

CEDAR NORTH/CEDAR SOUTH STAFF MEETING SUMMARY

Subject: CN/CS Staff Meeting

Date: March 4th, 2026

Time: 8:45a-11:00a

Inservice's:

- ❖ **Safety/Health Review:** Check winter attire for all individuals (hat, coat, mittens, boots). Make sure the ice melt buckets are full.
- ❖ **Emergency Procedures:**
 - CN-Joy Health Emergency
 - CS-Sara Health Emergency
- ❖ **Nursing Inservice:** None for this month
- ❖ **Program Policies (assigned in STAR):** Anti-Fraud Prevention
- ❖ **Review:** Grievances, Emergencies Policy, Death Policy, Responding and Reporting Incidents, Reviewing Incidents and Emergencies and Minor Injury/Accident Report Forms

Meeting Review: Staff Check your personal boxes as stuff is getting missed that is being placed in there.

Staff please do not charge at grocery stores unless okay by the DCC or DCA as there are plenty of items at the homes to make and use up. If want to make something special and the home does not have all ingredients let DDC know or DCA know.

Maintenance – any house concerns?

CN Individual Reports:

- **Dylan:** DIET – REGULAR DIET- WEIGHT – 187.2 (+.8)
Appts: Follow up with Jeremy Houser on the 25th.-physical and everything looks good.

Concerns: outbreak of acne make sure putting on acne treatment

Outings: On the 9th Dylan went for a haircut and lunch with his mom, went home on the 14th for a long weekend, played piano and NVHC. Dylan went to the Dell for supper and attended bible study.

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 DET – WEIGHT – 164.2.1 (+4.2)

Appts: None

Concerns: Hailey sometimes wants seconds for supper time, watch food intake as she has

gone up in weight, also watch snack portions at nighttime. Reminders to keep area in living room clean and plug in ipad at night so it can fully charge for the next day.

Outings: Hailey went to Grand Forks to listen center dance and out to eat at the truck stop, attended a movie, KFC to eat, got a haircut and went to her sister's place for a birthday weekend to which she attended a hockey game. Hailey attended bible study and went to the Argyle Legion.

Notes: use the exercise bike 2x a day for 5 minutes (not vigorously), Please no snack if gets late at night, can have if 7-7:30 but preferably no later and watch portion control of this.

OT/PT Exercise Program: Encourage Hailey to get up and walk/exercise every hour when she is at home.

- o 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: 189.5. (+1.7)**

Appts: Sandra had her mammography at Sanford, went to eye appointment and dentist in TRF.

Concerns: Reminders to use the Nu-Step, monitor food intake and assist in her making good food choices. Sandra would like afternoon snacks instead of nighttime. Staff be aware that **Sandra gave money for birthdays to staff for their kids, please DO NOT accept money from Sandra or any consumer for any reason.**

Outings: Continues to work at the lumber yard, cleans the MCGH office. Sandra went to visit her son in Crookston at McDonalds. Sandra went to the rodeo in Grand Forks and Texas roadhouse prior to eat. Sandra has attended the Listen Center dances, out to eat at KFC and the truck stop in Grand Forks. Sandra went to get a haircut and attended bible study, the dell and American Legion. Sandra has attended church services.

Notes:

Exercise: Sandra is encouraged to exercise daily on her own, choosing what she wants to do for exercise.

- o Outcome: 1. To be more involved in community events – engage in St. Rose Church activities (serving funerals, be a greeter, work at the Fall Bazaar)

- **Vinette: DIET – PUREED FOODS, HONEY-THICK LIQUIDS, 1/2C PORTIONS -WEIGHT 172.7 (+.3)**

Appts: none

Concerns: Staff watch MARS for her creams as they can change, also do not let her use the new vacuum cleaner. Left lower leg has been picking and scratching, does have history of self abuse.

Outings: Vinette attended Listen Center in Grand Forks for dances, out to eat at KFC, the truck stop and Farmer Dell. Vinette attended bible study and went to the American Legion in Argyle.

Notes:

OT/PT Exercise Program: Neck massage daily, exercise program BID, exercise bike, walking program daily w/ counting wooden pieces to track; finger board (located on living room wall) once a day.

- 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: 170.9 (+2.9)

Appts: none

Concerns: Still watching Gary's weight with portion control for meals/snacks. Gary has gotten better with staff when using his walker to ambulate but still walks with pushing the walker farther away from him and staff needs to redirect him when doing this he has been declining wanting to use the walker to ambulate. Wondering is something bothering him such as pain? Have Gary see Alayne Brekke, PA at NVHC to see if possible PT or OT is needed?

Outings: Attends ODC 5x a week currently, did miss a day due to bad weather this past month

Notes: Push more water out though the day and have him sit either before meals or after meals on the toilet and he needs to sit longer to have a BM. Gary sent flowers to his mom and sister for valentines. Gary received phone calls from his sister 3x and his brother 2x along with 2 visits at the home this past month. Please make sure Gary is coloring (activity) before supper.

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 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: 129.2(+2.9 oz)

Appts: zoom with Allison on 2/3 her psychologist, she will be done and Diane will see a new provider.

Concerns: Still watching weight and doing portion control, when toileting she needs to set for at least 20 mins. Diane needs to complete her activities; she is very stubborn to where she will

not do any activities, however she has gotten better at wanting to do activities. Please watch when Diane eats as she can “pocket” food in her mouth eating too fast.

Outings: Attends DAC 3x a week in EGF. Diane went to the Dell and Pizza Ranch as well as to the mall to look at animals in Grand Forks.

Notes: Diane needs to sit at least 20 minutes when toileting to have a BM, also push more water drinking with her.

Schedule outings for Tues, Fri, Sat or Sun each month for Diane 1:1

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: 99.9 (+.6)

Appts: On 2/16 Corrie was seen by Wyatt at Altru Ortho and Prost. For his swash brace. Corrie’s semiannual meeting was on 2/25 at the group home.

Concerns: Corrie’s weight is still a concern, continues with weekly weight checks for him. When walking him with the swash brace you ALWAYS need 2 staff with this. Please make sure he gets ice cream in his ensure/boost. He will eat some foods (meats ect.) minced better than if it is not. Needs to eat BEFORE he gets his ensure/boost or he won’t eat and/or would throw up.

Outings: McDonalds in EGF, outing to Pizza ranch and went to mall to look at animals.

Notes: Please push more water throughout the day
Schedule outing each month just for Corrie

Exercise Program: Ambulate 2-3x a day for 30 ft with a gait belt and two staff-Use Swash Brace for this.

- Outcomes: 1. Corrie will spend time in the community, x1/month, watching community members engaged in activities (walking, shopping, playing, visiting, etc)

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

The next monthly staff meeting will be held Wednesday, April 1st, 2026 at 8:45am.

STAFF MEMBERS PRESENT:

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



POLICY AND PROCEDURE ON GRIEVANCES

I. PURPOSE

The purpose of this policy is to promote service recipient right by providing persons served and/or legal representatives with a simple process to address complaints or grievances.

II. POLICY

Each person served and/or legal representative will be encouraged and assisted in continuously sharing ideas and expressing concerns in informal discussions with management staff and in support team meetings. Each concern or grievance will be addressed and attempts will be made to reach a fair resolution in a reasonable manner. Should a person and/or legal representative feel an issue or complaint has not or cannot be resolved through informal discussion, they should file a formal grievance. Staff and persons served and/or legal representatives will receive training regarding the informal and formal grievance procedure. This policy will be provided, orally and in writing, to all persons served and/or legal representatives. If a person served and/or legal representative feel that their formal complaint has not or cannot be resolved by other staff, they may bring their complaint to the highest level of authority in the program, the 1x1, who may be reached at the following:

Name: Kristal Walen, CEO

Address: 805 Pacific Ave, PO Box D Argyle MN 56713

Telephone Number: 218-437-6695

The company will ensure that during the service initiation process that there is orientation for the person served and/or legal representative to the company's policy on addressing grievances. Throughout the grievance procedure, interpretation in languages other than English and/or with alternative communication modes may be necessary and will be provided upon request. If desired, assistance from an outside agency (i.e. ARC, MN Office of the Ombudsman, local county social service agency) may be sought to assist with the grievance.

Persons served and/or legal representatives may file a grievance without threat or fear of reprisals, discharge, or the loss of future provision of appropriate services and supports.

III. PROCEDURE

- A. All complaints affecting a person's health and safety will be responded to immediately by the manager.
- B. Direct support staff will immediately inform the manager of any grievances and will follow this policy and procedure. If at any time, staff assistance is requested in the complaint process, it will be provided. Additional information on outside agencies that also can provide assistance to the person served and/or legal representative are listed at the end of this procedure.
- C. If for any reason a person served and/or legal representative chooses to use the formal grievance process, they will then notify in writing or discuss the formal grievance with the manager will initially respond in writing within 14 calendar days of receipt of the complaint.
- D. If the person served and/or legal representative is not satisfied with the manager response, they will then notify in writing or discuss the formal grievance with the 1x1, who will then respond within 14 calendar days.
- E. All complaints must and will be resolved within 30 calendar days of receipt of the complaint. If this is not possible, the 1x1 will document the reason for the delay and the plan for resolution.
- F. If the person served and/or legal representative believe their rights have been violated, they retain the option of contacting the county's Adult or Child Protection Services or the Department of Human Services. In addition, persons may contact advocacy agencies (listed at the end of this policy) and state they would like to file a formal grievance regarding their services, provider company, etc.



POLICY AND PROCEDURE ON GRIEVANCES

MN Area on Aging:

Please select the specific row (below) for applicable telephone number or address based upon your location

	MN Area on Aging	Telephone Numbers	Address and Email Address: http://mn4a.org/aaas/
1.	Arrowhead Area Agency on Aging	Main: 218-722-5545 Toll Free: 1-800-232-0707 Fax: 218-529-7592	221 West 1st Street Duluth, Minnesota 55802 Serves: Aitkin, Carlton, Cook, Itasca, Koochiching, Lake & St. Louis counties.
2.	Central MN Council on Aging	Main: 320-253-9349 Fax: 320-253-9576	3333 W. Division St., Suite 217 St. Cloud, Minnesota 56301-3456 Serves: Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, & Wright counties.
3.	Dancing Sky Area Agency on Aging	Main: 218-745-6733	109 South Minnesota Street Warren, Minnesota 56762 Serves: Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnommen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse & Wilkin.
4.	Metropolitan Area Agency on Aging	Main: 651-641-8612 Fax: 651-641-8618	3001 Broadway St. NE, Suite 170, Minneapolis, MN 55413 Serves: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, & Washington counties
5.	Indian Agency on Aging	218-679-2122	PO Box 27 Cass Lake, Minnesota 56633 Serves: Bois Forte, Fond du Lac, Grand Portage, Leech Lake, Lower Sioux, Mille lacs, Prairie Island, Red Lake, Upper Sioux & White Earth reservations
6.	MN River Area Agency on Aging	507-387-1256	201 N. Broad St., Suite 102, Mankato, MN 56001 Serves: Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Swift, Waseca, Watonwan, & Yellow Medicine counties.
7.	Southeastern MN Area Agency on Aging	Main: 507-288-6944 Fax: 507-288-4823	2746 Superior Drive NW, Suite 300 Rochester, MN 55901 Serves: Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, & Winona counties



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:



POLICY AND PROCEDURE ON EMERGENCIES

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 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.



POLICY AND PROCEDURE ON THE DEATH OF A PERSON SERVED

I. PURPOSE

The purpose of this policy is to establish guidelines for anticipating the death of a person served. In addition, this policy establishes the response and reporting guidelines for when death occurs of a person served.

II. POLICY

When the death of a person served is anticipated, the priority is to ensure that the person's dignity is preserved and that the wishes of the person and/or legal representative are complied with to the greatest extent possible. In the event that a person dies, staff will ensure proper response and reporting of the death.

III. PROCEDURE

- A. If a person served develops a life threatening illness or sustains a life threatening injury from which the attending physician indicates death is anticipated, the Designated Coordinator and/or Designated Manager will ensure that the legal representative, case manager, other service providers, and the company staff are notified immediately (family members and others may be notified by the legal representative).
- B. If possible, the Designated Coordinator and/or Designated Manager will ensure that a support team meeting or conference call is scheduled.
- C. In coordination with the support team and in anticipation of the person's death, the Designated Coordinator and/or Designated Manager, assigned nurse or nurse consultant, and legal representative will determine whether the person served will reside at a hospital, other facility, or at home.
- D. The Designated Coordinator and/or Designated Manager will ensure that the support team makes a decision in regards to an advance directive.
 1. Staff will act as if all persons under state guardianship have "do resuscitate" status unless consent has been given by the Guardianship Unit at the MN Department of Human Services for an advanced directive.
 2. At the request of the support team, the Designated Coordinator and/or Designated Manager will help obtain an advanced directive order by supplying information to the case manager from the physician so that a summary report may be submitted to the Guardianship Unit.
 3. The Designated Coordinator and/or Designated Manager and staff will not take a formal position on whether or not such an advanced directive order should or should not be issued. Staff will work to implement the wishes of the legal representative including helping to arrange and implement all physicians' orders. Staff who cannot in good conscience help obtain or implement particular physicians' orders will report this to the Designated Coordinator and/or Designated Manager.
 4. The Designated Coordinator and/or Designated Manager will review and document the status of all advanced directives regularly with the case manager (consent for advance directive orders for state wards expire annually and must be reauthorized by the Guardianship Unit at the MN Department of Human Services).
- E. The Designated Coordinator and/or Designated Manager, in coordination with the support team, will develop a plan describing the protocol to be followed upon death, including notifications.
- F. The Designated Coordinator and/or Designated Manager will coordinate with the support team to determine what services the program needs to deliver to meet the needs of the person served, including but not limited to additional supervision, specialized staff training, and implementation and documentation of all physician and nursing orders, including advanced directives.
- G. The Designated Coordinator and/or Designated Manager and assigned nurse or nurse consultant, will ensure that staff are trained in, implement, and document all physician and nursing orders related to the person's anticipated death as well as the agreed upon protocol upon witnessing or discovering the death.
- H. When discovering a person served who appears to have died, all staff will treat the situation as if it were a



POLICY AND PROCEDURE ON RESPONDING TO AND REPORTING INCIDENTS

I. PURPOSE

The purpose of this policy is to provide instructions to staff for responding to and reporting incidents.

II. POLICY

The company will respond to incidents as defined in MN Statutes, section 245D.02, subdivision 11, 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 incidents 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. For emergency response procedures, staff will refer to the *Policy and Procedure on Emergencies*.

All staff will be trained on this policy and the safe and appropriate response and reporting of incidents. In addition, program sites will have contact information of a source of emergency medical care and transportation readily accessible. 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 is readily available.

III. PROCEDURE

Defining incidents

- A. An incident is defined as an occurrence which involves a person and requires the program to make a response that is not a part of the program's ordinary provision of services to that person, and includes:
1. Serious injury of a person as determined by MN Statutes, section 245.91, subdivision 6:
 - a. Fractures
 - b. Dislocations
 - c. Evidence of internal injuries
 - d. Head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought
 - e. Lacerations involving injuries to tendons or organs and those for which complications are present
 - f. Extensive second degree or third degree burns and other burns for which complications are present
 - g. Extensive second degree or third degree frostbite and others for which complications are present
 - h. Irreversible mobility or avulsion of teeth
 - i. Injuries to the eyeball
 - j. Ingestion of foreign substances and objects that are harmful
 - k. Near drowning
 - l. Heat exhaustion or sunstroke
 - m. Attempted suicide
 - n. All other injuries considered serious after an assessment by a health care professional including, but not limited to, self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury
 2. Death of a person served.
 3. Any medical emergency, unexpected serious illness, or significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician, advanced practice registered nurse, or physician assistant treatment, or hospitalization.
 4. Any mental health crisis that requires the program to call "911," a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate.
 5. An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department.

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coverage.

10. Staff will transport the person to the medical clinic or urgent care and will remain with the person. A *Medical Referral* form will be completed at the time of the visit.
 11. Upon return from the medical clinic or urgent care, staff will coordinate with the assigned nurse or nurse consultant, Designated Coordinator and/or Designated Manager or designee and ensure that:
 - a. All new medications/treatments and cares have been documented on the *Medical Referral* form
 - b. All medications or supplies have been obtained from the pharmacy
 - c. All new orders have been recorded on the monthly medication sheet
 - d. All steps and findings are documented in the program and health documentation, as applicable
- C. Any mental health crisis that requires the program to call “911,” a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate.**
1. Staff will implement any crisis prevention plans specific to the person served as a means to de-escalate, minimize, or prevent a crisis from occurring.
 2. If a mental health crisis were to occur, staff will ensure the person’s safety, and will not leave the person alone if possible.
 3. Staff will contact “911,” a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate, and explain the situation and that the person is having a mental health crisis.
 4. Staff will follow any instructions provided by the “911” operator or the mental health crisis intervention team contact person.
 5. Staff will notify the Designated Coordinator and/or Designated Manager or designee who will assist in securing any staffing coverage that is necessary.
 6. If the person is transported to a hospital, staff will either accompany the person or go to the hospital as soon as possible. Staff will not leave other persons served alone or unattended.
 7. Staff will ensure that a completed *Medical Referral* form and all current insurance information including current medical insurance card(s) accompany the person.
 8. Staff will remain at the hospital and coordinate an admission to the hospital. If the person served is not to be admitted to the hospital, staff will arrange for transportation home.
 9. Upon discharge from the hospital or emergency room, staff transporting to the program site will coordinate with the assigned nurse or nurse consultant, Designated Coordinator and/or Designated Manager or designee and ensure that:
 - a. All new medications/treatments have been documented on the *Medical Referral* form
 - b. All medications or supplies have been obtained from the pharmacy
 - c. All new orders have been recorded on the monthly medication sheet
 - d. All steps and findings are documented in the program and health documentation, as applicable
- D. An act or situation involving a person that requires the program to call “911,” law enforcement, or the fire department**
1. Staff will contact “911” immediately if there is a situation or act that puts the person at imminent risk of harm.
 2. Staff will immediately notify the Designated Coordinator and/or Designated Manager or designee of any “911,” law enforcement, or fire department involvement or intervention.
 3. If a person served has been the victim of a crime, staff will follow applicable policies and procedures for reporting and reviewing maltreatment of vulnerable adults or minors.
 4. If a person has been sexually assaulted, staff will discourage the person from bathing, washing, or changing clothing. Staff will leave the area where the assault took place untouched, if it is under the company’s control.
 5. If a person served is suspected of committing a crime or participating in unlawful activities, staff will follow the person’s *Support Plan Addendum* when possible criminal behavior has been addressed by the support team.



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5. Staff will call "911" in order to seek medical attention if necessary and inform law enforcement.
6. To the extent possible, staff will visually examine persons served for signs of physical injury and document any findings.
7. If the incident resulted in injury, staff will provide necessary treatment according to their training.

Reporting incidents

- A. Staff will first call "911" if they believe that a person is experiencing a medical emergency that may be life threatening. In addition, staff will first call "911," a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate for a person experiencing a mental health crisis.
- B. Staff will immediately notify the Designated Coordinator and/or Designated 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* and 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*.
- 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. The Designated Coordinator and/or Designated 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*.
- E. A report will be made to the MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division within 24 hours of the incident, or receipt of the information that the incident occurred, unless the company has reason to know that the incident has already been reported, by using the required reporting forms. A report may be made using the Office of the Ombudsman's Death Report webform or Serious Injury webform. Forms to fax include *Death Reporting Form*, *Serious Injury Form*, and *Death or Serious Injury Report FAX Transmission Cover Sheet*. Incidents to be reported include:
 1. Serious injury as determined by MN Statutes, section 245.91, subdivision 6.
 2. Death of a person served.
- F. Verbal reporting of an emergency use of manual restraint will occur within 24 hours of the occurrence. Further reporting procedures will be completed according to the *Policy and Procedure on Emergency Use of Manual Restraint* which includes the requirements of reporting incidents according to MN Statutes, sections 245D.06, subdivision 1 and 245D.061.
- G. Within 24 hours of reporting maltreatment, the company will inform the case manager of the nature of the activity or occurrence reported and the agency that received the report. The company and staff will follow the applicable policy and procedure on reporting maltreatment for vulnerable adults or minors, as applicable.
- H. For residential programs, licensed under the Adult Foster Care rule and not as a MN Statutes, chapter 245D-CRS Satellite license, the Designated Coordinator and/or Designated Manager will ensure that a report is made to the county licensing authority for the following incidents within 24 hours of:

POLICY AND PROCEDURE ON REVIEWING INCIDENTS AND EMERGENCIES

I. PURPOSE

The purpose of this policy is to establish guidelines for the internal review of incidents and emergencies.

II. POLICY

This company is committed to the prevention of and safe and timely response to incidents and emergencies. Staff will act immediately to respond to incidents and emergencies as directed in the *Policy and Procedure on Responding to and Reporting Incidents* and the *Policy and Procedure on Emergencies*. After the health and safety of person(s) served are ensured, staff will complete all required documentation that will be compiled and used as part of the internal review process.

The company will ensure timely completion of the internal review procedure of incident and emergencies to identify trends or patterns and corrective action, if needed.

III. PROCEDURE

- A. The Designated Manager will conduct a review of all reports of incidents and emergencies for identification of patterns and implementation of corrective action as necessary to reduce occurrences. This review will include:
1. Accurate and complete documentation standards that include the use of objective language, a thorough narrative of events, appropriate response, etc.
 2. Identification of patterns which may be based upon the person served, staff involved, location of incident, etc. or a combination.
 3. Corrective action that will be determined by the results of the review and may include, but is not limited to, retraining of staff, changes in the physical plant of the program site, and/or changes in the *Support Plan Addendum*.
- B. Each *Incident and Emergency Report* will contain the following information:
1. The name of the person or persons involved in the incident. It is not necessary for staff to identify all persons affected by or involved in an emergency unless the emergency resulted in an incident.
 2. The date, time, and location of the incident or emergency.
 3. A description of the incident or emergency.
 4. A description of the response to the incident or emergency and whether a person's *Support Plan Addendum* or program policies and procedures were implemented as applicable.
 5. The name of the staff person or persons who responded to the incident or emergency.
 6. The determination of whether corrective action is necessary based on the results of the review that will be completed by the Designated Manager.
- C. In addition to the review for the identification of patterns and implementation of corrective action, the company will consider the following situations reportable as incidents or emergencies which will require the completion of an internal review:
1. Emergency use of manual restraint as defined in MN Statutes, sections 245D.02, subdivision 8a and 245D.061. MN Statutes, section 245D.061, subdivision 6, has an internal review report requiring the answering of six questions.
 2. Death and serious injuries not reported as maltreatment according to MN Statutes, section 245D.06, subdivision 1, paragraph g.
 3. Reports of maltreatment of vulnerable adults or minors according to MN Statutes, sections 626.557 and 260E.
 4. Complaints or grievances as defined in MN Statutes, section 245D.10, subdivision 2.



POLICY AND PROCEDURE ON REVIEWING INCIDENTS AND EMERGENCIES

6. Complaint Summary and Resolution Notice.

- J. Completed *Internal Reviews* and documentation regarding suspected or alleged maltreatment will be maintained separately by the internal reviewer in a designated file that is kept locked and only accessible to authorized individuals.
- K. Internal reviews must be made accessible to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment.

