

CEDAR NORTH/CEDARSOUTH STAFF MEETING SUMMARY

Subject: CN/CS Staff Meeting

Date: July 9, 2025

Time: 8:45a-11:00a

Inservices:

- ❖ **Safety/Health Review:** Reminder to apply sunscreen, bug spray when outdoors. Limit the amount of time individuals are sitting in the direct sunlight.
- ❖ **Emergency Procedures (Severe Weather, Hail Thunderstorms, Natural Disasters – Fire, Flood):** Reviewed during the meeting; on *STAR*
 - July – Smoke Detector/Fire Drill Bedroom #5 – CN (Joy, Margaret), CS (Rachel, Angela)
- ❖ **Nursing Inservice:** Nothing to review this month.
- ❖ **Program Policies (STAR):** Bed bath (assigned on STAR)

Meeting Review:

- A. **July 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. **Administration Memo –**

ALL HOMES

1. Reminder: Staff and Staff family must stay away from the homes when not working. You all need to understand this is our commercial insurance company's policy. None of the staff except for administration have the approval to be at the homes at any given time. This is putting the group homes at huge risk of losing insurance. **Effective immediately** if you are at the house when you are not scheduled to work you will be written up and reported to insurance. If insurance states, you are a liability and not insurable you will not have a job. I do not know how else to make this clear. Family at the homes and doing "work" things at the homes is an absolute no.
2. All concerns need to be taken to the supervisor. This is the job of the supervisor, and they cannot handle things if they are not brought to their attention. Please send these concerns in an SCOMM so that there is documentation and then the supervisor will contact you to discuss it further.
3. Hand out the differential letter and have staff sign the signature sheet stating it was received. I will need a list of those that did not attend the meeting so I can send it via SCOMM and have them respond with acknowledgement of receipt.
4. We will be transferring all the medications back to the Warren Pharmacy. Please work with the pharmacy and give them time to set things up. Bubble packets will be used.
5. Signs with your programs name will be put up outside to help assist in locating our homes for emergency personnel, delivery drivers and visitors.

6. MA/Medicare - Individual's will need to complete renewal paperwork every 6 months. This needs to be completed in a promptly so there is no lapse in coverage. If there is a lapse, the individual will lose benefits.
7. Ring cameras will be installed on the main entry door at each home.
8. Nursing meeting was held with Henrietta, Kristal, Kelsey and Cindy as Henrietta would like to start stepping back towards retirement. Gena will start to train with Henrietta and eventually take over as the lead nursing staff.
9. DHS Direct Care Support Grant – This will be dispersed in July. Kristal has entered all the increase of wages into payroll.
10. Kristal will be sending out a Parade Memo for the Marshall Co Parade with times and dates to decorate the float, riding the float, taking down the float and serving root beer floats on Crazy Dayz in Warren. This is to celebrate the 50th Anniversary of MCGH!

CN/CS

1. Staffing patterns will be reviewed due to the open bed at CS and there not being a need for 2 staff to always be on at CS. The overlap of 2 staff as well as 2 staff on the weekends at CN will be looked at and adjusted. Meetings with DCC's will be set up to review staffing patterns with your program supervisor and Kristal.
2. Please do not park on the cement that is for the Patio area. This needs to be used for the patio and we do not want vehicle spills and marks on it. There will be a line painted showing what is the patio area.
3. Do not park any vehicles in front of the garage doors or block the ramps. This makes it difficult for emergency personnel to get in when there is an emergency.

C. House concerns:

- Repairs – CN/CS decks have been stained and look very nice. Thank you to Molly Magnusson.
- Painting – All painting has been indoors on CN and CS.
- 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. Kristal will contact him to confirm his intentions of doing maintenance work.
- There are storage containers that were left in the garage on CS – The totes are from the Events Planning Committee (seasonal items) and will be stored in CS basement.
- Walls in CS Garage – LaBine Electric disconnected the wiring in the storage walls. Sentence-To-Serve will come on a day they are doing other work in the area.
- Northern Fire – Cindy to call Northern Fire again for two large brackets for the extinguishers in the garages. There are also two extinguishers that need to be checked yet (CS – in the storage closet and one in the CS basement).

Additional Program Information:

- Individuals that are on pureed diets may have puffed corn (Chester brand is recommended as they dissolve quickly). Each piece of puffed corn is to be cut in half and given to the individual one piece at a time to prevent choking.

- Case Notes – if you are checking off items on the individual's case note you are saying that you completed that task and are held responsible that it was completed.
- Reviewed UE and LE PROM Exercises – each staff member was given a copy of the exercises and it will also be added to the meeting minutes on STAR.
- Need to limit the number of times that the homes are eating out to 2x/month. Expense sheets for staff are increasing and some of our individual's do not have much spending money to be eating out often.
- Medication Errors - There are multiple med errors monthly. If you have 3 med errors within 6 months you will be mandated to meet with nursing to review the medication administration.
- Henrietta stated that Controlled Substances must be counted 3x/day every day; even if the person has gone home for the weekend. Every pill must be accounted for 3x daily.

D. CN Individual Reports:

- Dylan: DIET – REGULAR DIET- WEIGHT – 182.0 (-1.1)
Appts: 6/17 Annual checkup at Mayo Clinic; no changes.
Concerns: Staff put tv on at 630p every night for Wheel of Fortune
Outings: Had supper at Mainstreet Café, Supper at Paradiso, got a haircut and had lunch with his mom, played piano at NVHC, supper at the Roadside Grill in Stephen.
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: 155.7 (+0.4)
Appts: Was brought to the NVHC Emergency Room on 6/20 by her parents. Was having painful stomach issue and was then transported via ambulance to Altru Hospital. ER physician stated that she had an obstructed bowel that cleared itself on the way from Warren to Altru. Hailey was referred for a surgical consult to determine if surgery is needed. Hailey is now seeing Jade, Play Therapy every other Thursday. Her blood pressure is to be checked x2day.
Concerns: Encourage her to drink water and to get some exercise by walking outside. Remind her to clean up her area in the living room every evening. Staff are having difficulty getting a blood pressure reading – Henrietta recommended trying the blood pressure cuff lower on her arm.
Outings: Hailey is attending the EGF DAC Mon, Wed, Thurs now. She has Horse Therapy every Tuesday. Went out to eat at Mainstreet Café in Warren, went to Florian County Park, had supper and listened to music in the park, attended the LISTEN Dance and had supper at the Big Sioux Truckstop, rode the MCGH 50th Anniversary float in the Meet Your Neighbor Day Parade in Argyle and went to the Park River Bible Camp. Went home for Father's Day.
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: 189.7 (-2.2)
Appts: DEXA Scan on 6/2, no concerns noted; appt w/ Dr. Wu, Psychiatry on 6/3, medication for depression was increased; appt w/ Nicole Hylden, Cancer Center, no changes; appt on 6/20 w/ Dr. Maingi, Dermatology, no changes.
Concerns: Encourage her to make healthy food choices.
Outings: out to eat at Mainstreet Cafe, visited former housemate in Red Lake Falls, supper at Paradiso, visited her daughter in Grand Forks, visited her son in Crookston, supper at

Mainstreet Café and listened to music in the Warren Park, supper at the Big Sioux Truckstop and attended the LISTEN Dance, rode along with housemates to Park River Bible Camp and out for supper, went to the Warren Library and supper at the Roadside Grill in Stephen.

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 168.7 (-0.4)

Appts: Saw Jill Smith, NP on 6/13 for notable bruising and rashes – Zyrtec was increased. Appt w/ Rebecca Shulz, NP Dermatology on 7/2 – stated Vinette’s bruising and skin rashes are due to allergens in the environment. Ordered medicated cream be applied and Cetaphil lotion applied over that.

Concerns: Due to safety concerns, Vinette is asked not to take out the recycling (bins are located in the garage). When assisting Vinette to bed at night be sure to check that the air in her mattress is filling her bed – she was sleeping on it when it was deflated. Vinette has a bruise chart that all staff are to document any noted bruising on Vinette. A new bruise form will be started each month.

Outings: Had supper at the Mainstreet Café in Warren, went to see a former housemate in Red Lake Falls and ate at Paradiso in Grand Forks after the visit, ate again at Mainstreet Café and went to a music concert in the Warren Park, attended the LISTEN Dance and had supper at the Big Sioux Truckstop in Grand Forks, rode the MCGH 50th Anniversary parade float during the Meet Your Neighbor in Argyle, went to the Park River Bible Camp from a Sunday-Wednesday.

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: 168.6 (+207)

Appts: on 6/3, Gary had an OT evaluation and was measured for a new wheelchair, while he was at the ODC. The OT wrote a report that includes Gary doing exercises daily for his posture, upper extremities – reviewed during the meeting. This will be added to his Case Notes. Gary is having a massage x1/month with Carol Riley. Has an eye exam scheduled for July 29th – need to ask about his vision and if it is affecting his walking. **GARY HAS A MN HEALTHCARE DIRECTIVE STATING THAT HE DOES NOT WANT CPR. A red sign will be posted on his bedroom door that says DNR. Staff are NOT to start CPR if Gary is found unresponsive; call 911 and make sure he is comfortable.**

Concerns: Appears to be having a tough time walking with his walker – he is holding it quite far in front of his body, is having spasms and is stiffer. Hopefully his new exercises will help with this.

Outings: Gary’s family visited him at the home and at the ODC. He participated in the Meet Your Neighbor Day parade by riding on the MCGH 50th Anniversary float.

OT/PT Exercise Program: Has an exercise program that was provided by an OT following an

evaluation. This program is laminated and posted in his bedroom for staff to use.

- 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: 127.9 (+2.8)
Appts: Diane was diagnosed with having a UTI in June that was treated with an antibiotic. This may have contributed to her reluctance to take her medications and walk some days as she did not feel well. Is having a massage x1/month from Carol Riley.
Concerns: She does continue to have times that she is refusing to walk and/or take her medications. The DAC states that she is eating and drinking better there. Need to adhere to portion control sizes as she is continuing to gain weight which is making it harder for her to walk and move around. When pureeing roast beef add half a slice of bread as this will allow the roast beef to be pureed and not stringy.
Outings: Schedule outing on Tues, Fri, Sat or Sun each month for just Diane. Attended a picnic one evening at the EGF DAC, outing with staff to do some shopping and out to eat, had lunch at the Mainstreet Café in Warren, participated in the Meet Your Neighbor Day parade by riding on the MCGH 50th Anniversary float.
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: 97.4 (+2.1)
Appts: No appts in May. Rachel will contact NVHC to ask if Corrie can be seen by a dietician there – Sharon Stewart.
Concerns: His mother, Cheryl Penn, does not have permission from his guardian to visit him at Cedar South. Weight being done every Tuesdays weight as follows: 6/3 (95.3); 6/10 (96.8); 6/17 (98.4); 6/24 (96.6) His weight is still up and down throughout the month as of 7/1 he was 97.4. Must give him his ice cream & boost, but do not give it to him right after he eats, wait at least 45 mins. If given right after, he will throw up. 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 DAC picnic in East Grand Forks, went on an outing with staff in which they shopped and went out to eat, rode the MCGH 50th Anniversary parade float for Meet Your Neighbor Day celebration.
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, August 6th at 8:45am.

STAFF MEMBERS PRESENT:

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

Authorized By: Cindy Gratzek, Program Supervisor



Date: July 1, 2025

To: Marshall County Group Homes Direct Care Employees

From: Kristal Walen, CEO

Re: Differential Pay

Marshall County Group Homes, under the advisement of our accountants, has had to make a difficult decision and cut the differential pay effective with the August 22, 2025, Payroll (pay dates: 8/3/25-8/16/25). **All current differential pay will no longer be paid out starting 8/3/2025.**

This decision was not made easily. Currently with 2 open beds and the legislation proposing a cut to the daily rates for clients residing in the homes at a minimum of 4 percent, we are forced to make some financial decisions. As we are able to fill the beds, we will look at the possibility of bringing back differential pay again.

MCGH will pay the weekend differential of \$2/hour between the hours of Friday at 4p through Sunday at 9p.

Please contact me with any questions.

Your support and understanding are appreciated. Thank you all for everything you do for MCGH.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristal", followed by a long horizontal flourish.

Kristal Walen, CEO

cc: Angie Sobolik & Jay Friedt, Accountants with Dahl, Hatton, Muir & Reece, LTD.
Marshall County Group Homes, Inc. Board of Directors.



POLICY AND PROCEDURE ON EMERGENCIES

I. PURPOSE

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

II. POLICY

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

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

III. PROCEDURE

Defining emergencies

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

Preparing for emergencies

- A. To be prepared for emergencies, a staff person trained in first aid will be available on site in a community residential setting, and when required in a person's *Support Plan and/or Support Plan Addendum*, be able to provide cardiopulmonary resuscitation (CPR), whenever persons are present and staff are required to be at the site to provide direct services.
- B. Each community residential setting will have first aid supplies stored in the medication cupboard available for use by, and that meet the needs, of persons served and staff. The first aid kit will contain, at a minimum, bandages, sterile compresses, scissors, an ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape.
- C. Community residential setting facilities will have:
1. A floor plan available that identifies the locations of:
 - a. Fire extinguishers and audible or visual alarm systems
 - b. Exits, primary and secondary evacuation routes, and accessible egress routes, if any
 - c. An emergency shelter within the facility
 2. A site plan that identifies:
 - a. Designated assembly points outside the facility
 - b. Locations of fire hydrants



POLICY AND PROCEDURE ON EMERGENCIES

- c. Routes of fire department access
 3. An emergency escape plan for each resident.
 4. A floor plan that identifies the location of enclosed exit stairs for facilities that have three (3) or more dwelling units.
- D. Quarterly fire and severe weather drills will be conducted throughout the year on various days of the week and times of the day or night. Staff and persons served in the facility will not be notified prior to the drill, if possible, to ensure correct implementation of staff responsibilities for response. The manager or designee will be responsible for the initiation of the emergency drill and will record the date, day, and time of the drill in the emergency plan files.
- E. As part of the emergency plan file kept at the facility site, the following information will be maintained:
1. The log of quarterly fire and severe weather drills.
 2. The readily available emergency response plan.
 3. Emergency contact information for persons served at the facility including each person's representative, physician, and dentist.
 4. Information on the emergency shelter within the facility and the designated assembly points outside the facility.
 5. Emergency phone numbers that are posted in a prominent location.
- F. If persons served require the use of adaptive procedures or equipment to assist them with safe evacuation, staff will receive specific instruction on these procedures and equipment.

Responding to emergencies

- A. Staff will call "911" based upon the emergency situation as provided in each individual response procedure as stated below.
- B. **Fire**
1. Staff will respond immediately to all fire and smoke detector alarms or signs of fire by activating the alarms system.
 2. All persons will be evacuated from the building by staff and assembled at the established designated assembly point outside the facility.
 3. "911" will be immediately called from a neighbor's telephone or a cell phone in order to report the fire.
 4. Staff will contain the area of the fire, if feasible, by closing doors. If it is possible to put out the fire with a fire extinguisher, staff will attempt to do so.
 5. Staff will notify the manager or designee.
 6. Persons served and individuals will not reenter the program site until the police or fire department issue instructions that the area is safe.
 7. If the program site is not habitable and relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in Letter E of this **Responding to emergencies** section.
- C. **Severe weather conditions and natural disasters**
1. At the first sign of severe weather, including but not limited to high winds, heavy snow or rain, or extreme temperatures, staff will confirm the location and safety of all persons served.
 2. Staff will listen to the radio or watch television for current weather conditions.
 3. Upon hearing sirens or a take cover warning, staff will notify all persons that they need to seek shelter and will guide all persons to the designated safe area in the facility and will also bring a battery-operated radio or television set, first aid kit, and flashlight.
 4. If feasible, persons served but not scheduled for supervision will be called and warned.
 5. Staff will assist all persons in staying in the safe area until an all clear is issued through the radio or by other means.
 6. If an injury or damage occurs, staff will notify the manager or designee and follow directions given.
 7. If relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the



POLICY AND PROCEDURE ON EMERGENCIES

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

D. Power failure (electricity outage or gas leak)

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

E. Emergency evacuation, moving to an emergency shelter, and temporary closure or relocation of the program to another facility or service site for more than 24 hours

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

F. Other events that threaten the immediate health and safety of persons served and that require calling "911"

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



POLICY AND PROCEDURE ON EMERGENCIES

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

Reporting emergencies

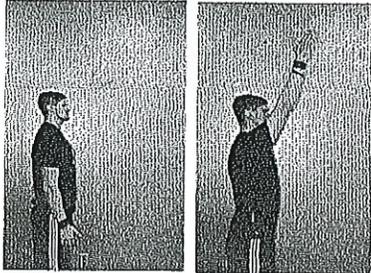
- A. Staff will immediately notify the manager that an incident or emergency has occurred and follow direction issued to them and will document the incident or emergency on an *Incident and Emergency Report* any related program or health documentation. Each *Incident and Emergency Report* will contain the required information as stated in the *Policy and Procedure on Reviewing Incidents and Emergencies*.
- B. If an incident resulted from the emergency situation, the manager will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless the company has reason to know that the incident has already been reported, or as otherwise directed in the person's *Support Plan* and/or *Support Plan Addendum*.
- C. When the incident or emergency involves more than person served, the company and staff will not disclose personally identifiable information about any other person served when making the report to each person and/or legal representative and case manager unless the company has the consent of the person and/or legal representative.
- D. If a serious injury or death were to occur as a result of the emergency situation, staff will follow the response and reporting procedures as stated in the *Policy and Procedures on Responding to and Reporting Incidents* and, if needed, the *Policy and Procedure on Death of a Person Served*.

2025 JULY CEDAR SOUTH SCHEDULE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1. 6a-6p-Rachel 8a-2p-Sara 3p-7p-Helen NO DAC 6p-8p-(AW)Gena 8p-8a-(AW)Gena	2. CS Pickup warren 3p 6a-6p-Rachel 3p-7p-Paige NO DAC 6p-8p-Amy 8p-8a-Amy	3. CS Pickup warren 3p 6a-6p-Rachel 3p-7p-Marilyn NO DAC 6p-8p-(AW)Laura 8p-8a-(AW)Laura	4. Carol on call 4th July 8a-6p-Sara 8a-8p-Amy 6p-8p-(AW) Gena 8p-8a-(AW) Gena	5. Carol on call Kristal Admin 8a-9p-Gena 10a-7p-Rachel 9p-9a-Gena	
6. Carol on call Kristal Admin	7. CS Pickup warren 3p	8. CS Pickup warren 3p Staff Mtg 6a-4p-Rachel 3p-7p-Paige 4p-8p-Amy 8p-8a-Amy	9. CS Pickup warren 3p Staff Mtg	10. CS Pickup warren 3p	11. Kim on call	12. Kim on call Kristal Admin
9a-4p-Laura 2p-8p-Paige 4p-8p-Amy 8p-8a-Amy	6a-6p-Sara 3p-7p-Marilyn 6p-8p-(AW)Jenn 8p-8a-(AW) Jenn	6a-7:30p-Rachel 8a-2p-(ASW)Sara 3p-7p-Helen 7:30p-8p-(AW)Amy 8p-7a-(AW)Amy	6a-4p-Rachel 3p-7p-Paige 4p-8p-Amy 8p-8a-Amy	6a-6p-Rachel 3p-7p-Amy 6p-8p-(AW)Amy 8p-6a-(AW)Amy	6a-8p-Sara 8a-5p-(ASW) Laura 5p-9p-Paige 9p-9a-Gena	9a-9p-Gena 10a-7p- 9p-9a-Gena
13. Kim on call Kristal Admin	14. CS Pickup warren 3p	15. 6a-6p-Rachel 8a-2p-(ASW)Sara 3p-7p-Helen 6p-8p-(AW)Amy 8p-7a-(AW)Amy	16. CS Pickup warren 3p	17. CS Pickup warren 3p	18. Rachel on call	19. Rachel on call Kristal Admin
9a-9p- 2p-8p-Paige 9p-8a-Liz	6a-6p-Amy 3p-7p- 6p-8p-(AW)Amy 8p-8a-(AW)Amy	6a-6p-Rachel 8a-2p-(ASW)Sara 3p-7p-Helen 6p-8p-(AW)Amy 8p-7a-(AW)Amy	6a-6p-Rachel 3p-7p-Paige 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-Gena 9p-9a-Gena	9a-9p-Gena 10a-7p-Amy 9p-9a-Gena
20. Rachel on call Kristal Admin	21. CS Pickup warren 3p	22. 6a-6p-Rachel 8a-2p-Sara 3p-7p-Helen 6p-8p-Angela 8p-8a-Angela	23. CS Pickup warren 3p	24. CS Pickup warren 3p	25. Amy on call	26. Amy on call Kristal Admin
9a-4p- 2p-8p-Paige 4p-8p-Amy 8p-8a-Amy	6a-6p-Sara 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-(RL) 3p-7p-Paige 6p-8p-Amy 8p-8a-Amy	6a-6p-(RL)Amy 3p-7p-Marilyn 6p-8p-Angela 8p-8a-Angela	7a-8p-Sara 8a-5p-Amy 5p-9p-Gena 9p-9a-Gena	9a-9p-Gena 10a-7p-Amy 9p-9a-Gena
27. Amy on call Kristal Admin	28. CS Pickup warren 3p	29. 6a-6p-Rachel 8a-2p-Sara 3p-7p-Helen 6p-8p-Angela 8p-8a-Angela	30.	31.		
9a-9p- 2p-8p-Paige 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-Paige 6p-8p-Amy 8p-8a-Amy	6a-6p-Rachel 3p-7p-Marilyn 6p-8p-Angela 8p-8a-Angela		

2025 JULY CEDAR NORTH

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Only SO home 8-130p	Only SO home 8-130p	Only SO home 8-130p	Only SO home 8-130p	All Clients Home	
	1.	2.	3.	4. Carol on call DN Meals/Coupons	5. Carol on call Admin-	
	6a-4p-Margaret 9a-8p-Carol (SO appt/outing) SO Drs appt	8a-3p-Carol 9a-8p-Kim Pick up campers CU-KK	6a-3p Carol 1p-8p-Kim	8a-6p-Carol 6p-9p-Sara	9a-9p-Carol 10a-6p-Lori (Outing)	
	8.	9. STAFF MEETING	10.	11. Kim on call DN Meals/Coupons	12. Kim on call Admin-	
6. Carol on call Admin-	7.	8.	9.	10.	11.	12.
8a-4p-Sara 4p-8p-Jenn	6a-2p-Margaret 12p-8p-Kim	6a-4p-Margaret 11a-8p-Carol (SO appt/outing)	6a-3p-Carol 12p-8p-Kim	6a-3:30p-Carol 1p-3:30p-(KK) 3:30p-8p-(KK) Janelle	6a-1p(CU) Margaret 1p-3p-(CU) Marilyn 8a-8p-Kim 3p-8p-Marilyn	9a-9p-Sara 9a-6p-Kim
8p-8a-Jenn	8p-8a-Joy	8p-8a-Joy	8p-8a-Jenn	8p-8a-Joy	8p-9a Sara	9p-9a-Sara
13. Kim on call Admin-	14.	15.	16.	17.	18. Rachel on call DN Meals/Coupons	19. Rachel on call Admin -
9a-4p-Sara 4p-8p-Jenn	6a-2p-Margaret 12p-8p-Kim	6a-4p-Margaret 9a-2p-(CU)-KK (SO appt) 4p-8p-(CU)-Lori 8p-8a-Joy	6a-3p-(CU) Sara 12p-8p-Kim	6a-3p-Carol 3p-8p-(KK)-Lori	6a-3p-Carol 8a-8p-Kim 3p-8p-Marilyn	9a-9p-Sara 9a-6p- 9a-6p-
8p-8a-Jenn	8p-8a-Joy	8p-8a-Joy	8p-8a-Jenn	8p-8a-Joy	8p-9a-Sara	9p-9a-Sara
20. Rachel on call Admin -	21.	22.	23.	24.	25. Amy on call DN Meals/Coupons	26. Amy on call Admin-
8a-4p-Sara 4p-8p-Jenn	6a-2p-Margaret 12p-8p-Kim	6a-4p-Margaret 11a-8p-Carol (SO appt/outing)	6a-3p-Carol 12p-8p-Kim 3p-?-Marilyn to help with fair parade 8p-8a Jenn	6a-3p-Carol 1p-8p-Kim	6a-3p-Carol 8a-3p-(KK) Margaret 3p-8p-(KK)-Lori 8p-9a-Sara	9a-9p-Sara 9a-6p- 9p-9a-Sara
8p-8a-Jenn	8p-8a-Joy	8p-8a-Joy	8p-8a-Jenn	8p-9a-Joy	8p-9a-Sara	9p-9a-Sara
27. Amy on call Admin-	28.	29.	30.	31.		
9a-4p-Sara 4p-8p-Jenn	6a-2p-Margaret 12p-8p-Kim	6a-4p-Margaret 11a-8p-Carol (SO appt/outing)	6a-3p-Carol 12p-8p-Kim	6a-3p-Carol 1p-8p-Kim		
8p-8a-Jenn	8p-8a-Joy	8p-8a-Joy	8p-8a-Jenn	8p-8a-Joy		



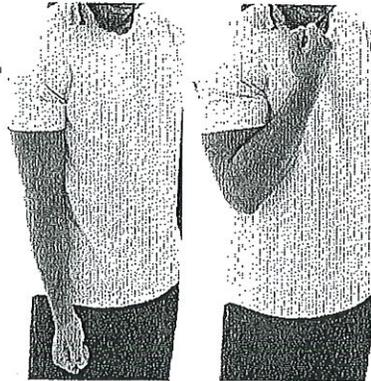
Shoulder flexion

1. Place your back against a wall.
2. Raise your arm up in front of you with your thumbs pointing up.

Things to Remember

- Make sure to keep your back against the wall.
- Do not let your shoulder hike to your ear.
- keep your arm in front of your body, not out to the side.

Repeat 10 Times
 Hold 2 Seconds
 Complete 3 Sets
 Perform 2 Times a Day

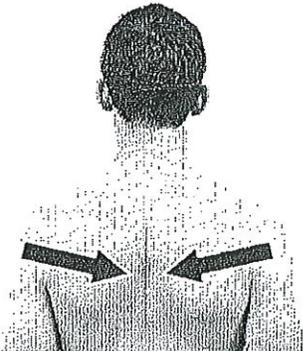


ELBOW FLEXION EXTENSION

Start with your arm at your side. Bend at your elbow to raise your forearm/hand upwards as shown. Then return to starting position and repeat.

Video # XVDXMBZEP

Repeat 10 times
 Hold 1 Second
 Complete 1 Set
 Perform 1 Times a Day - 2 times



SCAPULAR RETRACTIONS

Move your shoulder blades back and down.
Hold, relax and repeat.

Repeat 10 times
 Hold 1 Second
 Complete 1 Set
 Perform 1 Times a Day - 2 times

* staff may have to pull shoulders back to get this position

Lower Extremity Passive Range of Motion

Purpose

The following range of motion exercises help maintain flexibility and reduce stiffness in your legs. Your therapist may recommend range of motion exercises when you are unable to easily move your legs on your own due to weakness or illness.

General instructions

- Lay on your back.
- Complete exercise once or twice per day with help from caregiver.
- Exercises should be pain free.
- With passive exercise, you should relax your leg and caregiver will complete the required movement. In some cases, therapist may direct you to assist the caregiver with each movement as able.
- Caregiver should keep limb supported throughout entire movement.
- Caregiver should move limb gently and slowly until resistance is felt. **Do not** force movement.
- Caregiver should be in a comfortable position to support back and prevent injury to self.

1. Ankle dorsiflexion and plantarflexion



Foot up (dorsiflexion)



Foot down (plantarflexion)

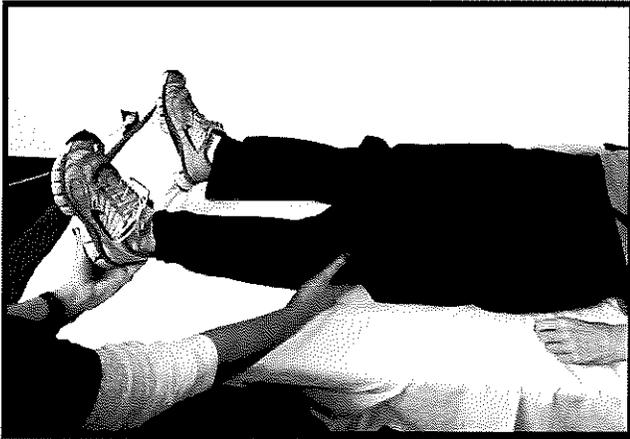
Instructions

Cradle the foot by placing one hand under the heel and one hand around the ball of the foot. Move the ankle up toward the head and down toward the foot of the bed. Do not allow the heel to drag on the surface of the bed.

Repeat _____ times on each leg.

Continued

2. Knee flexion and extension



Knee straight (extension)



Knee bent (flexion)

Instructions

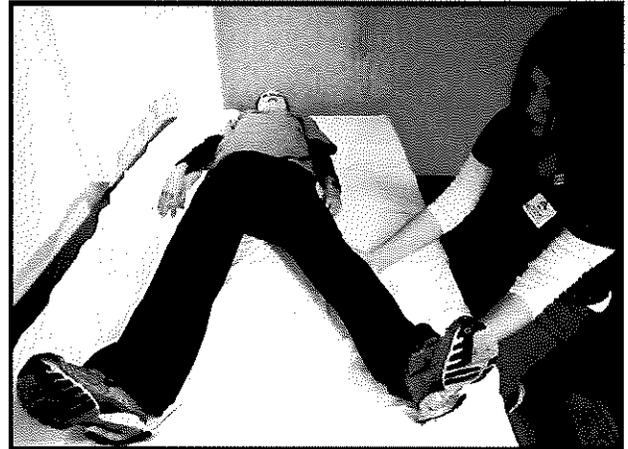
Cradle the leg by placing one hand under the knee and one hand under heel of foot. Bend knee to bring heel of foot toward buttocks. Lower the leg to start position. Do not allow leg to fall out to the side. Do not allow heel to drag on surface of bed.

Repeat _____ times on each leg, direction.

3. Hip abduction and adduction



Leg next to other leg (adduction)



Leg out to side (abduction)

Instructions

Cradle the leg by placing one hand under the knee and one hand under the heel of the foot. Knee should remain straight. Move leg along surface of bed away from other leg and then back to starting position. Do not allow heel to drag on the surface of bed.

Repeat _____ times on each leg.

Continued

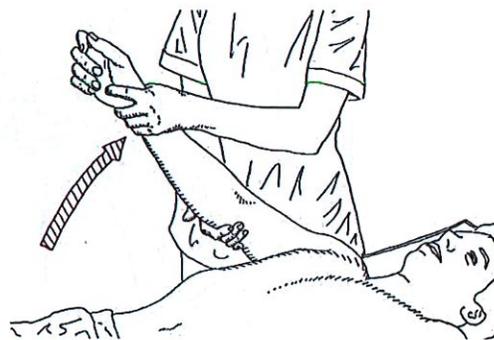
Upper Extremity Passive Range of Motion (PROM)

Repeat stretches ___ times and hold for ___ seconds.

*If you have any questions or concerns, please call your Occupational Therapist at _____.

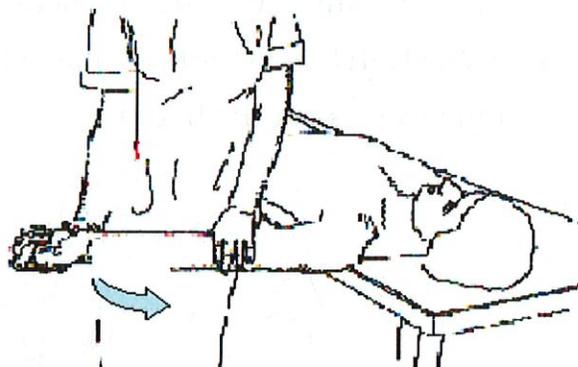
Shoulder Flexion (0-180°):

- Always make sure the person's **thumb is up** (as if they are hitchhiking)
- Caregiver should be on the same side as arm being stretched
- Continue stretching slowly until feel some slight resistance at the shoulder > hold this stretch for several seconds
- Ask the person if this feels ok (be aware of any pain behavior)



Shoulder Abduction = away from the side of the body (0-180 degrees):

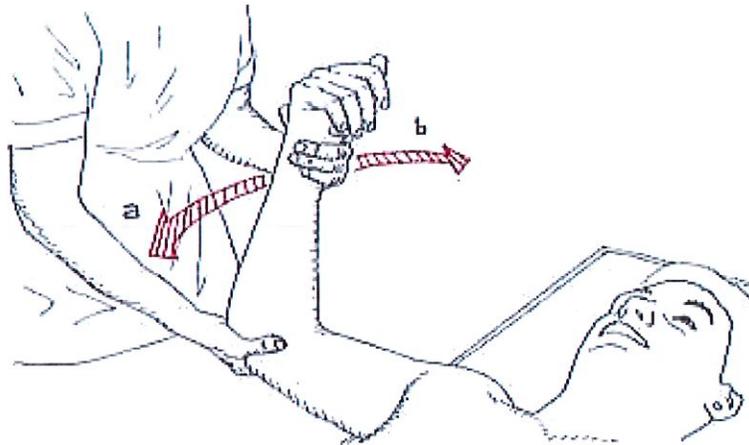
- **Only** complete in lying
- Keep wrist (neutral) & elbow straight with **thumb up** (pointing towards the person's head)
- The person's arm is moved from their side sideways up towards their ear (like when a person engages in jumping jacks)
- Continue stretching slowly until you feel some resistance at the shoulder



Forearm

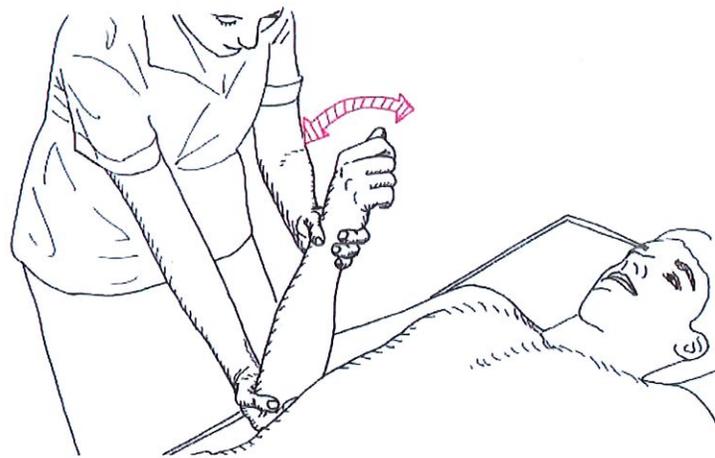
- **Only** complete in lying
- Keep the wrist straight (with thumb up)

If the person could do it actively, it would be the movement of putting their palm on their lower back (internal rotation) and putting their palm on the back of their neck (external rotation)



Elbow Flexion/Extension (0-150°)

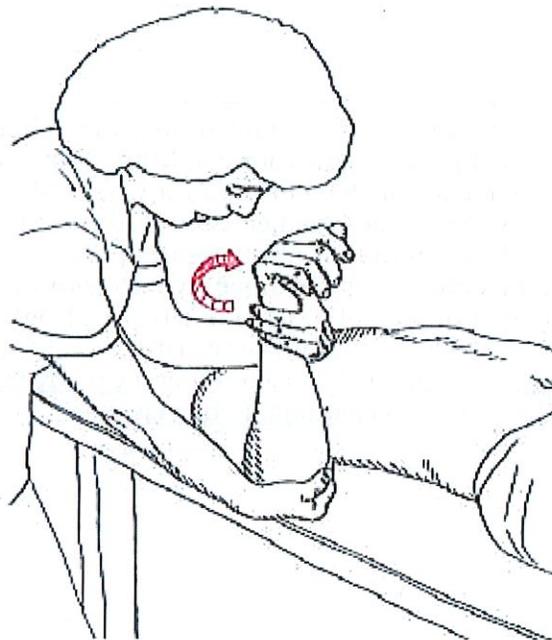
- Can be completed with the person in sitting or lying
- This stretch is essentially like a biceps curl (with thumb pointing out/away from the body)



Supination/Pronation (0-80°)

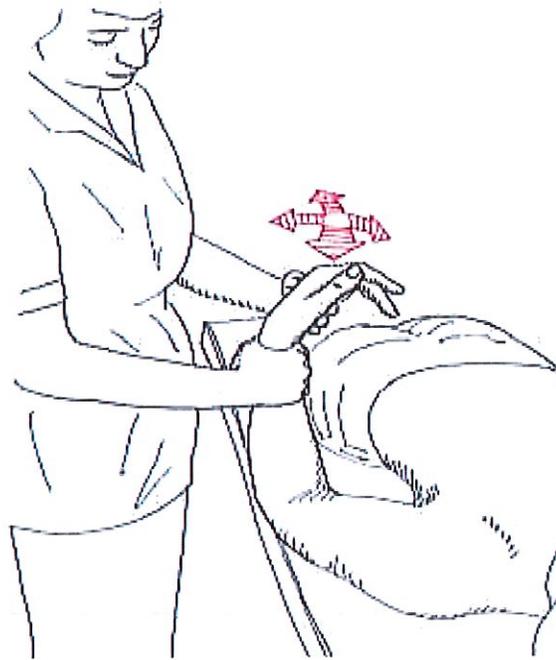
- Supination is the movement of the forearm so the palm is up > thumb pointing **away** from the body. Think of holding a bowl of soup with palm up
- Pronation is the movement of the forearm so the palm is down > thumb pointing **towards** the body.
- Make sure to rotate the arm from the wrist/lower arm and hold the elbow stable

**In a person with ROM limitations, supination may be restricted/limited (be aware that you may only be able to move the person's wrist to a neutral position (thumb pointing up like when giving the "thumbs up" sign



Wrist Flexion/Extension (0-80°)

- Can be completed in sitting or lying
- Gently bend the wrist towards the inside of the arm (flexion) and bend the wrist towards the back of the arm (extension)



Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Author: Handout created by Heidi Haldemann, OT (Reg.) Ont. October 2006

Reviewer: Leslie Pierce DPT

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