

Marshall County Group Homes, Inc.

SERVICE PLAN REVIEW MEETING AND ATTENDANCE NOTES

Name: **Charlotte Trower**

Service plan review meeting date: **Sept 24, 2025**

Time: **10:30 AM**

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

Location of meeting: **Charlotte's home**

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:

Charlotte currently has no unmet technology needs. Charlotte can independently use her cell phone to communicate with who she needs to. Charlotte has a life alert that she wears. Charlotte has hearing aids in both ears and wears prescription eyeglasses. Charlotte is currently using a safe dose medication machine to assist in administering her medications to take at the correct time.

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

Charlotte has been working on setting up her medications independently often prior to when staff arrive. She occasionally needs reminders to stay on task when she must set them up during contact times as there are distractions. Charlotte required some reminders for most trials over the last year's review period. Charlotte has said she would like to continue working on this goal as it is important to her.

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

List of all attendees and dates were updated on forms.

Discussion regarding person-centered program planning:

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

Charlotte lives independently with a roommate and can choose what skills and strengths she would like to pursue. Charlotte is a good advocate for her own independence, occasionally requiring some support from her team. Charlotte has a job in the community and has been able to adapt to what they need her to do while she works there.

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

Charlotte lives independently in a community that she is familiar with. Charlotte knows many people in the community and has access to information regarding events going on she would be interested in. Charlotte participates in activities coordinated by MCGH when she is interested in them. Charlotte knows how to use the public transportation in her community when needed.

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

Charlotte lives independently in the community with a roommate. Charlotte is able to attend activities in the community with persons she chooses. Charlotte is an active member in her church. Charlotte is able to attend activities with peers coordinated by MCGH. Charlotte knows how to use the public transportation in her community when needed.

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

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Charlotte currently has a job in the community with minimal employment services in place for support as needed.

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:**

Charlotte currently lives independently in the community with a roommate.

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:**

Charlotte currently has a job in the community with employment services in place for support. Charlotte has transportation services set up for her in getting to and from work.

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

No additional needs currently.

Other meeting discussion notes:

Employment: Charlotte is currently employed with Dollar General in Warren and scheduled to work Monday's from 8am-11am. Charlotte stated she feels that everything is going "ok" at work, however the ODC was notified that Charlotte's productivity has decreased and easily distracted and gets away from task at hand and the manager would like her to have a job coach present from 8-11 with her. Charlotte's advocate from the ODC expressed that she does not feel this is accurate information as when she has been at Charlotte's work, she is doing what is needed in a timely manner. Charlotte is supposed to be able to sit to take a break if needed, however this has been declined by the manager, and she must stand while at the register. Charlotte is feeling frustrated and that her job may be in jeopardy. Charlotte's ODC advocate is going to talk with the manager at her job and try to come to a solution that is best for Charlotte in being able to do her job duties. Charlotte stated interest in wanting to check to in to see if the local grocery store in warren is hiring. Charlotte's advocate at the ODC needs a seizure protocol signed by the Doctor even though it has been years since she last had a seizure, Charlotte will get this signed at her appointment on 9/25/25 with her provider.

IHS: Charlotte's goal was reviewed, to which she will fill her medications in her machine accurately and staff will check them when complete. Charlotte gets easily distracted and needs verbal prompts at times to stay on task. Charlotte knows her medications and what each one is taken for. Charlotte signed her annual consent papers at this meeting. The team reviewed Charlotte's medical appointments. Charlotte had her eyes checked on 9/23/25 and no changes noted, New patient visit with Nicole Steine at NVHC as her previous PCP is no longer at NVHC, she has a pre-op appointment coming up in end of November for Botox injections for bladder in December, Colonoscopy is scheduled for December 18th and had dietician and diabetes educator appointment in November. Charlotte received the flu and covid vaccinations at the local pharmacy. October 1st Charlotte will have her mammogram at NVHC. A volunteer driver from MCSS will take Charlotte to the cemetery in Grygla 1x a year instead of IHS.

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Staff are assisting with transportation to Grand Forks or Thief River Falls for grocery shopping for their household no more than twice a month, to be coordinated with a medical appointment as much as possible. 1:2 ratio to be used for these planned supports if housemate goes along. Charlotte would like a informal goal of shaving on Sunday's and staff checking when they come on Mondays to make sure it is completed. It was noted by staff and case worker that the home is becoming more cluttered/unorganized again so with IHS Charlotte and housemate need to work on this time allotting to do so with staff as well as utilizing time when at home alone.

Misc: Charlotte and housemate acquired a different grill and would like to use it; however they have an abundance number of bees outside with a nest somewhere and housing will need to take care of this.

Action Items:

- Charlotte will get seizure protocol form signed at dr appt and turned into the ODC
- Have bees taken care of by housing personnel.

Next Team meeting was not scheduled at this time.

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* By signing below, I am indicating the completion and approval of Coordinated Service and Support Plan Addendum, Self-Management assessment, and Individual Abuse Prevention Plan.

SIGNATURE PAGE

SIGNATURES	Title /Agency	DATE
Person served: <i>Charlotte Traverser</i>		Date: <i>9-24-25</i>
Legal representative:		Date:
Case manager: <i>Katie Benson</i>	<i>Case manager</i>	Date: <i>9-24-25</i>
RPC MCGH: <i>Janelle Fick</i>	<i>MCGH, PS</i>	Date: <i>9/24/25</i>
CC MCGH:		Date:
ODC Lead HTC Instructor: <i>Jenna Stevens</i>	<i>Program Services Director ODC</i>	Date: <i>9/24/25</i>
Nurse:		Date:
Other support team member:		Date:
Other support team member:		Date:
Other support team member:		Date:
Other support team member:		Date:

Medications

Current Medications

Please review your medications, and verify that the list is up to date.

nitrofurantoin (macrocrystal-monohydrate) 100 MG capsule

Commonly known as: MACROBID

Take 1 Capsule by mouth 2 times daily for 5 days. Indications: Simple Infection of the Urinary Tract

Prescription Details

Prescribed September 5, 2025

Approved by NICOLE STEIEN

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 10 Capsules

Day supply 5

ALPRAZolam 0.5 MG tablet

Commonly known as: XANAX

Take 1 Tablet by mouth 2 times daily as needed for Anxiety. Indications: Feeling Anxious

Prescription Details

Prescribed August 26, 2025

Approved by NICOLE STEIEN

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 20 Tablets

Day supply 10

Dilantin 100 MG ER capsule



Generic name: phenytoin

TAKE 3 CAPSULES BY MOUTH TWICE A DAY FOR SEIZURES

Prescription Details

Prescribed July 7, 2025

Approved by MICHELLE M WOINAROWICZ

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 180 Capsules

atorvastatin 20 MG tablet



Commonly known as: LIPITOR

TAKE ONE TABLET BY MOUTH AT BEDTIME For CHOLESTEROL

Prescription Details

Prescribed July 7, 2025

Approved by MICHELLE M WOINAROWICZ

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 30 Tablets

cetirizine 10 MG tablet



Commonly known as: ZYRTEC

TAKE ONE TABLET BY MOUTH DAILY For ALLERGY Indications: Hayfever

Prescription Details

Prescribed June 3, 2025

Approved by MICHELLE M WOINAROWICZ

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 30 Tablets

Blood Glucose Monitoring Suppl (CONTOUR NEXT EZ) w/Device KIT

USE WHEN TESTING BLOOD SUGARS

You have another medication with the same name.



Prescription Details

Prescribed June 3, 2025

Approved by MICHELLE M WOINAROWICZ

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 1 Kit

Miconazole Nitrate-Wipes (MONISTAT 3 COMBINATION PACK) 200-2 MG- % KIT

Place 1 Each vaginally daily for 3 days.

Prescription Details

Prescribed May 31, 2025

Approved by SHANE SKEIM

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 1 Kit

ibuprofen 800 MG tablet



Commonly known as: ADVIL;MOTRIN

TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN/FEVER

You have another medication with the same name.



Prescription Details

Prescribed May 13, 2025

Approved by MICHELLE M WOINAROWICZ

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 60 Tablets

Contour Next Test strip

Generic name: glucose blood VI test strips

1 EA XX FOUR TIMES DAILY For DIABETES MELLITUS Choose any brand that pt needs

Prescription Details

Prescribed May 6, 2025

Approved by MICHELLE M WOINAROWICZ

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 50 Strips

metFORMIN ER 500 MG XR tablet

Commonly known as: GLUCOPHAGE-XR

Take 2 Tablets by mouth daily (with breakfast). Indications: Type 2 Diabetes

Prescription Details

Prescribed May 5, 2025

Approved by MICHELLE M WOINAROWICZ

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 60 Tablets

Day supply 30

Banophen 25 MG capsule

Generic name: diphenhydRAMINE



TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED For SLEEP

Prescription Details

Prescribed May 5, 2025

Approved by MICHELLE M WOINAROWICZ

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 30 Capsules

albuteroL 108 (90 Base) MCG/ACT inhaler

Commonly known as: Ventolin HFA



Inhale 1 Puff into the lungs every 6 hours as needed for Wheezing.

Prescription Details

Prescribed March 8, 2025

Approved by NICOLE STEIEN

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 18 g

ipratropium-albuteroL 0.5-2.5 (3) MG/3ML Soln nebulizer solution

Commonly known as: DUONEB

Take 3 mL by nebulization 3 times daily. Indications: cough

Prescription Details

Prescribed March 8, 2025

Approved by NICOLE STEIEN

Renewal Details

Quantity 30 Each

Day supply 10

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

guaifENesin 100 MG/5ML liquid

Commonly known as: ROBITUSSIN

Take 10 mL by mouth 3 times daily as needed for Cough. Indications: Cough

Prescription Details

Prescribed March 6, 2025

Approved by MICHELLE M WOINAROWICZ

benzonatate 100 MG capsule

Commonly known as: TESSALON

Take 1 Capsule by mouth 3 times daily as needed for Cough.

Prescription Details

Prescribed March 6, 2025

Approved by MICHELLE M WOINAROWICZ

Renewal Details

Quantity 20 Capsules

Day supply 7

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481



aspirin 81 MG EC tablet

Commonly known as: ECOTRIN

TAKE ONE TABLET BY MOUTH DAILY

Prescription Details

Prescribed December 31, 2024

Approved by MICHELLE M WOINAROWICZ

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 30 Tablets

Day supply 30

Multiple Vitamin (DAILY-VITE) TABS



TAKE ONE TABLET BY MOUTH DAILY For Supplement

Prescription Details

Prescribed December 2, 2024

Approved by MICHELLE M WOINAROWICZ

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 30 Tablets

calcium carb-cholecalciferol 600-10 MG-MCG per tablet



Commonly known as: Calcium 600+D3

Take 1 Tablet by mouth 2 times daily.

Prescription Details

Prescribed November 20, 2024

Approved by MICHELLE M WOINAROWICZ

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 180 Tablets

Day supply 90

oxybutynin 15 MG CR tablet

Commonly known as: DITROPAN XL

Take 1 Tablet by mouth daily.

Prescription Details

Prescribed October 8, 2024

Approved by MICHELLE M WOINAROWICZ

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 30 Tablets

Day supply 30

imipramine 50 MG tablet

Commonly known as: TOFRANIL

Take 1 Tablet by mouth nightly. For enuresis

Prescription Details

Prescribed October 8, 2024

Approved by MICHELLE M WOINAROWICZ

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 30 Tablets

Day supply 30



ibuprofen 200 MG tablet

Commonly known as: ADVIL;MOTRIN



Take 1 Tablet by mouth every 6 hours as needed for Moderate Pain 4-6 for up to 30 days.

You have another medication with the same name.



Prescription Details

Prescribed April 17, 2023

Approved by BETHANY KNOX

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 180 Tablets

Day supply 45

Blood Glucose Monitoring Suppl DEVI

1 Each by Does not apply route daily for 1 day.

You have another medication with the same name.



Prescription Details

Prescribed March 3, 2022

Approved by MICHELLE M WOINAROWICZ

Pharmacy Details

Warren Pharmacy - Warren, MN - 103 W. Johnson Ave.

103 W. Johnson Ave., Warren MN 56762

218-745-5481

Renewal Details

Quantity 1 Each

Day supply 1

Personal Notes About My Medications

Notes entered here will not be viewable by your doctor.

