

2020

Program Policies



The rules, regulations and policies under which we operate.

## Table of Contents

MINNESOTA RULES AND REGULATIONS SUMMARY FOR ORIENTATION .....	1
ADMISSION CRITERIA .....	2
DATA PRIVACY .....	4
MALTREATMENT OF VULNERABLE ADULTS REPORTING .....	8
MALTREATMENT OF MINORS MANDATED REPORTING .....	19
INCIDENT RESPONSE REPORTING AND REVIEW .....	21
SAFE TRANSPORTATION .....	25
EMERGENCY USE OF MANUAL RESTRAINT (EUMR) NOT ALLOWED .....	28
PERSON SERVED GRIEVANCE .....	34
EMERGENCY REPORTING .....	36
TEMPORARY SERVICE SUSPENSION .....	47
SERVICE TERMINATION .....	49
FISCAL POLICY AND PROCEDURES FOR PERSONS RECEIVING SERVICES .....	51
FOOD SERVICE .....	54
STAFF ORIENTATION, TRAINING AND MANDATORY IN-SERVICE PLAN .....	56
SERVICE RECIPIENT RIGHTS .....	60



## **Minnesota Rules and Regulations Summary for Orientation**

*Below are the rules, regulations and policies under which ORH/WSS operate.*

### **Minnesota Statute 245D - Home and Community-Based Services (HCBS)**

Effective January 2, 2014, the Minnesota Department of Human Services (DHS) started licensing certain home and community-based services provided to people with disabilities and those ages 65 and older. These services were either unlicensed or were developmental disability services licensed under Chapter 245B. Most of the services are funded under one of Minnesota's Medicaid waiver programs.

The HCBS standards under Minnesota Statutes, Chapter 245D, were passed by the 2013 Minnesota Legislature. This was part of a larger HCBS Waiver Provider Standards initiative to improve the dignity, health and independence of the people Minnesota serves.

The programs are licensed by a DHS review team.

### **Community Residential Setting (CRS) / Adult Foster Care (AFC)**

This is a separate satellite license that is required for each community residential setting located at separate addresses. CRSs are licensed by each county and are ruled by MN Statute 245D.23 through 245D.26.

"Corporate foster care" is an adult foster care home licensed according to Minnesota Rules, parts 9555.5105 to 9555.6265, where the license holder does not live in the home.

### **Alternate Overnight Supervision**

This variance involves alternate overnight supervision technology in the adult foster care license. This is a variance that may be requested and granted to an ORH/WSS CRS in the future.

### **Fire Marshal**

All locations are subject to following Minnesota Chapter 299.F and will work with the State Fire Marshal to enforce the Minnesota State Fire Code.

### **Adult Rehabilitative Mental Health Services (ARMHS)**

Each ARMHS provider entity must be certified to provide ARMHS. Certification ensures that the provider is capable of providing directly, or contracting for, the full array of ARMHS. Non-county entities must receive additional certification from each county in which they provide services. The additional certification must be based on the entity's knowledge of the county's local health and human services system, and the ability of the entity to coordinate its services with other services available in that county. ARMHS entities must be recertified every three years.

*Rev: 02/2020*

## ADMISSION CRITERIA POLICY AND PROCEDURES

### POLICY

It is the policy of ORH/WSS to promote continuity of care by ensuring that admission and service initiation is consistent with a person's service recipient rights under Minnesota Statute 245D, section 245D.04. Continuity of care at admission and service initiation will also be consistent with ORH/WSS's knowledge, skill, and ability to meet the service and support needs of persons served.

### PROCEDURES

#### Pre-admission

Before admitting a person, ORH/WSS must provide the following information to the person and/or their legal representative:

- A. Information on the limits to services available from ORH/WSS, including the knowledge and skill of staff and ORH/WSS's ability to meet the person's service and support needs.
- B. A copy of the fact sheet ORH/WSS received from a law enforcement authority or corrections agent for a person who is a registered predatory offender currently being served at that ORH/WSS location when the fact sheet includes a risk level classification for the offender. The fact sheet received by ORH/WSS should not be altered after it is provided and should contain the following information:
  1. name and physical description of the offender
  2. the offender's conviction history, including the dates of conviction
  3. the risk level classification assigned to the offender under section 244.052, if any
  4. the profile of likely victims

If a person is being admitted to ORH/WSS who is a registered predatory offender and ORH/WSS has received a fact sheet, a copy of the fact sheet must be provided to all persons, and/or their legal representative, who are currently served by ORH/WSS at that location.

#### Service Initiation

##### A. Recipient Rights

Within five working days of service initiation, and annually thereafter, ORH/WSS will provide each person and/or their legal representative, with a written document that identifies and explains the service recipient rights under 245D.04. Reasonable accommodations will be made to provide this information in other formats or languages as needed to facilitate understanding of these rights. ORH/WSS will maintain documentation that the person and/or their legal representative has received a copy of this document.

##### B. Availability of Program Policies and Procedures

ORH/WSS must inform and provide copies of the policies and procedures affecting a person's rights under section 245D.04 to the person and/or their legal representative, and their case manager. Copies of these policies and procedures will become part of the ORH/WSS Admission Packet and will be provided within five working days of service initiation. This will include policies and procedures pertaining to:

1. person served grievances
2. service suspension

3. service termination
  4. emergency use of manual restraints
  5. data privacy
  6. maltreatment of vulnerable adults reporting (VARPP)
  7. medication administration and emergency medication authorization
- C. Handling funds and property  
ORH/WSS will obtain written authorization from the person and/or their legal representative and the case manager whenever ORH/WSS will assist a person with the safekeeping of funds or other property. This will be done on the ORH/WSS Funds and Property Authorization Form (FPAF).

At the time initial authorization is obtained, ORH/WSS will ask the person and/or their legal representative and the case manager how often they want to receive a statement that itemizes receipts and disbursements of funds or other property. ORH/WSS will document the preference on the FPAF and will also document changes to these preferences when they are requested.

The signed FPAF will be part of the ORH/WSS Admission Packet and will be obtained no later than within five working days of service initiation and will be renewed on an annual basis.

- D. Residency Agreements  
At admission or service initiation, the person and/or their legal representative and the license holder will sign and date a residency agreement that includes service termination requirements. The residency agreement must be reviewed annually, dated, and signed by the person and/or their legal representative and the license holder.
- E. Refusal to admit a person
1. Refusal to admit a person to ORH/WSS must be based on an evaluation of the person's assessed needs and the lack of capacity to meet the needs of the person at ORH/WSS.
  2. ORH/WSS will not refuse to admit a person based solely on:
    - a. the type of residential services the person is receiving
    - b. person's severity of disability
    - c. orthopedic or neurological handicaps
    - d. sight or hearing impairments
    - e. lack of communication skills
    - f. physical disabilities
    - g. toilet habits
    - h. behavioral disorders
    - i. past failure to make progress
  3. Upon request, documentation of the basis of refusal must be provided to the person and/or their legal representative and case manager.

*Rev: 02/2020*

## DATA PRIVACY POLICY AND PROCEDURES

### POLICY

ORH/WSS recognizes the right of each person receiving services in this program to confidentiality and data privacy. This policy provides general guidelines and principles for safeguarding service recipient rights to data privacy under section 245D.04, subdivision 3(a) and access to their records under section 245D.095, subdivision 4, of the 245D Home and Community-based Services Standards

### PROCEDURES

#### Private Data

- A. Private data includes all information on persons that has been gathered by ORH/WSS or from other sources for program purposes as contained in an individual data file, including their presence and status in this program.
- B. Data is private if it is about individuals and is classified as private by state or federal law. Only the following persons are permitted access to private data:
  1. The individual who is the subject of the data or a legal representative.
  2. Anyone to whom the individual gives signed consent to view the data.
  3. Employees of the welfare system whose work assignments reasonably require access to the data. This includes staff persons in this program.
  4. Anyone the law says can view the data.
  5. Data collected within the welfare system about individuals is considered welfare data. Welfare data is private data on individuals; including medical and/or health data. Agencies in the welfare system include, but are not limited to: Department of Human Services; local social services agencies, including a person's case manager; county welfare agencies; human services boards; the Office of Ombudsman for Mental Health and Developmental Disabilities; and persons and entities under contract with any of the above agencies; this includes ORH/WSS and other licensed caregivers jointly providing services to the same person.
- C. Once informed consent has been obtained from the person and/or their legal representative, there is no prohibition against sharing welfare data with other persons or entities within the welfare system for the purposes of planning, developing, coordinating and implementing needed services in order to:
  1. provide effective care and treatment of mental health problems
  2. enable us to collect federal, state or county funds for the services, care or assistance that you or your family receives from this agency
  3. determine your ability to pay for medical or other services provided to you or to other persons for whom you are responsible
  4. develop treatment guidelines
  5. prepare statistical reports and do evaluator studies; (You will not be identified in the reports or studies.)
  6. evaluate and audit programs
  7. use for other purposes specifically authorized by you
- D. Data created prior to the death of a person retains the same legal classification (public, private, confidential) after the person's death that it had before the death.

### **Obtaining Informed Consent or Authorization for Release of Information**

- A. At the time informed consent is being obtained staff must tell the person and/or their legal representative the following:
1. why the data is being collected
  2. how the agency intends to use the information
  3. whether the individual may refuse or is legally required to furnish the information
  4. what known consequences may result from either providing or refusing to disclose the information
  5. with whom the collecting agency is authorized by law to share the data
  6. what the individual can do if they believe the information is incorrect or incomplete
  7. how the individual can see and get copies of the data collected about them
  8. any other rights that the individual may have regarding the specific type of information collected
- B. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information 45 C.F.R. section 164):
1. be written in plain language
  2. be dated
  3. designate the particular agencies or person(s) who will get the information
  4. specify the information which will be released
  5. indicate the specific agencies or person who will release the information
  6. specify the purposes for which the information will be used immediately and in the future
  7. contain a reasonable expiration date of no more than one year
  8. specify the consequences for the person by signing the consent form, including:  
"Consequences: I know that state and federal privacy laws protect my records. I know:
    - a. Why I am being asked to release this information.
    - b. I do not have to consent to the release of this information but not doing so may affect this ORH/WSS's ability to provide needed services to me. Refusal will not affect ability to obtain treatment or payment.
    - c. If I do not consent, the information will not be released unless the law otherwise allows it.
    - d. I may stop this consent with a written notice at any time, but this written notice will not affect information ORH/WSS has already released.
    - e. The person(s) or agency(ies) who get my information may be able to pass it on to others.
    - f. If my information is passed on to others by ORH/WSS, it may no longer be protected by this authorization.
    - g. This consent will end one year from the date I sign it, unless the law allows for a longer period."
- C. Maintain all informed consent documents in the person's individual record.

### **Staff Access to Private Data**

- A. This policy applies to all ORH/WSS staff, volunteers, and persons or agencies under contract with ORH/WSS (paid or unpaid).
- B. Staff persons do not automatically have access to private data about the persons served by ORH/WSS or about other staff or agency personnel. Staff persons must have a specific work

function need for the information. Private data about persons are available only to those ORH/WSS employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.

- C. Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.
- D. As a general rule, doubts about the correctness of sharing information should be referred to the Administrator and/or Program Director.

### **Individual access to private data**

- A. Individuals and/or their legal representatives have a right to access and review the individual record.
- B. An individual may request a review of their file from the designated office that the file is kept at. Once the request is made, an appointment will be made so that the person can review their file within 7 working days. The individual who is making the request will need identification on the day of the review
- C. A staff person will be present during the review and will make an entry in the person's progress notes as to who accessed the record, date and time of review, and list any copies made from the record.
- D. An individual may challenge the accuracy or completeness of information contained in the record. Staff will refer the individual to the Person Served Grievance Policy for lodging a complaint.
- E. Individuals may request copies of pages in their record. The cost for these copies would be \$1 per page.
- F. No individual, legal representative, staff person, or anyone else may permanently remove or destroy any portion of the person's record.
- G. If you are a minor, you have the right to request that data about you be kept from your parents. In some cases the law permits us to withhold data from your parents and show that you understand the consequences of doing so. This request should be in writing and should address each of these items:

1. the reason(s) for withholding data from your parents, and
2. that you understand the consequences of doing so.

In some cases the law permits us to withhold data from your parents without a request from you. Those cases include data that concerns:

- the treatment of drug abuse
- sexually transmitted disease
- if you are married

If you have any questions about this ask your Administrator and/or Program Director.

### **Case manager access to private data**

A person's case manager and the foster care licenser have access to the records of people served by ORH/WSS under section 245D.095, subd. 4.

### **Requesting Information from Other Licensed Caregivers or Primary Health Care Providers**

- A. Complete the Release of Information Authorization Form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose for the

request.

- B. Clearly identify the recipient of information. If information is to be sent to ORH/WSS's health care consultant or other staff at ORH/WSS, include:
  - 1. the name of the person to receive the information (Attention:), and
  - 2. the name and address of ORH/WSS.
- C. Assure that informed consent (to share the requested private data with the person or entity) has been obtained from the person and/or their legal representative.
- D. Document in the person's record.

*Rev: 02/2020*

## **MALTREATMENT OF VULNERABLE ADULTS REPORTING POLICY AND PROCEDURES (VARPP)** (Agency Abuse Prevention Plan)

### **POLICY**

It is the policy of this Minnesota Department of Human Services (DHS) licensed provider, ORH/WSS to protect the adults served by ORH/WSS who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults.

### **DEFINITIONS**

#### **Abuse:**

1. An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:
  - a. assault in the first through the fifth degrees as defined in sections 609.221 to 609.224
  - b. the use of drugs to injure or facilitate crime as defined in section 609.235
  - c. the solicitation, inducement, and promotion of prostitution as defined in section 609.322
  - d. criminal sexual conduct in the first through fifth degrees as defined in sections 609.342 to 609.3451

A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

2. Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:
  - a. hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult
  - b. use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening
  - c. use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult
  - d. use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825
3. Any sexual contact or penetration as defined in section 609.341, between a facility staff person or a person providing services in the facility and a person being served of the facility.
4. The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.

#### **Abuse does not mean:**

1. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or section 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care,

- service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parenterally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:
- a. a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent or refuse consent for therapeutic conduct; or
  - b. a caregiver to offer or provide or refuse to offer or provide therapeutic conduct
2. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith, selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.
  3. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:
    - a. a person, including a facility staff person, when a consensual personal relationship existed prior to the caregiving relationship; or
    - b. a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship

**Neglect:**

1. The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
  - a. reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
  - b. not the result of an accident or therapeutic conduct.
2. The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

**Neglect does not mean:**

1. For purposes of this section, a vulnerable adult is not neglected for the sole reason that:
  - a. the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or section 253B.03, or 525.6199, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration parentally or through intubation; this paragraph does not enlarge or diminish rights otherwise held under law by:
    - (1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct

- (2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct
- b. the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith, selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;
- c. the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in sexual contact with:
  - (1) a person including a facility staff person when a consensual personal relationship existed prior to the caregiving relationship
  - (2) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship; or
- d. an individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a medical professional and:
  - (1) the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adults
  - (2) if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending medical professional, to be restored to the vulnerable adult's preexisting condition
  - (3) the error is not part of a pattern of errors by the individual
  - (4) if in a facility, the error is immediately reported as required under section 626.557, and recorded internally
  - (5) if in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors
  - (6) if in a facility, the actions required under items (4) and (5) are sufficiently documented to review and evaluation by the facility and any applicable licensing certification, and ombudsman agency.

Nothing in this definition requires a caregiver, if regulated, to provide services in excess of those required by the caregiver's license, certification, registration, or other regulation.

**Financial exploitation:**

1. In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person or the obligations of a responsible party under section 144.6501 a person:
  - a. engages in unauthorized expenditure of funds entrusted to the provider by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult
  - b. fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult
2. In the absence of legal authority a person:
  - a. willfully uses, withholds, or disposes of funds or property of a vulnerable adult
  - b. obtains for the provider, or another, the performance of services by a third person for the wrongful profit or advantage of the provider, or another, to the detriment of the

vulnerable adult

- c. acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud
- d. forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another

Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

**Maltreatment:**

1. abuse as defined in subdivision 2
2. neglect as defined in subdivision 17
3. financial exploitation as defined in subdivision 9

**Mandated reporter:**

A professional, or professional's delegate, while engaged in:

1. social services
2. law enforcement
3. education
4. the care of vulnerable adults
5. any of the occupations referred to in section 214.01, subdivision 2
6. an employee of a rehabilitation facility certified by the commissioner of jobs and training for vocational rehabilitation
7. an employee or person providing services in a facility as defined in subdivision 6
8. a person that performs the duties of the medical examiner or coroner
9. **\*\*All ORH/WSS employees\*\***

**Vulnerable adult:**

Any person 18 years of age or older who:

1. is a resident or inpatient of a facility
2. receives services at, or from, a facility required to be licensed to serve adults under sections 245A.01 to 245A.15, except that a person receiving outpatient services for treatment of chemical dependency or mental illness, or one who is committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253B, is not considered a vulnerable adult unless the person meets the requirements of clause (4)
3. receives services from a home care provider required to be licensed under section 144A.46; or from a person or organization that exclusively offers, provides, or arranges for personal care assistant services
4. regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:
  - a. that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and
  - b. because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment.

## **DETERMINATION OF VULNERABLE ADULT STATUS**

If ORH/WSS is providing services to an adult who is excluded from the definition of a vulnerable adult under clause 2 of the above definition, ORH/WSS must determine whether the person is a vulnerable adult under clause 4 of the above definition. This determination must be made within 24 hours of:

1. admission to ORH/WSS
2. any incident that:
  - a. was reported under the “Reporting of Maltreatment of Vulnerable Adults”
  - b. would have been required to be reported under “Reporting of Maltreatment of Vulnerable Adults”, if one or more of the adults involved in the incident had been vulnerable adults

Upon determining that a person receiving services is a vulnerable adult under clause 4 of the above definition, all requirements relative to the vulnerable adult will be met by ORH/WSS.

## **PROCEDURES**

### **Who Should Report Suspected Maltreatment of a Vulnerable Adult**

As a mandated reporter, if you know or suspect that a vulnerable adult has been maltreated, you must report it immediately. Immediately means as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.

### **Where to Report - You can make an external or an internal report**

#### **A. External Report**

1. You may make an external report to the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574 or [www.mn.gov/dhs/reportadultabuse/](http://www.mn.gov/dhs/reportadultabuse/)

#### **B. Internal Report**

1. You may make an internal report to the ORH/WSS Administrator or Designated Coordinator. If the ORH/WSS Administrator or Designated Coordinator is involved in the alleged or suspected maltreatment, you must report to a different Administrator or Designated Coordinator. If they are not available, you can report to the Vice President.
2. When an internal report is received, the ORH/WSS Administrator or Designated Coordinator is responsible for deciding if a report to the MAARC is required. If the ORH/WSS Administrator or Designated Coordinator is involved in the suspected maltreatment, the other Administrator, Designated Coordinator, or Vice President will assume responsibility for deciding if the report must be forwarded to the MAARC.
  - a. The report to the MAARC must be as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.
3. If you have reported internally, you must receive, within two working days, a written notice that tells you whether or not your report has been forwarded to the MAARC.
  - a. The written notice must be given to you in a manner that protects your confidentiality as a reporter.
  - b. It shall inform you that if you are not satisfied with the action taken by the facility, you may still make an external report to the MAARC.
  - c. It must also inform you that you are protected against retaliation by ORH/WSS if you make a good faith report to the MAARC.

### **What to Report**

1. Definitions of maltreatment of vulnerable adults are contained in Minnesota Statutes, section 626.5572. Current definitions are included in this policy.
2. An external or internal report should contain enough information to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment.

### **Failure to Report**

A mandated reporter who negligently or intentionally fails to report suspected maltreatment of a vulnerable adult is liable for damages caused by the failure to report.

### **Internal Review**

1. When ORH/WSS has reason to know that an internal or external report of alleged or suspected maltreatment has been made, ORH/WSS must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of vulnerable adults.
2. The internal review must include an evaluation of whether:
  - a. related policies and procedures were followed
  - b. the policies and procedures were adequate
  - c. there is a need for additional staff training
  - d. the reported event is similar to past events with the vulnerable adults or the services involved
  - e. there is a need for corrective action by ORH/WSS to protect the health and safety of vulnerable adults

### **Primary and Secondary Person or Position to Ensure Internal Reviews are Completed**

The internal review will be completed by the ORH/WSS Administrator, Program Director or Designated Coordinator, or other individual deemed appropriate by administration.

### **Documentation of the Internal Review**

ORH/WSS must document completion of the internal review and provide documentation of the review to the DHS upon the commissioner's request.

### **Corrective Action Plan**

Based on the results of the internal review, ORH/WSS must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or ORH/WSS, if any.

### **Staff Training**

ORH/WSS shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporter of the reporting requirements and definitions under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the program's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services. ORH/WSS must document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

## **What is a VA? It is short for Vulnerable Adult.**

*If you do any of the following, or fail to report someone you've observed doing any of the following, you may be investigated for maltreatment.*

- Sleeping on the job (unless it is an overnight sleep shift)
- Stealing/borrowing money
- Stealing/borrowing property
- Stealing/borrowing medications
- Not providing care should someone need it (i.e., not giving a bath to someone who needs on)
- Verbal abuse like name-calling, belittling, swearing at a person, etc.
- Physical abuse of a person, like: hitting, slapping, kicking, pinching, etc.
- Any sexual contact with a person
- Providing drugs or alcohol to a person without permission
- Altering documentation to cover up abuse or neglect
- Leaving a person unsupervised when they require supervision

The above list contains some examples of behaviors that could result in being investigated, and possibly fired, imprisoned, and fined.

There are more behaviors that could be added to the list, these are just the obvious ones. Others will be discussed during future trainings.

A person found guilty of maltreatment would likely never be able to work in a profession that involves caring for people again. These professions would include being a teacher, nurse or nursing assistant, coach, day care providers, etc. This also could apply to a person who fails to report maltreatment when they suspect maltreatment occurred.

**THIS VA REPORTING POLICY SHALL BE IN A PROMINENT LOCATION AND BE MADE AVAILABLE UPON REQUEST.**

*Rev: 02/2020*

**ATTACHMENT A**

**(this is not necessary when printing the MAARC; it is only needed if the report is called in)**

OAKRIDGE HOMES/WOODVIEW SUPPORT SERVICES  
Maltreatment of Vulnerable Adults Reporting Policy  
**Initial Written Report**

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

Date verbal report was made: \_\_\_\_\_

Verbal report made by: \_\_\_\_\_ To: \_\_\_\_\_

Name of Vulnerable Adult: \_\_\_\_\_  
(First, Middle, Last)

Date of Birth: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Name of Alleged Perpetrator: \_\_\_\_\_  
(First, Middle, Last)

Description of Incident (Described nature and extent of alleged abuse or neglect. Include specific dates and times of observations) *Attach additional pages if needed:*

Any other relevant information (include witnesses, statements the VA made regarding maltreatment, person's behavior, etc.). *Attach additional pages if needed:*

Immediate Action Taken:

History of Maltreatment (as it relates to the alleged perpetrator):

Name of Reporter: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date Report Completed: \_\_\_\_\_

**ATTACHMENT B**

OAKRIDGE HOMES/WOODVIEW SUPPORT SERVICES  
Maltreatment of Vulnerable Adults Reporting Policy  
**Internal Review Report**

Name of Vulnerable Adult:

Date of Incident:                      Time:

Individual(s) Involved:

Initial Verbal Report Made To:

Date:                                      Time:

Persons/Agencies notified in writing - Initial Written Report:

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Description of Incident:

Person(s) Interviewed:

Corrective Action Taken as necessary to protect the health and safety of vulnerable adults:

Conclusions:

---

Were internal policies and procedures followed? Yes \_\_\_\_ No \_\_\_\_

Comments:

Are internal policies and procedures adequate? Yes \_\_\_\_ No \_\_\_\_

Comments:

Is there a need for additional staff training? Yes \_\_\_\_ No \_\_\_\_

If so, what?

Is the reported event similar to past events with vulnerable adults or the services involved?

Yes \_\_\_\_ No \_\_\_\_

If so, what?

**ATTACHMENT B – PAGE 2**

OAKRIDGE HOMES/WOODVIEW SUPPORT SERVICES  
Maltreatment of Vulnerable Adults Reporting Policy  
**Internal Review Report**

Is there a need for corrective action by Oakridge Homes/Woodview Support Services to protect the health and safety of ORH/WSS persons? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what?

Based on the results of this Review, are there any current lapses in performance by the individual or Oakridge Homes/Woodview Support Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what?

If the answer to the above question is "Yes", what will be the Corrective Action Plan developed and designed to correct current lapses and prevent future lapses in performance by individuals or ORH/WSS?

If there is a need for a Corrective Action Plan, how will it be documented and implemented?

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT C**

**CONFIDENTIAL**

**NOTICE OF REPORT OF  
SUSPECTED MALTREATMENT**

To: \_\_\_\_\_ (mandated reporter)

From: \_\_\_\_\_

On \_\_\_\_\_, at \_\_\_\_\_, a report of suspected maltreatment  
(date) (time)

was received from you. This report (was) (was not) forwarded to the Minnesota Adult Abuse Reporting Center (MAARC) on \_\_\_\_\_ for further evaluation and investigation of the suspected maltreatment.  
(date)

If you are not satisfied with the action taken by this agency, you may choose to contact the MAARC directly at 844-880-1574 or [www.mn.gov/dhs/reportadultabuse/](http://www.mn.gov/dhs/reportadultabuse/)

As required by Minnesota Statutes, section 626.557, you are hereby notified that this facility may not prohibit you from choosing to report this or any other incident to an external agency. This facility may not take retaliatory action against any mandated reporter who reports an incident to the Minnesota Adult Abuse Reporting Center (MAARC) in good faith.

Minnesota Statutes, section 626.557, subdivision 17, states:

1. A facility or person shall not retaliate against any person who reports in good faith suspected maltreatment pursuant to this section, or against a vulnerable adult with respect to whom a report is made, because of the report.
2. In addition to any remedies allowed under sections 181.931 to 181.935, any facility or person which retaliates against any person because of a report of suspected maltreatment is liable to that person for actual damages, punitive damages up to \$10,000, and attorney's fees.
3. There shall be a rebuttal presumption that any adverse action, as defined below, within 90 days of a report, is retaliatory. For purposes of this clause, the term "adverse action" refers to action taken by a facility or person involved in a report against the person making the report or the person with respect to whom the report was made because of the report, and includes, but is not limited to:
  - a. Discharge of transfer from the facility;
  - b. Discharge from or termination of employment;
  - c. Demotion or reduction in remuneration for services;
  - d. Restriction or prohibition of access to the facility or its residents; or
  - e. Any restriction of rights set forth in section 144.651.

## MALTREATMENT OF MINORS MANDATED REPORTING POLICY AND PROCEDURES

### POLICY

It is the policy of ORH/WSS to protect the children served whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse.

### PROCEDURES

#### Who Should Report Child Abuse and Neglect

1. If you provide care to children served by ORH/WSS, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.
2. If you know, or have reason to believe, a child is being, or has been, neglected or physically or sexually abused within the preceding three years you must immediately make a report to an outside agency. Immediately means as soon as possible but in no event longer than 24 hours.

#### Where to Report

1. If you know or suspect that a child is in immediate danger, you must call 9-1-1.
2. All reports concerning suspected abuse or neglect of children occurring in ORH/WSS must be made to the Minnesota Department of Human Services (DHS), Licensing Division's Maltreatment Intake line at (651) 431-6600.
3. Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency or local law enforcement at:

	<u>Business Hours</u>	<u>After Hrs/Weekends</u>
Aitkin County	218-927-7200	218-927-2133
Cass County	218-547-1340	218-547-1424
Crow Wing County	218-824-1140	218-829-4749
Morrison County	320-632-2951	320-632-9233
Todd County	320-732-4500	320-732-2157
Wadena County	218-631-7605	218-631-7600

4. If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern ORH/WSS, you should call the DHS Licensing Division at (651) 431-6500.

#### What to Report

1. Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and are included in the ORH/WSS Vulnerable Adult Reporting Policy and Procedures (VARPP).
2. A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within ORH/WSS, the report should include any actions taken by ORH/WSS in response to the incident.

3. An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

### **Failure to Report**

A mandated reporter who knows, or has reason to believe, a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the DHS and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

### **Retaliation Prohibited**

ORH/WSS, as employer of any mandated reporter, must not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

### **Internal Review**

1. When ORH/WSS has reason to know that an internal or external report of alleged or suspected maltreatment has been made, ORH/WSS must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of minors.
2. The internal review must include an evaluation of whether:
  - a. related policies and procedures were followed
  - b. the policies and procedures were adequate
  - c. there is a need for additional staff training
  - d. the reported event is similar to past events with the children or the services involved
  - e. there is a need for corrective action by the license holder to protect the health and safety of children in care

### **Primary and Secondary Person or Position to Ensure Internal Reviews are Completed**

The internal review will be completed by the ORH/WSS Administrator, Program Director or Designated Coordinator. If one of these individuals is involved in the alleged or suspected maltreatment, one of the others will be responsible for completing the internal review.

### **Documentation of the Internal Review**

ORH/WSS must document completion of the internal review and provide documentation of the review to the commissioner upon the commissioner's request.

### **Corrective Action Plan**

Based on the results of the internal review, ORH/WSS must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

### **Staff Training**

ORH/WSS must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). ORH/WSS must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

## **INCIDENT RESPONSE, REPORTING AND REVIEW POLICY AND PROCEDURES**

### **POLICY**

It is the policy of ORH/WSS to respond to, report, and review, in a timely and effective manner, all incidents that occur while providing services in order to protect the health and safety of and minimize risk of harm to persons receiving services.

“Incident” means an occurrence which involves a person and requires ORH/WSS to make a response that is not part of ORH/WSS’s ordinary provision of services to that person, and includes:

- A. Serious injury of a person
  1. Fractures
  2. Dislocations
  3. Evidence of internal injuries
  4. Head injuries with loss of consciousness
  5. Lacerations involving injuries to tendons or organs and those for which complications are present
  6. Extensive second degree or third degree burns and other burns for which complications are present
  7. Extensive second degree or third degree frostbite, and other frostbite for which complications are present
  8. Irreversible mobility or avulsion of teeth
  9. Injuries to the eyeball
  10. Ingestion of foreign substances and objects that are harmful
  11. Near drowning
  12. Heat exhaustion or sunstroke
  13. All other injuries considered serious by a medical professional
- B. A person’s death
- C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires ORH/WSS to call 9-1-1, treatment by a medical professional, or hospitalization
- D. Any mental health crisis that requires ORH/WSS to call 9-1-1 or a mental health crisis intervention team
- E. An act or situation involving a person that requires ORH/WSS to call 9-1-1, law enforcement, or the fire department
- F. A person’s unauthorized or unexplained absence from ORH/WSS
- G. Conduct by a person receiving services against another person receiving services that:
  1. is so severe, pervasive, or objectively offensive that it substantially interferes with a person’s opportunities to participate in or receive service or support
  2. places the person in actual and reasonable fear of harm
  3. places the person in actual and reasonable fear of damage to property of the person
  4. substantially disrupts the orderly operation of the program
- H. Any sexual activity between persons receiving services involving force or coercion

- “Force” means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
- “Coercion” means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).

- I. Any emergency use of manual restraint
- J. A report of alleged or suspected child or vulnerable adult maltreatment

## **PROCEDURES**

### **Response Procedures**

Follow procedures in ORH/WSS Emergency and Reporting Policies and Procedures

### **Reporting Procedures**

#### **Completing a report**

- A. Incident reports will be completed as soon possible after the occurrence, but no later than 24 hours after the incident occurred or ORH/WSS became aware of the occurrence. The written report will include:
  1. The name of the person or persons involved in the incident
  2. The date, time, and location of the incident
  3. A description of the incident
  4. A description of the response to the incident and whether a person’s coordinated service and 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
  6. The results of the review of the incident (see section IV)
- B. When the incident involves more than one person, ORH/WSS will not disclose personally identifiable information about any other person we serve when making the report to the legal representative or designated emergency contact and case manager, unless ORH/WSS has written consent of the person. The written report will not contain the name or initials of the other person(s) involved in the incident.

#### **Reporting incidents to team members**

- A. All incidents except minor injuries must be reported to the person’s legal representative or designated emergency contact and case manager
  1. within 24 hours of the incident occurring while services were provided,
  2. within 24 hours of discovery or receipt of information that an incident occurred, or
  3. as otherwise directed in a person’s coordinated service and support plan or coordinated service and support plan addendum
- B. ORH/WSS will not report an incident when it has a reason to know that the incident has already been reported.

- C. Any emergency use of manual restraint of a person must be verbally reported to the person's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report must be completed according to the requirements in ORH/WSS's emergency use of manual restraints policy (see Emergency Use of Manual Restraints (EUMR) Policy and Procedures).

Additional reporting requirements for deaths and serious injuries

- A. A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division and the Office of Ombudsman for Mental Health and Developmental Disabilities.
- B. The report must be made within 24 hours of the death or serious injury occurring while services were being provided or within 24 hours of receipt of information that the death or serious injury occurred.
- C. ORH/WSS will not report a death or serious injury when it has reason to know that the death or serious injury has already been reported to the required agencies.

Additional reporting requirements for maltreatment

- A. When reporting maltreatment, ORH/WSS will inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.
- B. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.

Additional reporting requirements for emergency use of manual restraint (EUMR)

Follow the EUMR Policy and Procedures.

**Reviewing Procedures**

Conducting a review of incidents and emergencies

ORH/WSS will complete a review of all incidents.

- A. The review will be completed by an ORH/WSS Designated Coordinator or other individual deemed appropriate by administration.
- B. The review will be completed within 15 days of the incident.
- C. The review will ensure that the written report provides a written summary of the incident.
- D. The review will identify trends or patterns, if any, and determine if corrective action is needed.
- E. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

Conducting an internal review of deaths and serious injuries

ORH/WSS will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Reporting Policy and Procedures (VARPP), Maltreatment of Minors Mandated Reporting Policy and Procedures, and Internal Review Policy when alleged or suspected maltreatment has been reported.)

- A. The review will be completed by an ORH/WSS Designated Coordinator or other individual deemed appropriate by administration. The review will be completed within 15 days of the death or serious injury.
- B. The internal review must include an evaluation of whether:
  - 1. related policies and procedures were followed
  - 2. the policies and procedures were adequate
  - 3. there is need for additional staff training
  - 4. the reported event is similar to past events with the persons or the services involved to identify incident patterns
  - 5. there is need for corrective action by ORH/WSS to protect the health and safety of the persons receiving services and to reduce future occurrences

Based on the results of the internal review, ORH/WSS must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or ORH/WSS, if any.

The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in ORH/WSS's emergency use of manual restraints policy.

#### Conducting an internal review of maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy and Procedures.

#### Conducting a review of emergency use of manual restraints (EUMR)

Follow the EUMR Policy.

#### **Record Keeping Procedures**

- A. The review of an incident will be documented on the Incident Reporting Form and will include identifying trends or patterns and corrective action if needed.
- B. Incident reports will be maintained in the person's record. The record must be uniform and legible. Minor injury reports will be maintained for one year, all other reports will be maintained per licensing requirements.

*Incident Response, Reporting and Review Policy: Revised Effective: 04/2020*

## **SAFE TRANSPORTATION POLICY AND PROCEDURES**

### **POLICY**

The purpose of this policy is to ensure that persons served by ORH/WSS are transported safely, that the risk of liability for both staff and agency are minimized, and to outline guidelines for using ORH/WSS vehicles.

Staff should use ORH/WSS vehicles for transporting persons receiving services. The use of ORH/WSS vehicles to transport persons takes precedence over use for other company business. Staff must follow the guidelines for use and maintenance of ORH/WSS vehicles.

### **PROCEDURES**

#### **Use of ORH/WSS vehicles**

Staff must follow procedures below for the use of ORH/WSS vehicles.

- A. If involved in an accident, staff will follow the Vehicle Accident Procedures of the ORH/WSS Emergency Policy and Procedures located in each ORH/WSS facility.
- B. Use ORH/WSS Mileage and Fuel Log located in the van when you add fuel. Check oil when indicated on mileage and fuel log.
- C. Receipt for gas charge should be given to the Program Coordinator after purchase.
- D. The name of the insurance company and policy number will be kept in the vehicle.
- E. All accidents, regardless of severity, must be reported as soon as reasonably possible to Program Coordinator and Designated Coordinator.
- F. Only a staff member who has been authorized by the Human Resources department at ORH/WSS can drive ORH/WSS vehicles. The Human Resources department uses criteria set forth by ORH/WSS's insurance company to determine who is authorized. Such criteria includes, but is not limited to: must have a valid Minnesota driver's license, must have a good driving record, must be at least 19 years of age, etc.

#### **Maintenance Requirements**

The following maintenance requirements will be met to ensure that all equipment involved for transport for ORH/WSS is in good working order and ensures safety for all staff and persons.

- A. All vehicles will be kept clean, both interior and exterior.
- B. Staff will report all potential mechanical problems, equipment, supply, and vehicle maintenance concerns to the Program Coordinator immediately.
- C. Each driver is responsible to ensure that the vehicle is in safe operating condition. Periodic inspections should be made and defects corrected as soon as possible.
- D. Staff will ensure that all vehicles are equipped with first aid kits and a first aid handbook.
- E. Staff will know where to locate the vehicle's insurance, registration, and accident procedures in the vehicle.

#### **Specific Safety Rules for the Driver**

- A. Staff will ensure that they assist all persons who need to use stools, ramps or steps to get in or out of the vehicle.

- B. Staff will ensure that all supplies and/or equipment are properly secured before the vehicle is in motion (i.e., walkers, wheelchairs, oxygen tanks, and any other specialized mobility equipment.)
- C. All drivers and passengers, operating or riding in company vehicles, must wear seat belts and shoulder straps if provided (even if air bags are installed). Staff will offer any needed assistance to persons riding in the company vehicle to ensure that they are safely and properly secured prior to driving the vehicle.
- D. ORH/WSS will ensure that the vehicle and its drivers are properly insured when transporting persons.
- E. No driver shall operate a vehicle when his/her ability to do so safely has been impaired, affected or influenced by alcohol, drugs, medication, illness, fatigue or injury.
- F. No unauthorized riders (i.e., family, friends, and hitchhikers) are allowed to ride in company vehicles.
- G. ORH/WSS endorses as company rules all applicable state motor vehicle regulations relating to driving responsibility.
- H. Under no circumstances is an ORH/WSS vehicle to be driven by a non-employee, except in emergencies or in case of repair testing by a mechanic.
- I. Drivers are responsible to ensure the security of company vehicles. When left unattended, the vehicle's engine must be shut off, ignition keys removed and vehicle doors locked.
- J. Drivers should be aware of the fuel level in company vehicles. Drivers are responsible for ensuring that if the fuel level is at 1/2 tank or less, the vehicle is refueled before its next use.
- K. Drivers are responsible for washing windows. Headlights and taillights must also be washed if they are dirty.
- L. Drivers are responsible for checking the engine oil level in any company vehicle they intend to drive before the engine is started.
- M. No smoking, eating or drinking in company owned vehicles.
- N. While transporting persons, staff will not use cell phones or any other mobile devices when operating or riding in a company vehicle.
- O. No littering in or from company owned vehicles.
- P. Persons will not be left unsupervised in an unattended vehicle that is left running, regardless of the season. Gas cards are furnished for all vehicles so that all payments for re-fueling can be made at the pump. If a vehicle's gas card does not work, staff is responsible for notifying the appropriate Accounting Technician at the Brainerd Office.
- Q. Vehicles will be used for business purposes only.
- R. Staff will be responsible for the supervision and safety of all passengers while being transported. This may include the need to intervene in order to maintain safety if a person is transported engages in behavior that puts the person, the driver, or other passengers at risk of immediate or physical harm.
- S. In the event of emergency weather needs, the staff will:
  1. Monitor weather conditions prior to leaving the home.
  2. Follow directions for the need to change plans and activities, and inform persons why the plans have changed.
  3. If weather becomes unsafe during transport, staff will seek emergency shelter. Staff will also assist persons in remaining calm.

### **Wheelchair Lift and Tie Down Safety Program**

**Lift Operation:** ORH/WSS standards require specific training and other safety measures for wheelchair lift and tie down operation. If the home you work in has a wheelchair lift, these requirements apply:

- A. Only drivers authorized by ORH/WSS and trained in the safe operation of the lifts shall be permitted to operate such vehicles. Training will be done at Orientation at the home and will require a demonstration of competency to each Program Coordinator.
- B. Employees shall not ride on the wheelchair lift.
- C. Employees shall not place any part of their bodies outside the running lines of a wheelchair lift or between mast uprights or other parts of the lift where shear or crushing hazards exist.
- D. Employees shall not be allowed to stand, pass, or work under the elevated portion of any lift, loaded or empty, unless it is effectively blocked to prevent it from falling.
- E. No lift shall be operated with a leak in the hydraulic system.
- F. Employees are responsible to check overhead, width, and weight clearances prior to entering a possibly restricted area.
- G. Vehicles shall not be loaded in excess of their rated capacity.
- H. Special precautions shall be taken in the securing and handling of wheelchairs with the proper use of equipped attachments.

### **Person Served Transportation**

Transportation to and from house activities and doctor appointments is considered a part of the person served programming offered by ORH/WSS. However, when there is a desire for an individual person to travel distances in excess of 20 miles, the person served will be responsible for paying mileage in excess of 20 miles each way to ORHWV at the current IRS mileage rate. Each request will be evaluated by a member of the ORH/WSS Board of Directors on an individual basis.

*(Approved March 4, 2014)*

## **EMERGENCY USE OF MANUAL RESTRAINT (EUMR) NOT ALLOWED POLICY AND PROCEDURES**

### **POLICY**

It is the policy of ORH/WSS to promote the rights of persons served by ORH/WSS and to protect their health and safety. ORH/WSS does not allow the emergency use of manual restraints.

“Emergency use of manual restraint” means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person’s refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

### **PROCEDURES**

#### **Positive Support Strategies and Techniques Required**

The following positive support strategies and techniques must be used to attempt to de-escalate a person’s behavior before it poses an imminent risk of physical harm to self or others:

- A. Follow individualized strategies in a person’s coordinated service and support plan and coordinated service and support plan addendum;
- B. Shift the focus by verbally redirecting the person to a desired alternative activity;
- C. Model desired behavior;
- D. Reinforce appropriate behavior;
- E. Offer choices, including activities that are relaxing and enjoyable to the person;
- F. Use positive verbal guidance and feedback;
- G. Actively listen to a person and validate their feelings;
- H. Create a calm environment by reducing sound, lights, and other factors that may agitate a person;
- I. Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
- J. Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
- K. Respect the person’s need for physical space and/or privacy.

ORH/WSS will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for a person served when required in order to:

- A. eliminate the use of prohibited procedures as identified in the Prohibited Procedures section of this policy;
- B. avoid the emergency use of manual restraint as identified in the POLICY section of this policy;
- C. prevent the person from physically harming self or others; or
- D. phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

#### **Permitted Actions and Procedures**

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by ORH/WSS. When used on a continuous basis, it must be addressed in a person’s coordinated service and support plan addendum.

- A. Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the person and may be used to:
1. calm or comfort a person by holding that person with no resistance from that person;
  2. protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;
  3. facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration;
  4. block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others, with less than 60 seconds of physical contact by staff; or
  5. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
- B. Restraint may be used as an intervention procedure to:
1. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
  2. assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm; or
  3. position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.
- Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].
- C. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

### **Prohibited Procedures**

Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, is prohibited by ORH/WSS:

- A. Chemical restraint - "Chemical restraint" means the administration of a drug or medication to control the person's behavior or restrict the person's freedom of movement and is not a standard treatment or dosage for the person's medical or psychological condition.
- B. Mechanical restraint - Except for devices worn by the person that trigger electronic alarms to warn staff that a person is leaving a room or area, which do not, in and of themselves, restrict freedom of movement, or the use of adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition, "mechanical restraint" means the use of devices, materials, or equipment attached or adjacent to the person's body, or the use of practices that are intended to restrict freedom of movement or normal access to one's body or body parts, or limits a person's voluntary movement or holds a person immobile as an intervention precipitated by a person's behavior. The term applies to the use of mechanical restraint used to prevent injury with persons who engage in self-injurious behaviors, such as head-banging, gouging, or other actions resulting in tissue damage that have caused or could cause medical problems resulting from

the self-injury.

- C. Manual restraint - "Manual restraint" means physical intervention intended to hold a person immobile or limit a person's voluntary movement by using body contact as the only source of physical restraint.
- D. Time out - "Time out" means removing a person involuntarily from an ongoing activity to a room, either locked or unlocked, or otherwise separating a person from others in a way that prevents social contact and prevents the person from leaving the situation if the person chooses. For the purpose of this chapter, "time out" does not mean voluntary removal or self-removal for the purpose of calming, prevention of escalation, or de-escalation of behavior for a period of up to 15 minutes. "Time out" does not include a person voluntarily moving from an ongoing activity to an unlocked room or otherwise separating from a situation or social contact with others if the person chooses. For the purposes of this definition, "voluntarily" means without being forced, compelled, or coerced.
- E. Seclusion - "Seclusion" means the placement of a person alone in a room from which exit is prohibited by a staff person or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the person from leaving the room.
- F. Any aversive or deprivation procedure - "Aversive procedure" means the application of an aversive stimulus contingent upon the occurrence of a behavior for the purposes of reducing or eliminating the behavior. "Deprivation procedure" means the removal of a positive reinforcer following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response. Oftentimes the positive reinforcer available is goods, services, or activities to which the person is normally entitled. The removal is often in the form of a delay or postponement of the positive reinforcer.

### **Manual Restraints are Not Allowed in Emergencies**

ORH/WSS does not allow the emergency use of manual restraint. The following **alternative measures** must be used by staff to achieve safety when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

- A. Continue to utilize the positive support strategies;
- B. Continue to follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum;
- C. Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
- D. Remove objects from the person's immediate environment that could be used to harm self or others;
- E. Use natural barriers;
- F. Back away and keep moving;
- G. Have another staff (if available) work with the person;
- H. Use distraction;
- I. Minimize noise in the environment;
- J. Let them know you are there for them; or
- K. Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.

### **Reporting Emergency Use of Manual Restraint**

- A. As stated above, ORH/WSS does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented during an emergency must immediately report the incident to the Designated Coordinator. A Designated Coordinator is on-call at all times.
- B. ORH/WSS has identified the Designated Coordinator responsible for reporting the emergency use of manual restraint according to the standards in section 245D.061 and part 9544.0110, when determined necessary.

### **Staff Training**

ORH/WSS will provide the training required in this section.

- A. ORH/WSS will provide staff with orientation and annual training as required in Minnesota Statutes, section 245D.09:
  - 1. Before having unsupervised direct contact with persons served by ORH/WSS, ORH/WSS must provide instruction on prohibited procedures that address the following:
    - a. what constitutes the use of restraint, time out, seclusion, and chemical restraint
    - b. staff responsibilities related to ensuring prohibited procedures are not used
    - c. why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior
    - d. why prohibited procedures are not safe
    - e. alternative measures to manual restraint to achieve safety when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety
  - 2. Within 60 days of hire ORH/WSS will provide instruction on the following topics:
    - a. alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others
    - b. de-escalation methods, positive support strategies, and how to avoid power struggles
    - c. the communicative intent of behaviors
    - d. relationship building
- B. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire or in the 12-month period before ORH/WSS 245D-HCBS license became effective on Jan. 1, 2014.
- C. ORH/WSS will maintain documentation of the training received and of each staff person's competency in each staff person's training personnel record.

*Legal Authority: Minn. Stat. §§ 245D.06, subd. 5 to subd. 8; 245D.061  
Revised 02/23/2022*

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## PERSON SERVED GRIEVANCE POLICY AND PROCEDURES

### POLICY

It is the policy of ORH/WSS to ensure that people served have the right to respectful and responsive services. ORH/WSS is committed to providing a simple complaint process for people served by ORH/WSS and their legal representatives to bring grievances forward and have them resolved in a timely manner.

### PROCEDURES

#### Service Initiation

A person receiving services from ORH/WSS, the legal representative (if applicable) and the case manager of the person will be notified of this policy and provided as part of the ORH/WSS Admission Packet. This will be no later than five working days of service initiation.

#### How to File a Grievance

The person receiving services and/or their legal representative:

- A. should talk to a staff person that they feel comfortable with about their complaint or problem
- B. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem
- C. may request staff assistance in filing a grievance

If the person and/or their legal representative does not believe that their grievance has been resolved, they may bring the complaint to the highest level of authority in ORH/WSS.

- That person is the Vice President, Cory Felske
- He may be reached at 218-829-7599

#### Response by ORH/WSS

- A. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
  1. the name, address, and telephone number of outside agencies to assist the person
  2. responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved
- B. ORH/WSS will respond promptly to grievances that affect the health and safety of service recipients.
- C. All other complaints will be responded to within 14 calendar days of the receipt of the complaint.
- D. All complaints will be resolved within 30 calendar days of the receipt of the complaint.
- E. If the complaint is not resolved within 30 calendar days, ORH/WSS will document the reason for the delay and a plan for resolution.
- F. Once a complaint is received, ORH/WSS is required to complete a complaint review (Attachment A to this policy). The complaint review will include an evaluation of whether:
  1. related policy and procedures were followed
  2. related policy and procedures were adequate
  3. there is a need for additional staff training

4. the complaint is similar to past complaints with the persons, staff, or services involved
  5. there is a need for corrective action by ORH/WSS to protect the health and safety of persons receiving services
- G. Based on this review, ORH/WSS must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or ORH/WSS, if any.
- H. ORH/WSS will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
1. identifies the nature of the complaint and the date it was received
  2. includes the results of the complaint review
  3. identifies the complaint resolution, including any corrective action

**The complaint summary and resolution notice** must be maintained in the person's person's record.

*Revised 10/16/18*

**Attachment A**

**Oakridge Homes/Woodview Support Services (ORH/WSS)  
Person Served Grievance Policy- Complaint Review**

Evaluation of the following:

- Was the related policy and procedures followed?  Yes  No  
Explain (if needed)
- Were the related policy and procedures adequate?  Yes  No  
Explain (if needed)
- Is there a need for additional staff training?  Yes  No  
Explain (if needed)
- Is the complaint similar to the past complaints with this person or services involved?   
Yes  No Explain (if needed)
- Is there a need for corrective action by Oakridge Homes/Woodview Support Services to protect the health and safety of persons receiving services?  
 Yes  No If yes, corrective action taken:

\_\_\_\_\_  
Signature of ORH/WSS Representative completing this Review

\_\_\_\_\_  
Date

## EMERGENCY AND REPORTING POLICY AND PROCEDURES

### POLICY

It is the intent of ORH/WSS to provide a safe and hazard-free environment and comply with state and federal laws.

“Emergency” means any event that affects the ordinary daily operation of ORH/WSS including, but not limited to fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of a person receiving services, and that requires calling 9-1-1, emergency evacuation, moving to an emergency shelter, or the temporary closure or relocation of ORH/WSS to another facility or service site for more than 24 hours.

### PROCEDURES

#### Fire Drill Response - Review on quarterly basis

- Goal: To ensure that all individuals living and working at ORH/WSS know what actions to take in the event of a fire.
- Objective: When the fire alarm is activated, all persons will exit within two minutes with assistance, if required.
- Plan: Fire drills will be held at least once every quarter.  
- Tornado/Severe Storm drills will also be held at least once every quarter.
- Procedure: The following procedures will be used during the fire drill:
1. Staff will decide where the fire is to be simulated
  2. Either a sign or fire poster will be put in the area
  3. Activate alarm and exit building
  4. Staff will verbally instruct persons who are not responding by taking appropriate action (evacuating the home)
  5. Persons who respond to the alarm with no prompts will receive social praise
  6. Persons who respond with verbal prompts will receive social praise
  7. Return to the building and push reset button on the fire box (red unit) to stop alarm
  8. After the drill, staff will briefly talk about the person's expectations during a fire drill
  9. Staff will fill out a Fire Drill Report and file

Locations of Fire Extinguishers and/or Pull Stations, Smoke Detectors, Panel Box, Heat Detector and Gas Detector are on each location's Emergency Information Sheet. *Homes that have a person who is severely hearing impaired have adaptive equipment in the home in the form of a strobe fire alarm.*

### Fire

1. Move persons from any immediate danger and then call 9-1-1. (Use a cordless phone if one is available.)
2. Move persons out of the building.
3. Account for all persons. The initial designated meeting place will be listed on each location's Emergency Information Sheet.

4. If small contained fire, try to put it out with fire extinguishers. If large fire, wait until the fire department arrives. They will work to control the fire and investigate the cause.
5. Notify the Program Coordinator (PC), Designated Coordinator (DC) and Owners. The person's legal representative and case manager will be notified at the direction of the DC.

The PC is responsible for checking the fire alarm, finding the fire, accounting for all of the persons, and making the proper phone calls. **\*\*REMEMBER THE PERSON'S SAFETY IS OF PRIME CONCERN.** If the PC is not in the home, the staff on duty will be responsible for the above steps.

#### Staff Responsibilities During a Fire

Persons will be trained to exit as independently as possible during fire drills with staff supervising. The fire alarm will be activated and staff will verbally prompt those persons who do not independently exit to take appropriate action. Regular and alternative exits should be used. All fire drills must be documented and logged.

During a real fire it will be the responsibility of the staff to ensure to the best of their ability that all persons are awake and exiting. Staff will be responsible to assist any persons and visitors from the home during an actual fire. If possible, when evacuating, the staff should make an effort to close all windows and doors to help contain the fire. If it is a small fire, the staff may use the fire extinguishers.

#### To operate the fire extinguisher, staff will do the following:

- **P – Pull** the pin and hold the extinguisher with the nozzle pointing away from staff
- **A – Aim** low. Point the extinguisher at the base of the fire.
- **S – Squeeze** the lever slowly and evenly.
- **S – Sweep** the nozzle from side to side.

All fires should be reported to the fire department immediately. If only one staff is working the first priority should be to notify the fire department by dialing 9-1-1 and then evacuating the persons. If two or more staff are working, one of the staff should notify the fire department while the other staff evacuates persons.

Once the persons are out of the home, they should be taken to immediate shelter at a previously determined local home (listed on each location's Information Sheet).

Fire extinguishers are located in the facility at the direction of the State Fire Marshall. Fire extinguishers are serviced on an annual basis and/or according to regulations.

#### Blanket Drop Procedure

1. Think of the safety of the person first
2. This procedure will be used when the person is lying down
3. Accordion fold approximate one half of the blanket (lengthwise) and position it as close as possible to the person
4. Roll the person (taking care to keep the spine and neck aligned) over the accordion fold and on to the unfolded portion of the blanket
5. Unfold the accordion fold

6. Roll or gather the edges of the blanket so they are close to the person
7. With your lifting partner(s) on each side of the blanket, grasp the rolled edges of the blanket, palms up
8. Lift together on command to transport person
9. If you are alone, the exact same procedure may be followed except Numbers 7 & 8. If you are alone, grasp the top edge of the blanket at the corners and the midline, lifting the person's head slightly, and pull the blanket (with the person on it) to a place of safety

### **Carbon Monoxide (CO) Alarm**

If a Carbon Monoxide (CO) Alarm sounds, staff should verify that persons are not showing signs of CO poisoning (headache, nausea, vomiting, disorientation, etc.). If anyone in the home has symptoms of CO poisoning, staff will call 9-1-1 immediately. If no one has symptoms of CO poisoning, staff will open windows and doors to allow fresh air to enter and will contact the PC and/or DC immediately.

### **Health**

#### **A. Health related includes:**

1. medical emergency
2. unexpected serious illness
3. serious injury
4. significant unexpected changes in an illness
5. medical condition
6. mental health status of a person that requires calling 9-1-1 or a mental health mobile crisis intervention team
7. treatment by a medical professional
8. hospitalization

All staff will be trained in CPR during some point in their first year of employment. A staff person, who is trained in basic first aid (as part of orientation), will be available at each location.

In the event of a minor illness or injury, staff will administer basic first aid. In the event of medical emergencies, unexpected serious illnesses, accidents requiring treatment by a medical professional or hospitalization, staff will:

1. Dial 9-1-1 if person needs emergency treatment. Staff will follow instructions of emergency professionals.
2. If person needs immediate attention but the situation does not require an ambulance, staff will either transport or make arrangements for transportation to the local Emergency Room.
3. If staff is unsure whether a condition requires immediate attention, staff will call Urgent Care or the local Emergency Room and follow the health professional's instructions.

Any action regarding illness/injury and treatment must be properly documented on the Incident Report and reported to the Administrator or Program Director. Refer to *Detecting Illness* and *Serious Illness* sections in the *Healthcare Related* section of the *Safe Medication Administration Policy* later in this document.

#### **B. Choking**

Care for the person using the Heimlich Maneuver (location of where this is posted is on each

location's Emergency Information Sheet). Make certain the person is not able to dislodge the obstacle prior to beginning the procedure.

**C. Hospitalization and emergency room treatment**

In the event a person requires hospitalization or a trip to the Emergency Room, the Program Coordinator or designated person shall inform: the Administrator, Program Director or DC, legal representative, case manager, Ombudsman and DHS (if it fits the definition of serious injury) of the hospitalization. If it is not possible to reach the above individuals, staff will continue to call and document each attempt in the medical progress notes. Once contact is made, document the date, time, and person staff talked to.

**D. Seizures**

Refer to individual Seizure Protocol (if applicable). If there is not an Individual Seizure Protocol, refer to the ORH/WSS General Seizure Protocol. If a person is injured while experiencing a seizure, he/she should be examined at the local Emergency Room. All seizures and required treatments must be documented in person's Health Record. Refer to Policy on Seizures in Medical Policy book to ensure correct procedures for dealing with treatment of seizures.

**E. Mental health crisis**

If staff believes that a person is experiencing a mental health crisis, they will:

1. Call 9-1-1  
Or
2. Call the Crisis Line/Mobile Crisis (mental health crisis intervention team)  
(218) 828-4357  
1-800-462-5525

**F. Death**

If staff on duty determines a person to be critically ill or injured, proceed with the Emergency Medical Procedure (major illness/injury). If staff suspects a person has expired, 9-1-1 should be summoned immediately, then proceed with emergency/first aid until ambulance arrives.

After the person has been taken to the hospital, and if a death has occurred, the following steps will be taken:

1. Notify the PC and DC.
2. The PC or designee will contact the person's medical professional for specific information.
3. The PC or DC will notify the person's case manager and/or the county of responsibility.
4. The PC or DC will notify the Legal Representative and other people as designated on the HIPAA release.

If death has occurred and the body has not been transported to the hospital, the PC or DC will ensure the coroner and funeral home have been notified.

**1. Post Mortem Care**

- a. The PC on shift must fill out the Death Summary.
- b. Person's personal belongings shall be inventoried and distributed at the direction of the legal guardian. Send eye glasses and prosthetic devices with the mortician. No other belongings are to be sent with the mortician. If assistance is requested in making funeral arrangements, they will be provided. The deceased person's records will be retained for seven years following death.
- c. The Office of Ombudsman for Mental Health and Developmental Disabilities is to be notified

within 24 hours informing them of a death. The report form for death and serious injury will be completed and submitted by fax.

Office of Ombudsman for Mental Health and Developmental Disabilities  
121 7th Place East  
Suite 420, Metro Square Building  
St. Paul, MN 55101-2117

Fax: 651-797-1950  
Phone: 651-296-1021

- d. The Department of Human Services Licensing Division is to be notified of a death. The report form for death and serious injury will be completed and submitted by fax.

Department of Human Services  
Licensing Division  
PO Box 64242  
St. Paul, MN 55164-0242

Fax: 651-431-7673  
Phone: 651-431-6500

### **Severe Weather**

#### **A. Tornadoes/Severe Thunderstorms (Staff Responsibilities)**

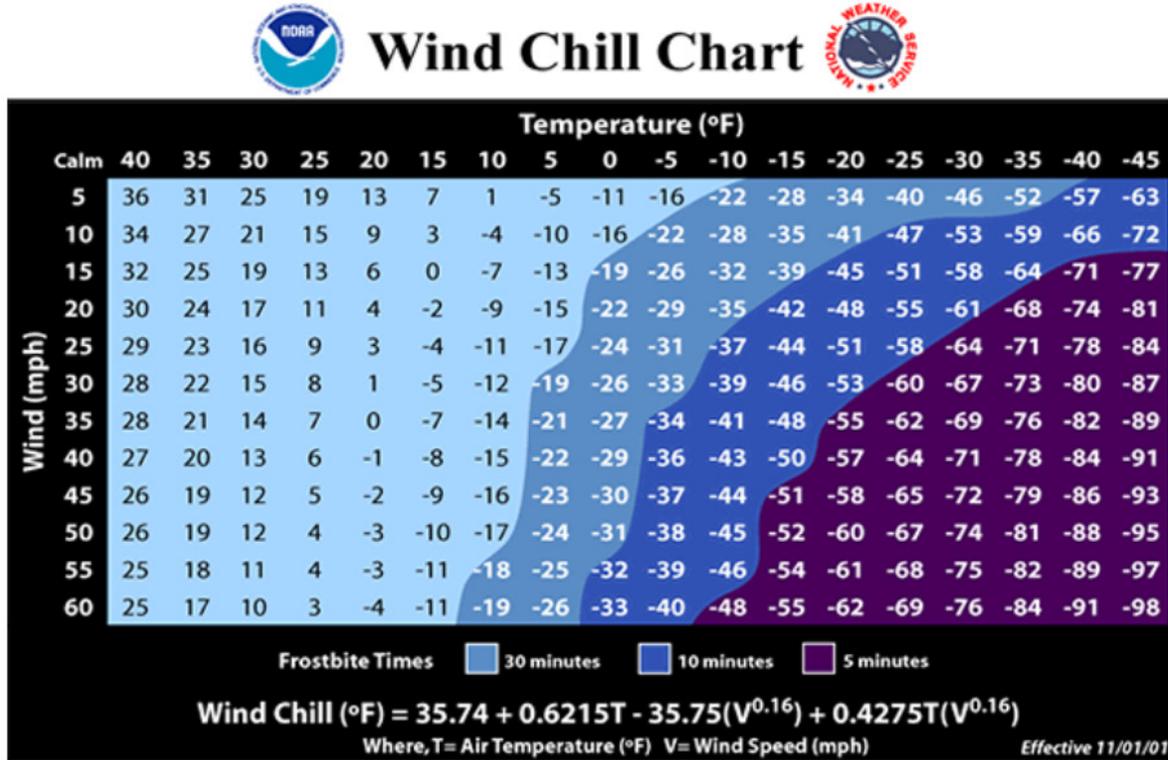
1. Staff immediately move persons to the spot listed on each location's Emergency Information Sheet
2. Keep persons away from windows, doors, glass, outside walls and open spaces.
3. Protect person's heads from falling objects or flying debris.
4. Blankets, flashlights and a battery-operated radio (to tune into local radio station) should be gathered.

#### **B. Blizzards**

1. Persons stay home from day programs and outings.
2. Curtains and shades are to be drawn to retain heat.
3. If there is a loss of power or electricity, the persons may be moved to one room within the home.
4. Enough dry goods should be stored in the winter to provide at least three days of meals for the persons.

#### **C. Severe Cold**

**ORH/WSS has established a Marker Wind Chill Temperature when everyone stays indoors. The Wind Chill Marker is -20°.** It is at these times that all unnecessary travel and activities are to be cancelled. The Wind Chill Chart is attached. This procedure does not include the Day Programs. Refer to each person's CSSP-A for specifics regarding wind chill directions.



The persons ORH/WSS provides services for may be vulnerable to severe wind chills. The elderly population, DD, the very young, medically fragile and/or the type of physical disability could make these individuals more vulnerable to hypothermia and frostbite. Staff need to know the weather forecast during winter time months. It will be staff’s responsibility to know the weather and the road conditions before traveling.

Before traveling, staff will get information regarding road conditions. They may contact the Minnesota Department of Transportation, call 511 or visit [www.511.mn.org](http://www.511.mn.org). Staff may also listen to the local radio station (Station is listed on each location’s Emergency Information Sheet) for local conditions.

Proactive and Preventive Measures When Traveling:

1. Persons should wear several layers of clothing, as well as protection against dampness and wind.
2. Have the persons cover exposed skin. Cover as much of the face as possible without blocking vision
3. Have the persons wear a hat/cap that covers their ears. Greater than 50% of an individual’s body heat is lost through their head.
4. Make sure boots and mittens do not restrict circulation.
5. Keep the van/car winterized with fresh antifreeze, winter windshield washer fluid, winter weight oil and a tune up.
6. During the winter months, staff will keep a minimum of half a tank of gas in the vehicles in case there is difficulty with travel.
7. Each van will have a basic roadside kit.

### Staff Responsibility during Severe Cold

1. If the weather is severe in nature, travel for unnecessary activities will be suspended. If other programs (day program, school, community activities) are being canceled due to weather, persons should stay at home.
2. If a staff deems travel to be necessary, staff will get approval from the Administrator or Program Director, let someone know where they are going (proximity, route), and take a cell phone with them.
3. If a vehicle becomes stranded, stay with it until help arrives. Do not try to walk for help. Stay with the persons.
4. Do not attempt to push or shovel vehicle out.
5. Display the "Help Sign".
6. Take along a cell phone and emergency contact phone numbers.

### Unauthorized or Unexplained Absence

- A. If the person has an Elopement/Running Away Protocol, refer to that Protocol.
- B. If the person does not have an Elopement/Running Away Protocol:
  1. Contact the place where the person was last supposed to be.
  2. Check streets and bus routes.
  3. If person can't be found, contact the police department and follow their instructions.
  4. Contact the PC/DC/Program Director/Administrator.
  5. DC or PC will contact the legal guardian and case manager.

### Staff Responsibility re: Unauthorized or Unexplained Absence returning from Day Program/ Work/ Activity

1. If a person has a history of eloping/running away and a plan has been designed, please refer to that Protocol.
2. If a person does not return from work or outing within a reasonable amount of time (a reasonable amount of time depends on each person), the staff should call the place of work or place where person was last supposed to be to see if they are still there. If the person has already left, the staff should check the van route or walking route in their vehicle and see if the person is anywhere on the street.
3. If the person has not yet been located, staff should call the van driver to see if the person took the wrong van or if the driver kept him/her through the route. If the person cannot be found, the police department should be called and a Missing Person's Report filed. The PC/Program Director/Vice President should be notified, and in turn the parents and/or guardian and case manager that a Missing Person's Report has been filed.

### Staff Responsibility re: Unauthorized or Unexplained Absence from the Home

When a person is missing from the home, the staff shall notify the PC/DC immediately. The home should be checked thoroughly. This includes closets, bathrooms, under the beds, and locked rooms. Check the entire home's property. Check outdoors: yard, staff cars, sidewalks, garage. Check neighbor's property outdoors. Contact neighbors to see if they observed a person wandering around the area. Give them a description of the person. If the person has not yet been located, staff should call the police department and file a Missing Person's Report. Notify the PC/DC. Staff will have the following information available for the police: current photograph (one is always in person program file), height, weight, color of hair and eyes, description of clothing they were wearing, and their

diagnoses. Contact the parent and/or legal representative. Additional staff should be called in to assist in the search. Administrator/Program Director/DC should coordinate the search paying special attention to highways, creeks/rivers, etc.

### **Intruders in the Home**

Should a person or group of people push or force their way into the home and demand possession of items, let them take what they want. Observe intruders for distinguishing traits (i.e., gait, scars, skin and hair coloring, voice, clothing, smell, height, weight, etc.) and if possible, the vehicle or how they left the home (on foot, car, truck, motorcycle). When they leave, call Police and report the incident and follow their instructions.

### **Obscene Phone Calls**

If an obscene phone call is received, hang up immediately. If the caller persists, tell him/her you are going to track the call (if the town the home is in has \*69 capabilities). Then, dial \*69 and record the date and time of the call and the number given. Give this information to the DC. If the home does not have \*69 capabilities or \*69 is blocked, record the date and time of the call. Notify the DC and he/she will then determine further action. The DC may instruct you to go to the police station and fill out forms or to call a number with your local phone service.

### **Bomb Threat and Other Threats**

If a bomb threat or any other threat is received:

1. Note the information received and any distinguishing traits of the caller's voice.
2. Notify police (9-1-1) immediately and follow their instructions.
3. If persons are to be evacuated, they should be taken to immediate shelter at a previously determined local home (listed on each location's Emergency Information Sheet).
4. Notify the PC, DC and Vice President.

### **Person Served to Person Served Physical Aggression / Conduct of Person**

This situation is when a person is exhibiting conduct against another person receiving services that is so severe, pervasive or objectively offensive, that it substantially interferes with a person's opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of ORH/WSS.

#### **Staff Responsibilities**

- a. If a person has his/her own Behavior Individual Program Plan/Treatment Plan (part of the person's CSSP-Addendum), staff will follow that plan.
- b. Summon additional staff, if available. Use verbal de-escalation techniques taught in Therapeutic Intervention (TI).
- c. If injury to a person has occurred or there is eminent possibility of injury to a person, implement approved therapeutic intervention procedures - see the ORH/WSS Emergency Use of Manual Restraint (EUMR) Policy and Procedures. Only techniques taught in the ORH/WSS TI Class are approved for use.
- d. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.
- e. Notify PC and DC immediately after the incident.
- f. Fill out the following forms:
  - (1) Staff will fill out the Incident/Behavior Report for the person who has been aggressed upon and a separate one for the person who did the aggressing.

- (2) If an EUMR was used, the DC will complete the Behavior Intervention Reporting Form (BIRF).

### **Law Enforcement and/or Fire Department Involvement**

Whenever Police and/or the Fire Department (9-1-1) are called, staff will follow their instructions immediately. Staff will fill out the Incident/Behavior Report and will notify the PC and DC. DC or PC will notify the Legal Representative, Case Manager and the Day Program.

### **Sexual Activity Between Persons Involving Force or Coercion**

(As Defined Under Section 609.341, Subdivisions 3 And 14)

*Note: "Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily harm or commission or threat of any other crime by the actor against the complainant or another, which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit. "Coercion" means words or circumstances that cause the complainant reasonably to fear the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact. Proof of coercion does not require proof of a specific act or threat.*

### **Staff Responsibilities:**

- A. Instruct the persons in a calm, matter-of-fact and non-judgmental manner to discontinue the activity. Do not react emotionally to the person's interaction.
- B. If the person does not respond to a verbal redirection, intervene to protect the person from force or coercion, following the EUMR Policy and Procedures if necessary.
- C. Summon additional staff if necessary and feasible.
- D. If the persons are unclothed, provide them with a robe or other appropriate garment. Do not have them re-dress in the clothing they were wearing.
- E. Do not allow persons to bathe or shower until law enforcement has responded and cleared this action.
- F. Contact law enforcement as soon as possible and follow all instructions.
- G. If the person(s) expresses physical discomfort and/or emotional distress, or for other reasons staff feels necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.
- H. Contact PC and DC immediately. DC or PC will notify the Legal Representative and Case Manager.
- I. Fill out the following forms:
  1. Fill out the Incident/Behavior Report for the person who has been coerced and a separate one for the person who did the coercing.
  2. If an EUMR is used, the DC will complete the Behavior Intervention Reporting Form (BIRF).

### **Emergency Use of Manual Restraint (EUMR)**

Follow the ORH/WSS EUMR Policy and Procedures.

The DC will submit the BIRF online. The link to this form is:

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

### **Maltreatment**

Follow the ORH/WSS Maltreatment of Minors or Vulnerable Adult Reporting Policy.

### **Fire OR Other Events Requiring the Relocation of Services for More than 24 Hours**

Fires or other events requiring relocation of services for more than 24 hours may be due to many reasons, including, but not limited to, arson, tornado, roof collapsing, furnace malfunction, flooding, and mold after flooding, and gas explosion within the block or other physical plant disasters.

Staff and persons will evacuate the premises to a designated meeting place listed on each location's Emergency Information Sheet and will call the appropriate authorities. Staff will follow all the instructions and work with the authorities. Staff will notify DC or PC. DC or PC will notify the Legal Representative, Case Manager, County Licensor and the Day Program.

### **Pandemic Outbreak**

Upon request, ORH/WSS will cooperate with state and local government disaster planning agencies working to prepare for or react to emergencies presented by a pandemic outbreak.

### **Natural Disaster**

Should a natural disaster occur (flood, earthquake, etc.) it would be expected that communication methods will be disrupted. As such, in the event of a natural disaster, ORH/WSS staff will take directives from responding state and local authorities, and/or disaster relief personnel dispatched by the federal government.

### **Power Failure**

Generally, power failures are quickly repaired by the appropriate provider, and present little risk to ORH/WSS staff and/or persons. Should a power outage extend beyond several hours, ORH/WSS staff should call the appropriate ORH/WSS office during business hours, or the appropriate on-call person after hours. If the power failure becomes a risk to the well-being of ORH persons and/or staff, the house will seek temporary shelter at another ORH/WSS home or a hotel, as directed by the administration.

### **Other Events That Threaten The Immediate Health And Safety Of A Person**

There are an infinite number of ways that an emergency can happen. When a unique emergency occurs that threatens the well-being of ORH/WSS staff and/or person, the involved staff will seek assistance by calling 9-1-1. ORH/WSS staff will comply with the directives of the law enforcement or emergency medical personnel as appropriate to the situation. As soon as possible, the company will be notified of the event either by way of the appropriate office or appropriate on-call person associated with your home.

### **People to Contact in Case of an Emergency if Designated People are Unavailable**

Cory Felske – Vice President of ORH/WSS 218- 820-3715 or 218-829-7599.

Dave Felske – Owner/President of ORH/WSS 218-829-7599 or 218-821-0543

### **Vehicle Accident Procedures**

#### **Accident - no other vehicle involved (going into ditch, hitting an inanimate object):**

1. Remain calm.
2. Check passengers for injuries - calm their fears.
3. If serious injuries - call ambulance
4. If minor injuries (even if there are no apparent injuries), persons receiving services will be checked out by a medical professional – first try their primary care medical professional, next Urgent Care and then the Emergency Room as a last resort.
5. If staff receives a minor injury, they are required to complete a work comp injury form and submit it to HR and/or work comp within 24 hours. It is up to the discretion of staff if they feel they need to be seen by a medical provider for any possible injury sustained in the accident.
6. Call police, your immediate supervisor, and Cory Felske at 218- 820-3715 or 218-829-7599.
7. When help arrives - check for damage to the vehicle and call towing if necessary.
8. Supervisor will notify the DC on location of the condition of vehicle, persons injured, what has

been done.

9. File Accident Report with the Brainerd office and Incident/Behavior Report for each person involved.
10. If police call an ambulance and it is not needed, you have the right to refuse the ambulance.

Accident involving another vehicle:

1. Remain calm - say nothing except to police or insurance company.
2. Check passengers for injuries - calm their fears.
3. If serious injuries, call ambulance,
4. If minor injuries (even if there are no apparent injuries), persons receiving services will be checked out by a medical professional – first try their primary care medical professional, next Urgent Care and then the Emergency Room as a last resort.
5. If staff receives a minor injury, they are required to complete a work comp injury form and submit it to HR and/or work comp within 24 hours. It is up to the discretion of staff if they feel they need to be seen by a medical provider for any possible injury sustained in the accident
6. Call police, your immediate supervisor, and Cory Felske at 218- 820-3715 or 218-829-7599. Your supervisor will contact the families and case managers.
7. Get driver's license number and name of insurance company of other driver.
8. When help arrives, see that injured are taken care of.
9. When help arrives, check vehicle for damage. Call towing if necessary.
10. File Accident Report with the Brainerd Office and an Incident Report for each person involved.
11. If police call an ambulance and it is not needed, you have the right to refuse the ambulance.

**EMERGENCY TELEPHONE NUMBERS – 9-1-1**

Telephone numbers for:

- A. Police, Hospital and Towing Service will be listed on each location's Emergency Information Sheet
- B. Insurance Company: Please refer to the current insurance card kept in every vehicle.

## TEMPORARY SERVICE SUSPENSION POLICY AND PROCEDURES

### POLICY

It is the policy of ORH/WSS to ensure our procedures for temporary service suspension promote continuity of care and service coordination for persons receiving services.

### PROCEDURES

- A. ORH/WSS will limit temporary service suspension to the following situations:
  - 1. The person's conduct poses an imminent risk of physical harm to self or others and either:
    - a. positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety; or
    - b. less restrictive measures would not resolve the issues leading to the suspension; or
  - 2. The person has emergent medical issues that exceed the license holder's ability to meet the person's needs; or
  - 3. ORH/WSS has not been paid for services.
- B. Prior to giving notice of temporary service suspension, ORH/WSS must document actions taken to minimize or eliminate the need for service suspension.
  - 1. Action taken by ORH/WSS must include, at a minimum:
    - a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
    - b. A request to the case manager for intervention services, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in ORH/WSS.
  - 2. If, based on the best interests of the person, the circumstances at the time of the notice were such that ORH/WSS was unable to consult with the person's team or request intervention services; ORH/WSS must document the specific circumstances and the reason for being unable to do so.
- C. The notice of temporary service suspension must meet the following requirements:
  - 1. ORH/WSS must provide written notification of the intended service suspension to the person and/or their legal representative and the case manager.
  - 2. If the temporary service suspension is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including an ICF/DD, the license holder must also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
  - 3. Notice of temporary service suspension must be given on the first day of the service suspension.
  - 4. The written notice of service suspension must include the following elements:
    - a. the reason for the action;
    - b. a summary of actions taken to minimize or eliminate the need for temporary service suspension; and
    - c. why these measures failed to prevent the suspension.
  - 5. During the temporary suspension period ORH/WSS must:

- a. provide information requested by the person or case manager
  - b. work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care
  - c. maintain information about the service suspension, including the written notice of temporary service suspension in the person's record
- D. A person has the right to return to receiving services during or following a service suspension with the following conditions:
1. Based on a review by the person's support team or expanded support team, the person no longer poses an imminent risk of physical harm to self or others.
  2. If, at the time of the service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the support team or expanded support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others.
    - a. If the support team or expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, ORH/WSS must document the specific reasons why a contrary decision was made.

*Revised: 12/02/15*

## SERVICE TERMINATION POLICY AND PROCEDURES

### POLICY

It is the policy of ORH/WSS to ensure our procedures for service termination promote continuity of care and service coordination for persons receiving services.

### PROCEDURES

- A. ORH/WSS must permit each person to remain with ORH/WSS and must not terminate services unless:
  1. The termination is necessary for the person's welfare and the person's needs cannot be met in the facility.
  2. The safety of the person or others in ORH/WSS is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others.
  3. The health of the person or others in ORH/WSS would otherwise be endangered.
  4. ORH/WSS has not been paid for services.
  5. ORH/WSS ceases to operate.
  6. The person has been terminated by the lead agency from waiver eligibility.
- B. Prior to giving notice of service termination, ORH/WSS must document the actions taken to minimize or eliminate the need for termination.
  1. Action taken by ORH/WSS must include, at a minimum:
    - a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to the issuance of the notice; and
    - b. A request to the case manager for intervention services, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in ORH/WSS.
      - (1) The request for intervention services will not be made for service termination notices issued because ORH/WSS has not been paid for services.
  2. If, based on the best interests of the person, the circumstances at the time of the notice were such that ORH/WSS was unable to consult with the person's team or request intervention services, ORH/WSS must document the specific circumstances and the reason for being unable to do so.
- C. The notice of service termination must meet the following requirements:
  1. ORH/WSS must provide written notification to the person and/or their legal representative and the case manager of the intended service termination.
  2. If the service termination is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including an ICF/DD, the license holder must also notify the Department of Human Services (DHS) in writing. DHS notification will be provided by fax at 651-431-7406.
  3. The written notice of a proposed service termination must include all of the following elements:
    - a. the reason for the action;

- b. a summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension, and why these measures failed to prevent the termination or suspension; (A summary of actions is not required when service termination is a result of the when ORH/WSS is ceasing operation.)
  - c. the person's right to appeal the termination of services under Minnesota Statutes, section 256.045, subdivision 3, paragraph (a); and
  - d. the person's right to seek a temporary order staying the termination of services according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).
4. The written notice of a proposed service termination, including those situations which began with a temporary service suspension, must be given before the proposed effective date of service termination.
    - a. For those persons receiving intensive supports and services, the notice must be provided at least 60 days before the proposed effective date of service termination.
    - b. For those persons receiving other services, the notice must be provided at least 30 days before the proposed effective date of service termination.
  5. This notice may be given in conjunction with a notice of temporary service suspension.
- D. During the service termination notice period, ORH/WSS must:
1. work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care;
  2. provide information requested by the person or case manager; and
  3. maintain information about the service termination, including the written notice of intended service termination, in the person's record.

*Revised: 12/2/15*

## **FISCAL POLICIES AND PROCEDURES FOR PERSONS RECEIVING SERVICES**

### **POLICY**

Persons receiving services from ORH/WSS receive money from various sources to cover the cost of their care and personal needs. ORH/WSS will adhere to strict procedures/guidelines to ensure the safekeeping of funds.

### **PROCEDURES:**

As part of the ORH/WSS Admission Packet, the Funds and Property Authorization Form will be filled out, signed and dated by the person receiving services, the person's legal representative, and the person's case manager. Authorization expires annually and will be renewed on an annual basis.

Whenever ORH/WSS assists a person receiving services with the safekeeping of their funds or other property, ORH/WSS will ensure that:

1. the person retains the use and availability of his/her personal funds or property unless restrictions are justified and documented;
2. there will be separation of each person's funds from funds of other persons served by ORH/WSS and from funds of ORH/WSS and staff;
3. staff at ORH/WSS will immediately document the receipt of and disbursement of a person's funds or other property at the time of receipt or disbursement, including the person's signature or the signature of the person's legal representative or payee;
4. ORH/WSS returns to a person, upon request, funds and property that ORH/WSS has in their possession and according to any justified and documented restrictions, as soon as possible, but no later than three working days after the date of a person's request.

### **ORH/WSS and staff may not:**

1. borrow money or items from a person receiving services from ORH/WSS.
2. lend money or items to a person receiving services from ORH/WSS.
3. purchase or receive personal items from a person receiving services from ORH/WSS.
4. sell or give merchandise or personal services to a person receiving services from ORH/WSS.
5. require a person, who is receiving services from ORH/WSS, to purchase items for which ORH/WSS is eligible for reimbursement.
6. use the funds of a person who is receiving services from ORH/WSS to purchase items for which ORH/WSS is already receiving public or private payments. Persons receiving services from ORH/WSS are strongly discouraged from purchasing items that are reasonably expected to be purchased by ORH/WSS for the furnishing, maintaining and general operation of the home.
7. allow a person receiving services from ORH/WSS to volunteer or work at a staff member's home, property or business.
  - A. Persons are encouraged to volunteer only for charitable, non-profit organizations;
8. accept powers-of-attorney from a person receiving services from ORH/WSS for any purpose, and may not accept an appointment as guardian or conservator of a person receiving services from ORH/WSS.

### **Examples**

- No Direct Sales parties
- No purchase of leaf blowers or other equipment
- No student fundraiser solicitation
- No staff buying food for a person
- No staff bringing decorations or other furnishings from home to decorate or furnish a ORH/WSS home
- No person lending money to another person who is short for a movie ticket or any other reason
- No purchase of a dining room set or other furniture by a person for the house
- No person buying Christmas gifts for staff
- No person can lend money to a staff to buy cigarettes or for any other reason
- No co-mingling of funds is acceptable.

Exceptions to the above guidelines may be made only with full disclosure to ORH/WSS administration, person's legal representative, case manager and written consents obtained by them. Exceptions shall be submitted to the ORH/WSS Board of Directors for approval prior to any such exception occurring.

**Data privacy and access to financial records:**

ORH/WSS must protect the privacy of each person's financial records. All financial records kept by ORH/WSS will be available at any time to the person, the person's legal representative, if any, and the person's case manager.

**Itemized financial statements:**

ORH/WSS must complete itemized financial statements when it is responsible for safekeeping of a person's funds and property. The financial statements will itemize receipts (money or property received) and disbursements (money spent or property disposed). These itemized financial statements will be provided to the person, the person's legal representative, and case manager according to their preference. Documentation of transactions will be kept by ORH/WSS according to the record retention schedule.

**Person's accounts**

All funds belonging to a person receiving services will be separated from the funds of ORH/WSS and staff. The following types of accounts may be opened for each person:

- Cash Account:** A cash account, located in each home or office, may be maintained for a person and used for personal needs. Cash on hand may not exceed the personal needs allowance, as determined by the County, for each person except for special purchases or anticipated activities. Circumstances requiring increased cash on hand must be pre-approved by administration. All money not used for the special purpose or activity in excess of the person's personal needs amount shall be deposited into their bank account following the expenditure. Cash will be kept in a locked area of the home. Cash management procedures have been established and shall be followed to assure fiscal responsibility.
- Checking and/or Savings Account:** A checking and/or savings account may be opened for each person at a local bank or savings and loan association. Withdrawals can only be made by the PC, authorized office employees, persons, or legal representatives. Purchase limitations will be established by the legal representative and case manager at admit and on an annual basis on the Funds and Property Authorization Form. Major purchases as defined by each person's Funds and Property form, must be approved by the legal representative on the ORH/WSS Approval of Purchase form. Additional documentation describing the purpose and intent of a major purchase

will be required.

### **Expenditures**

Purchases made with a person's funds must be made in the best interest of the person. Purchases of items that are reasonably expected to be purchased by ORH/WSS for the furnishing, maintaining and general operation of the home are discouraged and only allowed under special circumstances. In order for such purchases to be made, complete disclosure must be made to the person, the person's case manager, and the person's legal representative. These purchases also need to be approved by ORH/WSS administration. Signed consent forms (Approval of Purchase) must be obtained before the purchase is made. The legal representative may want court approval of such expenditures. All purchases must be documented with receipts.

### **Reconciliation**

Person cash account ledgers must be updated and documented as purchases and deposits are made. Savings and checking accounts must be reconciled upon receipt of the bank statement(s) by the designated person. All account ledgers should be updated as activity in the account occurs.

### **Inventory of Valuables**

An inventory record will be kept for each person. Items to be inventoried are:

1. electronics
2. DVD's and CD's
3. furniture, bedding and decorations
4. entertainment items such as board games, fish tank, sporting goods, iPad, etc.
5. electric shavers and other hygienic devices
6. hobby items
7. motorized vehicles
8. jewelry, watches, etc.
9. other items that are permanent in nature, have sentimental value and/or are unusually expensive

### **Gift Cards**

Gift cards will be locked up until used and will be recorded on the "Gift Certificate" ledger. It is recommended gift cards be used within one month of receipt. Person served gift cards are stored in their money bag (the total is not added to the count sheet).

### **Discharge/Death**

Disposition of items will be noted. Upon discharge/death, a final inventory will be taken and all current valuables, including money, possessed by the person will be released at the direction of the legal representative.

### **Return of Funds and/or Property**

At any time, should a person receiving services request the return of funds and property in the possession of ORH/WSS, ORH/WSS will return these items, subject to any documented and approved Service Recipient Rights Restrictions which is also part of the Coordinated Service and Support Plan (CSSP) Addendum, as soon as possible, but no later than three working days after the date of the request.

## **FOOD SERVICE POLICY AND PROCEDURES**

### **POLICY**

The goal of ORH/WSS food service is to provide the persons who reside at the home with good nutrition and a chance for them to learn how to develop good nutritional habits for themselves.

### **PROCEDURES**

Whenever possible, we will provide family-style eating with staff eating the same food along with people we serve. Staff will be aware of any individual eating difficulties as stated in each person's Individual Abuse Prevention Plan (IAPP). If a staff brings their own pop or other beverage, it will be poured into a non-descript container. Staff cannot bring in anything that the people we serve cannot have and eat it in front of them unless it is in a non-descript container or out of sight of people we serve.

ORH/WSS will provide three, nutritionally-balanced meals per day. The exception is for school age children while attending school on the hot lunch program, in which case ORH/WSS shall provide two nutritionally-balanced meals per day. ORH/WSS will also make nutritious snacks available between meals per 245D.25. Water and a fruit or vegetable are always available.

In all the meals, ORH/WSS will provide all requirements of what constitutes a healthy diet (according to data from the USDA Dietary Guidelines) and the skills necessary to prepare that diet. Although the food service is not directed by a nutritionist or dietician, ORH/WSS may consult with a dietician for an individual person. Staff competencies must be demonstrated in this area.

Training people we serve to become self-sufficient in the area of nutrition, meal planning and preparation skills is a major objective of the ORH/WSS food service.

The persons who are capable, will prepare their own breakfasts and lunches and rotate preparation of dinner on a weekly basis and/or according to their individual treatment goals. This activity helps teach meal preparation and planning.

The staff will shop at local grocery stores. ORH/WSS will only use USDA grade good or better in beef, and only federally inspected meats of all types purchased.

The Minnesota Department of Health sets the standards of cleanliness in food preparation and storage. Food will be stored in covered containers and marked with the date. These foods will only be kept for 3 days and will be disposed of at that time. All food and drink will be served and eaten in the kitchen/dining room area of the home only. Only water will be consumed in any other rooms including the bedroom. Any exception to this must be pre-approved by administration.

All special diets will be determined by the person's health care provider. The health care provider will also determine the frequency of review. The PC or designated staff will be responsible to inform all other staff of any changes in individual diets. Staff will encourage the people we serve to follow

medical advice from their medical professional. If an individual is deemed to have a choking risk by a medical professional and they are given a doctor's order for a soft mechanical diet, or pureed diet, etc. staff will provide the individual with that prescribed diet.

Menus will be developed, posted weekly and kept on file. Any last minute change in the menu will be hand-written on the menu by the designated staff.

Weight loss and weight gains will be supervised by ORH/WSS direct care staff. The people we serve will be weighed at least monthly. Notable weight loss or gain, that is not part of a weight loss/weight gain program, will be reported to the appropriate professional. The intent will be to determine the cause and receive recommendations from the medical professional. This will be documented in the individual's health care record.

*Written and Approved: 9/27/89  
Rev: 2/18/91, 5/27/97, 1/00, 9/11, 1/12, 1/14, 3/18*

## STAFF ORIENTATION, TRAINING AND IN-SERVICE PLAN POLICY AND PROCEDURES

### POLICY

All employees of ORH/WSS shall receive orientation at the time of hire and training on an annual basis in accordance with Minnesota Statutes and Minnesota Rules.

### PROCEDURES

#### Orientation for New Employees

All new employees to ORH/WSS will receive approximately 30 hours of orientation within the first 60 days of the date of hire. Orientation or training received by staff from sources other than ORH/WSS in the same subjects identified in the ORH/WSS Orientation Checklist may count only if received in the 12-month period prior to date of hire. ORH/WSS must receive both documentation *and* the proof of competency for any non-ORH/WSS training to count. All training areas will include 1) how the training relates to staff responsibilities within their job functions and; 2) and proof of competency.

A. Areas of training will include (but is not limited to):

1. review of the person's Coordinated Service and Support Plan (CSSP), the CSSP Addendum, and each person's Individual Abuse Prevention Plan (IAPP) and Self-Management Assessment to achieve an understanding of the person as a unique individual and staff responsibilities related to implementation of these plans
2. review and instruction on implementation of ORH/WSS policies and procedures, including their location and access
3. emergency procedures
4. explanation of specific job functions and scope of services, including implementing objectives from the person's CSSP and CSSP Addendum
5. explanation of responsibilities related to chapter 245A.65; sections 626.556 (Reporting Maltreatment of Minors) and 626.557 (Vulnerable Adults), governing maltreatment reporting and service planning for children and vulnerable adults
6. medication administration as it applies to the individual person, from a training curriculum developed by a health services professional described in MN Statute 245D
7. service recipient rights and staff responsibilities related to protecting and ensuring the exercise of a person's rights
8. appropriate and safe techniques in personal hygiene and grooming, including hair care, bathing, care of teeth, gums and oral prosthetic devices and other activities of daily living defined as: grooming, dressing, bathing, transferring, mobility, positioning, eating and toileting
9. site-specific Program Abuse Prevention Plan (PAPP)
10. what constitutes a healthy diet according to data from Centers for Disease Control and Prevention and the skills necessary to prepare a healthy diet
11. what constitutes the use of restraints, time out and seclusion, including chemical restraint, and staff responsibilities related to the prohibitions of their use, why such procedures are not effective for reducing or elimination symptoms or undesired behavior and why they are not safe, and the safe and correct use of manual restraint on an emergency basis

12. the principles of person-centered planning and delivery and how they apply to direct support service provided by the staff
  13. demonstrated competency in first aid
  14. safety practices as established by ORH/WSS
  15. responding to and reporting incidents
  16. data privacy requirements according to the ORH/WSS Data Privacy Policy and the federal HIPAA of 1996, and staff responsibilities related to complying with data privacy practices
  17. other topics deemed necessary as determined by the person's CSSP and CSSP Addendum or other areas identified by ORH/WSS.
- B. Orientation shall include a combination of supervised on-the-job training as well as other in-service training. Orientation shall be counted toward ongoing staff training and documented in each employee's training book.

### **Scope and Schedule of Ongoing Staff Training**

All direct service employees shall complete on an annual basis, training hours/competencies as required by Minnesota Statutes and Minnesota Rules for each license and program. Training on relevant topics received from sources other than ORH/WSS may count towards training. After orientation, employees are responsible for documenting training time in their individual in-service files kept in the home they are working in. These will be transferred into their training files kept at the office. **Failure by employees to complete the required annual in-service hours may result in suspension and/or loss of employment.**

### **Content of Ongoing Training**

ORH/WSS will provide ongoing training in the areas listed below; however, training is not limited to these areas alone:

- A. each person's CSSP and CSSP Addendums including documentation, data collection and analysis
- B. analysis of challenging behaviors and positive techniques for achieving behavioral change
- C. task analysis skills
- D. service recipient rights and staff responsibilities related to protecting and ensuring the exercise of each person's rights
- E. techniques for training and teaching communication and social skills
- F. Minnesota laws and ORH/WSS policies on Vulnerable Adult and Maltreatment of Minors, including the ORH/WSS Vulnerable Adult Reporting Policies and Procedures (VARPP), each person's Individual Abuse Prevention Plan (IAPP)/Self-Management Assessment, each location's Program Abuse Prevention Plan (PAPP)
- G. any other areas appropriate to the needs of the ORH/WSS population, including but not limited to, sign language, alternative communication devices, lifting and positioning of persons, assessment of equipment needs, etc.
- H. psychotropic medications and their side-effects, target behaviors and each person's Behavior Individual Program Plan (BIPP) or Treatment Plan
- I. all other annually mandated areas

### **Cardiopulmonary Resuscitation (CPR)**

All direct service staff will receive CPR training within the first year of hire. Proof of training and competency will be kept in each employee's training book. CPR training will include in-person instruction, hands-on practice, and an observed skills assessment under the direct supervision of a CPR instructor.

### **Medication Administration**

Staff may administer medications only after successful completion of medication administration training taught by the ORH/WSS registered nurse and from the training curriculum per Statute 245D and developed by the ORH/WSS registered nurse. The training curriculum will incorporate an observed skill assessment to ensure staff demonstrates the ability to safely and correctly follow medication procedures.

### **Medical Equipment**

When necessary for the people served in that particular location, staff will receive training and review on the safe and correct operation of medical equipment used by the person to sustain life. This training will be provided by the ORH/WSS licensed healthcare professional or a manufacturer's representative and will incorporate an observed skill assessment to ensure staff demonstrates the ability to safely and correctly operate the equipment according to the treatment orders and the manufacturer's instructions.

### **Emergency Training**

All staff shall receive training in emergency procedures on an annual basis and what staff responsibilities are in regards to the emergency procedures. This shall include but not be limited to: location of first aid kits within the building, use of 9-1-1 for emergency medical transportation, and location of telephone numbers for persons to notify when emergencies occur (parents, legal representatives, case managers, etc.).

### **First Aid**

All staff will be trained in first aid as part of their orientation. Documentation for training will include a proof of competency and will be kept in each staff's Training Book. First Aid training will also be offered annually.

### **Mental Health Certification**

All staff working in a Community Residential Setting (CRS) that requires Mental Health Certification will receive at least seven hours of annual training covering all of the following topics: mental health diagnoses; mental health crisis response and de-escalation techniques; recovery from mental illness; treatment options including evidence-based practices; medications and their side effects; suicide intervention, warning signs, responses; co-occurring substance abuse and health conditions; and community resources. Documentation of training shall be placed in the employee's training book.

### **Emergency Service Initiation**

In the event of an emergency service initiation, staff will receive orientation to the individual service recipient needs within 72 hours of first having unsupervised direct care contact with the person receiving services.

### **Training in Policies and Procedures**

ORH/WSS will provide training in all current policies and procedures required under Statute 245D, including their location and access, and staff responsibilities related to implementation of the ORH/WSS policies and procedures. This training is required for initial and continued employment with ORH/WSS and will be documented in every employee's Orientation Checklist and the Annual In-service List every year thereafter. Implementation of policies and procedures will be monitored and documented on each employee's annual job performance evaluation. Opportunities for discussion of policies and procedures will also be provided at each employee's annual job performance evaluation. Policies and Procedures are readily accessible to staff. A copy is provided at each location. Policies and procedures are indexed with a Table of Contents.

### **In-service and Staff Meetings**

Employees are responsible for attending monthly in-services and staff meetings which may include topics presented such as: Vulnerable Adults Training, Emergency Policies and Procedures, Dietary, OT,

PT, Speech and Dental Training, CPR, First Aid, Therapeutic Intervention, EUMR and others designated mandatory by the Administrator.

An “Excused Absence” is missing this in-service and/or staff meeting due to conflicts with school, sickness, family emergencies, other employment and vacation. The employee must call the PC/DC, in advance, for an excused absence.

A missed in-service and/or staff meeting (with an excused or unexcused absence) must be made up as soon as materials are available. Failure to do so may result in disciplinary action. An unexcused absence of any in-service or staff meeting may result in a Coaching Note in the Employee’s Personnel File or possible Disciplinary Action.

Proof that the staff meeting and training has been made up must be presented to the PC and DC. It is the employee's responsibility to document in-services attended and completed on their annual In-service form.

*Revised: 1/1/14*

## SERVICE RECIPIENT RIGHTS POLICY AND PROCEDURES

### POLICY

ORH/WSS is licensed under Minnesota Statutes, Chapter 245D. It must help you exercise and protect your rights identified in Minnesota Statutes, section [245D.04](#).

Service recipient rights are rights that all individuals receiving services from ORH/WSS are given under 245D.

### PROCEDURES

When receiving services and supports from ORH/WSS, I have the right to:

1. Take part in planning and evaluating the services that will be provided to me.
2. Have services and supports provided to me in way that respects me and considers my preferences (Including personal items in my bedroom).
3. Refuse or stop services and be informed about what will happen if I refuse or stop services.
4. Know, before I start to receive services from ORH/WSS, if ORH/WSS has the skills and ability to meet my need for services and supports.
5. Know the conditions and terms governing the provision of services, including ORH/WSS's admission criteria and policies and procedures related to temporary service suspension and service termination.
6. Have ORH/WSS help coordinate my care if I transfer to another provider to ensure continuity of care.
7. Know what services ORH/WSS provides and how much they cost, regardless of who will be paying for the services, and to be notified if those charges change.
8. Know, before I start to receive services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
9. To have staff that is trained and qualified to meet my needs and support.
10. Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
11. Have access to my records and recorded information that ORH/WSS has about me as allowed by state and federal law, regulation, or rule.
12. Be free from abuse, neglect or financial exploitation by ORH/WSS or its staff.
13. Be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or putting me in time out, seclusion, restrictive intervention; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
14. Receive services in a clean and safe location. Receive services in a setting that is clean and free from accumulated dirt, grease, garbage, peeling paint, mold, vermin, and insects. This setting is also free from hazards that threaten the person's health or safety. This setting meets the definition of a dwelling unit within a residential occupancy as defined in the State Fire Code.

15. Be treated with courtesy, dignity and respect and have my property treated with respect. I will have access to my personal property at all times. If this property is not within my bedroom and I have stored it somewhere else in the house, I can ask staff for help in accessing my property.
16. Be allowed to reasonably follow my cultural and ethnic practices and religion.
17. Be free from prejudice and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.
18. Be told about and to use ORH/WSS's grievance policy and procedures, including knowing how to contact persons responsible for helping me to get my problems with ORH/WSS fixed and how to file a social services appeal under the law.
19. Know the names, addresses and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.
20. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from ORH/WSS.
21. Give or not give written informed consent to take part in any research or experimental treatment.
22. Choose my own friends and spend time with them at home or in the community.
23. Have personal privacy. I will have a lock on my bedroom door that I may lock if I desire to do so. I will be responsible for the key. The landlord/provider may enter for health and safety reasons at any time. If I am in my room, staff will knock and ask permission to enter. I will have the freedom to furnish and decorate my bedroom or living unit.
24. Have access to and take part in activities that I choose in the community.
25. Have access to my personal possessions at any time, including financial resources.

***RESIDENTIAL SERVICES AND SUPPORTS (meaning out-of-home crisis respite, supported living services, foster care services in a foster care home or a community residential setting) MUST INCLUDE THESE ADDITIONAL RIGHTS:***

26. Have free, daily, private access to and use of a telephone for local calls, and long-distance calls made collect or paid for by me.
27. Receive and send mail and emails and not have them opened by anyone else unless I ask.
28. Use of and have free access to common areas and the freedom to come and go at will.
29. Choose who visits, when they visit and to have visits in private (including bedroom) with my spouse, family, legal counsel, religious guide, or others allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09. Each home will develop their own guidelines for visitors.
30. Have access to three nutritious meals and healthy snacks between meals each day. There will be food and water available to you at all times. If you choose to purchase snacks, ORH/WSS will provide a place for you to store these snacks in the kitchen area.
31. Choose how to furnish and decorate my bedroom or living unit.
32. Receive opportunities to seek employment and work in competitive integrated settings.
33. Receive support with my control of money (specifics are listed on Funds and Property Authorization form).

## **RIGHTS RESTRICTIONS**

### **Can My Rights be Restricted?**

Restriction of your rights is allowed only if determined necessary to ensure your health, safety, and well-being. Any restriction of your rights must be documented in your coordinated service and support plan or coordinated service and support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect you and provide you support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner.

### **What is ORH/WSS Required To Do If My Rights Will Be Restricted?**

Before ORH/WSS may restrict your rights in way ORH/WSS must document the following information:

1. the justification (meaning the reason) for the restriction based on an assessment of what makes you vulnerable to harm or maltreatment if you were allowed to exercise the right without a restriction;
2. the objective measures set as conditions for ending the restriction (meaning ORH/WSS must clearly identify when everyone will know the restriction is no longer needed and it has to end);
3. a schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and case manager (meaning that at least every six months, more often if you want, the program must review with you and your authorized representative or legal representative and case manager, why the restriction is still needed and how the restriction should change to allow you as much freedom as possible to exercise the right being restricted); and
4. signed and dated approval for the restriction from you or your legal representative, if any.

### **Can ORH/WSS Restrict All Of My Rights?**

ORH/WSS cannot restrict any right they choose. The only rights ORH/WSS may restrict, after documenting the need, include:

1. Your right to associate with other persons of your choice;
2. Your right to have personal privacy;
3. Your right to engage in activities that you choose; and
4. Your right to access your personal possessions at any time.
5. Your right to have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person;
6. Your right to receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication; and
7. Your right to have use of and free access to common areas in the residence; and
8. Your right to privacy for visits with the person's spouse, next of kin, legal counsel, religious guide, or others, in accordance with section [363A.09](#) of the Human Rights Act, including privacy in the person's bedroom.
9. Your right to choose how to furnish and decorate your bedroom or living unit.

### **What If I Don't Give My Approval?**

A restriction of your rights may be implemented only after you or your legal representative has given approval.

### **What If I Want To End My Approval?**

You may withdraw your approval of the restriction of your right at any time if you are your own

guardian. If you do withdraw your approval, the right must be immediately and fully restored.

### **Service Recipient Rights Packet**

This packet contains information regarding your rights while receiving services and supports from ORH/WSS, information on restriction of your rights, and information of where you can go if you have questions or need additional information related to your rights.

- I received the following information within five working days of when I started to receive services and every year after that.
1. A copy of my rights under the law, Minnesota Statutes, section [245D.04](#).
  2. An explanation of what my rights are and that I am free to exercise my rights; and that ORH/WSS must help me exercise my rights and help protect my rights.
- This information was provided to me in a way that I understand. If I needed the information in another format or language, it was given to me in that format or language.
- If my rights are or will be restricted in any way to protect my health, safety, and well-being, the restriction has been explained to me and I understand ORH/WSS must document and implement the restriction as required by law to make sure I get my rights back as soon as possible.

Are there any restrictions placed on my rights?

Yes (if yes, see rights restriction document)     No

I understand that I may contact the agencies below if I need help to exercise or protect my rights:

**Office of the Ombudsman for Mental Health  
and Developmental Disabilities**  
121 7th Place E, Suite 420  
Metro Square Building  
St. Paul, MN 55101  
Phone: (651) 7567-1800 or 1(800) 657-3506  
Fax: (651) 797-1950  
Website: [www.ombudmhdd.state.mn.us](http://www.ombudmhdd.state.mn.us)

**Minnesota Disability Law Center**  
430 1st Ave N, Suite 300  
Minneapolis, MN 55401  
Email: [mndlc@mylegalaid.org](mailto:mndlc@mylegalaid.org)  
Website: <http://www.mndlc.org/>

I want \_\_\_\_\_ to help me exercise my rights.  
Insert name of my authorized representative/ legal representative/ family member

ORH/WSS has this person's contact information in my record.

Revised: 08/19/2020