

RIVER PLACE

STAFF MEETING SUMMARY

Subject: River Place Staff Meeting

Date: Apr 10, 2025

Time: 1:00p-3:40p

- ❖ **Safety/Health Review** –
 - Be aware of slippery sidewalks as we go through springtime when snow is often melting during the day and freezing again at night
 - First Aid training is assigned on STAR Services
- ❖ **Nursing Inservice** – *Reviewed by Henrietta and attached on STAR- summer and seizure alerts*
 - WF seizure protocol attached for review
- ❖ **Program policies (STAR)** – *Reviewed by Sabrina and attached on STAR*
 - Safe transportation - wheelchair tie downs
 - Data Privacy/HIPAA
 - Swimming guidelines
 - Emergency procedures- tornado drill
- ❖ **Emergency Procedures** – April: Fire Drill – JW bedroom (*Billie responsible*)

Meeting Review:

- A. **April 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. **Daily MAR** – New MAR form to be put in place mid-April. New MAR form will show only one day's worth of medication needs.
- C. **Job Abandonment** – Reminder that you cannot leave your shift you have been replaced. If you leave before you have permission to do so or you have been replaced by another staff, that is considered job abandonment.
- D. **Sabrina Resignation** - Sabrina has submitted her resignation and will be done at the end of May. Kelsey Grandstrand has been hired by Marshall County Group Homes to take over this supervisory position.
- E. **House concerns** –
 - a. Old Business
 - **CO water intake**- In taking a new approach to ensuring Cheryl is taking in enough water, there is a jug on the counter that is to be filled with water to 1600cc daily. This is the water that is to be used for Cheryl throughout the day with the goal of it being gone by the end of the day. This water can be used in her coffee to cool it, or it can be flavored and given throughout the day. Please continue to track her intake via therap. **Update from April Staff meeting: Reminder to use the jug on the counter to track Cheryl's water intake. If she drinks water or another beverage at the DAC or home, the same amount can be poured out of the jug to allow for a visual reminder**

of how much more fluid she needs to drink that day. It should be poured out and refilled at the start of every day.

b. New Business

- *Two-person transfers*- Jeff and Cheryl are two-person transfers. Two people are required to assist with these transfers every time.
- *Fresh fruits and vegetables* – Please use fresh fruits and vegetables when they are available in the fridge. It is much better for the clients' health to use less process food. Wayne can eat most any fruit or vegetable as is. Cheryl needs to have softer fruits or cooked vegetables cut into small pieces.
- *Communication book* – There is a new form to be used in the communication book. This form is to be used starting immediately. Please date near your initials when you have read and understand the information. The communication binder is a red binder that is to be left near the Chromebook and available each day.
- *Staff and client duties* – The daily, weekly, and monthly staff and client duties have been organized into a few laminated sheets. Please take care to look over these the next time you work. Please note that this does not replace documenting these things were they are required but is just a reminder sheet.
- *JT memorial* – There a celebration of life planned for May 25th in Ranier from 2-5p. Her obituary is on the Amundson Funeral home website if anyone is interested.
- *Steam cleaning carpet* – Sabrina is working on contacting a company about steam cleaning the carpets in the two bedrooms.
- *Fixing van door* – Kelly or Carolyn to call about getting van door fixed as it is rubbing on the fender.
- *Reading the high t logs* – Staff need to plan to arrive on shift early and make time to read at least the “high” t-logs and the communication prior to the start of their shift. There is often very important information here that could cause an error in care if not aware of.

Consumer reports:

Wayne – Weight: 157 (-4)

DIET: Low carb diet-Wayne is to have 4 carb choices per meal and 1-2 per snack. One carb choice equals 10-15 grams of carbs.

Appointments: Wayne had a gastrologist appointment with Dr. Baig. Dr. Baig has ordered fasting labs, Ultrasound abdomen complete with portal and hepatic blood flow. He also ordered a liver fibro Scan for Wayne, and we are to continue a low carb diet.

Behaviors/concerns: Wayne had a day where he appeared to be out of sorts and very vocal. Staff suggested that he go take a rest, Wayne got up from his chair and using his walker went to his room and sat on his bed. He then laid down with the staff's help and took a 45-minute nap. He seemed to be more himself after he got up. Liver US findings FINDINGS: 8 mm dependent focus within the gallbladder presumed stone. Other smaller echogenic foci in some sludge noted. Common hepatic and bile duct measure 3 mm each. Negative sonographic Murphy sign. 15 cm liver with slightly increased echogenicity likely fatty infiltration. Caliber of the main portal vein is 7 mm. Hepatopetal blood flow within it at 36 cm/s. In the right branch is hepatopetal at 25 cm/s in the left branch hepatopetal at 17 cm/s. Color blood flow in the IVC and hepatic veins. IMPRESSION: 1. Fatty liver. 2. Cholelithiasis without biliary dilatation. 3. Normal liver Doppler. 4. No ascites. On 3-26-25 Dr. Baig's nurse called PD to inform that since Wayne was unable to complete the fibroscan that had been ordered to calculate

liver functioning, Dr Baig wanted him to do a liver function panel (blood work) monthly for the next six months. This is to occur the first week of the month. The blood test, ANA Ab, HEp-2 Substrate, S, also came back abnormal. She said this can be indicative of autoimmune response and Dr. Baig planned to forward his concern to Wayne's primary care provider. Wayne is to follow up with Dr. Baig in 6 months. Wayne's guardian was informed of these updates today.

Ambulates with 1 assist and walker during the day. PROM to all extremities BID. Exercise program BID (Upper Extremity bike BID). Wear compression socks during the day.

Outcome (ISP): Three times weekly, Wayne will participate in a sensory leisure activity.

Cheryl – Weight: 103 (-2)

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

Appointments: Cheryl went to Fergus Falls for a dental appointment. We are to continue with the current regiment. She also got to eat at Perkins. Cheryl had a Botox appointment. She had Botox injections in both of her arms, she is to return in 12 weeks. Cheryl was seen for a swallowing evaluation. Staff have used the bionix save straw for Cheryl that is recommended. Dianne stopped by the house after the DCC called her about Cheryl drinking and how she just doesn't drink enough to get all her cc's in. Staff was concerned without her drinking adequate enough she could become dehydrated. Cheryl was seen today by Michelle Woinarowicz for a 2-month follow-up. It was stated that her labs looked good, and stomach/bowels also sounded good. She is to return in 2 months for another follow-up and non-fasting labs. she was chatty during the visit and also met a student working under Michelle.

Behaviors/concerns: It takes Cheryl a very long time to drink her liquids, that she cannot complete both the arginaid and her coffee with boost in the morning because she runs out of time. Cheryl will stick her tongue out to push the straw out of her mouth after so long of trying to drink her liquids. Diane suggested using the kid straw with the device or by itself as it is smaller than the adult straws or use the tiny plastic straws in the cupboard as they are even smaller than the child straw and you would not have to use the Bionix straw with it.

Outings: Cheryl attended bible study. She seemed to enjoy it and was singing along. Cheryl also went to the library and got some books for staff to read to her.

PROM to all extremities BID. Wears wrist brace on right hand during the day. Tilt W/C for a few minutes every hour. Reposition twice during the night

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

Jeanette has passed away March 23. There is a Celebration of Life planned for her May 25th from 2-5p at the Ranier Community Center in Ranier, MN.

Jeff - Weight: 158 (+3)

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

Behaviors/concerns: Hospice has stated that they do not have the suction machine on their orders, we are to use glycopyrrolate to help with secretions. Jeff had his catheter changed. Jeff has had his good days and days that are not so good. He has days when he will eat and days he does not. Jeff has a small pea size and in the center of a 5cm abraised thin line on front upper left thigh. Appears to be irritation from foley catheter tubing rubbing in the area. To apply small amount bacitracin topically and cover with dressing daily till area healed.

Jeff has used up his last supply of Osmolyte liquid feeding this evening. Hospice has approved replacing it with Kate Farms nutritional liquid supplement from supply remaining after another hospice patient expired. To administer 3 cartons (975ml) daily into g-tube by feeding pump at 85ml/hour over a 12 hour period. This will be 27ml more per day than the Osmolyte formula.

Outings: *No outings this month*

PROM exercises BID, hand braces worn 2-3x daily for time tolerated, tilt w/c 30 secs every 30 minutes when in chair, Reposition every two hours when in bed and 2x during the night

Courtney –

Behaviors/concerns: She comes to the home and has her showers and plays cards with staff. Courtney has missed a few Mondays and will be here off and on as Mark was having surgery. Courtney had a fun day of painting rocks with staff.

Outings: *No outings this month*

The next monthly staff meeting will be held Thursday, May 1, 2024 at 1:00pm.

STAFF MEMBERS PRESENT:

Name:		Position:	Name:		Position:
Kristal Walen	EXC	ADM	Cindy Blacklance	present	DCS
Sabrina Deschene	present	RPS	Ashley Nygaard	present	DCS
Henrietta Linder	present	RN	Jeanne Johnson	EXC	DCS
JoAnn Saunders	present	LPN	Pam Abrahamson	present	DCS
Kelly Nordine	present	DCC	Billie Volker	present	DCS
Carolyn Jorgenson	present	DCA	Hannah Johnson	EXC	DCS

Authorized By: Sabrina Deschene, RPS

Acknowledgement completed in STAR Services

INSERVICE : SUMMER ALERTS

PRESENTED BY: HENRIETTA LINDER RN

TO: ALL STAFF

Heat and humidity put all people at risk for heat exhaustion and heat stroke. Persons receiving services for mental health, developmental disabilities and emotional disturbances are at added risk for these conditions because they often take medications or drugs that inhibit perspiration or increase fluid loss such as diuretics and blood pressure medications as they cause you to urinate more frequently, antihistamines such as Cetirizine or Claritin, beta-blockers such as propranolol or metoprolol, benzodiazepines such as Alprazolam or Lorazepam, anticholinergics such as Oxybutynin used for bladder spasms, or Paroxetine used for depression and alcohol and also because they may be reluctant or unable to drink adequate amounts of non-caffeinated liquids. The elderly and those working or completing activities in very hot environments are at a higher risk.

It is important to keep the environment cool, provide extra water or other non-caffeinated and non-alcoholic fluids. If needing to be outdoors keep well hydrated and take frequent breaks. The body's response to excessive loss of water and salt is usually through sweating.

Heat exhaustion symptoms may include fatigue, heavy sweating, headache, muscle cramps, dizziness, weakness, confusion, nausea, clammy moist skin, pale or flushed complexion, slightly elevated body temperature and fast shallow breathing.

Treatment would include getting the person to a cool shaded or preferably an air-conditioned area, sit in front of a fan, rest on their back with legs raised above heart level, drink cool water or sports drinks, loosen any unnecessary clothing, take a cool shower, soak in a cool bath or put towels soaked in cool water on your skin. It might be a good idea to take the person's temperature to rule out heat stroke. If condition doesn't improve after an hour seek medical attention.

Heat exhaustion can lead to **Heat Stroke** which can become a life threatening emergency that can cause death or permanent disability. At this point the body is unable to regulate its temperature. The body's temperature rises quickly, the sweating mechanism fails and the body is unable to cool down with temperatures reaching 103 degrees and higher within 10 to 15 minutes. If you see any of the following symptoms have someone call 911 and begin cooling the affected person. Warning signs are an extremely high temperature, red, hot and dry skin with no sweating, rapid, weak pulse, throbbing headache, rapid shallow breathing,

dizziness or confusion, nausea, unconsciousness and seizures. Get the person to a shaded cool area and get medical assistance ASAP. Do not give the person fluids to drink as it may lead to pulmonary edema.

Heat Cramps can affect a person who perspires a lot during strenuous activity which can deplete the body of salt and water levels. Low salt levels in muscles will cause painful cramps and muscle pain or spasms usually in the abdomen, arms or legs. Treatment includes having the person stop all activity, get into a cool environment and drink water or a sports beverage. They should not return to strenuous activity for several hours after the cramps subside. Seek medical attention if the person has heart problems, is on a low salt diet or the cramps don't subside after an hour.

Heat Rash is a skin irritation caused by excessive sweating during hot, humid weather. The rash looks like a red cluster of small pimples or blisters and will usually appear on upper chest, groin area, under breasts or in elbow creases. Treatment would include cooling the person, may apply cool packs and keeping the affected area dry. You may apply a calamine lotion or a low strength hydrocortisone cream and take an anti-histamine such as Benadryl.

Heat Syncope is fainting, dizziness or light-headedness that can occur with prolonged standing or sudden rising from a sitting or lying position. Factors that may contribute are a hot environment, dehydration and being unacclimated to the heat (the body is not used to the hot environment). These symptoms occur when there is not adequate blood flow to the brain. Treatment includes having the person lie down or sit in a cool area, elevate legs to promote blood return to the heart and to hydrate them with water or a sports beverage.

Sunburn happens when your skin gets too much sun without proper protection from sunscreen and clothing. Many medications such as anti-psychotics and antibiotics can increase a person's risk of sunburn. Reduce exposure to the sun with umbrellas, hats, or long-sleeved, light weight clothing. Protect the eyes with sunglasses labeled to block out 99 to 100% of both UVA (aging rays) and UVB radiation. UVB rays (burning rays) are the primary cause of sunburn. Consider limiting or avoiding time in the sun between the hours of 10AM and 2PM when the rays are most intense. If going outdoors apply sunscreen at least 15 minutes before with an SPF of 15 or higher. The American Academy of Dermatology recommends using a broad-spectrum sunscreen with an SPF of 30 or higher. FDA recommends not using a sunscreen after the expiration date or if it has no expiration date consider it expired 3 years after purchase. Avoid leaving sunscreen containers in direct sunlight or in hot environments as inside the car as this will accelerate the degradation of the sunscreen. Keep in a cooler or under blankets. Fair-skinned people are likely to absorb more solar energy than dark-skinned persons and they may need a

sunscreen with a higher SPF of 30 to 50. Use enough sunscreen to cover your entire face and exposed body (avoiding the eyes and mouth). Easily forgotten spots are ears, nose, lips (apply lip balm with a sunscreen), back of neck, hands, tops of feet, along hairline and areas of the head exposed by balding or thinning hair. Everyone needs sunscreen from 6 months and older. Sunscreens are not recommended for infants under the age of 6 months as they are at greater risk than adults of sunscreen side effects such as a rash. The best protection is to keep them out of the sun entirely. Once outdoors reapply sunscreen every 2 hours, even on cloudy days and more often if sweating or jumping in and out of the water. There is no safe way to tan. Every time you tan, you damage your skin and as this builds up, you speed up the aging process and increase the risk for all types of skin cancer. Anyone can get skin cancer regardless of age, gender or skin tone. It is estimated that 1 in 5 will develop some form of skin cancer in their lifetime. The WHO has declared artificial sources like tanning beds and sun lamps to be known carcinogen substances. How to treat a sunburn: Begin treating sunburn as soon as you notice it. The first thing to do is get out of the sun and avoid the sun while your skin heals being sure to cover the sunburn every time you go outdoors; take frequent cool baths or showers to relieve the pain- when getting out pat the skin dry leaving a little water on the skin and apply a moisturizer containing aloe vera or soy to help trap water in your skin; if an area is especially uncomfortable, apply an OTC hydrocortisone but do not treat with "caine" products such as benzocaine as these may irritate the skin; consider taking ibuprofen to help reduce any swelling, redness and discomfort; if your skin blisters, allow them to heal – this means you have a second degree burn-do not pop the blisters as they form to help the skin heal and protect you from getting an infection; and lastly protect sunburned skin while it heals – wear clothing that covers the skin when outdoors.

Insect stings or bites: Apply insect repellent before going outdoors. Wear long sleeved shirts, long pants tucked into socks, and closed-toe shoes when in woods or grassy areas to help prevent tick bites. Check for ticks after being outdoors and shower as soon as possible after coming indoors. Ticks take several hours to attach themselves to the skin; in the meantime, they can be washed away. Wear shoes when walking through low-lying flowers. Close fitting clothes can prevent insects from getting under your clothes and getting trapped. Light colored and flowered clothing, perfumes or cologne may attract stinging insects. Soda and sweetened beverages may attract stinging insects so if outdoors keep them covered. Also keep garbage cans covered.

Most common mild reactions are local redness, swelling, pain and itching. Remove any stinger using a credit card or the like to flick it away. Wash the area with soap and water. May apply a cool pack for 10 to 20 minutes to reduce swelling and redness. Apply Calamine lotion, baking soda paste or 0.5% to 1% Hydrocortisone cream several times a

day till resolved. Can take anti-histamines orally such as Cetirizine, Claritin or Allegra to decrease itching. May take non-prescription pain reliever to reduce pain. If continues to feel ill or swelling worsens seek medical help. When a person gets bit monitor closely for at least 30 minutes for a severe reaction.

Bees, yellow jackets, wasps, hornets and fire ants may cause a severe allergic reaction (anaphylaxis). This is a medical emergency and you need to call 911 immediately. If a person is exhibiting even 1 or 2 of the following symptoms call 911: trouble breathing; wheezing; swelling of lips, face, eyelids or throat; dizziness, fainting or being unconscious; weak rapid pulse; hives; nausea, vomiting or diarrhea call 911. Do not offer them anything to drink, loosen tight clothing, cover them with a blanket and if needed position them to prevent choking or vomiting. If they have an epinephrine auto-injector use it immediately. They still need to go to the emergency room ASAP.

Fire safety: Always make sure your grill is in good working order. Always open the grill lid before lighting and do not add lighter fluid to an already lit fire. Keep a 3 foot safety zone around the grill. Use long handled utensils to keep your hands and arms away from the heat. Keep an eye on your grill and never leave it unattended. If using coals, place them in a metal can with a lid on it after they have cooled.

Inservice Training

Annual Seizure Alert

All staff present

Presenter: Henrietta Linder RN

A seizure occurs when there is a malfunction in the electrical activity of the brain leading to either behavioral or physical changes caused by a sudden, uncontrolled burst of electrical activity in the brain. It can cause changes in behavior, movements, feelings and level of consciousness. It can cause symptoms such as drooling, violent shaking, spasms or twitching, making strange noises and falling down. These symptoms can last a few seconds to several minutes. Prior to a seizure a person can experience a *deja vu* or *aura* including nausea, feeling dizzy or vision changes.

Anyone can develop seizures or epilepsy. It affects both males and females of all races, ages and ethnic backgrounds. Having a single seizure doesn't mean you have epilepsy. At least 2 seizures without a known trigger that happen at least 24 hours apart are required for a diagnosis of epilepsy.

Although a seizure is usually associated with epilepsy there can be many other causes including stroke (which is the leading cause of seizures in adults over the age of 35), head or brain trauma/injury, congenital brain defects, meningitis, encephalitis or AIDS, high fevers especially in children (children who have seizures due to high fevers usually do not develop epilepsy), brain tumors, severe hypoglycemia, heat related injuries, poisons, drug overdoses, withdrawal from daily use of alcohol/drugs. Elevated glucose or sodium levels in the blood, dementia/Alzheimers, kidney or liver failure, use of drugs such as Amphetamines or Cocaine, stress, missed doses of medication, not sleeping well lack of oxygen, a genetic component and the list goes on. Seizures are classified in two main categories based on where in the brain the seizure begins. They are generalized seizures which are produced by electrical impulses throughout the entire brain and Partial or focal seizures are produced (at least initially) by electrical impulses in a relatively small part of the brain.

Under generalized seizures (which are the most common types of seizures) you have 1) Grand Mal – the person may cry out and this is characterized by a loss of consciousness and will usually collapse. The loss of consciousness is usually followed by generalized body stiffening then by violent jerking after which a person will often go into a deep sleep. Injuries may occur such as tongue biting and urinary incontinence. 2) Absence (sometimes called petit mal seizures) – this is exhibited by short periods of unconsciousness (just a few

seconds) with few or no symptoms. It can cause rapid blinking or a few seconds of staring into space. The person may not be aware of having a seizure other than being aware of losing time. 3) Myoclonic – this consists of sporadic jerks usually on both sides of the body. When violent they may result in dropping or involuntarily throwing objects. 4) Clonic – are repetitive, rhythmic jerks that involve both sides of the body at the same time. 5) Tonic – characterized by stiffening of the muscles. 6) Atonic – consists of sudden loss of muscle tone particularly in the arms and legs which often results in a fall.

Partial seizures include the following: 1) Simple Motor – with jerking, rigid muscles, pivoting head and muscle spasms. 2) Simple Sensory – having unfamiliar sensations regarding vision, hearing, smell, touch or taste. 3) Simple Psychological – having disturbances regarding memory or emotional distress. 4) Complex – includes lack of awareness of an episode with repetitive, involuntary yet coordinated movements such as lip smacking, walking, chewing or fidgeting. 5) Partial with Secondary Generalization – this begins with a partial seizure in which the person is conscious but then turns into a Grand Mal seizure with loss of consciousness and convulsions.

Although seizures seem to last a long time, they usually don't last more than 60-90 seconds. A seizure can be terrifying to watch if you've never seen one before. Seizures can be mild or severe and they affect people differently. Even though you may feel helpless and find it difficult to watch, there are things you can do to help. #1 is to stay calm. Make sure the scene is safe and protect them by moving furniture and objects out of the way. If it's easy to do so, place a small towel under their head. Do not put anything into their mouth including your fingers as this may cause injury such as chipped teeth or a fractured jaw. You could also get bitten. Do not try to hold them down or move them as this could also cause injury such as a dislocated shoulder. Loosen tight clothing from around the neck and waist. When the seizure is over, turn the person on their side to allow fluids to run from their mouth. Most people will be sleepy or confused after a seizure. Provide a safe area for them to rest. Do not offer anything to eat or drink until they are fully alert and awake. Stay with the person until they are fully awake and familiar with their surroundings.

Things to watch for during a seizure as you will need to document in Therap under seizures and may need to relay the information to the medical provider are: what was happening before the onset of the seizure, if known; did they experience an aura or yell out; how did their body move; how long did the seizure last; how did they act once the seizure ended; did they lose consciousness; did they stop breathing; what was their skin color; did they have any injuries etc.

Complications from having a seizure can include head injuries or broken bones from a fall; drowning (a person with a seizure disorder is 13 to 19 times more likely to drown while

swimming or bathing than the rest of the population because of the risk of having a seizure in the water; car accidents due to loss of awareness/consciousness while driving or operating equipment (many states have driving restrictions on persons with a seizure disorder). Pregnancy complications can pose a danger to both mother and baby and some anti-epileptic medications can cause birth defects. Emotional health issues such as depression, anxiety and suicidal thoughts and behaviors due to difficulty dealing with the condition as well as medication side effects.

Diagnostic tests can include a neurological exam, blood tests, EEG, CT, MRI, PET scan and neuropsychological testing.

Treatment usually begins with medication which there are many different ones to be used. Some side effects of anti-seizure medication are fatigue, stomach upset or discomfort, dizziness, blurred vision, weight gain, loss of bone density, skin rashes, speech problems, memory/thinking problems and loss of coordination. Different seizure medications cause differing side effects. Some of the side effects may not occur or are tolerable if the medication is started at a low dose and increased slowly and will often go away over several weeks or months. Surgery is an option also where they remove the area of the brain causing seizures if it doesn't interfere with vital functions such as speech, language, motor function, vision or hearing. MRI guided stereotactic laser ablation may be used when more invasive surgery is too risky. Vagus nerve stimulator where a device is implanted underneath your skin in the chest that sends electrical impulses through the vagus nerve to your brain to stop the seizure activity is another option .

Life threatening complications of epilepsy, although rare, are status epilepticus also called seizure clusters. This is when a seizure lasts longer than 5 minutes or having frequent recurring seizures without regaining full consciousness between them. It is important to have a rescue medication on hand during a seizure cluster emergency and to use it as soon as possible. The name of one of these medications is Nayzilam. If needing to administer Nayzilam the nozzle is placed in one nostril and sprayed. If the seizure cluster is continuing 10 minutes after the first dose, a second dose may be used but only if you have been told to do so by the healthcare provider. If needing to give the second dose, you will administer into the opposite nostril. If the seizures do not stop after Nayzilam is used get emergency medical help right away. The most common side effects of Nayzilam are sleepiness, headache, runny nose, nasal discomfort and throat irritation.

Sudden unexpected death in epilepsy, although a small risk, may be caused by heart or respiratory conditions and is most common in those with severe epilepsy that don't respond to treatment.

Treatment includes taking medications as ordered and not switching to generics or taking other medications or OTC or herbal remedies or stop taking your medication without consulting with the physician, get plenty of rest, eat a healthy diet, prevent accidents by working in a safe manner, manage stress, exercise, wear a medical alert bracelet, limit alcohol consumption, avoid smoking, inform physician of any changes in mood, and have an annual exam and go to follow up appointments as scheduled.

Seizures do not always require urgent care but do call for help in the following situations:

- 1) If they stop breathing for longer than 30 seconds, begin rescue breathing.
- 2) The seizure lasts longer than 3 minutes unless indicated otherwise by medical provider
- 3) It is the persons first seizure
- 4) More than one seizure occurs within 24 hours
- 5) Has a seizure with a high fever
- 6) Has several seizures in succession
- 7) Has a seizure after complaining of a sudden severe headache
- 8) Has a head injury followed by a seizure
- 9) Has diabetes
- 10) A seizure occurs with a sign of stroke – trouble speaking, loss of vision, or inability to move part or all of one side of the body

PROTOCOL FOR WAYNE FREI SEIZURES

1. IF A SEIZURE LASTS MORE THAN 5 MINUTES OR HAS SEIZURES BACK TO BACK OR SEVERAL SEIZURES IN SUCCESSION CALL 911. IF BECOMES INJURED DURING A SEIZURE CALL 911.
2. IN THE EVENT OF SEIZURE ACTIVITY KEEP ALL FOREIGN OBJECTS AWAY FROM HIM, DO NOT PUT ANYTHING INTO HIS MOUTH, LOOSEN ANYTHING TIGHT AROUND HIS NECK, IF ON FLOOR PLACE A SMALL PILLOW OR TOWEL UNDER HIS HEAD AND STAY BY HIS SIDE TILL THE EVENT IS OVER.
3. ONCE THE EVENT IS OVER IF LYING FLAT TURN HIM ON HIS SIDE TO EXPEL ANY SALIVA OR VOMITUS FROM HIS MOUTH. OBSERVE HIS MENTAL STATUS, ASK HIM IF HE IS OK AND IF HE HAS SOILED HIMSELF ASSIST HIM IN CLEANING UP.
4. ONCE THE EVENT IS OVER ALLOW HIM TO LIE DOWN OR IF HE PREFERS TO REST IN HIS RECLINER CHECKING ON HIM FREQUENTLY.
5. NOTIFY NURSE AND RPC OF SEIZURE ACTIVITY. RPC WILL NOTIFY PHYSICIAN, GUARDIAN AND CASE MANAGER.
6. DOCUMENT ALL SEIZURE ACTIVITY ON THERAP: CLICK ON INDEPENDENT HOMEPAGE THEN CLICK ON HEALTH TRACKING AND THE ON SEIZURES AND COMPLETE AS THOROUGHLY AS POSSIBLE INCLUDING DATE, TIME, LENGTH, AND PHYSICAL SYMPTOMS IE: SKIN COLOR, EYES ROLLED BACK, JERKING OF BODY PARTS, FROTHING AT MOUTH ETC.
7. DOCUMENT SEIZURES IN T-LOG UNDER HIGH NOTIFICATION LEVEL AND LEAVE NOTE IN COMMUNICATION BOOK.
8. WHEN AMBULATING WITH WAYNE HAVE A FIRM HOLD OF GAIT BELT WITH BELT TIGHTENED SNUGGLY AROUND WAIST IN EVENT OF SEIZURE OCCURING.
9. WHEN SITTING IN W/C HAVE SEAT BELT BUCKLED AT ALL TIMES.
10. WHEN SITTING IN A CHAIR AT DINING TABLE, CHAIR TO HAVE ARMRESTS AND TO BE PUSHED UP CLOSE TO TABLE.
11. IF FEVER ACCOMPANIES THE SEIZURE HE NEEDS TO BE SEEN BY PHYSICIAN.
12. IF A SEIZURE OCCURS AFTER A FALL HE NEEDS TO BE SEEN BY PHYSICIAN – THIS WOULD LIKELY WARRANT A 911 CALL.

*Reviewed and agreed,
M. J. 5/31/22
Rolle, Neurology*

05-20-2022 HENRIETTA LINDER RN

POLICY AND PROCEDURE ON SAFE TRANSPORTATION

I. PURPOSE

The purpose of this policy is to ensure the safety of persons served as well as staff during transportation and include the provisions for handling emergency situations.

II. POLICY

When transportation is the responsibility of the company, staff will assist in transporting, handling, and transferring persons served in a safe manner and according to their *Support Plan* and/or *Support Plan Addendum*.

III. PROCEDURE

- A. Upon employment, staff are informed of the requirement that they must hold a valid driver's license, appropriate insurance, and maintain a safe driving record. Staff may also be required to complete additional training on safe transportation procedures.
- B. The Designated Coordinator and/or Designated Manager will ensure the safety of vehicles, equipment, supplies, and materials owned or leased by the company and will maintain these in good condition. Standard practices for vehicle, equipment, supplies, and materials maintenance and inspection will be followed.
- C. Staff will transport persons served with a program's vehicle. If there is no program vehicle, staff will attempt to use public or contracted transportation.
- D. For contracted transportation, the Designated Coordinator and/or Designated Manager will ensure that all required documentation is completed and submitted before the first trip is scheduled. Staff will arrange ongoing use of contracted transportation or will assist persons served, as needed, in arranging transportation for themselves.
- E. When dropping off persons served at a site which requires a change in staff, transporting staff will ensure that staff or another responsible party are present before leaving the person served unless otherwise specified in the person's *Support Plan* and/or *Support Plan Addendum*. Any necessary information will be presented to the staff or other responsible party.
- F. In accordance with state laws, anyone riding in a moving vehicle must wear seatbelts and/or child safety restraints.
- G. Staff are prohibited by state law (MN Statutes, section 169.475) from using a wireless communications device (cell phone, GPS, etc) while operating a motor vehicle in motion or a part of traffic upon a street or highway. This includes a program vehicle. Staff may not initiate, compose, send, retrieve, or read an electronic message; engage in a cellular phone call, including initiating a call, talking or listening, and participating in video call; and access the following types of content stored on the device: video content, audio content, images, games or software applications.
 1. The prohibitions stated previously do not apply if a person uses a wireless communications device:
 - a. Solely in a voice-activated or hands-free mode to initiate or participate in a cellular phone call or to initiate, compose, send, or listen to an electronic message;
 - b. To view or operate a global positioning system or navigation system in a manner that does not require the driver to type while the vehicle is in motion or a part of traffic, provided that the person does not hold the device with one or both hands;
 - c. To listen to audio-based content in a manner that does not require the driver to scroll or type while the vehicle is in motion or a part of traffic, provided that the person does not hold the device with one or both hands;
 - d. To obtain emergency assistance to (i) report a traffic accident, medical emergency, or serious traffic hazard, or (ii) prevent a crime about to be committed;
 - e. In the reasonable belief that a person's life or safety is in immediate danger; or
 - f. In an authorized emergency vehicle while in the performance of official duties.
 2. The exception in Letter G, 1, a, does not apply to accessing non-navigation video content, engaging in video

POLICY AND PROCEDURE ON SAFE TRANSPORTATION

calling, engaging in live-streaming, accessing gaming data, or reading electronic messages.

- H. Persons served using wheelchairs will be transported according to manufacturer's safety guidelines. This includes, but is not limited to, safe operation and regular maintenance of lift equipment, checks of straps to secure the wheelchair to the floor of the vehicle, and use of adaptive seating equipment (i.e. headrests, lap trays) when appropriate. Staff who are transporting persons served and who complete "tie-downs" of wheelchairs will receive training on how to do so and will be required to demonstrate competency prior to transporting persons using wheelchairs.
- I. Staff will receive training on each person's transferring or handling requirements for the person and/or equipment prior to transferring or transporting persons. All transfers and handling of persons served will be done in a manner that ensures their dignity and privacy. Any concerns regarding transportation, transfers, and handling will be promptly communicated to the Designated Coordinator and/or Designated Manager who will address these concerns. This will be done immediately if the health and safety of the person(s) served are at risk.
- J. When equipment used by a person served is needed, staff will place the equipment in a safe location in the vehicle such as the trunk of a car. If a program vehicle does not have a designated storage space such as a trunk, staff will place the equipment in an area of the vehicle and secure it, when possible, so that there is limited to no shifting during transport.
- K. If there is an emergency while driving, staff follow emergency response procedures to ensure the person(s) safety. This will include pulling the vehicle over and stopping in a safe area as quickly and as safely as possible. Staff will use a cell phone or any available community resource to contact "911" for help if needed. If a medical emergency were to occur, staff will call "911" and follow first aid and/or CPR protocols according to their training.
- L. While transporting more than one person served and person to person physical aggression occurs, staff will pull over and stop the vehicle in a safe area as quickly and as safely as possible, redirect the persons served, and if necessary, attempt to contact another staff person, the Designated Coordinator and/or Designated Manager, or "911" for assistance.
- M. Persons served are prohibited from driving program or staff vehicles at any time.

Marshall County Group Homes, Inc.

POLICY AND PROCEDURE ON DATA PRIVACY

I. PURPOSE

The purpose of this policy is to establish guidelines that promote service recipient rights ensuring data privacy and record confidentiality of persons served.

II. POLICY

According to MN Statutes, section 245D.04, subdivision 3, persons served by the program have protection-related rights that include the rights to:

- Have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the company.
- Access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule.

Orientation to the person served and/or legal representative will be completed at service initiation and as needed thereafter. This orientation will include an explanation of this policy and their rights regarding data privacy. Upon explanation, the Designated Manager and/or Designated Coordinator will document that this notification occurred and that a copy of this policy was provided.

This company encourages data privacy in all areas of practice and will implement measures to ensure that data privacy is upheld according to MN Government Data Practices Act, section 13.46. The company will also follow guidelines for data privacy as set forth in the Health Insurance Portability and Accountability Act (HIPAA) to the extent the company performs a function or activity involving the use of protected health information and HIPAA's implementing regulations, Code of Federal Regulations, title 45, parts 160-164, and all applicable requirements. The Chief Executive Officer (CEO) will exercise the responsibility and duties of the "responsible authority" for all program data, as defined in the Minnesota Data Practices, MN Statutes, chapter 13. Data privacy will hold to the standard of "minimum necessary" which entails limiting protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

III. PROCEDURE

Access to records and recorded information and authorizations

- A. The person served and/or legal representative have full access to their records and recorded information that is maintained, collected, stored, or disseminated by the company. Private data are records or recorded information that includes personal, financial, service, health, and medical information.
- B. Access to private data in written or oral format is limited to authorized persons. The following company personnel may have immediate access to persons' private data only for the relevant and necessary purposes to carry out their duties as directed by the *Support Plan* and/or *Support Plan Addendum*:
1. Executive staff.
 2. Administrative staff.
 3. Financial staff.
 4. Nursing staff including assigned or consulting nurses.
 5. Management staff including the Designated Coordinator and/or Designated Manager.
 6. Direct support staff.
- C. The following entities also have access to persons' private data as authorized by applicable state or federal laws, regulations, or rules:
1. Case manager.
 2. Child or adult foster care licensor, when services are also licensed as child or adult foster care.
 3. Minnesota Department of Human Services and/or Minnesota Department of Health.
 4. County of Financial Responsibility or the County of Residence's Social Services.
 5. The Ombudsman for Mental Health or Developmental Disabilities.
 6. US Department of Health and Human Services.

Marshall County Group Homes, Inc.

7. Social Security Administration.
 8. State departments including Department of Employment and Economic Development (DEED), Department of Education, and Department of Revenue.
 9. County, state, or federal auditors.
 10. Adult or Child Protection units and investigators.
 11. Law enforcement personnel or attorneys related to an investigation.
 12. Various county or state agencies related to funding, support, or protection of the person.
 13. Other entities or individuals authorized by law.
- D. The company will obtain authorization to release information of persons served when consultants, sub-contractors, or volunteers are working with the company to the extent necessary to carry out the necessary duties.
- E. Other entities or individuals not previously listed who have obtained written authorization from the person served and/or legal representative have access to written and oral information as detailed within that authorization. This includes other licensed caregivers or health care providers as directed by the release of information.
- F. Information will be disclosed to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the person served or other individuals or persons. The Designated Coordinator and/or Designated Manager will ensure the documentation of the following:
1. The nature of the emergency.
 2. The type of information disclosed.
 3. To whom the information was disclosed.
 4. How the information was used to respond to the emergency.
 5. When and how the person served and/or legal representative was informed of the disclosed information.
- G. All authorizations or written releases of information will be maintained in the person's service recipient record. In addition, all requests made to review data, have copies, or make alterations, as stated below, will be recorded in the person's record including:
1. Date and time of the activity.
 2. Who accessed or reviewed the records.
 3. If any copies were requested and provided.

Request for records or recorded information to be altered or copies

- A. The person served and/or legal representative has the right to request that their records or recorded information and documentation be altered and/or to request copies.
- B. If the person served and/or legal representative objects to the accuracy of any information, staff will ask that they put their objections in writing with an explanation as to why the information is incorrect or incomplete.
1. The Designated Coordinator and/or Designated Manager will submit the written objections to the ADM who will make a decision in regards to any possible changes.
 2. A copy of the written objection will be retained in the person's service recipient record.
 3. If the objection is determined to be valid and approval for correction is obtained, the Designated Coordinator and/or Designated Manager will correct the information and notify the person served and/or legal representative and provide a copy of the correction.
 4. If no changes are made and distribution of the disputed information is required, the Designated Coordinator and/or Designated Manager will ensure that the objection accompanies the information as distributed, either orally or in writing.
- C. If the person served and/or legal representative disagrees with the resolution of the issue, they will be encouraged to follow the procedures outlined in the *Policy and Procedure on Grievances*.

Security of information

- A. A record of current services provided to each person served will be maintained on the premises of where the

Marshall County Group Homes, Inc.

services are provided or coordinated. When the services are provided in a licensed facility, the records will be maintained at the facility; otherwise, records will be maintained at the company's program office. Files will not be removed from the program site without valid reasons and security of those files will be maintained at all times.

- B. The Designated Coordinator and/or Designated Manager will ensure that all information for persons served are secure and protected from loss, tampering, or unauthorized disclosures. This includes information stored by computer for which a unique password and user identification is required.
- C. No person served and/or legal representative, staff, or anyone else may permanently remove or destroy any portion of the person's record.
- D. The company and its staff will not disclose personally identifiable information about any other person when making a report to each person and case manager unless the company has the consent of the person. This also includes the use of other person's information in another person's record.
- E. Written and verbal exchanges of information regarding persons served are considered to be private and will be done in a manner that preserves confidentiality, protects their data privacy, and respects their dignity.
- F. All staff will receive training at orientation and annually thereafter on this policy and their responsibilities related to complying with data privacy practices.



Swimming Guidelines

1. Ability to swim or inability to swim will be documented and reviewed annually in the Self-Management Assessment.
2. Consumers residing in Marshall County Group Homes, Inc., can participate in water activities if there is a lifeguard on duty. If no lifeguard is on duty the consumer will be allowed to enter the water as long as one or two staff persons are present, who can swim, are available to supervise the consumer and flotation life support devices are available at the site.
3. Staff accompanying consumers will set boundaries for safety. Consumers will not be allowed past the designated water depth.
4. Consumers should wear a Lifesaving vest if they will be swimming in deeper water.
5. Staff accompanying consumers will be responsible for the proper supervision of any consumer entering the water. At no time will any consumer be left in a swimming area unattended.
6. These guidelines will be reviewed by staff upon employment as part of orientation and annually.

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Program Supervisor (RPS).

- 7) If 911 is called or Emergency relocation for more than 24 hours report the incident on the "Emergency Report and Internal review form".

The five steps above are listed in the order of importance and will be followed explicitly in the event of fire. Always remember step number 1 - The evacuation of all individuals to a place of safety away from the fire is the first and most urgent responsibility in case of fire. Steps 2, 3, and 4 are to be undertaken only if it is safe and feasible to do so, and only by supervising staff persons, never by recipients of the home.

Additionally, once all recipients have been evacuated from the home to a place of safety, a supervising staff person must remain with the recipients at all times to ensure their safety and prevent them from attempting to return to the home or wander off and become lost. Once the place of safety has been reached, staff persons must identify all recipients to ensure that each recipient has been evacuated. The recipients must not be left unsupervised under any circumstances. In an emergency staff may leave recipient in the care of a neighbor, police officer, fireman etc.

Fire Drill practices:

A minimum of one fire drill per quarter will be held per calendar year. Each fire drill should be thoroughly documented as described in in-service training and specified in the sample fire drill reports. All fire drills will be documented on the Fire Drill Log.

The times of the day and the routes of evacuation from the home should be varied with each drill so that all persons in the home become thoroughly familiarized with all possible means of evacuating the home in an emergency.

All exits and routes of evacuation must be kept free of obstruction. This includes all household equipment, toys, bicycles, snow - basically, anything which will hinder or obstruct rapid and safe evacuation from the building in an emergency.

No combustible materials - gasoline, cardboard boxes, paint, etc. - can be stored in open places in the building. All such materials will be destroyed or stored in metal storage cabinets in specified places in the building.

2. **Severe weather and natural disasters.** Additional information on safety in severe weather or natural disasters is available online at: <http://www.ready.gov/natural-disasters>. (for example: wind storms, floods, electrical storms, exceedingly cold or hot weather, blizzards and other natural disasters). ***In the event of a severe weather emergency, staff will take the following actions:***

Emergency Procedures SEVERE WEATHER and NATURAL DISASTER:

- 1) Identify all recipients present in the home to ensure all recipients are present and accounted for. Monitor weather condition and listen to the local television or radio for weather related warning and watches. Follow their directions and the need to change plans and activities. Stay indoors or seek shelter as appropriate to the situation.
- 2) Do not allow anyone to leave the home. Inform people why plans and activities are changing and what is being done to keep them safe.

Marshall County Group Homes, Inc.

- 3) During a wind storm of any type, move all recipients away from electrical systems and outlets. A siren will sound for three (3) minutes, at which time all recipients are to seek shelter. No "All Clear" will be given as it is confusing to the public. You are asked to keep tuned to your radio for updated messages. When tornado sightings are reported recipients will go to designate shelter area.
- 4) If time permits, unplug all electrical appliances in the home.
- 5) When tornado warnings are reported recipients will go to Pastor Janet's home for shelter if feasible to do so. If evacuation to Pastor Janet's is not warranted or safe. Staff and consumers should stay in the hallways our use the bathrooms (no windows). If needed cushions from the couch and a mattress should be used as protection from flying glass. Keep the radio tuned to a local radio station for emergency messages and directions. Use the hallways or bathrooms.
- 6) **Portable tap lights are located on the fridge and in the laundry room. Flashlights are in all of the recipient's rooms, on the staff desk in the living room, in kitchen on counter by sink, laundry room, staff bedroom and in tornado shelter. Portable light, flash lights, radio and extra batteries are in the tornado shelter. Camp lights are in the staff bathroom, and laundry room.** Keep the radio tuned to a local radio station for emergency messages and directions.
- 7) Should evacuation be necessary, telephone the police department, the fire department - 911 - and /or the local emergency disaster services for assistance in evacuating. Recipients should be taken to the place recommended by the official in charge.
- 8) Recipients living in the home will not attend out of town nonessential community outings if it is -20 degrees (with or without wind chill) or colder.
- 9) If the nonessential community outing is in town and the temperature is -20 degrees (with or without wind chill) or colder staff may use their discretion. Staff are to consider all weather advisories and if unsure contact facility RPS for assistance.
- 10) Recipients living in Marshall County Group Homes, Inc. will attend medical appointments if it is warmer than -20 degrees (with or without wind chill).
- 11) If the temperature is -20 degrees (with or without wind chill) staff will consider the difficulty of rescheduling a medical appointment and its immediate importance to the consumer's health and make the final decision as to whether the consumer should attend the appointment. If unsure staff may contact the RPS or RN/LPN for assistance in making this decision.
- 12) Should a tornado or tornado drill occur record all information regarding the incident on an Emergency Report and Internal Review from.
- 13) If the home has actually experienced a tornado a supervisory staff person will contact the Marshall County Adult Foster Care licensor/case manager/legal guardian within 24 hours of occurrence or knowledge of the information unless the Incident has been reported by another license holder.
- 14) If the severe weather or other natural disaster causes the relocation of services for more than 24

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hours or if a law enforcement officer was involved, a supervisory staff person will call each consumer's legal representative, Marshall County licensor, case manager and Occupational Development Center (ODC).

WARNING: severe weather is either occurring or is imminent. A warning is the most significant and Staff must take immediate action to protect recipients and staff by seeking immediate shelter.

WATCH: severe weather is possible as conditions are favorable for the weather event. Staff should plan and prepare for the possibility of the severe weather. Staff should help people change their plans for travel and outdoor activities.

ADVISORY: weather conditions may cause inconvenience or difficulty when traveling or being outside. Staff should help people consider changing their plans for travel and outdoor activities or consider that additional time may be required to complete their plans.

3. **Power failures.** Additional information on safety during power failures is available online at: <http://www.ready.gov/technological-accidental-hazards>. *In the event of a power failure emergency, staff will take the following actions:*

Emergency Procedures POWER FAILURE:

- 1) Report power failures to the City of Warren @ 745-5343 during office hours (8 a.m. to 4:30 p.m. – Monday – Friday) or after hours call the Marshall County Sheriff's Department @ 745-5411. Use emergency supplies: **Portable tap lights are located on the fridge and in the laundry room. Flashlights are in all of the recipient's rooms, on the staff desk in the living room, in kitchen on counter by sink, laundry room, staff bedroom and in tornado shelter. Portable light, flash lights, radio and extra batteries are in the tornado shelter. Camp lights are in the staff bathroom, and laundry room.**
- 2) Account for the well-being of all recipients receiving services.
- 3) Inform all recipients why plans and activities are changing and what is being done to keep them safe.
- 4) Should a power outage last for a long period of time keep warm by dressing in layers? Use portable generators if available. If power outage in becoming long home is becoming cold in winter call the RPS and/or ADM for assistance
- 5) Should evacuation be necessary, telephone the police department, the fire department - 911 - and /or the local emergency disaster services for assistance in evacuating.
- 6) Recipients should be taken to the place recommended by the official in charge.

If evacuation will be for longer than 24 hours it is necessary complete the "Emergency Report and Internal Review form". Supervisory staff person will call each consumer's legal representative, Marshall County licensor, case manager and ODC, within 24 hours of occurrence to inform them of relocation unless the Incident has been reported by another license holder.



General Information


 Individual Name: Alec Sheppard | Birth Date: 09/16/1949
 Medication Review(s) | Allergies | Shared Contact | Dietary Guidelines
 Administered | Missed/Refused | Due | Deleted | LOA(Leave of absence) | On Hold | Overdue | Unspecified

Manage Your Records

Filter | 02/21/2025 | Starts from 12:00 am | Ends on 11:59 pm
 Quick Entry | QR/Barcode Entry | LOA/On Hold Bulk Entry | Generate QR/Barcode(s)

To Do 6 | Scheduled 4 | PRN 0 | Other 0



CELEXA 20 MG TABLET

oral Scheduled (Medication)

Count

Drug Details

Scheduled Time: 8:00 am | Strength: 20mg | Frequency: QD | Give Amount / Quantity: 1 Tablet Overdue

Instruction: Give one tablet one time daily

Detail Entry →



OMEPRAZOLE DR 20 MG TABLET

tablet, delayed release (enteric coated) oral Scheduled (Medication)

Overdue

Drug Details

Scheduled Time: 8:00 am | Strength: 20mg | Frequency: QD | Give Amount / Quantity: 1 Tablet Overdue

Detail Entry →

16.12

Detail Data ✕

*** Record Type** Administered ▼

*** Administer Date** 02/21/2025 🗑

*** Administer Time** hh mm a 🕒

Administered By - Please Select - ▼

Comments 🗑

About 3000 character(s) left

Schedule Followup Schedule PRN Record

Cancel Save

Recording PRN

Detail Data



* Record Type	Administered	▼
* Administer Date	02/21/2025	🗑️
* Administer Time	hh:mm a	🕒
Administered By	- Please Select -	▼
Comments	No BM for 48 hours	
	About 2982 character(s) left	

Schedule Followup

* Schedule Date	02/21/2025	🗑️
* Schedule Time	hh:mm a	🕒
* Schedule By	Hoffman, Mariana / Manager	▼
Comments		

Schedule Followup

Schedule PRN Record

Other Duties	Notes	Daily	Other
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Overnight

Clean both bathrooms		<input type="checkbox"/>	
Finish laundry if any		<input type="checkbox"/>	
Sanitize kitchen countertops		<input type="checkbox"/>	
Sweep and mop main areas/hallway		<input type="checkbox"/>	
Vacuum rugs	as needed	<input type="checkbox"/>	
Empty dishwasher		<input type="checkbox"/>	
Prep breakfast		<input type="checkbox"/>	

Day

Restock supplies	Briefs, liners, soaps, toilet paper, wipes	<input type="checkbox"/>	
Maintain laundry	Keep machines going and put clothes away	<input type="checkbox"/>	<input type="checkbox"/>
Run dishwasher	After lunch and supper	<input type="checkbox"/>	<input type="checkbox"/>
Take out garbage	At the end of each shift	<input type="checkbox"/>	<input type="checkbox"/>
Disinfect light switches	At the end of each shift	<input type="checkbox"/>	<input type="checkbox"/>
Disinfect door handles	At the end of each shift	<input type="checkbox"/>	<input type="checkbox"/>
Med refills as needed	To be completed by DCC or DCA Mon & Fri		<input type="checkbox"/>

Weekend

WF Saturday	Deep clean razor		<input type="checkbox"/>
	Clean walker	Using pledge wipes	<input type="checkbox"/>
CO Saturday	Wash bedding		<input type="checkbox"/>
	Clean bedroom	Dust, sweep, and mop, straighten closet	<input type="checkbox"/>
JW Sunday	Deep clean razor		<input type="checkbox"/>
	Clean wheelchair	Using pledge wipes	<input type="checkbox"/>
staff	Wash bedding		<input type="checkbox"/>
	Clean bedroom	Dust, sweep, and mop, straighten closet	<input type="checkbox"/>
	Vacuum carpet (Sunday)		<input type="checkbox"/>
	Dust (Sunday)		<input type="checkbox"/>

Monthly

Clean/Defrost Freezer	1st weekend of the month	<input type="checkbox"/>
Clean out van	2nd weekend of the month	<input type="checkbox"/>
Clean out fridge, expired food	3rd weekend of the month	<input type="checkbox"/>
Clean oven and drawer	4th weekend fo the month	<input type="checkbox"/>
Clean windows	Spring and Fall	<input type="checkbox"/>

C Olson	Notes	Chart in casenotes	Chart in Therap
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Overnight

12a check/turn/change		<input type="checkbox"/>	
3a check/turn/change		<input type="checkbox"/>	
Brief change 6a		<input type="checkbox"/>	
Record data on MAR			<input type="checkbox"/>
Prep lunch bag for DAC	Mon, Wed, Thu		

Morning shift

Shower: Tues/Thurs/Sat	(Occasional "spa" shower on wkd)	<input type="checkbox"/>	
Bed bath: Mon, Wed, Fri, Sun		<input type="checkbox"/>	
Mouth cares	Brush teeth and swab gums	<input type="checkbox"/>	
Apply lotion		<input type="checkbox"/>	
Shave daily		<input type="checkbox"/>	
Passive Range of Motion		<input type="checkbox"/>	
Wrist brace	Apply wrist brace to right wrist daily	<input type="checkbox"/>	
Weight	First Friday of the month		<input type="checkbox"/>
Brief changes	Every two hours	<input type="checkbox"/>	
Tilt chair	Every hour	<input type="checkbox"/>	
Laundry: Monday	Laundry soiled items daily		
ISP programs	Quarterly individualized outing		<input type="checkbox"/>
Chart intake			<input type="checkbox"/>
Chart Meds/cares			<input type="checkbox"/>

Evening shift

Brief changes	Every two hours	<input type="checkbox"/>	
Tilt chair	Every hour	<input type="checkbox"/>	
Passive range of motion		<input type="checkbox"/>	
Apply lotion		<input type="checkbox"/>	
Mouth cares	Brush teeth and swab gums	<input type="checkbox"/>	
Chart intake			<input type="checkbox"/>
Chart Meds/cares			<input type="checkbox"/>

Weekend

Deep clean razor		<input type="checkbox"/>	
Clean wheelchair		<input type="checkbox"/>	
Wash bedding (Saturday)		<input type="checkbox"/>	
Clean bedroom (Saturday)	Dust, sweep, and mop	<input type="checkbox"/>	

Disclaimer: This form is used only for staff information. These items still need to be documented in Therap/Casenotes as marked. This form does not replace that documentation.

W Frei		Notes	Chart on Casenotes	Chart on Therap	Informal Outcome
Overnight					
10p check/toilet			<input type="checkbox"/>		
12a check/toilet			<input type="checkbox"/>		
3a check/toilet			<input type="checkbox"/>		
Record data on MAR				<input type="checkbox"/>	
Morning					
Shower: Mon, Wed, Fri			<input type="checkbox"/>		
Bed bath: Tue, Thu, Sat, Sun	Half shower when incontinent		<input type="checkbox"/>		
Mouth cares	Brush teeth and swab gums		<input type="checkbox"/>		
Apply aquaphor			<input type="checkbox"/>		
Shave daily			<input type="checkbox"/>		
Passive Range of Motion			<input type="checkbox"/>		
Blood Pressure	1st and 3rd Wed		<input type="checkbox"/>	<input type="checkbox"/>	
Weight	First Friday of the month			<input type="checkbox"/>	
Toilet	Every two hours		<input type="checkbox"/>		
Laundry: Wednesday	Laundry soiled items daily		<input type="checkbox"/>		
Be read to by staff			<input type="checkbox"/>		<input type="checkbox"/>
PT exercises			<input type="checkbox"/>		<input type="checkbox"/>
ISP programs	Participate in a sensory activity			<input type="checkbox"/>	
Record data on MAR				<input type="checkbox"/>	
Evening					
Toilet	Every two hours		<input type="checkbox"/>		
PT exercises			<input type="checkbox"/>		<input type="checkbox"/>
Passive range of motion			<input type="checkbox"/>		
Apply lotion			<input type="checkbox"/>		
Mouth cares	Brush teeth and swab gums		<input type="checkbox"/>		
Record data on MAR				<input type="checkbox"/>	
Weekend					
Deep clean razor			<input type="checkbox"/>		
Clean walker			<input type="checkbox"/>		
Wash bedding (Saturday)	Dust, sweep, and mop		<input type="checkbox"/>		
Clean bedroom (Saturday)			<input type="checkbox"/>		

Disclaimer: This form is used only for staff information. These items still need to be documented in Therap/Casenotes as marked. This form does not replace that documentation.

J Walen		Notes	Chart in casenotes	Chart in Therap
Overnight				
12a check/turn	pause enteral feeding while repositioning		<input type="checkbox"/>	
Drain catheter bag				<input type="checkbox"/>
3a check/turn	pause enteral feeding while repositioning		<input type="checkbox"/>	
Flush/water bolus				<input type="checkbox"/>
Chart intake/output				<input type="checkbox"/>
Chart Meds/cares				<input type="checkbox"/>
Morning shift				
Shower: Sun, Wed, Fri			<input type="checkbox"/>	
Bed bath: Mon, Tue, Thu, Sat			<input type="checkbox"/>	
Drain catheter bag				<input type="checkbox"/>
Mouth cares- every two hours	Brush teeth, swab gums, mouth gel		<input type="checkbox"/>	<input type="checkbox"/>
Apply lotion			<input type="checkbox"/>	
Shave daily			<input type="checkbox"/>	
Clean glasses			<input type="checkbox"/>	
Rolled up washcloth in hands	Cat pillow also in arms		<input type="checkbox"/>	
Weight	Every Monday		<input type="checkbox"/>	<input type="checkbox"/>
Tilt chair	Every hour		<input type="checkbox"/>	
Flush/water boluses				<input type="checkbox"/>
Laundry: Tuesday	Laundry soiled items daily		<input type="checkbox"/>	
Chart intake/output				<input type="checkbox"/>
Chart Meds/cares				<input type="checkbox"/>
Evening				
Drain catheter bag				<input type="checkbox"/>
Tilt chair	Every hour		<input type="checkbox"/>	
Passive range of motion			<input type="checkbox"/>	
Apply lotion			<input type="checkbox"/>	
Mouth cares- every two hours	Brush teeth, swab gums, mouth gel		<input type="checkbox"/>	
Chart intake/output				<input type="checkbox"/>
Chart Meds/cares				<input type="checkbox"/>
Weekend				
Deep clean razor			<input type="checkbox"/>	
Clean wheelchair			<input type="checkbox"/>	
Wash bedding (Sunday)			<input type="checkbox"/>	
Clean bedroom (Sunday)	Dust, sweep, and mop		<input type="checkbox"/>	

Disclaimer: This form is used only for staff information. These items still need to be documented in Therap/Casenotes as marked. This form does not replace that documentation.

