RIVER PLACE

STAFF MEETING SUMMARY

Subject: River Place Staff Meeting

Date: Feb 6, 2025

Time: 1:00p-3:30p

- Safety/Health Review –
- Nursing Inservice – *Reviewed by Henrietta and attached on STAR*
  - Medication Error Policy Review and Reporting
  - Controlled Substance Protocol
  - Standing Orders Policy & Standing Orders Document – Renewed again this year. Additions on this years renewal include aloe vera juice, pepto bismol, dramamine.
  - PRN Policy & Documentation Form
- Program policies (STAR) – *Reviewed by Sabrina and attached on STAR*
  - Drug and alcohol policy
  - Documentation Policy and physician order log
- Emergency Procedures – Feb: Fire Drill – staff bedroom, blocked exit drill (*Cindy responsible*)
  - Missing Jan: Power outage drill – furnace room in garage (*Jeanne responsible*)
  - Missing Nov: Fire Drill – WF bedroom (*Pam responsible*)

Meeting Review:

A. **February Calendar Reviewed** – Reminder to turn in requests off by the 10th of the month prior. Calendars will be released on the 15th of the month. After the 10th of the month, staff will be responsible for filling their own shifts. (see attached calendars)

B. **Annual Training Assigned** – Annual training that is planned to take 4 hours has been assigned in STAR. This is due at the end of the month. Please plan time to take care of it. It does not NEED to be done during your shift however, whenever you do it, you do need to be clocked in.

C. **Communication with State Representative** – There are messages in therap from Kristal to everyone regarding potential state budget cuts with regards to disability services. Please reach out to your state representatives with the information provided to advocate for keeping the funding needed to continue to run and staff group homes.

D. ***House concerns*** –
   a. New Business
   - Key codes will be changed on exterior doors due to staff turnover.
   - Staff need to make sure they are working with JT on her exercises twice daily and documenting if she refuses or if she is unable to complete them for health reasons.
   - Please try to document any mental health changes noticed in Jeff.
   - *DNR-* Jeff and Wayne are both DNRs. This means if you go check on them and they are not breathing and have no pulse. You do not begin CPR. For Wayne you will call 911 and explain the situation. His DNR orders are on file in the teal medial appointment binder. You will need to share these with the paramedics when they arrive. For Jeff, you would call the hospice nurse line and explain and then you do not need to do anything else. For both, you would still administer

emergency first aid or the Heimlich maneuver. This information is on their admission form and data sheet in the teal binder.

- *Full Code* – Jeanette and Cheryl are considered Full Code. This means if you were to go check on them and they were not breathing or did not have a pulse. You would call 911 and get the AED and start CPR as you have been trained. You would also administer emergency first aid or the Heimlich maneuver as necessary. This information is on their admission form and data sheet in the teal binder.
- Please avoid hanging dish towels on the oven door as this is a fire hazard.
- *T-Logs* – Please make sure when writing T-logs to keep them objective. You need to write only what you observe or know to be true without adding any assumptions.

Consumer reports:

Wayne – Weight: 161 (+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: No appts this month

Behaviors/concerns: Wayne has had a few accidents of incontinence throughout the month, even before the 2-hour mark. Wayne was at the table and after the staff gave him a few pretzels, Wayne decided to stand up and try to reach the bag for more. Wayne has had a few accidents of BM and wetting in his pants.

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: 105 (0)

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

Appointments: No appointments this month.

Behaviors/concerns: Cheryl had a cold sore that has since healed. Abreva was discontinued. Cheryl currently has a runny nose and has a rough sounding voice. The nurse was there to access her. Staff are trying OTC meds but may go to the clinic depending on how the next few days go. Currently OTC meds seem to be working and she remains afebrile. She stayed home from the DAC to rest. Though staff have noticed her being a little more tired than usual, she has still been chatty and giving staff and housemates their teases. She has been getting in fluids through soup and Jello as well as her liquids. She drank some water and ate some soup and Jello. December average documented intake =1273cc. Jan average documented intake = 1432cc.

Outings: Cheryl did not have any outings with the group home this month.

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.

Jeanette – Weight: 110 (+8)

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

Appointments: Jeanette was seen by her primary physician with order to discontinue Myrbetriq due to it being difficult to dissolve in g tube. No other medication changes made. States to follow NPO until swallow study is

made. Jeanette was informed of the risks and benefits of oral intake versus tube feeding. She was informed that while oral intake could improve her quality of life, it also increases the risk of recurrent aspiration pneumonia. She was advised to make an informed decision regarding her dietary intake. Repeat swallow study to occur at 2/17/25 appointment at Sanford in Fargo, ND. States Huntington's disease is progressive, contributing to her difficulty in coordinating swallowing and increasing risk of aspiration. Advises Jeanette to keep her indwelling foley catheter in place until an appointment with urology which is presently scheduled for 3/28/25. It was not possible to get her in sooner with Sanford urology. Supplies for foley catheter will be ordered from Corner Home medical supplies. Physician stated all present medications should be able to be crushed safely. PCP stated that according to staff she seems to be doing fine off her Hydrocodone-Apap and will continue to hold for now. PCP listed diagnosis of Neurogenic bladder.

Behaviors/concerns: Jeanette had her glasses adjusted uptown at Warren eye Care after she was saying she was seeing double. She is on eye drops 1 drop to each eye 3 times a day. Jeanette has vomited a number of times throughout the month of January. She has been in the hospital a couple of times this month for UTI and Aspiration Pneumonia. This last time she is to have nothing by mouth, honey thicken liquids and Meds crushed and through the tube. She had a course of antibiotics to finish after being discharged. She is currently on Kate Farms formula, 4 cartons daily, totaling 1300mL. Jeanette's meds have been changed to 7 pm instead of 8:30 pm due to her wanting to go to bed earlier. Jeanette feeding is to run @ 85cc/hour over a 16 hour period. Jeanette has had nights where she sleeps well and nights that she is up almost ½ the night. She has been home less than a week since the last hospital stay, and she vomited 2 times at night. She was administered Zofran for nausea and that did seem to help. Staff took her vitals. She did tell staff she was bored; she did play on her tablet and was watching tv. She has been offered to play cards with housemates and staff but did not partake. Jeanette had a day where it took 3 staff to help her stand so that she could be cleaned up after a bm. Jeanette did lose her strength and was slowly lowered to the floor when staff attempted to transfer her to her chair. Staff were able to get her up and into her chair. Jeanette had a runny nose; the nurse was here to access her and was treated with OTC medications and neb treatments. The last week, her mood has been good and she has not vomited since the water boluses were discontinued on Jan 31 to decrease the amount of fluid her stomach needed to absorb.

Outings: There were no outings this month.

Reposition twice during the night

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

Jeff - Weight: 156 (+6)

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

Appointments:

Behaviors/concerns: Jeff had multiple sores on his face and head. He was diagnosed with impetigo and had medications prescribed to treat. While contagious, he was isolated to his room. The Facility nurse called hospice about Jeff medication that they are coming with orders saying by mouth and not by g-tube. The nurse also told the hospice that when meds come in pill form the dosages are not the same. The hospice nurse was not aware of this. These was discovered to be a transcription error upon admission. There have been a few times where Jeff has needed some oxygen. One night, he had it on most of the night and through the morning. Jeff had a few days where he got up into his chair with staff assistance and did not want to lay down for a rest. He was content staying in his chair. Jeff has had up and down days. He is trying to get up and sit in his chair more.

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: Make sure staff are assisting with pad application while on her period and also ensuring she is changing it while she is here all day.

Outings: *No outings this month*

The next monthly staff meeting will be held Thursday, March 6, 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	present	DCS
Henrietta Linder	present	RN	Jeanne Johnson	EXC	DCS
JoAnn Saunders	present	LPN	Pam Abrahamson	present	DCS
Kelly Nordine	teams	DCC	Billie Volker	EXC	DCS
Carolyn Jorgenson	present	DCA	Hannah Johnson	teams	DCS
Roxanne Roth	absent	ONP			

Authorized By: Sabrina Deschene, RPS

Acknowledgement completed in STAR Services

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POLICY FOR STANDING ORDERS AND PRESCRIPTION PRN MEDICATION

(Non-prescription/over-the-counter drugs and Prescription PRN medications)

1. Standing orders, if used, must be approved by the physician in writing annually.
2. Drugs listed in the standing orders must correspond with the stock supply.
3. DCC should review Standing orders for expiration and dispose of expired medications per the Medication Destruction Policy.

Documentation for PRESCRIBED PRN MEDICATIONS

1. ***Prescribed PRN Medications*** orders on the MAR require the charting of the *reason* the medication is given/applied also required is *follow-up* charting in **Therap by doing a T-Log**.
2. If a Prescribed PRN is given prior to leaving your shift the next shift person on should chart the follow-up. It is each staff person's responsibility to check the PRN MARS on each shift.
3. If no improved results after 1-2 hours, contact facility nurse.
4. If nurse provides further instruction chart in a T-Log.

Documentation for STANDING ORDERS

1. Comfort medications administered from the ***Standing Orders*** shall be documented on the Standing Orders Documentation sheet located in the MAR book. If the results do not resolve the condition in 1-2 hours, contact the facility nurse.
2. On the Documentation Sheet fill in each box on the form. Enter date and time medication is given, medication dose and route and reason the medication is being given and initials of person administering medication in the corresponding boxes. Staff must follow up within 1-2 hours and chart the results or response to the Standing Order medication given, if any.
3. If nurse provides further instruction chart in a T-Log.

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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 Count Sherriff'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 Sherriff Department take back program or destroyed in the facility.

MEDICATION DESTRUCTION RECORD

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Recipient: _____ Program: _____

Medical Name	Rx Number	Number Remaining	Date Destroyed	Method of Destruction	Signature of Person Destroying

Revised 3-2024

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CONTROLLED SUBSTANCE PROTOCOL

(Post in MAR Binder)

POLICY:

CONTROLLED SCHEDULE II MENDICATION USE: PRESCRIBED ROUTINELY FOR MEDICAL CONDITONS, ACUTE, SUBACUTE, AND POST-OPERATIVE PAIN.

Controlled Substance medication(s) prescribed for routine medical use or used when the severity of the pain warrants the use of a Schedule II controlled medication, after determining that other pain medication or non-pharmacological therapies, will not provide adequate pain relief. Staff will document all Schedule II medication on a separate ***Controlled Substance Drug Record Sheet*** for each individual.

PROCEDURE:

Routine Controlled Medications:

- When a controlled schedule II medication is prescribed (see alphabetical list of schedule II drugs in MAR binder) to be taken routinely for a medical condition and is received from an outside pharmacy in a bottle, packet, or bubble pack, the following procedures will be followed.
    1. The staff receiving the controlled medication will document the date and time received, the Rx number, the name and dosage of the medications, and the number of pills received.
    2. The staff will place the scheduled II medication order on the MAR in Therap to match the physician order for administration.
    3. Each time a staff member administers the controlled medication, they will document initials on MAR in Therap and place the number of pills remaining in the Therap comment box.
    4. A verification count will be completed at 8a, 4p and 8p (or at shift change in a single-staffed home) regardless of whether the medication was administered. To complete this verification count, two staff will write the pill count remaining and document on the *Controlled Substances Drug Record Sheet* the date, time, Rx number, medication/dose and correct balance with both staff to sign. The two staff will also compare the number of pills remaining in *Controlled Substances Drug Record Sheet* with the number remaining in Therap MAR.
    5. Each time a new supply of the controlled medication is received, the staff must document on the *Controlled Substances Drug Record Sheet* the date, time, Rx number, medication/dose, the number of pills received and two staff signatures to verify the count received. If the medication received has a new Rx number, the staff is to complete the remaining pills from the original Rx received before starting the new Rx controlled medication. The new Rx controlled medication can be placed on a new *Controlled Substances Drug Record Sheet,* but this count must be verified with 2 signatures just as you do with the original Rx.
    6. The *Controlled Substances Drug Record Sheet* will be kept in the lockbox with a copy of the controlled substance protocol and the controlled medication. The lock box will be kept double locked with the locked medication cupboard.
    7. Once the *Controlled Substances Drug Record Sheet* is completed, the controlled medication is discontinued, or expired, the record sheet will become part of the permanent record and will be kept at the MCGH office located at 805 Pacific Ave; Argyle, MN 56713.

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CONTROLLED SUBSTANCE PROTOCOL

8. Any unused, discontinued, or expired portion of the controlled medication will be disposed of by the facility nurse by taking the controlled medication in its original bottle, packet, or bubble pack to the Marshall County Sheriff's Department disposal site.
9. Prior to removing the controlled medication for disposal from the facility, the nurse will verify the count with another staff member, and both will sign the *Controlled Substances Drug Record Sheet.* The nurse will document the medication destruction record for the individual with date, medication/dose, number of pills to be disposed of, where to be disposed of with nurse and another staff member to sign.
10. Upon arriving at the Marshall County Sheriff's Department disposal site, the nurse will have a deputy/dispatcher verify the count with nurse and dispatcher to sign the form. The dispatcher is to visualize the nurse placing the medication into the disposal container. The *Controlled Substances Drug Record Sheet* will then go to the Marshall County Group Home office and be placed in a permanent record.

Leave of Absence:

- When an individual is on LOA to visit family and controlled medication is to be sent with family for the time period the individual will be on leave, send only the number of pills that will be needed. This will be documented on the *Controlled Substances Drug Record Sheet* as per protocol with a staff member signature as well the signature of the family member to verify the number of pills sent with the family. A *Release of Responsibility* form must also be completed with the medication, Rx number, and number of pills being sent. The staff member is to have the family member responsible also sign the form.

- Upon returning the individual to the facility, the staff member must again put on the *Release of Responsibility* form the number of each medication returned to the facility with the staff and family member both to sign. If any controlled medication is returned, the must also be placed on the *Controlled Substances Drug Record Sheet* with a signature from a staff and family member.

Pain management or Post-Operative Medications:

- When a controlled schedule II medication is prescribed (see alphabetical list of schedule II drugs in MAR binder) post-operative for pain management DCC or DCA will request that the medication be placed in a bubble packet. Medications given will be documented on the *Controlled Substances Drug Record Sheet* documenting the count with two signatures.

- Staff will pick up the medication at the pharmacy and enter the medications on the *Controlled Substances Drug Record Sheet* documenting the count with two signatures.

- Based on the label from the pharmacy, the medications will be kept in supply for the recommended dates of use. Document that date of use span in the DATE OF USE line on the *Controlled Substances Drug Record Sheet.* Contact nurse to determine date of use date span.

- Medication will be kept in a locked box in a locked cabinet.

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CONTROLLED SUBSTANCE PROTOCOL

- Staff will write the Schedule II medication(s) on the Therap MAR to match the physician order for administration. When the staff administer the controlled medication, they are to initial on the Therap MAR and place the count remaining in the MAR comment box.

- DCC will be responsible to monitor the end date of usage and contact the nurse for disposal.

- Any Schedule II drugs not used within the date range specified will be disposed of by the facility nurse. The medication will be taken to the Marshall County Sheriff's Department disposal side in its original container. A deputy/dispatcher will verify the count being disposed of with a signature.

- A verification count will be completed at 8a, 4p and 8p (or at shift change in a single-staffed home) regardless of whether the medication was administered. To complete this verification count, two staff will count the medication(s) and sign off on the *Controlled Substances Drug Record Sheet* with two signatures comparing count against the Therap MAR. Follow the same protocol for verifying the count balance as for routine controlled medications.

Pain Patches:

- When a pain patch is prescribed (see alphabetical list of schedule II drugs in MAR binder), patches should be kept in an individual locked box and double locked in the medication cabinet.

- Staff will document on the *Controlled Substances Drug Record Sheet* the date received, Rx number, medication/dose, the number of patches received and the count balance with two staff signatures to verify the count. DCC or DCA will enter the schedule II medication(s) on the MAR. Staff will track the count remaining in the Therap MAR comment box as is done with the other prescribed medication.

- Staff applying the patch will write the date and initials on the patch. Follow the same protocol for verifying the count balance as for routine controlled medications.
- Retain box with Rx number until all patches are used. When the box is to be disposed of, cross off the Rx number, name of consumer, and medication name with a permanent marker. When removing the patch, it should be folded with the sticky sides together and wrapped in a piece of duct tape and disposed of in the trash.

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CONTROLLED SUBSTANCE PROTOCOL

Updated 5/2024

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Controlled Substance Drug Record Sheet

Recipient: _____ Program: CN CS M R **Date of Use: Starting Date** _____/_____/_____ **to Ending Date** _____/_____/_____

(Staff must fill in these dates before returning to the office)

Nurse Instruction: _____

DATE Mm/dd/yy	Time	Rx # **One Medication (RX #) per sheet.**	Medication and dose	Initial # tabs Pharmacy	# of tabs administered	Locked count balance	Staff 1 Signature	Staff 2 Signature
	8am							
	2pm							
	8pm							
	8am							
	2pm							
	8pm							
	8am							
	2pm							
	8pm							
	8am							
	2pm							
	8pm							
	8am							
	2pm							
	8pm							

Marshall County
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REPORTING MEDICATION ERRORS POLICY

I. Policy

A. It is the policy of this DHS licensed provider Marshall County Group Homes, Inc. (MCGH) to provide safe medication setup, assistance, and administration. Any medication errors will be monitored by facility nursing staff.

II. Procedures

A. If a medication error is discovered, the Direct Care Coordinator (DCC) or person discovering the error must call the employee who was responsible for administration of the medication/treatment and ask them if they properly gave the medication as prescribed. If they did and the medication count confirms this the employee who is responsible will return to the facility and properly document.

When an error has occurred:

1. The program nurse ***must be notified immediately*** by telephone. Allow time for the nurse to call you back, however, if the error is of such a nature that you feel it needs an immediate response, call the prescriber or Emergency Room nurse.
2. The Nurse will determine if an error has occurred and at her discretion give instructions for the immediate care of the individual and may call other health care professionals such as a physician if necessary.
3. Medication error reports are done in Therap. The form is under the General Events Report. Select medication error under event type. Make sure you put the notification as high. The form is to be filled out by either the employee who made the error or the person who discovered the error within a reasonable amount of time. **If person making the error is unknown, the employee discovering the error will complete the form.** All questions must be answered completely. The form is signed by the employee who discovered the error, and the facility nurse.

There must be follow-up charting that reflects any adverse effects for the consumer as a result of the error in the progress notes.

If more than one recipient is involved in the error, a Medication Error form must be completed for each consumer.

It is the responsibility of the DCC to review the MAR regularly to ensure staff are initialing off medications and treatments. If an employee has not signed off a medication/treatment that was administered, it is the responsibility of the DCC to call and request the employee come to the facility and sign off the medication(s) or treatment(s). A note must be left in the MAR regarding the omission of sign off.

Protocol for Medication Error Review:

- When facility nurse completes the quarterly medication review and it is noted an employee has a pattern of medication/treatment errors the employee will be required to meet with the facility nurse to review the concern(s). Nurse discretion will be used to determine corrective action to be taken depending on seriousness of Medication/Treatment error(s). If Termination or disciplinary action is to be considered the nurse will have a discussion with the Administrator to determine appropriate course of action.

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MEDICATION OR TREATMENT ERROR OR REFUSAL REPORT

Name of person served:

Date of error or refusal: Date of discovery, if different:

Instructions

- This report will be completed if a dose of medication is not administered or treatment is not performed as prescribed, whether by error by staff or the person served or by refusal by the person.
- Staff will notify the assigned nurse or nurse consultant, if applicable or the Designated Coordinator and/or Designated Manager or designee upon the discovery of the error or refusal.

The following medication or treatment was involved in this error or refusal:
Medication or treatment name(s) and order:

Staff will check the applicable boxes to indicate the nature of the medication-related event

☐ Medication given at wrong time	☐ Medication was given on wrong date	☐ Medication refused
☐ Medication given to wrong person	☐ Medication given by wrong route	☐ NA-not a medication-related event
☐ Incorrect medication dose given	☐ Medication was not given	☐ Other:

Staff will check the applicable boxes to indicate the nature of the treatment-related event

☐ Treatment not performed correctly as prescribed	☐ Treatment refused
☐ Treatment was not completed	☐ NA-not a treatment-related event
☐ Treatment was completed on wrong date	☐ Other:

Was the error that occurred as a result of staff error or the person served?
☐ Staff: ☐ Person served:

Follow up orders per Nurse or Doctor or ER Nurse:

The following notifications were made regarding the error or refusal:

Assigned nurse or nurse consultant: Date:

Designated Coordinator and/or Designated Manager or designee: Date:

Prescriber: Date:

Legal representative: Date:

Case manager: Date:

Other designee: Date:

_____ _____
Staff completing the report Date

_____ _____
Nurse Reviewing the report Date

Marshall County Group Homes, Inc.

Documentation Policy

I. POLICY

It is the policy of this DHS licensed provider, Marshall County Group Homes, Inc. (MCGH) to meet records requirements set in 245 D.0095. MCGH will ensure that the content and format of consumer records, personnel, and program record are uniform and legible.

II. PROCEDURES

Consumer documentation: documented work on a goal, health concerns, social activity, outings/social contacts, any new or unusual behavior and other activity that is not the recipient's normal routine.

T-Logs

T-Logs for recipients are the most appropriate place to note that the plan of care has been evaluated. The T-Logs provide evidence that regular evaluation is taking place. For recipients: document work on goals, health concerns (such as Dr. appointments, health changes, new treatment, medical concerns, etc..), social activity, behavior, and other activity that is not the recipient's normal routine.

T-Logs are an important method of communicating information to all employees. It is also important to remember the issue of confidentiality, being objective and using clear understandable language. Before you start to write think about who is going to be reading the documentation.

T-Logs are not intended to contain long stories about the day-to-day occurrences for a client. Neither should they contain an employee's subjective response to a situation that has occurred. If an employee has a concern or opinion, they should bring it to the attention of the Resident Program Supervisor (RPS). T-Logs should not contain information that is repeated elsewhere such as on a client's care plan, MAR, Physician orders or log, incident/accident, or behavior report, quarterly, semi-annual, annual reports, or other reports completed by MCGH.

T-Logs are where new treatments or strategies for managing the clients day-to-day can be recorded and to flag that the care plan needs to be or has been altered. T-Logs help in maintaining a record of continuity of care and quality of care to the standards that are required by MCGH and the licensing requirements. They reflect client care in a legal document which can be used to protect the organization/employees if there is a claim made against them by the recipient, family, or legal guardian.

When typing T-Logs, you will need to ensure that they are of the highest quality to meet legal and MCGH standards.

*****It is important to keep the following points in mind*****

1. Remember T-Logs are about the client only.
2. These are permanent records and may be required for legal purposes.
3. Your typing should be clear and complete with proper spelling, punctuation, and grammar.
4. Only use approved abbreviations for MCGH. NO TEXT abbreviations.
5. Be accurate, concise, factual, and present the information in a logical order.
6. Do not record your personal subjective opinions.
7. Do not record the options/thoughts of others outside MCGH.
8. Use quotation marks when recording a direct statement from the client.
9. Consider who is going to read the document, why it is being written and what effect it is intended to have.

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Documentation Policy

10. Write events in order that they happened and as soon as practical after they happen. Please add follow up notes if you are following up on a T-Log that has already been typed up.

11. DO NOT write the names of others in the T-Logs: use staff, housemate, or consumer.

12. No entry concerning a client's care or treatment given should be made on behalf of another employee.

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POLICY AND PROCEDURE ON ALCOHOL AND DRUG USE

I. PURPOSE

The purpose of this policy is to establish guidelines regarding the use of alcohol, prescription/legal drugs, chemicals, or illegal drugs while employees (also referred to as staff), subcontractors, and volunteers are on duty, whether they are at the program site, transporting persons served, or with persons in the community.

II. POLICY

It is not permissible for employees, subcontractors, and volunteers to be on duty, transporting a person(s) served, driving on company business, or accompanying a person served into the community when under the influence of alcohol or illegal drugs or impaired by any chemicals or prescription/legal drugs.

The company will give the same consideration to employees, subcontractors, and volunteers with chemical dependency issues as it does to those having other health issues. Voluntarily seeking assistance for such an issue will not jeopardize employment, whereas performance, attendance, or behavioral issues will.

The company will train employees, subcontractors, and volunteers on the company's alcohol and drug policy.

III. PROCEDURE

A. Any employee, subcontractor, or volunteer, while directly responsible for persons served, are prohibited from abusing any prescription/legal drugs, or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care including alcohol, prescription/legal drugs, or illegal drugs.

B. Any employee, subcontractor, or volunteer reporting or returning to work, whose behavior reflects the consumption of alcoholic beverages or the use of drugs, may be referred for an immediate medical evaluation (drug test) to determine fitness for work and may be suspended without pay until deemed able to return to work.

C. When prescription or over-the-counter drugs may affect behavior and performance, the employee, subcontractor, and volunteer must inform the Designated Coordinator and/or Designated Manager. Re-assignment, light duty assignment, or temporary relief from duties may be required.

D. At any time, the sale, purchase, transfer, use, or possession of illegal drugs or alcohol, and/or the involvement in these activities of any individual under the legal age of consumption during work hours or at a program site will result in disciplinary action up to and including termination. Law enforcement will be notified as determined by the Designated Coordinator and/or Designated Manager.

E. Employees will immediately take necessary action up to and including contact of medical professionals, "911," and/or contact of law enforcement at any time a person served is believed to be under the influence of illegal drugs, is believed to be under the influence of alcohol under the legal age of consumption, or is believed to be a victim of potential alcohol poisoning.

F. Prescription drugs that belong to an employee, subcontractor, or volunteer are to be stored in a location that is not accessible to any person served.

G. Employees, subcontractors, or volunteers are not allowed to store alcoholic beverages at a program site. Persons served may store alcoholic beverages at a program site; however, based on a person's vulnerabilities or other related concerns, alcoholic beverages may be prohibited at any or all times from a program site.

H. As a condition of continuing employment, under certain circumstances, employees, subcontractors, and volunteers may be required to submit to drug and/or alcohol testing. Drug or alcohol testing may be required upon hire, when there is a reasonable suspicion that an individual is currently abusing a drug or alcohol, is under the influence of drugs or alcohol while on duty, has had an accident (unless the accident is striking an animal) or has violated any of the procedures in this policy.

POLICY AND PROCEDURE ON ALCOHOL AND DRUG USE

I. Failure to complete the testing or upon receiving positive test results are cause for disciplinary action up to and including termination. A positive test result may be explained or a request to pay for a confirmatory result made to the Designated Coordinator and/or Designated Manager.