

RIVER PLACE

STAFF MEETING SUMMARY

Subject: River Place Staff Meeting

Date: Oct 3, 2024

Time: 1:00p-3:00

❖ **Safety/Health Review** –

- North Valley Public Health will be administering COVID and Flu Vaccines at River Place; Sabrina, RPS will have forms filled out and signed by guardians
- Please all staff work together to clear the acorns from the sidewalks during the fall time. They can be swept off or use the leaf blower.
- Fall and Winter Alerts (STAR services)

❖ **Nursing Inservice (Henrietta)** –

- Therapies by program (Henrietta), medication destruction (STAR services)

❖ **Program policies (STAR)** –

- Records Retention
- Destruction of Medications/Medications Missing
- Person Centered Planning and Service Delivery/Cultural Diversity (TEST)

❖ **Emergency Procedures** – Oct: Bomb threat (*Holly responsible*)

- **Missing** Sep: Fire Drill – SW bedroom- (*Jenna responsible*)

Meeting Review:

- A. **Oct Calendar reviewed** – Let Sabrina know if you have days you cannot work by the 10th of the month prior. Calendars will still be released on the 15th of the month to give DCC and DCAs time to fill shifts with relief staff before releasing it to everyone. For example, for November, time off requests need to be submitted by October 10th. Following the 10th of the month, it will be the responsibility of the staff to find shift coverage.
- B. **Admin changes memo** – see attached.
- C. **Halloween Party** – The Halloween party will be held October 18th from 1:30-3:30 in Argyle at the Legion.
- D. **House concerns** –
- **Morning routine:** In figuring out a general morning routine with only three clients in the house. WF to be gotten up around 6a and toileted and potentially showered if wet or a shower day. CO up by 6:30 on DAC day and 7:00a on non DAC days. The majority of JW cares to be taken care of by morning staff. ON staff still to complete all medications due 8a and prior.
 - **Open bed:** There is potential for placement with multiple inquiries having been placed for the open bed.
 - **Courtney timesheet:** Please make sure everyone is charting Courtney's arrival and leave times on the timesheet. Ideas for reminders to do so?
 - Kelly is looking into replacement parts for cough assist and nebulizer machine.

E. **Consumer reports:**

Wayne – Weight: 162 (-1)

DIET: Low carb diet-Wayne is to have 4 carb choices per meal and 1-2 per snack. One carb choice equals 10-15 grams of carbs.

Appointments: *Wayne had a zoom appointment with Dr. Micheals. Staff discussed with Dr. Micheals about his PRN meds and the trip to Fergus Falls, that it seemed the 0.5 mg PRN didn't seem to work on the way home. It was decided to wait and see what happens in a year, when he goes again. There were no other changes, and he is to see Dr. Micheals via zoom in 6 months.*

Behaviors/concerns: *Wayne had had strong urine smell. The nurse would like a urine sample taken and sent to NVHC. Jeremy's nurse called and said that urine sample was negative.*

Outings: *No outings in Sep*

Ambulates with 1 assist and walker during the day. PROM to all extremities BID. Exercise program BID (Upper Extremity bike BID). Wear compression socks during the day.

Outcome (ISP): Three times weekly, Wayne will participate in a sensory leisure activity.

Cheryl – Weight: 102 (-4)

DIET: Mechanical soft – small bite sized pieces and drink offered between bites.

Appointments: *Cheryl had her 2-month checkup with her pcp. Her hemoglobin was fine, no changes. She will return in October for her annual physical, labs and urine sample will have to be done. Cheryl had an appointment with OT. She received her new wheelchair. We are to let her sit in it for 1 to 2 hours and then lay her down or put her in her other chair, for 1 week with the exception on DAC days. We are to watch for breakdown on her bottom. Her new wheelchair is a rental for 13 months and then she will own it. We need to keep the old wheelchair for her until November 2025, just in case something should happen to the new one and she will have her old one to use. Cheryl had her Botox injections in her arms.*

Behaviors/concerns: *Cheryl has a sore on her coccyx area. Mepilex has been applied and the nurse would like her to start on Arginaid again. The nurse came to look at Cheryl Coccyx, it is healing, and she noted a small red area to the right and left of the Coccyx. A large mepilex was applied. At the time of this meeting, her coccyx is healed and her bedrest has been discontinued but arginaid will be continued at this time.*

Outings: *Cheryl went to Argyle for a coffee with the staff. She seemed to enjoy the outing. Cheryl had an appointment in grand forks and staff mentioned to her if she wanted to stop at tge DAC garage sale, she did. Staff and Cheryl stopped at the garage sale, and Cheryl got to get something for free. She picked out a pretty necklace. Cheryl attended bible study in Argyle, she enjoyed the music.*

PROM to all extremities BID. Wears wrist brace on right hand during the day. Tilt W/C for a few minutes every hour. Reposition twice during the night

Outcome (ISP): On average, once every 3 months, Cheryl will participate in an individualized outing.

Jeremy – Passed away Sept 13

Jeff - Weight: 155 (-7)

DIET: Promote finely chopped and smooth consistency foods for Jeff. Prepare it in a way he can eat it

Appointments: *Jeff had a urine sample taken. The urinalysis showed moderate amount of blood and small number of leukocytes. After Jeff came home from an outing, he was doing well. Staff asked him if he needed to see the doctor and showed his thumbs up for yes. He couldn't talk and barely responded. A nurse came and took his vitals, and he was transported to the ER and has been in the hospital for a week. Jeff was still in the hospital; his creatine labs were high. After a little over a week in the hospital, Jeff returned to River. He has an antibiotic to take, and staff are to take his temperature 2 times a day while on the antibiotic. Jeff started his first dose of Doxycycline Hecate at bedtime. He also decreases his water to 250 cc 5 times a day. Jeff went and saw his pcp for a follow up. She increased his water to 325 cc. He is to do follow-up labs in one week.*

Behaviors/concerns:

Outings: *No outings this month*

PROM exercises BID, hand braces worn 2-3x daily for time tolerated, tilt w/c 30 secs every 30 minutes when in chair, Reposition every two hours when in bed and 2x during the night

Outcome (ISP): On average, once every 3 months, Jeff will participate in an individualized outing.

Courtney –

Behaviors/concerns: *Courtney has been very good. She has played multiple games of uno and seems to enjoy the competition. Please remember to assist Courtney with application of menstrual pad when she is on her period. She is able to take off and dispose of used one but she needs help getting the new one on straight.*

Outings:

The next monthly staff meeting will be held Thursday, Nov 7, 2024 at 1:00pm.

STAFF MEMBERS PRESENT:

Name:		Position:	Name:		Position:
Kristal Walen	EXC	ADM	Cindy Blacklance	present	DCS
Sabrina Deschene	present	RPS	Ashley Nygaard	Teams	DCS
Henrietta Linder	present	RN	Jeanne Johnson	EXC	DCS
JoAnn Saunders	present	LPN	Pam Abrahamson	EXC	DCS
Kelly Nordine	Teams	DCC	Holly Confer	EXC	DCS
Carolyn Jorgenson	present	DCA	Billie Volker	absent	DCS
Roxanne Roth	Teams	ONP	Hannah Johnson	Teams	DCS

Authorized By: Sabrina Deschene, RPS

Acknowledgement completed in STAR Services

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Program Supervisor (RPS).

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

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

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

Fire Drill practices:

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

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

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

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

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

Emergency Procedures SEVERE WEATHER and NATURAL DISASTER:

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

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

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

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

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

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

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

Emergency Procedures POWER FAILURE:

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

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

"Giving Voice to Those Seldom Heard"

Frostbite Alert

This Medical Alert is based on the work of the Office of Ombudsman for Mental Health and Developmental Disabilities Medical Review Subcommittee and should be posted prominently. The Office of Ombudsman for Mental Health and Developmental Disabilities works to improve the services provided to people with disabilities by communicating important information found in the Medical Review Subcommittee's reviews of deaths and serious injuries. Thank you for promptly reporting deaths and serious injuries. You are helping us to meet our Agency's mission.

Prevention

Be aware of the temperature including the wind chill factor. (Refer to the accompanying NWS Wind Chill Chart.) Wear several layers of warm clothing, as well as protection against dampness and wind.

Keep hands and feet dry

Wear clothing that protects you well against the cold. Cover exposed skin. In cold weather, wear mittens (not gloves); wind-proof, water-resistant, layered clothing; 2 pairs of socks; and a hat or scarf that covers the ears (to avoid heat loss through the scalp).

Make sure boots and mittens do not restrict circulation

Although anyone who is exposed to freezing cold for a prolonged period of time can get frostbite, people who are taking beta-blockers, which decrease the flow of blood to the skin, are at greater risk. So are people with peripheral vascular disease (a disorder of the arteries). Other things that may increase the risk of frostbite include: smoking, windy weather (which increases the rate of heat loss from skin), diabetes, peripheral neuropathy, and Raynaud's disease.

If you expect to be exposed to the cold for a long period of time, do not drink alcohol or smoke. Make sure to get enough food and rest.

If caught in a severe snowstorm, find shelter early or increase physical activity to maintain body warmth.

What to Look For

- "Pins and needles" feeling, followed by numbness
- Hard, pale, and cold skin that has been exposed to the cold for too long
- Aching, throbbing or lack of feeling in the affected area
- Red and extremely painful skin and muscle as the area thaws

Very severe frostbite may cause:

- Blisters
- Gangrene (blackened, dead tissue)
- Damage to tendons, muscles, nerves, and bone

Frostbite may affect any part of the body. The hands, feet, nose, and ears are the places most prone to the problem.

- If the frostbite did not affect your blood vessels, a complete recovery is possible.
- If the frostbite affected the blood vessels, the damage is permanent. Gangrene may occur. This may require removal of the affected body part (amputation).

A person with frostbite on the extremities may also be subject to hypothermia (lowered body temperature). Check for hypothermia and treat those symptoms first. Please see the accompanying Hypothermia Alert and contact the client's health care provider or call 911.

What to Do

- Get the victim out of the cold and to a warm place.
- Remove tight jewelry and wet clothes.
- If you can get quick medical help, wrap the suspected frostbitten areas in sterile dressings. Separate affected fingers and toes. Transport the person to an emergency department for further care or call 911.
- If medical help is not nearby, you may give the person rewarming first aid. Soak the affected areas in warm (never hot) water - for 20 to 30 minutes. For ears, nose, and cheeks, apply a warm cloth repeatedly. The recommended water temperature is 104°F to 108°F (40°C to 42.2°C). Keep circulating the water to aid the warming process. Severe burning pain, swelling, and color changes may occur during warming. Warming is complete when the skin is soft and feeling returns.
- Apply dry, sterile dressings to the frostbitten areas. Put dressings between frostbitten fingers or toes to keep them separated.
- Move thawed areas as little as possible.
- Refreezing of thawed extremities can cause more severe damage. Prevent refreezing by wrapping the thawed areas and keeping the person warm. If protection from refreezing cannot be guaranteed, it may be better to delay the initial rewarming process until a warm, safe location is reached.
- If the frostbite is severe, give the person warm drinks to replace lost fluids.

DO NOT thaw out a frostbitten area if it cannot be kept thawed. Refreezing may make tissue damage even worse.

DO NOT use direct dry heat (such as a radiator, campfire, heating pad, or hair dryer) to thaw the frostbitten areas. Direct heat can burn the tissues that are already damaged.

DO NOT rub or massage the frostbitten area.

DO NOT disturb blisters on frostbitten skin.

DO NOT allow the victim to smoke or drink alcoholic beverages during recovery as both can interfere with blood circulation.

Please report frostbite with blisters or the need for medical treatment to the Ombudsman's Office as a Serious Injury.

Additional information is available at [Frostbite: MedlinePlus \(https://medlineplus.gov/ency/article/000057.htm\)](https://medlineplus.gov/ency/article/000057.htm)

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Hypothermia Alert

This Medical Alert is based on the work of the Office of Ombudsman for Mental Health and Developmental Disabilities Medical Review Subcommittee and should be posted prominently. The Office of Ombudsman for Mental Health and Developmental Disabilities works to improve the services provided to people with disabilities by communicating important information found in the Medical Review Subcommittee's reviews of deaths and serious injuries. Thank you for promptly reporting deaths and serious injuries. You are helping us to meet our Agency's mission.

Hypothermia occurs when the body's core temperature drops below 95 degrees Fahrenheit or 35 degrees Celsius. This happens when the rate of heat loss exceeds the rate of heat production. Hypothermia can occur in either indoor or outdoor situations. It quickly can become life threatening.

Prevention

Review the accompanying wind chill chart and stay inside when there are dangerous wind chills except for brief periods when properly dressed for the weather.

Wear wind-proof, water resistant, layers of clothing; wear mittens (not gloves), wear a scarf and hat that cover the ears to prevent frostbite.

Stay dry.

People most likely to experience hypothermia include:

- Very old or very young
- Chronically ill, especially with heart or circulation problems
- Malnourished
- Overly tired
- Taking certain prescription medications such as phenothiazines and barbiturates that can prevent normal body responses to cold temperatures.
- Under the influence of alcohol or drugs

Conditions Leading To Hypothermia

Hypothermia occurs when more heat is lost than the body can make. In most cases, it occurs after long periods in the cold.

Common causes include:

- Being outside without enough protective clothing in winter
- Falling into cold water of a lake, river, or other body of water
- Wearing wet clothing in windy or cold weather
- Heavy exertion, not drinking enough fluids, or not eating enough in cold weather

What to Look For

As a person develops hypothermia, they slowly lose the ability to think and move. In fact, they may even be unaware that they need emergency treatment. Someone with hypothermia also is likely to have frostbite.

The symptoms of hypothermia include:

- Drowsiness
- Weakness and loss of coordination
- Pale and cold skin
- Confusion – watch for the “-umbles” – stumbles, mumbles, fumbles, and grumbles
- Uncontrollable shivering (although at extremely low body temperatures, shivering may stop)
- Slowed breathing or heart rate

Lethargy, cardiac arrest, shock, and coma can set in without prompt treatment. Hypothermia can be fatal.

What to Do

Call 911 anytime you suspect someone has hypothermia. Give first aid while waiting for emergency help.

Take the following steps if you think someone has hypothermia:

1. If the person has any symptoms of hypothermia, especially confusion or problems thinking, **call 911 right away.**
2. If the person is unconscious, check airway, breathing, and circulation. If necessary, begin rescue breathing or CPR. If the victim is breathing fewer than 6 breaths per minute, begin rescue breathing.
3. Take the person indoors and cover with warm blankets. If going indoors is not possible, get the person out of the wind and use a blanket to provide insulation from the cold ground. Cover the person's head and neck to help retain body heat.
4. Once inside, remove any wet or tight clothes and replace them with dry clothing.
5. Warm the person. If necessary, use your own body heat to aid the warming. Apply warm compresses to the neck, chest wall, and groin. If the person is alert and can easily swallow, give warm, sweetened, nonalcoholic fluids to aid the warming.
6. Stay with the person until medical help arrives.

Do NOT assume that someone found lying motionless in the cold is already dead.

Do NOT use direct heat (such as hot water, a heating pad, or a heat lamp) to warm the person.

Do NOT give the person alcohol.

Additional information is available at [Hypothermia: MedlinePlus](https://medlineplus.gov/ency/article/000038.htm) (https://medlineplus.gov/ency/article/000038.htm)

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NWS Wind Chill Chart

This Medical Alert is based on the work of the Office of Ombudsman for Mental Health and Developmental Disabilities Medical Review Subcommittee and should be posted prominently. The Office of Ombudsman for Mental Health and Developmental Disabilities works to improve the services provided to people with disabilities by communicating important information found in the Medical Review Subcommittee's reviews of deaths and serious injuries. Thank you for promptly reporting deaths and serious injuries. You are helping us to meet our Agency's mission.

This link to the National Weather Service Wind Chill Chart is provided for your use with the accompanying Winter Alert:



Wind Chill Chart



		Temperature (°F)																	
		40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
Wind (mph)	5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
	10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
	15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
	20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
	25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
	30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
	35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
	40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
	45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
	50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95
	55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97
	60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98

Frostbite Times 30 minutes 10 minutes 5 minutes

Wind Chill (°F) = 35.74 + 0.6215T - 35.75(V^{0.16}) + 0.4275T(V^{0.16})
 Where, T= Air Temperature (°F) V= Wind Speed (mph) Effective 11/01/01

[National Weather Service Wind Chill Chart \(https://www.weather.gov/safety/cold-wind-chill-chart\)](https://www.weather.gov/safety/cold-wind-chill-chart)

There is a Wind Chill Calculator available at the above website for your use, as well.

DESTRUCTION OF MEDICATIONS POLICY

CONTROLLED DRUGS

- All Schedule II drugs that have been discontinued, unused or expired will be disposed of at the Marshall County Sheriff Department take back program by facility nurse.
- Follow controlled substance protocol/procedure.

NON-CONTROLLED DRUGS

- A. All non-controlled medications that have been discontinued, expired or unused will be destroyed by the DCC following the procedure below. This is to include medications from SafeDose (HomeFree) Pharmacy.
1. **DON'T**: Flush expired or unwanted prescription and over-the-counter drugs down the toilet or drain unless the label or accompanying patient information specifically instruct you to do so.
 2. **DO**: return discontinued, expired, or unused prescription and over-the-counter drugs to a drug take-back program or follow the steps for household disposal below.
 - a) **1st Choice**: Drug Take-Back Events: to dispose of prescription and over-the-counter drugs, bring them to the permanent drop box available 7 days a week – 24 hours a day in the lobby of the Marshall County Sheriff's Dept. At 208 E Colvin Ave in Warren, MN. They will accept patches and inhalers but do not accept liquids of any kind, which need to be disposed of by the 2nd choice.
 - b) **2nd Choice**: Household disposal steps
 - i. *Take your prescriptions out of their original containers.*
 - ii. *Mix drug with and undesirable substance, such as cat litter or used coffee grounds.*
 - iii. *Put the mixture into a disposable container with a lid, such as an empty margarine tub or a sealed bag.*
 - iv. *Conceal or remove any personal information including the Rx number on the empty container by covering it with permanent marker or scratching it off the bottle.*
 - v. *The sealed container with the drug mixture and the empty drug containers can now be placed in the trash.*
- B. Record the medical name, Rx number, quantity to be destroyed and method of destruction on the "Medication Destruction Record" and sign your name. Each person served needs an individual destruction form.
- C. The person destroying the medications or taking them for the take back program will sign the form which is to be part of the individual's permanent record.
- D. When destroying medications from SafeDose (HomeFree), do not place the packet number on the destruction form. You are to place the Rx number found on the outside of the SafeDose pill box for each medication on destruction med form as you do with all other medications in bottles, blister packs or boxes.
- E. Do not return any drugs to the pharmacy. All drugs must be taken to the Sheriff Department take back program or destroyed in the facility.

RECORDS RETENTION POLICY

Policy

245A.041 SYSTEMS AND RECORDS.

Subd. 3. Record retention; license holder requirements.

The following records must be maintained as specified and in accordance with applicable state or federal law, regulation, or rule:

Consumer Record:

- All records on active clients should be maintained for the duration of the current admission.
- Records on clients who have been discharged from the program should be retained for **seven years** from the date services are terminated or-
- if the client died, **seven years** from the date of the death.

Record	Type of information	# of Years
Consumer file	All of records including Electronic records	7
Consumer information	Service agreements, GRH information, state payments	7
Consumer Accounts	Bank statements, receipts, all other financial information	7
Intake files	Intake files for consumers not entered into program	1
	Documentation retained permanently	
	discharge summary and any discharge records (documentation of death) Any documents filed with the state related to discharge	retain
	Informational Cover Sheet	retain

Consumer Record information will be stored in the main storage files in the basement of Cedar South, in a storage box labeled with consumer name and dates of service. Electronic records will be stored electronically through computer and program backups done by West Central Technology.

Agency Records:

Retention of staff records:

- Records on currently employed staff should be maintained for at least **seven years**.
- Records on staff no longer employed by the license holder should be retained for **seven years** from the employee's last day of employment.

Retention of program policies and procedures:

- Program policies and procedures should be maintained until no longer required or until the policy and procedure is replaced by a new policy or procedure.
- Program incident reports should be retained for **seven years** from the date of the incident.

Record	Type of information	# of Years
OSHA Logs	All OSHA Records	7
Fire Drill	All facility fire drill information	7
Accounting	Payroll, Bank statements, all financial documents	7
Staff Meetings	Staff meeting Summaries	1
Board Information	Meeting Minutes	5
	Board member information	7
Insurance Policies	(WC, UE, Lib etc.)	5

Marshall County Group Homes, Inc.

POLICY ON PERSON-CENTERED PLANNING AND SERVICE DELIVERY

I. PURPOSE

The purpose of this policy is to ensure services and supports adhere to the principles covered within the domains of a meaningful life: community membership; health, wellness; safety; one's own place to live; important long term relationships; control over supports; and employment earnings, and stable income. Services and supports address these domains to the extent the person wants and address them in a manner that promotes self-determination, acting on preferences, respecting and understanding cultural background, skill development, and a balance between risk and opportunity.

II. POLICY

This planning process, and the resulting person-centered services, will direct the support team in how to guide the individual in achieving personally defined outcomes in the most integrated community setting, ensure delivery of services in a manner that reflects personal preferences, talents, choices, and contribute to ensuring health and welfare.

Services are provided in a manner that supports the person's preferences, daily needs, and activities and accomplishment of the person's personal goals and services outcomes, consistent with the principles of:

A. Person-centered service planning and delivery which:

1. Identifies and supports what is important to and the person as well as what is important for the person, including preferences for when, how, and by whom direct support services is provided;
2. Uses that information to identify outcomes the person desires; and
3. Respects each person's history, dignity, and cultural background.

B. Self-determination which supports and provides:

1. Opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and
2. The affirmation and protection of each person's civil and legal rights.

C. Providing the most integrated setting and inclusive services delivery which supports, promotes, and allows:

1. Inclusion and participation in the person's community as desired by the person in a manner that enables the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintain a role as a valued community member;
2. Opportunities for self-sufficiency as well as developing and maintain social relationships and natural supports; and
3. A balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible to support the person to engage in activities of the person's own choosing that may otherwise present a risk to the person's health, safety, or rights.



Memo

Date: October 1, 2024

To: MCGH Employees

From: Kristal Walen, Administrator

RE: Administration changes/updates

The following changes will be implemented effective October 2024.

- CINDY
 - Effective November 1, 2024, Cindy will be working Part-time for MCGH.
 - office hours will be T/W/Th 8a-4p. (Thursdays from 8a-10a office is closed for Admin Mtg)
 - Program Supervisor for the following Programs: **Please note the change:**
 - Cedar North, Marshall Place
 - Continue to supervise current In-Home case load
 - Staff will contact Sabrina on Mondays and Fridays when there are urgent needs.
 - Cindy is not available Mondays and Fridays or weekends. Contacting Cindy during these times will result in discipline action.
 - Contact the office if you need and Sabrina or Kristal will assist you.
- SABRINA
 - Sabrina will be the Program Director for MCGH.
 - Office hours
 - M/W/TH-8a-3p (Thursdays from 8a-10a office is closed for Admin Mtg)
 - Tuesday-Remote working day (available via direct line 437-6012)
 - Friday-8a-12p
 - Administration paperwork hours Friday 12p-3p
 - oversee all clients in all programs within MCGH
 - oversee all staff regarding direct care supports
 - Supervisor for: **Please note the change:**
 - Cedar South and River Place
 - Continue with current In-Home caseload

- KRISTAL
 - Kristal will be the Chief Executive Officer (CEO)
 - Office hours
 - Monday-8a-4p
 - Tuesday/Thursday-8a-330p (I will not be in the office past 330pm)
 - Wednesday-remote working day (available via direct line 437-6011)
 - Friday-8a-12p (office will be closed at 12p)
 - 12p-4p-administration paperwork hours
 - Staff may call the office after 12p for urgent needs
- As of October 2024, I will be transitioning away from all of the day-to-day duties for the homes and staff. All staff need to report all concerns to Cindy and Sabrina should they feel it is something I need to be involved in they will bring it to me.
- The following list are some items staff will come to me for:
 - (You will need to make an appointment at least one business day in advance)
 - All time and attendance and Payroll
 - Employee handbook, HR related items
 - Company policies
 - All benefits and wages
 - Leave of Absence from work
 - Job status change
 - Changes to W-4, Direct Deposit
 - Program budgets, client funding, home purchases
 - Staffing patterns

Schedules

- Starting October 1, 2024, all staffing calendars will be done by the DCC & DCA of each home starting with the November Calendar.
 - Kristal will no longer be doing any schedules. Please contact your DCC/DCA for all staffing schedules.
 - Staffing patterns are done and submitted to the state and the county. There will be NO changes to the staffing patterns until the fall of 2025 when they are revisited. All hours on the schedules must be staffed.
- Effective October 1, 2024, all time off requests need to be submitted through the time and attendance program by 4pm on the 10th of the current month for the following month.
 - Example October 10th is the cutoff for November time off to be placed on the calendar.

- DCC/DCA will be able to see who has time off for their homes in the new payroll system.
- Calendars will be posted on the 15th of each month via google drive.
- All time off requested **after the 10th of the month will be the responsibility of the employee** to find coverage and report changes to the DCC/DCA so that the calendar is updated.
- All calendars must be kept updated daily.

Time & Attendance Program

- MCGH will no longer be using Paychex for Time and Attendance and payroll processing after the October 4, 2024 Payroll.
- Assethr will be the new payroll company we will use for all time and attendance tracking as well as payroll processing.
- Training dates will be posted in Therap and it will be **mandatory** that all staff attend a training session.
- If you are an employee that uses a paper timesheet currently, you will still be required to submit your time this way, however you will need to fill out the timecard completely going forward.
 - You will need to fill in the date, start time, end time and total hours. You will need to list the program or client that time is for. Each program or client must be listed separately. You cannot combine programs or clients. (see time sheet example)

Benefits open Enrollment

- All Employees who receive benefits from MCGH must meet with Kristal on October 24th, 2024.
- Watch for a message in Therap on how to sign up.
- Anyone who does not meet with Kristal on October 24th must plan to meet by appointment before 11-1-2024 or your benefits will be cancelled 1-1-2025.
- December of 2024 is when benefit premiums for January of 2025 are paid thus, we need to have everything updated and entered before 12-1-24.

Office hours

- The administration office will be closed on Thursdays from 8a-10a for admin staff to meet. The office will also be closed on Fridays from 12p-4p. Admin staff will be in the office using this time as their "catchup and paperwork time" we will be available by phone.
- Anyone needing to come to the office is asked to make an **appointment in advance** with whom you need to speak with.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Wk 1	<p>Sept 29</p> <p>7a-5p-Ashley</p> <p>8a-9p-Hannah</p> <p>5p-9p-Pam</p> <p>9p-8a-Hannah</p> <p>Carolyn On Call</p>	<p>30 JW Appt</p> <p>6a-8:30am-Cindy</p> <p>8:30-1:30pm-Hannah</p> <p>8a-9p-Carolyn*</p> <p>1p-4p-(HC)Billie</p> <p>4p-9p(HC)Jeanne</p> <p>9p-1:30a-(HC)Roxanne</p>	<p>Oct 1</p> <p>1:30a-7:30a(RR)-Kelly</p> <p>7a-3p-Cindy</p> <p>8a-3p-Carolyn</p> <p>5-9p-Carolyn</p> <p>3-5p Billie</p> <p>1p-9p-Pam</p> <p>9p-9a-Roxanne</p>	<p>2</p> <p>6a-11a-Kelly</p> <p>9a-2p-(AN)Hannah</p> <p>11a-12:30p(KN)-Roxanne</p> <p>12:30p-9p-Kelly</p> <p>2p-9p(AN)-Roxanne</p> <p>9p-8a-(AN)Holly</p>	<p>3 1-3p River Meeting</p> <p>6a-4p-Cindy</p> <p>8a-9p-Carolyn</p> <p>4p-9p-(PA)Jeanne</p> <p>9p-8a-Roxanne</p>	<p>4 Flu Shots</p> <p>7a-5p-Cindy</p> <p>8a-9p-Kelly</p> <p>5p-9p-(PA) Roxanne</p> <p>9p-8a-Roxanne</p>	<p>5</p> <p>8a-9p-(KN)Jeanne</p> <p>7a-5p- Holly</p> <p>5p-9p-Hannah</p> <p>9p-8a-Hannah</p> <p>Carolyn On Call</p>
Wk 2	<p>6</p> <p>7a-5p-(CB)</p> <p>8a-9p-Hannah</p> <p>5p-9p-(PA) Billie</p> <p>9p-8a-Hannah</p> <p>Carolyn On Call</p>	<p>7</p> <p>6a-4p-Cindy</p> <p>8-9p-Carolyn</p> <p>4p-9p-(PA)Billie</p> <p>9p-8a-Holly</p>	<p>8 Grocery shopping</p> <p>7a-5p-Cindy</p> <p>8a-9p-Carolyn</p> <p>1p-9p-(PA)Billie</p> <p>9p-8a-Roxanne</p>	<p>9</p> <p>6a-9p-Kelly</p> <p>8a-9p-Ashley</p> <p>9p-8a-Roxanne</p>	<p>10</p> <p>6a-4p-Cindy</p> <p>8a-9p-Carolyn</p> <p>4p-9p-(PA)Billie</p> <p>9p-8a-Roxanne</p>	<p>11 Bible Study 2p</p> <p>7a-9p-Kelly</p> <p>8a-9p-Ashley</p> <p>9p-8a-Roxanne</p>	<p>12</p> <p>7a-9p-Ashley</p> <p>8a-5p-(KN)Carolyn</p> <p>5p-9p-Hannah</p> <p>9p-8a-Hannah</p> <p>Carolyn On Call</p>
Wk 1	<p>13</p> <p>7a-5p-Ashley</p> <p>8a-9p-Hannah</p> <p>5p-9p-Pam</p> <p>9p-8a-Hannah</p> <p>Kelly On Call</p>	<p>14</p> <p>6a-4p-Cindy</p> <p>8a-9p-Kelly</p> <p>1p-9p-Holly</p> <p>9p-8a-Holly</p>	<p>15 WF Appt*</p> <p>7a-5p-Cindy</p> <p>8a-9p-Carolyn*</p> <p>1:45p-5p-Pam</p> <p>1:45p-5p-Ashley*</p> <p>5p-9p-Pam</p> <p>9p-8a-Roxanne</p>	<p>16</p> <p>6a-9p-Kelly</p> <p>8a-9p-Ashley</p> <p>9p-8a-Ashley</p>	<p>17</p> <p>6a-4p-Cindy</p> <p>8a-9-(C)Jeanne</p> <p>Pam 1p-9p</p> <p>9p-8a-Roxanne</p>	<p>18 Halloween Party</p> <p>7a-5p-Cindy</p> <p>8a-9p-(KN) Billie</p> <p>5p-9p-Pam</p> <p>9p-8a-Roxanne</p>	<p>19</p> <p>8a-3p-(C)Ashley</p> <p>7a-5p-Billie</p> <p>3p-9p-Pam</p> <p>5p-9p-Hannah</p> <p>9p-8a-Hannah</p> <p>Kristal On Call</p>
Wk 2	<p>20</p> <p>7a-5p-(CB)Roxanne</p> <p>8a-9p-Hannah</p> <p>5p-9p-Pam</p> <p>9p-8a-Hannah</p> <p>Kristal On Call</p>	<p>21 CO Meeting DAC</p> <p>CO Appt*</p> <p>6a-4p-Cindy</p> <p>8-9p-Carolyn</p> <p>4p-9p-Pam</p> <p>9:30a-4p-Kelly*</p> <p>9p-8a-Holly</p>	<p>22 Grocery shopping</p> <p>7a-5p-Cindy</p> <p>8a-9p-Carolyn</p> <p>1p-9p-Pam</p> <p>9p-8a-Roxanne</p> <p>Aflac Rep at office</p>	<p>23</p> <p>6a-9p-Kelly</p> <p>8a-9p-Ashley</p> <p>9p-8a-Roxanne</p>	<p>24</p> <p>6a-4p-Cindy</p> <p>8a-9p-Carolyn</p> <p>4p-9p-Pam</p> <p>9p-8a-Roxanne</p>	<p>25 Bible Study 2p</p> <p>7a-9p-Kelly</p> <p>8a-2p-(AN)-Hannah</p> <p>2p-9p-(AN)Billie</p> <p>9p-8a-Roxanne</p>	<p>26</p> <p>7a-9p(AN)-Roxanne</p> <p>8a-5p-Kelly</p> <p>5p-9p-Hannah</p> <p>9p-8a-Hannah</p> <p>Kelly On Call</p>
Wk 1	<p>27</p> <p>7a-12p(AN)- Billie</p> <p>8a-9p-Hannah</p> <p>12-5p(AN)-Jeanne</p> <p>5p-9p-Pam</p> <p>9p-8a-Hannah</p> <p>Kelly On Call</p>	<p>28</p> <p>6a-4p-Cindy</p> <p>8a-9p-Kelly</p> <p>4p-9p-(HC)Jeanne</p> <p>9p-8a-(HC)Roxanne</p>	<p>29</p> <p>7a-5p-Cindy</p> <p>8a-9p-Carolyn</p> <p>5p-9p-Pam</p> <p>9p-8a-Roxanne</p>	<p>30</p> <p>6a-9p-Kelly</p> <p>8a-2p-Ashley</p> <p>2p-9p-(AN)Pam</p> <p>9p-8a-(AN)Roxanne</p>	<p>31</p> <p>6a-4p-Cindy</p> <p>8a-9p-Carolyn</p> <p>Pam 1p-9p</p> <p>9p-8a-Roxanne</p>		

