Marshall County Group Homes, Inc.

SERVICE PLAN REVIEW MEETING AND ATTENDANCE NOTES

Name: *Gary Bergh*

Service plan review meeting date: *10/04/2024*

Time: *1:00p*

Type of service plan review meeting (i.e. annual): *Anuual*

Location of meeting:

The purpose of this meeting is to provide an opportunity for support team or expanded support team members to participate in the ongoing review and development of the service plan and the methods used to support the person and accomplish outcomes. This meeting is also intended to determine whether changes are needed to the service plan based on the assessment information, the license holder's evaluation of progress towards accomplishing outcomes, or other information provided by the team.

A Review of Technology needs for the individual served: *Gary wears prescription eyeglasses. He has his own wheelchair and walker.*

A review of the person's service and support outcomes occurred and the following determinations regarding those outcomes were made:

1. *Gary will correspond with family and friends through phone calls or mail.*
2. *Gary will choose a restaurant to eat at.*

It was decided by Gary and his team that both of Gary's outcomes will continue. No additional outcomes were identified.

Changes needed to the *Support Plan Addendum, Self-Management Assessment,* or other document in the service plan, include, if any: *SP Addendum – Self-Management of Symptoms or Behaviors: Gary does not like loud noises or when other's are in his personal space. He has threatened to hit a housemate that was yelling loudly and stood very close to him. Gary is able to tell his housemate to move away from him when he/she is standing too close. When staff remind the housemate that he/she is standing too close to Gary and the housemate moves away, Gary is able to calm down again. ISMA – Health & Medical Needs – Gary is seen annually by his neurologist; When asked, he usually prefers taking his medications with water. Sometimes he will choose to have his medications in pudding or cool whip. Gary has episodes of having loose stools, since 1/2024. He is cooperative in following the BRAT (bananas, rice, applesauce, toast) diet when this occurs. He had a colonoscopy on 3/7/24. He relies on staff to prepare a BRAT diet for him, as needed. Personal Safety - Gary uses a wheelchair any time he is in the community or being transported. Gary does not know how to swim and has no interest in entering a swimming pool or lake. He is supervised at all times at home and in the community. Gary is cooperative in allowing staff to assist him with all Activities of Daily Living. Self-Management of Symptoms or Behaviors: Gary does not like loud noises or when other's are in his personal space. He has threatened to hit a housemate that was yelling loudly and stood very close to him Gary is able to tell his housemate to move away from him when he/she is standing too close. When staff remind the housemate that he/she is standing too close to Gary and the housemate moves away, Gary is able to calm down again. IAPP – Added that Gary does not like other's in his personal space and he has threatened to hit a housemate when that individual is too close to him or tosses his/her belongings in his lap. Staff reassure Gary he is safe and direct the other individual away from him. Staff encourage Gary to try to ignore his housemates behaviors and then she might not bother him if he does not react.*

Discussion regarding person-centered program planning:

What are the opportunities to develop and maintain **essential and life-enriching skills, abilities, strengths, interests, and preferences**? *Gary is offered activities and may choose which ones he would like to participate in, according to his interest. Staff offer activities he enjoys, such as: playing UNO, coloring, watching his favorite game shows and guessing answers. Group outings and events are offered to Gary to participate in. Gary sends birthday and holiday cards to family and friends throughout the year.*

What are the opportunities **for community access, participation, and inclusion** in preferred community activities? *MCGH facilitates monthly outings for Gary of his choice; Gary's family visits and takes him out to eat or to visit his*

mother; he participates in community events such as concerts, picnics, holiday parties.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community? *Gary engages in activities daily with his housemates and staff. He attends the Warren ODC Monday-Thursday and is able to interact with peers outside of his residential home. Gary's family involves him in family events such as birthdays.*

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community? *Gary denies any interest in any employment services.*

The person currently receives services in (check as applicable):
☒ Residential services in a community setting controlled by a provider
☒ Day services
☐ Neither

Provide a **summary of the discussion of options for transitioning the person out of a community setting controlled by a provider** and into a setting not controlled by a provider (residential services). Include a **statement about any decision made regarding transitioning out of a provider-controlled setting**: *The team feels Gary is lives in the least restrictive environment for him at this time.*

Provide a **summary of the discussion of options for transitioning from day services to an employment service.** Include a **statement about any decision made regarding transitioning to an employment service**: Describe any further research or education that must be completed before a decision regarding this transition can be made: *Gary denies any interest in transitioning into employment services.*

Other meeting discussion notes:

Admission Form and Data Sheet: *Reviewed by the IDT and signed by Tracy Bergh, Brother/Co-Guardian.*

Health: *See attached Individual Care Plan, Appt Review, RN Report and Seizure Protocol for Gary prepared by Henrietta Linder, Residential RN. Gary's Seizure Protocol is to be reviewed and dated by his Neurologist, Dr. Roller, at his next neurology appt on 10/29/24. If there are any incidents with Gary (falls, seizures, bruising, etc) the residential home is to call his sister, Diane and text his brother, Tracy. When Henrietta read the nursing summary and reviewed behaviors Gary has had towards his housemate, Gary's brother Tracy encouraged Gary to ignore the housemates behaviors and the housemate may just quit invading his personal space or set things in his lap.*

Day Program: *Gary attends the Warren ODC Monday-Friday. He states he enjoys going there. Angela, ODC Staff asked that the group home send an extra set of clothing for Gary and briefs. The ODC confirmed that Gary can stay at the ODC if he has an incident or being incontinent of urine or BM – previously, he was sent home. Gary had told his home staff that he did not want to do his "treasures" activity anymore as there were no chocolate treats in there anymore. The ODC Staff said they would purchase small bite size chocolates and put them in Gary's "treasure" activity again.*

Residential: *Gary's ISP outcomes were reviewed and will continue as written. Gary agreed that is what he would like to do. When asked how come he no longer wants to play UNO, Gary did not respond. His brother suggested that the home use enlarged print UNO cards – these are to be purchased by the group home so all individuals can play with them. Gary did not state there was anything he wanted or needed for himself at his home. Gary is wanting only one*

staff person to give him a shower and shave him. The importance of allowing other staff to do his cares was discussed and an option of having his preferred staff demonstrate to other staff how his shower and cares are done by her was suggested.

MN Choices Meeting: *Cassi Hermanson, MCSS will be meeting with Gary, Rachel DCC on 10/10/24 at 2p on CS. Tracy was asking where the meeting was being held but contacted Rachel later and stated he would not be attending the meeting.*

Next Meeting*: October 6, 2025, 1p at the Warren ODC.*

TO DO LIST FOLLOWING MEETING:

1. *Take Gary's current Seizure Protocol to his next neurology appt for Dr. Roller to review and make any updates/changes, sign and date.*
2. *Purchase large print UNO cards*

To be reviewed & updated if needed, signed & dated by Dr. Matthew Roller, Neurologist. on 10/29/24 (cg)

PROTOCOL FOR GARY BERGH SEIZURES

1. When sitting in a regular chair, the chair must have arm rests and Gary is to have a table pushed up in front of him to prevent falling forward out of the chair, in case of seizure activity and/or spasm.
2. Always ambulate with one assist, using a gait belt that is tightened snugly around Gary's waist, with your hand on the gait belt behind him with a good hold.
3. If Gary should start to spasm/seizure during ambulation and you are unable to hold him up, ease him to the floor gently. This is not considered a fall. Then when ready, get assistance to get him back up.
4. Document all seizure activity – date, time, length and describe physical symptoms (ie: eyes rolled back, skin color, jerking of body parts, frothing of mouth, etc.)
5. Gary is to lie down and rest after every seizure episode, per doctor request.
6. If a seizure lasts more than 5 minutes or if he has several seizures in succession, call 911 per Dr. Roller, Neurologist.
7. Brother, Tracy (218)689-5152 and Mother, Joyce (218)843-3584 want to be informed of all seizures.
8. Call Residential Nurse.
9. Dr. Roller wants to be informed of any seizure activity. Call (7011)317-9000 and leave a message for Dr. Roller or you can ask the RPC to email Dr. Roller.
10. In the event of a seizure, keep all foreign objects away from Gary, do not put anything into his mouth, loosen anything tight around his neck, stay by his side until the event is over, if lying flat, turn him onto his side to expel any saliva or vomitus, observe his mental status, ask him how he feels, if he has soiled himself clean him up and once the event has passed, allow him to rest.
11. If a fever accompanies Gary's seizure then he should be seen by a physician.
12. If a seizure occurs after Gary has fallen, he should be seen by a physician.

Updated 11/12/21

Henriette Lindsi

GARY BERGH ANNUAL MEETING 10/7/2024

HEALTH: Gary's last annual meeting was held 10/23/23. Gary continues on a regular diet with low salt and is given ½ cup servings. His weight on 10/31/23 was 169.7lbs with weight on 9/3/24 at 166lbs. He continues to have a good appetite. His ideal weight is 145 to 160lbs.

Gary received a Covid-19 booster on 11/9/23 and a PCV20 vaccine on 11/14/23 with no ill effects. He is scheduled for an upcoming flu vaccine and Covid booster on 10/4/24 pending approval from guardian.

On 12/31/23 Gary began having frequent incontinent loose stools several times daily. He was given Imodium PRN after each loose stool. Gary was unable to attend ODC on days he had diarrhea stools. On 1/6/24 a small amount of blood was noted in his stool and was taken to NVHC ER and was seen by M Woinarowicz, NP. Labs and a UA were completed. The UA was negative for infection and the CBC & CMP were mostly WNL with exception of the C-Reactive Protein which was 3.5 (<=1.00) which determines an inflammation in the body. His HGB was 13.8gms (13.5-17.5). A CT of the abdomen and pelvis without contrast showed non-obstructing stones in the mid portion of the left kidney, segmental narrowing of the distal sigmoid colon measuring 3.5cm which was concerning for malignancy with a colonoscopy recommended. Orders were to hold the stool softener till diarrhea stools cease, start Omeprazole 40mg daily and start a BRAT diet (bread, rice, applesauce, ~~tea~~ toast), to use Imodium after loose stools, to obtain a stool sample and bring to clinic and to return to ER if condition worsens. On 1/7/24 Gary c/o his tummy feeling sick and ointment was applied to his rectal area due to soreness from frequent loose stools. A stool sample taken to NVHC on 1/8/24 showed no fecal occult leukocytes or C-Diff toxins and was negative for blood. He was seen at the clinic on 1/10/24 as ER F/U. He was to continue BRAT diet, give him Gatorade or Poweraid to drink, avoid artificial sweeteners and to monitor B/P TID which stayed WNL. Gary had labs done again on 1/15/24 which all looked good. His C-Reactive Protein was down To normal limits and his HGB was up to 14.5gms. He continued to eat well but continued with loose stools mainly at night requiring him to wear pull-up briefs and he continued to be fatigued. He was initially seen by Dr. Baig, gastroenterology, on 1/18/24 with colonoscopy scheduled for 3/7/24, to d/c BRAT diet and Omeprazole, eat diet as tolerated and resume stool softener as scheduled. He had a pre-op done 2/22/24 by J Hauser and was cleared for colonoscopy. He approved holding the stool softener as long as having loose stools. Gary began his prep on 3/5/24 and tolerated this well. His colonoscopy was completed on 3/7/24 at NVHC. The scope was completed up to the terminal ileum with random biopsies done. Multiple random and targeted colorectal

mucosal biopsies were also obtained from the cecum, ascending colon, sigmoid colon and rectum. The colonoscopy showed mild sigmoid diverticulosis and retro flexion in the rectum revealed small to moderate internal hemorrhoids-non bleeding and non-thrombosed. The biopsies revealed no sign of cancer or colitis. He recommended an endoscopy be done but family requested it not be done due to nothing significant found with the colonoscopy. The TID B/P's were d/c'd in Jan 2024 as they remained in good range throughout. At present Gary continues to have occasional incontinence of loose stools and continues to wear a pull-up brief at night. Gary was brought home from ODC on 4/22/24 due to loose stools and again on 4/23/24 with loose stools and low grade elevated temp. These continued loose thru 4/30/24 with an appointment scheduled to see Dr. Baig on 5/2/24. Dr. Baig did cancel that appointment and wanted Gary to start Culturelle, probiotic, which was started on 5/8/24. He stated he still felt Gary needs an endoscopy. The Docusate Sodium was also d/c'd due to having been on hold for some time. Gary had an annual physical exam with J Hauser on 6/17/24 with no changes made and had his ears flushed of cerumen. Gary's fasting labs were done on 6/21/24. His PCP stated his labs all looked good – electrolytes, liver function, cholesterol levels and PSA were all WNL. His next physical is scheduled for 6/18/25. On 7/3/24 Gary was given his am plus his pm medications together at HS. His vitals remained good. The NVHC was called and in turn they called poison control with a list of meds that he had taken. Poison control stated they were not concerned and did not feel he should have any ill effects. The physician on call at NVHC stated we could give Gary his regularly scheduled meds in the morning but to hold the Lisinopril for the 1 day as he got a dose at HS. He also requested staff complete vitals on Gary every hour for 6 hours then to complete vitals every 8 hours x 48 hours – these were all WNL. Gary did sleep in the following morning but no ill effects were noted otherwise.

NEUROLOGY: Gary continues to be seen by Dr. Roller for his seizure disorder. Gary's last documented seizure was on 4/28/22. There was a question if Gary was having undetected seizures with Dr. Roller notified on 11/3/23 who recommended labs be done and to be seen on 11/16/23 with an EEG to be done. The Keppra level was 56.0 (10-40) and the Zonisamide level was 55 (10-40mcg/ml). The EEG showed no significant findings with no medication changes needing to be made. His next appointment is scheduled for 10/29/24.

DENTAL: Gary sees Dr. Hanel at Lone Oak Dentistry in Warren,MN every 6 months. His last appointment was on 5/22/24 with cleaning, exam and prophy done. His next appointment is scheduled for 11/26/24.

VISION: Gary has an annual eye exam at Warren Eye Center with Stacy Bienek. His last appointment was on 11/9/23 with no changes in his vision noted. He did receive new

glasses on 11/30/23 and had his old pair repaired to be used as a back-up if needed. He is to F/U in 1 year.

SKIN: On 10/23/23 a small blister was noted on Gary's small left toe – antibiotic with bandaid applied and it healed without incident. On 11/5/23 Gary developed a rash under his left aem,on chest and right armpit. This resolved with use of Zinc Oxide cream. On 2/5/24 it was noted Gary had some soreness behind his ears from his glasses which resolved. On 3/24/24 staff noted a small amount of blood in his nostril. After use of a humidifier no further issues noted.

THERAPY: Gary receives a body massage 2 x monthly. He receives PROM to lower extremities 2 x daily, to upper extremities 1 x daily, uses upper extremity bike for 5 to 10 minutes daily and ambulates with front wheeled walker using a gait belt and staff assist a minimum of 3 x daily (he does very well with ambulation). He does not normally use the w/c in the facility except when going outdoors/outings. Gary wears bilateral orthotics in his shoes with the last ones purchased 5/2/22 and to be replaced as needed. On 4/16/24 Gary had the arm pads replaced on his w/c. Gary attends ODC every Mon – Thurs. He enjoys his days off and often requests to sleep in on those days after he has been toileted and given his morning meds. Gary is encouraged to sit outdoors on nice days but most often refuses choosing to stay indoors. He has on several occasions sat outdoors but no more than 10 minutes.

FALLS: Gary had a fall on 6/30/24 when he was found on the floor in his bedroom in the morning. He sustained a small skin tear on his left elbow and some slight redness to his knees. He stated that he had slept hard and rolled out of bed.

On 7/1/24 noted bruise upper left arm and on right knee. Stated he fell off the bed.

On 7/1/24 while walking with staff he began having spasms and needed to be eased to the floor with no injuries.

On 7/6/24 in morning he was found with his upper body leaning over the edge of the bed and was moved to the middle by staff. Gary presently has his bed against the wall with a longer rail on the outer side of the bed. Staff does check in on him a couple times thru the night to be sure he isn't positioned to close to the outer side of the bed.

BEHAVIOR: Showers have become an issue for Gary when the usual staff person is not available as he always wants her giving him his **showers**. Some incidents as follows:

1/19/24 – Very uncooperative with completing shower as well as tasks to get ready for the day.

4/10/24 – Refused to take a shower and showed his fist to staff person. When DCC arrived he was willing to take a shower.

8/12/24 – Did not want to get up as DCC not there. Once up in shower chair he had a bowel movement on the floor stating he did it because he was angry.

8/19/24 – Refused to shower due to DCC not present.

9/3/24 – At first refused shower but did then comply. He stated "she (Sam keeps bugging me!"

9/16/24 – Refused shower stating he wanted DCC.

9/18/24 – Did not want to take shower but did eventually comply. He was angry, hitting shower chair stating he wanted DCC. Was told once she returns to her regular shift she will again be giving him his shower.

BEHAVIORS CONCERNING NEW HOUSEMATE:

5/11/24 – Very agitated and upset while housemate having behaviors.

5/31/24 – Agitated and pounding fists on his chair.

6/1/24 – Agitated and pounding fists on his chair.

6/21/24 – Very jumpy/agitated with increased spasms – housemate running thru house and laid on floor behind hid chair.

6/23/24 – Incontinent stating he was afraid to go to the bathroom because housemate having behaviors.

6/26/24 – Did not want housemate sitting by him stating she made him nervous. Refused to take pm meds till housemate out of the room.

6/28/24 – Was difficult to shower having spasm with every little noise he heard. Later when in his recliner clenched his fists every time housemate ran thru house.

7/3/24 – Very tense every time housemate near him – had many spasms in shower.

7/13/24 – Having spasms with housemate screaming and making sudden actions in front of him.

7/14/24 – Increased spasms in pm with housemate running thru house and yelling.

7/24/24 – Housemate threw wig at Gary – he threw it back at her stating to staff he was scared.

7/29/24 – Housemate threw wig at Gary again. He threw it back at her, slammed his fist on his chair and raised his hand like he wanted to strike her.

8/14/24 – Housemate sat in Gary's w/c. Gary raised his fist, leaned forward and yelled out 3 times "I'm going to kill you" and slammed his fist on his chair 3 times. Housemate later apologized.

8/15/24 – Housemate sat next to Gary and hollered. Gary raised his fist – she was moved by staff.

8/27/24 – Housemate out of room yelling – Gary raised his fist at her.

8/28/24 – Housemate yelling – Gary pounding his fist on his chair.

9/2/24 – Housemate in his face. Gary took off his watch and threw it at her across the room – it hit the pantry door. He stated "she makes me mad!!"

9/4/24 – Gary was in a good mood when returned from ODC. When housemate returned from school she began having behaviors and Gary began pounding his chair yelling "Get out of here!!"

9/10/24 – Refused to walk with staff as was angry with housemate having behaviors stating "Get out of here!"

9/12/24 – Needed much coaxing to get up saying he was angry with housemate.

9/14/24 – Upon waking in am asked staff if housemate was at facility. Told by staff that she was and he stated "She scares me". While ambulating with staff, housemate got close to him and he quit walking.

9/24/24 – Housemate was having behaviors – Gary raised his hand and looked angry.