

STAFF MEETING SUMMARY

Subject: Marshall Place Staff Meeting

Date: Oct 3, 2024

Time: 10:30a-12:45p

❖ **Safety/Health Review** –

- North Valley Public Health will be administering COVID and Flu Vaccines at River Place, October 4th at 11:00a; Sabrina, RPS will have forms filled out and signed by guardians
- Fall and Winter Alerts (Sharepoint)

❖ **Nursing Inservice (JoAnn)** –

- Therapies by program (JoAnn)

❖ **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 – Empty bedroom (*Madison responsible*)

Meeting Review:

- A. **August 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 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. **Recipient Rights:** Reviewed rights and examples of rights (see attached). Discussion took place at the meeting reminding staff to advocate for client's rights, rather than limit them. Positive behavior support strategies were reviewed to use in cases of disagreement between clients wants and needs. Reminder to focus on leaving the client in power holding position, appeal to strengths and wants.
- E. **House concerns** –
- **Old Business:**
 - Brandie moving rooms-To do list
 - *New locked cabinet for bathroom* - needs to be installed
 - *Draft stopper for under door* – Cheryl will purchase
 - *Move toilet brush*
 - *Lock on old bedroom door* - ordered
 - **New Business**
 - Staffing for outings – As basketball season approaches, keep in mind staffing a person to stay home with Brandie on nights that there are basketball games. Madison has mentioned at meetings that this may work for her to help out with. Bible study is also an area that may require staffing for Brandie if he would prefer to stay home. Staff can accommodate this by overlapping on shift change.

- Portion control – be aware of portion control and daily limits regarding sodium. When they guys are going to multiple games and the movies, they are having a lot of popcorn and pop. Suggesting alternative choices to drinks and snacks or staying within suggested serving sizes will help the guys stay within their ideal weight range.

F. Consumer reports:

Wayne:

APPTS: *Wayne went to the eye doctor to order new glasses. His had broken so he had them temporarily taped while waiting on new ones.*

CONCERNS: *Wayne has had some behavioral concerns at the ODC. They have been unable to determine the exact cause. RPS will share our social stories with the ODC. Wayne has done well, as of late, doing his laundry. He has not been requiring too many reminders. Wayne has continued to like to do his morning activities such as dot to dots, puzzles, watch train videos, and call his mom and sister.*

OUTINGS: *Library, Movie, Church 3x, peer's b-day party, volleyball games, spaghetti supper*

Weight: 199 (+7)

Outcome (ISP): Weekly, Wayne will write a letter or send a card to his mother or sister on Fridays.

Jack:

APPTS: *Music Therapy on Wednesdays, Annual physical- labs were good and UA negative, massage 2x*

CONCERNS: *Continuing to have urine on bedroom floor, has stated he likes to go in his room where it's quiet.*

UTINGS: *Library, Movie, Church 2x, peer's b-day party, volleyball games, spaghetti supper, overnight at Holly's, Sister came for a visit*

Weight: 181 (+2)

Outcome (ISP): Jack will work on an art project.

Brandie:

APPTS: *Tuesdays Alluma, 9/5 Jessica*

CONCERNS: *Occasional outbursts and foul language. He would like to purchase new cowboy boots.*

OUTINGS: *Library, Movie, Church 3x, peer's b-day party, volleyball games, spaghetti supper,*

Weight: 129 (+4)

Outcome (ISP): Brandie will improve his drawing skills and develop an activity that is calming for him.

The next monthly staff meeting will be held Thursday, Nov 7, 2024 at 10:30am.

STAFF MEMBERS PRESENT:

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

Authorized By: Sabrina Deschene, RPS

Acknowledgement completed in STAR Services.

Marshall County Group Homes, Inc.

- 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.
- 3) During a windstorm of any type, move all recipients away from electrical systems and outlets. A

Marshall County Group Homes, Inc.

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 the home across the street on the east side of Montana Street for shelter if feasible to do so. If evacuation is not warranted or safe, staff and consumers should stay in the hallways or use the bathrooms (no windows). If needed cushions from the couch and a mattress should be used as protection from flying glass. Keep the radio tuned to a local radio station for emergency messages and directions.
- 6) **Portable tap lights can be located in the kitchen or in the consumer's rooms. Extra tap lights and flashlight are on staff desk, in desk drawer, under kitchen sink, out in garage near bulletin board and in the Landry room. A portable light, flashlights, radio and extra batteries are in the west bathroom under the sink.** Keep the radio tuned to a local radio station for emergency messages and directions.
- 7) Should evacuation be necessary, telephone the police department, the fire department - 911 - and /or the local emergency disaster services for assistance in evacuating. Recipients should be taken to the place recommended by the official in charge.
- 8) Recipients living in the home will not attend **out of town** nonessential community outings if it is -20 degrees (with or without wind chill) or colder.
- 9) If the nonessential community outing is in town and the temperature is -20 degrees (with or without wind chill) or colder staff may use their discretion. Staff are to consider all weather advisories and if unsure contact facility RPS for assistance.
- 10) Recipients living in Marshall County Group Homes, Inc. will attend medical appointments if it is warmer than -20 degrees (with or without wind chill).
- 11) If the temperature is -20 degrees (with or without wind chill) staff will consider the difficulty of rescheduling a medical appointment and its immediate importance to the consumer's health and make the final decision as to whether the consumer should attend the appointment. If unsure staff may contact the RPS or RN/LPN for assistance in making this decision.
- 12) Should a tornado or tornado drill occur record all information regarding the incident on an Emergency Report and Internal Review form.
- 13) If the home has actually experienced a tornado a supervisory staff person will contact the Marshall County Adult Foster Care licensor/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 hours or if a law enforcement officer was involved, a supervisory staff person will call each consumer's legal representative, Marshall County licensor, case manager and Occupational Development Center (ODC).

Marshall County Group Homes, Inc.

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 can be located in the kitchen or in the consumer's rooms. Extra tap lights and flashlight are on staff desk, in desk drawer, under kitchen sink, out in garage near bulletin board and in the Landry room. A portable light, flashlights, radio and extra batteries are in the west bathroom under the sink.**
- 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.

4. **Emergency shelter.** Additional information on emergency shelter is available online at: <http://www.ready.gov/shelter> . Some emergencies will be best met by seeking safety in an

"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)

"Giving Voice to Those Seldom Heard"

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>)

"Giving Voice to Those Seldom Heard"

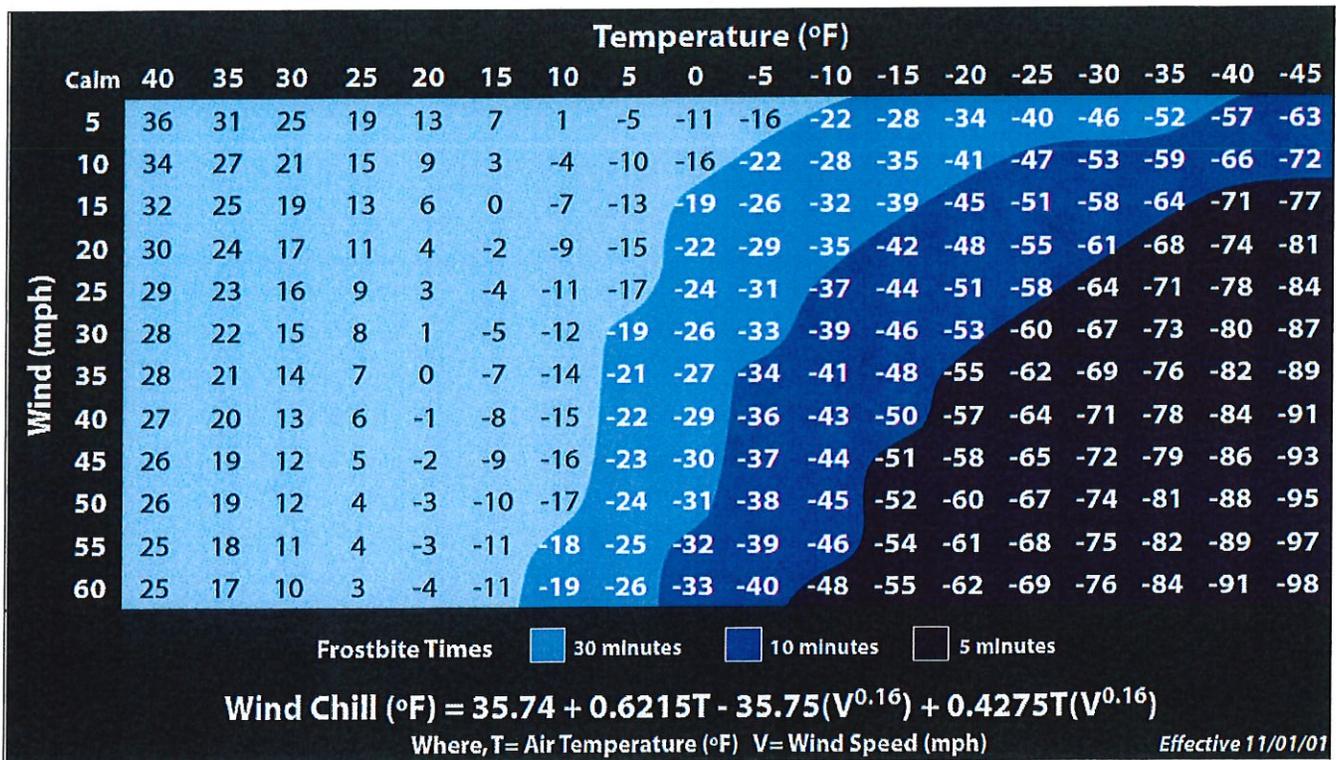
NWS Wind Chill Chart

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



[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			1 GAME 6p 11a-1p-Cheryl DCC 1p-9p- Cheryl 9p-9a- Madison BS Steph Alluma 2.30p	2 JO music Therapy 1p-9p- Cheryl 9p-9a-Cheryl	3 Staff Meeting 10:30 1.30p-9p-Amanda 9p-9a-MaryKay JO massage 4.15p	4 9a-1p- Cheryl 1p-5p- Madison 5p-9p-Amanda 9p-9a-Amanda	5 9a-9p- Amanda 9p-9a-Amanda
Wk 2		7 11a-1p-Cheryl DCC 1p-9p- Cheryl 9p-9a- Madison	8 WD-GF 10am GAME 6p 9a-9p-Cheryl DCC 9p-9a- Madison SHOPPING BS Alluma 2.30p	9 JO music Therapy 1p-9p- Cheryl 9p-9a- Cheryl	10 1.30p-9p-Amanda 9p-9a-(AM) Holly	11 GAME 6p 9a-1.30p- Holly* 1.30p-5p- Madison 5p-9p-(HC)Amanda 9p-9a-(HC)Amanda BIBLE study 2p @ CN	12 9a-9p- Holly 9p-9a- Holly
Wk 1		14 11a-1p-Cheryl DCC 1p-9p- Cheryl 9p-9a- Madison	15 11a-1p-Cheryl DCC 1p-9p- Cheryl 9p-9a- Madison BS Steph Alluma 2.30p	16 JO music Therapy 9a-9p- Cheryl 9p-9a-Cheryl BS Jessica 10a	17 1.30p-9p-Amanda 9p-9a-Mary Kay	18 9a-1p- 1p-5p- Madison 5p-9p-Amanda 9p-9a-Amanda Halloween Party 1:30-Argyle	19 9a-9p- Amanda 9p-9a- Amanda
Wk 2		21 11a-1p-Cheryl DCC 1p-9p- Cheryl 9p-9a- Madison SHOPPING	22 Aflac Rep at office 11a-1p-Cheryl DCC 1p-9p- Cheryl 9p-9a- Madison BS Alluma 2.30p	23 JO music Therapy 1p-9p- Cheryl 9p-9a- Cheryl	24 Open enrollment 1.30p-9p-Amanda 9p-9a-(AM)(HC) Cheryl JO massage 4.15p	25 9a-1.30p- Mary Kay? 1.30p-5p- Madison 5p-9p- (HC)Amanda 9p-9a- (HC) Amanda BIBLE study 2p @ CN	26 9a-9p-(HC) Amanda 9p-9a-(HC) Amanda
Wk 1		28 11a-1p-Cheryl DCC 1p-9p- Cheryl 9p-9a- Madison	29 11a-1p-Cheryl DCC 1p-9p- Cheryl 9p-9a- Madison BS Steph Alluma 2.30p	30 JO music Therapy 1p-9p- Cheryl 9p-9a- Cheryl	31 1.30p-9p- (AM) Madison 5:30p-9p (AM) Holly 9p-9a-Mary Kay		

RIGHTS OF PERSONS SERVED

Application and intent of these rights

These rights apply to persons served in a program licensed under MN Statutes, chapter 245D. The company will ensure that the person's rights in the services provided by the company and as authorized in the *Support Plan* are exercised and protected by all staff of the company including subcontractors, temporary staff, and volunteers. This document will be signed and dated by the person served and/or legal representative and maintained in the service recipient record at service initiation and annually thereafter.

Service-related rights

A person's service-related rights include the right to:

1. Participate in the development and evaluation of the services provided to the person.

We encourage you to let this company know what services you need and want and upon evaluation, how we can modify the services to better meet your desired service outcomes.

2. Have services and supports identified in the *Support Plan* and/or *Support Plan Addendum* provided in a manner that respects and takes into consideration the person's preferences according to the requirements in MN Statutes, section 245D.07 and 245D.071.

You may notify us of your needs, interests, preferences, and desired outcomes so we may be able improve the services to you and to the best of our ability.

3. Refuse or terminate services and be informed of the consequences of refusing or terminating services.

If you are not satisfied with your services, you may discuss your concerns and dissatisfaction with us at any time. Further discussions may also include information and/or conversations with your support team.

4. Know, in advance, limits to the services available from the license holder, including the license holder's knowledge, skill, and ability to meet the person's service and support needs.

We will notify you prior to service initiation if there are any limits to the services that we will provide. If you are not satisfied with the limitations, you may consider all options available for services to meet your needs.

5. Know conditions and terms governing the provision of services, including the license holder's admission criteria and policies and procedures related to temporary service suspension and service termination.

This company's *Policy and Procedure on Admission* contains information on our admission criteria. If we are no longer able to continue providing you with services, you have the right to know what the procedures are in the *Policy and Procedure on Temporary Service Suspension* and the *Policy and Procedure on Service Termination*. You will always receive an explanation, in a way that you can understand, of what is occurring and why.

6. A coordinated transfer to ensure continuity of care when there will be a change in provider.

Regardless of the situation that brings forth a change in service provider, this company will provide information and work in cooperation with your support team to ensure a smooth transfer between providers.

7. Know what the charges are for services, regardless of who will be paying for the services, and be notified of changes in those charges.

You have the right to be provided with information regarding the charges for the services. If the charges for the services change, you have the right to know of that change.

8. Know, in advance, whether services are covered by insurance, government funding, or other sources, and be told of any charges the person or other private party may have to pay.

Services provided to you by this company will be charged to the correct payment source. If you are responsible to pay for some of your services, we will work with you and your team on how that process will occur.

9. **Receive licensed services from an individual who is competent and trained, who has professional certification or licensure, as required, and who meets additional qualifications identified in the *Support Plan* and/or *Support Plan Addendum*.**

The services you receive from this company will be provided by staff that have received training and are competent to provide you with services as directed by the *Support Plan* and *Support Plan Addendum*.

Protection-related rights

A person's protection-related rights include the right to:

1. **Have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the license holder.**

Your information will be private at all times except for case consultation, treatment, and discussion. This company will ensure that only those records needed for the appropriate care, treatment, and delivery of services are made available to those individuals who are directly involved in that delivery.

2. **Access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule.**

You may access your records or have copies. This company will follow all laws, regulations, or rules regarding privacy including the Health Insurance Portability and Accountability Act (HIPAA), the Minnesota Data Practices, MN Statutes, chapter 13, and the Home and Community-Based Services Standards, MN Statutes, chapter 245D.

3. **Be free from maltreatment.**

You have the right to live without the fear of abuse, neglect, or financial exploitation. If any of these were to occur, this company has policies and procedures in place to help protect your ongoing safety and the safety of others.

4. **Be free from restraint, time out, seclusion, restrictive intervention, or other prohibited procedure identified in section 245D.06, subd. 5 or successor provisions, except for: (i) emergency use of manual restraint to protect the person from imminent danger to self or others according to the requirements in 245D.061 or successor provisions or (ii) the use of safety interventions as part of a positive support transition plan under section 245D.06, subd. 8 or successor provisions.**

Staff are trained on positive support strategies, not using prohibited procedures according to state law, and that you have the right to be free from coercion.

5. **Receive services in a clean and safe environment when the license holder is the owner, lessor, or tenant of the service site.**

We value maintaining the service or program site in a clean and safe environment. If you have concerns regarding the service site, please notify your staff who will take your concern seriously and will notify appropriate personnel.

6. **Be treated with courtesy and respect and receive respectful treatment of the person's property.**

Staff will do all that they can to respect you as an individual and other aspects of your life including your property. If you feel that you or your property are not being treated with courtesy and respect by the company, staff, or other individuals; please notify the staff.

7. **Reasonable observance of cultural and ethnic practice and religion.**

You have the right to observe and participate in activities of cultural and ethnic practice or religion of your choice.

8. **Be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation.**

You are a unique person and have the right to live, work, and engage in environments free of bias and harassment.

9. **Be informed of and use the license holder's grievance policy and procedures, including knowing how to contact persons responsible for addressing problems and to appeal under section 256.045.**

At any time, you may contact your legal representative, case manager, an advocate, or someone within the company if you are not satisfied with services being provided in order to make a formal complaint.

10. **Know the name, telephone number, and the Web site, e-mail, and street addresses of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices.**
Should you choose to voice a grievance, you will not be retaliated against. Please see the list of contact information for protection and advocacy agencies at the end of the *Policy and Procedure on Grievances*.
11. **Assert these rights personally, or have them asserted by the person's family, authorized representative, or legal representative, without retaliation.**
We will support you in actively asserting your rights. Your family, authorized representative, or legal representative also have the right to assert these for you and on your behalf without retaliation.
12. **Give or withhold written informed consent to participate in any research or experimental treatment.**
You have the right to know all terms and conditions regarding any type of research or experimental treatment and have those explained to you in a manner in which you understand. You may consult with your legal representative or other support team members before making a final informed consent or refusal.
13. **Associate with other persons of the person's choice, in the community.**
You may choose to spend time with others of your choice (including in the community) and to have private visits with them. If someone wants to visit with you, you have the right to meet or refuse to meet with them.
14. **Personal privacy including the right to use the lock on the person's bedroom or unit door.**
You have the right to privacy to the level you choose including the use of a lock on your bedroom door or unit.
15. **Engage in chosen activities.**
You have the right to choose, refuse, or engage in the activities planned by you, your family, your support team, staff and other persons. You also can choose your services, schedule, and people with whom you spend time and if you want to work. Your provider may support you to work as agreed upon within your support plan.
16. **Access to the person's personal possessions at any time, including financial resources.**
You have the right to access your possessions and you may access your financial resources when you choose. You can control your own personal funds and authorize your provider to assist with management of those funds, as you desire.

For persons residing in a residential site licensed according to MN Statutes, chapter 245A, or where the license holder is the owner, lessor, or tenant of the residential service site, protection-related rights also include the right to:

1. **Have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person.**
You may use the house phone on a daily basis and have private conversations. If you make long distance or collect calls, you will be expected to pay for those charges yourself. Because the company phone is used by others, please be considerate of the needs of others.
2. **Receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication.**
No one other than yourself or someone you have given permission to may open and/or read your mail or e-mail/electronic correspondence. You may also send mail or e-mail/electronic correspondence without concern that your privacy will be violated.
3. **Have use of and free access to common areas in the residence and the freedom to come and go from the residence at will.**

This company considers the residence you live in as your home and therefore you have use of and access to the common areas within the home including the kitchen, dining area, laundry, and shared living areas, to the extent desired. Your bedroom remains your private area and is not considered a common area of the residence. Since common areas are shared, please be respectful of others and their use of the areas. As this is your home, you may come and go at will.

4. Choose the person's visitors and times of visits and have privacy for visits with the person's spouse, next of kin, legal counsel, religious adviser, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom

You have the right to privacy for visits with persons of your choice and may do so in the privacy of your own bedroom, including the time of the visits.

5. Have access to three nutritionally balanced meals and nutritious snacks between meals each day.

This company believes in providing healthy meals to you as well as nutritious snacks throughout the day. We value your health and wellness regarding food and beverages and nutritious intake.

6. The freedom and support to access food and potable water at any time.

This company values your health and will provide you with access to drinkable water and nutritious meals and snacks. This includes having the freedom and support to access food at any time.

7. The freedom to furnish and decorate the person's bedroom or living unit.

We understand that having a space that suits your preferences, wants, and needs is important, and the company will support you in decorating your bedroom or unit as you choose.

8. A setting that is clean and free from accumulation of dirt, grease, garbage, peeling paint, mold, vermin, and insects.

The company knows that is important to have a home that is clean and welcoming for you and we will do what we can to meet this requirement. Please contact us if you have questions or concerns about the setting.

9. A setting that is free from hazards that threaten the person's health or safety.

Your health and safety are very important to us and we want to ensure that there are no hazards that could threaten that. Please contact us if you have questions or concerns about the setting.

10. A setting that meets the definition of a dwelling unit within a residential occupancy as defined in the State Fire Code.

This company follows and will meet state and local requirements of a dwelling unit. Please contact us if you have questions or concerns about the setting.

I understand that only to protect my health, safety, and well-being can my rights be restricted. If they are or will be restricted, I have received an explanation of what the right restriction means and that the company must document and implement this restriction according to MN Statutes, chapter 245D. It has also been explained to me that the company will support me in getting my rights returned to me as soon as possible. Yes No

I have received a written notice identifying my rights. Yes No

These rights have been explained to me in a manner in which I understand. Yes No

Person served/legal representative

Date