RIVER PLACE

STAFF MEETING SUMMARY

Subject: River Place Staff Meeting

Date: May 1, 2025

Time: 1:00p-4:00p

- Safety/Health Review –
  - Make sure you have attended CPR training to be able to work this year. The last one is on May 5th at 5p.
- Nursing Inservice – *Reviewed by Henrietta and JoAnn and attached on STAR*
  - *Med Administration: Before, during, and after administration (lesson on STAR)*
  - Health service coordination
  - Health/medication needs change form
  - Diabetes/ Healthy eating and nutrition
    - Reminder that the *Calorie King* book is a great resource for calories and carbohydrate counts when trying to follow a healthy diet. Each house has a copy of this book and River Place's copy is in the drawer that has the menus in it in the middle drawer of the island.
- Program policies (STAR) – *Reviewed by Sabrina and attached on STAR*
  - Emergency procedures - Health Emergency
- Emergency Procedures – May: Fire Drill – staff/respite bedroom (*Kelly responsible*)
  - Missing: April: Fire Drill – JW bedroom (*Billie responsible*)

Meeting Review:

A. ***May 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 was put in place mid-April. The new MAR form will show only one day's worth of medication needs. There have been some bug fixes along the way so let Sabrina know if there are any other areas that need to be corrected.

C. **Behavior Plans/Data** – Wayne and Jeff have behavior plans in therap these need to be charted on daily.
   a. https://support.therapservices.net/simulators-th/Behavior-Data-Record-Data-Web-2024/ This link will be sent to all staff via Scomm to practice submitting behavior data. This data is vital for the consumers to continue getting the therapeutic value out of their psychotropic medication.

D. ***Administration Memo*** – see attached memo
   a. Incentive Grant Update
   b. Expense policy update
   c. Payroll update
   d. Office admin update and contacting office
   e. On call starting in June

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. Updated from May staff meeting: Cheryl is to take in small frequent meals and drinks. Staff should not be giving Cheryl all her morning water and coffee along with a full meal. Cheryl should be offerred small sips throughout the day rather than full glasses of liquid at meal times. The surgeon that Cheryl saw recommended a small breakfast, ½ boost mid-morning, small lunch, ½ boost mid-afternoon and a small evening meal. The DAC is on board with what her needs are for her fluid intake. Staff will serve Cheryl a ½ cup portion size of the main course of the meal and chart how that goes. That can be adjusted as needed once we have information about how it is going for Cheryl. Staff should send half a boost with for DAC staff to give her on around 9:30. Cheryl will just eat a small breakfast meal before leaving for DAC in the mornings. PLEASE DO NOT FORCE CHERYL TO DRINK LIQUIDS WHEN SHE IS READY TO BE DONE.

b. New Business
   - *WF resting in the afternoon-* Staff should check on and try to wake Wayne after about 90 minutes when he is napping. We do not want his day/nights to be mixed up. On the same note, staff need to allow him the flexibility to stay up until he is ready to go to bed rather than rushing him to bed at his "bedtime."
   - *Garbage can on bed* – Staff need to avoid putting JW garbage can on bed while doing his cares. There will an additional garbage can placed in his room so that both staff have a garbage can they can reach.
   - *MAR checks* – Please look over the MAR at the conclusion of your shift to ensure you have not missed charting anything you completed or administered.
   - *Communicating who is doing T-logs for whom* – There were a few days when not everyone was charted on during a shift and JW was missing being charted on all day. Please take care to communicate with who you are working with to make sure everyone is being charted on every shift.
   - *Changing JW at night* – just to clear up any confusion, Jeff CAN be changed at night as well as the staff can change him. He cannot be transferred with one person but staff can use the hoyer to lift him above the bed if necessary.
   - *Cabinet for supplies* – Supplies for cares such as briefs, chucks, wipes, and creams need to be put away when not in use. Jeff and Cheryl's rooms will be organized to allow for this reference of dignity. Drawers and doors that hold supplies will be labeled to staff can find where things have been moved to.
   - *Jeff's weight* – Staff are to weigh Jeff on Wednesdays. The scale will be moved to somewhere it can be stored in the down position and it to be completed using his powerchair. His weight needs to be completed on Wednesdays regardless of which staff are working.

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 monthly non-fasting labs completed.

Behaviors/concerns: Wayne had a night where he was confused and wanted to go to the table, get dressed. ON Staff had to call in another staff for assistance. Wayne had a day where he had accidents in his pants a total of 5 times. He was also asking for supper at 8 pm. Staff informed him that he had supper. He seemed to be confused. Staff called the Facility RN and let her know of this. Facility RN did send Wayne's PCP a message for a UA. PCP was out of the office and he seemed to return to normal behavior in the next couple days.

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: 104 (+1)

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

Appointments: Cheryl had been to the ER. She is to be on a bland diet and watch the acidic foods. Cheryl met with the surgeon; he said that surgery is a big risk for Cheryl and that he would have to refer her to Fargo to see a specialist. He also mentioned a feeding tube and that she would have to have surgery to bring her stomach down. So, this is the last resort. He recommended letting her eat what she wants but in smaller portions and more frequent meals. She can also have her coffee and chocolate. The family does not want surgery to be done at this time. Cheryl had her ER follow-up with her PCP. Her hemoglobin 14.9. No medication changes. A referral was sent to schedule a Thyroid ultrasound and for a 6-month renal scan. Radiology will call MCGH and schedule both of these. Cheryl PCP also wrote a note saying that Cheryl may choose to not follow recommendations to avoid chocolate and coffee and that guardians agree with this. Follow up appointment scheduled for June with non-fasting labs.

Behaviors/concerns: DCC sent a message to Cheryl's PCP about a follow-up appointment after her ER visit. PCP responded and the appointment has been set up. Cheryl also has a Gastrologist appointment and eye appointment set up in May. The facility RN sent a message to Cheryl's PCP about her liquid Carafate to be sent to Home Free Pharmacy. Home Free pharmacy has received it. Cheryl is on Nitrofurantoin 100 mg 2 times a day for 7 days, this is for a UTI.

Outings: Cheryl went to the library and brought home some new books. Cheryl attended the Musical Mary Poppins; she seemed to have a good time.

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.

Jeff - Weight: 156 (0)

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

Behaviors/concerns: We will not be reusing the feeding bags. We will make sure we have bags here for Jeff. The hospice nurse was here and did the vitals. She did say that he looked better than he did last week.

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: Courtney hasn't been here all month.

Outings: *No outings this month*

The next monthly staff meeting will be held Thursday, June 5th, 2024 at 1:00pm.

STAFF MEMBERS PRESENT:

Name:		Position:	Name:		Position:
Kristal Walen	present	CEO	Cindy Blacklance	present	DCS
Sabrina Deschene	present	PD	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
Kelsey Grandstrand	present	CRSS	Jenna Enloe	EXC	DCS

Authorized By: Sabrina Deschene, PD

Acknowledgement completed in STAR Services

Marshall County Group Homes, Inc.

POLICY AND PROCEDURE ON SAFE MEDICATION ASSISTANCE AND ADMINISTRATION

I. PURPOSE

The purpose of this policy is to establish guidelines to promote the health and safety of persons served by ensuring the safe assistance and administration of medication and treatments or other necessary procedures.

II. POLICY

The company is responsible for meeting health service needs including medication-related services of persons as assigned in the *Support Plan (SP)* and/or *Support Plan (SP) Addendum.*

Persons served will be encouraged to participate in the process of medication administration to the fullest extent of their abilities, unless otherwise noted in the *Coordinated Service and Support Plan* and/or *CSSP Addendum.* The following procedures contain information on medication-related services for the administration of medication as well as the assistance staff may provide to a person who self-administers their own medication.

All medications and treatments will be administered according to this policy and procedure and the company's medication administration training curriculum.

III. PROCEDURE

Staff training

A. When medication set up and/or administration has been assigned to the company as stated in the *Support Plan (SP)* and/or *Support Plan (SP) Addendum*, staff who will set up or administer medications to persons served will receive training and demonstrate competency as well as reviewing this policy and procedure.

B. Unlicensed staff, prior to the set up and/or administration of medication, must successfully complete a medication set up or medication administration training course developed by a registered nurse or appropriate licensed health professional. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures. The course must be taught by a registered nurse/licensed practical nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician, if at the time-of-service initiation or any time thereafter. The person has or develops a health care condition that affects the service options available to the person because the condition requires specialized or intensive medical or nursing supervision and nonmedical service providers to adapt their services to accommodate the health and safety needs of the person.

C. Upon completion of this course and prior to the setting up and/or administering medications, staff will be required to demonstrate medication set up and/or administration established specifically for each person served at their location, if this has not already been completed.

D. This training will be completed for each staff person during orientation, within the first 60 days of hire. Staff who demonstrate a pattern of difficulty with accurate medication administration may be required to complete retraining at a greater frequency and/or be denied the responsibility of administering medications.

E. Documentation for this training and the competency demonstrated will be maintained in each staff person's personnel file.

Medication set up

A. Medication setup means the arranging of medications according to instructions from the pharmacy, the prescriber, or a licensed nurse, for later administration when the company is assigned responsibility in the *Support Plan (SP)* and/or *Support Plan (SP) Addendum*. A prescription label **or** the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.

B. Nursing or the Program Director/Supervisor will document the following information in the person's served

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medication administration record:

1. Dates of medication set up.
2. Name of medication.
3. Quantity of dose.
4. Times to be administered.
5. Route of administration at the time of set up.
6. When the person will be away from the service location,
7. To whom the medication was given.

Medication assistance

A. There may be occasions when the company is assigned responsibility solely for medication assistance to enable a person served to self-administer medication or treatments when the person is capable of directing their own care or when the person's legal representative is present and able to direct care for the person.

B. If medication assistance is assigned in the *Support Plan (SP)* and/or *Support Plan (SP) Addendum*, staff may:
   1. Bring to the person and open a container of previously set up medications, empty the container into the person's hand, or open and give the medication in the original container to the person under the direction of the person.
   2. Bring to the person food or liquids to accompany the medication.
   3. Provide reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.

Medication administration

A. Medication may be administered within 60 minutes before or after the prescribed time. For example, a medication ordered to be given at 7:00 am may be administered between 6:00 am and 8:00 am.
   Medications will only be administered one hour before or one hour after their scheduled time if the individual is outside the home and there is a reasonable explanation for why it was administered earlier or later. Otherwise, individuals will get their medications as per the times stated on the MAR.

B. Staff administering medications will follow the required steps when administering medications. Staff will check the prescription label or the physician's order to what is on the MAR. Should the medication be prescribed OTC medication staff will check the bottle/box name and dosing on the manufactured label is what is on the MAR. Should there be questions, staff will check the prescribed order by the physician to what is on the MAR. Should the label or the physicians order and MAR not match, staff will NOT administer the medication and will contact the facility nurse for further instructions.

C. Staff administering medication must know or be able to locate medication information on the intended purpose, side effects, dosage, and special instructions.

D. General and specific procedures on administration of medication by routes are included at the end of this policy. Routes included are:
   1. Oral tablet/capsule/lozenge.
   2. Liquid medication.
   3. Buccal medication.
   4. Inhaled medication.
   5. Nasal spray medication.
   6. Eye medication.
   7. Ear drop medication.
   8. Topical medication.

Medication Authorization

A. Prior to administering medication for the person served, the company will obtain written authorization from the person served and/or legal representative to administer medications or treatments, including psychotropic

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medications.

Marshall County Group Homes Inc. will obtain a written physician order from the prescribing physician for all individuals residing in the Community Residential Support home. Any staff member, guardian or other approved person taking an individual to an appointment will be required to bring back a signed order from the physician regarding any new or discontinued medications or any dosing changes to current medications.

B. This authorization will remain in effect unless withdrawn in writing and it may be withdrawn at any time.

C. If authorization by the person served and/or legal representative is refused, the company will not administer the medication or treatment. This refusal will be immediately reported to the person's prescriber and staff will follow any directives or orders given by the prescriber.

Injectable medications

A. Injectable medications may be administered to a person served according to their prescriber's order and written instructions when one of the following conditions has been met:
   1. A registered nurse or licensed practical nurse will administer injections.
   2. A supervising registered nurse with a prescriber's order can delegate the administration of an injectable medication to unlicensed staff persons and provide the necessary training.
   3. There is an agreement that must be signed by the company, the prescriber, and the person served and/or legal representative will be maintained in the service recipient record. This agreement will specify:
      a. What injection may be given;
      b. When and how the injection may be given;
      c. That the prescriber retains responsibility for the company to give the injection.

B. Only a licensed health care professional is allowed to administer psychotropic medications by injection. This responsibility will not be delegated to unlicensed staff.

Psychotropic medication

A. When a person served is prescribed psychotropic medication and the company is assigned responsibility for the medication administration, the requirements for medication administration will be followed.

B. The company will develop, implement, and maintain the following information in the person's *SP Addendum* according to MN Statutes, sections 245D.07 and 245D.071. This information includes:
   1. A description of the target symptoms that the psychotropic medication is to alleviate.
   2. Documentation methods that the company will use to monitor and measure changes to these target symptoms, **if required by the prescriber.**
   3. Data collection of target symptoms and reporting on the medication and symptom-related data, **as instructed by the prescriber**, a minimum of quarterly or as requested by the person and/or legal representative. This report will be made to the expanded support team.

C. If the person and/or legal representative refuse to authorize the administration of a psychotropic medication as ordered by the prescriber, the company will not administer the medication and will notify the prescriber as expediently as possible. After reporting the refusal to the prescriber, the company must follow any directives or orders given by the prescriber. A refusal may not be overridden without a court order. Refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency.

Documentation requirements on the Medication Administration Record (MAR)

The following information will be documented on a person's medication administration record
   1. Information on the current prescription labels or the prescriber's current written or electronically recorded order or prescription that includes the:
      a. Person's name

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   b. Description of the medication or treatment to be provided
   c. Frequency of administration
   d. Other information needed to safely and correctly administer medication or treatment to ensure effectiveness
2. Easily accessible information on risks and other side effects that are reasonable to expect and any contraindications to the medications use.
3. Possible consequences if the medication or treatment is not taken or administered as directed.
4. Instructions on when and to whom to report:
   a. If a dose of medication is not administered or treatment is not performed as prescribed, whether by staff error, the person's error, or by the person's refusal
   b. The occurrence of possible adverse reactions to the medication or treatment
5. Notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by staff error, the person's error, or by the person's refusal, or of adverse reactions, and when and to whom the report was made.
6. Notation of when a medication or treatment is started, administered, changed, or discontinued.

Medication documentation and charting

A. Nursing will transcribe a prescriber's new, changed, and discontinued medication/treatment orders to the monthly medication sheet by:
   1. Comparing the label on the medication with the prescribers to ensure they match. Any discrepancy must be reported to the pharmacy immediately. OTC prescribed medications need to have the manufacture label compared to the written orders from the prescriber.
   2. Entering in Therap any new medication/treatment or change from the original prescriber's orders to the MAR.
   3. When there is a change in a current medication/treatment, the revision is entered into Therap on the MAR to implement the medication change.
   4. Entering the medication/treatment name, dose, route, frequency, and times to be administered.
   5. Completing any applicable health documentation regarding the entry and notifying the necessary personnel.

B. Staff will document administration of medications/treatments on the monthly medication sheet by:
   1. Ensuring the person's name, allergies, month, and year are on the monthly MAR in Therap.

C. Each month, staff administering, and documenting medication/treatment administration will enter their initials on the MAR in Therap. Full name, and initials are documented in Therap when staff acknowledge MARS for the first time.

Medication storage and security, including Schedule II medication storage; Medication Destruction

A. The medication storage area/container will be appropriate for the person served, which may include being locked by the person or by the company, when unattended by staff and will be kept clean, dry, and within the appropriate temperature range.

B. Each person served will have a separate container for their medications and a separate container for their external medications. Standing order medications will be in a separate container.

C. Medication will not be kept in the same area as food or chemicals (in the case of refrigerated medications, they will be kept in a locked container and separated from food).

D. Schedule II controlled substances, names in MN Statutes, section 152.02, subdivision 3, will be stored in a locked storage area permitting access to the person served and staff authorized to administer medications.

E. Medications will be disposed of according to the Environmental Protection Agency recommendations.

Verification and monitoring of effectiveness of systems to ensure safe medication handling and

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administration (reporting and reviewing)

A. The designated person will be responsible for reviewing each person's medication administration record to ensure information is current and accurate. This will include a review of the monthly medication sheets, referrals, medication orders, etc.

B. At a minimum, this review will occur quarterly or more frequently if directed by the person and/or legal representative or the *Support Plan (SP)* and/or *Support Plan (SP) Addendum*.

C. Based upon this quarterly or more frequent review, the reviewer will notify the manager, as needed, of any issues. Collaboratively, a plan must be developed and implemented to correct patterns of medication administration errors or systemic errors when identified. When needed, staff training will be included as part of this plan to correct identified errors.

D. The following information will be reported to the legal representative and case manager as they occur or as directed by the *Support Plan (SP)* and/or *Support Plan (SP) Addendum:*
   1. Concerns about a person's self-administration of medication or treatment.
   2. A person's refusal or failure to take or receive medication or treatment as prescribed.
   3. Any reports as required, regarding:
      a. Pattern of missed dose of medication not administered or treatment is not performed as prescribed, whether by staff error, the person's error, or by the person's refusal
      b. Occurrence of possible adverse reactions to the medication or treatment

Coordination and communication with prescriber

A. As part of medication set up and administration, the company will ensure that clear and accurate documentation of prescription orders has been obtained by the prescriber on the label on the medication from pharmacy.

B. Initiations, dosage changes, or discontinuations of medications will be coordinated with the prescriber and discussed as needed to ensure staff and/or the person served has a clear understanding of the order. All changes to medications will be entered and documented by nursing or CRSS/PS. If the order has only been made verbally or by telephone it must be given to nursing, or the CRSS/PS. **Nursing or CRSS/PS will obtain a written or electronically written order before any medication changes are made.** Staff will not make any changes to medications or treatment orders.

C. All prescriber instructions will be implemented as directed and within required timelines by staff and/or the person served and documented in related health documentation.

D. Concerns regarding medication purpose, dosage, potential or present side effects, or other medication-related issues will be promptly communicated to the prescriber by staff, the manager, assigned nurse, or nurse consultant.

E. Any changes to the physical or mental needs of the person related to medication will be promptly made to the prescriber in addition to the legal representative and case manager.

Coordination of medication refills and communicating with the pharmacy

A. The manager or other assigned staff person will be responsible for checking medication supply routinely to ensure adequate amount for administration.

B. Some pharmacies may automatically refill prescriptions of persons served. If this is the case, staff will contact the pharmacy if a medication or treatment is discontinued.

C. The company will ensure that the pharmacy has the contact information for the service location and the main contact person who can answer questions and be the primary person responsible for coordinating refills.

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Handling changes to prescriptions and implementation of those changes

A. All written instructions regarding changes to medications and treatments are required to be documented through a prescription label or the prescriber's written, telephone order or electronically recorded order for the prescription.

B. Changes made to prescriptions will be immediately communicated to the nurse and program director/supervisor, as applicable.

C. Any concerns regarding these changes and the order will be resolved prior to the administration of the medication to ensure safety and accuracy.

D. Nursing or the program director/supervisor will implement changes and document appropriately in Therap.

E. Discontinued medications or medications that the dosage is no longer accurate due to the changes will be discarded appropriately.

IV. GENERAL AND SPECIFIC PROCEDURES ON ADMINISTRATION OF MEDICATION BY ROUTES

A. General procedures completed before administering medication **by any route**

1. Staff must begin by washing their hands and assembling equipment necessary for administration.
2. The person's monthly medication sheet is reviewed to determine what medications are to be administered and staff remove the medication from the storage area.
3. Staff will compare the MAR in Therap with the label of each medication for the following:
   a. Right person
   b. Right medication
   c. Right date
   d. Right time
   e. Right route
   f. Right dose
   g. Expiration date
4. If there is a discrepancy, the medication will not be administered. Instructions will be verified by contacting the nurse, pharmacist, or prescriber.
5. Staff will compare the label with the MAR in Therap for the second time.
6. Immediately prior to the administration of any medication or treatment, staff will identify the person and will explain to the person what is to be done.
7. Staff will compare the label with the medication sheet for the third time before administering it, according to the specific procedures below, to the person.
8. After administration, staff will document the administration of the medication or treatment or the reason for not administering the medication or treatment.
9. Staff will contact the nurse, or prescriber regarding any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed.
10. Adverse reactions will be immediately reported to the nurse, or prescriber.

B. Additional procedures for administration of **oral tablet/capsule/lozenge**

1. If medications are in a bottle, staff will pour the correct number of tablets or capsules into the lid of the medication container and transfer them to a medication cup.
2. If medications are in bubble packs, staff will, beginning with the highest number, push the correct dose into a medication cup, and write their initials on the card next to the dose popped out.
3. If medication is in lozenge form, staff will unwrap the lozenge and transfer it to a medication cup.
4. Staff will administer the correct dosage by instructing the person to swallow the medication. If the medication is in lozenge form, staff will instruct the person not to chew or swallow the lozenge so it is able to dissolve in their mouth.
5. If the medication is to be swallowed (tablet/capsule), staff will offer at least 4 ounces of a beverage or soft food and remain with the person until the medication is swallowed.
6. If the medication is in lozenge form, staff will stay in the vicinity until the lozenge is completely dissolved;

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checking periodically to ensure the lozenge has not been chewed or swallowed.

C. Additional procedures for the administration of **liquid medications**
1. Staff will shake the medication if it is a suspension (staff will check the label if in doubt).
2. Staff will pour the correct amount of medication, at eye level on a level surface, with the label facing up, into a plastic medication measuring cup or measuring spoon.
3. Staff will wipe around the neck of the bottle with a damp paper towel, if sticky, and replace the cap.
4. Staff will dilute or dissolve the medication if indicated on the label or medication sheet with the correct amount of fluid.
5. Staff will administer the correct dose according to the directions in an appropriate container.
6. Staff will remain with the person until the medication is swallowed.

D. Additional procedures for the administration **of buccal medication**
1. Buccal medications are usually given in a liquid form and administered into the cheek.
2. Staff will open the container and measure the correct dose of liquid medication into a syringe or dropper.
3. Staff will position the person on their side.
4. Staff will administer the medication by squeezing the syringe or dropper into the person's cheek, with gloved hands, avoiding going between the teeth.
5. Staff will remain with the person to ensure that the medication has been absorbed into the cheek and that they have not drank any liquids.

E. Additional procedures for the administration of **inhaled medications**
1. If more than 1 inhaled medication is to be given, staff will state which one is administered first and wait the designated amount of time before administering the second medication if required.
2. Staff will position the person sitting, if possible.
3. Staff will gently shake the spray container (Diskus style inhalers do not require shaking).
4. Staff will assemble the inhaler properly, if required, and remove the cover (Diskus style: staff will slide lever to open inhaler, then cock internal lever to insert dose into mouthpiece).
5. Staff will instruct the person to exhale through their mouth completely.
6. Staff will place the mouthpiece into the person's open mouth and instruct the person to close their lips around the mouthpiece.
7. Staff will press down the canister once, while instructing the person to inhale deeply and slowly through the mouth (Diskus style: staff will instruct the person to inhale the powdered medication).
8. Staff will wait 1 minute and repeat steps 5-7, if more than one puff is ordered.
9. Staff will instruct the person to rinse their mouth with water if directed.
10. Staff will return the medication to the locked area.
11. Staff will wash the inhaler mouthpiece daily with soap and warm water and dry it with a clean paper towel (Diskus style: staff will wipe the mouthpiece with a clean dry cloth).

F. Additional procedures for the administration of **nasal spray medications**
1. Staff will ask the person to blow their nose or will gently wipe the nose with gloved hands.
2. Staff will gently shake the spray container.
3. Staff will ask the person to tilt their head slightly forward.
4. Staff will remove the cap from the nozzle and will insert the nozzle into one nostril, aiming away from the septum (middle of the nostril).
5. Holding the other nostril closed, staff will instruct the person to inhale and squeeze once to spray.
6. Staff will repeat steps 4 and 5 to deliver the correct dosage to the other nostril.
7. Staff will rinse the nozzle with warm water, dry it with a clean paper towel, and replace the cap.

G. Additional procedures for the administration of **eye medications**
1. Staff will open the medication container.
2. Staff will position the person in a sitting or lying down position.
3. Staff will observe the eye(s) for any unusual conditions which should be reported to the nurse or prescriber prior to administration.
4. Staff will cleanse the eye (unless otherwise noted) with a clean tissue, gently wiping from the inner corner outward once (if medication is used in both eyes, staff will use a separate tissue for each eye).

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5. Staff will assist or ask the person to tilt their head back and look up.
6. With gloved hands, staff will pull correct lower eyelid down to form a 'pocket' or ask the person to pull down their lower eyelid and will administer the correct dose (number of drops/strand for ointments) into the correct eye(s).
7. If different eye medications are prescribed, staff will five (5) minutes before administering the second medication. Staff will remove gloves and wash hands.
8. Staff will avoid touching the tip of the dropper or tube to the person's eyelid or any other object or surface and replace the cap.
9. Staff will offer the person a tissue for each eye or blot the person's eye with separate tissues.

H. Additional procedures for the administration of **ear drop medication**
1. Staff will have the person sit or lie down with the affected ear up.
2. If sitting, staff will have the person tilt head sideways until the ear is as horizontal as possible.
3. If lying down, staff will have the person turn their head.
4. Staff will observe ears and notify the nurse or prescriber of any unusual condition prior to administration of the medication. If necessary staff will cleanse outer ear of drainage using a clean tissue. If meds are used in both ears, staff will use a separate tissue for each ear.
5. Staff will administer the correct number of drops with gloved hand, which are at room temperature, into the correct ear by pulling the ear gently backward and upward. For children, under 3 years of age, staff will pull the ear gently back and down.
6. Staff will have the person remain in the required position for one (1) to two (2) minutes.
7. Staff will have the person hold their head upright while holding a tissue against the ear to soak up any excess medication that may drain.
8. Staff will repeat the procedure for the other ear if necessary. Staff will remove gloves and wash hands.
9. Staff will replace the cap on the container and will avoid touching the tip of the dropper to the person's ear or any other surface.

I. Additional procedures for the administration of **topical medications**
1. Staff will position the person as necessary for administration of the medication.
2. Staff will, prior to administering the medication, observe for any unusual conditions of the affected area of the body which should be reported to the nurse or prescriber.
3. Staff will wash and dry the affected area unless otherwise indicated.
4. Staff will administer medication to the correct area, according to directions, with the appropriate applicator or with gloved hands.
5. If the topical is in powder form, staff will instruct the person to avoid breathing particles in the air that may result from the application.
6. If the topical is a transdermal patch, staff needs to be aware of the appropriate site location to place the transdermal patch.
7. If the topical is a transdermal patch, staff will remove the old patch and select a new patch site (new patch should be applied to clean dry skin which is free of hair, cuts, sores, or irritation on upper torso unless otherwise directed).
8. If the topical is a transdermal patch, staff will unwrap the new patch, Initial and date the patch, remove the backing, and apply it to the new patch site.
9. Staff will replace the cap on the container, if needed, avoiding contact with any other surfaces.

J. Staff will throw away all disposable supplies, remove gloves and wash hands and place all medications in the locked medication storage area/container prior to leaving the area.

K. Staff will wash their hands.

This policy and procedure was established in consultation with and approved by:
Name: Cindy Winter
Title: Registered Nurse
Company: STAR Services
Date of consultation and final approval: July 31, 2015

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Marshall County
Group Homes, Inc.

POLICY AND PROCEDURE ON HEALTH SERVICE COORDINATION

I. PURPOSE

The purpose of this policy is to promote the health and safety of persons served through establishing guidelines for the coordination and care of health-related services.

II. POLICY

This company is designated as a residential program and will implement procedures to ensure the continuity of care regarding health-related service needs as assigned in the *Support Plan (SP)* and/or *Support Plan Addendum*. These procedures will be implemented in a way that is consistent with the specific health needs of the person served and which follows the procedures stated in the *Policy and Procedure on Safe Medication Assistance and Administration.*

Decision making regarding the health services needs of the person served will be guided by person-centered philosophy and conservative medical practice. The company will defer to the judgment of the assigned nurse, nurse consultant, or other licensed health care professional regarding medical or health-related concerns. If the company does not have an assigned nurse or nurse consultant, the company will coordinate all health-related services with the licensed health care professionals of the persons served.

III. PROCEDURE

A. If responsibility for meeting the person's health service needs has been assigned to the company in the *Support Plan (SP)* and/or *Support Plan Addendum*., the company must maintain documentation on how the person's health needs will be met, including a description of the procedures the company will follow in order to:
   1. Provide medication setup, assistance, or administration according to MN Statutes, chapter 245D.
   2. Monitor health conditions according to written instructions from a licensed health care professional.
   3. Assist with or coordinate medical, dental, and other health service appointments.
   4. Use medical equipment, devices, adaptive aides or technology safely and correctly according to written instructions from a licensed health care professional.

B. When <u>health services are done by the client's guardians and/or family members</u>, the following protocol will be followed:
   a. A physician orders log will be given to the person taking client to appointment. This document must be filled out by the physician or physicians with information related to the visit including medication changes, treatment changes and any other information necessary to care for the client. If there are no changes then that must be documented and signed by the physician.
   b. The physician orders log must be returned and given to staff upon the clients return to the home. For MCGH to administer medications and treatments we must have this document. MCGH will not take any direction related to medications and treatments without a signed physician order.
   c. For mental health medication changes or a new health diagnosis a health/medication needs change form will also be provided with the physician order log. Both documents need to be filled out and signed by the physician. The physician order log is filled out documenting that there was a change to Mental or Physical Health and the needs change form is filled out by the physician documenting the medication changes and what side effects and/or behaviors to watch for. This form is then signed by MCGH nursing once the changes have been updated to the MAR and Client health care plan.
   d. Should MCGH not receive written directions from the physician and requests made to guardians are not successful, MCGH will continue to follow the most recent orders on file until the new written orders are obtained. This may require MCGH nursing staff to reach out to the provider directly for information needed to administer medications or treatments.

I. Unless directed otherwise in the *Support Plan (SP)* and/or *Support Plan Addendum*., the company will ensure the prompt notification to the legal representative, if any, and the case manager of any changes to the person's mental and physical health needs that may affect the health service needs assigned to the company in the *Support Plan (SP)* and/or *Support Plan Addendum*. This notice will be made, and the date

documented, when the change in mental and physical health needs of the person has been discovered by the company, unless the company has reason to know that the change has already been reported. A copy of the Health/Medication Needs Change Report is to be used and is attached to this policy. (See Attachment A)

C. In coordination with the person's health care providers, the company and person's legal representative will determine how each person's health condition(s) will be monitored.

D. When a person served requires the use of medical equipment, devices, or adaptive aides or technology, the company will ensure the safe and correct use of the item, and that staff are trained accordingly on its use and assistance to the person. These items will only be used according to the written instructions from a licensed health care professional.

E. When a person served requires the use of medical equipment to sustain life or to monitor a medical condition that could become life-threatening without proper use of the medical equipment, staff will be specifically trained by a licensed health care professional or a manufacturer's representative including an observed skill assessment to demonstrate staff's ability to safely and correctly operate the equipment according to the treatment orders and manufacturer's instructions. Equipment includes, but is not limited to ventilators, feeding tubes, and endotracheal tubes.

Health/Medication Needs Change Notice

(Attachment A)

Marshall County Group Homes, Inc.

Marshall County Group Homes, Inc. must report any changes in the person's physical/Mental health needs and Medication/Treatment needs when assigned in the support plan or support plan addendum.

Consumer's Name(print): _____ Program: _____

Change in Mental/Physical Health (mark and document all that apply)

_____Mental Health

_____Physical Health

Document Change: _____

_____

Change in Medication/Treatment (mark and document all that apply)

Name of Medication: _____

Type of Change: (circle) New Increase Decrease

Dosage: _____Start Date: _____ End Date (if applicable): _____

Side effects to watch for: _____

Provider Notes to facility (increase in behaviors/change in sleep, mood, appetite and any other helpful information)

_____

_____

Physician Signature: _____ Date: _____

**** Physician signature required for Marshall County Group Homes, Inc. to make any Medication changes**

Change form received from: (guardian) _____ Date received: _____

Date MCGH Received Form: _____ MCGH Staff Receiving form: _____
(Print)

Legal Representative Signature (required): _____ Date: _____

Date Nursing Notified_____ Date Nursing updated MAR: _____

Nursing Signature: _____

Copy of form sent to Case Manager: __email __Fax __Mail Date sent: _____

RP

immediately:

Emergency Procedures: MEDICAL EMERGENCY AND ACCIDENTS:

1) Perform any emergency, life-saving first aid as may be indicated (CPR, Heimlich Maneuver, Compresses for acute hemorrhaging, etc.) and call 911, *if indicated*. If other staff members are present, do not leave the recipient unattended. All Recipients living at the Marshall County Group Homes, Inc. will be in a "**DO** resuscitate", or full code status regardless of their health status or disability, unless a consent has been given by the Dept. of Human Services Guardianship Unit or recipient's individual guardian for a "**DO NOT** resuscitate" status.

2) Contact the local physician (or most readily available physician) by telephone immediately.

3) Communicate all observations of the illness or injury to the physician.

4) Write down and follow expressly the exact telephone orders of the physician.

5) Implement physician's telephone orders as prescribed, including the contacting of the ambulance
   a. service (911) for emergency transport of the recipient to the hospital, if required.

6) Once the crisis has been managed, if hospitalization, impending death or death has resulted, make the following contacts immediately:
   a. The ADM and/or RPS.

   b. Caregiver of recipient, recipient's legal representative, recipient's case manager, Marshall County licensor, and ODC within 24 hours of occurrence or 24 hours of receipt of knowledge of the information, unless the incident has been reported by another license holder.

7) If the medical emergency is a serious injury or an accident that requires treatment by a physician a supervisory staff person will immediately contact the RPS and/or ADM

8) File an Incident Report and Internal Review Report with the office RPS within 24 hours of the incident. The completed report will be filed in the recipient's personal file after internal review has been completed. The incident will be documented in the recipient's progress notes, as necessary. RPS will provide ADM with updates of all incidents.

9) RPS will report all incidents as required by 245 D or state laws.

10. Death or Serious Injury. If, under any circumstances, any recipient of the facility is seriously injured or manifests symptoms of serious illness, impending death or death, ***implement the following procedures immediately:***

Emergency Procedures DEATH OR SERIOUS INJURY:

If under any circumstances, any Recipient of this facility dies or has a serious injury, the following procedures must be followed immediately: "Serious injury" is defined as: fractures, dislocations; evidence of internal injuries, head injuries with loss of consciousness; lacerations involving injurious to tendons or organs, and those for which complications are present; extensive second degree or third degree burns, and other burns for which complications are present; extensive second degree or third degree frost bite, and others for which complications are present; irreversible mobility or avulsion of teeth; injuries to the eyeball;

ingestion of foreign substances and objects that are harmful; near drowning; heat exhaustion or sunstroke; and all other injuries considered serious by a physician.

1) Treat as appropriate, following medical emergency or accident/incident policies.

2) Complete the Death or Serious Injury Review outline for telephone report (Copy in policy manual).

3) Once the crisis has been managed, make the following telephone call to the ADM and/or RPS, nurse and he/she will contact the Ombudsman Office and DHS licensing within 24 hours after death or serious injury occurs or knowledge unless the incident has been reported by another license holder. Telephone 1-651-797-1950. They will ask information from the outline, have it completed so that ADM, RPS or nurse may answer all questions asked. The nurse, as director of recipient health care, may be the best one to answer questions about medical care. (Note: The legal representative, county licensor, case manager and ODC would already have been notified within 24 hours of occurrence or knowledge as stated in Incident Response and Reporting and Review Policy, if not do so now).

4) After the death of a recipient the ADM and/or RPS will provide the recipient's next of kin with a copy of the Notification letter located in the policy manual.

B. **Additional safety procedures for facilities.**

1. First aid and CPR
   a. Training
      1) A staff person trained in first aid will be available on site whenever a person receiving services is present and staff are required to provide direct service.
      2) A staff person trained in cardiopulmonary resuscitation (CPR) will be available on site when required in a person's coordinated service and support plan or coordinated services and support plan addendum whenever a person receiving services is present and staff are required to be at the site providing direct service.
      3) CPR training must include in-person instruction, hands-on practice, and an observed skill assessment under the direct supervision of a CPR instructor.
   b. First aid kits
      1) First aid kits must be readily available for use by staff and must meet the needs of the persons receiving services. First aid kits are located ***[First aid Kit and the AED unit are located in the laundry room area].***
      2) First aid kits must include accessible first aid supplies including bandages, sterile compresses, scissors, an ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape, and a first aid manual.

2. Emergency equipment (http://www.ready.gov/build-a-kit) A flashlight and portable radio that can be used in the event of a power failure must be at our program. They are located: Portable tap lights can be located in the kitchen or in the consumer's rooms. Extra tap lights and flashlight are on staff desk, in desk drawer, under kitchen sink, out in garage near bulletin board and in the Landry room. A portable light, flash lights, radio and extra batteries are in the west bathroom under the sink.

   Emergency contacts
   a. A list of emergency telephone numbers is posted ***[Near the phone in the kitchen and in the laundry room.]***, next to a non-coin operated telephone that must be readily accessible at all

May Schedule updated 5/1/2025

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Wk 1					1 **Staff Meeting 1-3** 6a-4p-Cindy 8a-9p-Carolyn 1p-9p-Pam 9p-9a-Billie	2 7a-5p-Cindy 8a-9p-Kelly 5p-9p-Pam 9p-8a-Billie **Carolyn On Call**	3 **Sabrina** 8a-12p-Billie 7a-5p-Carolyn 12p-5p-Hannah 5p-9p-Hannah 5p-9p-Pam 9p-8a-Hannah **Carolyn On Call**
Wk 2	4 **Sabrina** 7a-5p-Cindy 8a-9p-Hannah 5p-9p-Pam 9p-6:30a-Hannah **Carolyn On Call**	5 **CPR 5p** 6a-4p-Cindy 6:30a-9p-Carolyn 4p-9p-Pam 9p-9a-Billie	6 7a-5p-Cindy 8a-9p-Carolyn 1p-9p-Pam 9p-9a-Billie	7 6a-9p-Kelly 8a-2:30p-Ashley 2:30p-4p(AN)Pam 4p-9p-Ashley 9p-9a-Ashley	8 6a-4p-Cindy 9a-1p-(CJ)Billie 4p-9p-Pam 1p-9p(CJ)Holly 9p-9a-Billie	9 **Bible Study WF Labs** 7a-9p-Kelly 8a-9p-Ashley 9p-8a-Jeanne **Carolyn On Call**	10 **Kristal** 7a-9p-Ashley 8a-5p-Carolyn 5p-9p-Hannah 9p-8a-Hannah **Carolyn On Call**
Wk 1	11 **Kristal** 7a-5p-Ashley 8a-9p-Hannah 5p-9p-Pam 9p-9a-Hannah **Carolyn On Call**	12 6a-4p-Cindy 8a-9p-Kelly 1p-9p-Pam 9p-9a-Billie	13 7a-5p-Cindy 8a-9p-Carolyn 5p-9p-Pam 9p-9a-Billie	14 **WF Annual Meeting @10:30 am** 6a-9p-Kelly 8a-9p-Ashley 9p-9a-Ashley	15 **Managers meeting** 6a-4p-Cindy 8a-9p-(CJ)Holly 1p-9p-Pam 9p-9a-Billie	16 7a-5p-Cindy 8a-9p-Kelly 5p-9p-Pam 9p-8a-Jenna **Kelly On Call**	17 **Kristal** 8a-9p-Jenna 7a-5p-Kelly 5p-9p-Hannah 9p-8a-Hannah **Kelly On Call**
Wk 2	18 **Kristal** 7a-5p-Cindy 8a-9p-Hannah 5p-9p-Pam 9p-9a-Hannah **Kelly On Call**	19 **CO Appt*** 6a-4p-Cindy 8-9p-Carolyn 4p-9p-Pam 2:15 pm-6p-Kelly* 9p-9a-Billie	20 7a-5p-Cindy 8a-9p-Carolyn 1p-9p-Pam 9p-9a-Billie	21 6a-4:30p-Kelly 8a-2:30p-Ashley 4:30p-9p(KN)Pam 2:30p-9p(AN)Holly 9p-9a-Ashley	22 6a-4p-Cindy 8a-10a-Carolyn 10a-9p-(CJ)Holly 4p-9p-Pam 9p-9a-Billie	23 **Bible Study** 7a-9p-(KN)Holly 8a-9p-Ashley 9p-8a-Jeanne **Sabrina On Call**	24 **Sabrina** 7a-9p-Ashley 8a-5p-(KN)Jeanne 5p-9p-Hannah 9p-8a-Hannah **SabrinaOn Call**
Wk 1	25 **Sabrina** 7a-5p-Ashley 8a-9p-Hannah 5p-9p-Pam 9p-9a-Hannah **Sabrina On Call**	26 **Memorial Day** 6a-4p-Cindy 8a-9p-Kelly 1p-9p-Pam 9p-9a-Billie	27 **CO Appt*** 7a-5p-Cindy 8a-9p-Carolyn 5p-9p-Pam 9p-9a-Billie	28 6a-9p-Kelly 8a-9p-Ashley 9p-9a-Ashley	29 6a-4p-Cindy 8a-9p-Carolyn 1p-9p-Pam 9p-9a-Billie	30 7a-5p-Cindy 8a-9p-(KN)Jeanne 5p-9p-Pam 9p-8a-Jeanne **Carolyn On Call**	31 **Kristal** 8a-9p-Jeanne 7a-5p-Carolyn 5p-9p-Hannah 9p-8a-Hannah **Carolyn On Call**

Henrietta gone May 18-24, Kelly gone May 22-25, Carolyn gone May 22-26

ADMININSTRATION OFFICE SCHEDULES

Please try make an appointment to come to the office unless urgent

Kristal

Monday:

a.) Every other Monday (payroll)-will not have office hours due to payroll
b.) Opposite Mondays- 9a-3p office hours

Tuesday:

a.) 9a-3p office hours

Wednesday:

a.) Remote workday -No office hours

Thursday:

a.) 9a-3p office hours

Friday:

a.) Payday Fridays-8a-12p (no office hours)
b.) Non-Payday Fridays- 9a-12p office hours

I will be in the office 8a-4p. Times listed above are for office hours.

Cindy

Monday-Off

Tuesday: 8a-4p

Wednesday: 8a-4p

Thursday: 8a-4p

Friday: Off

Please be respectful of Cindy being part-time and contact her T/W/TH when she is in the office.

Kelsey

Monday: 8a-4p

Tuesday: 8a-4p

Wednesday: 8a-4p

Thursday:8a-4p

Friday: 8a-4p

Outings guidelines

Prohibited actions

- Staff cannot pay for clients
- Clients cannot pay for staff
- Clients cannot pay for housemates and housemates reimburse

Allowed actions

1. **Two meals per month that house funds can be used to pay for everybody**
2. **There will be $100 allotted from programming funds to be used each month on things like movie tickets (tickets only) and bowling.**
    a. Any item that is purchased and is a snack is paid for by the clients. Anything outside of Breakfast, Lunch and Supper
        i. Should your outing be to the Dairy Queen then all clients MUST pay for themselves. **You cannot use one client's debit card to pay for all 4 and then reimburse.** This is not a proper accounting transaction and can cause an audit. There are also guardians that do not want this done with their account.
3. **Staff Reimbursements**
    a. Effective May 1, 2025, MCGH will be reimbursing staff up to $20 for meals. This includes tips should you leave one. Anything over $20 will not be reimbursed. Example: Meal total is $23.50 w/tip you will get $20 reimbursed. Staff meals need to be submitted on an expense sheet like stated in the handbook.
    b. MCGH will no longer reimburse staff for snacks at the movies, trips to Dairy Queen or any outings that are for a treat or snack. We will only reimburse meals. You must get a receipt and turn the receipt in with your expense sheet. If there is no receipt, it will not be reimbursed.
    c. We will reimburse the cost of admission only. Example: Movie ticket is reimbursed but not snacks.
    d. Event tickets such as concerts, races, monster trucks etc. MCGH will purchase in advance for staff and clients whenever possible.

4. **When can house account pay**
    a. All clients that are home go out to eat. IF you go out to eat and it replaces a meal for breakfast, lunch and supper then the home can pay for it. **This can be done up to 2x a month.**

Example: if 2 clients are home and 2 have gone with family, then the house can pay as it would include all the clients that are home.

b. Staff should pay for their own meals and submit for reimbursement. If staff cannot pay for themselves, then with pre-approval from the DCC the house can pay for staff.

c. Clients who have money to spend can always pay for themselves to help spend down their money.

d. The only person allowed to use client money to pay for a meal for all clients is the DCC with approval from the guardian. **NO other staff are to do this period.**

Whenever you have a question, please ask your DCC if they are not sure they can contact the office for clarification.

Remember the Client's money is to be spent on the client themselves only, no one else.

4.4 Business Expenses (Updated 5-1-2025)

MCGH will reimburse employees for reasonable expenses incurred through pre-approved business travel or entertainment. All expense receipts are required.

Expense reports are to be submitted to the office at the beginning of the month. It is the employee's responsibility to make sure their expense reports are submitted to the office on time each month.

The following business expenses will be reimbursed when an expense report is filled out. All receipts for that report are attached and signed by the employee.

- Meal Reimbursement:

A maximum of up to $20 including tip will be reimbursed for meals. MCGH will not reimburse for snacks. Reimbursement is only for replacement of a meal that would normally be provided when working.

Mileage Expense:

MCGH vehicles should be used for all travel related to the job, if a vehicle is not available mileage will be paid, **prior approval is required** to the driving staff member at the current federal rate.

This list is not all-inclusive. See the CEO regarding additional reimbursable business expenses.