

**CEDAR NORTH/CEDARSOUTH
STAFF MEETING SUMMARY**

Subject: CN/CS Staff Meeting

Date: February 5, 2025

Time: 8:45a-11:30a

Inservices:

- ❖ **Safety/Health Review:** Reminder to sprinkle ice melt on the sidewalks and driveway.
- ❖ **Emergency Procedures:** February 2025- Fire Drill Bedroom #2 (CS-Helen, CN-Jenn)
NEED: January 2025 – Power Outage Drill (CS- Amy, CN – Sara)
- ❖ **Nursing Inservice:** Medication Error Policy Review and Reporting (Henrietta)
Controlled Substance Protocol
Standing Orders Policy & Standing Orders Document
PRN Policy & Documentation Form
- ❖ **Program Policies (STAR):** PSR Core Refresher
Drug and Alcohol Policy
Documentation Policy and Physician Order Log

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. House maintenance:** CS – Anderson Construction is working on repairing the ceiling in the bathroom hallway and in the large bathroom. Also, the pantry closet has been torn out and pantry cupboards have been ordered from Argyle Builders Supply (similar to the cupboards on CN). CN- the living room walls need patching and the cracks need to be repaired. Then the living room can be painted and a pallet wall can be put up on the fireplace wall.
- C. 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.
- D. 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.
- E. House concerns:**
 - Look into cross-training staff to be able to work on both CS and CN; especially on storm days.
 - Need staff for overnights on both CS and CN.
- F. CN Individual Reports:**

- Dylan: DIET – REGULAR DIET- WEIGHT – 183.3 (-1.1)
Appts: Dental Appt.in Trf with Saylor no cavities but has special mouthwash at night. He went

home on the 22nd and appt. On the 23rd.

Concerns: none

Outings: Cont. To do coupons and deliver meals on Fridays. Bible study on the 10th. Played piano 13th, The Dell on the 31st.

Exercise: Dylan rides a bicycle daily (either inside or outside) and will go for walks with staff.

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

- Hailey: DIET – REGULAR DIET - WEIGHT: 155.6 (-1.1)

Appts: Has Play Therapy on Thursdays (Parents take her) she had her Annual meeting on the 26th.

Concerns: Parents have signed a media consent form so Hailey's picture can now be included on MCGH facebook posts. clean up stuff in living room before bed and school, only needs 1 snack in evening also make sure she puts on deodorant before bed and morning.

Outings: Went to sister's house in GF overnight to Hockey game. On the 24th and 31st to The Dell for supper, and watches church on tv.

OT/PT Exercise Program: Encourage Hailey to get up and walk/exercise every hour when she is at home.

- Outcome: Weekly, Hailey will explore new leisure activities so she can identify interests she enjoys and can do during her free time.

- Sandra: DIET – TO HAVE 2-3 CARB CHOICES AT EACH MEAL AND 1/2C PORTIONS; SNACKS ARE TO BE 1 CARB – WEIGHT: 187 (+5.2)

Appts: Zoom meeting on the 7th with Alluma, Dr.Zaks the 14th also went to Perkins and Kohls to get new shoes, Dentist in TRF Dr. Saylor on the 15th same day went to Taco John's, Walmart and to see a friend, Brenda King on the 28th also had eye appointment (ordered new glasses) and China Garden on the 30th Amber and Katie Benson came to the house for a meeting.

Concerns: Wt. Gain -

Outings: continues to work at Lumbar Yard and cleans office on Thursdays, went to stay with daughter on the 4th overnight, bible study on the 10th, goes to church on Sundays, goes to the library, on the 24th and 31st went to the Farmer Dell for supper she also got new grandson (Otis James) went to see him and brought a gift.

Exercise: Sandra is encouraged to exercise daily on her own, choosing what she wants to do for exercise.

- Outcomes: 1. To participate in at least 2 dances/month at LISTEN Center in Grand Forks
- 2. Sandra will prepare and cook a meal for herself 2 times per week

- Vinette: DIET – PUREED FOODS, HONEY-THICK LIQUIDS, 1/2C PORTIONS -WEIGHT 169.6 (-3.1)

Appts: Dentist (Hanel) on the 2nd, Dr Schulz 23rd went to Perkins for lunch

Concerns: wondering if patch weakens neck muscles? Staff make sure we are flossing and brushing her teeth she cannot do it. Maybe getting electric tooth brush.

Outings: Grand Forks shopping and Truckstop, last massage on the 7th, bible study on the 10th church on the tv, 24th and 31st Farmer Dell for supper.

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

- Outcomes: 1. Vinette will attend church services or watch church services on television twice a month
- 2. Monday - Thursday, after returning from the ODC, Vinette will unpack her lunchbox and put her dirty dishes in the sink and place her lunch box on the kitchen counter.

CS Individual Reports:

- Gary: DIET - REGULAR DIET 1/2C SERVING PORTIONS WEIGHT: 168.6 (-7.1)

Appts: 17th of Feb he had an appointment with Jeremy Houser; his PSA and UA were good. If systems persist notify his office.

Concerns: Gary had BM issues the beginning of the month and occasionally throughout the month. Feb 17th he ran a low grade temp and was weak and unable to walk very well. He celebrated his birthday with family and housemates on the 19th. His brother came for a visit and his sister called on the phone. While his brother was here he talked to his mom on the phone

Outings: ODC 4x week

OT/PT Exercise Program: PROM to lower extremities daily; PROM upper extremities x1/day; walking three times/day w/ gait belt if able to walk more, please do, he likes to use his walker;

- Outcomes: 1. Gary will correspond with family and friends by him making phone calls or mail monthly, with staff assistance.
- 2. Once a month Gary will participate in a community outing by choosing a restaurant to eat at, with verbal prompting from staff.

- Diane: DIET – PUREED FOODS AND NECTAR THICK LIQUIDS, 1/2C SERVING PORTION CONTROL; ASSIST OF 1 AT ALL TIMES WHEN WALKING WITH FRONT-WHEELED WALKER; ASSIST OF 1 FOR TRANSFERS WEIGHT: 125.6 (+3.3)

Appts: Feb 15th Diane had her semi-annual meeting at the DAC. They said she was doing well and enjoyed playing a keyboard. She has her massage from Carol Riley. She enjoyed having birthday cake with her housemate.

Concerns: Diane was up in weight. When a new staff was doing med training she refused her meds. It took both of the staff to administer her meds.

Outings: Schedule outing on Tues, Fri, Sat or Sun each month. Bible Study, ODC 3x week
OT/PT Exercise Program: plantar fascia exercises to feet/ankles daily in am, upper extremity peddle bike 5-10 minutes daily; PROM to lower extremities 3x/day; sit to stand exercises for 30 second durations 5-10 reps, ambulate with walker, gait belt and 1 assist during the day

- Outcome: 1. Diane will participate in leisure activities of her interests in music, eating out and movies, in the community, 1x/month.

- Corrie: DIET – MINCED/PUREED DIET; REGULAR LIQUIDS; NO PORTION CONTROL - WEIGHT: 94 (-5.0)

Appts: Diane Woolsey, SLP at NVHC, sent confirmation that Corrie is on a minced/puree diet. No thick it needed in his liquids

Concerns: Corrie isnt able to gain weight in spite of healthy portions and administering Boost. He does go a day every now and then when he doesn't eat well but makes up for it after. He enjoys when we have company, he enjoyed having cake for his housemate's birthday.

Outings: Schedule outing each month on a Saturday. Corrie attends DAC Mon, Wed and Thur. and Bible Study twice a month.

Exercise Program: Ambulate 2-3x a day for 30 ft with a gait belt and two staff.

- Outcomes: 1. Corrie will spend time in the community, x1/month, watching community members engaged in activities (walking, shopping, playing, visiting, etc)
- 2. One time per month, Corrie will eat at a restaurant, with staff assistance.

- Samantha: DIET – REGULAR 1/2C PORTIONS WEIGHT – 159.3 (-1.6)

Appts: Samantha had her semi annual team meeting Jan 229. Her team discussed a referral to a behavioral analyst to assist all of her supports in her life in supporting her with her behaviors and to have guidance to be able to be on the same page. She will have her physical in Feb and will be

Concerns: Parents have signed a media consent form so Samantha's picture can now be included on MCGH facebook posts. Exercise – try YouTube exercise videos, doing the video alongside her. Is she going to try wearing underpants at CS? Samantha's dad, Robert, stated he has felt criticized by staff twice when he has brought Samantha back to the group home – all staff are to be respectful and mindful with all individual's, family members, visitors, etc. Remember, Robert is her father and he has every right to buy whatever he wants for Samantha and to have her give her housemates a birthday card without staff commenting to him about it.

Sam has been given her PRN several times, some during the night, once at school and the rest various times of the day. She has soiled her brief with BM and when staff asks why she has replied "housemate does it". Staff has explained that he is unable to tell staff or walk to the bathroom. Recently her reply was "It's my AHD causing it". She been during during the night about 7 times. Some nights she is quiet and goes back to bed, other nights she is loud.

Outings: Schedule outing x1/month on a weekend.

Exercise Program: Encourage Samantha to exercise/ambulate short distances daily

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

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

The next monthly staff meeting will be held Wednesday, March 12th at 8:45am.

STAFF MEMBERS PRESENT:

Name:	Position:	Name:	Position:
Kristal Walen	Administrator	Jennifer Yutrzenka	DCS
Sabrina Deschene	PD	Lori Weber	DCS
Henrietta Linder	RN	Margaret Deschene	DCS
JoAnn Saunders	LPN	Laura Kostrzewski	DCS
Carol Urbaniak	DCC	Patsy Whitlow	DCS
Rachel Lopez	DCC	Janelle Fick	DCS
Kim Kostrzewski	DCA	Marilyn Huderle	DCS
Amy Wheeler	DCA	Sara Bring	DCS
Joy Edgar	ONP	Janelle Fick	DCS
Angela Wick	ONP	Liz Anderson	DCS

Authorized By: Sabrina Deschene, Program Director



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.



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.

MEDICATION DESTRUCTION RECORD



CONTROLLED SUBSTANCE PROTOCOL

(Post in MAR Binder)

POLICY:

CONTROLLED SCHEDULE II MEDICATION USE: PRESCRIBED ROUTINELY FOR MEDICAL CONDITIONS, 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.



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.



CONTROLLED SUBSTANCE PROTOCOL



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 M/m/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							
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	8am							
	2pm							
	8pm							



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.



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

<input type="checkbox"/> Medication given at wrong time	<input type="checkbox"/> Medication was given on wrong date	<input type="checkbox"/> Medication refused
<input type="checkbox"/> Medication given to wrong person	<input type="checkbox"/> Medication given by wrong route	<input type="checkbox"/> NA-not a medication-related event
<input type="checkbox"/> Incorrect medication dose given	<input type="checkbox"/> Medication was not given	<input type="checkbox"/> Other: _____

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

<input type="checkbox"/> Treatment not performed correctly as prescribed	<input type="checkbox"/> Treatment refused
<input type="checkbox"/> Treatment was not completed	<input type="checkbox"/> NA-not a treatment-related event
<input type="checkbox"/> Treatment was completed on wrong date	<input type="checkbox"/> 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



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.



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.



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.