



Background Study Notice

Background Study No: 1111837

June 17, 2021

Bethany Christenson
Oakridge Support Services Inc (1072880)
1021 INDUSTRIAL PARK RD SW
Brainerd, MN 56401-8338
1072880

Charles Kaase
30867 Airport Road
Breezy Point, MN 56472

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.



Your last visit was Wed 06/16/2021 10:26 AM CDT

Confirmation

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

Confirmation Number **DHSMN2001544231**

Payment Details

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

Payment Amount \$20.00

Payment Date 06/17/2021

Status PROCESSED

Payment Method

Payer Name Janis Young

Card Number *0013

Card Type Visa

Approval Code 017308

Confirmation Email janis@orhvw.com

Billing Address

Address 1 1021 Industrial Park Road

City Brainerd

State MN

Zip Code 56401

Name: Charles Kaase DOB: 10/25/1963 Last Four SSN: 0374 6/17/2021 10:01:15 AM

6/17/2021 10:01:15 AM

Oakridge Support Services Inc (1072880)
1021 INDUSTRIAL PARK RD SW
Brainerd, MN 56401-8338

NS2
NETStudy 2.0
<http://www.dhs.state.mn.us>
Minnesota Department of Human Services
444 Lafayette Rd N
St. Paul, MN 55101

Final Registry Results Form

The Final Registry Results Form provides personal, demographic, and registry results for the applicant listed below as it was captured in NS2 on 6/17/2021 during the application process. The form can be printed and stored in the applicant's human resources file to verify the person's registry results as of this date.

Note: The application was submitted on 06/17/2021 and the following information is current as of 6/17/2021. Please check the system for updated information on the applicant.

Applicant Information

Application #:	2165699	SSN:	XXX-XX-0374
Name:	Charles Richard Kaase	This is an ITIN:	No
Address:	30867 Airport Road Breezy Point, MN 56472	Date of Birth:	10/25/1963
County:	CROW WING	Race:	White
US Citizen:	Yes	Gender:	Male
Place of Birth:	US: Minnesota	Eye Color:	Blue
		Hair Color:	Brown
		Weight:	195 lbs
		Height:	5'10"

Aliases/Prior Names

Name:	Date of Birth:
No Prior Aliases or Names	

Prior Addresses

No Prior Addresses

OIG List of Excluded Individuals/Entities

Registry URL: <https://exclusions.oig.hhs.gov>

Registry Contact: Joanne Francis

Registry Contact Phone #: 410-281-3069

Registry Contact Email:

Research Completed on: 6/17/2021

Research Completed by: Janis Young

Research Results: Cleared

Provider Notes:

If you dispute the findings shown for the registry indicated contact the phone number provided.

MN Nurse Aide Registry

Registry URL: <https://narlookup.web.health.state.mn.us/>

Registry Contact:

Registry Contact Phone #: 651-215-8705

Registry Contact Email:

Research Completed on: 6/17/2021

Research Completed by: Janis Young

Research Results: Cleared

Provider Notes:

If you dispute the findings shown for the registry indicated contact the phone number provided.

MN OIG Excluded Individuals

Registry URL: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&docName=DHS_205004

Registry Contact:

Registry Contact Phone #:

Registry Contact Email:

Research Completed on: 6/17/2021

Research Completed by: Janis Young

Research Results: Cleared

Provider Notes:

Name: Charles Kaase DOB: 10/25/1963 Last Four SSN: 0374 6/17/2021 10:01:15 AM

If you dispute the findings shown for the registry indicated contact the phone number provided.

Work Schedule hired for.

Name:

Charles Hase

Phone: *218-866-2837*

	Fri	Sat	Sun	Mon	Tues	Wed	Thurs
Week #1 # of Hours 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week #2 # of Hours 16	<input type="checkbox"/>	8a-4p <input type="checkbox"/>	8a-4p <input type="checkbox"/>	8a-4p <input type="checkbox"/>	8a-4p <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pine Street: 2421 Pine Street, Brainerd 56401
 Phone: 218-825-4905
 PC: Dena Doughty-701-730-3202 (cell)

Med Class:

June 22

9am - 4:30pm

Location: **Brainerd Office** - 1021 Industrial Park Road

218-829-7599

Orientation at Brainerd office:

Please bring your lunch with you as there will not be enough time to leave the grounds during the lunch break.

Orientation at _____

Name: Charles Kaase

Date of Hire 6/17/2021 Date of first supervised direct contact 6/21/2021
 Date of first unsupervised direct contact _____
 Date initial NET Study Sent 6/17/2021 Date initial NET study cleared 6/17/2021

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				30
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)				
*Date attended mandatories or completed make-up				
*Date attended TI or make-up packet				
*VA Online certificate				6/17/2021
*VARPP reviewed twice annually	1. 2.	1. 2.	1. 2.	1. 6/17/2021 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 <u>✓</u> Annual review date _____				6/17/2021
First Aid training certificate or copy of first aid card in book if applicable				
Person Supported Competencies	1.	1.	1.	1.
List Consumer Initials and the Date Completed	2.	2.	2.	2.
(Includes IPP/BIPP, CSSP-A, CSSP & IAPP-SMA)	3.	3.	3.	3.
	4.	4.	4.	4.
	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				
PAPP Competency				
Minimizing the Risk of Sexual Violence Competency				
In-services Attended sheet completed and all back up materials included.				

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



DATE 6-17-2021

Version 2020

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

Employee Name: Charles Kaase

Location: Pine STREET

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	Competency A=Acknowledgment is Required	Date Completed	Initials	
					Trainer	Staff
*1. New Hire Paperwork						
A. Welcome Folder				6/17/2021	JY	
B. New hire forms completed						
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						
	1.25					
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.		VARPP	C	6/17/2021	JY	
B. Vulnerable Adult Mandated Reporting - Online Training from DHS. Print and file VA training certificate.		Online DHS		6/17/2021	JY	
C. Reports of Maltreatment of Minors and Maltreatment of Minors Act (if applicable).		VARPP	C	↓	↓	
D. Money and Medication Count Protocol		VARPP		6/17/2021	JY	
E. Site-Specific Program Abuse Prevention Plan (PAPP)		PAPP (at office)	C	6/23/2021	JY	
F. Service Recipient Rights.			C	↓	↓	
*3. Job Description and Scope of Services						
A. Read through Job Description - Ask, get questions answered on specifics not understood		Job Description		6/17/2021	JY	
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		6/17/2021	JY	
C. A healthy diet (according to data from USDA Dietary Guidelines). Skills necessary to prepare a healthy diet.		Video	C	6/17/2021	JY	

Item		# hrs. twds DHS Orient Rqrmts	Source	U=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	6/17/2021	JY	
**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: 1	0.50	IAPP Need to Know for Competency	C	6/18/2021	JY	
	Person: 2	0.50		C			
	Person: 3	0.50		C			
	Person: 4	0.50		C			
	Person: 5	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	Program Policies (Addendum)	C	NA		
		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				
		2.75					
	B.	Prohibited Procedures	VARPP	A			
	C.	Site Specific Last Page of Emergency and Reporting Policy and Procedures	Emergency & Reporting	C			
	D.	Minimizing the Risk of Sexual Violence	Sexual Violence Video	C			
	1. Tea and Consent Video (2:49)	0.50					
*7. Mental Health Certification							
For MI Homes Only	A.	Mental Health Diagnoses	MI Book	C	6/18/2021	JY	
	B.	Crisis Response and De-escalation Techniques	MI Book	C			
			Video		6/17/2021	JY	
			Program Policies		6/23/2021	JY	
			Program Policies				
		2.75					
	C.	Recovery From Mental Illness	MI Book	C	6/18/2021	JY	
	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	MI Book	C			
	G.	Community Resources	MI Book	C			
H.	Suicide Intervention, Warning Signs, and Responses	MI Book					
I.	Prohibited Procedures	VARPP	A	6/17/2021	JY		
J.	Site Specific Last Page of Emergency and Reporting Policy and Procedures	Emergency & Reporting	C	6/23/2021	JY		
K.	Minimizing the Risk of Sexual Violence	Sexual Violence Video	C	6/23/2021	JY		
		1. Tea and Consent Video (2:49)					

Item	# hrs. twds DHS Orient Rqrmnts	Source	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	6/23/21	JY	
B.	Person Centered Philosophy (Values and Beliefs)	Charting	C	↓	↓	
C.	Cultural competency	Diversity	C	↓	↓	
D.	Positive Behavior Supports and a relationship between behaviors, staff, environment, and person.	Program Policies	C	↓	↓	
9. Employee Handbook						
A.	Read each Policy and Procedure in Employee Handbook	Handbook	A	Received 6/17/2021	JY	
B.	Table of Contents - Sign and Date Acknowledgement Page - Sign and Date			6/17/2021	JY	
10. Program Policies						
	1.00					
A.	Read each Policy and Procedure	ProgPolicy	A	6/23/21	↓ JY	
B.	Acknowledgement Page: Sign and date			↓	↓	
11. Confidentiality						
A.	Confidentiality	1.00	Video	C	6/17/2021	JY
12. Bloodborne Pathogens						
A.	Bloodborne Pathogens in a Home Care Setting	Video		C	6/17/2021	JY
13. Following Safety Practices						
A.	Plan to Get Out Alive	Video		C	6/17/2021	JY
14. Documentation						
A.	Oakridge Homes Charting Guidelines	Charting		C	6/23/21	JY
15. Active Treatment						
A.	Active Treatment	Charting			6/23/21	JY
16. Other Mandatory Orientation / Inservice						
A.	Medicare Advantage and Part D Fraud, Waste and Abuse Compliance	Medicare		A	6/23/21	JY
B.	OSHA	OSHA			↓	↓
	1. AWAIR Act	OSHA			↓	↓
	2. Right to Know	OSHA		C	↓	↓
17. Safety, History and Rules						
A.	Safety Guidelines: What You Can Do to Prevent Falls	Charting Addendum			6/23/21	JY
B.	Rules and Regulations	Program Policies			↓	↓
	1. 245D				↓	↓
	2. Community Residential Settings (CRS)				↓	↓
	3. Fire Codes				↓	↓
	4. Case Management (monitoring)				↓	↓
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 Rqmnts	Source	U=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 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.

Orientation Day

6/17/2021 6.25
Date Hours

Janis Young
Trainer Name

6/18/2021 6
Date Hours

Janis Young
Trainer Name

6/23/2021 4.25
Date Hours

Janis Young
Trainer Name

Date Hours

Trainer Name

Date Hours

Trainer Name

Client Books
must be done before
working alone

6/18/2021 —
Date Hours

Trainer Name

Date Hours

Trainer Name

Supervised direct
contact at the house

Date Hours

Trainer Name

Date Hours

Trainer Name

Date of first
unsupervised direct
contact

6/21/2021
Date

Med Administration
(if applicable)

6/22/2021 5.75
Date Hours

Trainer Name

You must complete a 30 hours of orientation within 60 calendar days (all Rule 245D programs).
(Orientation or training received by staff from sources other than ORH/WSS in the same subjects identified in this Orientation Checklist may count, *only if* received within the 12-month period prior to date of hire. ORH/WSS must receive both documentation *and* the proof of competency for any non-ORH/WSS training to count.)

Orientation Requirements	
Date of Hire	6/17/2021
Date of Expected Completion	8/17/2021
Total Hours of Orientation Needed	30

Actual Orientation	
Total Number of hours	
Date Orientation Completed By	

By signing here, I verify that the above training has been provided to me. I understand my responsibilities on the implementation of the above training.

Employee Signature (upon completion)

Date

MEDICATION ADMINISTRATION OBSERVATION CHECKLIST

(To be completed 3 times as completion of medication training) or (to be used for unannounced med pass evaluation)

House: Pine ST Staff Name: Charles Kaase

Date Date Date

6/24/21 6/29/21 6/29/21

	Consumer Initials					
	ZO		AW		BT	
	Y	N	Y	N	Y	N
1. Check each of the consumer's MARS and place a different colored paperclip on it.	X		X		X	
2. Wash hands before beginning med pass.	X		X		X	
3. Unlock medication storage area.	X		X		X	
4. Open consumer's book to MAR (medication administration record).	X		X		X	
5. First Check. Take one consumer's medication from storage area and check the box label(s) against the MAR comparing the consumer name, medication, dose, route, date and time of administration. Place a dot in corner of box after each medication is checked.	X*		X		X	
6. Second Check. Re-check the med packet label against the MAR, comparing the consumer name, medication, dose, route and date & time of administration.	X		X		X	
7. Check the med packet description on the label matches the pill in the package.	X		X		X	
8. When completed put a mark on the med packet and 1 st initial in the Medication box on the MAR.	X		X		X	
9. Check that all the medications are out of the bubble pack, cassette, or Safe Dose packet.	X		N/A		X	
10. Place a initial and date on bubble pack when medication is removed. Put package medication in the medication cup after they have been checked.	N/A		N/A		X	
11. Third Check. Recheck the packet label against the MAR and comparing the consumer name, medication, dose, route, date and time of administration, before returning the medication to the storage area. Place a 2 nd mark on med packet after each med is checked.	X*		X		X	
12. Count the number of pills in the medication cup amount against the MARS and medication packet to assure all the medications are in the cup.	X		X		X	
13. Follow any special instructions, ie: crush, shake well, take pulse or blood pressure first.	N/A		X		N/A	
14. Pour any liquids at eye level.	N/A		X		X	
15. Ask the consumer to come to the staff to receive their medications Speak to the consumer and use their name before administering their medications.	X		X		X	
16. Watch the consumer swallow the medication.	X		X		X	
17. If the staff delivers the meds to the consumer, lock the medication storage area first and close your MAR.	X		X		X	
18. Document your last initial for all consumers' medications given as soon as the medications are taken.	X		X		X	
19. Remove the colored paper clip after the medications were given.	X		X		X	
20. Use skin cleanser or wash hands before moving on to the next consumer.	X		X		X	

* reminded about the dot
* reminded about and mark

21. Lock med storage area.

22. After complete of the med pass, check that all medications were given and initials are in the signature box.

Signature of Supervisor: Dena Doughty 6/29/2021

Signature of Staff: Chillam

OBSERVE STAFF ADMINISTERING THE FOLLOWING TYPES OF MEDICATION ACCORDING TO PROCEDURES:

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

Employee Name: Charles Kaase

Location: Pine STREET

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 Rqrmnts	Source	C=Competency A=Acknowledgment is Required	Date Completed	Initials	
					Trainer	Staff
*1. New Hire Paperwork						
A. Welcome Folder				6/17/2021	JY	
B. New hire forms completed				6/17/2021	JY	
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						
	1.25					
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.		VARPP	C	6/17/2021	JY	
B. Vulnerable Adult Mandated Reporting - Online Training from DHS. Print and file VA training certificate.		Online DHS		6/17/2021	JY	
C. Reports of Maltreatment of Minors and Maltreatment of Minors Act (if applicable).		VARPP	C	↓	↓	
D. Money and Medication Count Protocol		VARPP		6/17/2021	JY	
E. Site-Specific Program Abuse Prevention Plan (PAPP)		PAPP (at office)	C	6/17/2021	JY	
F. Service Recipient Rights.			C			
*3. Job Description and Scope of Services						
A. Read through Job Description - Ask, get questions answered on specifics not understood		Job Description		6/17/2021	JY	
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		6/17/2021	JY	
C. A healthy diet (according to data from USDA Dietary Guidelines). Skills necessary to prepare a healthy diet.		Video	C	6/17/2021	JY	

Item		# hrs. twds DHS Orient Rqrmnts	Source	Competency A=Acknowledgment is Required	Date Completed	Trainer	Staff	Initials
*4. First Aid								
A.	Watch YouTube "Everyday First Aid by British Red Cross". Subjects covered: Heart attack,		Video	C	6/17/2021	JY		
**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: 1	0.50	IAPP Need to Know for Competency	C	6/18/2021	JY		
	Person: 2	0.50		C				
	Person: 3	0.50		C				
	Person: 4	0.50		C				
	Person: 5	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	NA		
		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				
	B.	Prohibited Procedures	0.10	VARPP	A			
C.	Site Specific Last Page of Emergency and Reporting Policy and Procedures		Emergency & Reporting	C				
D.	Minimizing the Risk of Sexual Violence	0.50	Sexual Violence Video	C				
	1. Tea and Consent Video (2:49)							
*7. Mental Health Certification								
For MI Homes Only	A.	Mental Health Diagnoses	1.00	MI Book	C	6/18/2021	JY	
	B.	Crisis Response and De-escalation Techniques	2.75	MI Book	C	6/17/2021	JY	
		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	6/18/2021	JY	
	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	6/17/2021	JY		
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 Video	C				
	1. Tea and Consent Video (2:49)							

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			
B.	Person Centered Philosophy (Values and Beliefs)	Charting	C			
C.	Cultural competency	Diversity	C			
D.	Positive Behavior Supports and a relationship between behaviors, staff, environment, and person.	Program Policies	C			
9. Employee Handbook						
A.	Read each Policy and Procedure in Employee Handbook					
B.	Table of Contents - Sign and Date Acknowledgement Page - Sign and Date	Handbook	A	Received 6/17/2021	JY	ei
				6/17/2021	JY	ei
10. Program Policies						
	1.00					
A.	Read each Policy and Procedure					
B.	Acknowledgement Page: Sign and date	ProgPolicy	A			
11. Confidentiality						
A.	Confidentiality	1.00	Video	C	6/17/2021	JY ei
12. Bloodborne Pathogens						
A.	Bloodborne Pathogens in a Home Care Setting	Video		C	6/17/2021	JY ei
13. Following Safety Practices						
A.	Plan to Get Out Alive	Video		C	6/17/2021	JY ei
14. Documentation						
A.	Oakridge Homes Charting Guidelines	Charting		C	6/21/21	DD ei
15. Active Treatment						
A.	Active Treatment	Charting				
16. Other Mandatory Orientation / Inservice						
A.	Medicare Advantage and Part D Fraud, Waste and Abuse Compliance	Medicare		A		
B.	OSHA	OSHA				
	1. AWAIR Act	OSHA				
	2. Right to Know	OSHA		C		
17. Safety, History and Rules						
A.	Safety Guidelines: What You Can Do to Prevent Falls	Charting Addendum				
B.	Rules and Regulations					
	1. 245D					
	2. Community Residential Settings (CRS)	Program Policies				
	3. Fire Codes					
	4. Case Management (monitoring)					
18. Home Site-Specific Orientation						
A.	Building				6/21/21	DD ck
	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 Orient Rqrmnts	Source	U=Competency A=Acknowledg ement is Required	Date Completed	Initials	
					Trainer	Staff
9. Thermostat(s)				6/21/21	DD	CK
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				6/21/21	DD	CK
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				6/21/21	DD	CK
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				6/21/21	DD	CK
c. Person Involvement				↓	↓	↓
d. Who pays for what				↓	↓	↓
4. Money Counting				↓	↓	↓
5. Daily Money and Controlled Medications Count				↓	↓	↓
6. Inventories				6/21/21	DD	CK
C. Financial - Program				6/21/21	DD	CK
1. Use of Purchase Orders - household				↓	↓	↓
2. Billings				↓	↓	↓
3. Vendors Used				↓	↓	↓
4. Petty Cash RECEIPT REQUIRED FOR EACH PURCHASE				↓	↓	↓
5. House Inventory				6/21/21	DD	CK
6. Store Credit Cards				↓	↓	↓
D. Medical				↓	↓	↓
1. Appointments				↓	↓	↓
2. Medications				↓	↓	↓
3. Health Needs Report				↓	↓	↓
E. Misc. Client Protocols - Clothing (labeling, mending, laundry)				↓	↓	↓
F. Maintenance				6/21/21	DD	CK
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 Rqrmnts	Source	Competency A=Acknowledgment is Required	Date Completed	Initials	
					Trainer	Staff
7. Family Style Eating				4/21/21	DD	A
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				6/21/21	DD	A
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				6/21/21	DD	CA
**M. Other topics as determined necessary in the person's CSSP (i.e., FAS, diabetes, seizure disorder, etc.)						
1 RB AW						
2 ZS						
3 BT						
4 DY						
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				6/21/21	DD	CA
2. Daily Schedules				6/21/21	DD	CA
3. Oral/Personal Care Chart						
4. Informal Goals						
5. Program Record/Signatures and Dates				6/21/21	DD	CA
6. Outcomes/Goals					DD	CA
7. Data Collection					DD	CA
8. Behavior Plan (if applicable)					DD	CA
9. Cleaning of wheelchairs, equipment, etc.					DD	CA
10. Need to know				6/21/21	DD	CA

Item	# hrs. twds DHS Orient Rqmnts	Source	Competency A=Acknowledgment 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				4/21/21	DD	a
4. No smoking, eating, drinking or use of cell phones				4/21/21	DD	ck
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)				4/22	Ashley	Chuck
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.

Orientation Day

Date 6/17/2021 Hours 6.25 Trainer Name Janis Young

Date 6/18/2021 Hours _____ Trainer Name Janis Young

Date _____ Hours _____ Trainer Name _____

Date _____ Hours _____ Trainer Name _____

Date _____ Hours _____ Trainer Name _____

Client Books must be done before working alone

Date 6/18/2021 Hours — Trainer Name —

Date _____ Hours _____ Trainer Name _____

Supervised direct contact at the house

Date 6/21/21 Hours 4 Trainer Name Dena Doughty

Date 6/23/21 Hours 2 Trainer Name Dena Doughty

Date of first unsupervised direct contact

Date 6/24 Hours 2 Trainer Name Dena Doughty

Med Administration (if applicable)

Date 6/22/21 Hours 8 Trainer Name Ashley

You must complete a 30 hours of orientation within 60 calendar days (all Rule 245D programs).
 (Orientation or training received by staff from sources other than ORH/WSS in the same subjects identified in this Orientation Checklist may count, *only if* received within the 12-month period prior to date of hire. ORH/WSS must receive both documentation *and* the proof of competency for any non-ORH/WSS training to count.)

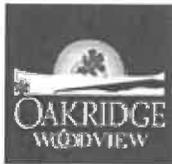
Orientation Requirements	
Date of Hire	<u>6/17/2021</u>
Date of Expected Completion	<u>8/17/2021</u>
Total Hours of Orientation Needed	<u>30</u>

Actual Orientation	
Total Number of hours	
Date Orientation Completed By	

By signing here, I verify that the above training has been provided to me. I understand my responsibilities on the implementation of the above training.

 Employee Signature (upon completion)

 Date



Competency on Program Abuse Prevention Plan (PAPP)

Name Chuck Kaase

Date 8-23-21

Program Location Pine ST

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?

All individuals have their own bedrooms. Staff persons are on the premises when individuals are present staff are trained in, and have responsibilities in several areas of residential care to assist individuals in different areas regarding safety, including appropriate boundaries.

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

provide support to individuals to meet their individual needs and preferences. In general, our internal programming is to provide residential skills, training, and activities of daily living

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

All staff are required to read and know the individual abuse prevention plans, individual crisis plans, and behavior individual program plans for all the individuals living in the home

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

Staff has been trained on the maltreatment of vulnerable adults act, and can take steps to prevent abuse when out in the community. Staff will supervise consumers at all times.

5. Program's Staffing Patterns:

Number of staff present during the day (Prime Programming): 2

Number of staff present during the overnight (Non-Prime Programming): 1

Is overnight staff awake or sleep staff? awake

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 - all five*

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?

The individuals living at Pine St tend to show/display low-levels of maladaptive behavior. Target behaviors for the individuals include: 'isolative behavior, disrespect, refusing redirection, suicidal ideation, occasional verbal, and occasional physical aggression.

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

Basement and upstairs are difficult to supervise, unless staff are on these floors

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: *All staff are required to read and know the individual abuse prevention plans which includes if the clients have unsupervised time alone either at home, or in the community*

Types of grounds and terrain: *The sidewalk, deck, and driveway will be kept clear of debris, snow/ice*

Signature *Chantel*

PROOF OF COMPETENCY



VARPP

Name: Charles Kaase Date: 6-17-2021 Signature: Charles Kaase

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 internal or external

844 880 1574 or www.mn.gov/dhs/report-adult-abuse

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 internal or an external 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 as defined in sections 609.221 to 609.224;
- b) use of drugs as defined in section 609.235;
- c) solicitation as defined in the section 609.322;
- d) criminal sexual conduct 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 violation, attempt to violate aiding, or abetting 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, 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) is a resident of a facility

2) Receives services at or from a facility required to be licensed to serve adults under sections 245A.01 to 245A.15 except that a person receiving outpatient services for treatment of chemical dependency or mental illness, or an individual committed as a sexual, psychopathic personality or a sexually dangerous person under chapter 253B is not considered a vulnerable adult unless the person meets the requirements of clause 4

3) Receives services from a home care provider required to be licensed under section 144A.46 or from a person or organization that exclusively provides or arranges care assistant services

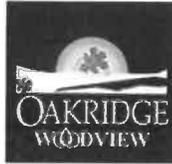
4) Regardless of residence or whether any type of service is received possesses a mental infirmity or other physical, mental or emotional dysfunction

a) That impairs the individual's ability to provide adequately for individual's own care with assistance including the provision of food shelter clothing healthcare or supervision

b) Because of the dysfunction or infirmity and the need for assistance the individual has an impaired ability to protect the individual from maltreatment

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 physical abuse, neglect, or mental 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 Maltreatment intake 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 3 years you must immediately make a report to an outside agency.
 - a) 3
 - b) 2
 - c) 5



Person Supported Competency

Person: Ronald Emery Osborne Staff: Charles Koase

Location: Pine st Date: 6-18-2021

1. What outcomes/goals does the person have?
Ron will have positive interactions with housemates and staff for at least 2 hours a day
Ron will participate in at least 75% of the group activities offered to him.
Ron will walk or ride the stationary bike for at least 15 minutes at least 3 times a week
2. Documentation on goals is optional? True or False
3. Who is the person's case manager? Kayla Meier
4. Does the person have a guardian/legal representative? Yes or No
 Who? No
5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?
Abusive history.
Ron was sexually abused by a male landlord when he moved out on his own when he was 17-18. This occurred 3 times
6. Diagnoses: Schizoaffective disorder - PTSD PTSD
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? Staff
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? Does not work
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? office of ombudsman
14. Is person at risk for self abuse? Yes or No. If yes, what are the risks?
Neglects or refused to take medications History of 911
Ron has suicidal thoughts and ideations
15. Does this person have any of their rights restricted? Yes or No. If yes, what are they?

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? Ron may be at risk for being taken advantage of financially. He may not recognize mismanagement of funds.
17. How does person like their services provided? Ron prefers a calm straight forward style of communication from staff.
18. Does person have allergies? Yes or No/What are they? _____
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? Play games (cards etc), take a shower Time in his room
 What is desired alternate behavior? Interact with staff and peers
 Do they have coping skills to utilize? Yes or No. What are they? _____
Play games take a shower
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Inability to deal with verbally, physically aggressive persons
22. Who is responsible for providing household reports and documentation to the county? Dakridge
23. What are person's medical needs? Diabetes and chronic pain
24. What are person's safety needs? Staff will have positive conversation with Ron on how to stay safe
25. What technology does person use? none computer internet cell phones cable
 Can it be used for monitoring the person? Yes or No. If yes in what way? _____

After reading all identifying information about the person, please describe this person in your own words Ron is a troubled guy, who want to do the right thing. Ron need constant monitoring

[Signature]
 Staff Signature



Person Supported Competency

Person: Zane Thomas Scot Smith Staff: Charles Kease

Location: Pine st Date: 6-18-2021

1. What outcomes/goals does the person have?

Zane will not purchase anything he does not have a plan to use in the near future. He will do this at least 90% of the time he goes shopping.
Zane will make appointments on his own. Zane will assist with cooking one time a week Zane will learn on new household task a week

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Tara Jones & Tim Leskey

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

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

In ability to be assertive, Zane may not recognize sexual abuse, and therefore may not defend against it or report it.

6. Diagnoses: Schizophrenia - Paranoid type

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 False

9. Who administers person's medications? Staff

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

11. Has an integrated work place been explored for this person? Yes or No
If yes, what were results? Productive Alternatives

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

13. Who made the (-20) rule/recommendation to follow? Office of Ombudsman

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

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

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? Inability to handle financial matters Impulsive and excessive spending
17. How does person like their services provided? Zane would prefer to receive services from staff that know, like, and respect him
18. Does person have allergies? Yes or No. What are they? Penicillin - Special dietary needs
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? Isolated behavior - stay in room instead of participating
 What is desired alternate behavior? Participate
 Do they have coping skills to utilize? Yes or No. What are they? Go for a walk, read a magazine. Listen to the radio
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Inability to identify potentially dangerous situations
22. Who is responsible for providing household reports and documentation to the county? Gatridge Zane
23. What are person's medical needs? Special diet Preventive screening Medical & dental
24. What are person's safety needs? Staff education with regular discussions
25. What technology does person use? Computer internet Cell phone
 Can it be used for monitoring the person? Yes or No. If yes in what way? Yes

After reading all identifying information about the person, please describe this person in your own words Zane wants to be liked and respected. Zane has little concept about spending money

Chadman
 Staff Signature



Person Supported Competency

Person: Dustin David Young Staff: Charles Kaase

Location: Pine ST Date: 6-18-2021

1. What outcomes/goals does the person have?
Dustin will have positive interaction with housemates and staff for at least 2 hours a day
Dustin will participate in at least 75% of the group activities offered to him.
Dustin will clean his room at least twice a week
2. Documentation on goals is optional? True or False
3. Who is the person's case manager? Amy Burkita - Tom Lesley
4. Does the person have a guardian/legal representative? Yes or No
Who? _____
5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?

6. Diagnoses: Schizophrenia - Disorganized type - Alcohol & substance abuse
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? Staff
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? Not working
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? Office of Obedsman
14. Is person at risk for self abuse? Yes or No. If yes, what are the risks?
Neglects or refuses to take medication
15. Does this person have any of their rights restricted? Yes or No. If yes, what are they?

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? Inability to handle financial matters maybe taken advantage of

17. How does person like their services provided? Dustin prefers a calm straight forward style of communication from staff

18. Does person have allergies? Yes or No. What are they? Doxycycline, erythromycin and penicillin

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? Isolative behavior - Disruptive behavior being loud
What is desired alternate behavior? Less isolated - not so loud
Do they have coping skills to utilize? Yes or No. What are they? Smoking guitar playing

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Inability to identify potentially dangerous situations

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

23. What are person's medical needs? Assistance with medical and dental appointments

24. What are person's safety needs? Others may judge Dustin when he is talking to his voices or displaying paranoia which could create a conflict and risk of harm to Dustin

25. What technology does person use? Internet telephone computer cable

Can it be used for monitoring the person? Yes or No? If yes in what way? Internet computer telephone cable

After reading all identifying information about the person, please describe this person in your own words People around Justin need to be educated about his voices, and likes and dislikes

Cheryl
Staff Signature



Person Supported Competency

Person: Brandon Drew Tuhkanen Staff: Charles Koase

Location: Pine ST Date: 6-18-2021

1. What outcomes/goals does the person have?
Brandon will have positive interactions with housemates and staff for at least 2 hours each day
Brandon will participate in at least 75% of the group activities offered to him
Brandon will clean his bedroom at least twice a week
2. Documentation on goals is optional? True or False
3. Who is the person's case manager? Kim Hinz
4. Does the person have a guardian/legal representative? Yes or No
 Who? Brenda Tuhkanen
5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?

6. Diagnoses: Schizophrenia, Paranoid type

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? Staff
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? Interested in exploring options

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? Office of Ombudsman
14. Is person at risk for self abuse? Yes or No. If yes, what are the risks?
History of engaging in self injurious behaviors
Neglect or refused to take medication
15. Does this person have any of their rights restricted? Yes or No. If yes, what are they?

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? Inability to handle financial matters.

Lacks understanding of financial matters

17. How does person like their services provided? Prefers a calm straight forward style of communication from staff

18. Does person have allergies? Yes or No. What are they? Haldol adhesive tape silicones

19. What county is the person from? Aitkin

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

What is desired alternate behavior? Participate - lower verbal aggression

Do they have coping skills to utilize? Yes or No. What are they? Take anxiety pills, smoke. Get involved in an activity

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

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

23. What are person's medical needs? nurse from Ganga will come to the house to do his stat and deliver his Clozaril

24. What are person's safety needs? In the past Brandon used a hangar to scratch his arm. Staff will monitor Brandon for safety

25. What technology does person use? internet cable telephone computer

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

After reading all identifying information about the person, please describe this person in your own words Brandon is a guy struggling with mental illness,

and needs a lot of monitoring


Staff Signature



Person Supported Competency

Person: Alexander Jacob Warner Staff: Charles Kaase

Location: Pine ST Date: 6-18-2021

1. What outcomes/goals does the person have?
Alex will have positive interactions with housemates and staff at least 2 hours a day
Alex will help cook a meal with staff assistance at least once a week 90% of the time

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Samantha Hess

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

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

6. Diagnoses: Asperger Disorder, Bysthymia, Depression
Anxiety ADHD

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 False

9. Who administers person's medications? Staff

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

11. Has an integrated work place been explored for this person? Yes or No. If yes, what were results? Alex (staff to make sure it gets done)

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

13. Who made the (-20) rule/recommendation to follow? Office of Obedsmen

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

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

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? Inability to handle financial matters

17. How does person like their services provided? Alex prefers a calm straight forward style of communication from his support staff

18. Does person have allergies? Yes or No. What are they? Isolation Behavior - Disrespect - Swearing, Name Calling

19. What county is the person from? Cass

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Disrespect Swearing name calling - Isolation behavior
What is desired alternate behavior? _____

Do they have coping skills to utilize? Yes or No. What are they? Reading, watching TV, Video games, listening to music

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Inability to deal with verbally, physically aggressive persons

22. Who is responsible for providing household reports and documentation to the county? Alex (staff to see that it gets done)

23. What are person's medical needs? Preventive screenings Medical and Dental appointments

24. What are person's safety needs? Staff will have positive conversations with Alex about how to remain safe

25. What technology does person use? Laptop, cell phone, XBox DVD player
Can it be used for monitoring the person? Yes or No. If yes in what way? _____

After reading all identifying information about the person, please describe this person in your own words _____

Alex is a nice young man, with a good heart. Alex sometimes gets sidetracked with bad behavior

Chad Han
Staff Signature



Everyday First Aid YouTube Videos by British Red Cross

Name: Chuck Kaase Date: 6-17-2021

Signature: Chuck Kaase

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.
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 reassurance.

Unconscious/Not Breathing

1. Check for breathing by tilting head backwards and looking and feeling for breaths.
2. Call 911 and give chest compressions until help arrives.
3. Chest compressions are done by compressing chest.

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 tilt 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 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 cold 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 Movement.
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 injury 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 arms. 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 restrain the person.
3. After the seizure, move them onto their side and tilt their head back, check for breathing, and if necessary call 911.

Head Injury

1. Ask them to rest.
2. Apply a cold compress.
3. If they become drowsy 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 Chair.
2. If someone is having an asthma attack, you should help them take their medicine.
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.
3. If necessary, do not make them sick

Distress

1. If someone is in distress, the first thing you should do is
 - a) calm yourself
 - b) call 911
 - c) ignore them
2. If someone is in distress, you should establish trust.
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
2. If someone is diabetic and has low blood sugar, you should _____ the person.
 - 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 eating and making simple changes.
- Why should you cook and prepare the majority of your meals?
Avoid processed foods. Eat fresh foods
- Plan healthy meals and make shopping lists. Include plenty of fresh fruits and vegetables.
- Read nutrition labels. Pay attention to the numbers. The higher the number, the healthier the foods are.
- Why should you eat breakfast every day?
Rev up metabolism
- You should eat something within the first hour of the time you wake up.
- Eat smaller meals, small meals and 2-4 snacks.
- Drink plenty of water, why? *Replenish fluids Aids digestive system*
- Healthy eating will improve your thinking.
- What percent of children and teen are obese? 16

Mental Illness Power Point Worksheet

1. What is Mental Illness?
2. True or False Mental Illnesses are a result of personal weakness, lack of character or poor upbringing.
3. True or False Mental Illnesses can affect persons of any age, race, religion or income.
4. True or False Mental Illnesses are not treatable.
5. Name 5 Mental Illnesses
Depression PTSD
Schizophrenia
Bipolar
OCD
6. Fill in the Blank Recovery is a process not an event.
7. What are Anxiety disorders?
Mental illness that cause people to feel excessively frightened, distressed or uneasy
8. What treatments are available for anxiety disorders?
psychotherapy
Aerobic exercise
Medications
9. What do OCD and PTSD stand for?
Obsessive Compulsive Disorder
Posttraumatic Stress Disorder
10. What is OCD and what are the behaviors of someone who has OCD?
An Anxiety disorder
People have behaviors such as counting, arranging, cleaning the
interferes with a person life
11. What is PTSD?
An Anxiety disorder
when a person experiences a traumatic event
12. What is Panic Disorder and what are some symptoms?
Anxiety Disorder
Chest pain, heart palpitations, upset stomach,
fear of dying

13. What is Asperger's Syndrome?

A disorder that involves several social impairments and restricted interests

14. What is Autism Spectrum Disorder?

A complex developmental disorder of Brain function

15. What are common signs of Autism Spectrum disorder?

Lack of or delay of spoken language

Little or no eye contact

Lack of interest in peer relationships

16. What causes Attention-Deficit Hyperactivity disorder (ADHD) and what are the symptoms?

A mental illness

Difficulty focusing

Difficulty waiting ones turn

Trouble maintaining a schedule

17. How is Borderline Personality Disorder diagnosed?

Talking with previous clinician

Review of medical records

Medical evaluation

18. What is bi-polar disorder?

Recurring episodes of mania

and depression that can last

for a day - or months

19. What does recovery look like for bi-polar?

people come familiar with there

illness recognize there own patterns

of behavior

20. What is depression?

A mood state that goes beyond temporarily feeling sad or blue

21. Who is at risk for depression?

Anybody (mostly women)

22. What are the symptoms of depression?

Sad

irritable

Fatigue

Excessive guilt or helplessness

23. What does SAD stand for?

Seasonal Affective Disorder

24. What are the patterns of SAD and how is it treated?

oversleeping, daytime fatigue weight gain

Treated with light therapy

25. What is dissociation?

Disturbance of thinking, awareness

identity - memory

26. What are dissociative disorders?

Can be a symptom of certain
Anxiety disorders

27. What is dual diagnosis?

people with mental illness
and Alcohol/substance abuse

28. What is the relationship between substance abuse and mental illness?

Alcohol and drugs can be a form of
self medication for mental
illness

29. Define these:

Anorexia Nervosa- Inability to maintain ones body within 15%
of ones ideal body weight

Bulimia Nervosa- Destructive pattern of behaviors in attempt to
control their body image

Binge eating disorder-
Compulsive overeating, food addiction

30. What is the biggest risk factor for Suicide?

people with a prior history of
being suicidal

31. What are characteristics of Tourette's syndrome?

Both multiple motor and one more vocal (phonic)
tics are present at same time
during illness

32. What is Schizophrenia?

Serious mental illness that affects
2.4 million adults over age 18

Impairs a persons ability to function
to their potential when not treated

Mental Illness Training

Recovery

1. What does "recovery" mean to you?
A chance to live a normal life
2. What helps you feel confident or optimistic about the future?
what I have accomplished in the past
3. What are some goals you would like to achieve?
*Go to Hawaii
Live in subtropical climate*
4. What advice would you give to someone with a mental illness who is discouraged about recovery?
Keep fighting and recovery will happen
5. When people have a mental illness they cannot accomplish important goals in their lives.
True or False
6. One strategy for moving forward in recovery is:
 - a. Focusing on past mistakes
 - b. Giving up all leisure and recreational activities
 - c. Developing a support system
7. One helpful strategy for achieving goals is:
 - a. Make a step-by-step plan
 - b. Leave it to chance
 - c. Tackle everything at once
8. What are SAMHSA, NAMI, and IMR?
*Substance abuse & Mental Health Service Administration
National Alliance on Mental illness
Illness Management and Recovery*

Mental Illness Training

Substance Abuse

1. What are some reasons that people enjoy using substances?
*Sense of Euphoria
 Get rid of problems*
2. What are some problems that are often associated with using substances?
*Social problems
 Interference with daily life
 Legal problems*
3. How does substance use affect psychiatric symptoms?
Substance abuse can reverse effects of meds.
4. What are some examples of common "high risk" substances use situations?
*Holidays
 Going to a party
 Having money
 Nothing to do*
5. What suggestions would you give to someone who asked you for advice about how he or she could stop using substances?
Opportunities in life are so much better if you are sober (clean)
6. Substance use can contribute to relapses of psychiatric symptoms **True or False**
7. A common positive effect of drinking alcohol is feeling
 - a. Alert
 - b. Relaxed
 - c. Jittery
8. Of the following problems, circle the one that is NOT commonly associated with substance use
 - a. Conflict with friends and family
 - b. Legal issues
 - c. Having too much money
9. People who have psychiatric illness
 - a. Can be supersensitive to the effects of drugs and alcohol
 - b. Can make medications more effective using drugs and alcohol
 - c. Rarely drink or use street drugs
10. According to the stress-vulnerability model of psychiatric disorders, what are the main factors that contribute to symptoms?
Stress, fear, depression Anxiety

11. How can people reduce their biological vulnerability?

Through Empowerment &
Education

SUICIDE INTERVENTION, WARNING SIGNS, AND RESPONSES WORKSHEET

Staff Name Charles Kaase

Date 6-18-2021

1. Anybody who expresses suicidal thoughts or intentions should be taken very seriously. Do not hesitate to call the local suicide hotline immediately at 800 suicide.
2. In 2014, suicide was the 10 leading cause of death in the U.S. Suicide is the 2 leading cause of death in people from age 10 to 34.
3. Men are 4 times more likely to commit suicide than women and account for 78 % of suicides in the U.S.
4. Over 90% of people who die by suicide have clinical depression or another diagnosable mental disorder.
5. Name two risk factors for suicide. Family violence and Family history of suicide.
6. Name 4 warning signs of suicide that someone may be thinking about or planning to commit suicide.
 - Talking about death
 - Clinical depression
 - Losing interest in things once cared about
 - Visiting or calling people to say goodbye
7. What should you do if someone you know shows signs of suicide? Take the person seriously. Listen. Ask the person what he or she is planning.
8. There is an acronym that helps remember the signs of suicide: IS PATH WARM. What does each letter stand for?

I ideation S substance abuse

P purposeless A Anxiety T Trapped H Hopelessness

W Withdrawal A Anger R Recklessness M Mood

9. OARS is another acronym that can help you tune into what the person is expressing using motivational interviewing. What does OARS stand for?

O Open ended questions

A Affirmation

R Reflective listening

S Summaries

10. List 5 signs that may indicate someone is thinking about suicide.

Increased alcohol or drug use
Talking about wanting to die (suicide)
"I'm going to kill myself"
Anger
Reckless behavior

11. List 3 signs that may indicate an older adult is thinking about suicide.

Preoccupied with death
Withdrawal
Depression

12. List 5 signs that may indicate a teen is thinking about suicide.

Withdrawal
Changes in sleep
Reckless behavior
Personality change
Physical pain

13. List 3 critical signs of suicide.

Talking about death or suicide
Seeking methods for self harm (suicide)
Threatening self harm suicide

14. If you believe someone is thinking about suicide, what are 5 things you should do?

Reach out
Ask questions
Listen
Call 911
Take person to the emergency room



Mental Health Medications & Side Effects

Name: Charles Kaase

Date: 6-18-2021

- Antidepressants are medications commonly used to treat depression. Antidepressants are also used for other health conditions, such as Anxiety, pain and insomnia.
- The most popular types of antidepressants are called selective Serotonin reuptake inhibitors (SSRIs).
List two examples of SSRIs:
 - Fluoxetine
 - Citalopram
- Other types of antidepressants are Serotonin and norepinephrine reuptake inhibitors (SNRIs). SNRIs are similar to SSRIs and include Venlafaxine and duloxetine.
- Another antidepressant that is commonly used is bupropion. Bupropion is a third type of antidepressant which works differently than either SSRIs or SNRIs. Bupropion is also used to treat seasonal affective disorder and to help people stop Smoking.
- SSRIs, SNRIs, and bupropion are popular because they do not cause as many side effects as older classes of antidepressants, and seem to help a broader group of depressive and anxiety disorders.
- List 2 possible side effects of antidepressants:
 - Nausea vomiting
 - Weight gain
- Call your doctor right away if you have any of the more serious symptoms such as thoughts of suicide or dying.
- Anti-Anxiety medications help reduce the symptoms of anxiety, such as Panic attacks, or extreme fear and worry.
- The most common anti-anxiety medications are called Benzodiazepines.
- List 3 common benzodiazepines used to treat anxiety disorders include:
 - Clonazepam
 - Alprazolam
 - Lotazepam
- Bupirone (which is unrelated to the benzodiazepines) is sometimes used for the long-term treatment of chronic anxiety. In contrast to the benzodiazepines, bupirone must be taken every day for a few weeks to reach its full effect. It is not useful on an as-needed basis.

12. The most common side effects for benzodiazepines are Nausea and Headache.
13. List 2 possible side effects from buspirone:
 a. Dizziness
 b. headache
14. As the name suggests, stimulants increase alertness, attention, and energy, as well as elevate blood pressure, heart rate, and respiration
15. Stimulant medications are often prescribed to treat children, adolescents, or adults diagnosed with ADHD.
16. List 2 stimulants used to treat ADHD:
 a. Methylphenidate
 b. Amphetamine
17. Prescription stimulants have a calming and "focusing" effect on individuals with ADHD.
18. Stimulants may cause side effects. Most side effects are minor and disappear when dosage levels are lowered. List 2 common side effects:
 a. Stomach pain
 b. Headache
19. Antipsychotic medicines are primarily used to manage Psychosis. The word "psychosis" is used to describe conditions that affect the mind, and in which there has been some loss of contact with reality, often including delusions (false, fixed beliefs) or hallucinations (hearing or seeing things that are not really there). It can be a symptom of a physical condition such as drug abuse or a mental disorder such as schizophrenia, bipolar disorder, or very severe depression.
20. Antipsychotic medicines do not core these conditions. They are used to help relieve symptoms and improve quality of life.
21. Older or first-generation antipsychotic medications are also called conventional "typical" antipsychotics or neuroleptics. Some of the common typical antipsychotics include: Chlorpromazine, Haloperidol, Perphenazine, and Fluphenazine
22. Newer or second generation medications are also called atypical antipsychotics. Some of the common atypical antipsychotics include: Risperidone, Olanzapine, Quetiapine, Ziprasidone, Aripiprazole, Paliperidone, and Lurasidone.
23. Antipsychotics have many side effects (or adverse events) and risks. The FDA lists the following side effects of antipsychotic medicines: Drowsiness, dizziness, restlessness, weight gain, dry mouth, constipation, nausea, vomiting, blurred vision, low blood pressure, uncontrollable movements, such as tics and tremors, seizures, and a low number of white blood cells, which fight infections.
24. A person taking an atypical antipsychotic medication should have his or her weight, glucose levels, and lipid levels monitored regularly by a doctor.
25. Typical antipsychotic medications can also cause additional side effects related to physical movement, such as: Rigidity, persistent muscle spasms,

- tremors, restlessness, and long-term use of typical antipsychotic medications may lead to a condition called tardive dyskinesia.
26. Mood stabilizers are used primarily to treat bipolar disorder, mood swings associated with other mental disorders, and in some cases, to augment the effect of other medications used to treat depression.
 27. Lithium, which is an effective mood stabilizer, is approved for the treatment of mania and the maintenance treatment of bipolar disorder.
 28. Mood stabilizers work by decreasing abnormal activity in the brain.
 29. Anticonvulsant medications are also used as mood stabilizers. They were originally developed to treat seizures, but they were found to help control unstable moods as well.
 30. One anticonvulsant commonly used as a mood stabilizer is valproic acid (also called divalproex sodium). For some people, especially those with "mixed" symptoms of mania and depression or those with rapid-cycling bipolar disorder, valproic acid may work better than lithium.
 31. Other anticonvulsants used as mood stabilizers include: Carbamazepine, Lamotrigine, and Oxcarbazepine.
 32. Mood stabilizers can cause several side effects, and some of them may become serious, especially at excessively high blood levels. These side effects include: itching, rash; excessive thirst; frequent urination; tremor (shakiness) of the hands; nausea and vomiting; slurred speech; fast, slow, irregular, or pounding heartbeat; blackouts; changes in vision; seizures; hallucinations; loss of coordination; and swelling of the eyes, face, lips, tongue, throat, hands, feet, ankles, or lower legs.
 33. If a person with bipolar disorder is being treated with lithium, he or she should visit the doctor regularly to check the lithium levels in his or her blood, and make sure the kidneys and the thyroid are working normally.

Crisis Prevention Worksheet

1. What are seven principles for effective verbal intervention?
 - a. Remain calm
 - b. Isolate consumer
 - c. watch your body language
 - d. Keep it simple
 - e. Use reflective Questioning
 - f. Use Silence
 - g. watch your paraverbals
2. What is empathetic listening?
 - a. Approach to listening that involves allows an individual to talk through a problem
3. What are some of the benefits of empathetic listening?
 - a. Takes the burden off you
 - b. Good way to help talk someone through a problem
4. What are CPI's 5 steps to Empathetic Listening?
 - a. Give person your undivided attention
 - b. Be nonjudgemental
 - c. Focus on persons feelings
 - d. Allow silence for reflection
 - e. use restatement to clarify messages
5. Why is debriefing important after a crisis?
 - a. Gets to focus on both facts and feelings
6. What are the steps in debriefing?
 - a. Gather together as soon as possible
 - b. Establish the basic facts
 - c. Talk about people actions and feelings
 - d. Decide what to do next
 - e. Give each other support and respect
7. What is Rational Detachment?
 - a. Ability to stay calm and in control to maintain professionalism
8. What are 5 simple steps to stress relief?
 - a. pay attention to how your body reacts to stress
 - b. Knowing how to react in a stressful moment
 - c. choose some relax techniques that will help you deal with reaction you identify
 - d. practice techniques when not stressed
9. What is burnout and what can cause burnout?
 - a. physical or emotional exhaustion that is a result of stress

- b. Long hours - constant change
10. How can someone avoid burnout?
- a.
 - i. Get sleep
 - ii. Eat right
 - iii. Exercise
 - iv. Take care of yourself
 - v. The better shape you i'n the better you cope

Nonviolent Crisis Intervention

Worksheet

1. What is nonviolent crisis intervention?
 - a. Non harmful behavior management designed to aid human service professionals in management of assaultive people
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?
 - a. Noticeable change in behavior which is manifested by non directed energy
5. Describe the Defensive level?
 - a. The beginning stage of loss of rationality
6. Describe the Acting out person?
 - a. Individual who no longer is able to maintain control. Threat for violence
7. Describe Tension Reduction?
 - a. Buildup of energy and tension within a person
8. What is Therapeutic Rapport?
 - a. The best time to communicate

9. What is Proxemics and Kinesics?

- a. *Personal space*
- b. *Body posture and motion*

10. What are three components of paraverbal communication?

- a. *Tone*
- b. *Volume*
- c. *Cadence of Voice*

Oakridge Homes/Woodview Support Services
Service Recipient Right Competency

Fill in the Blank

Name: Charles Kaase Date: 6-23-21 Location: Pine St

1. Right to take part in planning and evaluating 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 culture 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 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 telephone 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 areas including the kitchen. I will have access to three 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 privately 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 _____.
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 not 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.

Acknowledgement of PROGRAM POLICIES

(Version 2020)

I, Charles Kaase 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 Charles Kaase
Please Print

EMPLOYEE SIGNATURE 

DATE 6-23-21

Version 2020



Minimizing the Risk of Sexual Violence Competency Questions

Name: Charles Kaase Date: 6-23-21

Read the Power Point and answer the following questions.

1. What is the definition of sexual violence according to MN Statute 245D? use of sexual action or words that are unwanted or harmful to another person
2. In the past care providers were "protecting" people for their health and safety and not letting them take any risks. We now allow them to take risks.
3. What is bodily autonomy? Right for a person to govern what happens to their body
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? Helps deter possible offenders
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 in activities
 - b. Strong relationships
 - c. Good communication
8. List 3 components of abusive relationships:
 - a. Isolated from others
 - b. No longer involved in activities
 - c. Control and demeanors
9. List 2 things that are true about consent:
 - a. NO means NO
 - b. consent needs to be given every time
10. Write your reaction to the Tea and Consent video: Totally agree

Name: Charles Kease

Date: 6-23-21

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 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 date, time and year that the observation was made.
9. Close each entry with your signature and job title. 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 _____ 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 opinions.
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. Alert 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. Treatment, whether they are a nursing or doctor's order. Document the effectiveness of the treatment.

6. S eizures
7. Leave and return for vacation or parent 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.

PROOF OF COMPETENCY

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

Person-Centered Planning

Name: Charles Kaase

Date: 6-23-21

Program/Location Worked: Pine ST

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:

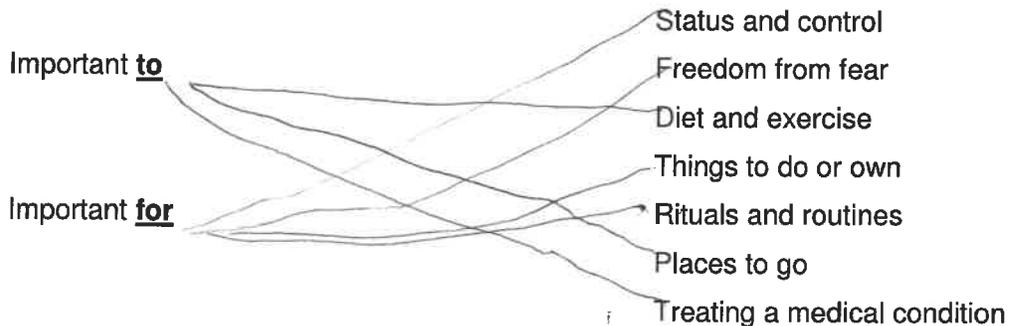
- ♦ Identifies and supports what is important to the person and what is important for the person, including preferences for when, how, and by whom direct support service is provided.
- ♦ Uses information to identify outcomes the person desires.
- ♦ Respects each person's history, dignity and cultural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

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



Oakridge Homes Woodview Residential Services

Core Competency Quiz

Name Charles Kaase

Date 6-23-21

House name/number Pine st

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 never be washed together.

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

12. A healthy eating plan includes:

- emphasis 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.



COMPETENCY QUESTIONS FOR EMERGENCY REPORTING POLICIES AND PROCEDURES

Name: Charles Kaase

Date: 6-23-21

Signature: Charles Kaase

1. Fire drills will be held 12 times per year. True or False

2. What does P.A.S.S. stand for?

P= pull

A= aim

S= squeeze

S= sweep

3. Always remember the person's safety is of prime concern.

4. ORH/WSS has established a Marker Wind Chill Temperature when everyone stays indoors.

The Wind Chill Marker is _____°.

a) -20

b) 0

c) -10

5. Tornado/Severe Storm drills will be held 4 times per year.

a) 4

b) 2

c) 1

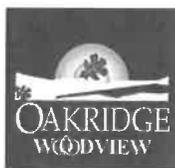
d) 3

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



CULTURAL COMPETENCE QUIZ

Name: *Charles Kaase*

Date: *6-23-21*

1. *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. *Cultural Competence* 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. *Stereotyping* lead to social injustice, poor health outcomes, and less effective organizations.
6. *All of us* 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.



Competency on Program Abuse Prevention Plan (PAPP)

Name Charles Kaase

Date 6-23-21

Program Location Pine ST

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 on ⁱⁿformal and formal basis, individually and in groups on ways to stay safe. Training will involve boundaries, health issues, and how to recognize symptoms of illness, comfort, and anger management*

2. Describe the need for specialized programs of care for the persons the program plans to serve: *The currently is not a need for specialized programs.*

3. Describe the need for specific staff training to meet individual service needs: *Base upon the assessed areas already mentioned and training staff in the items required. There is not any addition staff training needed*

4. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services: *Not noted at this time*

5. Program's Staffing Patterns:
Number of staff present during the day (Prime Programming): *1-2*
Number of staff present during the overnight (Non-Prime Programming): *1*
Is overnight staff awake or sleep staff? *awake*

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 - 5*

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?

All staff are required to read and know the individual abuse and prevention plans, crisis plans, and facility crisis protocol

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

The basement and upstairs

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? *Neighborhood and community*
Grounds and terrain

The neighborhood and community: *All staff are required to read and know the individual abuse prevention plans which includes that the clients have unsupervised time alone either at home or in the community*

Types of grounds and terrain:

The sidewalks, driveway, and deck will be kept free of debris and snow/ice

Signature

Chad Ryan

**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 consumers with developmental disabilities and/or mental illness in consumer'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 consumer's risk management plan(RMP), individual abuse prevention plan (IAPP), need to know, protocols, goals, level programs, background information and treatment plans as well as gaining an understanding of each of the consumer'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 yardwork, as well as any other duties in order to assure a clean, attractive, safe and healthy environment for the consumers.

Prepares and serves food for consumers or assists consumers with food preparation, following special prescribed diets according to each consumer'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 resident instructors 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 consumers are present.

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

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

Provide active treatment which is to monitor and frequently contact assigned consumers throughout each shift every 15 minutes during awake-time hours. Any exceptions to this 15 minute rule will be in each consumer's RMP and/or IAPP. In case of accident or incident, the consumer or staff 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 consumers 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 consumer 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.

Charles Kaase
Employee Signature

6-17-2021
Date

Charles Kaase
Employee Printed Name

Certificate of Training

Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

Awarded on 06/17/2021 to:

Charles Kaase

Certificate Number:
VAMR94301620210617

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



Brainerd Staff Meeting Agenda

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

Date: July 26, 2021

Time: 9:00am-12:00pm

Presenter: Shawna

Ice Breaker: What was your favorite video (or board) game when you were younger?

Milestone Anniversaries: Jeanne Sadler-1016-5 years

Welcome to new and returned staff: Charles Kaase-Pine Street; Sara Holm-Westside

Next Meeting: 08/23/2021

Med Class: First Wednesday of every month, 9a-4:30p Brainerd Office

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:
*Staff accidently ran over left foot with client's electric wheelchair. Went to ER. No restrictions, continue ice and selfcare. No further appointments unless concerns.

VA Review:

1. Staff charging client to do her hair and borrowing money to another client
2. Staff telling client she was faking suicidal thoughts and other emotional abuse/neglect
3. Client reported that she was raped by housemate so case manager filed VA
4. Staff brought clients to her home to her move her belongings
5. Staff sleeping, getting caught & woken up and then caught sleeping again

Nursing Notes: review procedure for person returning to the home

MH Training: Panic Disorder (videos)

DD Diagnosis: Memory Impairment/Dementia (videos)

TI: Staff Fear and Anxiety

New Business:

- Importance of Communication
- Adaptive Equipment Competency
- Visitor Policy
- Documentation and Charting Guidelines
- Nutrition, Portions, Healthy Food
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

Hour 3- House Meeting:

Proof of Competency



Adaptive Equipment Review

Name: Chuck Kaase 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 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 type="checkbox"/> C-PAP | <input type="checkbox"/> VNS Device |
| <input type="checkbox"/> Epi-Pen | <input type="checkbox"/> G-Tube |
| <input type="checkbox"/> Glucometer and Lancets | <input checked="" 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 type="checkbox"/> Helmet | |

Signature: Chuck Kaase

Date: 7-26-21



Chuck Kaase

Brainerd Staff Meeting Agenda

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

Date: June 28, 2021

Time: 9:00am-12:00pm

Presenter: Tom

Ice Breaker: If you could pick one age to stay forever, which age would you pick?

Milestone Anniversaries: Georgia Cordingly-Brainerd SILS-20 years, Jane Verbeck-Staples-2-5 years

Welcome to new and returned staff: Amelia Tarr hired DSP- Westside-May 20 and Connie Hintzen hired PC of Spruce House/Nevis-May 24

Next Meeting: 07/26/2021

Med Class: First Wednesday of every month, 9a-4:30p Brainerd Office

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:

5/18/2021-739-Staff sat down in a lawn chair and the chair collapsed. She fell injuring her lower back. Is treating, no restrictions at this time.

5/19/2021-Emerson-Staff was walking down an incline walkway and injured her knee. Is on sedentary work restrictions, has been referred to Orthopedics.

VA Review: None

Nursing Notes: N/A

MH Training: Reactive Attachment Disorder; Recovery from MI and Community Resources

DD Diagnosis: Fetal Alcohol Spectrum Disorders

TI: Precipitating Factors, Rational Detachment, Integrated Experience

New Business:

- Curb Appeal
- Summer Ombudsmen Alerts
- EUMR, BIRF, Prohibited Procedures
- Dress Code
- Dental Care
- Informal Goals
- Person Centered/Positive Support: The Five Accomplishments
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

Hour 3- House Meeting:

Right to Know / Hazard Communications Program

Name: Charles Koase

1. What is the responsibility of the safety committee?
work safety and provide a safe environment
2. Who is the safety committee?
All employees
3. What is the responsibility of the Safety Team?
Developing policies and procedures
4. When is ORH/WVS responsible to provide information and training regarding hazardous chemicals to their employees?
 - A. *Orientation*
 - B. *Annually*
 - C. *New chemicals*
5. What three methods can be used to detect presence or release of hazardous chemicals?
 - A. *Continuous monitoring devices*
 - B. *Visual appearance*
 - C. *odor*
6. Who can use unlabeled containers of chemicals and when should they be used:
nobody - none of the time
7. What is a Flammable Chemical?
 - A. *Aerosol*
 - B. *Gas*
 - C. *liquid*
 - D. *Solid*
8. What is a "flashpoint"?
minimum temperature at which a liquid give off a vapor to ignite

Chuck

Confidentiality in a Community-Based Setting

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

<u>Interrupt</u>	<u>Confront</u>
<u>Redirect</u>	<u>Leave the scene</u>
6. Documents containing information – either on paper or the computer - are also covered by the rules of confidentiality.
7. Remember – confidentiality means sharing information only with people who need to know that information.

Plan to Get Out Alive

1. What would you use to douse a kitchen fire?
 A. A pan lid
 B. Baking soda
 C. Fire Extinguisher
 D. Water
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
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
 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
10. Fires are not light. Expect not to see.
 True False

Blood Borne Pathogens Quiz

True False
T F

- Hepatitis B virus is easily cured. T F
- HIV and HBV may be present in body fluids other than blood. (T) F
- Broken glass and the exposed ends of dental wires are considered sharps. (T) F
- Facial acne is a potential route of entry into the body for Blood Borne Pathogens. (T) F
- 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. (T) F
- No single approach to controlling the spread of blood borne infections is 100 percent effective. (T) F
- Every time you remove your gloves you must wash your hands with soap and running water as soon as you possibly can. (T) F
- Once blood gets on your hands it's too late to take any preventative measures. T F
- You don't have to wear any gloves if you allergic to latex or nylon. T (F)
- You don't have to wear personal protective equipment if it is annoying or uncomfortable. T (F)
- Hepatitis B vaccines used in the U.S. cannot transmit blood borne diseases. (T) F
- If you are exposed, you should report the incident to your supervisor within 14 days T (F)
- Name the two blood borne diseases most prevalent in the United States.
HBV HIV
- Do vaccines exist that can prevent infection from HBV and HIV?
 HBV only
 HIV only
 Both HBV and HIV
 Neither HBV or HIV
- Name three "infectious" materials that can contain Blood Borne Pathogens.
Needles Towels Gloves
- What is the single most important personal/occupational hygiene activity that can prevent infection from blood borne diseases? Wash Hands
- What color must be used for Biohazard Warning labels? Orange / red
- Name three types of personal protective equipment that can help guard against infection from Blood Borne Pathogens. Gloves Gowns face shields

Chad Gauer
Employee's Signature

6-17-2021
Date

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		Year	2021
Location		Position	
Date of Employment			

Monthly Staff Meetings

Attach staff meeting agenda

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan		Staff & House Meeting P-C/Positive Support-Building Support that Creates Community (.5) VARPP, Service Recipient Rights, Client Competencies, MH-Seasonal Affective Disorder (.5)		3	
Feb		Staff & House Meeting P-C/Positive Support-It's About Relationships (.5) MH-Suicide Intervention (1)		3	
March		Staff & House Meeting CPR/First Aid MH-Schizoaffective Disorder (.5)		3	
April		Staff & House Meeting Preventing Sexual Violence, MH-Psychotropic Meds & Side Effects (1)		3	
May		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	
June		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)		3	
July		Staff & House Meeting Adaptive Equipment Competency, MH-Panic Disorder (.5)		3	
Aug		Staff & House Meeting PAPP Competency, Medicare Fraud, MH-Co-occurring SA & HC (1) CPR/First Aid Refresher		3	
Sept		Therapeutic Intervention P-C/Positive Support		3	
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	

90 DAY DIRECT SUPPORT PROFESSIONAL EVALUATION

Employee's Name: Charles Kaase

Location: Pine Street

Evaluation Date: 09/14/21

STEPS for the 90 Day Review Process

1. PC completes the 90 Day Evaluation Form
2. PC sends the completed 90 Day Evaluation Form to HR (do not meet with the employee until after HR reviews it)
3. HR reviews and completes their items on the 90 Day Evaluation Form
4. HR sends the completed 90 Day Evaluation Form to the PC
5. PC meets with the employee to review the 90 Day Evaluation Form together
6. PC and employee sign and date the 90 Day Evaluation Form
7. PC distributes the signed 90 Day Evaluation Form:
COPY: in employee's training book
ORIGINAL: send to HR

INSTRUCTIONS for completing the 90 Day Evaluation Form:

1. Please review the sections in the evaluation and, under the PC column, check the best answer of Yes, No or Needs Improvement (NI).
2. Please type a paragraph under Supervisor Comments responding to each area, explaining why you chose the answer you did, and if needed, how the employee could improve.

Orientation / New Hire

PC HR

- | | | |
|--|-----|--------------------------|
| 1. Has the employee completed all of office orientation?
If no, what still needs to be completed? | Yes | <input type="checkbox"/> |
| 2. Has employee completed all of location specific orientation and checklist has been completed and signed?
If no, what still needs to be completed?
know the house you work in | No | <input type="checkbox"/> |
| 3. Does employee get along with co-workers?
If NI or no, what appears to be an issue that is preventing this? | Yes | |
| 4. Does the employee appear to fit in as a part of the house/location team?
If NI or no, why not: | Yes | |
| 5. Has the employee been able to work the hours/ shifts they were hired for?
Hired for: <u>every other weekend 8-4 every other M and Tu</u>
Working: <u>same as above</u>
If no, why not: | Yes | <input type="checkbox"/> |
| 6. Has the employee taken the medication administration class? | Yes | |
| 7. Did the employee pass the medication administration class and observations? | Yes | <input type="checkbox"/> |
| 8. Does the employee follow all medication administration procedures consistently?
If NI or no, what needs to improve: | Yes | |
| 9. Is the employee eligible to drive for the company if the position is considered a driving position? | Yes | <input type="checkbox"/> |

Supervisor Comments:

Chuck is gets along with his co-workers well!

Time and Attendance

PC HR

- | | | |
|---|-----|--------------------------|
| 1. Has the employee been trained on time and attendance expectations? | Yes | |
| 2. Does the employee show up for work and is ready to begin the shift on time? | Yes | |
| 3. Does the employee make good use of their time at work? | Yes | |
| 4. Does the employee arrive at meetings and in-services on time? | Yes | |
| 5. Does the employee complete their time card and time analysis on time and accurately? | Yes | |
| 6. How many times has the employee been tardy in the last 90 days? | 0 | <input type="checkbox"/> |
| 7. If tardies, did the employee provide notice for the tardies?
<u>Dates</u> <u>Reason Given</u> | NA | |
| 8. How many times has the employee been absent in the last 90 days? | 0 | |
| 9. Did employee follow replacement policy when a shift was missed? | NA | |
| 10. Did employee give proper notice when shift was missed? | NA | |

Dates Reason Given

Excused/Unexcused

Select
Select
Select
Select

Supervisor Comments:

Chuck is reliable and shows up on time ready to work.

Time and Attendance Summary

Documentation **PC** **HR**

- | | |
|---|-----|
| 1. Has the employee been trained on documentation expectations? | Yes |
| 2. When completing documentation, is it objective? | Yes |
| 3. Does it give a clear picture of the event? | Yes |
| 4. Does it document goal progress accurately? | Yes |

Supervisor Comments:

Chuck does a nice job charting. He puts in quotes and specific times. Chuck should take credit for what he does. For example if chuck tries to wake a client up because it's his goal he should write that he tried to wake him up at and put the times he tried.

Documentation Summary

Financial **PC** **HR**

- | | |
|--|-----|
| 1. Has the employee been trained on financial expectations? | Yes |
| 2. When using (client or house) money, or charging, does the employee always gets a receipt. | Yes |
| 3. Does employee accurately complete receipts for any money used (client or house)? | Yes |
| 4. When using (client or house) money, employee counts it at the beginning and end of their shift. | Yes |

Supervisor Comments:

No concerns in this area

Financial Summary

Knowledge **PC** **HR**

- | | |
|--|-----|
| 1. Does employee listen to the clients about their concerns? | Yes |
| 2. Does employee stay informed by reading the communication log and new goal/behavior changes? | Yes |
| 3. Does employee understand the difference between punishment and consequences? | Yes |
| 4. Is the employee careful about confidentiality? | Yes |
| 5. Does employee know which information can and cannot be released to others? | Yes |
| 6. Does employee understand and implement the Data Privacy and Vulnerable Adult Act? | Yes |

Supervisor Comments:

Chuck does a good job listening and talking with clients.

Knowledge Summary

Client Related Issues **PC** **HR**

- | | |
|--|-----|
| 1. Does employee know what is in each client's IAPP? | Yes |
| 2. Does employee provide the client with effective training? | Yes |

- | | |
|---|-----|
| 3. Does employee understand how to teach the client to be independent? | Yes |
| 4. Does employee respond the same to each client without showing favoritism? | No |
| 5. Is employee flexible in response to different clients and situations? | Yes |
| 6. Does employee know the client's rights, and advocate for them? | Yes |
| 7. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.? | Yes |
| 8. Employee accepts and offers compliments, criticism, and suggestions. | Yes |
| 9. Does the employee engage the clients and get them out in the community? | NI |

Supervisor Comments:

This is tricky. It is hard not to show favoritism when some of the clients refuse to play cards or go on activities. Chuck does a great job asking clients to do activities but tends to ask the same ones because the others tend to say "no" all the time. Chuck should ask everyone at least once per shift to do something-even if the answer is always "no." They might surprise you and say "yes." It would be nice to see Chuck ask the guys to get out of the house more. If this is being doing then it should be charted.

Client Related Issues Summary



General

- | | PC | HR |
|---|-----|----|
| 1. Does the employee contribute to providing a warm and friendly atmosphere to the clients' home? | Yes | |
| 2. Does the employee consistently complete the cleaning responsibilities of the position on each shift? | Yes | |
| 3. Does the employee alert the supervisor of things that need attention? | Yes | |
| 4. Does the employee know, follow and support ORH policies and procedures? | Yes | |
| 5. Does the employee follow the cell phone policy? | Yes | |

Supervisor Comments:

Chuck does a wonderful job chatting and creating a friendly atmosphere. He always seems to be in a great mood and greets everyone with a smile. Chuck does cleaning and goes above the call of duty. He cleaned and organized the deep freeze without being asked!!

General Summary



Employee Questions to be discussed during the review (supervisor should record):

- What do you as an employee see as the most important part of your job?
"interacting with the clients"
- What would you as an employee like to learn more about in your job?
"health and safety"
"more about mental health"
- How could we use your talents and experience better?
"I don't have a good answer"
- How can your supervisor help you in any of the areas discussed?
"I don't know, ideas on what to do with the guys"

Additional areas that need to be worked on (completed by the supervisor):

Employee Acknowledgment: I have reviewed this document and discussed the contents with my supervisor. My signature means that I have been advised of my performance status and does not necessarily imply that I agree with the supervisor evaluation.

Employee Signature: Charles Kaase Date: 9-27-21

Supervisor's Signature: Dona Dughey Date: 9-27-21

*** ORIGINAL COPY TO HR - ONE COPY TO EMPLOYEE BOOK ***