

Marshall County Group Homes, Inc.

SERVICE PLAN REVIEW MEETING AND ATTENDANCE NOTES

Name: **Wayne Frei**

Service plan review meeting date: **May 14, 2025**

Time: **10:30am**

Type of service plan review meeting (i.e. annual): **Annual meeting**

Location of meeting: **River Place**

The purpose of this meeting is to provide an opportunity for support team or expanded support team members to participate in the ongoing review and development of the service plan and the methods used to support the person and accomplish outcomes. This meeting is also intended to determine whether changes are needed to the service plan based on the assessment information, the license holder's evaluation of progress towards accomplishing outcomes, or other information provided by the team.

A Review of Technology needs for the individual served:

Wayne Frei has no additional technology needs at this time. He has a wheelchair that he uses primarily for transportation outside of the home and a walker that he uses for moving around inside his home. Wayne has a hospital bed with full railings to prevent falls out of bed.

A review of the person's service and support outcomes occurred and the following determinations regarding those outcomes were made:

Wayne has completed his goal from the last review period. His goal will be adjusted to include that he will be introduced to and participate in a new sensory activity once a quarter.

Changes needed to the *Support Plan Addendum, Intensive Self-Management Assessment, or other document in the service plan, include, if any:*

All plans updated to include most recent dates and attendees. SP addendum: This plan was updated to include Wayne's psychotropic medication monitoring and use. Updated team contact information and dates.

Discussion regarding person-centered program planning:

What are the opportunities to develop and maintain **essential and life-enriching skills, abilities, strengths, interests, and preferences**?

Wayne is able to verbalize what activities he would like to participate in throughout his day. Staff offer him a variety of activities he has enjoyed in the past. Staff include him in social activities happening at the table at the house as well as music, and story time. Wayne can be observed to seem to be enjoying this time with his peers. Wayne enjoys when there is music on in the house and can often be heard singing along with the ones knows.

What are the opportunities **for community access, participation, and inclusion** in preferred community activities?

Wayne has the opportunity for outings in the community in the past but they seem to bring on increased anxiety for him that leads to self-harming behaviors. For this reason, Wayne's team limit his outings to medical appointments. Outings for appointments for Wayne are usually accompanied by having a lunch/breakfast meal which Wayne does enjoy but prefers to be home as soon as the food is gone. Staff have been working with him to increase his tolerance of being outside. The brightness of the sun seems to be overstimulating for him. Occasionally, Wayne will tolerate a short time with peers outside in the shade at the patio table or to take a short walk on the sidewalk near the house.

What are the opportunities to **develop and strengthen personal relationships** with other persons of the person's choice in the community?

Wayne does not seem to enjoy time in the community. Wayne does not have family or friends that are involved with his life at this time. Wayne appreciates routine and familiarity with his staff and medical providers.

What are the opportunities to seek **competitive employment** and work at competitively paying jobs in the community?

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Due to Wayne's cognitive disability, he is not a candidate for competitive employment.

The person currently receives services in (check as applicable):

- Residential services in a community setting controlled by a provider
- Day services
- Neither

Provide a summary of the discussion of options for transitioning the person out of a community setting controlled by a provider and into a setting not controlled by a provider (residential services). Include a statement about any decision made regarding transitioning out of a provider-controlled setting:

Due to Wayne's cognitive ability, he is not a candidate for transitioning from a provider-controlled setting. Wayne is currently under a 24-hour plan of care per his IAPP.

Provide a summary of the discussion of options for transitioning from day services to an employment service. Include a statement about any decision made regarding transitioning to an employment service:

Due to Wayne's cognitive disability, he is not a candidate for employment services.

Describe any further research or education that must be completed before a decision regarding this transition can be made:

None at this time.

Other meeting discussion notes:

Home:

Wayne enjoys his days at home with a variety of his favorite activities and keeping his routine. Wayne continues to spend much of his time at the dining room table. He has a basket that holds his puzzles, sensory board, etc. Wayne uses his walker to assist him in ambulating at home. Wayne still enjoys participating in the group activities at the home from a distance and will occasionally pipe up in a conversation happening in the home. In the warm months, Wayne will regularly walk with staff to and from the dumpster when they take out garbage.

Wayne enjoys rocking in his rocker/recliner. Staff recently purchased Wayne an herb garden that is soon to be planted for Wayne to use as a sensory experience.

Health: The facility RN gave report from the last review period (See attached). Key points that were discussed: gastroenterology update, rheumatology referral, updated to seizure protocol.

Wayne has seen one seizure since the last review period. Wayne's seizure protocol was updated to remove use of transfer belt. He had a follow up with medication management provider. No changes were made. He is up to date on routine appointments. During routine labs ordered by gastroenterologist an enzyme marker for an auto immune disorder was noted and a referral for rheumatology was put in. Wayne's diet was discussed a referral for speech to do a swallow eval was made by his PCP due to him no longer needing a mechanical soft diet.

Miscellaneous: annual consents sent with case worker to be signed and returned. Annual policies declined except health services coordination policy and safe medication assistance and administration policies.

Wayne's Semi- annual meeting is scheduled for November 12, 2025 at 10:30a to be held at River Place.



Programmatic Report (Bar Graph)

Status: Saved

Entered By: Kelsey Grandstrand, PS on 05/12/2025 11:58 AM

Report Type : Programmatic

Report Description	WF Annual Outcome Review	Review Period	Month
Individual Name	Wayne Frei,	Time Zone	US/Central
Date Range	12/01/2024 - 05/12/2025		

Generated Report

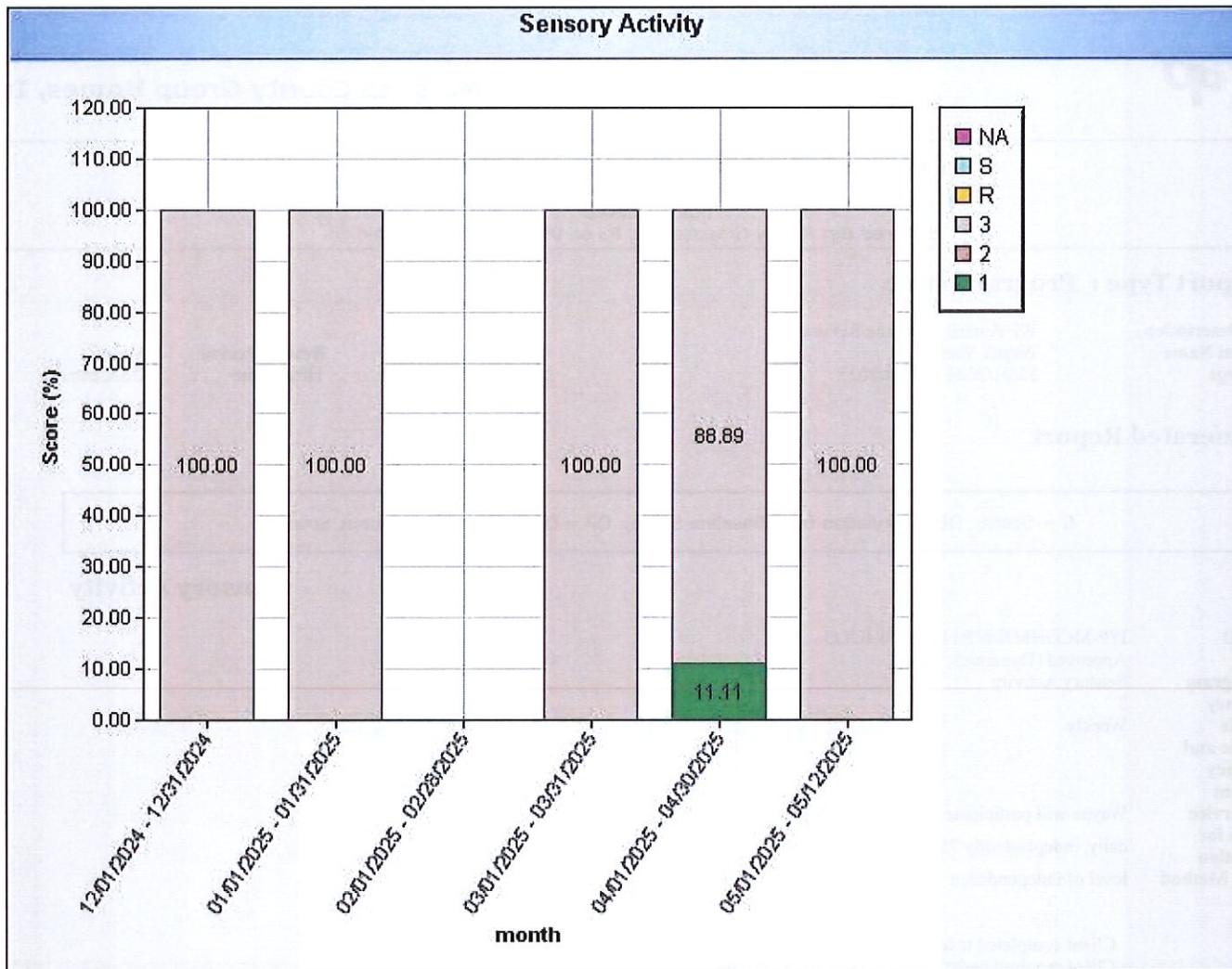
S = Score, DB = Deviation from Baseline Score, DP = Deviation from Previous Score

Sensory Activity

Form ID	ISP-MCGHMN-N7H4X2SZW4ULG
Status	Approved (Dynamic)
ISP Program	Sensory Activity
Frequency	3
Schedule	Weekly
Schedule and Frequency	
Comment	
Goal/Service	Wayne will participate in a sensory activity
Criteria for Completion	daily, independently 75% of trials.
Scoring Method	level of independence

Score(s)	
1	Client completed task with physical assistance
2	Client required verbal prompting to complete task
3	Independently -verbal prompting not needed
R	Client refused to attempt or to complete task
S	Client was gone or sick; goal was not worked on
NA	Leisure time was used for other tasks

Task(s)
Sensory Activity A. If Wayne chooses to bring himself to the table or when he is relaxing in his chair, Staff can ask Wayne what activity he would like to do. B. Staff will help Wayne access the activity he chooses and participate with him as needed. C. If Wayne does not choose an activity on his own, staff may offer him options of activities Wayne has liked to do in the past. D. If Wayne has not voluntarily worked on this goal yet for the day, staff may prompt Wayne to come sit at the table and offer activities for him to choose from.



Progress Towards Outcome

Progress Towards Outcome

Comments/Recommendations

Commented / Recommended By	Comments / Recommendations	
Name: Kelsey Grandstrand Title: PS Date: 05/12/2025 11:58 AM	Comments	For the last review period the client completed the task independently 98% of the time excluding the February data. Wayne is consistently asking for his basket to utilize his sensory items.
	Recommendations	once a quarter Wayne will be participating in a new sensory activity. Staff will work with Wayne throughout the Quarter by reintroducing the sensory activity due to Wayne being uncomfortable with change.

WAYNE FREI ANNUAL MEETING 5/14/25

HEALTH: Wayne's semi-annual meeting was held on 11/20/2024. Wayne has had no major health issues over the past 6 months. He continues to have a very good appetite, often asking for seconds at mealtime. Wayne is on a mechanical soft diet with ground meat. He is presently eating chips, raw vegetables and fruits and meat cut into small pieces with no issues noted. Have requested a speech consult referral. His fluid intake is excellent. He weighed 164lbs a year ago with weight on 4/30/25 at 158lbs. His blood pressure has generally been WNL. Wayne has had no major skin issues over the past 6 months. His skin tends to be very dry requiring Aquaphor ointment to be applied over his entire body, including his feet 2 x daily. He had a scrape to right pointer finger 12/25/24 with source unknown – this healed with no issues. On 4/25/25 he was noted to have a small scratch on his right thigh with source unknown. Wayne had a physical exam with Jeremy Hauser at NVHC on 7/29/24 with his next physical exam on 7/30/25. On 3/5/25 the CMP was all WNL as well as the Hgb A1C which was 5.4%.

FALLS: On 1/6/25 while walking down the hall with staff, Wayne caught his foot on a dresser and stumbled, requiring staff to ease him to the floor with no injuries noted. Wayne refuses to allow staff to apply gait belt when ambulating with his walker, so staff are stand-by only – this has been approved by OT. At times Wayne will get up and start ambulating independently with his walker before staff can get to him. He requested to take a short walk outdoors with staff on 4/16/25. Hopefully this will continue throughout the summer months as the weather continues to be warm.

GASTROENTEROLOGY: Wayne continues to be followed by gastroenterology due to hepatomegaly with fatty liver and history of elevated liver enzymes. He was seen by Dr. Baig at NVHC on 2/27/25. He ordered fasting labs, and ultrasound of the abdomen complete with portal and hepatic flow. He ordered a liver fibrose test, to be done at Riverview Health Center in Crookston, MN, to measure the degree of liver damage and liver functioning. Wayne had fasting labs done at NVHC on 3/5/25. The ANA Ab and Hep-2 Substrate came back abnormal. This test screens for systemic auto immune diseases. The liver function tests were all WNL. The ultrasound of the abdomen, done at Altru, was completed on 3/7/25, showing a fatty liver, cholelithiasis (a 8mm stone in the gallbladder) with other echogenic foci (small calcium deposits) in some sludge with no biliary dilatation and no ascites (abnormal buildup of fluid) noted. The liver doppler was normal (showed normal blood flow through the liver vessels). The liver fibro- scan was unsuccessful due to Wayne's inability to cooperate so Dr. Baig ordered him to have a liver function panel the first week of every month for 6 months and to follow up with him in 6 months. His liver function panel

completed on 5/9/25 was WNL. A phone conversation was had with Dr. Baig on 4/25/25 – he stated Wayne’s intermittent rash, and joint pain seems to be arthritic in nature. The elevated Transaminase levels are likely not liver related but that other autoimmune disorders could be contributing to the positive ANA result. Given his chronic truncal rash and arthritis, he recommends Wayne be referred to a rheumatology to help with the arthritic pain and unexplained random rashes. We may need to wait some time before an appointment is made as the nearest rheumatologist is in Fargo, ND and generally booking out quite far.

NEUROLOGY: Wayne had a 3min 10sec seizure before supper on 3/13/25 in which he was unresponsive. He became responsive shortly after the seizure and was able to have supper with no issues. He has had a total of 4 seizures over the past year. Wayne’s last appointment with Dr. Roller, neurology, was on 7/15/24 and to F/U on 7/1/25.

PSYCHIATRY: Wayne had an appointment with Dr. Michel, psychiatry, on 3/26/25 via zoom. No changes were made - to F/U in 6 months. On 2/18/25 Wayne was very unsettled, hitting the table and yelling. He agreed to lie down for a nap. He awakened in a good mood. He has recently been requesting to take a nap in the afternoon, which does not appear to interfere with his ability to sleep through the night. Staff have been instructed to waken him after 90 minutes if not already awake. He did have one episode on 4/22/25 where he seemed disoriented to time. Staff was putting him to bed at 10pm after being toileted. He refused to go back to bed, put his own shoes on, and walked to the table in the kitchen. Another staff was called into the facility and she was able to talk to Wayne and get him into bed. Again, the following day at HS when getting him ready for bed Wayne stated “supper “ and had to be reminded he already had supper. No further issues noted. On 5/9/25 he told staff “Torn” with staff noting he tore up his shorts, which has not happened for quite some time.

DENTAL: Wayne had his last annual dental appointment with Fergus Falls Dental clinic on 6/13/24. Wayne has gingivitis with periodontal disease with gums to be swabbed with Listerine/Hydrogen Peroxide mixture 3 x daily. He is generally cooperative with oral cares done by staff. His next appointment is scheduled for 6/16/25.

PRN’S: Wayne is generally very content. In the past 6 months Wayne has not required a PRN Alprazolam for agitation. When Wayne did become agitated, staff were able to determine what he was trying to communicate and meet his needs. He did require Alprazolam PRN x 1 in February and x 2 in March prior to appointments. In each case Wayne did well at the appointments.

Report by H Linder RN

5/9/2025

Marshall County Group Homes, Inc.

Seizure Protocol

Name:
Wayne Frei

Date of Birth:
4-19-1962

Describe protocol in as much detail as possible:

- 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 the floor, place a small pillow or towel under his head and stay by his side until the event is over.*
- 3. Once the event is over, if lying flat, turn him onto his side to expel any saliva or vomitus from his mouth. Observe his mental status. Ask him if he is okay 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, check on him frequently.*
- 5. Notify Nurse and program supervisor of seizure activity. Program supervisor will notify physician, guardian, and case manager.*
- 6. Document all seizure activity on Therap: Individual home page > health tracking > seizures. Complete as thoroughly as possible including date, times, length, and physical symptoms i.e. skin color, eyes rolled back, jerking of body parts, frothing at the mouth, etc.*
- 7. Document seizures in T-log with a high notification level and leave note in communication book.*
- 8. When ambulating with Wayne, staff are to staff close to him to assist if he were to lose his balance. Utilize the gait belt as he will allow.*
- 9. When sitting in wheelchair, have the seatbelt buckled at all times.*
- 10. When sitting in a chair at dining table, chair to have armrests and to be pushed up close to the table.*
- 11. If fever accompanies seizure, he needs to be seen by a physician.*
- 12. If a seizure occurs after a fall, he needs to be seen by a physician – this would likely warrant a call to 911.*

Any additional comment/information:

Complete by:
Henrietta Linder, RN

Date:
5-13-2025

Neurologist Approval:

