieces to track; finger board (located on living room wall) once daily.

- Outcomes: 1. Vinette will attend church services or watch church services on television twice a month
- 2. Each weekday (M-F), Vinette will put her lunch items into her lunchbox, with verbal prompts from staff.

CS Individual Reports:

- Gary: DIET - REGULAR DIET 1/2C SERVING PORTIONS WEIGHT: 165.4 (+0.7)

Appts: Massages 2x/month

Concerns: Gary has shown aggression towards his housemate when the housemate is making loud noises or getting into his personal space. It seems to be getting more often and more verbal. He has threatened to kill the housemate and threw his watch when angry.

Outings: Van rides with CS, his family took him out to celebrate his mother's birthday, participated in the MCGH Annual Picnic.

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: 120.6 (+3.6)

Appts: 8-11-24 NVHC ; 8-20-24 Warren Eye Clinic; 8-26-24 NVHC Jill Smith f/u; Dentist Fergus Falls 8-27-24 but unable to be seen as she needs to have an antibiotic prior to the appt. This is new as the new dentist at DHS Dentist requires it due to her hip replacement. Continues to have massages x2/month.

Concerns: Diane was showing signs of pain and inability to bear weight on her rt leg. She was seen at NVHC for x-rays which showed no fractures. She was put on Tylenol and Ibuprofen for 1 week, no attending DAC. Jill ordered for her to have her feet elevated and to be moved every 30 minutes and to not have her feet down more than 30 minutes when she is seated. No reason to follow up with PT. Her eye exam showed progression in her cataract but no surgery is prescribed.

Outings: Has attended church, went for van rides and participated in the MCGH Annual Picnic. Will be going to Bonanzaville on Wed, 9/18 with the DAC.

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.

- Corrie: DIET – MECHANICAL SOFT, ABLE TO EAT FINGER FOODS, NEEDS ASSISTANCE WITH ALL OTHER FOODS, NO PORTION CONTROL - WEIGHT: 94.9 (-7.5)

Appts: Dentist Fergus Falls 8-27-24

Concerns: Corrie still appears extremely tired some days when he returns from DAC. When

given his suppository on Sun, Tues and Fri it seems to take him longer to have results. Some days not until mid-afternoon. Weight loss, he does not eat well for staff at DAC yet, hoping this gets better.

Outings: He went for a van ride with CS and attended the Annual MCGH Picnic. Will be going to Bonanzaville on Wed, 9/18 with the DAC.

- o 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 – 162 (-3.2)

Appts: On 8-19-24 her parents took her for an annual school physical

Concerns: Sam continues to holler loudly and get into her housemates personal space often, only once this month her PRN was administered. Incontinence, at times it appears to be a behavior as she comments “They do it” and gestured towards her housemates. Her BM’s are not “regular” as far as time or day; Henrietta will look into her BM protocol.

Outings: Horse Therapy weekly, got a haircut, gone to the Dairy Queen, attended church, went with staff to the grocery store and attended the Annual MCGH Picnic

- o Outcome: Samantha will participate in a community leisure activity, of her choice, 2x/month.

Meeting Minutes, Policies and Trainings to be acknowledged in Star Services by each staff member.

The next monthly staff meeting will be held Wednesday, October 2nd at 8:45am.

STAFF MEMBERS PRESENT:

Name:	Position:	Name:	Position:
Kristal Walen	Administrator	Janelle Fick	DCS
Cindy Gratzek	RPS	Helen Gilster	DCS
Henrietta Linder	RN	Laura Kostrzewski	DCS
JoAnn Saunders	LPN	Sara Bring	DCS
Carol Urbaniak	DCC	Lori Weber	exc DCS
Rachel Lopez	DCC	Marilyn Huderle	exc DCS
Kim Kostrzewski	DCA	Jennifer Yutrzenka	DCS
Patsy Whitlow	DCA	Margaret Deschene	DCS
Joy Edgar	ONP	Darla Groff	exc DCS
Angela Wick	ONP	Amy Wheeler	DCS
Liz Anderson	DCS	Cheryl Lubarski	exc DCS

Authorized By: Cindy Gratzek, RPS

SAFE LIFTING/BODY MECHANICS

REPORT BY HENRIETTA LINDER RN

When lifting stand close as possible to the load. Keep feet shoulder width apart with one foot slightly ahead of the other. Bend at the hips and the knees (not the back) until you are in a deep squatting position. Let your legs do the work. Keep your head up and straight with shoulders back to maintain a straight back. (As soon as you move forward you are putting pressure on your spinal discs). Tighten your stomach muscles to support your back. Do not twist/turn your body while lifting. Don't lift heavy objects from a position higher than your head. If you need help wait for that second person. Don't complete transfers in a hurry. OSHA states you can lift 20 to 35 lbs otherwise a mechanical lift should be used.

Use proper posture at all times having a slight arch to the low back with chin tucked in and back and shoulders above hips when sitting/standing. Wear shoes with a good fit and a slight arch support. Always listen to what your body is telling you – if you are feeling pain or discomfort you need to readjust your position. If you are standing for long periods of time move side to side (motion is lotion).

The best choice for sitting are wooden chairs or glider rockers. Soft couches and recliners are not good for your back. When in bed and you are a side sleeper use a pillow between your legs. Whether a side sleeper or a back sleeper, the pillow should keep your head in a neutral position not hanging downward or cranked upward. Sleeping on your stomach or in a fetal, curled position is hard on you back.

When completing cares in bed raise the bed to waist level so you are not bending down. Once the cares have been completed return the bed to the low position. When needing to boost a person up in bed have the HOB down while standing at the head of the bed use the sheet to pull upward. If 2 persons are present have 1 person on each side of the bed grabbing at the sheet and pull upward at the count of 3.

When transferring a person from one place to another, always use your leg muscles and not your back. Don't rotate or twist your spine and move your entire body in the direction of the transfer bending at your knees and not your waist. When transferring to/from bed/w/c be sure the bed/w/c is locked and remove the foot/arm rests if possible. Get the w/c as close to the object being transferred to/from as possible. Never allow a person to grab you around the neck during transfer as this could cause injury to you the caregiver. Never grab a person under the arms to reposition or lift as this can cause dislocation/fracture of the shoulder. When using a gait belt it can be placed at the waist or above the breasts snugly with the person kept close and not at arms length. When walking a person with a gait belt,

stay to the side and slightly behind for easier control. If the person begins to slump or their knees buckle, pull them close to you and let them easily and slowly slide down to the floor. Always apply a safety belt when a person is receiving a shower in a shower chair.

If a person has a stronger and a weaker side, during transfer move toward the stronger side.

As a side note good hydration is key in injury prevention.



U.S. National Library of Medicine
NIH National Institutes of Health

URL of this page: <http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000428.htm>

Moving a patient from bed to a wheelchair

Follow these steps to move a patient from bed to a wheelchair. The technique below assumes the patient can stand on at least one leg.

If the patient cannot use at least one leg, you will need to use a lift to transfer the patient.

Preparation

Think through the steps before you act, and get help if you need it. If you are not able to support the patient by yourself, you could injure yourself and the patient.

Make sure any loose rugs are out of the way to prevent slipping. You may want to put non-skid socks or shoes on the patient's feet if the patient needs to step onto a slippery surface.

Explain the steps to the patient.

1. Place the wheelchair on the same side as the patient's good leg.
2. Park the wheelchair next to the bed, close to you.
3. Put the brakes on and move the footrests out of the way.

Getting a Patient Ready to Transfer ^(armrest)

Before transferring into the wheelchair, the patient must be sitting.

To get the patient into a seated position, roll the patient onto the same side as the wheelchair.

1. Allow the patient to sit for a few moments, in case the patient feels dizzy when first sitting up.
2. Put one of your arms under the patient's shoulders and one behind the knees. Bend your knees.
3. Swing the patient's feet off the edge of the bed and use the momentum to help the patient into a sitting position.
4. Move the patient to the edge of the bed and lower the bed so the patient's feet are touching the ground.

Pivot Turn

If you have a gait belt, place it on the patient to help you get a grip during the transfer. During the turn, the patient can either hold onto you or reach for the wheelchair.

Stand as close as you can to the patient, reach around the chest, and lock your hands behind the patient or grab the gait belt.

1. Place the patient's outside leg (the one farthest from the wheelchair) between your knees for support. Bend your knees and keep your back straight.
2. Count to three and slowly stand up. Use your legs to lift.
3. At the same time, the patient should place their hands by their sides and help push off the bed.
4. The patient should help support their weight on their good leg during the transfer.
5. Pivot towards the wheelchair, moving your feet so your back is aligned with your hips.

USING AN EPI-PEN

REPORT BY HENRIETTA LINDER RN

The following are signs of a severe allergic reaction and is a life-threatening situation: SOB, wheezing, pale color, blue color to nail beds/lips, a faint/weak pulse, dizziness, swelling of tongue/lips, hives, vomiting or diarrhea, anxiety or confusion.

WHAT TO DO:

- 1) Immediately get the Epi Pen and take it out of its carrier.
- 2) Wrap your hand around the body of the Epi-Pen, not touching the ends, with the orange tip pointing downward and the blue tip pointing upward.
- 3) Remove the blue safety cap.
- 4) Have the person sitting or lying down.
- 5) Swing and place the orange tip firmly against the middle of the outer thigh – if they have clothing on such as slacks inject right thru the fabric.
- 6) Push the auto injector firmly until you hear a click then hold in place for 3 to 5 seconds.
- 7) Massage the area of the injection for 10 seconds.
- 8) If someone hasn't already called 911, do so immediately as the person must be taken to ER.
- 9) Anyone who has an Epi-Pen must have it near at all times. – Hailey has a pen at school as well as at her place of residence. If going on an outing the Epi-Pen must go with her.

ELECTRIC BEDS

REPORT BY HENRIETTA LINDER RN

Guidelines:

- 1) Keep the bed a minimum of 12 inches away from any direct heat source
- 2) Do not let any individual underneath the bed or between the raised bed frame components at any time
- 3) When the bed is not used for an extended period of time, unplug the bed from the wall outlet
- 4) Body weight should be evenly distributed over the surface of the bed. Do not lay, sit or lean in such a way that your entire body weight is placed only on raised head or foot sections of the bed.
- 5) When operating/moving the bed always ensure the person is positioned properly within the confines of the bed not allowing any extremities protrude over the side or between the bed rails.
- 6) When transferring in/out of bed always lock the locking casters.
- 7) There is a possible fire hazard with administering oxygen other than nasal or masked type.
- 8) Keep switch cord clear of moving parts. Ensure all cables and cords are routed in such a way they will not become entangled, pinched or severed during operation of the bed. Do not run over power cords with other equipment. Never operate if the unit has a damaged cord or plug – if not working call a qualified technician for exam and repair.
- 9) On full electric beds the HI/Lo crank must be removed – if left in place it could cause damage or injury. The emergency crank is available to be used in the event of a power outage – if needed remove the crank from the spring deck under the mattress.
- 10) Full electric beds use a six function pendant for bed operations while semi-electric beds use a four function pendant for head/foot spring functions.
- 11) Trapeze units are to be used only for repositioning/transferring persons in/out of bed. They must be positioned on the bed end as near as possible to the center point of the bed end.
- 12) Replacement mattresses/bedrails with dimensions different than the original equipment supplied are not interchangeable. Variations in bed rail design, width and thickness or firmness of the mattress could cause/contribute to entrapment. The mattress needs to be centered on the bed frame or persons could become entangled between the bed frame and the bed rail.

- 13) When using siderails be sure they are properly and securely in place. The bedrails are NOT intended nor may they be used for restraint purposes.
- 14) The bed rail is not an assist rail for getting in/out of bed.
- 15) Do not use side rails as push handles for moving the bed.
- 16) Use a proper size mattress or mattress with raised foam edges to prevent persons from getting trapped between mattress and rail.
- 17) Reduce gaps between the mattress and siderails.

POTENTIAL BENEFITS OF BED RAILS INCLUDE:

- 1) Aiding in turning/repositioning within the bed.
- 2) Providing a hand-hold for getting in/out of bed
- 3) Providing a feeling of comfort and security
- 4) Reduce the risk of persons falling out of bed during transport
- 5) Provide easy access to bed controls and personal care items

POTENTIAL RISKS OF BED RAILS:

- 1) Strangling, suffocating, bodily injury or death when persons or part of their body are caught between rails or between rails and mattress.
- 2) More serious injuries from falls when person's climb over rails.
- 3) Skin bruising, cuts and scrapes.
- 4) Inducing agitated behavior when used as a restraint.
- 5) Feeling isolated or unnecessarily restricted.
- 6) Preventing persons who are able to get out of bed from performing routine activities.

CONSIDER THE FOLLOWING:

- 1) Use beds that can be lowered close to the floor.
- 2) Keep bed in lowest position with wheels locked.
- 3) Place mats next to the bed, as long as it does not create a greater risk of accident.
- 4) Monitor persons frequently.
- 5) Anticipate reasons for getting out of bed such as hunger, thirst, need to be toileted, restlessness or pain.

Have a process that requires ongoing evaluation and monitoring to optimize bed safety.

SHOWER CHAIRS

REPORT BY HENRIETTA LINDER RN

Jeff uses a Shower Buddy Tilt model. The shower buddy can tilt back 30 degrees with the caregiver controlling the tilt from either left or right hand side with an interchangeable tilt release lever. Be sure the person is comfortable and safe by adjusting the neck and footrests. Always secure the safety straps in place. Move the person into the roll-in shower with the rolling base. Lock the base onto the shower floor using the locking caster wheels. Use the tilt release to lean the person back, which helps relieve pressure on the legs. After showering, unlock the wheels and transfer out of the shower. If needing to be toileted while in the shower chair, position the chair over the toilet (the height can be adjusted as needed). Again lock the chair in place with the caster wheels.

After each use, rinse the chair with warm water to remove soap and residue. Use a mild detergent or non-abrasive cleaner to wipe down all surfaces. Avoid harsh chemicals that could damage the materials. You may use a disinfectant spray or wipes that are approved for medical equipment to sanitize the chair focusing on areas that come in contact with the skin. Then dry off the chair. Keep the castors free from lime scale, soap residue and hair by cleaning after each use.

Regularly check for any signs of wear or damage and replace parts as needed.

The other persons use an IPU brand shower chair that does not tilt back. Be sure when in the shower, the chairs are locked and the safety belt is attached and in place to prevent injury by falling from the chair. Have the feet properly placed on the foot rests during transport.

Clean the chair after each use by wiping down the device to remove water accumulation and soap buildup using a soft cloth or sponge. Upholstery pads can be cleaned with a non-abrasive, non-alcohol-based soap or bleach solution of up to 10%. Most anti-bacterial cleaners contain alcohol and should not be used due to the drying effects of the alcohol. Clorox Bleach Germicidal Wipes are recommended as they are rated to kill C-difficile spores. They can be used on the upholstery and the epoxy-coated stainless steel parts and frames.

Always check for damaged or worn parts and replace.

Res Med Air Service CPAP

Video provided

Components of CPAP machine:

1. Water chamber
2. Climate line tubing
3. CPAP machine
4. Cord/power block
5. Mask
6. Carry case for travel

Setup:

1. Plug in CPAP machine (no extension cord)
2. Plug into power block
3. Plug into back of CPAP machine
4. Remove water chamber from machine. Fill water chamber only to appropriate designated water level fill line using distilled water only. Slide chamber back into CPAP machine
5. Connect climate line tubing to back of machine. There are 2 ends. One connects to the back of the machine the other connects to the mask.
6. Computer chip on the one end plugs into the machine. To remove squeeze and pull. The computer screen will tell you if it is properly connected.
7. Apply mask and turn machine on using on and off button at bedtime or during nap time.
8. Computer screen will light up and will automatically shut off in a few seconds so is not lit up in bedroom during the night. To turn screen back on just press the home button.
9. Turn CPAP machine off in am or after nap time

What the screen shows:

1. Pressure prescribed by the doctor. You cannot change the pressure setting.
2. Standing pressure
3. Whether the heater is working or not. Temperature.
4. One screen gives you a sleep report showing hours used, mask seal, green face if humidifier is working and mask is properly fitted or angry face if the humidifier is not working or if there is a leak in the mask.
5. Ramp time is the comfort features and is in auto mode. Controls climate temperature and tubing temperature which helps prevent dry mouth
6. Snow flake on screen provides a 20 minute cooling time to get rid of condensation in the tubing

Cleaning:

1. Use soap and water to wipe down seal every day
2. Head gear can be washed by hand with soap and water
3. Tubing cleaned once a week with soap and water rinsed through the tubing
4. Computer chip can get wet but do no soak
5. Water chamber is filled once a day only with distilled water and cleaned once a week.

6. Seal to water chamber can come out and be washed separately and placed back in
7. Filter changed every month, both sides of filter are the same. Open door and remove. To replace it set in and close door

Insurance guidelines:

1. New mask every 6 months
2. New cushion to mask every month
3. New nasal pillow 2 times a month
4. New tubing every 3 months
5. New water chamber every 6 months
6. New air filter every month

SEPTEMBER 2024 CEDAR NORTH SCHEDULE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1. 8a-2p-Carol 2p-8p-(JY) Lori HK came home Sunday evening VL/SO Home 8p-8a-(JY) Carol	Only SO home 8-130p 2. Kristal on call LABOR DAY-All Home 8a-12p-(SB)Kristal 12p-4p-(SB) Kim alone 12p-8p-Kim VL/SO/HK Home 8p-8a-Joy	Only SO home 8-130p 3. 6a-4p-Margaret 10a-8p-Carol (SO appt/outing) 8p-8a-Joy	Only SO home 8-130p 4. STAFF MTG 6a-2p-Carol 12p-6p-Kim 6p-8a-Jenn	Only SO home 8-130p 5. 6a-2p-(CU)Margaret 2p-8p-Kim 8p-8a-(JE) Jenn	All Clients Home 6. Carrot-on call (Kim) DN Meals/Coupons 6a-4p-Margaret 8a-8p-Kim 4p-8p-Kim alone 8p-9a-(DG) Cheryl	7. Carrot-on call (Kim) Admin-Sabrina 9a-6p-(DG) Lori 9a-8p-(CU) Kim 8p-9a-(DG) Joy Newfest in NewFolden
8. Carrot-on call (Kim) Admin-Sabrina 8a-4p-(CU)Janelle 4p-8p-Jenn 9p-8a-Jenn	9. 6a-2p-Margaret 12p-8p-Kim 8p-8a-Joy	10. HK Horse Th Program Prac 4p (SB) 6a-4p-Margaret 10a-6p-(CU)Sara (SO appt/outing) 4p-8p-Janelle (SO outing in TRF eve w/ Margaret) 8p-8a-Joy	11. 6a-2p-(CU) Margaret 12p-8p-Kim 8p-8a-Jenn	12. HK Therapy 6a-2p-Margaret 1p-8p-Carol 2p-5p 8p-8a-Joy	13. Kim on call DN Meals/Coupons 6a-4p-Carol 8a-4p- 4p-8p-Kim Bible Study 2p 9p-9a-Kim	14. Kim on call Admin-Cindy 9a-9p-Sara 9a-3p-Kim 9p-9a-Sara
15. Kim on call Admin-Cindy 9a-4p-Sara 4p-8p-Jenn 2p- HK Horse Th. Program - Janelle 8p-8a-Jenn	16. 6a-2p-Margaret 12p-8p-Kim 8p-8a-Joy	17. 6a-4p-Margaret 10a-8p-Carol (SO appt/outing) 8p-8a-Joy	18. 6a-2p-Carol 12p-8p-Kim 9p-8a-Jenn	19. 6a-2p-Carol 1p-8p-Kim 8p-8a-Joy	20. Rachel on call DN Meals/Coupons 6a-4p-Carol 8a-8p-(KK) 5p-9p-Jenn 9p-9a-(DG) Jenn	21. Rachel on call Admin -Kristal 9a-2p-(DG) Jenn 2p-9p- 9a-6p- 9p-9a-(DG)
22. Rachel on call Admin -Kristal 8a-4p- 4p-8p-Jenn 8p-8a-Jenn	23. 6a-2p-(MD) 12p-8p-Kim 8p-8a-Joy	24. 6a-4p-Margaret 10a-8p-Carol (SO appt/outing) 8p-8a-Joy	25. 6a-2p-Carol 12p-8p-Kim 9p-8a-Jenn	26. 6a-2p-Carol 1p-8p-Kim 8p-8a-Joy	27. Patsy on call DN Meals/Coupons 6a-4p-Carol 8a-8p-(KK) Margaret 4p-9p- Bible Study 2p 9p-9a-Sara	28. Patsy on call Admin-Sabrina 9a-9p-Sara 9a-6p 9p-9a-Sara
29. Patsy on call Admin-Sabrina 9a-4p-Sara 4p-8p-Jenn 8p-8a-Jenn	30. 6a-2p-Margaret 12p-8p-(KK) 8p-8a-Joy					

SEPTEMBER 2024 CEDAR SOUTH SCHEDULE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>1. Kristal on call</p> <p>12p-8p-Laura 9a-4p-Amy 9a-12p- Amy alone 4p-8p-Helen SK came home at 630pm 8p-8a-Liz</p>	<p>2. Kristal on call No ODC/DAC</p> <p>Labor Day 8a-8p-Amy 8a-2p-Rachel 2p-8p-Laura 8p-8a-Amy</p>	<p>3. School Starts (SK)</p> <p>6a-8a-Liz 8a-4p-Amy 1p-8p-Patsy 4p-8p-Laura 8p-8a-Laura</p>	<p>4. CS Pickup warren 3p Staff Meeting</p> <p>6a-8a-Amy 8a-8p-Rachel 1p-4p-Amy 4p-8p-Janelle 8p-8a-Angela</p>	<p>5. CS Pickup warren 3p</p> <p>6a-8a-Amy 8a-1p-(RL)-no one home 3p-8p-Rachel 1p-8p-Patsy 8p-8a-Laura</p>	<p>6. (U) Kim on call 4p-CN/CS Admin-Sabrina</p> <p>8a-4p-Sara 7a-4p-Amy 4p-8p-Staff alone 4p-9p-Angela SK HOME 9p-9a-Angela</p>	<p>7. (CU) Kiml on call-CN/CS Admin-Sabrina</p> <p>9a-8p- staff alone 8a-2p-(LK)Amy 2p-4p-Liz 4p-8p-Patsy SK HOME 8p-9a-Amy</p>
<p>8. (CU) Kim on call-CN/CS Admin on call-Sabrina</p> <p>3p-9p-Laura 8a-4p-Amy 4p-8p-Helen SK HOME 9p-8a-Angela</p>	<p>6a-8a-Amy 8a-8p-Rachel 1p-8p-Patsy 8p-8a-Angela</p>	<p>6a-10a-Amy 10a-4p-Rachel 1p-8p-Patsy 4p-8p-Laura 8p-8a-Laura</p>	<p>11. CS Pickup warren 3p</p> <p>6a-8a-Amy 8a-8p-Rachel 1p-4p-Janelle 4p-8p-Janelle 8p-8a-Angela</p>	<p>12. CS Pickup warren 3p</p> <p>6a-8a-Amy 8a-8p-Rachel 1p-4p-(PW)Amy 4p-8p-Patsy 8p-8a-Laura</p>	<p>13. Kim on call 4p-CN/CS Admin-Cindy</p> <p>7a-4p-Sara 8a-4p-Amy 4p-8p-Laura 4p-9p-Helen Bible Study 2p 9p-9a-Amy</p>	<p>14. Kim on call-CN/CS Admin-Cindy</p> <p>9a-2p-Patsy 8a-2p-Laura 2p-8p- 2p-9p-Amy 9p-9a-Amy</p>
<p>15. Kim on call-CN/CS Admin-Cindy</p> <p>9a-9p-Amy 8a-4p-Laura 4p-8p-Helen 2p- SK Horse Th. Program - Janelle 9p-8a-Liz</p>	<p>16. CS Pickup warren 3p</p> <p>6a-8a-Amy 8a-8p-Rachel 1p-8p-Patsy 8p-8a-Angela</p>	<p>17.</p> <p>6a-4p-Amy 1p-8p-Patsy 4p-8p-Laura 8p-8a-Laura</p>	<p>18. CS Pickup warren 3p</p> <p>6a-8a-Amy 8a-8p-Rachel 1p-4p-Amy 4p-8p- 8p-8a-Angela</p>	<p>19. CS Pickup warren 3p</p> <p>6a-8a-Amy 8a-8p-Rachel 1p-8p-Patsy 8p-8a-Laura</p>	<p>20. Rachel on call 4p-CN/CS Admin -Kristal</p> <p>7a-4p-Sara 8a-4p-Amy 4p-8p-Rachel 4p-9p- SK AT HOME 9p-9a-Angela</p>	<p>21. Rachel call-CN/CS Admin on call-Kristal</p> <p>9a-4p-Rachel 8a-2p-(LK)Sara 2p-8p-Amy SK AT HOME 9p-9a-Amy</p>
<p>22. Rachel on call-CN/CS Admin on call-Kristal</p> <p>9a-9p- 8a-4p- 4p-8p-Helen SK AT HOME 9p-8a-(AW)Liz</p>	<p>23. CS Pickup warren 3p</p> <p>6a-8a-Amy 8a-8p-Rachel 1p-6p-Patsy 6p-8-(PW)Amy 8p-8a-(AW)Amy</p>	<p>24.</p> <p>6a-4p-Amy 1p-8p-Patsy 4p-8p-Laura 8p-8a-Laura</p>	<p>25. CS Pickup warren 3p</p> <p>6a-8a-Amy 8a-8p-Rachel 1p-4p-Janelle 4p-8p-Janelle 8p-8a-Angela</p>	<p>26. CS Pickup warren 3p</p> <p>6a-8a-Amy 8a-8p-Rachel 1p-8p-Patsy 8p-8a-Laura</p>	<p>27. Patsy on call 4p-CN/CS Admin-Cindy</p> <p>7a-4p-Amy 8a-4p-Sara 4p-9p-Patsy 4p-8p-Laura Bible Study 2p 9p-9a-(Amy)Angela</p>	<p>28. Patsy on call -CN/CS Admin-Cindy</p> <p>9a-2p-Laura 8a-2p-Patsy 2p-8p- 2p-9p-Amy 9p-9a-Amy</p>
<p>29. Patsy on call -CN/CS Admin-Cindy</p> <p>9a-9p-Amy 8a-4p-Patsy 4p-8p-Helen 9p-8a-(L)Angela</p>	<p>30. CS Pickup warren 3p</p> <p>6a-8a-Amy 8a-8p-Rachel 1p-8p-Patsy 8p-8a-Angela</p>	<p>6a-8a-Amy 1p-8p-Patsy 4p-8p-Laura 8p-8a-Laura</p>	<p>6a-8a-Amy 8a-8p-Rachel 1p-4p-Janelle 4p-8p-Janelle 8p-8a-Angela</p>	<p>6a-8a-Amy 8a-8p-Rachel 1p-8p-Patsy 8p-8a-Laura</p>	<p>6a-8a-Amy 8a-4p-Sara 4p-9p-Patsy 4p-8p-Laura Bible Study 2p 9p-9a-(Amy)Angela</p>	<p>6a-8a-Amy 8a-4p-Patsy 4p-8p-Helen 9p-8a-(L)Angela</p>