MARSHALL PLACE

STAFF MEETING SUMMARY

Subject: Marshall Place Staff Meeting

Date: March 6, 2025

Time: 9:30-11:30a

- Safety/Health Review –
  - ☐ Be aware of slippery sidewalks as we go through spring time when snow is often melting during the day and freezing again at night
  - ☐ Reminder that there is no smoking within 20 feet of any doorway or open window. There are designated cigarette but bins. For safety reasons, these need to be utilized. *Smoking is considered inhaling, exhaling, burning or carrying any lighted or heated cigar, cigarette, pipe or any other lighted or heated product containing, made or derived from nicotine, tobacco, marijuana, or other plant intended for inhalation. As of August 1, 2019, this definition includes carrying or using an activated electronic delivery device.*
- Nursing Inservice – *Reviewed by JoAnn and attached on STAR -nothing to review this month*
- Program policies (STAR) – *Reviewed by Sabrina and attached on STAR*
  - ☐ Grievance Policy
  - ☐ Anti-Fraud Policy
  - ☐ Emergency Policies
  - ☐ Responding to and reporting to incidents
  - ☐ Reviewing incidents and Emergencies
  - ☐ Minor injury/Accident report form
- Emergency Procedures – Mar: Tornado Drill *(Mary Kay responsible)*
  - ☐ Missing Feb: Fire Drill – living room *(Madison responsible)*

Meeting Review:

A. **March 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. **Differential Pay** – There has been differential pay approved by the board to compensate for the different needs of the house. See attached document for details regarding Marshall Place.

C. ***House concerns*** –
   - Pantry- Remember to keep pantry door locked when Wayne is home.
   - Snacks – Staff need to set out at least three snack options for Alex during the day when he is home alone. Ask Alex what he wants and set out options that are portioned out to a serving of the snack. Encourage a variety of options such as some healthier options such as fruit so not all junk food.
   - Portion sizes- When the guys have a snack or have their meals, measure out a serving. They don't need to eat the whole bag from the gas station.

- Positive behavioral supports- When working with clients and prioritizing person-centered care. Staff need to use positive behavioral supports. That includes empathizing with their feelings, using a calm and soft voice tone when navigating a disagreement. It is important for the client to understand that you hear them and that they don't feel dismissed.

Consumer reports:

Alex:

APPTS: Eye appt on 3rd, eyes good got new glasses, 1 x week meet w Jolee

CONCERNS: -He doesn't always do his bath, laundry, clean room, or brush teeth with reminders. He plays video games all day and likes to spend his money

OUTINGS: Shopping/eat in GF, BB game, Library, Legion spaghetti, Dell for Bday party, Spent time with brother Connor and weekend with his sister (she moved to St Cloud at end of feb)

Weight: 156 (-2)

Wayne:

APPTS: Wayne has not had any appointment this month.

CONCERNS/BEHAVIORS: He needed reminders to put laundry away.

OUTINGS: Wayne went to church, the legion spaghetti supper, basketball games, library, bible study 2x, The Dell for a birthday party and to GF to shop and eat.

Weight: 197 (+2)

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

Jack:

APPTS: Jack continues with Music Therapy on Wednesdays. No other appts this month.

CONCERNS: Sits in chair, goes to his room and close the door, sleeps with door closed. Noticed his walking has been a little more unsteady lately. He slammed stool to floor and slammed bedroom door. One week during therapy, Jack suddenly left the room 20 min into session. Staff thought he went to bathroom but was in bedroom with door locked. Staff asked if is going to finish session. He came out and finished. He could not tell staff why he did that.

OUTINGS: Jack went to church, the legion spaghetti supper, basketball games, library, bible study 2x, The Dell for a birthday party and to GF to shop and eat.

Weight: 175 (+2)

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

Brandie:

APPTS: Weekly visits (they alternate) Cayli and Amanda from Alluma.

CONCERNS: He plays on his video game in Alex room. Has refused to go to church. He likes to sleep on closet floor, says its warmer. He found that he has access to youtube on his TV, he has stayed up to watch videos until midnight.

OUTINGS: Legion spaghetti, BB game, Shopping/eat (GF), Library, Dell for Bday party, Church 1x w Holly

Weight: 136 (+3)

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

The next monthly staff meeting will be held Thursday, April 3, 2025 at 10:30a.

STAFF MEMBERS: meeting notes assigned to review this month due to illnesses amongst staff members

Name:		**Position:**	**Name:**	**Position:**
Kristal Walen	exc	CEO	Cheryl Lubarski	DCC
Sabrina Deschene		PD	Mary Kay Stinar	DCS
Henrietta Linder		RN	Amanda Mock	DCS
JoAnn Saunders		LPN		
Madison Mock		ONP		

Authorized By: Sabrina Deschene, PD

Acknowledgement completed in STAR Services

MARSHALL

STAFFING: 1 STAFF NEEDED

CLIENT CARE LEVEL: LOW

CLIENT BEHAVIOR LEVEL: MEDIUM

Marshall Place
Weekend Differential
Weekend-$2.75 Weekend hours are 4p Friday through 6a Sunday
Reason:
Weekends are hard to fill

As of 3/2/2025

- Weekend differential will be **$2.75/hr**
- Weekend hours are Friday at 4p through Monday at 6a.

First Payroll new differential will be paid: 3/21/25

- Pay dates 3/2/25-3/15/25

This will be calculated in the payroll system for you. You do not have to do anything.

Marshall County
Group Homes, Inc.

POLICY AND PROCEDURE ON GRIEVANCES

I. PURPOSE

The purpose of this policy is to promote service recipient right by providing persons served and/or legal representatives with a simple process to address complaints or grievances.

II. POLICY

Each person served and/or legal representative will be encouraged and assisted in continuously sharing ideas and expressing concerns in informal discussions with management staff and in support team meetings. Each concern or grievance will be addressed and attempts will be made to reach a fair resolution in a reasonable manner. Should a person and/or legal representative feel an issue or complaint has not or cannot be resolved through informal discussion, they should file a formal grievance. Staff and persons served and/or legal representatives will receive training regarding the informal and formal grievance procedure. This policy will be provided, orally and in writing, to all persons served and/or legal representatives. If a person served and/or legal representative feel that their formal complaint has not or cannot be resolved by other staff, they may bring their complaint to the highest level of authority in the program, the Chief Executive Officer (CEO), who may be reached at the following:
Name: Kristal Walen, CEO
Address: 805 Pacific Avenue, PO Box D, Argyle MN 56713
Telephone Number: 218-437-6695

The company will ensure that during the service initiation process that there is orientation for the person served and/or legal representative to the company's policy on addressing grievances. Throughout the grievance procedure, interpretation in languages other than English and/or with alternative communication modes may be necessary and will be provided upon request. If desired, assistance from an outside agency (i.e. ARC, MN Office of the Ombudsman, local county social service agency) may be sought to assist with the grievance.

Persons served and/or legal representatives may file a grievance without threat or fear of reprisals, discharge, or the loss of future provision of appropriate services and supports.

III. PROCEDURE

A. All complaints affecting a person's health and safety will be responded to immediately by the manager.

B. Direct support staff will immediately inform the manager of any grievances and will follow this policy and procedure. If at any time, staff assistance is requested in the complaint process, it will be provided. Additional information on outside agencies that also can provide assistance to the person served and/or legal representative are listed at the end of this procedure.

C. If for any reason a person served and/or legal representative chooses to use the formal grievance process, they will then notify in writing or discuss the formal grievance with the manager will initially respond in writing within 14 calendar days of receipt of the complaint.

D. If the person served and/or legal representative is not satisfied with the manager's response, they will then notify in writing or discuss the formal grievance with the Chief Executive Officer (CEO), who will then respond within 14 calendar days.

E. All complaints must and will be resolved within 30 calendar days of receipt of the complaint. If this is not possible, the Chief Executive Officer (CEO) will document the reason for the delay and the plan for resolution.

F. If the person served and/or legal representative believe their rights have been violated, they retain the option of contacting the county's Adult or Child Protection Services or the Department of Human Services. In addition, persons may contact advocacy agencies (listed at the end of this policy) and state they would like to file a formal grievance regarding their services, provider company, etc.

POLICY AND PROCEDURE ON GRIEVANCES

G. As part of the complaint review and resolution process, a complaint review will be completed by the Chief Executive Officer (CEO) or the Residential Director (RD) and documented by using the *Internal Review* form regarding the complaint. The complaint review will include an evaluation of whether:
   1. Related policies and procedures were followed.
   2. The policies and procedures were adequate.
   3. There is a need for additional staff training.
   4. The complaint is similar to past complaints with the persons, staff, or services involved.
   5. There is a need for corrective action by the company to protect the health and safety of persons served.

H. Based upon the results of the complaint review, the company will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the company, if any.

I. A written summary of the complaint and a notice of the complaint resolution to the person served and/or legal representative and case manager will be provided by using the *Complaint Summary and Resolution Notice* form. This summary will:
   1. Identify the nature of the complaint and the date it was received.
   2. Include the results of the complaint review.
   3. Identify the complaint resolution, including any corrective action.

J. The *Complaint Summary and Resolution Notice* will be maintained in the service recipient record.

Outside Agency Name	Telephone Number	Address and Email Address
ARC MN	(651) 523-0823 (800) 582-5256	770 Transfer Road, Suite 26, St. Paul, MN 55114 www.thearcofminnesota.org mail@arcmn.org
ARC Greater Twin Cities	(952) 920-0855	2446 University Ave W, Suite 110, St. Paul, MN 55114 www.arcgreatertwincities.org info@arcgreatertwincities.org
ARC Northland	(218) 726-4725	424 W Superior St, Suite 201, Duluth, MN 55802 www.arcnorthland.org cbourdage@arcnorthland.org
Disability Law Center/Legal Aid Society	(612) 332-1441	430 1st Ave North, Minneapolis, MN 55401 www.mndlc.org website@mylegalaid.org
MN DHS-Licensing	(651) 431-6500	444 Lafayette Road, St. Paul, MN 55115 www.mn.gov/dhs/general-public/licensing/ dhs.info@state.mn.us
MN Office of the Ombudsman for Families (and Children)	(651) 603-0058 (651) 643-2539 Fax 1-888-234-4939	1450 Energy Drive, Suite 106 St. Paul, Minnesota 55108 http://mn.gov/ombudfam/
MN Office of the Ombudsman for MH/DD Jennifer Stans	(651) 757-1800 (800) 657-3506 Fax: 651-797-1955 218-763-1895	121 7th Place East, Suite 420, Metro Square Building, St. Paul, MN 55101 www.ombudmhdd.state.mn.us Email: Jennifer.stans@state.mn.us
MN Office of the Ombudsman for Long-Term Care	(651) 431-2555 (800) 657-3591	P.O. Box 64971, St. Paul, MN 55164 www.dhs.state.mn.us/main dhs.info@state.mn.us
Local County Social	218-745-5124	Marshall County Social Services

Service Agency: ask for either child protection or adult protection dependent upon the age of the person		208 E Colvin Ave # 14, Warren, MN 56762

MN Area on Aging:

MN Area on Aging	Telephone Numbers	Address and Email Address: http://mn4a.org/aaas/
Land of the Dancing Sky Area Agency on Aging	Main: 218-745-6733	109 South Minnesota Street Warren, Minnesota 56762 Serves: Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse & Wilkin.

Marshall County Group Homes, Inc.

POLICY AND PROCEDURE ON ANTI-FRAUD

I. PURPOSE

The purpose of this policy is to provide information regarding the prevention, elimination, monitoring, and reporting of fraud, abuse, and improper activities of government funding in order to obtain and maintain integrity of public funds.

II. POLICY

A holder of a license that is issued by Minnesota Department of Human Services (DHS), pursuant to MN Statutes, chapter 245A [Human Services Licensing Act], and who has enrolled to receive public governmental funding reimbursement for services is required to comply with the enrollment requirements as a licensing standard (MN Statutes, sections 245A.167 and 256B.04, subdivision 21). The company is a provider of services to persons whose services are funded by government/public funds.

Government funds may be from state or federal governments, to include, but not be limited to: Minnesota's Medical Assistance, Medicaid, Medicare, Brain Injury (BI) Waiver, Community Alternative Care (CAC) Waiver, Community Alternatives for Disabled Individuals (CADI) Waiver, Developmental Disability (DD) Waiver, Elderly Waiver (EW), and Minnesota's Alternative Care (AC) program. The company has a longstanding practice of fair and truthful dealing with persons served, families, health professionals, and other businesses. Management, staff, contractors, and other agents of the company shall not engage in any acts of fraud, waste, or abuse in any matter concerning the company's business, mission, or funds.

III. PROCEDURE

A. Definition: Types of fraud, abuse, or improper activities include, but are not limited to, the following:
   1. Billing for services not actually provided.
   2. Documenting clinical care not actually provided.
   3. Paying phantom vendors or phantom staff.
   4. Paying a vendor for services not actually provided.
   5. Paying an invoice known to be false.
   6. Accepting or soliciting kickbacks or illegal inducements from vendors of services, or offering or paying kickbacks or illegal inducements to vendors of services.
   7. Paying or offering gifts, money, remuneration, or free services to entice a Medicaid recipient to use a particular vendor.
   8. Using Medicaid reimbursement to pay a personal expense.
   9. Embezzling from the company.
   10. Ordering and charging over-utilized medical services that are not necessary for the person served.
   11. Corruption.
   12. Conversion (converting property or supplies owned by the company to personal use).
   13. Misappropriation of funds of the company or person served by the company.
   14. Personal loans to executives.
   15. Illegal orders.
   16. Maltreatment or abuse of persons served by the company.

B. Public Funds Compliance Officer: This company has designated the CEO as their Public Funds Compliance Officer.

C. Reporting responsibility: The company has an open-door policy and encourages staff to share their questions, concerns, suggestions, or complaints regarding the company and its operations with someone who can address them properly. In most cases, this will be a staff person's supervisor. However, if the staff person is not comfortable speaking with their supervisor or is not satisfied with the supervisor's response, the staff person is encouraged to speak with the Public Funds Compliance Officer. If the staff is not comfortable speaking with the Public Funds Compliance Officer, the staff is encouraged to speak with the owner/CEO/Board of Directors. At any time, the staff may speak with an applicable external agency to express their concerns if it

is believed that it is not possible to speak with the owner/CEO/Board of Directors. Examples of applicable external agencies are local social service agency's financial manager or law enforcement. This policy is intended to encourage and enable persons to raise serious concerns within the company prior to seeking resolution outside it.

D. Requirement of good faith: Anyone filing a complaint concerning a violation or suspected violation of the law or regulation requirements must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

E. Confidentiality: Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

F. No retaliation: No staff person who in good faith reports a violation of a law or regulation requirements will suffer harassment, retaliation, or adverse employment consequences. A staff who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment.

G. Report acknowledgement: The Public Funds Compliance Officer, or designee, will acknowledge receipt of the reported violation or suspected violation by writing a letter (or email) to the complainant within ten (10) business days, noting that the allegations will be investigated.

H. Responding to allegations of improper conduct: The Public Funds Compliance Officer is responsible for responding to allegations of improper conduct related to the provision or billing of Medical Assistance services. This may include, but is not limited to: investigating, interviewing applicable individuals involved, reviewing documents, asking for additional assistance, seeking input on process of the investigation, or seeking input on Medical Assistance laws and regulations interpretations to address all staff complaints and allegations concerning potential violations. The CEO will take on functions of the Public Funds Compliance Officer role if the complaint involves the CEO. If the complaint involves both the CEO and OM, outside legal counsel or an applicable external agency will carry out the functions of the Public Funds Compliance Officer. The CEO or its designee will implement corrective action to remediate any resulting problems.

I. Evaluation and monitoring for internal compliance: On a regular schedule and as needed, the CEO, or its designee, will run routine financial reports to review financial information for accuracy and compliance. On a regular schedule and as needed, the CEO, or its designee, will review standard operations and procedures to ensure that they remain compliant.

J. External auditing for compliance: On a regular schedule, the company will have an external financial audit.

K. Promptly reporting errors: The Public Funds Compliance Officer shall immediately notify appropriate individuals of all reported concerns or complaints regarding corporate accounting practices, internal controls, or auditing. This may include the Chief Financial Officer, the owner/CEO, or the Chairperson of the Board of Directors. The CEO will promptly report to DHS any identified violations of Medical Assistance laws or regulations.

L. Recovery of overpayment: Within 60 days of discovery by the company of a Medical Assistance reimbursement overpayment, a report of the overpayment to DHS will be completed and arrangements made with DHS for the Department's recovery of the overpayment.

POLICY AND PROCEDURE ON ANTI-FRAUD

M. Training: Staff are trained on this policy and as needed, they may need to be re-trained. As determined by the company, staff may need to demonstrate an understanding of the implementation of this policy.

N. Documentation: The provider must maintain documentation that, upon employment and annually thereafter, staff providing a service have attested to reviewing and understanding the following statement: "It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, sections 256B.0913, 256B.0915, 256B.092, and 256B.49."

Marshall County
Group Homes, Inc.

POLICY AND PROCEDURE ON EMERGENCIES

I. PURPOSE

The purpose of this policy is to provide guidelines on preparing for, reporting, and responding to emergencies to ensure the safety and well-being of persons served.

II. POLICY

The company will be prepared to respond to emergencies as defined in MN Statutes, section 245D.02, subdivision 8, that occur while providing services, to protect the health and safety of and minimize risk of harm to the person(s) served. Staff will address all emergencies according to the specific procedure outlined in this policy and act immediately to ensure the safety of persons served. After the situation has been resolved and/or the person(s) involved are no longer in immediate danger, staff will complete the necessary documentation in order to comply with licensing requirements on reporting and to assist in developing preventative measures, if applicable. For incident response procedures, staff will refer to the *Policy and Procedure on Responding to and Reporting Incidents*.

All staff will be trained on this policy and the safe and appropriate response to and reporting of emergencies. Program sites will have contact information of a source of emergency medical care and transportation readily available for quick and easy access. In addition, a list of emergency phone numbers will be posted in a prominent location and emergency contact information for persons served at the facility including each person's representative, physician, and dentist.

III. PROCEDURE

Defining emergencies

A. Emergency is defined as any event that affects the ordinary daily operation of the program including, but not limited to:
   1. Fires.
   2. Severe weather.
   3. Natural disasters.
   4. Power failures.
   5. Emergency evacuation or moving to an emergency shelter.
   6. Temporary closure or relocation of the program to another facility or service site for more than 24 hours.
   7. Other events that threaten the immediate health and safety of persons served and that require calling "911."

Preparing for emergencies

A. To be prepared for emergencies, a staff person trained in first aid will be available on site in a community residential setting, and when required in a person's *Support Plan* and/or *Support Plan Addendum*, be able to provide cardiopulmonary resuscitation (CPR), whenever persons are present and staff are required to be at the site to provide direct services.

B. Each community residential setting will have a first aid kit readily available for use by, and that meet the needs, of persons served and staff. The first aid kit will contain, at a minimum, bandages, sterile compresses, scissors, and ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape, and a first aid manual.

C. Community residential setting facilities will have:
   1. A floor plan available that identifies the locations of:
      a. Fire extinguishers and audible or visual alarm systems
      b. Exits, primary and secondary evacuation routes, and accessible egress routes, if any
      c. An emergency shelter within the facility
   2. A site plan that identifies:
      a. Designated assembly points outside the facility
      b. Locations of fire hydrants

c. Routes of fire department access
3. An emergency escape plan for each resident.
4. A floor plan that identifies the location of enclosed exit stairs for facilities that have three (3) or more dwelling units.

D. Quarterly fire and severe weather drills will be conducted throughout the year on various days of the week and times of the day or night. Staff and persons served in the facility will not be notified prior to the drill, if possible, to ensure correct implementation of staff responsibilities for response. The manager or designee will be responsible for the initiation of the emergency drill and will record the date, day, and time of the drill in the emergency plan files.

E. As part of the emergency plan file kept at the facility site, the following information will be maintained:
1. The log of quarterly fire and severe weather drills.
2. The readily available emergency response plan.
3. Emergency contact information for persons served at the facility including each person's representative, physician, and dentist.
4. Information on the emergency shelter within the facility and the designated assembly points outside the facility.
5. Emergency phone numbers that are posted in a prominent location.

F. If persons served require the use of adaptive procedures or equipment to assist them with safe evacuation, staff will receive specific instruction on these procedures and equipment.

Responding to emergencies

A. Staff will call "911" based upon the emergency situation as provided in each individual response procedure as stated below.

B. **Fire**
1. Staff will respond immediately to all fire and smoke detector alarms or signs of fire by activating the alarms system.
2. All persons will be evacuated from the building by staff and assembled at the established designated assembly point outside the facility.
3. "911" will be immediately called from a neighbor's telephone or a cell phone in order to report the fire.
4. Staff will contain the area of the fire, if feasible, by closing doors. If it is possible to put out the fire with a fire extinguisher, staff will attempt to do so.
5. Staff will notify the manager or designee.
6. Persons served and individuals will not reenter the program site until the police or fire department issue instructions that the area is safe.
7. If the program site is not habitable and relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in Letter E of this **Responding to emergencies** section.

C. **Severe weather conditions and natural disasters**
1. At the first sign of severe weather, including but not limited to high winds, heavy snow or rain, or extreme temperatures, staff will confirm the location and safety of all persons served.
2. Staff will listen to the radio or watch television for current weather conditions.
3. Upon hearing sirens or a take cover warning, staff will notify all persons that they need to seek shelter and will guide all persons to the designated safe area in the facility and will also bring a battery operated radio or television set, first aid kit, and flashlight.
4. If feasible, persons served but not scheduled for supervision will be called and warned.
5. Staff will assist all persons in staying in the safe area until an all clear is issued through the radio or by other means.
6. If injury or damage occurs, staff will notify the manager or designee and follow directions given.
7. If relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the

procedures in Letter E of this **Responding to emergencies** section.

D. **Power failure (electricity outage or gas leak)**
1. During a power failure, all staff will remain with persons served. If persons are not in the immediate area at the program, staff will locate them and bring them to the central program area.
2. The power company will be contacted by cell phone to determine estimated length of the power outage. If estimated to last less than two hours, the manager or designee will be contacted to determine what actions will be taken. If the power outage is to last more than two hours, staff will transport the persons to a safe area or location as previously established by the manager.
3. If gas is smelled or a gas leak is suspected, staff will evacuate persons to the established designated assembly point outside the facility.
4. The gas company will be immediately notified and instructions followed.
5. No one will be permitted to use lighters, matches, or any open flame during this time. All electrical and battery-operated appliances and machinery will be turned off until the all clear has been provided.
7. The manager or designee will be notified of the gas leak. This call will be made by staff from the safe area using a cell phone or from a neighbor's phone.
8. If relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in Letter E of this **Responding to emergencies** section.

E. **Emergency evacuation, moving to an emergency shelter, and temporary closure or relocation of the program to another facility or service site for more than 24 hours**
1. Staff will ensure that everyone leaves the building and will assist all persons in gathering at the designated assembly point outside the facility.
2. Staff will immediately notify the manager or designee of the conditions that may require emergency evacuation, moving to an emergency shelter, temporary closure, or the relocation of program to another site.
3. The manager or designee will coordinate relocation of services in a way that promotes continuity of care of persons served.
4. The manager or designee will coordinate and assist staff as necessary in transporting persons to the designated location.
5. If access to the program site is permitted, staff will transfer persons' program files, clothing, necessary personal belongings, current medications, and medication administration records to the designated location.
6. The manager will notify the legal representative or designated emergency contact, and case manager, and other licensed caregiver (if applicable) of the new location of the program if necessary.

F. **Other events that threaten the immediate health and safety of persons served and that require calling "911"**
1. Pandemic event: Upon request, staff will cooperate with state and local government disaster planning agencies working to prepare for or react to emergencies presented by a pandemic outbreak.
2. Bomb threat
   a. Upon receiving a bomb threat, staff at the program site should pull the fire alarm, if available.
   b. Staff will ensure that everyone leaves the building and assembles at the designated assembly point outside the facility.
   c. Staff will immediately call "911" from a neighbor's telephone or a cell phone.
   d. Staff and persons will remain outside the building until further instructions are received from the police or fire department.
   e. If unable to re-occupy the building, staff will follow the procedures in Letter E of this **Responding to emergencies** section.
3. Repeated and unwanted or threatening phone calls
   a. Upon receiving repeated and unwanted or threatening phone calls, staff will hang up the phone immediately or encourage the person served to hang up the phone.
   b. Staff will lock all doors and windows.

c. Staff will monitor the frequency of disruptive phone calls, informing the manager when the calls continue to a point where the safety of persons served is in question or when the calls are personally threatening or environmentally threatening to a program site or property.
d. Staff will call "911" if at any point they feel threatened.
e. The manager will determine when and if the telephone number will be changed due to the harassing or threatening telephone calls.

Reporting emergencies

A. Staff will immediately notify the manager that an incident or emergency has occurred and follow direction issued to them and will document the incident or emergency on an *Incident and Emergency Report* any related program or health documentation. Each *Incident and Emergency Report* will contain the required information as stated in the *Policy and Procedure on Reviewing Incidents and Emergencies.*

B. If an incident resulted from the emergency situation, the manager will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless the company has reason to know that the incident has already been reported, or as otherwise directed in the person's *Support Plan* and/or *Support Plan Addendum.*

C. When the incident or emergency involves more than person served, the company and staff will not disclose personally identifiable information about any other person served when making the report to each person and/or legal representative and case manager unless the company has the consent of the person and/or legal representative.

D. If a serious injury or death were to occur as a result of the emergency situation, staff will follow the response and reporting procedures as stated in the *Policy and Procedures on Responding to and Reporting Incidents* and, if needed, the *Policy and Procedure on Death of a Person Served.*

Marshall County
Group Homes, Inc.

POLICY AND PROCEDURE ON THE DEATH OF A PERSON SERVED

I. PURPOSE

The purpose of this policy is to establish guidelines for anticipating the death of a person served. In addition, this policy establishes the response and reporting guidelines for when death occurs of a person served.

II. POLICY

When the death of a person served is anticipated, the priority is to ensure that the person's dignity is preserved and that the wishes of the person and/or legal representative are complied with to the greatest extent possible. In the event that a person dies, staff will ensure proper response and reporting of the death.

III. PROCEDURE

A. If a person served develops a life threatening illness or sustains a life threatening injury from which the attending physician indicates death is anticipated, the Designated Coordinator and/or Designated Manager will ensure that the legal representative, case manager, other service providers, and the company staff are notified immediately (family members and others may be notified by the legal representative).

B. If possible, the Designated Coordinator and/or Designated Manager will ensure that a support team meeting or conference call is scheduled.

C. In coordination with the support team and in anticipation of the person's death, the Designated Coordinator and/or Designated Manager, assigned nurse or nurse consultant, and legal representative will determine whether the person served will reside at a hospital, other facility, or at home.

D. The Designated Coordinator and/or Designated Manager will ensure that the support team makes a decision in regards to an advance directive.
   1. Staff will act as if all persons under state guardianship have "do resuscitate" status unless consent has been given by the Guardianship Unit at the MN Department of Human Services for an advanced directive.
   2. At the request of the support team, the Designated Coordinator and/or Designated Manager will help obtain an advanced directive order by supplying information to the case manager from the physician so that a summary report may be submitted to the Guardianship Unit.
   3. The Designated Coordinator and/or Designated Manager and staff will not take a formal position on whether or not such an advanced directive order should or should not be issued. Staff will work to implement the wishes of the legal representative including helping to arrange and implement all physicians' orders. Staff who cannot in good conscience help obtain or implement particular physicians' orders will report this to the Designated Coordinator and/or Designated Manager.
   4. The Designated Coordinator and/or Designated Manager will review and document the status of all advanced directives regularly with the case manager (consent for advance directive orders for state wards expire annually and must be reauthorized by the Guardianship Unit at the MN Department of Human Services).

E. The Designated Coordinator and/or Designated Manager, in coordination with the support team, will develop a plan describing the protocol to be followed upon death, including notifications.

F. The Designated Coordinator and/or Designated Manager will coordinate with the support team to determine what services the program needs to deliver to meet the needs of the person served, including but not limited to additional supervision, specialized staff training, and implementation and documentation of all physician and nursing orders, including advanced directives.

G. The Designated Coordinator and/or Designated Manager and assigned nurse or nurse consultant, will ensure that staff are trained in, implement, and document all physician and nursing orders related to the person's anticipated death as well as the agreed upon protocol upon witnessing or discovering the death.

H. When discovering a person served who appears to have died, all staff will treat the situation as if it were a medical emergency and will take the following steps:
   1. Staff will call "911" and provide first aid and/or CPR to the extent they are qualified, unless the person

POLICY AND PROCEDURE ON THE DEATH OF A PERSON SERVED

served has an advanced directive.

2. Staff will notify all required persons including the Designated Coordinator and/or Designated Manager and assigned nurse or nurse consultant, if available.
3. When an authorized person, such as a physician or paramedic, determines that the person served is deceased, the Designated Coordinator and/or Designated Manager will ensure the County Coroner's office is notified and will ensure that the body is not moved until the coroner arrives.
4. The Designated Coordinator and/or Designated Manager will notify the following individuals or entities within 24 hours of the death, or receipt of information that the death occurred, unless the company has reason to know that the death has already been reported:
   a. Legal representative or designated emergency contact
   b. Case manager
   c. MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division using the required reporting forms. These forms include the *Death Reporting Form* and *Death or Serious Injury Report Fax Transmission Cover Sheet.*
   d. Adult or Child Foster Care licensing authority, as applicable
5. The Designated Coordinator and/or Designated Manager will discuss with the legal representative any funeral arrangements and notifications and will offer to assist the family/legal representative as needed.
6. The Designated Coordinator and/or Designated Manager will be responsible for sending the notification letter "Notification Letter to Next-of-Kin" from the MN Office of the Ombudsman for Mental Health and Developmental Disabilities to the next of kin and for offering to arrange grief counseling for staff and other involved persons.

I. Upon the death of the person, any funds or other property of the person will be surrendered to the person's legal representative or given to the executor or administrator of the estate in exchange for an itemized receipt. A written inventory that was completed regarding the person's funds or property will be placed in their file with signatures obtained from the legal representative, executor, or administrator of the estate.

J. The company will conduct an internal review of incident of deaths that occurred while services were being provided and that were not reported by the program as alleged or suspected maltreatment, for identification of incident patterns and implementation of corrective action as necessary to reduce occurrences.

K. The Designated Coordinator and/or Designated Manager will complete and document the internal review related to the report of death and will add the person's name to the *Admission and Discharge Register*. The internal review will include an evaluation of whether:
   1. Related policies and procedures were followed.
   2. The policies and procedures were adequate.
   3. There is a need for additional staff training.
   4. The reported event is similar to past events with the persons or the services involved.
   5. There is a need for corrective action by the company to protect the health and safety of person served.

L. Based upon the results of the internal review, the company will develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by the individuals or the company, if any.

Marshall County
Group Homes, Inc.

POLICY AND PROCEDURE ON REVIEWING INCIDENTS AND EMERGENCIES

I. PURPOSE

The purpose of this policy is to establish guidelines for the internal review of incidents and emergencies.

II. POLICY

This company is committed to the prevention of and safe and timely response to incidents and emergencies. Staff will act immediately to respond to incidents and emergencies as directed in the *Policy and Procedure on Responding to and Reporting Incidents* and the *Policy and Procedure on Emergencies.* After the health and safety of person(s) served are ensured, staff will complete all required documentation that will be compiled and used as part of the internal review process.

The company will ensure timely completion of the internal review procedure of incident and emergencies to identify trends or patterns and corrective action, if needed.

III. PROCEDURE

A. The Designated Manager will conduct a review of all reports of incidents and emergencies for identification of patterns and implementation of corrective action as necessary to reduce occurrences. This review will include:
   1. Accurate and complete documentation standards that include the use of objective language, a thorough narrative of events, appropriate response, etc.
   2. Identification of patterns which may be based upon the person served, staff involved, location of incident, etc. or a combination.
   3. Corrective action that will be determined by the results of the review and may include, but is not limited to, retraining of staff, changes in the physical plant of the program site, and/or changes in the *Support Plan Addendum.*

B. Each *Incident and Emergency Report* will contain the following information:
   1. The name of the person or persons involved in the incident. It is not necessary for staff to identify all persons affected by or involved in an emergency unless the emergency resulted in an incident.
   2. The date, time, and location of the incident or emergency.
   3. A description of the incident or emergency.
   4. A description of the response to the incident or emergency and whether a person's *Support Plan Addendum* or program policies and procedures were implemented as applicable.
   5. The name of the staff person or persons who responded to the incident or emergency.
   6. The determination of whether corrective action is necessary based on the results of the review that will be completed by the Designated Manager.

C. In addition to the review for the identification of patterns and implementation of corrective action, the company will consider the following situations reportable as incidents or emergencies which will require the completion of an internal review:
   1. Emergency use of manual restraint as defined in MN Statutes, sections 245D.02, subdivision 8a and 245D.061. MN Statutes, section 245D.061, subdivision 6, has an internal review report requiring the answering of six questions.
   2. Death and serious injuries not reported as maltreatment according to MN Statutes, section 245D.06, subdivision 1, paragraph g.
   3. Reports of maltreatment of vulnerable adults or minors according to MN Statutes, sections 626.557 and 260E.
   4. Complaints or grievances as defined in MN Statutes, section 245D.10, subdivision 2.

D. When the company has knowledge that a situation has occurred that requires an internal review, the Designated

Manager will ensure that an *Incident and Emergency Report* or *Emergency Use of Manual Restraint Incident Report* has been completed.

1. In addition to the *Incident and Emergency Report,* if there was a death or serious injury, the Designated Manager will also ensure that the applicable documents have also been completed for the MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division.
2. For internal reports of suspected or alleged maltreatment of a vulnerable adult, a copy of the *Notification to an Internal Reporter* will also be submitted for the internal review.
3. The internal review and reporting of emergency use of manual restraints will be completed according to the *Policy and Procedure on Emergency Use of Manual Restraint.*

E. Documentation to be submitted to the designated person responsible for completing internal reviews will include, as applicable:
   1. *Incident and Emergency Report.*
   2. *Notification to an Internal Reporter.*
   3. *Emergency Use of Manual Restraint Incident Report.*
   4. *Death Reporting Form.*
   5. *Serious Injury Form.*
   6. *Death or Serious Injury Report FAX Transmission Cover Sheet.*
   7. *Complaint Summary and Resolution Notice.*

F. The Chief Executive Officer (CEO) is the primary individual responsible for ensuring that internal reviews are completed for reports. If there are reasons to believe that the ADM is involved in the alleged or suspected maltreatment or is unable to complete the internal review, the Resident Program Supervisor (RPS) is the secondary individual responsible for ensuring that internal reviews are completed.

G. The internal review will be completed within 30 calendar days for maltreatment reports using the *Internal Review* form and will include an evaluation of whether:
   1. Related policies and procedures were followed.
   2. The policies and procedures were adequate.
   3. There is a need for additional staff training.
   4. The reported event is similar to past events with the persons or the services involved.
   5. There is a need for corrective action by the license holder to protect the health and safety of persons served.

H. Based upon the results of the review, the license holder will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.

I. The following information will be maintained in the service recipient record, as applicable:
   1. *Incident and Emergency Report* including the written summary and the Designated Manager's review.
   2. *Emergency Use of Manual Restraint Incident Report* and applicable reporting and reviewing documentation requirements.
   3. *Death Reporting Form.*
   4. *Serious Injury Form.*
   5. *Death or Serious Injury Report FAX Transmission Cover Sheet.*
   6. *Complaint Summary and Resolution Notice.*

J. Completed *Internal Reviews* and documentation regarding suspected or alleged maltreatment will be maintained separately by the internal reviewer in a designated file that is kept locked and only accessible to authorized

individuals.

K. Internal reviews must be made accessible to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment.

Marshall County Group Homes, Inc.

POLICY AND PROCEDURE ON RESPONDING TO AND REPORTING INCIDENTS

I. PURPOSE

The purpose of this policy is to provide instructions to staff for responding to and reporting incidents.

II. POLICY

The company will respond to incidents as defined in MN Statutes, section 245D.02, subdivision 11, that occur while providing services to protect the health and safety of and minimize risk of harm to the person(s) served. Staff will address all incidents according to the specific procedure outlined in this policy and act immediately to ensure the safety of persons served. After the situation has been resolved and/or the person(s) involved are no longer in immediate danger, staff will complete the necessary documentation in order to comply with licensing requirements on reporting and to assist in developing preventative measures. For emergency response procedures, staff will refer to the *Policy and Procedure on Emergencies*.

All staff will be trained on this policy and the safe and appropriate response and reporting of incidents. In addition, program sites will have contact information of a source of emergency medical care and transportation readily accessible. In addition, a list of emergency phone numbers will be posted in a prominent location and emergency contact information for persons served at the facility including each person's representative, physician, and dentist is readily available.

III. PROCEDURE

Defining incidents

A. An incident is defined as an occurrence which involves a person and requires the program to make a response that is not a part of the program's ordinary provision of services to that person, and includes:
   1. Serious injury of a person as determined by MN Statutes, section 245.91, subdivision 6:
      a. Fractures
      b. Dislocations
      c. Evidence of internal injuries
      d. Head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought
      e. Lacerations involving injuries to tendons or organs and those for which complications are present
      f. Extensive second degree or third degree burns and other burns for which complications are present
      g. Extensive second degree or third degree frostbite and others for which complications are present
      h. Irreversible mobility or avulsion of teeth
      i. Injuries to the eyeball
      j. Ingestion of foreign substances and objects that are harmful
      k. Near drowning
      l. Heat exhaustion or sunstroke
      m. Attempted suicide
      n. All other injuries considered serious after an assessment by a health care professional including, but not limited to, self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury
   2. Death of a person served.
   3. Any medical emergency, unexpected serious illness, or significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician, advanced practice registered nurse, or physician assistant treatment, or hospitalization.
   4. Any mental health crisis that requires the program to call "911," a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate.
   5. An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department.
   6. A person's unauthorized or unexplained absence from a program.
   7. Conduct by a person served against another person served that:

   a. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support
   b. Places the person in actual and reasonable fear of harm
   c. Places the person in actual and reasonable fear of damage to property of the person
   d. Substantially disrupts the orderly operation of the program
8. Any sexual activity between persons served involving force or coercion as defined under MN Statutes, section 609.341, subdivisions 3 and 14.
9. Any emergency use of manual restraint as identified in MN Statutes, section 245D.061.
10. A report of alleged or suspected maltreatment of a minor or vulnerable adult under MN Statutes, section 626.557 or chapter 260E.

Responding to incidents

A. Staff will respond to incidents according to the following plans. For incidents including death of a person served, maltreatment, and emergency use of manual restraints, staff will follow the applicable policy and procedure:
   1. **Death of a person served**: *Policy and Procedure on the Death of a Person Served*
   2. **Maltreatment**: *Policy and Procedure on Reporting and Review of Maltreatment of Vulnerable Adults* or *Policy and Procedure on Reporting and Review of Maltreatment of Minors*
   3. **Emergency use of manual restraint**: *Policy and Procedure on Emergency Use of Manual Restraint*

B. **Any medical emergency (including serious injury), unexpected serious illness, or significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician treatment, or hospitalization**
   1. Staff will first call "911" if they believe that a person is experiencing a medical emergency (including serious injury), unexpected serious illness, or significant unexpected change in illness or medical condition that may be life threatening and provide any relevant facts and medical history.
   2. Staff will give first aid and/or CPR to the extent they are qualified, when it is indicated by their best judgment or the "911" operator, unless the person served has an advanced directive. Staff will refer to the *Policy and Procedure on the Death of a Person Served* for more information.
   3. Staff will notify the Designated Coordinator and/or Designated Manager or designee who will assist in securing any staffing coverage that is necessary.
   4. If the person is transported to a hospital, staff will either accompany the person or go to the hospital as soon as possible. Staff will not leave other persons served alone or unattended.
   5. Staff will ensure that a completed *Medical Referral* form and all insurance information including current medical insurance card(s) accompany the person.
   6. Staff will remain at the hospital and coordinate an admission to the hospital. If the person served is not to be admitted to the hospital, staff will arrange for transportation home.
   7. Upon discharge from the hospital or emergency room, staff transporting to the program site will coordinate with the assigned nurse or nurse consultant, Designated Coordinator and/or Designated Manager or designee and ensure that:
      a. All new medications/treatments and cares have been documented on the *Medical Referral* form
      b. All medications or supplies have been obtained from the pharmacy
      c. All new orders have been recorded on the monthly medication sheet
      d. All steps and findings are documented in the program and health documentation, as applicable
   8. If the person's condition does not require a call to "911," but prompt medical attention is necessary, staff will consider the situation as health threatening and will call the person's physician, licensed health care professional, or urgent care to obtain treatment.
   9. Staff will contact the assigned nurse or nurse consultant or Designated Coordinator and/or Designated Manager or designee and will follow any instructions provided including obtaining necessary staffing coverage.
   10. Staff will transport the person to the medical clinic or urgent care and will remain with the person. A *Medical Referral* form will be completed at the time of the visit.
   11. Upon return from the medical clinic or urgent care, staff will coordinate with the assigned nurse or nurse

consultant, Designated Coordinator and/or Designated Manager or designee and ensure that:
a. All new medications/treatments and cares have been documented on the *Medical Referral* form
b. All medications or supplies have been obtained from the pharmacy
c. All new orders have been recorded on the monthly medication sheet
d. All steps and findings are documented in the program and health documentation, as applicable

C. **Any mental health crisis that requires the program to call "911." a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate.**
1. Staff will implement any crisis prevention plans specific to the person served as a means to de-escalate, minimize, or prevent a crisis from occurring.
2. If a mental health crisis were to occur, staff will ensure the person's safety, and will not leave the person alone if possible.
3. Staff will contact "911," a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate, and explain the situation and that the person is having a mental health crisis.
4. Staff will follow any instructions provided by the "911" operator or the mental health crisis intervention team contact person.
5. Staff will notify the Designated Coordinator and/or Designated Manager or designee who will assist in securing any staffing coverage that is necessary.
6. If the person is transported to a hospital, staff will either accompany the person or go to the hospital as soon as possible. Staff will not leave other persons served alone or unattended.
7. Staff will ensure that a completed *Medical Referral* form and all current insurance information including current medical insurance card(s) accompany the person.
8. Staff will remain at the hospital and coordinate an admission to the hospital. If the person served is not to be admitted to the hospital, staff will arrange for transportation home.
9. Upon discharge from the hospital or emergency room, staff transporting to the program site will coordinate with the assigned nurse or nurse consultant, Designated Coordinator and/or Designated Manager or designee and ensure that:
   a. All new medications/treatments have been documented on the *Medical Referral* form
   b. All medications or supplies have been obtained from the pharmacy
   c. All new orders have been recorded on the monthly medication sheet
   d. All steps and findings are documented in the program and health documentation, as applicable

D. **An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department**
1. Staff will contact "911" immediately if there is a situation or act that puts the person at imminent risk of harm.
2. Staff will immediately notify the Designated Coordinator and/or Designated Manager or designee of any "911," law enforcement, or fire department involvement or intervention.
3. If a person served has been the victim of a crime, staff will follow applicable policies and procedures for reporting and reviewing maltreatment of vulnerable adults or minors.
4. If a person has been sexually assaulted, staff will discourage the person from bathing, washing, or changing clothing. Staff will leave the area where the assault took place untouched, if it is under the company's control.
5. If a person served is suspected of committing a crime or participating in unlawful activities, staff will follow the person's *Support Plan Addendum* when possible criminal behavior has been addressed by the support team.
6. If a person served is suspected of committing a crime and the possibility has not been addressed by the support team, the Designated Coordinator and/or Designated Manager will determine immediate actions and contact support team members to arrange a planning meeting.
7. If a person served is incarcerated, the Designated Coordinator and/or Designated Manager or designee will provide the police with information regarding vulnerability, challenging behaviors, and medical needs.

E. **Unauthorized or unexplained absence of a person served from a program**
1. Based on the person's supervision level, staff will determine when the person is missing from the program site or from supervision in the community.
2. Staff will immediately call "911" if the person is determined to be missing. Staff will provide the police with information about the person's appearance, last known location, disabilities, and other information as requested.
3. Staff will immediately notify the Designated Coordinator and/or Designated Manager or designee. Together a more extensive search will be organized, if feasible, by checking locations where the person may have gone.
4. The Designated Coordinator and/or Designated Manager or designee will continue to monitor the situation until the individual is located.
5. If there is reasonable suspicion that abuse and/or neglect led to or resulted from the unauthorized or unexplained absence, staff will report immediately in accordance with applicable policies and procedures for reporting and reviewing maltreatment of vulnerable adults or minors.

F. **Conduct by a person served against another person served**
1. Staff will immediately enlist the help of additional staff if they are available and intervene to protect the health and safety of persons involved.
2. Staff will redirect persons to discontinue the behavior and/or physically place themselves between the aggressor(s) using the least intrusive methods possible in order to de-escalate the situation.
3. If the aggressor has a behavior plan in place, staff will follow the plan as written in addition to the methodologies that may be provided in the *Support Plan Addendum.*
4. Staff will remove the person being aggressed towards to an area of safety.
5. If other least restrictive alternatives were ineffective in de-escalating the aggressors' conduct and immediate intervention is needed to protect the person or others from imminent risk of physical harm, staff will follow the *Policy and Procedure on Emergency Use of Manual Restraint* and/or staff will call "911."
6. If the ordinary operation of the program is disrupted, staff will manage the situation and will return to the normal routine as soon as possible.
7. To the extent possible, staff will visually examine persons served for signs of physical injury and document any findings.
8. If the conduct results in injury, staff will provide necessary treatment according to their training.

G. **Sexual activity between persons served involving force or coercion**
1. Staff will follow any procedures as directed by the *Individual Abuse Prevention Plans* and/or *Support Plan Addendums*, as applicable.
2. Staff will immediately intervene in an approved therapeutic manner to protect the health and safety of the persons involved if there is obvious coercion or force involved, or based on the knowledge of the persons involved, that one of the persons may have sexually exploited the other.
3. If the persons served are unclothed, staff will provide them with a robe or other appropriate garment and will discourage the person from bathing, washing, changing clothing or redressing in clothing that they were wearing.
4. Staff will leave the area where the sexual activity took place untouched if it is under the company's control.
5. Staff will call "911" in order to seek medical attention if necessary and inform law enforcement.
6. To the extent possible, staff will visually examine persons served for signs of physical injury and document any findings.
7. If the incident resulted in injury, staff will provide necessary treatment according to their training.

Reporting incidents

A. Staff will first call "911" if they believe that a person is experiencing a medical emergency that may be life threatening. In addition, staff will first call "911," a mental health crisis intervention team, or a similar mental

health response team or service when available and appropriate for a person experiencing a mental health crisis.

B. Staff will immediately notify the Designated Coordinator and/or Designated Manager that an incident or emergency has occurred and follow direction issued to them and will document the incident or emergency on an *Incident and Emergency Report* and any related program or health documentation. Each *Incident and Emergency Report* will contain the required information as stated in the *Policy and Procedure on Reviewing Incidents and Emergencies.*

C. When the incident or emergency involves more than person served, the company and staff will not disclose personally identifiable information about any other person served when making the report to each person and/or legal representative and case manager unless the company has the consent of the person and/or legal representative.

D. The Designated Coordinator and/or Designated Manager will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless the company has reason to know that the incident has already been reported, or as otherwise directed in the person's *Support Plan* and/or *Support Plan Addendum*.

E. A report will be made to the MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division within 24 hours of the incident, or receipt of the information that the incident occurred, unless the company has reason to know that the incident has already been reported, by using the required reporting forms. A report may be made using the Office of the Ombudsman's Death Report webform or Serious Injury webform. Forms to fax include *Death Reporting Form, Serious Injury Form,* and *Death or Serious Injury Report FAX Transmission Cover Sheet.* Incidents to be reported include:
   1. Serious injury as determined by MN Statutes, section 245.91, subdivision 6.
   2. Death of a person served.

F. Verbal reporting of an emergency use of manual restraint will occur within 24 hours of the occurrence. Further reporting procedures will be completed according to the *Policy and Procedure on Emergency Use of Manual Restraint* which includes the requirements of reporting incidents according to MN Statutes, sections 245D.06, subdivision 1 and 245D.061.

G. Within 24 hours of reporting maltreatment, the company will inform the case manager of the nature of the activity or occurrence reported and the agency that received the report. The company and staff will follow the applicable policy and procedure on reporting maltreatment for vulnerable adults or minors, as applicable.

H. For residential programs, licensed under the Adult Foster Care rule and not as a MN Statutes, chapter 245D-CRS Satellite license, the Designated Coordinator and/or Designated Manager will ensure that a report is made to the county licensing authority for the following incidents within 24 hours of:
   1. The occurrence of a fire that causes damage to the residence or requires the services of a fire department or the onset of any changes or repairs to the residence that require a building permit.
   2. The occurrence of any injuries of a person served that require treatment by a physician.
   3. The occurrence of a death of a person served.
   4. Suspected or alleged maltreatment.
   5. Notification to a person's physician because medication has not been taken as prescribed and the physician has determined that the refusal or failure to take the medication as prescribed created an immediate threat to the person's health or safety or the health or safety of other persons served.

I. For residential programs licensed as a MN Statutes, chapter 245D-CRS Satellite site, the company will notify the local agency within 24 hours of the onset of changes in a residence resulting from construction,

remodeling, or damages requiring repairs that require a building permit or may affect a licensing requirement of MN Statutes, chapter 245D.

245D INCIDENT REPORTING NOTIFICATION QUICK REFERENCE CHART (7-2017)

Minnesota Statutes, section 245D.06, subdivision 1, Incident response and reporting: The license holder must maintain information about and report incidents to the person's legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless the license holder has reason to know that the incident has already been reported, or as otherwise directed in a person's CSSP or CSSP addendum. Serious injury or death has additional reporting requirements.

WHAT MUST BE REPORTED	WHO MUST BE NOTIFIED WITHIN 24 HOURS				
Report the following incidents as defined in MS, section 245D.02, subdivision 11: "Incident" means an occurrence which involves a person and requires the program to make a response that is not a part of the program's ordinary provision of services to that person, that includes the following:	1. LR/ DEC.*	2. CASE MGR.*	3. OMBUDS MH/DD*	4. DHS LIC.*	5. MDH OHFC*
(1) **Serious injury** of a person as determined by MS, section 245.91, subdivision 6. At http://www.ombudmhdd.state.mn.us, review the document *"What Makes an Injury Serious Enough to Report?"* (June 2007). a. fractures; b. dislocations; c. evidence of internal injuries; d. head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought; e. lacerations involving injuries to tendons or organs, and those for which complications are present; f. extensive second degree or third degree burns, and other burns for which complications are present; g. extensive second degree or third degree frostbite, and others for which complications are present; h. Irreversible mobility or avulsion of teeth i. injuries to the eyeball j. ingestion of foreign substances and objects that are harmful; k. near drowning l. heat exhaustion or sunstroke; and m. attempted suicide n. all other injuries and incidents considered serious after an assessment by a health care professional, including but not limited to self-injurious behavior (SIB), a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury	√	√	√	√	√
(2) A person's death.	√	√	√	√	√
(3) Any medical emergency, unexpected serious illness, or significant unexpected changes in an illness or medical condition that requires the program to call 911, physician treatment, or hospitalization	√	√	Serious injury only	Serious injury only	Serious injury only
(4) Any mental health crisis that requires the program to call 911, a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate	√	√			
(5) An act or situation involving a person that requires the program to call 911, law enforcement, or the fire department	√	√			
(6) A person's unauthorized or unexplained absence from a program	√	√			

WHAT MUST BE REPORTED	WHO MUST BE NOTIFIED WITHIN 24 HOURS				
Report the following incidents as defined in MS, section 245D.02, subdivision 11: "Incident" means an occurrence which involves a person and requires the program to make a response that is not a part of the program's ordinary provision of services to that person, that includes the following:	1. LR/ DEC.*	2. CASE MGR.*	3. OMBUDS MH/DD*	4. DHS LIC.*	5. MDH OHFC*
(7) Conduct by a person receiving services against another person receiving services that: (i) is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; (ii) places the person in actual and reasonable fear of harm; (iii) places the person in actual and reasonable fear of damage to property of the person; or (iv) substantially disrupts the orderly operation of the program Please note: For incident types 7, 8, and 10, when the incident involves more than one individual, do not disclose personally identifiable information about any other person when making the report to each person and case manager unless the license holder has the consent of the person.	√	√			
(8) Any sexual activity between persons receiving services involving force; or coercion as defined under MS, section 609.341, subd. 3 & 14. "Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily harm or commission or threat of any other crime by the actor against the complainant or another, which: a. causes the complainant to reasonably believe that the actor has the present ability to execute the threat, and b. if the actor does not have a significant relationship to the complainant, also causes the complainant to submit. "Coercion" means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat.	√	√			
(9) Any emergency use of manual restraint (EUMR) as identified in MS, section 245D.061, or successor provisions	√	√			
(10) A report of alleged or suspected child or vulnerable adult maltreatment. **Please Note:** When reporting, the license holder must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment. The license holder must disclose the (1) nature of the activity or occurrence reported; and (2) the agency that received the report.	√	√			

1. LR/DEC.* means the individual's legal representative; or designated emergency contact
2. CASE MGR.* means the individual's case manager
3. OMBUDS MH/DD* means MN Office of the Ombudsman for Mental Health and Developmental Disabilities (http://mn.gov/omhdd)
4. DHS LIC.* means MN Department of Human Services, Division of Licensing (http://www.dhs.state.mn.us). If your lead licensing agency is DHS, you need to report death or serious injury to DHS-Licensing.
5. MDH OHFC* means MN Department of Health, Office of Health Facility Complaints (http://www.health.state.mn.us/divs/fpc/ohfcinfo/filecomp.htm). If your lead licensing agency is MDH, you need to report death or serious injury to MDH-OHFC. For example, if you have licenses that are Intermediate Care Facilities for persons with Developmental Disabilities (ICFs/DD), you need to report death or serious injury to MDH-OHFC.

245D Emergency (9-2013)

"Emergency" means any event that affects the ordinary daily operation of the program, including, but not limited to, fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of a person receiving services and that require calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relocation of the program to another facility or service site for more than 24 hours.

Marshall County
Group Homes, Inc.

MINOR INJURY/ ACCIDENT REPORT (Employee/Client Use)

Last Name First Name Middle Name

Address City State Date of Birth

Program: _____ Date of Incident: _____Time_____ a.m. or p.m.

Description of Incident and person (s) involved: If person involved was injured, *in detail - state part of body injuries and describe injury, its size and location*: _____

Where did the incident occur (describe location/place)? _____

If property or equipment was damaged, describe:_____

Give names, addresses, and phone numbers of any who witnessed the incident: _____

Was the physician called? Yes _____ No _____ Time _____ a.m. or p.m.

Did the physician respond? Yes _____ No _____ Time_____ a.m. or p.m.

Physician Recommendations: _____

Recommendations for prevention of similar occurrence: _____

Signature: _____ Date of report: _____

(person making report)

Reviewed by: _____

(Program Supervisor, Program Director or CEO)

Revised 12-2024