

**CEDAR NORTH/CEDARSOUTH
STAFF MEETING SUMMARY**

Subject: CN/CS Staff Meeting

Date: June 4, 2025

Time: 8:45a-10:30a

Inservices:

- ❖ **Safety/Health Review:** With summer months upon us we need to remember:
 - To apply sunscreen
 - To apply bug spray
 - To stay hydrated

- ❖ **Emergency Procedures:** June 2025 Living Room Blocked Exit Drill (CS-Amy, CN -Jenn)
NEED: May 2025 – Tornado Drill (CS-Laura)
April 2025 –Fire Drill Bedroom #4 (CS-Rachel)

- ❖ **Nursing Inservice:** Reviewed by Henrietta and attached on STAR
 - *Emergency use of manual restraint/ Therapeutic Intervention (lesson on STAR)*
 - *Henrietta demonstrated emergency holds.*

- ❖ **Program Policies (STAR):** Reviewed by Cindy and attached on STAR
 - Behavior Intervention and reporting (see attached document)
 - Avoiding Power Struggles (Lesson on STAR)
 - De-escalation Techniques (Lesson on STAR)

Meeting Review:

- A. June 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. Behavior Plans/Data** – Every individual that is prescribed a psychotropic medication needs to have a behavior plan – these will be done in Therap.
<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.

- C. Administration Memo** –
 - a. PTO caps – see attached
 - b. Meet Your Neighbor Day Parade and events; Root beer floats - a schedule will be shared in an scomm.
 - c. Expense Sheets – due by the 5th of every month.
 - d. Clothing Order – the cost of your order will be deducted from the June 13th payroll.

D. House concerns:

- Repairs – CN/CS decks need to be stripped and treated. Molly Magnusson will do this after the tree seeds have stopped falling.
- Painting – There is a little painting left to do on CS
- CS Printer – The feeder on the printer is not working. Cindy will call ABM.
- Maintenance Person – Tony Safranski has accepted the position as CS/CN maintenance person. Be sure to show him where your “to do” lists are kept.
- There are storage containers that were left in the garage on CS – Cindy will find out what they are and what to do with them.
- Walls in CS Garage – Cindy will call Labine Electric and Sentence-To-Serve to have the walls taken down. Once this is done, the extra gray van can be parked in CS south garage stall.
- Northern Fire – The large extinguisher under the CS kitchen sink and the small extinguisher in the garage will be switched. Cindy will call Northern Fire for a large bracket for the extinguisher in the garage.

E. CN Individual Reports:

- Dylan: DIET – REGULAR DIET- WEIGHT – 181.8 (-1.1)
Appts: No medical appts in May. Has an appt at Mayo Clinic in June for an annual checkup.
Concerns: Nothing at this time
Outings: Got a haircut, played piano at NVHC and had lunch with his mother, had lunch at Biff’s Kitchen in TRF and attended a dance and had supper at the Legacy Center in TRF (his mom came also)
Exercise: Dylan rides a bicycle daily (either inside or outside) and will go for walks with staff.
 - Outcome: Choose a community site to do volunteer work with at least 1x/week
- Hailey: DIET – REGULAR DIET - WEIGHT: 155.3 (-1.7)
Appts: Continues to have therapy at CVIC. Starting in June, she will have therapy on Thursday mornings at 11a and the group home will transport her. She will be attending Horse Therapy on Tuesdays from 12:30-1:00p. The group home will transport her. Hailey received new shoe inserts on 5/5 from Altru Orthotics. DAC Intake tomorrow. Noted that her diastolic blood pressure is elevated (over 90). Henrietta will add this to the MARS so it will be tracked and this information can be given to her PCP. It will be scheduled to be checked before she is given her inhaler as this may cause her blood pressure to be elevated.
Concerns: Keeping her area in the living room clean
Outings: Went to two movies, spent night at parents for Mother’s Day, supper at Italian restaurant in Grafton, attended WAO graduation, Memorial Day Program in Argyle, flower shopping in Holt, dance and supper at the Legacy Enter in TRF, The Dell for supper. Going to Park River Bible Camp June 29-July 2.
OT/PT Exercise Program: Encourage Hailey to get up and walk/exercise every hour when she is at home.
 - Outcome: Weekly, Hailey will explore new leisure activities so she can identify interests she enjoys and can do during her free time.

- Sandra: DIET – TO HAVE 2-3 CARB CHOICES AT EACH MEAL AND 1/2C PORTIONS; SNACKS ARE TO BE 1 CARB – WEIGHT: 191.9 (+6.2)
Appts: 5/9 – Appt w/ Brenda King, Psychologist; 5/13 – Appt w/ Dr. Panwalker, Oncology; 5/14- received new shoe inserts from Altru Orthotics
Concerns: Weight gain; staff continue to recommend healthy choices. Told staff that she did not get her graduation cap or diploma from EGF high school graduation – Cindy has passed this information on to Katie Benson.
Outings: Visited her son, supper at Olive Garden and LISTEN dance, supper w/ her step-dad in Grafton, movie, Memorial Day Program in Argyle, flower shopping in Holt, Dance and supper at the Legacy Center in TRF, attends church weekly
Exercise: Sandra is encouraged to exercise daily on her own, choosing what she wants to do for exercise.
 - Outcome: 1. To be more involved in community events – join St. Rose Church
- Vinette: DIET – PUREED FOODS, HONEY-THICK LIQUIDS, 1/2C PORTIONS -WEIGHT 169.1 (+0.4)
Appts: 5/8 - Appt w/ Amber Deere, Behavioral Health, no med changes
Concerns: Be sure to apply PRN creams, if needed, as her skin has been bad (rash); she is to wear her back brace for 1 hour/daily.
Outings: Dinner at café in Cavalier, supper at Italian restaurant in Grafton, lunch at Biff’s Kitchen in TRF and shopping for new CN chairs, went to a movie, attended a dance and had supper at the Legacy Center in TRF, attended a Memorial Day Program in Argyle, had supper at The Dell. Going to Park River Bible Camp June 29-July 2.
OT/PT Exercise Program: Neck massage daily, exercise program BID, ride bike outdoors or exercise bike, walking program daily w/ counting wooden pieces to track; finger board (located on living room wall) once daily.
 - Outcomes: 1. Vinette will attend church services or watch church services on television twice a month
 - 2. Monday - Thursday, after returning from the ODC, Vinette will unpack her lunchbox and put her dirty dishes in the sink and place her lunch box on the kitchen counter.
 - 3. Have her fingernails polished two Sunday afternoons/month.

CS Individual Reports:

- Gary: DIET - REGULAR DIET 1/2C SERVING PORTIONS WEIGHT: 167.8
Appts: Upcoming eye exam (6/27); will be going to Corner Home Medical to get a new wheelchair; an OT from NVHC was scheduled to see him at the ODC on 6/3.
Concerns: Gary has a new Health Care Directive stating he does not want CPR if his heart or breathing has stopped. All staff are to be aware of this directive and where it is located. NVHC has a copy of the directive on file. Not wanting to walk at home as much as he was; staff did show him a safer way for him to get out of his recliner.; place his wheelchair on his left side (right side for staff) and ask him to hold the arm rest with his left hand and push on the chair armrest with his right hand.
Outings: Sent his mother flowers for Mother’s Day, sang and sent birthday cards to family members. His family visited him 3x at CS and 2x at the ODC.
OT/PT Exercise Program: PROM to lower extremities daily; PROM upper extremities x1/day; walking three times/day w/ gait belt if able to walk more, please do, he likes to use his walker;
 - Outcomes: 1. Gary will correspond with family and friends by him making phone calls or mail monthly, with staff assistance.
 - 2. Once a month Gary will participate in a community outing by choosing a restaurant to eat at, with verbal prompting from staff.

- Diane: DIET – PUREED FOODS AND NECTAR THICK LIQUIDS, 1/2C SERVING PORTION CONTROL; ASSIST OF 1 AT ALL TIMES WHEN WALKING WITH FRONT-WHEELED WALKER; ASSIST OF 1 FOR TRANSFERS WEIGHT: 125.1 (+1.3)
Appts: No appts in May. She has an appt w/ Rural Psych Assoc on 6/10 via telehealth.
Concerns: Has an ear that is full of cerumen (ear wax); JoAnn recommended staff put hydrogen peroxide every evening for a week – staff need to document this. Has been refusing to walk and take her medications some days. Question if her balance is off due to wax in her ears? All of Diane’s foods are to be pureed as recommended by Diane Woolsey, SLP. Diane said it is okay for Diane to have corn puffs but that the Chester brand is the best as it disintegrates the fastest and she should be given the puffs one at a time so she does not over fill her mouth. Cindy will add this to Diane’s Self Management Assessment in Therap. We will also ask Katie Benson about Diane having music therapy.
Outings: Schedule outing on Tues, Fri, Sat or Sun each month for just Diane. Attended the dance and had supper at the Legacy Center in TRF – hosted by the Norskies.
OT/PT Exercise Program: plantar fascia exercises to feet/ankles daily in am, upper extremity peddle bike 5-10 minutes daily; PROM to lower extremities 3x/day; sit to stand exercises for 30 second durations 5-10 reps, ambulate with walker, gait belt and 1 assist during the day
 - Outcome: 1. Diane will participate in leisure activities of her interests in music, eating out and movies, in the community, 1x/month.
- Corrie: DIET – REGULAR DIET; REGULAR LIQUIDS; NO PORTION CONTROL - WEIGHT: 95.3 (-2.0)
Appts: No appts in May
Concerns: His mother, Cheryl Penn, does not have permission from his guardian to visit him at Cedar South. Corrie’s weight fluctuates throughout the month. He is weighed every Tuesday. 5/6 – 97.3, 5/13 – 97.4, 5/20 – 97.3. Corrie purchased a new wheelchair swing for outside (needs to be assembled), a new dresser and nightstand. He is to be walked a minimum of 30 steps 3x/daily at home.
Outings: Schedule outing each month on a Saturday just for Corrie. He attended a dance and had supper at the Legacy Center in TRF – hosted by the Norskies.
Exercise Program: Ambulate 2-3x a day for 30 ft with a gait belt and two staff.
 - Outcomes: 1. Corrie will spend time in the community, x1/month, watching community members engaged in activities (walking, shopping, playing, visiting, etc)
 2. One time per month, Corrie will eat at a restaurant, with staff assistance.

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

The next monthly staff meeting will be held Wednesday, July 9th at 8:45am.

STAFF MEMBERS PRESENT:

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

7.15 Life Insurance

Eligible full-time and part-time regularly scheduled employees working 30 hours or more may enroll in this plan on the first of the month following their date of hire. You must complete an insurance form and designate your beneficiary.

The cost of this insurance is fully paid by MCGH. Participating employees may also be covered under the plan's Accidental Death and Dismemberment rider.

Complete details of this plan may be obtained from the ADM or the OM.

7.16 Military Leave (USERRA)

Marshall County Group Homes, Inc. complies with applicable federal and state law regarding military leave and re-employment rights. A military leave of absence will be granted to members of the uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA, with amendments) and all applicable state law. You must submit documentation of the need for leave to the ADM. When returning from military leave of absence, you will be reinstated to your previous position or a similar position, in accordance with state and federal law. You must notify your Program Director or Program Supervisor (PD or PS) of your intent to return to employment based on requirements of the law. For more information regarding status, compensation, benefits, and reinstatement upon return from military leave, contact the ADM.

7.17 Paid Time Off (PTO)

Marshall County Group Homes, Inc. provides full-time and part-time employees with paid time off (PTO). PTO may be used for vacation, sick time, or other personal matters.

Eligibility

- **Regular Full-Time Employees.** Regular full-time employees are normally scheduled to work at least 35 hours per workweek and are eligible for PTO.
- **Regular Part-Time Employees.** Regular part-time employees are normally scheduled to work at least 20 hours per workweek and are eligible for PTO.

Newly Hired Employees

PTO for the employee's first year of employment will be prorated based on the hire date. New hires are eligible to use PTO after completion of the 90-day introductory period.

Deposits Into Your Leave Account

- The amount of PTO received each year is based on your length of service and accrues according to an accrual schedule. The schedule is determined by the Corporation which sets an **annual max amount** as shown in the chart below.
- Once you reach the maximum accrual amount, you will not accrue any additional PTO until you use some of the accrued but unused PTO and the amount falls below the maximum accrual amount.
- You will not receive retroactive credit for any period in which you did not accrue PTO because you accrued the maximum amount.
- Unused PTO can be carried over to the following year, up to the annual max amount as listed in the chart below.

*PTO Full-Time (35 + hours scheduled/week)		*PTO Part-Time (minimum 20 hours scheduled/week)	
1-5 years	6-10 years	1-5 years	6-10 years

6.5 hours/PP 169 Annual Max	7.5 hours/PP 195 Annual Max	4.875 hours/PP 126.75 Annual Max	5.625 hours/PP 146.25 Annual Max
11-15 years 8.5 hours/PP 221 Annual Max	16-20 years 9.5 hours/PP 247 Annual Max	11-15 years 6.375 hours/PP 165.75 Annual Max	16-20 years 7.125 hours/PP 185.25 Annual Max
21+ years 10.5 hours/PP 273 Annual Max		21+ years 7.875 hours/PP 204.75 Annual Max	

Requests for Leave

You must request PTO through the payroll system.

If you intend to use PTO for vacation purposes, you are required to provide notice by the 10th of the month prior to the request. If you are using PTO for personal/sick reasons, we ask that you provide as much notice as possible, if the need for leave is foreseeable.

The Corporation will generally grant requests for PTO when possible, taking business needs into consideration. When multiple employees request the same time off, their length of employment/seniority may determine priority in scheduling PTO.

You must take PTO in increments of at least 15 minutes.

During a Leave of Absence

The Corporation may require you to use any unused PTO during disability or family medical leave, or any other leave of absence, where permissible under local, state, and federal law.

You will not accrue PTO during unpaid leaves of absence, or other periods of inactive service, unless PTO accrual is required by applicable federal, state, or local law.

Separation of Employment

Upon separation of employment:

- non-exempt employees who resign or retire with at least a 10-working day notice - and no time off is used during that period - will be paid 50 percent of their remaining unused PTO time.
- Exempt employees who resign or retire with at least 30 days' notice - and no time off is used during that period - will be paid 50 percent of their remaining unused PTO time.
- MCGH board of directors approved in February 2024 to allow employees the opportunity to **use PTO hours over 40 hours a week, when the following requirements are met:**
 1. PTO hours used were for a SCHEDULED day off in the employee's normal work schedule and was requested off by the 10th of the month prior according to policy listed below under **requests for leave**.
 2. Employees pick up a shift that is **not** part of their normal work schedule, in the same week as the scheduled PTO can still use the PTO hours as they are not counted as hours worked or OT. See Example:

Normal work schedule is 40 hours/wk 8a-4p M-F.

Employee works:

Monday-8a-4p

Tuesday-8a-4p

Wednesday-8 hours PTO

Thursday-8a-4p

Friday-8a-4p

Saturday-8a-8p-Picked up shift

Total hours for the week: 32 hours-normal scheduled hours

8 hours-PTO for normal scheduled hours

12hours-picked up **NOT** part of normal scheduled hours

How hours are Paid:

48 hours-paid at regular hourly rate (40 hours worked, 8 hours PTO)

4 hours are paid at Overtime rate

7.18 Section 125 Plans

MCGH offers a pretax contribution option for employees. This employee benefit is known as a Section 125 plan.

A Section 125 plan is a benefit plan that allows you to make contributions toward premiums for medical insurance, dental insurance, vision care insurance and out-of-pocket medical expenses or dependent care expenses on a "before tax", rather than an "after tax" basis. Your premium contributions and qualified expenses are deducted from your gross pay before income taxes and Social Security is calculated.

To participate in this plan, complete an election form and return it to the ADM or the OM.

You cannot make any changes to your pretax contributions until the next open enrollment period, unless your family status changes or you become eligible for a special enrollment period due to a loss of coverage. Family status changes include marriage, divorce, death of a spouse or child, birth or adoption of a child or termination of employment of your spouse. A change in election due to a change in family status is effective in the next pay period.

7.19 Unemployment Compensation Insurance

Unemployment compensation insurance is paid for by Marshall County Group Homes, Inc. and provides temporary income for employees who have lost their job under certain circumstances. Your eligibility for unemployment compensation will, in part, be determined by the reasons for your separation from the Corporation.

7.20 Vision Care Insurance

Eligible full-time and part-time regularly scheduled employees may enroll in an employee only, an employee plus children, an employee plus spouse or a family contract on the first of the month following their date of hire.

A handout containing the details of the plan and the eligibility requirements and enrollment forms may be obtained from the ADM or the OM.

If you elect dependent coverage, you are responsible for paying the difference through payroll deduction.

Refer to the actual plan document and summary plan description if you have specific questions regarding this benefit plan. Those documents are controlling.

At the end of employment you may be entitled to continuation or conversion of the group vision insurance plan in accordance with the terms of the policy and/or applicable state and federal law. For more information, contact the ADM or the OM.

7.21 Workers' Compensation Insurance

Workers' compensation is a no-fault system designed to provide benefits to all employees for work-related injuries. Workers' compensation insurance coverage is paid for by employers and governed by state law. The workers' compensation system provides coverage of medical treatment and expenses, occupational disability leave, and rehabilitation services, as well as payment for lost wages due to work related injuries. If you are injured on the job while working at Marshall County Group Homes, Inc., no matter how slightly, you



Marshall County
Group Homes, Inc.

BEHAVIOR REPORT FORM

Consumer Name: _____ Program: CN CS M R IHS Date: _____

Time of Incident: _____ Length of Time Involved: _____ Recovery Time: _____

List Names of person(s), employee(s) and/or client(s). Use client initials only: _____

If not a client, list address, phone number and reason for person being at home: _____

Type of Behavior (check all that apply)	Type of action/procedure (check all that apply)
<input type="checkbox"/> Consumer behavior incident	<input type="checkbox"/> First aid required
<input type="checkbox"/> Consumer to Consumer verbal abuse/intimidation	<input type="checkbox"/> Medical care of a doctor required
<input type="checkbox"/> Consumer to staff aggression	<input type="checkbox"/> PRN medication given
<input type="checkbox"/> Consumer to consumer physical aggression	<input type="checkbox"/> Controlled procedure required
<input type="checkbox"/> Self-Injurious behavior	<input type="checkbox"/> EUMR
<input type="checkbox"/> Sexual contact	<input type="checkbox"/> 911
<input type="checkbox"/> Property Damage	<input type="checkbox"/> CRSS or CEO contacted

DESCRIPTION OF EVENT: (use back of page if needed):

What was the consumer doing when the incident occurred?

What seemed to precipitate or build up to the incident?

Describe incident - What staff intervention was tried before incident occurred.

What were the undesirable behaviors displayed?

Has this particular behavior reaction occurred with this consumer previously? Yes No (if yes date: _____)

Were there physical injuries or property damage? Explain Nature and extent of injuries: _____

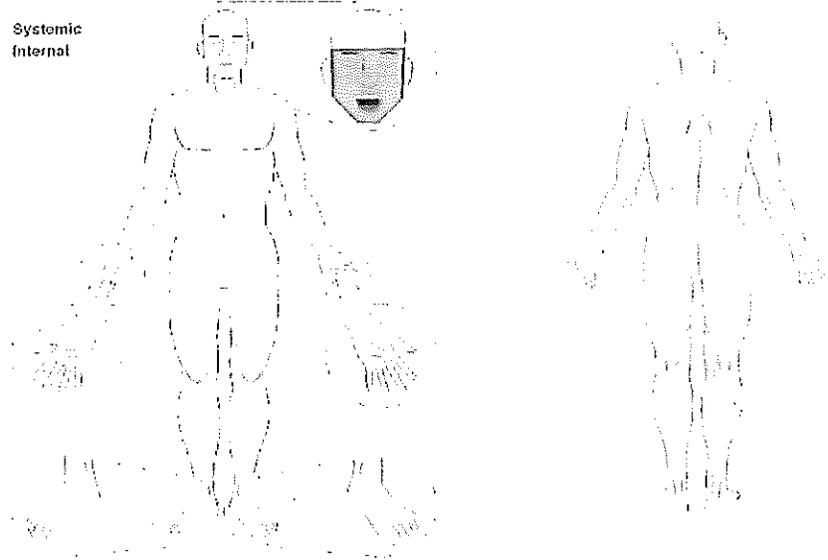
Please mark on diagram where physical injuries occurred



Marshall County
Group Homes, Inc.

BEHAVIOR REPORT FORM

Systemic
Internal



Description of procedures/action taken by staff: _____

Were staff actions effective in controlling behavior? If so, Results of action taken _____

Able to return to activity following the incident? ___ Yes ___ No (if no Explain why?) _____

Name of person administering first aid/medical care: _____

Reported by: _____ Title: _____

Program Supervisor or CEO to fill out bottom section

Recommendation in preventing similar occurrences or behaviors: _____

Signature: _____ Title: _____

RPS will send copies to: (enter date copy sent as well as if phone call was made)

_____ Program Home	_____ Case Manger	_____ Legal Guardian	_____ Ombudsman
_____ Other(Specify)			

If the action taken for a consumer is a controlled procedure or emergency use of manual restraint additional forms are Required *See Emergency Use of Manual Restraints Policy.



EMERGENCY USE OF MANUAL RESTRAINT INCIDENT REPORT

Behavior intervention information		
*This section to be completed within 3 calendar days by staff who implemented the emergency use of manual restraint (EUMR).		
Name of person served:	Date of the EUMR:	Time of use:
Name and title of staff completing this section:		
Date of completion:		
Location type:		
Location address:		
Staff and persons served who were involved in the incident leading up to the emergency use of manual restraint:		
First name:	Last name:	Title:
First name:	Last name:	Title:
First name:	Last name:	Title:
Staff (if available) who monitored the person's health and welfare during the EUMR:		
First name:	Last name:	Title:
*If an additional staff was not available to monitor the EUMR, the staff conducting the EUMR is responsible for monitoring the person's health and welfare during the EUMR.		
The behavior the person displayed that required the use of an intervention included – choose all that apply:		
<input type="checkbox"/> Physical aggression/physical assault	<input type="checkbox"/> Self-injury/self-harm	
<input type="checkbox"/> Self-endangerment/risk to personal safety	<input type="checkbox"/> Property destruction/damage that could harm the person/others	
Describe the behavior intervention used and the resulting outcome:		
Length of use:		
Describe the physical and social environment, including who was present <i>before</i> and <i>during</i> the incident leading up to the emergency use of manual restraint:		
Describe what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the manual restraint was implemented:		
Identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented:		
Time when de-escalation occurred:		
Length of time involved in de-escalation efforts: hours minutes		
Describe the mental, physical, and emotional condition of the person who was restrained, and other persons involved in the incident <i>leading up to, during, and following</i> the manual restraint:		
Was there any injury to the person who was restrained or other persons involved in the incident, including staff, <i>before</i> or <i>as a result</i> of the use of intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate who was injured and what their injury(ies) were:		
If yes, indicate what care was provided for the injured person(s):		



EMERGENCY USE OF MANUAL RESTRAINT INCIDENT REPORT

Following the incident, was there a debriefing with the staff, and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint?

Staff: Yes No
 Person served: Yes No
 Other people: Yes No

If yes, describe the outcome of the debriefing:

If no, indicate whether a debriefing is planned:

Was a PRN psychotropic medication administered? Yes No

Was law enforcement or other first responders called? Yes No

Was there emergency psychiatric hospitalization? Yes No

Name of staff who implemented the EUMR _____

Date _____

Designated Coordinator review

*To be completed by the Designated Coordinator upon receipt and prior to the internal review. This information is used to assist in completion of the *Behavior Intervention Reporting Form (BIRF)*.

NPI/UMPI: _____ Location number: _____

Contact person/provider phone number: _____

Contact person/provider email address: _____

Type of service that was provided at time of behavior intervention: _____

First name/middle initial/last name of the person: _____

PMI number of person who needed the intervention: _____

Date of birth: _____

Gender: _____

County/Tribe Lead Agency funding the service: _____

County or Tribe where services are actually provided: _____

Diagnosis – choose all that apply: Developmental Disabilities Intellectual Disabilities (not from DD, i.e. BI)
 Physical/Medical Disabilities Mental Illness Elderly with Age-Related Impairments

Total number of current prescribed psychotropic medications (including PRN psychotropic medications): _____

Does the person currently have – choose all that apply: Positive Support Transition Plan
 Functional Behavior Assessment within the past 12 months Diagnostic Assessment within the past 12 months

Does this person have any conditions (medical or psychological) for which the physical behavioral intervention is contraindicated? Yes No

*This would be established in consultation with the person’s support team. Please refer to the *Support Plan Addendum* for more information.

Does the person served require specialized or intensive behavior consultation and/or support services? Yes No

Does the person served require a plan for crisis respite placement? Yes No

Describe the plan to positively support the person and avoid the future use of behavior interventions:

Notifications



EMERGENCY USE OF MANUAL RESTRAINT INCIDENT REPORT

Describe the corrective action plan here, if any:

*The corrective action plan, if any, must be implemented within 30 days of the internal review being completed. Date of implementation:

Name of person completing the internal review

Date

Expanded support team review

*Within five (5) working days after the completion of the internal review, the license holder must consult with the expanded support team following the emergency use of manual restraint. This may be completed by the Designated Coordinator.

1. Discuss the incident reported and define the antecedent or event that gave rise to the behavior resulting in the manual restraint and identify the perceived function the behavior served:
2. Determine whether the person's *Support Plan Addendum* needs to be revised according to sections 245D.07 and 245D.071 to positively and effectively help the person maintain stability and to reduce or eliminate future occurrences requiring emergency use of manual restraint:

Legal representative:

Date of discussion:

Case manager:

Date of discussion:

Other professional (include name and title):

Date of discussion:

Name of the Designated Coordinator and/or Designated Manager

Date

Expanded review and reporting

*Within five (5) working days of the expanded support team review, the license holder must complete and submit to DHS the *Behavior Intervention Reporting Form* (DHS-5148-ENG-1). This submission meets the reporting requirements for reporting to DHS and the Office of the Ombudsman for Mental Health and Developmental Disabilities. This may be completed by the Designated Coordinator or Designated Manager and can be found on the following website:

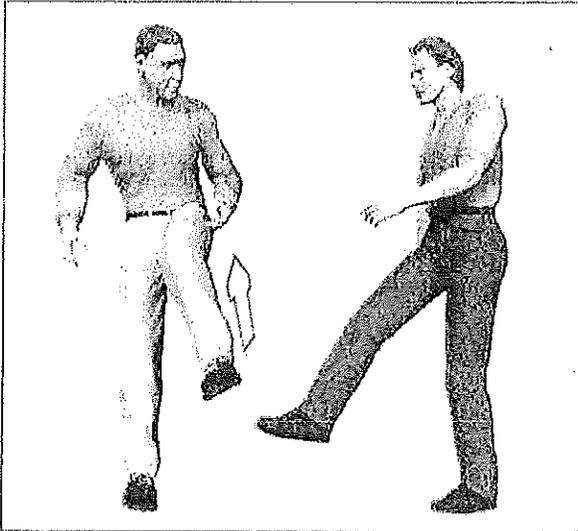
<https://edocs.dhs.state.mn.us/lfserver/Secure/DHS-5148-ENG>

Date of information submission: _____

Date the copy of the *Behavior Intervention Reporting Form* (DHS-5148-ENG-1) was sent to the support team: _____

Caution

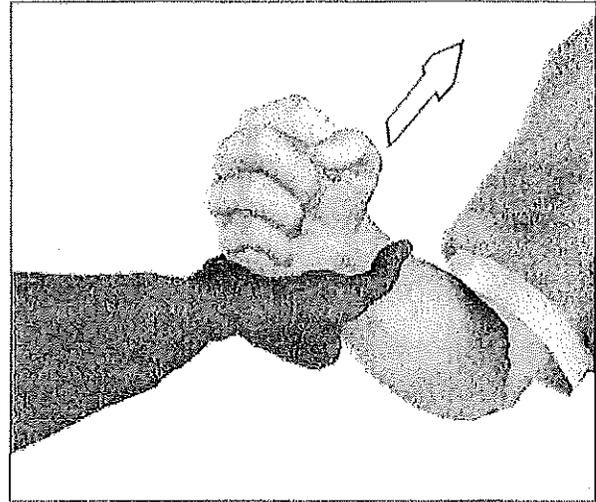
These Classroom Models should be learned and practiced only under the supervision of a Certified Instructor of the *Nonviolent Crisis Intervention* training program. Attempting to learn the techniques from the diagrams may result in injury.



Cpi KICK BLOCK

In any strike situation, you can remove the target or deflect the weapon by placing an object between the weapon and the target. The act of blocking or shielding is based on your natural response—a primal reflex to protect yourself from a strike. In this example, the bottom of the staff member's foot is used to shield or block the oncoming kick.

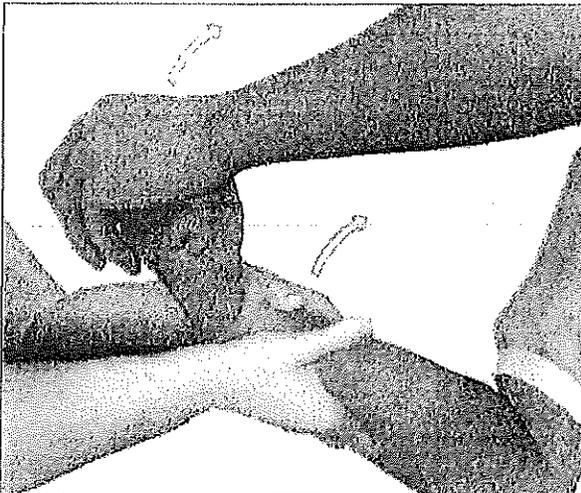
Attempt to move out of the way to maintain safety.



Cpi ONE-HAND WRIST GRAB RELEASE

Gain a physiological advantage by using leverage and momentum to pull away from the weak area of the wrist grab (between the thumb and four fingers). You can increase your momentum and leverage by maintaining a balanced stance and using your body position to enhance your physiological advantage. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

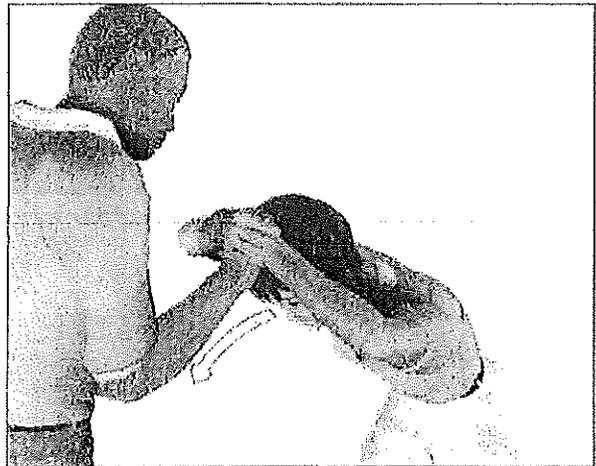
Release and attempt to move out of the way to maintain safety.



Cpi TWO-HAND WRIST GRAB RELEASE

Gain a physiological advantage by using leverage and momentum to pull away from the weak area of the wrist grab (between the thumb and four fingers). You can increase your momentum and leverage by using your free hand to assist in pulling away from the grab, maintaining a balanced stance and using your body position to enhance your physiological advantage. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

Release and attempt to move out of the way to maintain safety.



Cpi ONE-HAND HAIR PULL RELEASE

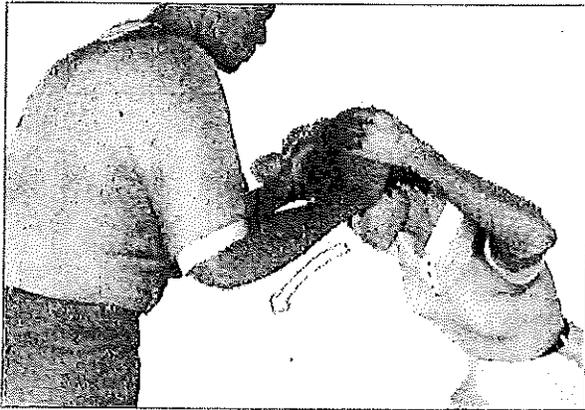
Immobilize this grab by securing the person's hand to your head. By using one or both of your hands to immobilize the person's hand, you can prevent further grabbing of hair and minimize injury. Move your head toward the person, leveraging the arm position to a 45-degree angle. The grip of the hair pull is levered backward, reducing the strength of the grip and opening up the weak point of the grab at the fingers. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

As your hair is released, attempt to move out of the way to maintain safety.



Caution

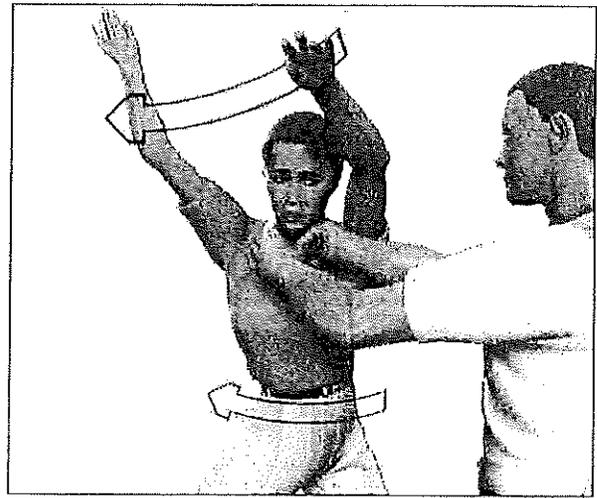
These Classroom Models should be learned and practiced only under the supervision of a Certified Instructor of the *Nonviolent Crisis Intervention* training program. Attempting to learn the techniques from the diagrams may result in injury.



cpi TWO-HAND HAIR PULL RELEASE

Use both of your hands to immobilize the person's hands on your head. By securing the hands to your head, you can prevent further grabbing of hair and minimize injury. Move your head toward the person, leveraging the arm position to a 45-degree angle. The grip of the hair pull is levered backward, reducing the strength of the grip and opening up the weak point of the grab at the fingers. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

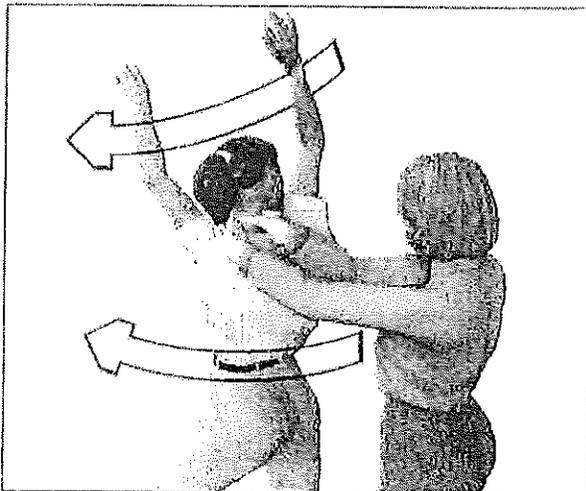
As your hair is released, attempt to move out of the way to maintain safety.



cpi FRONT CHOKE RELEASE

Raise your arms straight up for leverage. (This may also create a distraction.) Lean away to extend the individual's arms; this will weaken the grab. Create momentum by turning your shoulders and arms in a rotating motion away from the individual. Your shoulders will act as a lever while your momentum will assist in releasing the grab. Increase your psychological advantage by using a verbal distraction or an element of surprise.

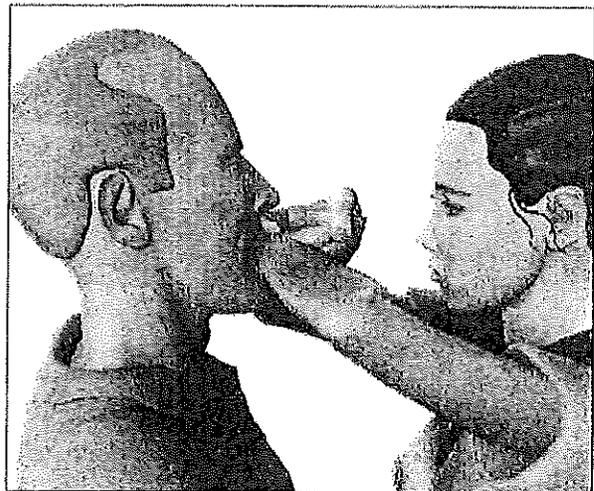
Attempt to move out of the way to maintain safety.



cpi BACK CHOKE RELEASE

Raise your arms straight up for leverage. (This may also create a distraction.) Lean away to extend the individual's arms; this will weaken the grab. Create momentum by turning your shoulders and arms in a rotating motion away from the individual. Your shoulders will act as a lever while your momentum will assist in releasing the grab. Increase your psychological advantage by using a verbal distraction or an element of surprise.

Attempt to move out of the way to maintain safety.



cpi BITE RELEASE

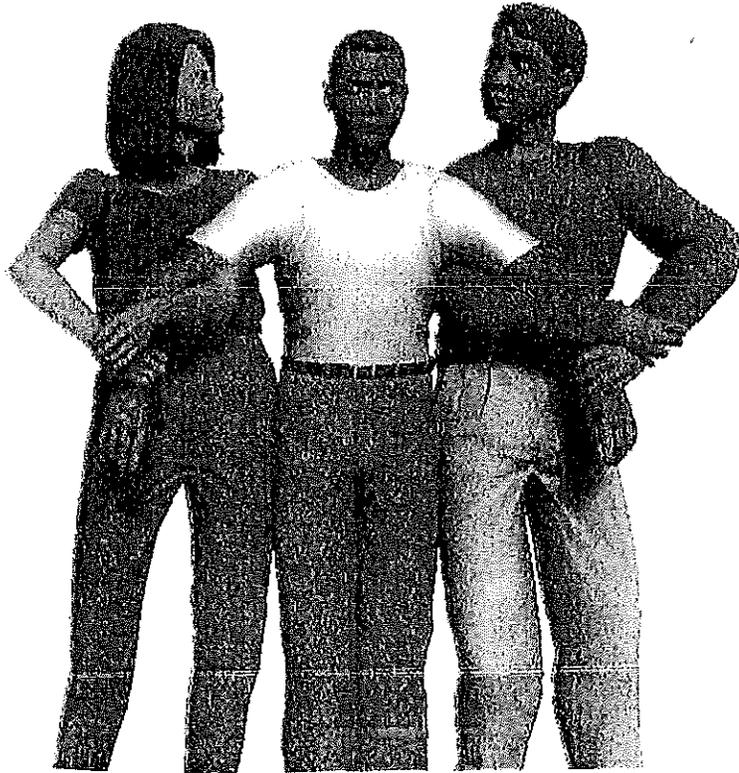
Avoid pulling away from the bite. Instead, lean into, or "feed" the bite, using the minimum amount of force necessary to cause the jaw of the person to open. You may also want to use your finger in a vibrating motion to stimulate the person's upper lip. This vibrating motion may result in a "parasympathetic response" that causes the mouth to open. At the same time, you can gain a psychological advantage by using a verbal distraction or an element of surprise.

Once the bite releases, attempt to move out of the way to maintain safety.



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Come-Along Position

This temporary control position allows you to maintain control of a person if it is necessary to escort them out of a room. It is similar to Transport Position above except inside of putting your arm through theirs, you would keep your hand on the back of their upper arm.

Face the same direction as the Acting Out Person while adjusting, as necessary, to maintain close body contact. Use right hand to hold their opposite wrist and use your left hand to guide them from the back of their arm. Gently guide them out of the room.



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Figure A

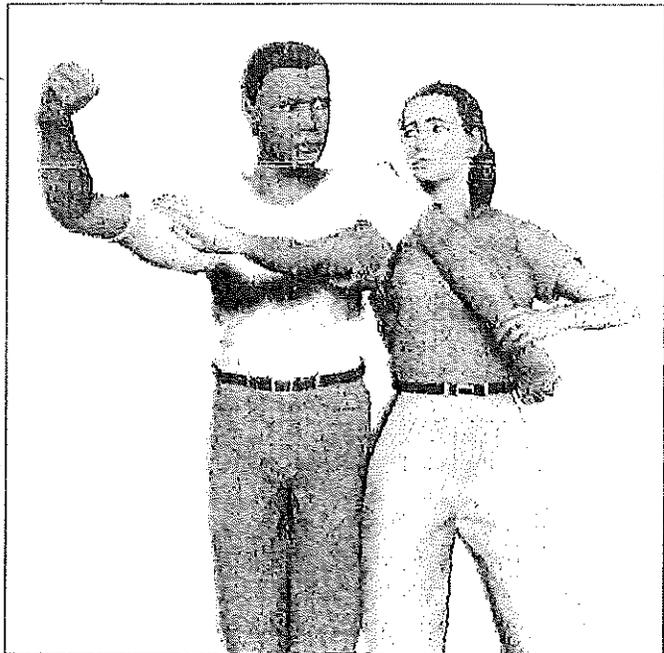


Figure B

Pages removed detail Nonviolent Physical Crisis Intervention positions.

CPI INTERIM CONTROL POSITION

This temporary control position allows you to maintain control of both of the individual's arms, if necessary, for a short time.

Starting from the CPI Transport Position, maintain control of the individual's arm, but release the "cross-grain grip." Use free arm to reach across and gain control of the opposite arm. (Fig. A) If the individual attempts to strike, use your free arm to block, and safely move away. (Fig. B)



Caution

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Figure A

cpi TEAM CONTROL POSITION

The Team Control Position is used to manage individuals who have become dangerous to themselves or others. Two staff members hold the individual as the auxiliary team member(s) continually assess the safety of all involved and assist, if needed. During the intervention, staff members who are holding the individual should:

- Face the same direction as the Acting Out Person while adjusting, as necessary, to maintain close body contact with the individual.
- Keep their inside legs in front of the individual. (Fig. A)
- Bring the individual's arms across their bodies, securing them to their hip areas. (Fig. B)
- Place the hands closest to the individual's shoulders in "C-shape" position to direct the shoulders forward. (Fig. C)



Figure B

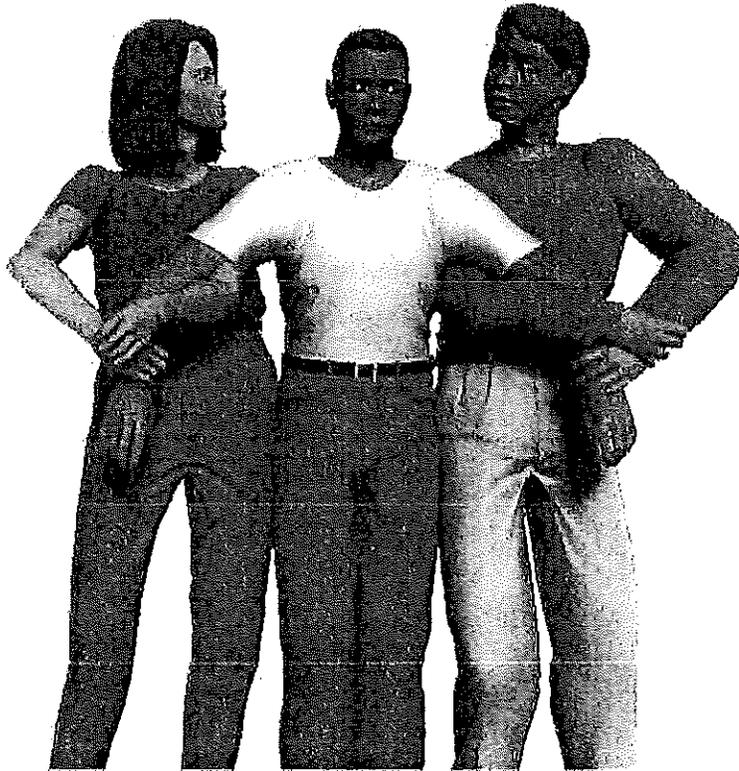


Figure C



Caution

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cpi TRANSPORT POSITION

This position will assist you in safely moving an individual who is beginning to regain control.

Prior to moving an individual, assist the person into a more upright position and remove your hand from the individual's shoulder. Reach under the individual's arm to grab your own wrist. This "cross-grain grip" better secures the individual between staff during transport. Remove your leg from directly in front of the individual prior to transport while maintaining close body contact.

It is not recommended to transport an individual who is struggling. If necessary, return to the CPI Team Control Position if the individual's and/or staff's safety is at risk.

JUNE 2025 CEDAR NORTH

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1. Amy on call	Only SO home 8-130p 2	Only SO home 8-130p 3	Only SO home 8-130p 4 STAFF MEETING	Only SO home 8-130p 5	All Clients Home 6 Carol on call DN Meals/Coupons	7 Carol on call Admin-Cindy
8a-4p-Margaret 4p-8p-Jenn	6a-2p-Margaret 12p-8p-Kim	6a-4p-Margaret 11a-8p-Carol (SA appt/outing)	6a-3p-Carol 12p-8p-Kim	6a-3p Carol 1p-8p-Kim HK Appt 11a	6a-4p-Margaret 8a-9p-Kim 4p-8p-Marilyn	9a-9p-Carol 10a-?-Lori (Going on Outing)
9p-8a-Jenn	8p-8a-(JE)- Jenn	8p-8a-Joy	8p-8a-Jenn	8p-8a-Joy	9p-9a-Jenn	9p-9a-Carol
8 Carol on call Admin-Cindy	9	10	11	12	13 Kim on call DN Meals/Coupons	14 Kim on call Admin-Kristal
8a-4p-Sara 4p-8p-Jenn	6a-2p-Margaret 12p-8p-Kim	6a-4p-Margaret 11a-8p-Carol (SA appt/outing) HK Horse Therapy 12p	6a-3p-Carol 12p-8p-Kim	6a-3p-Carol 1p-8p-Kim HK Appt 11a	6a-3p-Carol 8a-9p-Kim 3p-8p-Marilyn	9a-9p-Sara 9a-6p-Kim SA to visit daughter
9p-8a-Jenn	8p-8a-Joy	8p-8a-Joy	8p-8a-Jenn	8p-8a-Joy	9p-9a-Sara	9p-9a-Sara
15 Kim on call Admin-Kristal	16	17 DN Home after ODC - return 6/22/25	18 DN gone	19 DN gone	20 Rachel on call DN gone	21 Rachel on call Admin-Kristal DN gone
9a-4p-Sara 4p-8p-Jenn	6a-2p(MD)-Carol 12p-8p-Kim	6a-4p (MD) Sara 11a-8p-Carol (SA appt/outing) HK Horse Therapy 12p	6a-9a(CU)-Jenn 9a-3p(CU)-Marilyn 930-8p-Kim (SA appointment)	6a-3p-Carol 1p-8p-Kim HK Appt 11a	6a-3p-Carol 8a-9p-(KK) 3p-8p(KK)-Lori	9a-9p-Sara
8p-8a-Jenn	8p-8a-Joy	8p-8a-Joy	8p-8a-Jenn	8p-8a-Joy	9p-9a-Jenn	9p-9a-Sara
22 Rachel on call Admin-Kristal DN return	23	24	25	26	27 Amy on call DN Meals/Coupons	28 Amy on call Admin-Kristal
8a-4p-Sara 4p-8p-Jenn	6a-4p(MD)-Carol 12p-8p-Kim	6a-4p-(MD)Carol 4p-8p-(CU) Lori (SA appt/outing) HK Horse Therapy 12p	6a-3p-Carol 12p-8p-Kim	6a-3p-Carol 1p-8p-Kim HK Appt 11a	6a-3p-Carol 8a-9p-Kim 3p-8p-Marilyn	9a-9p-Sara 10a-?-Lori (help with parade)
8p-8a-Jenn	8p-8a-Joy	8p-8a-Joy	8p-8a-Jenn	8p-8a-Joy	9p-9a-Sara	9p-9a-Sara
29 Amy on call Admin-Kristal	30					
9a-4p-Sara 4p-8p-Jenn VL-HK Bible camp	6a-2p-Margaret 12p-8p-Kim VL-HK Bible camp					
8p-8a-Jenn	8p-8a-Joy					

2025 JUNE CEDAR SOUTH SCHEDULE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1.	2. CS Pickup warren 3p	3.	4. Staff Mtg CS Pickup warren 3p	5. CS Pickup warren 3p	6. Carol on call	7. Carol on call Cindy Admin
9a-2p-Gena 2p-8p- Angela 2p-9p-Unable to fill 8p-8a-Amy	6a-6p-(SB)Rachel 3p-7p-Amy 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 8a-2p-Amy 3p-7p-Helen 6p-8p-Angela	6a-6p-Rachel 1p-6p-Paige orientate 3p-7p-Amy 6p-8p-Amy 8p-8a-Amy	6a-6p-(RL)Sara 3p-7p-Marilyn 6p-8p-(AW)Amy 8p-8a-(AW)Amy	7a-8p-Sara 8a-5p-Amy 5p-9p-Gena 9p-9a-Gena	9a-9p-Gena 10a-7p-Janelle 2p-7p-Paige orientate 9p-9a-Gena
8. Carol on call Cindy Admin	9. CS Pickup warren 3p	10.	11. CS Pickup warren 3p	12. CS Pickup warren 3p	13. Kim on call	14. Kim on call Kristal Admin
9a-2p-Amy 2p-8p-Laura 2p-9p- 8p-8a-Liz	6a-6p-Amy 3p-7p- 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 8a-2p-Amy 3p-7p-Helen 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 1p-6p-Paige orientate 3p-7p-Janelle 6p-8p-Amy 8p-8a-Amy	6a-6p-Rachel 1p-6p-Paige orientate 3p-7p- 6p-8p-Angela 8p-8a-Angela	7a-8p-Sara 8a-5p-Amy 5p-9p-Amy 5p-9p-Paige orientate 9p-9a-Gena	9a-9p-Gena 10a-7p-Rachel 2p-7p- Paige orientate 9p-9a-Gena
15. Kim on call Kristal Admin	16. CS Pickup warren 3p	17.	18. CS Pickup warren 3p	19. CS Pickup warren 3p	20. Rachel on call	21. Rachel on call Kristal Admin
9a-9p- 2p-8p- 9p-8a-Amy	6a-6p-Sara 3p-7p- 6p-8p-(AW) Jenn 8p-8a-(AW) Jenn	6a-6p-Rachel 8a-2p-Amy 3p-7p-Helen 6p-8p-(AW)-Gena 8p-8a-(AW)-Gena	6a-6p-Rachel 3p-7p- 3p-7p-Paige orientate 6p-8p-Amy 8p-8a-Amy	6a-6p-Rachel 3p-7p-Marilyn 6p-8p-Angela NO ODC	7a-8p-Sara 8a-5p-Amy 5p-9p-Amy 5p-9p-Paige orientate 9p-9a-Gena	9a-9p-Gena 10a-7p-Rachel 2p-7p- Paige orientate 9p-9a-Gena
22. Rachel on call Kristal Admin	23. CS Pickup warren 3p	24.	25. CS Pickup warren 3p	26. CS Pickup warren 3p	27. Amy on call	28. Amy on call Kristal Admin
9a-9p- 2p-8p- 2p-8p-Paige orientate 9p-8a-Liz	6a-6p-Amy 3p-7p- 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 8a-2p-Sara 3p-7p-Helen 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 3p-7p-Janelle 3p-7p-Paige orientate 6p-8p-Amy 8p-8a-Amy	6a-6p-Rachel 3p-7p-Marilyn 6p-8p-Angela 8p-8a-Angela	7a-8p-Sara 8a-5p-Amy 5p-9p-Amy 5p-9p-Paige orientate 9p-9a-Gena	9a-9p-Gena 10a-7p-Amy 9p-9a-Gena
29. Amy on call Kristal Admin	30. CS Pickup warren 3p					
9a-9p- 2p-8p- 9p-8a-Amy	6a-6p-Sara 3p-7p- 6p-8p-Angela NO DAC 8p-8a-Angela					

Gena-Every Friday 9a-9p, Saturday 9a-9p, Saturday ON 9p-9a

Sara-1st & 3rd & 5th Mondays 6a-6p, Every Friday 7a-8p, 4th-5th Tuesday 8a-2p

Rachel-T/W/Th 6a-6p & 3rd Saturday 10a-7p (on call 3rd weekend)

Helen-Tuesdays 3p-7p

Marilyn-Thursdays 3p-7p (off 2nd Thursday)

Amy-1st & 3rd Sun.ON 9p-8a, 2nd & 4th Mon 6a-6p, 1st, 2nd, 3rd Tue 8a-2p, Wed 6p-8p & 8p-8a, Fri 8a-5p, 4th Saturday 10a-7p (on call 4th weekend)

Angela-M/T/TH 6p-8p & 8p-8a