

Certificate of Training

Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

Awarded on 12/29/2020 to:

Mark Soper

Certificate Number:
VAMR90129420201229

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

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	Mark	Year 2021	2021
Location	Pine Street	Position	DSP
Date of Employment	Feb 2012		

Monthly Staff Meetings

Attach staff meeting agenda

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan	3/1/21	Staff & House Meeting P-C/Positive Support-Building Support that Creates Community (.5) VARPP, Service Recipient Rights, Client Competencies, MH-Seasonal Affective Disorder (.5)	Make up	3	DD
Feb	3/22	Staff & House Meeting P-C/Positive Support-It's About Relationships (.5) MH-Suicide Intervention (1)	Make up	3	DD
March	4/24/21	Staff & House Meeting CPR/First Aid MH-Schizoaffective Disorder (.5)	make up	3	DD
April	5/1/21	Staff & House Meeting Preventing Sexual Violence, MH-Psychotropic Meds & Side Effects (1)	make-up	3	DD
May	5/24	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		3	DD
June	6/28	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)	Emmer	3	DD
July	7/26	Staff & House Meeting Adaptive Equipment Competency, MH-Panic Disorder (.5)	Shawna	3	DD
Aug	8/23	Staff & House Meeting PAPP Competency, Medicare Fraud, MH-Co-occurring SA & HC (1) CPR/First Aid Refresher	Shawna	3	DD
Sept	9/27	Therapeutic Intervention P-C/Positive Support	Tom	3	DD
Oct	10/19	Staff & House Meeting P-C/Positive Support-Cultural Competency, Harassment, MH-Narcissistic Personality Disorder, Treatment Options/EBP (.75)	Make up	3	AT
Nov	11/27	Staff & House Meeting MH-PTSD (.75)	make up	3	DD

Proof of Competency



Adaptive Equipment Review

Name: MARK SOPER Work Location: Pine St.

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

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

Signature: Mark Soper

Date: 7-31-21



Brainerd Staff Meeting Agenda

Be respectful of your peers. Please turn off your cell phones and avoid secondary conversations.

Date: 09/27/2021

Time: 9:00am-12:00pm

Presenter: Tom

Ice Breaker: If you could have any animal for a pet, what would you choose?

Milestone Anniversaries: Kim Betts-Pleasant-10 years; Bab Jones-Birchcourt-5 years; Allan Knutson-Wadena SILS-5 years

Welcome to new and returned staff: Sandra-Jean Janssen-DSP-Spruce; Isabella Waterman-DSP-1016; Julie Kraft-DSP-1016

Next Meeting: 10/25/2021

Med Class: Second Monday of the month, Clarissa Office, 8:30a-4p

Sign attendance page: Please make sure you have signed in

Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims:

VA Review:

1. We were reported by someone for possible maltreatment due to staffing and billing
2. Someone reported a staff for allegedly dragging client across room and bruising her arm
3. We reported staff for sleeping on shift

Nursing Notes: Patty/Ashley – New Med Policies

MH Training: Narcissistic Personality Disorder and Treatment (handout)

DD Diagnosis: Language/Speech Impairment (handouts)

TI: Staff Debriefing

New Business:

- Harassment/Bullying/Social Media Bullying (handout)
- Emergency Procedures for cold, blizzard, wind chill etc.
- Which clients can go to work when it's -20 or below?
- Proper Dress for the weather (handout)
- Positive Support - Cultural Competency (videos)
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

Hour 3- House Meeting:

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 923/Pine street

Program Coordinator: Dena Doughty Date: 9/27/2021

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Brandy (brandy@orhvv.com) before the 1st of the month

2. **Incident Reports & Discussion of :** (use tracking form as guide)

3. **Safety Concerns:**

- Drills: quarterly need Fire and Storm (due the 15th in Feb, May, Aug, Nov)
Designated place to go in event of fire-
- Discussion of last fire drill led by staff –
- Next drill fire or storm schedule for _____ on calendar _____

4. **House Goal or Challenge:** (this may change as often as necessary)

5. **House meetings for clients :**

- Topic:
- January:
- February:
- March:
- April:
- May:
- June:
- July: routine
- August: chore chart
- September: activities
- October: organization
- November:

6. **Review IAPP and Client Profile of one client.**

Name: ZS
Issues: New Goals

II. Old Business

1. Be positive!!
 - a. Clients feed off our energy
 - b. Positive people get positive results
2. We need to be careful at shift change
 - a. Some of the clients like to ease drop
 - i. Do not talk about other clients in front of clients
3. There is NO reason to talk about other staff to other staff

- a. If you have an issue talk to the staff respectfully OR talk to me and I can talk to the staff
- 4. It is our job to teach independence
 - a. We should not be doing things for clients if they can do it for themselves
 - i. Examples-LP can make her own lunch we just support her
- 5. We work in THEIR home
 - a. Be respectful and kind
 - b. Give respect to get respect
 - c. There is no reason to get into a power struggle-pick your battles
 - i. It is NOT our job to control clients it is our job to encourage clients to make the right choice
- 6. Charting
 - a. If a staff works for 8 hours and has nothing written down and no quotes I assume there was no interaction with clients
 - i. Take credit for what you do with clients
 - ii. If it's not charted it didn't happen
 - b. Ask clients questions
 - i. Example-If DY goes with his mom ask him what he did-then follow up with more questions AND document what he said!
 - ii. Example-When doing activities take notes on what is said AND document it!!
 - c. ALL clients have goals it is OUR job to help them achieve these!
 - i. Example-AW has a cooking goal-we should be asking him at least every other day to help and document what he did to help, what was made and what was said IF he refuses to help write an R AND what he said.
 - d. Ask clients to play games, go for a van ride, go for a walk etc. . .
 - i. If you ask and they refuse DOCUMENT it and what was said. If they play DOCUMENT it-what did you play, what was said, who won etc. .

III. New Business

- 1. Menu
 - a. Oakridge policy states, "ORH/WSS will provide three, nutritionally balanced meals per day. . .water and a fruit or vegetable are always available"
 - b. Oakridge policy states, "We will provide family-style eating with staff eating the same food along with people we serve."
 - c. Follow the menu IF you change anything it needs to be written on the menu
 - i. Grocery shopping is done once a week according to what is on the menu
 - d. Portion control
 - i. Follow the "my plate" that is on the fridge

V. DISCUSSION OF CLIENTS:

LEFT BLANK FOR OPEN DISCUSSION

1.

2.

3.

4.

5.

Signature of those in attendance:

October 2021 Staff Meeting Questions

Name: Mark

Date: 10-19-21

Watch TI Video.

1. List two helpful messages you took away from the video.
 - a. What a Critical Incident may involve

 - b. Prolonged Stress can put you at risk of lots of Health Problems.

Read EUMR Policy.

2. Does property damage, verbal aggression, or a person's refusal to receive or participate in treatment or programming on their own constitute a reason for emergency use of manual restraint? Yes or No
3. List 6 prohibited procedures that we as staff are not allowed to do.
 - a. Chemical Restraint
 - b. Mechanical Restraint
 - c. Manual Restraint
 - d. Time out
 - e. Seclusion
 - f. Any aversive or deprivation procedure
4. Who within Oakridge Woodview do you have to call immediately if an emergency controlled procedure needs to be implemented?
 - a. The Designated coordinator
5. Within 24 hours of an emergency use of manual restraint, which two people must receive verbal notification of the occurrence as required under the incident response and reporting requirements in section 245D.06, subdivision 1?
 - a. The legal Representative
 - b. The case manager

Read Module 1: The CPI Crisis Development Model.

6. Name the 4 crisis development/behavior levels:
 - a. Anxiety
 - b. Defensive
 - c. Risk Behavior
 - d. Tension Reduction
7. Name the 4 staff attitudes/approaches:
 - a. Supportive
 - b. Directive
 - c. Physical Intervention
 - d. Therapeutic Rapport

Read Debriefing PowerPoint.

8. Give 3 examples of the purpose of debriefing:
- IT places the events into logical order
 - IT clears up misconceptions
 - IT acknowledges the accomplishments
9. List 4 symptoms of critical incident stress:
- Restlessness
 - Irritability
 - Anxiety
 - Depression
10. List 2 incidents that may require a debriefing:
- arguing with housemates or staff
 - Hitting or fighting with someone

When you focus on Care, Welfare, Safety and Security as central values, you will have a solid base for making decisions

Unit 1 CRISIS DEVELOPMENT MODEL

There are Four Levels of Behavior with 4 accompanying staff approaches

11. Please match the word to the definition by drawing a line between them:

- Anxiety — "the person begins to lose rationality"
Risk Behavior — "change in behavior"
Defensive — "behaviors that may present a risk to themselves or others"
Tension Reduction — "physical intervention"

12. Match the level to the approach by drawing a line between them:

- Anxiety — "Physical Intervention"
Defensive — "Therapeutic Rapport-Re-establish communication"
Risk Behavior — "Directive-Offer choices, limit setting"
Tension Reduction — "Supportive-empathic, non-judgmental"

Unit 2 NON-VERBAL COMMUNICATION

13. People are always communicating.... verbal or non-verbal.... behavior is a form of

Communicating

14. Personal Space (Proxemics)— Your personal space can change, person to person, situation to situation and environment to environment (T) or F
15. Body Language (Kinesics)— A body position that appears challenging or confrontational can increase anxiety when approaching an individual (T) or F
16. Touch (Haptics)— touch is a non-verbal form of communication (T) or F

Unit 3 PARAVERBAL AND VERBAL COMMUNICATION

Paraverbal - the vocal part of speech, excluding the actual words that one uses

17. Please match the word to the definition by drawing a line between them:

Tone — "loudness or intensity"
 Cadence — "Quality and pitch (sarcasm, impatience)"
 Volume — "Rhythm and rate of speech"

Unit 4 VERBAL INTERVENTION

Keys to Limit setting – by setting limits you are offering the person choices as well as stating the result of the choices (more desirable vs. Less desirable) You cannot force a person to act appropriately

Simple and Clear – Keep your statement short and simple-speak in a calm voice

Reasonable - Don't expect too much from the person

Enforceable – Ensure you can make the limit you set happen

18. Empathic Listening can help you identify why a person is engaging in challenging behavior

T or F

Unit 5 PRECIPITATING FACTORS, RATIONAL DETACHMENT, INTEGRATED EXPERIENCE

You as staff have little or no control over what could cause an individual's behavior to escalate. Staff want to avoid being a precipitating factor!!

19. Please match the word to the definition by drawing a line between them:

Precipitating Factors — "behaviors influence behaviors"
 Rational Detachment — "possible reasons why behaviors occur"
 Integrated Experience — "the ability to manage your own behavior"

Unit 6 STAFF FEAR AND ANXIETY

20. Fear results from a lack of knowledge and understanding T or F

21. Fear and Anxiety are not examples of human emotions T or F

22. Fear and anxiety may also be referred to as the fight or flight response T or F

Unit 7 DECISION MAKING

Everyday life involves some degree of risk

23. Please match the variable to the definition by drawing a line between them:

Likelihood — "The level of harm that may occur"
 Severity — "The chance that a behavior could happen"

November 2021 Staff Meeting Makeup Questions

Name: Mark S

Date: 11-27-21

Watch How I Knew I Had PTSD Video.

Write your reaction to the video: I think we need to have help for these people. It's got to be hard to live this way.

Read PTSD: National Center for PTSD

1. What does P-T-S-D stand for:

P POST
T TRAUMATIC
S STRESS
D Disorder

2. What are the four types of PTSD symptoms:

- Reliving the event
- Avoiding situations that remind you of the event
- Negative changes in beliefs and feelings
- Feeling keyed up

Watch Prader-Willi Syndrome video.

Write your reaction to the video: The syndrome is a imprinting disorder. If caught early it can be monitored and managed.

Read TI Review – Person Served Debriefing

3. The "COPING Model" is a model that guides you through the process of establishing Therapeutic Rapport with the individual after an incident.

4. What does "C-O-P-I-N-G" stand for:

C Control
O Orient
P Patterns
I Investigate
N Negotiate
G Give

5. List 4 reasons empathic listening can help you identify why a person is engaging in challenging or risk behavior:

- Non Judgmental

- b. undivided attention
- c. Listen carefully
- d. Allow silence

6. What does "P-I-N-G" stand for:

- P Pattern's
- I Investigate
- N Negotiate
- G Give

Read Active Treatment

1. Active treatment means an aggressive and organized effort to maximize each client's fullest developmental potential.
2. The individuals we serve have the right to a fulfilled life; we have the responsibility to help them achieve it.
3. Staff's convenience is more important than the consumer's preferences? True or False
4. A client likes to wear slacks and a button up shirt, as he thinks this makes him look nice. Is it ok for staff to decide that he should wear t-shirts every day because it's faster than helping him with the buttons? True or False
5. Active treatment means using everyday scenarios as teaching moments to incorporate the person's goals into their daily lives. True or False
6. Staff need to consider client's preferences whenever possible in making schedules for daily activities, such as what time the person wakes up, if they shower in the morning or at night, etc. True or False

Read Staff Guide to Money in the Home

7. Which money book is the staff responsible for on a daily basis- count book or budget book?
8. Receipts must have a signature. True or False
9. If your cash and receipt total do not match the amount on the form, you should do what immediately? Tell P.C. What's going on
10. The afternoon/evening staff and the overnight staff must count and initial which two items? Controlled med's and money count

Read Falls Prevention and check for safety concerns around the home you work in

Read 35 Health Tips Your Employees Will Love and list 5 items from the list that you will try for your own wellness

- a. _____
- b. Get more sleep (for sure)
- c. Nothing else
- d. sorry I just
- e. Don't see myself walking or ect...

Read Sofa Workouts and do them with the people you serve

Read Volunteering and its Surprising Benefits and be mindful of encouraging the people you serve to volunteer as much as they are able to reap the positive benefits