

Name: Liz Lamson

Date of Hire 9/14/21 Date of first *supervised* direct contact _____
 Date of first *unsupervised* direct contact _____
 Date initial NET Study Sent 9/14/21 Date initial NET study cleared _____

STAFF CHECK LIST	2018	2019	2020	2021
Copy of initial NET study sheet in front pocket of personnel book				
Number of in-service hours required				
Number of in-service hours completed				
Employee Handbook: Sign and Date Acknowledgement Page (only needed at orientation and any year in which a new Handbook is issued)				9/14/21
*Date attended mandatories or completed make-up				Orient.
*Date attended TI or make-up packet				10/19/21
*VA Online certificate				9/14/21
*VARPP reviewed twice annually	1. 2.	1. 2.	1. 2.	1. 9/14/21 2.
Evaluation (date completed)				
Medication Administration certificate in book (stays in book)				
Medication Admin Observation and Competency in book (stays in book)				
CPR Training Date _____ Annual Review date _____				
CPR training certificate or copy of CPR card in book if applicable				
First Aid Competency in book _____ Annual review date _____				
First Aid training certificate or copy of first aid card in book if applicable				
Person Supported Competencies	1.	1.	1.	1. MP 9/16/21
List Consumer Initials and the Date Completed	2.	2.	2.	2. KK 9/16/21
(Includes IPP/BIPP, CSSP-A, CSSP & IAPP-SMA)	3.	3.	3.	3. NHK 9/20/21
	4.	4.	4.	4. LM 9/20/21
	5.	5.	5.	5.

STAFF CHECK LIST	2018	2019	2020	2021
Orientation checklist completed. "Completed" means all areas dated and initialed by trainer and staff				
Back page of orientation checklist completely filled out (all hours of training documented and all areas signed by trainer and staff)				
Adaptive Equipment completed				10/29/20
PAPP Competency				9/16/21
Minimizing the Risk of Sexual Violence Competency				9/14/21
In-services Attended sheet completed and all back up materials included.				

OAKRIDGE WOODVIEW EMPLOYEE BOOK TABLE OF CONTENTS

Front Pocket

- ~~Initial Background Study sent to the State~~
- ~~Background Study received back from the State~~

Staff Checklist for the year-Current year completed with dates and/or checkmarks

Personnel Policies

- ~~Current Policy Acknowledgement Page signed and dated~~
- ~~Orientation Checklist completed with employee and trainers' signatures/Initials and dates~~
- Medication Administration Certificate signed and dated
- Medication Administration Pass Observations x3 signed and dated

Job Related

- ~~Hired for Schedule~~
- ~~Call-In Policy signed and dated~~
- ~~Job description signed and dated~~
- ~~Program Policy Acknowledgement Page signed and dated~~

Competencies

- Adaptive Equipment
- CPR/First Aid
- Cultural Diversity
- Current PAPP Competency for all houses work at
- Current Person Supported Competency worksheets for all clients staff works with
- Know the House
- Mandatories
- Online VA Training Certificate
- Person Centered
- Prohibited Procedures
- Therapeutic Intervention

Orientation Competencies (Required at initial hire. Comps done at initial hire only need to be in this book if initial hire is within the current licensing period)

- ~~Blood borne Pathogens~~
- ~~Charting Guidelines and Competency~~
- ~~Confidentiality in a Community-Based Setting~~
- ~~Core Competency~~
- ~~Crisis Prevention~~
- ~~Cultural Competence~~
- ~~Person Supported Competency worksheets for all clients staff works with~~
- ~~Emergency Reporting Policies and Procedures~~
- ~~Everyday First Aid~~
- ~~How to Develop Healthy Eating Habits~~
- ~~Maltreatment of Minors~~
- ~~Online VA Training Certificate~~
- ~~PAPP~~
- ~~Person-Centered Planning~~
- ~~Plan to Get out Alive~~
- ~~Program Policies~~
- ~~Right to Know~~
- ~~Service Recipient Rights~~
- ~~VARPP Competency~~

MH HOMES ONLY

- Co-occurring substance abuse and health conditions
- MH Diagnoses
- MH Medications & Side Effects
- Recovery from MI
- Suicide intervention, warning signs, and responses

Staff Meetings/Trainings

- Inservices Attended Sheet- completely filled out
- Agendas from all staff meetings attended over the year or make-up packets
- Agendas or proof of any other training attended throughout the year

Back Cover or Folder

- Employee Evaluations



Background Study Notice

Background Study No: 2606237
October 06, 2021

Bethany Christenson
Oakridge Homes of Aitkin, Inc. (1067884)
1021 INDUSTRIAL PARK RD SW
Brainerd, MN 56401-8338
1067884

Elizabeth Lamson
Po Box 132
Aitkin, MN 56431

BACKGROUND STUDY CLEARANCE

What is this notice?

The Department of Human Services (DHS) completed and cleared your background study. The entity listed above requested the background study because it is required for your job or position.

What information does the entity receive?

The entity will receive a copy of this notice.

What if I move?

If your address changes from the one listed above, ask the entity to update it. DHS will send any future information about your background study to the address that the entity provides.

What should I do with this notice?

You should keep a copy of this notice for your records.

What if I want more information?

You can find information on the Background Study website by going to <http://mn.gov/dhs/background-studies/>.

What if I have questions?

If you have questions about your background study status or this notice call (651) 431-6620.



Background Study Notice

Background Study No: 2606237
September 15, 2021

Bethany Christenson
Oakridge Homes of Aitkin, Inc. (1067884)
1021 INDUSTRIAL PARK RD SW
Brainerd, MN 56401-8338
1067884

Elizabeth Lamson
Po Box 132
Aitkin, MN 56431

MORE TIME IS NEEDED TO COMPLETE BACKGROUND STUDY

What does this notice mean?

The entity listed above requested a background study on you. A background study from the Department of Human Services (DHS) is required for your job or position. DHS needs more time to complete the study because additional information or review is needed.

Can I work now?

The entity may choose whether to allow you to work or volunteer while the background study is being completed. The entity is not required to provide continuous direct supervision.

What happens next?

When DHS makes a final decision about your background study, the decision will be mailed to you.

What information does the entity receive?

The entity will receive a copy of this notice and will be informed of DHS' final decision about your background study.

What if I move?

If your address changes from the one listed above, ask the entity to update it. DHS will send any future information about your background study to the address that the entity provides.

What should I do with this notice?

You should keep a copy of this notice for your records.

What if I want more information?

You can find information on the Background Study website by going to <http://mn.gov/dhs/background-studies/>.

What if I have questions?

If you have questions about your background study status or this notice call (651) 431-6620.

Your last visit was Thu 09/09/2021 10:42 AM CDT

Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **DHSMN2001594442**

Payment Details

Description Minnesota Dept of Human Services
NETStudy 2.0
<http://mn.gov/dhs/>

Payment Amount \$20.00

Payment Date 09/14/2021

Status PROCESSED

Payment Method

Payer Name Janis Young

Card Number *0013

Card Type Visa

Approval Code 014902

Confirmation Email michelle@orhvw.com

Billing Address

Address 1 1021 Industrial Park Road

City Brainerd

State MN

Zip Code 56401

Personnel Policy Acknowledgement Page

I have received a copy of the "Employee Handbook/Personnel Policies for Non-Contractual Employees of Oakridge/Woodview" which outlines the current benefits, policies, and responsibilities of casual and non-contractual employees of Oakridge/Woodview. I am aware that a hard copy is also available to me at each Oakridge location. I also am aware that I can review a hard copy at one of the Oakridge Offices during normal business hours.

I understand that the review of these policies specifically revokes and rescinds any previous policies and the provisions in previous policies are null and void.

I understand that this agreement is not a contract. It is subject to change at any time and without notice as situations warrant. Changes in the policies may supersede, modify, or eliminate policies in this booklet. No individual except the President or his designee can waive, modify, suspend, alter, or eliminate the policies in this booklet. These changes will be given to me by my supervisor or official notice. I accept responsibility for keeping informed relative to any changes.

I understand that nothing in the Corporation's statement of personnel policies is intended to be a promise and/or binding on the Corporation, or to be read as a contract that limits the Corporation's absolute right to terminate my employment at will without notice or cause.

I have read, understand, and accept the above agreement.

EMPLOYEE SIGNATURE *Elizabeth Haman* DATE 09-14-2021

Version 2020

**Oakridge Homes / Woodview Support Services
Orientation Checklist**

Employee Name: Elizabeth Lamson

Location: H 47

New Hire Rehire: was gone 90 days or more Rehire: was gone less than 90 days

*** Note: Training in areas 1 – 8 must be completed prior to new staff having unsupervised direct contact.**
****Positive Support Rule required 8 hours of training.**

Item	# hrs. twds DHS Orient Rqmnts	Source	C=Competency A=Acknowledg ement is Required	Date Completed	Initials	
					Trainer	Staff
*1. New Hire Paperwork						
A. Welcome Folder				9-14-21	MW	LL
B. New hire forms completed				9-14-21	MW	LL
C. For DCs (QDDP, MHP, etc.) only: Documentation on education and related experience specific to job functions: - Copy of valid degree and transcript - Current professional license, certificate or registration - Documentation of continuing education credits completed for professional licensure				N/A		
**2. Vulnerable Adult Training						
A. Vulnerable Adult Report Policy and Procedures (VARPP) - to include: What constitute a restraint, time out, and seclusion? Read VARPP and discuss any questions with Trainer.	1.25	VARPP	C	9-14-21	MW	LL
B. Vulnerable Adult Mandated Reporting - Online Training from DHS. Print and file VA training certificate.		Online DHS		9-14-21	MW	LL
C. Reports of Maltreatment of Minors and Maltreatment of Minors Act (if applicable).		VARPP	C	9-14-21	MW	LL
D. Money and Medication Count Protocol		VARPP		9-14-21	MW	LL
E. Site-Specific Program Abuse Prevention Plan (PAPP)		PAPP (at office)	C			
F. Service Recipient Rights.			C	9-14-21	MW	LL
*3. Job Description and Scope of Services						
A. Read through Job Description - Ask, get questions answered on specifics not understood		Job Description		9-14-21	MW	LL
B. ADL's – Video on 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.		Video		9-16-21	MW	LL
C. A healthy diet (according to data from USDA Dietary Guidelines). Skills necessary to prepare a healthy diet.		Video	C	9-16-21	MW	LL

Item	# hrs. twds DHS Orient Rqmnts	Source	C=Competency A=Acknowledgment is Required	Date Completed	Initials				
					Trainer	Staff			
*4. First Aid									
A.	Watch YouTube "Everyday First Aid by British Red Cross". Subjects covered: Heart attack,	Video	C	9-16-21	MW	LL			
**5. IAPP-SMA, CSSP, CSSP Addendums and IPP READ Need to Know for Competency for each person (Principles of positive support strategies and understanding of a person's uniqueness)									
	Person: Michael Pallas	0.50	IAPP Need to Know for Competency	C	9/16/21	LL			
	Person: Kurt Kluber	0.50		C	9/20/21	JG	LL		
	Person: Nathan & Hanson-Kearse	0.50		C			LL		
	Person: Lonnie McFarlane	0.50		C			LL		
	Person:	0.50		C					
**6. Therapeutic Intervention (for DD Homes Only - Homes NOT requiring MH Certification Orientation)									
For DD Homes Only	A.	Crisis Response and De-escalation Techniques	2.75	Program Policies (Addendum)	C	9-14-21	MW	LL	
		1. Therapeutic Intervention DVD		Video			9-14-21	MW	LL
		2. Emergency Use of Manual Restraint (EUMR) & Reporting		Program Policies			9-14-21	MW	LL
		3. Staff accountability and self-care after emergencies		Program Policies			9-14-21	MW	LL
	B.	Prohibited Procedures	0.10	VARPP	A	9-14-21	MW	LL	
	C.	Site Specific Last Page of Emergency and Reporting Policy and Procedures		Emergency & Reporting	C	9-16-21	MW	LL	
	D.	Minimizing the Risk of Sexual Violence	0.50	Sexual Violence	C	9-14-21	MW	LL	
	1. Tea and Consent Video (2:49)	Video		9-14-21		MW	LL		
*7. Mental Health Certification									
For MI Homes Only	A.	Mental Health Diagnoses	1.00	MI Book	C				
	B.	Crisis Response and De-escalation Techniques	2.75	MI Book	C				
		1. Therapeutic Intervention DVD		Video					
		2. Emergency Use of Manual Restraint (EUMR) & Reporting		Program Policies					
		3. Staff accountability and self-care after emergencies		Program Policies					
	C.	Recovery From Mental Illness	1.00	MI Book	C				
	D.	Treatment Options/Evidence/based Practices **		MI Book					
	E.	Psychotropic Medications and their Side Effects		Med Admin Policies					
	F.	Co-occurring Substance Abuse and Health Conditions	1.00	MI Book	C				
	G.	Community Resources	0.25	MI Book	C				
	H.	Suicide Intervention, Warning Signs, and Responses	1.00	MI Book					
I.	Prohibited Procedures	0.10	VARPP	A					
J.	Site Specific Last Page of Emergency and Reporting Policy and Procedures		Emergency & Reporting	C					
K.	Minimizing the Risk of Sexual Violence	0.50	Sexual Violence	C					
	1. Tea and Consent Video (2:49)		Video						

Item	# hrs. twds DHS Orient Rqrmnts	Source	C=Competency A=Acknowledg ement is Required	Date Completed	Initials	
					Trainer	Staff
**8. Person Centered Planning						
	1.00					
A.	Person-Centered Planning and Service Delivery Requirements	Charting	C	9-16-21	MV	LL
B.	Person Centered Philosophy (Values and Beliefs)	Charting	C	9-16-21	MV	LL
C.	Cultural competency	Diversity	C	9-16-21	MV	LL
D.	Positive Behavior Supports and a relationship between behaviors, staff, environment, and person.	Program Policies	C	9-14-21	MV	LL
9. Employee Handbook						
A.	Read each Policy and Procedure in Employee Handbook	Handbook	A	9-14-21	MV	LL
B.	Table of Contents - Sign and Date Acknowledgement Page - Sign and Date					
10. Program Policies						
	1.00					
A.	Read each Policy and Procedure	ProgPolicy	A	9-14-21	MV	LL
B.	Acknowledgement Page: Sign and date			9-14-21	MV	LL
11. Confidentiality						
A.	Confidentiality	1.00	Video	C	9-16-21	MV LL
12. Bloodborne Pathogens						
A.	Bloodborne Pathogens in a Home Care Setting	Video		C	9-16-21	MV LL
13. Following Safety Practices						
A.	Plan to Get Out Alive	Video		C	9-16-21	MV LL
14. Documentation						
A.	Oakridge Homes Charting Guidelines	Charting		C	9-16-21	MV LL
15. Active Treatment						
A.	Active Treatment	Charting			9-16-21	MV LL
16. Other Mandatory Orientation / Inservice						
A.	Medicare Advantage and Part D Fraud, Waste and Abuse Compliance	Medicare		A	9-16-21	MV LL
B.	OSHA	OSHA			9-16-21	MV LL
	1. AWAIR Act	OSHA			9-16-21	MV LL
	2. Right to Know	OSHA		C	9-16-21	MV LL
17. Safety, History and Rules						
A.	Safety Guidelines: What You Can Do to Prevent Falls	Charting Addendum			9-16-21	MV LL
B.	Rules and Regulations	Program Policies			9-14-21	MV LL
	1. 245D				9-14-21	MV LL
	2. Community Residential Settings (CRS)				9-14-21	MV LL
	3. Fire Codes				9-14-21	MV LL
	4. Case Management (monitoring)				9-14-21	MV LL
18. Home Site-Specific Orientation						
A.	Building					
	1. Address					
	2. House Key					
	3. Tour of Building / Bathrooms					
	4. Where to put coats and personal belongings					
	5. Circuit Box					
	6. Furnace(s)					
	7. Hot Water Heater					
	8. Water Softener					

Item	# hrs. twds DHS Orient Rqrmnts	Source	C=Competency A=Acknowledg ement is Required	Date Completed	Initials	
					Trainer	Staff
9. Thermostat(s)						
10. Washer(s) and Dryer(s)						
11. Cleaning Supplies and Storage						
12. Appliances (include extra freezer if applicable)						
13. Sprinkler System						
14. Fire Extinguishers / Fire Plan / Exits						
15. Smoke Detectors / Use and Location						
16. Carbon Monoxide Detectors (For gas/propane heating systems)						
17. Water Shut-Off Valve						
18. Location of First Aid Kit (in both house and van)						
19. Location of Blood Spill Kit (in both house and van)						
20. Location of Policy Binder (Personnel, Program and Med Policies)						
21. Alarm System and/or Shut Off Boxes						
a. Demonstration						
b. Initial information sheet attached to box						
B. Financial - Person being served						
1. Ledger Card / Receipts / Hand Written Receipts						
2. Bank Accounts - Deposits and Withdrawals						
3. Person Purchases						
a. Personal Needs (soap, deodorant, etc.)						
b. Clothing - Seasonal as needed or wanted						
c. Person Involvement						
d. Who pays for what						
4. Money Counting						
5. Daily Money and Controlled Medications Count						
6. Inventories						
C. Financial - Program						
1. Use of Purchase Orders - household						
2. Billings						
3. Vendors Used						
4. Petty Cash RECEIPT REQUIRED FOR EACH PURCHASE						
5. House Inventory						
6. Store Credit Cards						
D. Medical						
1. Appointments						
2. Medications						
3. Health Needs Report						
E. Misc. Client Protocols - Clothing (labeling, mending, laundry)						
F. Maintenance						
1. Who to call						
2. Maintenance Form						
G. Food Protocols						
1. Person Involvement						
2. Menu Planning and Location of Posted Menu						
3. Recipes						
4. Grocery Shopping						
5. Grocery Budget						
6. Grocery Bills						

Item	# hrs. twds DHS Orient Prgrmnts	Source	C=Competency A=Acknowledg ement is Required	Date Completed	Initials	
					Trainer	Staff
	7. Family Style Eating					
H.	File Cabinet - Contents / Storage / Forms					
I.	Telephone Use					
	1. Answering "Hello (hi). This is _____."					
	2. Long Distance Log / Codes					
	3. On-Call Procedure					
	4. Answering Machine					
	5. How to take / Where to put a message					
	6. Personal Use					
	7. Employee Numbers (who can you give them to?)					
	8. Emergency Numbers					
	9. How to receive and send a fax/scan					
	10. How to use the copier					
	11. Who answers?					
J.	Housekeeping					
	1. Nights - weekly and daily					
	2. Days - weekly and daily					
K.	Administrative					
	1. Pay Day					
	2. Schedule					
	3. Change of Shift Form					
	4. Importance of staff communication (for teamwork)					
	5. Functioning as a team					
	6. Change of Address / Name / Telephone Number					
L.	Day Programming					
**M.	Other topics as determined necessary in the person's CSSP (i.e., FAS, diabetes, seizure disorder, etc.)	—				
	1					
	2					
	3					
	4					
N.	Read Memo Book - Discuss questions with PC Sign and date all memos					
O.	Read Adaptive Equipment Book - Site specific (sign acknowledgement)		A			
19. Consumer Books		2.00				
	1. Activity Calendar					
	2. Daily Schedules					
	3. Oral/Personal Care Chart					
	4. Informal Goals					
	5. Program Record/Signatures and Dates					
	6. Outcomes/Goals					
	7. Data Collection					
	8. Behavior Plan (if applicable)					
	9. Cleaning of wheelchairs, equipment, etc.					
	10. Need to know					

Item	# hrs. twds DHS Orient Rqmnts	Source	C=Competency A=Acknowledg ement is Required	Date Completed	Initials	
					Trainer	Staff
20. Van						
1. Wheelchair Lift / Tie-downs DVD (if applicable)						
2. Demonstrate use lift and tie-downs to PC						
3. Gas / Mileage						
4. No smoking, eating, drinking or use of cell phones						
21. Medication Administration						
<i>Note: Administration of medications is not part of new staff job functions until they have successfully completed the Med Administration Class and Observed Skill Assessment.</i>						
A. Training (Med Class)						
1. First Aid Review						
2. CPR Training						
3. Universal Precautions and Sanitary Practices						
B. Written Test						
C. Skills Assessment (site-specific)						
D. Safe and Correct Operation of Medical Equipment						

You are almost there! You have received training listed below in the first part of your orientation. Now it is time to prove you are competent!

22. Proof of Competency						
<i>To be completed between Day 30 and 60 of hire.</i>						
Worksheet on Competency Evals and Proof of Competency - Special skills and training related to job functions as related to:						
A.	Current policies and procedures, including location and access and staff responsibilities related to implementation (to include Drug and Alcohol Grievance, Service Suspension and Termination, Universal Precautions, Medical, Safe Transportation, Date Privacy, Admission Criteria)		Program Policies			
23. Community-Based Services only:						
1.	Mileage Reimbursement					
2.	Employee Reimbursement					
3.	Client Billing					
4.	Documentation (Time Sheet, Client Billing Sheet, Progress/Goal Charting)					
5.	Community-Based Services Guidelines					

Note: Background Study MUST be initiated and submitted prior to any direct contact with consumers.

Work Schedule hired for:

DOH: 9/14/21

Name: Liz Lamson - FT - Hwy 47

2 week rotation start dates: June 4, 18, July 2 etc.

EE#: 04-4927F

Phone: 612-710-5496

	Fri	Sat	Sun	Mon	Tues	Wed	Thurs
Week #1 # of Hours 40	8 3p-11p	8 3p-11p	8 3p-11p	8 3p-11p	8 3p-11p	8 3p-11p	
Week #2 # of Hours 40	8 3p-11p			8 3p-11p	8 3p-11p	8 3p-11p	8 3p-11p

Work Location:

HR contact: Michelle Vansickle 218-829-7599 ext. 231

Med Class:

Wednesday, October 6 9am - 4:30pm

Location: Brainerd Office - 1021 Industrial Park Road

218-829-7599

Please bring your lunch with you as there will not be enough time to leave the grounds during the lunch bre 9/16 9a-4p

There is a refrigerator and microwave available for your use.

Orientation at Brainerd office:

9/14 9a-4p

Orientation at Hwy 47 __:

Mandatory Monthly Staff Meetings:

When: 3rd Tuesday of the month from 9a to Noon

Where: New Life Church (11 - 1st St. S.W., Aitkin)

DHS Fingerprinting/Photo:

Liz Lamson - FT - Hwy 47

Oakridge Homes- Woodview Support Services

GUIDELINES FOR CALLING IN

The following guidelines should be followed if you are calling in sick or a schedule change is needed.

It is mandatory that staff requesting the change is the person calling in. Parents/Spouse/Relative or Friend should not call unless staff is incapacitated.

Failure to call in will be considered an unexcused absence and may result in termination.

The following guidelines should be adhered to:

1. The staff must call in at least 3 hours prior to their scheduled shift.
2. The staff must talk to (not text) the supervisor or on call person. If a text is sent, the supervisor needs to request that the staff call them and speak to them directly. If this is not done, the absence will not be excused.
3. The staff must find their own replacement for their scheduled shift by contacting co-workers.
4. The change should not result in overtime whenever possible.
5. If a replacement cannot be found, they must let the supervisor or on call person know and provide them with a complete list of what attempts have been made to find replacement coverage.
6. Replacement staff must call supervisor/on call and confirm they are working the shift change.
7. Staff and Replacement staff should make the appropriate change of shift in scheduling software.

By signing below I agree that I have read and understand the expectations for calling in absent to a scheduled shift.

Elizabeth T. Lamson
Employee Signature

Elizabeth T. Lamson
Employee Printed Name

04-14-2021
Date

Rethin MA
Work Location

Hire Bonus Agreement

Employee Name Elizabeth T. Hanson

Hire Date 09-14-2021

Welcome to Oakridge Homes and Woodview Support Services! You may be eligible to participate in our organization's hire bonus program if you meet the following criteria:

- Must respond to an advertisement or posting of the position that mentioned the hiring bonus
- You have not been an employee of Oakridge Homes or Woodview Support Services within one year of your current hire date.
- You must be able to pass a DHS background study and meet the qualifications of the position to be hired.
- You must have worked a full 3 months in at least a part time or full time position (188 hours) to receive the 3 month bonus (\$750) or;
- You must have worked a full 6 months in at least a part time or full time position (376 hours) to receive the 6 month bonus (\$750) or;
- You must have worked a full 9 months in at least a part time or full time position (564 hours) to receive the 9 month bonus (\$750) or;
- You must have worked one year in at least a part time or full time position (752 hours) to receive the one year bonus (\$750).
- You must be actively working at the time the bonus is due in at least a part time or full time position. A casual or seasonal employee will not be eligible for a bonus.
- You must have met or exceeded the requirements of the position including a 90 day performance review. If you are unable to meet the requirements of the position, you will be given an opportunity to improve and will be reviewed in another 90 days. You will only be eligible for the hire bonus when you have met the requirements of the position.
- If an employee has been on leave for any point during the 3 months, 6 months, 9 months, or year of employment, the eligibility date will be adjusted and extended for the length of the leave.

If the above criteria is met,

- A \$750 bonus will be available to you after completion of 3 months and at least 188 hours of employment; paid on the payroll after the 3 month anniversary of your hire date
- A \$750 bonus will be available to you after completion of 6 months and at least 376 hours of employment; paid on the payroll after the 6 month anniversary of your hire date
- A \$750 bonus will be available to you after completion of 9 months and at least 564 hours of employment; paid on the payroll after the 9 month anniversary of your hire date
- Another \$750.00 bonus will be available to you after completion of one year and at least 752 hours of employment; paid on the payroll after the 1 year anniversary of your hire date.

You must complete a full two week notice if you leave employment on or near the bonus payout period. A bonus will not be paid until the full notice has been completed.

I understand the above rules and conditions regarding the Hire Bonus program at Oakridge Homes and Woodview Support Services.

Elizabeth T. Hanson
Employee Signature

09-14-2021
Date

Oakridge Homes- Woodview Support Services
Job Description

Job Title: Direct Support Professional

Department: Program

Reports To: Program Coordinator

FLSA Status: non-exempt

Approved Date:

Summary Cares for clients with developmental disabilities and/or mental illness in client's home by performing the following duties.

Essential Duties and Responsibilities include the following. Other duties may be assigned.

Attend orientation and all ongoing training in order to keep abreast of new or changing programs, policies, procedures or the general operation of Oakridge Homes/ Woodview Support Services. This includes learning and following each client's individual abuse prevention plan (IAPP), need to know, CSSP, CSSP addendum, protocols, goals, level programs, background information and treatment plans as well as gaining an understanding of each of the client's abilities.

Perform housekeeping duties as outlined by each individual location's cleaning requirements. This may include general indoor house cleaning such as laundry, dishes, bathrooms, bedrooms, floors and outdoor duties such as clearing sidewalks or driveway of debris or snow and yard work, vehicle cleanliness and maintenance as well as any other duties in order to assure a clean, attractive, safe and healthy environment for the clients.

Prepares and serves food for clients or assists clients with food preparation, following special prescribed diets according to each client's treatment plan and the posted menu using safe, healthy food handling practices. Employee should be aware of and work within the constraints of the allowed food budget. Meals are served family style and DSP's should expect to take part in the entire mealtime experience as outside personal food is not allowed in the home. Upon commencement of mealtime, ensure all food is stored in dated containers, while dishes and supplies are cleaned properly and put away in a timely manner. Food and supplies should not be left unsupervised in any area where clients are present.

Follow programming for active treatment with clients. During mealtime this includes proper table manners, appropriate use of utensils, socialization, etc as well as supervising clients to ensure their safety from choking or other meal related concerns.

Assists clients into and out of bed, automobile, or wheelchair, to lavatory, and up and down stairs or otherwise as needed. Always following appropriate lifting and transferring guidelines.

Assists and/or trains client to dress, bathe, and groom self. This includes following bathing, toileting, all hygiene/grooming procedures in each client's program and schedule if applicable.

Provide active treatment which is to monitor and frequently contact assigned clients throughout each shift every 15 minutes during awake-time hours. Any exceptions to this 15 minute rule will be in each client's IAPP. In case of accident or incident, the client or employees must receive medical attention and/or first aid promptly. Report said incident

to the person listed in the Emergency Procedures in a timely manner and complete the Incident Report and any other documentation as directed by the PC, QDDP and/or Designated Coordinator.

Assists in educating clients with a mental illness diagnosis about their illness and treatment of the illness.

Administers prescribed medications under written direction of Physician or other medical provider upon successful completion of medication administration class.

Accompanies clients outside home providing supervision and serving as guide, companion, and aide. This may include, but is not limited to: appointments, community meals, activities, camp and other out of town trips.

Performs variety of miscellaneous duties as requested such as obtaining household supplies and running errands.

Maintains records of services performed and of apparent condition of client as well as other documentation required for the position. This documentation includes but is not limited to personal timesheets, daily/weekly hours sheets, daily recording pages, Medication Administration Records (MARS), client documentation on progress reports, goal charts, communication logs and financial records.

Ability to arrive on time to scheduled shifts and provide coverage as needed or requested.

Follow and work within all safety guidelines including reporting any safety concerns to the supervisor or appropriate administrative personnel..

Follow and work within all policies and protocol as directed.

Supervisory Responsibilities

This job has no supervisory responsibilities.

Competencies

Qualifications To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Education and/or Experience

No prior experience or training.

Language Skills

Ability to speak English. Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write simple correspondence in a legible manner. Ability to effectively present information in one-on-one and small group situations to customers, clients, and other employees of the organization. Ability to communicate with variety of individuals to ensure the smooth and consistent delivery of services.

Mathematical Skills

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.

Reasoning Ability

Ability to apply common sense understanding to carry out detailed but uninvolved written or oral instructions. Ability to deal with problems involving a few concrete variables in standardized situations.

Computer or Technology Related Skills

Ability to operate a telephone, answering machine, fax machine, scanner and copier.

Certificates, Licenses, Registrations

Valid Minnesota Driver's license if specific position involves driving responsibilities.

Other Skills and Abilities

Ability to be prompt and reliable as well as possess good time management skills. Skill with working with consumers with developmental disabilities or mental illness.

Other Qualifications

Physical Demands The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to stand; use hands to finger, handle, or feel; reach with hands and arms and talk or hear. The employee is frequently required to maneuver stairs; climb or balance and stoop, kneel, crouch, or crawl. The employee is occasionally required to sit and taste or smell. At some locations, the employee must regularly lift and /or move up to 50 pounds.

By signing below, I acknowledge that I have reviewed this job description.

Elizabeth T. Lamson
Employee Signature

09-14-2021
Date

Elizabeth T. Lamson
Employee Printed Name

Acknowledgement of PROGRAM POLICIES

(Version 2020)

I, Elizabeth T. Larson have read and understand the Oakridge Homes/Woodview Support Services Program Policies 2020 which contains Minnesota Rules and Regulations pertaining to licensing*. I understand that a copy of the Program Policies is available to me at each Oakridge location. I also understand that I can review a copy of these Program Policies at the Oakridge offices during normal business hours.

Below is a list of the items contained within the Program Policies (2020) document:

	<u>Page</u>
Minnesota Rules and Regulations Summary for Orientation	1 - 2
Program Policies (Version 2020)	
Admission Criteria	2 - 3
Data Privacy	4 - 7
Maltreatment of Vulnerable Adults Reporting	8 - 18
Maltreatment of Minors Mandated Reporting	19 - 20
Incident Response, Reporting and Review	21 - 24
Safe Transportation	25 - 27
Emergency Use of Manual Restraint (EUMR)	28 - 33
Person Served Grievance	34 - 35
Grievance Policy Complaint Review Form Sample	35
Emergency and Reporting Policy and Procedure	36 - 46
Vehicle Accident Procedures	45 - 46
Temporary Service Suspension	47 - 48
Service Termination	49 - 50
Fiscal Policy and Procedures for Persons Receiving Services	51 - 53
Food Service	54 - 55
Staff Orientation, Training and Mandatory In-Service Plan	56 - 59
Service Recipient Rights	60 - 63

I understand that the review of these policies specifically revokes and rescinds any previous policies and the provisions in previous policies are null and void.

I have reviewed these policies and procedures. I have received instruction on them and I understand my responsibilities on the implementation of these policies and procedures.

I have read and understand the Program Policies 2020.

EMPLOYEE NAME Elizabeth T. Larson
Please Print

EMPLOYEE SIGNATURE Elizabeth T. Larson

DATE 09-14-2021

Version 2020

Proof of Competency



Adaptive Equipment Review

Name: Liz Lamson Work Location: Hwy 47

I certify that I have read, reviewed, and understand the following adaptive equipment policies and procedures.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Glasses | <input checked="" type="checkbox"/> AFO |
| <input checked="" type="checkbox"/> Contacts | <input checked="" type="checkbox"/> Splints |
| <input checked="" type="checkbox"/> Dentures/ Oral Prosthetics | <input checked="" type="checkbox"/> Shower Chair |
| <input checked="" type="checkbox"/> Walker | <input checked="" type="checkbox"/> Nebulizer |
| <input checked="" type="checkbox"/> Cane | <input checked="" type="checkbox"/> Reclining Lift Chair |
| <input checked="" type="checkbox"/> Hoyer Lift | <input checked="" type="checkbox"/> Stander |
| <input checked="" type="checkbox"/> C-PAP | <input checked="" type="checkbox"/> VNS Device |
| <input checked="" type="checkbox"/> Epi-Pen | <input checked="" type="checkbox"/> G-Tube |
| <input checked="" type="checkbox"/> Glucometer and Lancets | <input checked="" type="checkbox"/> Inhaler |
| <input checked="" type="checkbox"/> Wheelchair | <input checked="" type="checkbox"/> Adaptive Utensils |
| <input checked="" type="checkbox"/> Gait Trainer | <input checked="" type="checkbox"/> Oral Braces |
| <input checked="" type="checkbox"/> Hearing Aid(s) | <input checked="" type="checkbox"/> Gait Belt |
| <input checked="" type="checkbox"/> Braces (arm, leg, back) | <input checked="" type="checkbox"/> Incontinence Products |
| <input checked="" type="checkbox"/> TED Socks (compression stockings) | <input checked="" type="checkbox"/> Insulin Pen |
| <input checked="" type="checkbox"/> Prosthetics | <input checked="" type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Oxygen Tank | <input checked="" type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Oxygen Concentrator | <input checked="" type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Helmet | |

Signature: *Elizabeth (Liz) Lamson*

Date: 10-29-21

Know the House You Work In

Name Liz Lamson Date 10-29-21 Location Hwy 47

Where do we keep...

Heimlich Maneuver Chart? Between Kitchen & Dining Room hallway wall.

Forms for everyday use? file drawer in office.

Face sheet for each consumer? yes.

What is a face sheet? clients, case name & all pertinent information about client & person receiving services from ORH, Hwy 47.

IAPP's? Individuals Abuse Prevention Plan.

What does the IAPP tell us? Self-Management (intensive support services) ASSESSMENT.

PAPP? Program Abuse Prevention Plan

What does the PAPP tell us? Population Assessments.

Red OSHA Book? Book stand on your left as you walk into the office.

AWAIR Act? (A Workplace Accident and Injury Reduction Program) in Emergency Procedures. VARRP-PRPP Folder

Menus? Peg- Board in the kitchen

Work Schedule? computer website & phone (O) site

Standing Med orders? MAR.

Where do we gather in the event of a drill or fire? From clients rooms to hill along side Garage

If the house were to burn down, where do we go? Outside Oakridge Homes!

How often is it **REQUIRED** by licensing to do a fire drill? Every 3 MOS Quarterly

A tornado/storm drill? Every 7 MOS Quarterly

Where are the smoke detectors located? _____ 

(Stairway, Laundry Room, Storage room).
Where are the fire extinguishers located? each Bedroom, Kitchen, Bath,
Hallways, & Dining room

Where are the Carbon Monoxide detectors located? _____

Where is a copy of our emergency procedures? door from south side of house's
office back of door.

Where do we go in case of severe thunderstorm weather? Storage Room in base-
ment.

What are the items to bring into the storm shelter? pillow, blanket, water

Where do we get our supplies? _____

Where can we shop for food? _____

Where do we get gas? ? _____



Minimizing the Risk of Sexual Violence Competency Questions

Name: Elizabeth T. Kamm Date: 09-14-2021

Read the Power Point and answer the following questions.

- 1. What is the definition of sexual violence according to MN Statute 245D? ...
2. In the past care providers were "protecting" people for their health and safety and not letting them take any risk. We now allow them to take risks.
3. What is bodily autonomy? the right for a person to govern what happens to their body without external influence or coercion.
4. The people we serve have a right to control what does and does not happen to their bodies. True or False
5. Why is it important for the people we serve to know the proper names for body parts, especially private parts? having the knowledge of that really helps deter possible offenders/perpetrators.
6. Per US Dept of Justice, Bureau of Justice Statistics, Crime Against Persons with Disabilities, 2009-2015 Statistics which of the following perpetrates against people with disabilities the most?
a. Intimate partner
b. Other relatives
c. Well known/casual acquaintances
d. Strangers
e. Unknown
7. List 3 components of healthy relationships:
a. Involvement with activities & hobbies
b. Good communication skills
c. Supportive & encouraging
8. List 3 components of abusive relationships:
a. Control & deems
b. Abusive communication
c. Person not allowed alone time
9. List 2 things that are true about consent:
a. Consent needs to be given each time.
b. Consent can be withdrawn at any time.
10. Write your reaction to the Tea and Consent video:
Great comparison - SEX or YES. Has the same components yes or NO Consent.

2021 Therapeutic Intervention (TI) Agenda

Oct 26 – Long Prairie
Oct 25 – Brainerd

Oct 19 – Aitkin
Oct 28 – Grand Rapids

Oct 20 – Wadena/Staples

The education in this video will help you both live and work safely.

Course Focus: **Care:** Demonstrating respect, dignity, and empathy; providing support in a nonjudgmental and person-centered way. **Welfare:** Providing emotional and physical support; acting in the person's best interests in order to promote independence, choice, and well-being. **Safety:** Protecting rights, safeguarding vulnerable people, reducing or managing risk to minimize injury or harm. **Security:** Maintaining safe, effective, harmonious, and therapeutic relationships that rely on collaboration.

The CPI Crisis Development Model
Behavior Influences Behavior
Nonverbal Communication
Paraverbal and Verbal Communication
Verbal Intervention
Precipitating Factors, Rational Detachment, Integrated Experience
Staff Fear and Anxiety
Decision Making

Physical Interventions – Disengagement Skills – Holding Skills (will be held in separate meeting once Covid-19 peacetime emergency is over)

Prohibited Procedures –Emergency Use of Manual Restraints (EUMR) Policy

*Staff responsibilities related to prohibited procedures and why the procedures are not effective for reducing or eliminating symptoms or interfering behavior; and why the procedures are not safe

*Staff responsibilities related to restricted and permitted actions and procedures

*Situations in which staff must contact 911 services in response to an imminent risk of harm to the person or others

*The use of restraint, including chemical restraint, time out, and seclusion

*Procedures and forms staff must use to monitor and report use of restrictive interventions that are part of a positive support transition plan (N/A – we currently have no individuals on a positive support plan)

*Procedures and requirements for notifying members of the person's expanded support team after the use of a restrictive intervention with the person (N/A – we currently have no individuals on a positive support plan)

Debriefing, Personal Staff Accountability and Staff Self-Care after Emergencies


Staff Name


Course Instructor/Date

Blood Borne Pathogens Quiz

- | | True | False |
|--|------------------------------------|------------------------------------|
| 1. Hepatitis B virus is easily cured. | T | F |
| 2. HIV and HBV may be present in body fluids other than blood. | <input checked="" type="radio"/> T | F |
| 3. Broken glass and the exposed ends of dental wires are considered sharps. | <input checked="" type="radio"/> T | F |
| 4. Facial acne is a potential route of entry into the body for Blood Borne Pathogens. | <input checked="" type="radio"/> T | F |
| 5. Universal precautions means treating the blood and body fluids of anyone as if they were known to be infected with HIV, HBV or other Blood Borne Pathogens. | <input checked="" type="radio"/> T | F |
| 6. No single approach to controlling the spread of blood borne infections is 100 percent effective. | <input checked="" type="radio"/> T | F |
| 7. Every time you remove your gloves you must wash your hands with soap and running water as soon as you possibly can. | <input checked="" type="radio"/> T | F |
| 8. Once blood gets on your hands it's too late to take any preventative measures. | T | <input checked="" type="radio"/> F |
| 9. You don't have to wear any gloves if you allergic to latex or nylon. | T | <input checked="" type="radio"/> F |
| 10. You don't have to wear personal protective equipment if it is annoying or uncomfortable. | T | <input checked="" type="radio"/> F |
| 11. Hepatitis B vaccines used in the U.S. cannot transmit blood borne diseases. | T | <input checked="" type="radio"/> F |
| 12. If you are exposed, you should report the incident to your supervisor within 14 days | T | <input checked="" type="radio"/> F |
| 13. Name the two blood borne diseases most prevalent in the United States. | | |
| <u>HIV</u> <u>HBV</u> | | |
| 14. Do vaccines exist that can prevent infection from HBV and HIV? | | |
| <input checked="" type="checkbox"/> HBV only | | |
| <input type="checkbox"/> HIV only | | |
| <input type="checkbox"/> Both HBV and HIV | | |
| <input type="checkbox"/> Neither HBV or HIV | | |

15. Name three "infectious" materials that can contain Blood Borne Pathogens.
Blood (spit - mucus) urine Body fluids
16. What is the single most important personal/occupational hygiene activity that can prevent infection from blood borne diseases?
wash hands before & after PPE cleansing; mask; gloves; cap; gown
17. What color must be used for Biohazard Warning labels?
dark orange Reddish orange
18. Name three types of personal protective equipment that can help guard against infection from Blood Borne Pathogens.
gloves masks NOBS - gowns

Elyse Patricia Tilman
 Employee's Signature

09-16-2021
 Date

Name: _____

Date: _____

Oakridge Homes
Charting / Documentation Guidelines Competency Worksheet

1. Writing or printing is acceptable.
2. Always use a black ink pen; never use a Pencil, a Black, a Felt tip or erasable pen. The exception to this is in filling out Program Notes which uses red, blue and black ink pen as codes (key on each Program Note).
3. Always write neatly and legibly.
4. Be sure the information is being recorded in the Correct chart.
5. Use correct Spelling.
6. Do not erase. Do not use white out. Do not black something out. Place a line through the error, write "error" above the entry with the date and your initials. The original error should be readable.
7. Always chart as soon as possible. Do not leave blank spots for someone else to chart.
8. Always chart the Time, date and year that the observation was made.
9. Close each entry with your signature and classification. You need to use your full name or you first name initial and your last name.
10. Never chart for someone else. The only exception to this is if you use the 3rd person approach (i.e. "according to ___" or "it has been reported by ___").
11. Never leave blank spaces in the Program Records. Draw lines on any empty label to prevent illegal entry. If you forget to chart something, go back later and label the charting "late entry".
12. Consumer records are strictly confidential.

13. Avoid the use of professional jargon and personal opinion.
14. Use Terminology that you understand. Avoid using phrases and words that you cannot be accountable for.
15. Do not use vulgar language unless it is a direct quote from the consumer. Then the language should be in quotation marks.
16. Each new page must be headed correctly with the Consumer's full name.
17. Never write in another Consumer's Name in any records that go in a permanent file. (This goes for Program Records, Incident Reports, etc.).
18. When charting, document facts only. Do not state your opinion or what you think may have happened. Opinions and assessment can go in the Staff Communication Log.
19. Progress Notes should contain documentation of outstanding events. Anything that pertains to the consumer's psychological, physical OR social well being - _____ must be recorded.

If it is not documented, it was not done !!!

CHART:

1. Acute Illness, with or without elevated temperature (i.e. vomiting, diarrhea, upper respiratory infection, etc.) Chart on all shifts until condition subsides.
2. Injuries and what was done.
3. Medication changes
4. Behavior Changes – be on the lookout for a medical reason.
5. Treatments, whether they are a nursing or doctor's order. Document the effectiveness of the treatment.

6. Seizures
7. Leave and return for Vacation or parent visit visit. Where a consumer went and with whom. Also remember to complete the LOA form before and after.
8. Doctors visits – the reason, who they saw, where, any diagnosis made, prescriptions or recommendations.
9. Any unusual Event.
10. Anything interesting – good or bad.

Confidentiality in a Community-Based Setting

Encourage Confidentiality

1. This tape stresses the need to maintain every person's Confidentiality to have personal information remain private.

objection accepted

2. Absolute confidentiality means that what you know about a client, co-worker, or employer is Not shared in any way, shape, or form.

3. Relative confidentiality means that what you know about a client, co-worker, or employer is not shared unless there is a Need to know.

4. It's a violation of confidentiality to discuss one client's business in the presence of another person.

5. Four responses to witnessing a breach of confidentiality are:

Interrupt - Redirect conversation

Informal discussion

phone inappropriate conversation

using humor

listening around corner

gossip in presence of other clients

written in & left out of (locked) files on data sheets

6. Documents containing information - either on file or the marked confidential are also covered by the rules of confidentiality.

Relative to Info Absolute

7. Remember - confidentiality means sharing information only with people who need to know that information.

Oakridge Homes Woodview Residential Services

Core Competency Quiz

Name Elizabeth Lane

Date 09-16-2021

House name/number _____

1. The goal of skin care when bathing a consumer is:

- to promote cleanliness by removing dirt, perspiration, and body odors.
- to promote circulation with warm water and light stroking of the skin.
- to provide mild exercise for the consumer with body movement.

2. The ears, hips, and tailbone areas of the body are most likely to develop pressure ulcers.

3. pericare refers to cleansing the genitals, groin, and rectal areas.

4. Pericare should be completed for consumers requiring assistance with bathing, after elimination, and whenever needed.

5. Oral Hygiene includes care of the teeth, gums and mouth.

6. An important part of providing personal care for the consumer is to always observe the consumer for any changes and report them to the PC.

7. Activities of daily living (ADLs) may be described as activities necessary for people to daily complete basic needs such as hygiene.

8. When dressing/undressing a client with a weak side/limb, you will use the order of in first and out last.

9. The process by which the body removes waste products from the body is called elimination.

10. Dark colored and white clothing should Not be washed together.

11. When assisting consumers with ADLs it is important to maintain their dignity and privacy.

12. A healthy eating plan includes:

- emphasizes on fruits, vegetable, whole grains, and fat-free or low-fat milk and milk products
- Lean meats, poultry, fish beans, eggs, and nuts.
- staying within your daily calorie needs

13. A good way to cut calories in casseroles or other favorite recipes is to use low fat versions of soups and dairy products.

14. When choosing frozen vegetables as side dishes you should avoid those containing cream, butter, or cheese sauces to reduce calories.

15. Fruits, raw vegetables, low-fat and fat-free dairy products, and protein choices including nuts and seeds are good choices for snacking.

Crisis Prevention Worksheet

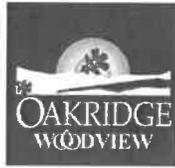
1. What are seven principles for effective verbal intervention?
 - a. . Remain calm
 - b. Isolate concerns
 - c. . watch Body language
 - d. . keep it simple
 - e. . Use reflective questioning
 - f. . use silence
 - g. . watch your Para-Verbals
2. What is empathetic listening?
 - a. . listening that allows individual to talk through a problem
3. What are some of the benefits of empathetic listening? *Feel understood without having to solve problem.*
 - a. you don't have to have all the answers
 - b. & you don't need to give advice
4. What are the CPI's 5 steps of empathetic listening?
 - a. . give unconditional attention
 - b. . be nonjudgmental
 - c. . focus on feelings, not just facts
 - d. . allow silence for reflection
 - e. . use restatement to clarify messages
5. Why is debriefing important after a crisis?
 - a. focuses on facts & feelings
6. What are the steps of debriefing?
 - a. . get to weather REAP
 - b. . Establish Basic facts
 - c. TALK about people's actions & feelings
 - d. . decide what we do next
 - e. . Give support & respect
7. What is rational detachment?
 - a. . Stay calm and in control
8. What are the 5 simple steps to stress relief?
 - a. . develop plan
 - b. . use team approach
 - c. . Use positive self-talk
 - d. . Recognize your limits
 - e. . DEBRIEF
9. What is burnout and what can cause burnout?
 - a. . work overload
 - b. . Physical & emotional exhaustion

10. How can someone avoid burnout?

- a. .
 - i. . Take care of self
 - ii. . get enough sleep
 - iii. . eat right
 - iv. . Exercise
 - v. . Better Shape you in
Better you can cope with challenges

Nonviolent Crisis Intervention Worksheet

1. What is nonviolent crisis intervention?
 - a. . is safe & non-harmful behavior.
2. What are two ways a hostile person will vent his aggression or hostility?
 - a. . verbally
 - b. . physically
3. What are four levels of Crisis development?
 - a. . anxiety level
 - b. . Defensive level
 - c. . acting out.
 - d. . Tension Reduction
4. Describe the Anxiety level? *increase in activity, etc*
 - a. . Staff attitudes
5. Describe the defensive level?
 - a. . Director's Beginning Stage of
6. Describe the Acting out person? *Loss of individuality*
 - a. . Nonviolent, Physical causes, *Total loss of control, pre-vention*
7. Describe the tension reductions?
 - a. . Therapeutic rapport. *Tremendous build up of energy & tension.*
8. What is therapeutic rapport?
 - a. . communication, many times they persons actually *are* communicating.
9. What is proxemics and kinesics?
 - a. . Personal space you can be perceived as a threat.
10. What are three components of paraverbal communication?
 - a. . Tone
 - b. . Volume
 - c. . cadence of voice



CULTURAL COMPETENCE QUIZ

Name:

Date:

1. Ethnicity/Race refers to a group of people of common ancestry, distinguished from others by physical characteristics such as color of skin, shape of eyes, hair texture or facial features. The term is also used to designate social categories into which societies divide people according to such characteristics.
2. culture is the mix of ideas, beliefs, values, behavioral norms, knowledge and traditions of a group of individuals who share a historical, geographic, religious, racial, linguistic, ethnic or social context, or who transmit, reinforce and modify those ideas and beliefs, passing them on from one generation to another.
3. Ethnicity is the multiplicity of beliefs, behaviors and traditions held in common by a group of people bound by particular linguistic, historical, geographical, religious and/or racial homogeneity. Ethnic diversity is the variation of such groups and the presence of a number of ethnic groups within one society or nation.
4. Stereotype is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.
5. Bias - lead to social injustice, poor health outcomes, and less effective organizations.
6. Stereotyping - have automatic thoughts and feelings about one another based on race, ethnicity, accents, religion, gender, age, socio-economic level, sexual orientation, physical presentation (body type, clothing, tattoos, etc.) and other characteristics. These automatic thoughts and feelings are often due to stereotypes we learned as children – something our mothers told us about “those people” or something we saw in the movies, or an experience we had with someone. As human beings, we tend to think that “Those people are all the same.” This attitude affects how we treat each other in healthcare, business, school, the criminal justice system, and society as a whole. Cultural Competence begins with recognizing that Stereotypes are true of some people in a group and not true of others in that group. Each person unique.

Michael Pallas



Person Supported Competency

Person: Isaac (Eli) Roberts Staff: _____

Location: Business of Mt. View 49 Date: 09-10-2021

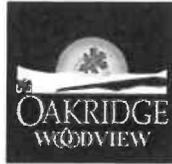
1. What outcomes/goals does the person have? Enjoy Best Possible Health
intervention Method proactive strategies Staff
provides niches w/ daily schedule and structure so
he knows what to expect. (him)
Staff will provide niches with verbal (praise - prompts)
when encouragement is needed
Intervention method: Problem strategies verbal redirection coping skills
2. Documentation on goals is optional? True or False also physically inattentive
3. Who is the person's case manager? Sheri Nukish
4. Does the person have a guardian/legal representative? Yes or No
Who? Carleen Peterson
5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?
he may not recognize and/or avoid inappropriate sexual situations
he has lack capacity to understand healthy sex relationships
6. Diagnoses: Mild Intellectual Functioning, fetal Alcohol Syndrome,
Personality Developmental Disorder, ADHD,
he may check cooperate in an abusive relationship Staff accompany in home
7. Team meetings are held: _____ or _____
Annually Semi-Annually Monthly As needed All of these
and in community
8. Documentation is for Oakridge records, no one else will see this. True or False
9. Who administers person's medications? Staff, with assistance of A
10. Oakridge opens and takes care of person's mail. True or False
11. Has an integrated work place been explored for this person? Yes or No
If yes, what were results? _____
12. Does person need to be kept home from work if it is (-20)? Yes or No
13. Who made the (-20) rule/recommendation to follow? Cam Judsman
14. Is person at risk for self abuse? Yes or No If yes, what are the risks? _____
15. Does this person have any of their rights restricted? Yes or No. If yes, what are them?
no internet (cell phone access) community bus
As he alone time, free access to knives he needs lock
on all drawers to be reassessed. make no threats no alone time
web unsupervised when in community & home

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? HE does not know when someone is taking advantage of him.
17. How does person like their services provided? Michael has no close love at home or in the community.
18. Does person have allergies? (Yes or No. What are they?) Chronic med. conditions
Preventative Screening
19. What county is the person from? Crow Wing.
20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? proactive strategies daily, Schedule from Staff. Verbal Praise Needs encouragement Stay on Task
What is desired alternate behavior? _____
Do they have coping skills to utilize? Yes or No. What are they? with aggression
threats, rude comments, insults, refusing redirection, Physical aggression, throwing things (Redirection) property damage
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks?
he does not know when he is being taken advantage of.
22. Who is responsible for providing household reports and documentation to the county? Onkridge
23. What are person's medical needs? _____
24. What are person's safety needs? yes he has chronic medical needs + risk of falling. Preventative Screening
25. What technology does person use? DVD player TV. Alarm clock. MP3 player.
Can it be used for monitoring the person? Yes or No. If yes in what way? part of his schedule

After reading all identifying information about the person, please describe this person in your own words Michael needs staff to direct his daily routines, to protect himself and others, he has a temper but it sounds as though he can be directed. cooking is a good incentive for him. He also recognizes the staff is helpful to him, which to me is promising.

Elizabeth Pearson
Staff Signature

Kurt Kliber



Person Supported Competency

Person: Elizabeth Lamsun Staff: _____

Location: Braintree, MA Date: 09-16-2021

1. What outcomes/goals does the person have?
Learning more about cooking, more often. Likes gardening and using his produce in his cooking. he is expanding his horizons

2. Documentation on goals is optional? True or False
3. Who is the person's case manager? Jody Luken

4. Does the person have a guardian/legal representative? Yes or No
Who? Cathy G. Liben

5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?
unsafe sex, talked into sex and would do so even if situation was unsafe. would not turn down ^{over} opportunity.

Recurrent major depressive disorder,

6. Diagnoses: ^(HCO) endocarditis, septor, ^(HCO) embolism, ^(HCO) acute embolic stroke, ^(HCO) internal carotid artery occlusion (deep vein thrombosis, ^(HCO) acute left leg pain), ^(HCO) hypoparathyroidism, poor dentition, history of substance abuse, ^(HCO) acute ischemic stroke, ^(HCO) aneurysm, ^(HCO) interatrial septum, ^(HCO) massive hemiparesis

7. Team meetings are held: VP Shunt, infection of Ventricular Shunt (HCO) SEVERE unless needed by authorities

Annually Semi-Annually Monthly As needed All of these

8. Documentation is for Oakridge records, no one else will see this. True or False

9. Who administers person's medications? O.H.R.

10. Oakridge opens and takes care of person's mail. True or False

11. Has an integrated work place been explored for this person? Yes or No
If yes, what were results? improve Domestic Skills, maintain Good Personal Hygiene.

Goal/outcome 4: N/A Goal/outcome 5: N/A
Behavioral Plan yes, improve Interpersonal Skills

12. Does person need to be kept home from work if it is (-20)? Yes or No

13. Who made the (-20) rule/recommendation to follow? O.H.R.

14. Is person at risk for self abuse? Yes or No. If yes, what are the risks? needs encouragement to use good personal hygiene for good physical health. He follows through with suggestions instead of directives, according to his mother. doesn't wear shoes gardening. will wear same clothes for days. he does better w/ suggestions.

15. Does this person have any of their rights restricted? Yes or No. If yes, what are they? but has no alone time at home or in the community.

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? He will not pay bills, spends all his money on drugs if he had his way (marijuana) and alcohol. poor management skills, he spends all his money in one day.

17. How does person like their services provided? Prefer to be independent as possible, will often resist staff help. even when he needs it! He like making his own decisions for himself.

18. Does person have allergies? Yes or No. What are they? NKA

19. What county is the person from? MORRISON

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? _____

What is desired alternate behavior? _____

Do they have coping skills to utilize? Yes or No. What are they? _____

Not Hygienically clean, need suggestions to improve cleanliness
Target behaviors

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? He will fight back when someone is physically abusing him. He would cause serious damage to other person because of his size.

22. Who is responsible for providing household reports and documentation to the county? ORH

23. What are person's medical needs? Chronic medical conditions
Preventative screening

24. What are person's safety needs? Staff assistance w/ seizures, Choking
Special dietary needs, chronic medical conditions, preventative screening, non-falling, mobility, regulator, water temps, community survival.

25. What technology does person use? DV display, TV, alarm clock

Can it be used for monitoring the person? Yes or No If yes in what way? _____

no

Skills
written safety
skills. fire alarm
Temps safety
Sensory disabilities

After reading all identifying information about the person, please describe this person in your own words Heut needs help w/ all stages of his life. Much medical, can easily hurt himself unknowingly. Will hurt others unknowingly. Needs much direction by suggestions not directives. Seems plausibly manageable with much help from the staff. Happy when he can make his own decisions.

Michele Korman
Staff Signature



Nate Hanson-Kaasa

Person Supported Competency

Person: Elizabeth Lamsou Staff: _____

Location: Hwy 47 Date: 09-20-2021

of staff will
will up
report for
he has
of any kind

1. What outcomes/goals does the person have? 1-8
Learn and Karen Hanson-Kaasa answer for #1
Follow process become certified by ORH/now pay his own medication, Study & Follow

Learn what is changed street. Start out w/ staff assist - Learning the process follow tasks
Learn to tell staff what each medication is, what it does for him, what is to say, when to take it
Learn to take meds reminder from staff for meds. Nathan will receive (M/R) from staff
get that med impressed. He will also will receive information/instruction from staff how
to receive & pickup

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? ORH Matthew Pearson

4. Does the person have a guardian/legal representative? Yes or No
Who? Ladonna & Karen Hanson-Kaasa

5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?
He has had no sexual education cannot fully comprehend or take time to consider
Both control methods when engaging in sexual activities also tries to precaution of
sexually transmitted diseases, seek out pornography, lacks self-protection ability of

6. Diagnoses: ADHD, ODD, Depression, Anxiety, RAD, PTSD
Specific paraphilic disorder, eating disorder, short stature
mild Asthma - Intermittent

abduction
when
he elopes
from the
home

7. Team meetings are held:
Annually Semi-Annually Monthly As needed All of these

8. Documentation is for Oakridge records, no one else will see this. True or False

9. Who administers person's medications? Self medication w/ Staff Supervisor Gord

10. Oakridge opens and takes care of person's mail True or False

11. Has an integrated work place been explored for this person? Yes or No
If yes, what were results? has had community employment, not currently working
Does not want work with sub cover, Staff was King w/ Nathan
& encourage him to work with Mercedes at DRP.

12. Does person need to be kept home from work if it is (-20)? Yes or No

13. Who made the (-20) rule/recommendation to follow? _____

14. Is person at risk for self abuse? Yes or No. If yes, what are the risks? _____

15. Does this person have any of their rights restricted? Yes or No. If yes, what are they?
No unsupervised rights with warden and no unsupervised
contacts with males under 16 yrs Per Psychosexual assessment
from CORE in Braintree MA as result of Northwoods Delinquent

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? can be easily tricked into giving money to others, also a vulnerable adult.

17. How does person like their services provided? notes family prefer that supports one firm and arm toward, as much independence as possible.

18. Does person have allergies? Yes or No. What are they? WKF

19. What county is the person from? Itaska

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? insults, tantrum behaviours, redirecting, swearing, yelling, threats, rude comments
What is desired alternate behavior? Take walk, time in bedroom, warm shower, take staff
Do they have coping skills to utilize? Yes or No. What are they? see above

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? He may not know where to go to seek help in his community - Nathan has received physical and neglect from his biological family.

22. Who is responsible for providing household reports and documentation to the county? ORH

23. What are person's medical needs? not capable reporting medical needs, only a coffee beverages a day, does not comprehend length of time for frostbite, night exposure, needs glasses.

24. What are person's safety needs? Stays inside, no cooking, no internet, have a plan of what he will be doing while staff is gone.

25. What technology does person use? TV, Blu-Ray, DVD, CD, Video Games

Can it be used for monitoring the person? Yes or No. If yes in what way? No

After reading all identifying information about the person, please describe this person in your own words Nathan needs support from staff and other administration to use methods, re-learn strategies when he is struggling with situation by talking and discussing the situation. He also needs staff help learning to be independent as possible.

Staff Signature



Lonnie McFarlane **Person Supported Competency**

Person: Elizabeth Laman

Staff: _____

Location: Wing 47

Date: 09-20-2021

1. What outcomes/goals does the person have?

1) won't drink gas & water when feeling stressed 2) deep breathing
3) Read Books 4) Photography 5) Listen to Music. Reinforcement System
(all time w/ staff)

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Ann Chouinard

4. Does the person have a guardian/legal representative? Yes or No

Who? Jack MacFarlane and Kelly Sommers

5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?

He has history of being overly friendly to others, initiate jokes or coerce
another male consumer into sexual activities, displays Power to Staff
& others in house, has unprotected sex to fulfill his own desires

6. Diagnoses: moderate to severe MR, Depression mixed Anxiety,

History of Alcohol abuse, Degenerative arthritic of
Cervical spine, infantile cerebral palsy, Tobacco user. Stutter

7. Team meetings are held:

Annually Semi-Annually Monthly As needed All of these

8. Documentation is for Oakridge records, no one else will see this. True or False

9. Who administers person's medications? ORH Administrators

10. Oakridge opens and takes care of person's mail. True or False

11. Has an integrated work place been explored for this person? Yes or No

If yes, what were results? Oakridge is responsible for staffs (pay stubs)
to be presented to Social Security. He is a smoker and he can't
cannot drink on home visits

12. Does person need to be kept home from work if it is (-20)? Yes or No

13. Who made the (-20) rule/recommendation to follow? ORH

14. Is person at risk for self abuse? Yes or No. If yes, what are the risks? Not drinking

lunch to work place (He fainted) Probably from not eating.
History of not wearing enough warm clothes. He needs seasonal reminder
cannot be left alone in house for over 4 hours. He has very poor hygiene

15. Does this person have any of their rights restricted? Yes or No. If yes, what are

they? no unsupervised contact with vulnerable consumers.
Turn Phone off at 8pm; limit of amount of coffee.
no internet without staff supervision, no fridge access
because of too much pop & coffee (only 3 per day)

Exhibition 15/15/20

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? no concept pass \$100 of value of money.
He gives his money away

17. How does person like their services provided? Staff will use combination of
Visual aids and verbal discussion, Verbal and gestured prompts

denial class quarter
yoga, deep
breathing
reading photography

18. Does person have allergies? Yes or No. What are they? Isolating in Bedroom ^{Talk with staff}
Learning to utilize his Stress-relief & relaxation Techniques. ^{Staff}

19. What county is the person from? Attikin

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Desired Alternative behavior to de-stress him self
What is desired alternate behavior? Relaxation Methods Techniques, talk w/ staff.
Do they have coping skills to utilize? Yes or No. What are they? drinking stress w/ water
yoga, deep breathing, relaxing music, reading,
photography.

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks?
Staying in Business to long has a hard time telling the
truth. hard to understand as he stutters,

22. Who is responsible for providing household reports and documentation to the county? ORH

23. What are person's medical needs? ORH. Administer Meds.

24. What are person's safety needs? can only be home alone for 4 hrs at
a time, stay alert on limited understanding of experiments

25. What technology does person use? cell phone, XBOX, alarm clock, laptop
camera, DL Displayer TV.

Can it be used for monitoring the person? Yes or No. If yes in what way? NO

After reading all identifying information about the person, please describe this person in your own words Louise takes meds to treat his depression.
He takes supplements - Louise takes Psychotropic meds
to treat depression, cut down on Caffeine, 3 times
a day, Talk to staff if stressed

Staff Signature _____



COMPETENCY QUESTIONS FOR EMERGENCY REPORTING POLICIES AND PROCEDURES

Name: Elizabeth Lumsden

Date: 09-16-2021

Signature: Elizabeth Lumsden

1. Fire drills will be held 12 times per year. True or False False
2. What does P.A.S.S. stand for?
P= all pin
A= aim low
S= squeeze
S= sweep.
3. Always remember the person's life is of prime concern.
4. ORH/WSS has established a Marker Wind Chill Temperature when everyone stays indoors.
The Wind Chill Marker is -20 °.
a) -20
b) 0
c) -10
5. Tornado/Severe Storm drills will be held _____ times per year.
a) 4
b) 2
c) 1
d) 3
6. This policy addresses the following situations:
a) fire and tornado/severe thunderstorms
b) fire, carbon monoxide, medical emergency, choking, hospitalization/ER, seizures, mental health crisis, death, severe cold, tornadoes/severe thunderstorms, blizzards, running away, bomb threats, intruders, obscene phone calls, consumer to consumer physical aggression, law enforcement/fire department involvement, sexual activity between consumers involving force or coercion, emergency use of manual restraint, maltreatment, pandemic, fires or other events that cause relocation of services for longer than 24 hours, natural disaster, power failure, and vehicle accidents
c) incidents which require external reporting



Everyday First Aid YouTube Videos by British Red Cross

Name: Elizabeth H. Hymosa Date: 09.16.2021

Signature: Elizabeth Hymosa

Directions: view the YouTube videos and answer competency questions below.

Please keep in mind that we should always call 911 if there is an emergency and someone's health and safety is at risk.

Heart Attack

1. Help the person sit down. assure them all will be ok
2. When a person is having a heart attack, 911 should be called
 - a) immediately
 - b) after 10 minutes
 - c) in 2 minutes
 - d) only when the person asks you to call
3. Give constant assurance

Unconscious/Not Breathing

1. Check for breathing by tilt head backwards and listen and feeling for breaths.
2. Call 911 and give chest compressions until help arrives.
3. Chest compressions are done by pressing chest w/ palms of hands

Unconscious/Breathing

1. Check for breathing by tilting head backwards and looking and feeling for breaths.
2. If a person is unconscious, but breathing, move them onto their side and roll their head back.
3. You should call 911 if you find someone unconscious, but still breathing True or False

Choking

1. Hit them firmly on the back between the between shoulder blades to dislodge the object.

Per American Red Cross, we should perform 5 back blows and then 5 quick abdominal thrusts by placing the thumb side of your fist against the middle of the victim's abdomen, just above the navel. Grab your fist with the other hand. Repeat until the object the person is choking on is forced out and person breathes or coughs on his or her own.

911 should be called if the choking isn't immediately resolved.

Heavy Bleeding

1. Put pressure on the wound.
2. Do not call 911. True or False
3. Keep pressure on the wound until help arrives

Burns

1. Cool the burn under cool water for at least 10 minutes.
2. Cover the burn with clean cling wrap or a clean plastic bag. True or False
3. For serious burns call 911

Broken Bones

1. Support the injury to prevent further injury by moving
2. If unable to take the person to the emergency room
 - a) ignore the injury
 - b) Call 911
 - c) put the bone back into place
3. Continue to support until help arrives.

Stroke

1. Carry out the FAST test.
2. The "F" stands for face. Is there weakness on one side?
3. The "A" stands for arm. Can they raise both arms?
4. The "S" stands for speech. Are they easily understood?
3. The "T" stands for time to call 911.

Seizures

1. Make them safe and prevent injury.
2. Do not move the person. or restrain
3. After the seizure, move them onto their side and tilt their head back, check for breathing, and if necessary tilt head back.

Head Injury

1. Ask them to lie still (Rest)
2. Apply a cold compress
3. If they become conscious or vomit, or are behaving out of the ordinary, call 911.

Asthma

1. If someone is having an asthma attack, you should help them sit in a comfortable position
2. If someone is having an asthma attack, you should help them take their meds.
3. If someone is having an asthma attack, reassure them, call 911 if attack
 - a) stops
 - b) becomes severe
 - c) makes them stop breathing

Poison and Harmful Substances

1. If someone has ingested poison, you should establish
 - a) What they have taken. When? How much?
 - b) Where they got it from
 - c) Who gave it to them
2. If someone has ingested poison, you should call 911. *ask how much*
3. If necessary, call 911.

Distress

1. If someone is in distress, the first thing you should do is
 - a) calm yourself
 - b) call 911
 - c) ignore them*keep them calm*
2. If someone is in distress, you should establish what they need.
3. If someone is in distress, you should show them you are listening and ask them what they need.

Diabetic Emergency (Low Blood Sugar)

1. If someone is diabetic and has low blood sugar, you should give them a diet drink or food low in carbohydrates. True or False False
2. If someone is diabetic and has low blood sugar, you should _____ the person. *O.K. is good!*
 - a) ignore
 - b) restrain
 - c) reassure
3. Most people will gradually improve, but if in doubt, call 911

How to Develop Healthy Eating Habits

(The answers to this competency will be found by watching a video of the same name.)

As staff, we are responsible to provide a nutritious diet for the consumers we serve. This video will present you with some simple, helpful hints.

- Good health is a matter of taking a new approach to develop and making healthy changes.
- Why should you cook and prepare the majority of your meals?
- Plan healthy meals and make protein food. Include plenty of fresh fruits and vegetables.
- Read all labels. Pay attention to the numbers. The higher the number, the healthier the foods are.
- Why should you eat breakfast every day?
- You should eat something within the first hour of the time you wake up.
- Eat smaller meals more meals and 34 snacks.
- Drink plenty of water, why?
- Healthy eating will increase your thinking.
- What percent of children and teen are obese? 10%

**COMPETENCY QUESTIONS FOR MALTREATMENT OF MINORS
MANDATED REPORTING POLICY**

1. If you know or suspect that a child is in immediate danger, you call 911.
2. If you provide care to children served by ORH/WSS, you are mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else. True or False
3. It is our responsibility and policy to protect children served in our programs whose health or welfare may be jeopardized through physically abuse, neglect, or sexual abuse.
4. All reports concerning suspected abuse or neglect of children occurring in this program must be made to the Department of Human Services, Licensing Division's Med treat med outside at (651) 431-6600.
5. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding _____ years you must immediately make a report to an outside agency.
 - a) 3
 - b) 2
 - c) 5

Certificate of Training

Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

Awarded on 09/14/2021 to:

Liz Lamson

Certificate Number:
VAMR96736220210914

Delivery Format: Online

Course offered by the
Minnesota Department of Human Services

This certificate means:

- Become familiar with Minnesota's Vulnerable Adults Act
- Understand the definition of maltreatment
- Learn the reporting requirements for mandated reporters
- Know how to make a maltreatment report to the Common Entry Point

License Number:

m DEPARTMENT OF
HUMAN SERVICES



Competency on Program Abuse Prevention Plan (PAPP)

Name Elizabeth Henry

Date 09-16-2021

Program Location Grand, WV. (Oakridge Woodstream)

1. What specific measures has the program taken to minimize the risk of abuse to people as related to the gender of people receiving services?

Provide training - formally on informal basis on ways to stay safe. It involves boundaries, ways members of opposite sex could receive any touching. Relationship groups. Health issues. Staffing safe at home & in community including self safety, group request, coping skills, internet safety,

2. Describe the need for specialized programs of care for the persons the program plans to serve:

Independent Bedroom staff on floor present IAPP plan on each residence care assist appropriate boundaries. Individualization of appropriate boundaries not being outside warm room w/ no cloths on must wear street clothes or robe close behind room door. Cloths all down w hen you need privacy. But responding to knocking on closed door

3. Describe the need for specific staff training to meet individual service needs:

Most note on IAPP. Staff teaches appropriate boundaries. Training and implementation of appropriate boundaries. Oakridge train individuals & groups ways to stay safe

4. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services:

Staff has been trained in degrees of diagnosis of all living in location and what can be expected w/ diagnosis. Specified to each individual staff has been trained on maltreatment of vulnerable adults & how to take steps to prevent abuse.

5. Program's Staffing Patterns:

Number of staff present during the day (Prime Programming):

one & g

Number of staff present during the overnight (Non-Prime Programming):

one & g

Is overnight staff awake or sleep staff? Both 5 on 5 off (sleeping 5)

6. Physical and Emotional Health:

Do any of the consumers take medication to assist with their emotional well-being and mental health stability (Psychotropic Medications)? If so, how many?

yes, *Will inform us.* *Staff will be trained*

7. What does ORH/WSS do to reduce the potential of abuse and/or harm to people related to the adaptive/maladaptive behaviors(s) of people receiving services?

staff trained Positive support Rule & Responsibility Educator.
address each individuals physical & Emotional health
sign use disorders, medication administration, mental illness
allergies, fistula, (PPTA PP) maltreatment of vulnerable adults
can prevent abuse. & take corrective actions

8. Are there any areas of the home that are difficult to supervise?

yes they may have been severely abused by
settings at home

9. What does ORH/WSS do to reduce the potential of abuse and/or harm to people related to the location of the home, including the following factors?

The neighborhood and community:

Seperate rooms, Staff on hand 24/7.
The city of cetera is generally very acceptable
hipps of people with disabilities
Office of medical generally helps 1 minute away.

Types of grounds and terrain:

Lg many acre lot. gravel driveway trails lead to
back acreage yard has apple trees, concrete
soil walk which leads to back porch.

Signature *Elysha Leary*

PROOF OF COMPETENCY

**Oakridge Homes/Woodview Support Services
Training on**

Person-Centered Planning

Name: Elysebeth Larsen

Date: 09-16-2024

Program/Location Worked: Brainery, MN.

Please complete the blanks:

Person-centered planning is one of the primary focuses of service planning and delivery of Minnesota Statute 245D. The statute specifically requires the person-centered service and planning:

- ♦ Identifies and supports what is important to the person and what is important for the person, including preferences for when, how, and by whom direct support service is provided.
- ♦ Uses information to identify outcomes the person desires.
- ♦ Respects each person's history, disability and cultural background.

Please answer the following question:

Person-centered planning includes ways to increase and improve what three areas?

1. Quality of life
2. Relationships
3. Activities that build on their strengths, priorities, values & preferences

Please draw a line from each example to indicate if an area is important to or important for a person:

Important <u>to</u> a person	Rituals Routines	Status and control
Relationships w/ others	Things to do outdoors places to go	Freedom from fear
Important <u>for</u> a person	status control	Diet and exercise
Treating medical conditions	freedom from fear	Things to do or own
Status and control!		Rituals and routines
		Places to go
		Treating a medical condition

First Alert

Plan to Get Out Alive

Ly. Johnson

1. What would you use to douse a kitchen fire?
 A. A pan lid -
 B. Baking soda
 C. Fire Extinguisher
 D. Water *never*
2. How long is it before a grease fire gets out of control?
 A. 30 seconds
 B. 1 minute
 C. 5 minutes
 D. 10 minutes
3. How old is the average child that is killed playing with matches and lighters?
 A. 3 years
 B. 6 years
 C. 9 years
4. Most fires caused by careless smoking start in the bedroom.
 True False *in most smoking rooms*
5. How long can a cigarette butt smolder before bursting into flames?
 A. 15 minutes
 B. 30 minutes
 C. 1 hour
 D. 3 hours or more
6. How much time do you have to get out of a burning building?
 A. 1 minute - *first 2 minutes*
 B. 5 minutes
 C. 10 minutes
 D. 15 minutes
7. How should you react in a fire?
 A. Call the fire department
 B. Look for the fire
 C. Wake everyone up and get out
 D. Look for valuables
 E. Get dressed
8. When you run into dense smoke, what do you do?
 A. Take a deep breath and go through the hall
 B. Crawl through the smoke
 C. Go back into your room and close the door
9. The best way to get out of a burning building is everyone goes out together.
 True False *you must have a escape time*
10. Fires are not light. Expect not to see.
 True False

PROOF OF COMPETENCY



PROGRAM POLICIES COMPETENCY WORKSHEET

Name: St. Lamson Date: 11-04-2021

1. Admission Criteria

T/F A person has to be without behavioral disorders to be admitted into Oakridge Homes/Woodview Support Services programs.

T/F Upon service initiation the program will provide each person or each person's legal representative with a written notice that identifies the service recipient rights under 245D.04, and an explanation of those rights within five working days of service initiation and annually thereafter.

2. Data Privacy:

T/F Private data includes all information on persons that has been gathered by this program or from other sources for program purposes as contained in an individual data file, including their presence and status in this program.

T/F Oakridge Homes/Woodview Support Services can decide who can have access to a person's private data.

3. Incident Response Reporting and Review:

T/F A death of a person or serious injury must be reported to both DHS and Ombudsman.

T/F All reportable incidents must be reported within 24 hours.

4. Safe Transportation Policy Competency

T/F Seat belts must be worn by any person riding in an ORH/WSS vehicles.

T/F Any person who has had a DUI cannot drive an ORH/WSS vehicle.

What is the past date of DUI, and do any DUIs Count? Number of years since last DUI.

T/F Eating and smoking are prohibited in company vehicles. However, beverages may be consumed in the vehicle.

5. Emergency Use of Manual Restraint (EUMR) Competency

T/F A manual restraint must end when the threat of harm ends

T/F If manual restraint is medically contraindicated by a person's physician, that means that it can never be used as a behavior management tool.

6. Client Grievance Policy Competency

T/F A Program Coordinator must act within 5 days of receiving a client grievance.

T/F A grievance must be filed by a consumer's legal representative.

T/F The highest authority in ORH/WSS, when a grievance is filed, is the Director of Human Resources.

7. Service Termination Policy Competency

T/F Oakridge Homes/Woodview Support Services reserves the right to temporarily terminate services with a consumer for any reason.

T/F ORH/WSS must provide 60 days' notice of the intent to terminate services for any individual receiving intensive supports and services.

T/F Documentation (behavior reports, etc.) justifying the service termination must accompany the notice of service termination.

8. Fiscal Policies and Procedures for Persons Receiving Services

T/F In the policy it states that, there will be a separation of each person's funds from funds of other persons served by ORH/WSS and from funds of ORH/WSS and staff.

T/F It is acceptable to, on occasion, borrow money or items from a person receiving services.

9. Food Service Policy

- T/F We never allow any consumers to make their own meals and staff always do this for them.
- T/F Food will be stored in covered containers and marked with the date. These foods will only be kept for 3 days and will then be disposed of.

10. Staff Orientation, Training and Mandatory Inservice Plan

- T/F All new employees of ORH/WSS will receive 30 hours of orientation within the first 60 days of the date of hire.
- T/F Failure by employees to complete the required annual in-service hours may result in suspension and/or loss of employment.

11. Alcohol and Drug Policy Competency

- T/F It is permitted to work while impaired, due to a drug, as long as it is prescribed by a physician.
- T/F If you fail to address an alcohol or drug use problem, you may be terminated from your employment with ORH/WSS.

12. Tobacco Products Policy

- T/F You can't use regular tobacco products in the home, but you can use electronic products designed to simulate smoking within the group home.
- T/F Smokers will be responsible to clean up discarded tobacco products and use appropriate disposal containers.

13. Job Description

- T/F One of the most important tasks of the DSP is to help the people in his/her care, achieve their highest maximum potential.
- T/F To be a DSP for Oakridge Homes/Woodview Support Services, you must first pass a criminal background check.

Right to Know / Hazard Communications Program

Name: Elizabeth Jensen

1. What is the responsibility of the safety committee?
Teach all employees all hazards is transmitted to all employees to work safely & provide safe environment for our class
2. Who is the safety committee?
All employees
3. What is the responsibility of the Safety Team?
Work safely and provide a safe environment for people they are responsible for. Safety team is responsible for developing policies & procedures and has authority to amend program.
4. When is ORH/WVS responsible to provide information and training regarding hazardous chemicals to their employees?
 - A. Shall place set of MSDS (at terms of orientation)
 - B. Copies will be maintained for all chemicals abandoned while in use (also annually)
 - C. Employees must be familiar w/ various sections of MSDS (when new chemical is introduced into the work area)
5. What three methods can be used to detect presence or release of hazardous chemicals?
 - A. Continuous monitoring devices
 - B. Visual appearance (odor)
 - C. Odor of hazardous chemicals being released
6. Who can use unlabeled containers of chemicals and when should they be used:
(no one)! unmarked cannot be used.
7. What is a Flammable Chemical?
 - A. Alcohol
 - B. Gas, or mixture w/ gas
 - C. Liquid flammable flash under 100°
 - D. Solid flammable (to pass) through factors, absorption, of moisture or spontaneous change
8. What is a "flashpoint"?
means minimum temperature at which a liquid gives off a vapor of sufficient concentration to ignite when tested.

Oakridge Homes/Woodview Support Services
Service Recipient Right Competency

Fill in the Blank

Name: Elizabeth Larson Date: 09-14-2021 Location: Balcony

1. Right to take part in planning and evaluation the services that will be provided to me.
2. Right to have services and support(s) provided to me in a way that respects me and considers my preferences (including personal items in my bedroom).
3. Right to refuse or stop services and be informed about what will happen if I refuse or stop services.
4. Right to 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 support(s).
5. Right to 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. Right to have ORH/WSS help coordinate my care if I transfer to another provider to ensure continuity of care.
7. Right to 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. Right to 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. Right to have staff that is trained and qualified to meet my needs and support.
10. Right to have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
11. Right to 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. Right to be free from abuse, neglect, and/or financial exploitation by ORH/WSS or its staff.

13. Right to 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 a time out or seclusion; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
14. Right to 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. Right to be treated with courtesy and respect and have my property treated with respect. I will have access to my 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. Right to be allowed to reasonably follow my Cultural and Ethnic practices and religion.
17. Right to be free from prejudice and harassment regarding my race, gender, age, disability spirituality, and sexual orientation.
18. Right to be told about and use the ORH/WSS grievance policy and procedures, including knowing the contact persons responsible for helping me get my problems with ORH/WSS fixed and how to file a social services appeal under the law.
19. Right to know the names, addresses, and phone numbers of people who can help me, including the ombudsman, and to be given information on how to file a Complaint with these offices.
20. Right to exercise my rights on my own or have a family member or another person to help me exercise my rights, without retaliation from ORH/WSS.
21. Right to give or not give written informed consent to take part in any research or experimental treatment.
22. Right to choose my own friends and spend time with them.
23. Right to 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. Right to have access to and take part in activities I choose in the community.
25. Right to have free, daily, private access to and use of a telephones for local calls and long distance calls made collect or paid for by me.
26. Right to Receive and send mail and emails and do not have them opened by anyone else unless I ask.
27. Right to use and have free access to the Common Area including the kitchen. I will have access to chairs nutritious meals and healthy snacks between meals. There will be food and water available to me at all times. If I choose to purchase snacks, ORH/WSS will provide a place for me to store these snacks in the kitchen area.
28. Right to visit in private with my spouse, family, legal counsel, religious guide, or others allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09, including in my bedroom. Each home will develop their own guidelines for visitors.
29. Right to have freedom and support to control my control MONEY Funds & Property.
30. Right to receive opportunities to seek employment and work in competitive integrated settings.
31. Right to receive support with my control of money (specifics are listed on the Funds and Property Authorization Form).
32. 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 restriction in the most integrated setting and inclusive manner. A rights restriction must be initiated by the Case Manager or Care Coordinator on the HCBS Rights Modification Support Plan.
33. ORH/WSS may restrict any right they choose. The only rights ORH/WSS may restrict, after documenting the need, include: the right to associate with other persons of your choice, right to have personal privacy, right to access your personal possessions at any time, right to engage in activities that you choose, right to have daily, private access to and use of a non-coin operated telephone for all calls, right to receive and send without interference, uncensored, unopened mail or electronic correspondence or communication, right to have use of

and free access to common areas in the residence, and right to privacy for visits with the person's spouse, next of kin, legal counsel, religious advisor, or others in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom.

PROOF OF COMPETENCY



VARPP

Name: Elizabeth Lamsa Date: 09-14-2021 Signature: [Handwritten Signature]

1. Maltreatment means:

- a) Neglect
- b) Abuse
- c) Financial exploitation
- d) all of the above

2. The agency a mandated reporter contacts to report suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1514 or reportadult.abuse

www.mn.gov/dhs/

3. Who is responsible for deciding whether a report is required and/or notifying the MAARC if the ORH/WSS Administrator or Designated Coordinator is involved in the suspected maltreatment?

- a) Human Resource Director
- b) RN
- c) Mental Health Professional
- d) Vice President

4. 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.

5. A mandated reporter can make an external or an internal report.

6. An act against a vulnerable adult that constitutes a violation of an attempt to violate, or aiding, and abetting a violation of:

- a) assault 1st - 5th degree as defined in sections 609.221 to 609.224;
- b) Use of force to injure a vulnerable person as defined in section 609.235;
- c) Solemnization, inducement, procurement of prostitution as defined in the section 609.322;
- d) Criminal sexual conduct 1st-5th degree as defined in the sections 609.342 to 609.3451.

7. 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 client of the facility is considered abuse.

8. The act of Forceful, compellers, coercing or enticement, or Enticement a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another is considered abuse.

9. 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 are all considered neglect.

10. A mandated reporter means a professional or a professional's delegate while engaged in Social Services, Law enforcement, education, For the care of Vulnerable Adults, any occupations referred to in section 214.01, subdivision 2; an employee of rehabilitation facility certified by the commissioner of jobs and training for vocational rehabilitation; an employee or person providing services in a facility as defined in subdivision 6; or a person that performs the duties of a medical examiner or coroner. ***ALL ORH/WSS EMPLOYEES***

11. Vulnerable Adult means any person 18 years of age or older who: (fill in)

1) Resident or Inpatient of this facility.

2) receives services requiring a license to serve adults under sec. 245A.01 to 245A.15, except person receiving out patient services, for chronic dependence, or mental illness, or one who commits sexual psychopathy or sexually dangerous person under 235B, is not considered a vulnerable adult unless as under clause 4

3) receives services from home care provider/agent to be licensed under 144A.46 and person or agency that exclusively offer for personal care assistant services

4) any type services is received possesses physical or mental infirmity or other mental or emotional infirmity. (i) impairs individual's ability to provide adequately for one's own ^{own} subsistence food or shelter (B) because of dysfunction need from assist. the person has impaired ability to protect self from maltreatment

a) _____

b) _____

**Oakridge Homes and Woodview Support Services
INSERVICES ATTENDED**

Our Mission: "To be a leader in quality residential and support services for people with special needs, now and in the future."

Employee Name	Elizabeth Larson	Year	2021
Location	Hwy 47	Position	DSP
Date of Employment	9/14/21		

Monthly Staff Meetings

Attach staff meeting agenda

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan	X	Staff & House Meeting P-C/Positive Support-Building Support that Creates Community (.5) VARPP, Service Recipient Rights, Client Competencies, MH-Seasonal Affective Disorder (.5)	X	3	X
Feb	X	Staff & House Meeting P-C/Positive Support-It's About Relationships (.5) MH-Suicide Intervention (1)	X	3	X
March	X	Staff & House Meeting CPR/First Aid MH-Schizoaffective Disorder (.5)	X	3	X
April	X	Staff & House Meeting Preventing Sexual Violence, MH-Psychotropic Meds & Side Effects (1)	X	3	X
May	X	MANDATORIES: ORH-WSS Program Policies and Procedures, ORH-WSS Medical Policies and Procedures, ORH-WSS Personnel Policies and Procedures AWAIR Plan, Service Recipient Rights, First Aid/CPR	X	3	X
June	X	Staff & House Meeting P-C/Positive Support-10 Ways to Respond to Meaning-full Behavior (1) MH-Reactive Attachment Disorder and Recovery from MI, Community Resources (1)	X	3	X
July	X	Staff & House Meeting Adaptive Equipment Competency, MH-Panic Disorder (.5)	X	3	X
Aug	X	Staff & House Meeting PAPP Competency, Medicare Fraud, MH-Co-occurring SA & HC (1) CPR/First Aid Refresher	X	3	X
Sept	X	Therapeutic Intervention P-C/Positive Support	X	3	X
Oct		Staff & House Meeting P-C/Positive Support-Cultural Competency, Harassment, MH-Narcissistic Personality Disorder, Treatment Options/EBP (.75)		3	
Nov		Staff & House Meeting MH-PTSD (.75)		3	

