



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Client: Anthony bednar Staff Name: mark Date: 11/16/19

1. Name of person served: \_\_\_\_\_

2. Legal Representative: own guardian

3. Case manager: MARK NELSON & TARA JONES

4. Oakridge representative who created CSSP-A: Shawna Wippler Mkt Administrator

5. County served: Crow wing

6. Outcomes Listed on CSSP-A:

Outcome 1: He will increase his coping skills

Outcome 2: He will decrease his obsessive behavior

Outcome 3: Walk & run safely

Outcome 4: Won't buy things unless he will use them now

Outcome 5: communicate honestly

7. What is the clients preference for how services are provided:

prefer to receive services from staff that know, like and respect him.

8. Is the current service setting the most integrated setting available and appropriate for the person:  Yes  No

9. List all client team members Oakridge would report incidents to:

Legal Representative: N/A  
Case manager: MARC NELSON & TARA JONES  
Day program: \_\_\_\_\_

10. Does this client require presence of staff:  Yes  No If no, please explain?

Unsupervised at home for: \_\_\_\_\_ minutes/hours  
 Unsupervised in the community for: \_\_\_\_\_ minutes/hours

11. Does this client require ORH/WSS staff to assist them in opening their mail correspondence?

Yes  No

12. Does this person need to be kept home from work/day programs during below freezing weather conditions as suggested by the Ombudsman's office (-20 F):  Yes  No

13. Does this client have any rights restrictions:  Yes  No If yes, what restrictions:

Rights restrictions: \_\_\_\_\_

14. Does this client require toxic substances and/or dangerous items inaccessible to protect the safety of the client:  Yes  No If yes, what times:

Items: \_\_\_\_\_

15. Does this client have a roommate that requires toxic substances and/or dangerous items to be inaccessible for their safety?  Yes  No

16. Is Oakridge Homes authorized to act in the case of a medical emergency when the person or the person's legal representative cannot be reached or is delayed in arriving:  Yes  No

17. Is ORH/WSS assigned responsibility for medication administration or medication assistance:

Yes  No

What type:  Medication administration  Medication assistance

18. Does the client have a PRN Administration Protocol signed by the prescriber:  Yes  No

PRN medication(s): \_\_\_\_\_

19. Is this client prescribed psychotropic medications:  Yes  No

- What are the interfering behaviors:
- Verbal aggression
  - Physical aggression
  - Non-compliance
  - Property abuse
  - Manipulation
  - Sexual behaviors

20. Does this client require the use of permitted actions and procedures or instructional techniques and intervention procedures on a continuous basis:  Yes  No

21. Does the client require a restraint as an intervention procedure to position this person due to physical disabilities:  Yes  No

22. Does this client require positive support strategies:  Yes  No

23. Has it been determined by the person's physician or mental health provider that the client is medically or psychologically contraindicated to use an emergency use of manual restraint:  
 Yes  No

24. Frequency of reports/meetings:

- Reports:  Semi-Annually  Annually  Other: \_\_\_\_\_  
Meetings:  Semi-Annual  Annually  Other: \_\_\_\_\_

---

Staff Signature: Mark Sep...

Date: 1/16/19



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Client: Zane Staff Name: MARK Date: 1/16/19

1. Name of person served: \_\_\_\_\_

2. Legal Representative: Zane

3. Case manager: MARK NELSON / TARA JONES

4. Oakridge representative who created CSSP-A: Shawna Wippler, MH Admin

5. County served: PROVING

6. Outcomes Listed on CSSP-A:

Outcome 1: Zane will not purchase anything that he does not have a plan to use in the near future. He will do this 90% of the time he goes shopping.

Outcome 2: Zane will increase his independent living skills. Zane will make all his appointments on his own. Zane will assist with cooking one time a week. Zane will learn one new household task a month.

Outcome 3: Zane will participate in social situations at least 8x's a month.

Outcome 4: Zane will increase his interpersonal behaviors & coping skills.

Outcome 5: \_\_\_\_\_

7. What is the clients preference for how services are provided:

Zane would prefer to receive services from staff that know, like and respect him.

8. Is the current service setting the most integrated setting available and appropriate for the person:  Yes  No

9. List all client team members Oakridge would report incidents to:

Legal Representative: N/A  
Case manager: Mark Nelson / TARA Jones  
Day program: Productive Alternatives

10. Does this client require presence of staff:  Yes  No If no, please explain?

Unsupervised at home for: \_\_\_\_\_ minutes/hours  
 Unsupervised in the community for: \_\_\_\_\_ minutes/hours

11. Does this client require ORH/WSS staff to assist them in opening their mail correspondence?

Yes  No

12. Does this person need to be kept home from work/day programs during below freezing weather conditions as suggested by the Ombudsman's office (-20 F):  Yes  No

13. Does this client have any rights restrictions:  Yes  No If yes, what restrictions:

Rights restrictions: \_\_\_\_\_

14. Does this client require toxic substances and/or dangerous items inaccessible to protect the safety of the client:  Yes  No If yes, what times:

Items: \_\_\_\_\_

15. Does this client have a roommate that requires toxic substances and/or dangerous items to be inaccessible for their safety?  Yes  No

16. Is Oakridge Homes authorized to act in the case of a medical emergency when the person or the person's legal representative cannot be reached or is delayed in arriving:  Yes  No

17. Is ORH/WSS assigned responsibility for medication administration or medication assistance:

Yes  No

What type:  Medication administration  Medication assistance

18. Does the client have a PRN Administration Protocol signed by the prescriber:  Yes  No

PRN medication(s): \_\_\_\_\_

19. Is this client prescribed psychotropic medications:  Yes  No

What are the interfering behaviors:  Verbal aggression  
 Physical aggression  
 Non-compliance  
 Property abuse  
 Manipulation  
 Sexual behaviors

20. Does this client require the use of permitted actions and procedures or instructional techniques and intervention procedures on a continuous basis:  Yes  No

21. Does the client require a restraint as an intervention procedure to position this person due to physical disabilities:  Yes  No

22. Does this client require positive support strategies:  Yes  No

23. Has it been determined by the person's physician or mental health provider that the client is medically or psychologically contraindicated to use an emergency use of manual restraint:

Yes  N

24. Frequency of reports/meetings:

Reports:  Semi-Annually  Annually  Other: \_\_\_\_\_  
Meetings:  Semi-Annual  Annually  Other: \_\_\_\_\_

---

Staff Signature: Mark Squ Date: 1/16/19



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Client: Alex Staff Name: MARK Date: 1/16/19

- 1. Name of person served: \_\_\_\_\_
- 2. Legal Representative: N/A
- 3. Case manager: Ida brook's
- 4. Oakridge representative who created CSSP-A: Shawana Wippler, MH Admin.
- 5. County served: CASS county
- 6. Outcomes Listed on CSSP-A:

- Outcome 1: Alex will continue to work on and develop his social skills. He will have positive interactions with housemate's and staff for at least 2 hours each day.
- Outcome 2: Alex will demonstrate increased levels of independence with room cleaning. Alex will demonstrate independence by cleaning his room at least 2x's a week.
- Outcome 3: Alex will increase his independent living skills by cooking 1x a week. Alex will help cook a meal with staff assistance at least once per week 90% of the time.
- Outcome 4: Alex will increase his coping skills and decrease his anxiety. He will reduce his target behaviors to less than 10 per month for 6 consecutive months.
- Outcome 5: Alex will increase his independent living skills by letting staff know where he is and being responsible with his community hours by returning within allotted times and answering the phone whenever staff calls.

7. What is the clients preference for how services are provided: Alex prefers a calm straight-forward style of communication for his support staff

8. Is the current service setting the most integrated setting available and appropriate for the person:  Yes  No

9. List all client team members Oakridge would report incidents to:

Legal Representative: N/A  
Case manager: Jody Brooks  
Day program: Oakridge / Woodview

10. Does this client require presence of staff:  Yes  No If no, please explain?

Unsupervised at home for: 6 minutes/hours  
 Unsupervised in the community for: 6 minutes/hours

11. Does this client require ORH/WSS staff to assist them in opening their mail correspondence?

Yes  No

12. Does this person need to be kept home from work/day programs during below freezing weather conditions as suggested by the Ombudsman's office (-20 F):  Yes  No

13. Does this client have any rights restrictions:  Yes  No If yes, what restrictions:

Rights restrictions: \_\_\_\_\_

14. Does this client require toxic substances and/or dangerous items inaccessible to protect the safety of the client:  Yes  No If yes, what times:

Items: \_\_\_\_\_

15. Does this client have a roommate that requires toxic substances and/or dangerous items to be inaccessible for their safety?  Yes  No

16. Is Oakridge Homes authorized to act in the case of a medical emergency when the person or the person's legal representative cannot be reached or is delayed in arriving:  Yes  No

17. Is ORH/WSS assigned responsibility for medication administration or medication assistance:

Yes  No

What type:  Medication administration  Medication assistance

18. Does the client have a PRN Administration Protocol signed by the prescriber:  Yes  No

PRN medication(s): \_\_\_\_\_

19. Is this client prescribed psychotropic medications:  Yes  No

What are the interfering behaviors:  Verbal aggression  
 Physical aggression  
 Non-compliance  
 Property abuse  
 Manipulation  
 Sexual behaviors

20. Does this client require the use of permitted actions and procedures or instructional techniques and intervention procedures on a continuous basis:  Yes  No

21. Does the client require a restraint as an intervention procedure to position this person due to physical disabilities:  Yes  No

22. Does this client require positive support strategies:  Yes  No

23. Has it been determined by the person's physician or mental health provider that the client is medically or psychologically contraindicated to use an emergency use of manual restraint:

Yes  N

24. Frequency of reports/meetings:

Reports:  Semi-Annually  Annually  Other: \_\_\_\_\_  
Meetings:  Semi-Annual  Annually  Other: \_\_\_\_\_

---

Staff Signature: Mark Sauer

Date: 1/16/19



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Client: Dustin Staff Name: Mark Date: 1/16/19

1. Name of person served: Dustin Young

2. Legal Representative: Self

3. Case manager: MARK Nelson

4. Oakridge representative who created CSSP-A: Shawna Wippler

5. County served: Crow wing

6. Outcomes Listed on CSSP-A:

Outcome 1: Dustin will improve his independence skills by cleaning his bedroom at least twice per week.

Outcome 2: Dustin will increase his interpersonal behavior's coping skills.

Outcome 3: Dustin will reduce his target behavior's to 0 per month for 3 months.

Outcome 4: Dustin will participate in group activities use relaxing strategic coping skills

Outcome 5: Reduce target behavior's.

7. What is the clients preference for how services are provided:

Dustin prefers a calm straight forward style of communication from staff

8. Is the current service setting the most integrated setting available and appropriate for the person:  Yes  No

9. List all client team members Oakridge would report incidents to:

Legal Representative: \_\_\_\_\_

Case manager: Mark Nelson

Day program: Susan Worley

10. Does this client require presence of staff:  Yes  No If no, please explain?

Unsupervised at home for: 4 minutes hours

Unsupervised in the community for: 1 minutes hours

11. Does this client require ORH/WSS staff to assist them in opening their mail correspondence?

Yes  No

12. Does this person need to be kept home from work/day programs during below freezing weather conditions as suggested by the Ombudsman's office (-20 F):  Yes  No

13. Does this client have any rights restrictions:  Yes  No If yes, what restrictions:

Rights restrictions: \_\_\_\_\_

14. Does this client require toxic substances and/or dangerous items inaccessible to protect the safety of the client:  Yes  No If yes, what times:

Items: \_\_\_\_\_

15. Does this client have a roommate that requires toxic substances and/or dangerous items to be inaccessible for their safety?  Yes  No

16. Is Oakridge Homes authorized to act in the case of a medical emergency when the person or the person's legal representative cannot be reached or is delayed in arriving:  Yes  No

17. Is ORH/WSS assigned responsibility for medication administration or medication assistance:

Yes  No

What type:  Medication administration  Medication assistance

18. Does the client have a PRN Administration Protocol signed by the prescriber:  Yes  No

PRN medication(s): Banophen, olanzapine, \_\_\_\_\_

19. Is this client prescribed psychotropic medications:  Yes  No

- What are the interfering behaviors:
- Verbal aggression
  - Physical aggression
  - Non-compliance
  - Property abuse
  - Manipulation
  - Sexual behaviors

20. Does this client require the use of permitted actions and procedures or instructional techniques and intervention procedures on a continuous basis:  Yes  No

21. Does the client require a restraint as an intervention procedure to position this person due to physical disabilities:  Yes  No

22. Does this client require positive support strategies:  Yes  No

23. Has it been determined by the person's physician or mental health provider that the client is medically or psychologically contraindicated to use an emergency use of manual restraint:  
 Yes  N

24. Frequency of reports/meetings:

- Reports:  Semi-Annually  Annually  Other: \_\_\_\_\_  
Meetings:  Semi-Annual  Annually  Other: \_\_\_\_\_

---

Staff Signature: Mark Segur Date: 7/16/19



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Client: Ronald

Staff Name: MARK

Date: 11/16/19

1. Name of person served: Ronald Osborne

2. Legal Representative: Self

3. Case manager: Megan Perrington

4. Oakridge representative who created CSSP-A: Shawna Wippler

5. County served: Itasca

6. Outcomes Listed on CSSP-A:

Outcome 1: Ronald will get to know his housemate's & staff and thus develop his social skills

Outcome 2: Ronald will attend activities with his housemate's

Outcome 3: Ronald will work with staff to coordinate his care for ongoing medical & psychiatric appointments.

Outcome 4: Ronald will improve his independence skills by preparing meals.

Outcome 5: Ronald will increase his interpersonal behavior's & coping skills.

7. What is the clients preference for how services are provided:

Ronald prefers a calm, straight forward style of communication from staff

8. Is the current service setting the most integrated setting available and appropriate for the person:  Yes  No

9. List all client team members Oakridge would report incidents to:

Legal Representative: Self  
Case manager: Megan Perrington  
Day program: \_\_\_\_\_

10. Does this client require presence of staff:  Yes  No If no, please explain?

Unsupervised at home for: 5 minutes/hours  
 Unsupervised in the community for: 15 minutes/hours

11. Does this client require ORH/WSS staff to assist them in opening their mail correspondence?

Yes  No

12. Does this person need to be kept home from work/day programs during below freezing weather conditions as suggested by the Ombudsman's office (-20 F):  Yes  No

13. Does this client have any rights restrictions:  Yes  No If yes, what restrictions:

Rights restrictions: \_\_\_\_\_

14. Does this client require toxic substances and/or dangerous items inaccessible to protect the safety of the client:  Yes  No If yes, what times:

Items: \_\_\_\_\_

15. Does this client have a roommate that requires toxic substances and/or dangerous items to be inaccessible for their safety?  Yes  No

16. Is Oakridge Homes authorized to act in the case of a medical emergency when the person or the person's legal representative cannot be reached or is delayed in arriving:  Yes  No

17. Is ORH/WSS assigned responsibility for medication administration or medication assistance:

Yes  No

What type:  Medication administration  Medication assistance

18. Does the client have a PRN Administration Protocol signed by the prescriber:  Yes  No

PRN medication(s): ibuprofen, acetaminophen, lorazepam, Maalox  
diphenhydramine.

19. Is this client prescribed psychotropic medications:  Yes  No

What are the interfering behaviors:  Verbal aggression  
 Physical aggression  
 Non-compliance  
 Property abuse  
 Manipulation  
 Sexual behaviors

20. Does this client require the use of permitted actions and procedures or instructional techniques and intervention procedures on a continuous basis:  Yes  No

21. Does the client require a restraint as an intervention procedure to position this person due to physical disabilities:  Yes  No

22. Does this client require positive support strategies:  Yes  No

23. Has it been determined by the person's physician or mental health provider that the client is medically or psychologically contraindicated to use an emergency use of manual restraint:

Yes  N

24. Frequency of reports/meetings:

Reports:  Semi-Annually  
Meetings:  Semi-Annual

Annually  
 Annually

Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

Staff Signature: Mark Lopez

Date: 11/16/19

# Certificate of Training

## Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

*Awarded on 06/16/2021 to:*

**Mark Soper**

**Certificate Number:**  
VAMR94277220210616

**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

# Certificate of Training

## Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

*Awarded on 11/29/2019 to:*

**Mark Soper**

**Certificate Number:** VAMR80848020191129

**Delivery Format:** Online

Course offered by the  
Minnesota Department of Human Services

**Course Objectives:**

- 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:** August 23, 2021

**Time:** 9:00am-12:00pm

**Presenter:** Shawna

**Ice Breaker:** What is something that you should've taught in school but didn't?

**Milestone Anniversaries:** Sharon Eastlund-Westside-5 years

**Welcome to new and returned staff:** Cynthia Thompson-DSP-Glenwood; Danielle Westphal-DSP-Spruce; Feather Contreras-DSP-923

**Next Meeting:** 09/27/2021

**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 was hit in jaw during client behavior – no treatment needed

### **VA Review:**

1. Someone reported to DHS, on-going bed bug issues
2. Self -neglect due to a client continuing to walk on fractured ankle against doctor's orders

### **Nursing Notes:**

**MH Training:** Co-occurring Substance Abuse and Health Conditions

**DD Diagnosis:** Seizure Disorders/Epilepsy (2 videos)

**TI:** Decision Making

### **New Business:**

- PAPP competency (hand out updated plan to PC)
- House team building exercise
- Medicare Part D Fraud Waste and Abuse
- Back Safety (video)
- Come to work with a plan
- Hand washing and disease prevention (2 videos)
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

**Hour 3- House Meeting:**



Mark

## 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 accidentally 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:**



## 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:**



**Oakridge  
Woodview  
2021 Mandatory  
In-services**

May 18, 2021 – Aitkin  
May 19, 2021 – Wadena  
May 24, 2021 – Brainerd  
May 25, 2021 – Long Prairie  
May 27, 2021 – Grand Rapids

Name MARK SOPER

Date 5-24-21

Work Location Pine St.

**Mandatory In-service Topics Covered:**

ORH/WSS Program Policies including Maltreatment of Vulnerable Reporting (VARPP), Service Recipient Rights, Incident Response Reporting, Emergency Use of Manual Restraint (EUMR), Emergency Reporting Policy, Admission Criteria, Service Termination, Data Privacy, Person Served Grievance, Fiscal Policy, Safe Transportation, Food Service and Staff Orientation/In-Service

ORH/WSS Personnel Policies including Workplace Safety and Expectations, Compensation, Time off, Diversity and Employment

ORH/WSS Medical Policies including Safe Medication Administration, Universal Precautions and 1<sup>st</sup> Aid/CPR

**One Thing I learned at this in-service about the following topic:**

**Vulnerable Adults (VARPP):**

24 Hours to report a U.A.  
we are mandated reporters

**Service Recipient Rights:**

They have the right to use the phone, computer, T.V.

**Emergency Use of Manual Restraint:**

fill out incident report for use of manual Restraint.

**Incident Reports:** Deaths are reported to the state and ombudsmen  
Staff on duty should fill out the incident report

**Emergency and Reporting Policy and Procedures:**

Flash light, Radio & Blank for an a tornado  
call 911 if in danger

**Other Program policies (Admission Criteria, Service Termination, Data Privacy, Person Served  
Grievance, Fiscal Policy, Safe Transportation, Food Service and Staff Orientation/In-Service):**

Bring complaints to the vice pres.  
money shouldn't be left out  
30 hours of orientation ~~when~~ starting  
within 60 days

**Safe Medication Administration:**

many different ways to give med's  
N.S. stands for Hour's of Sleep

**Universal Precautions:**

what is frost bite  
chemicals in eye wash for 15 min.

**ORH/WSS Personnel Policies and Procedures:**

Client's have the right to receive and read their mail  
safe environment in the home is No fire arms and weapons  
work place bullying

April 2021 Staff Meeting Makeup Packet

Name: Mark S Date: 5-1-21

**MH Training: Psychotropic Medication and Side Effects**

Watch *What Antipsychotic Medications is like*

1. Antipsychotic medications work Differently from person to person.
2. It is about finding the right Balance between the reduction and management of symptoms and negative side effects.
3. Antipsychotic Medications are used to reduce Symptoms of psychosis or whatever you are being treated for.
4. Tardive Dyskinesia is involuntary movements of the Tongue, lips, and face.
5. It is really important to work with your psychiatrist before you stop taking any medications.

Watch *My Experience changing psychiatric medications*

6. Medication Changes are a process people with mental illness have to go through at one point or another.
7. Med changes should happen whenever there's a problem
8. Something that is really important is Tapering adequately; you don't want to quit a med cold turkey.
9. One thing that she found helpful when changing medications was to keep a Journal of her symptoms. Journal
10. Changing medications is not something you should do on your own

Watch *How Psychotropic Medications work*

11. Medication can be an important part of Treatment for any physical condition including mental health
12. Everyone is different and there is not a simple test to determine what medications to prescribe.
13. Most people taking psychotropic Medication's must deal with side effects
14. Medications aren't a cure but they can be an important part of a person's overall Recovery plan.

## DD Diagnosis: Brain Injury

Watch *What is a Brain Injury*

15. A Brain Injury can be a life-altering event that affects every area of a person's life, including relationships with family members and friends
16. A traumatic brain injury, or TBI, is an injury to the brain caused by Trauma, stroke, tumor or other illness
17. Every brain injury is unique. Some symptoms appear immediately after the injury and others may not appear until days or weeks after the injury.
18. What are some strategies to help people with a TBI?  
Join a Support Group      write things down  
follow a routine      Avoid distractions
19. Brain Injury rehabilitation and intervention are important steps to help minimize the long-term impacts of a brain injury.

## TI: Verbal Intervention & Limit Setting

20. What are the 5 areas of verbal intervention – defensive level?
- Questioning
  - Refusal
  - Release
  - Intimidation
  - Tension Reduction
21. What is a rational question seeking a rational response? Information seeking
22. What's another name for a power struggle? Tug of war
23. What do you do to deal with non-compliance/refusal? Set limits
24. Should venting be allowed? Yes or No
25. If you set a limit you need to be prepared to follow through or enforce it.
26. Limit setting is a recommended intervention.
27. What are the 3 keys to limit setting?
- Simple and clear
  - Reasonable
  - Enforceable
28. By setting by setting limits you are offering the person choices, as well as stating the result of the choices (more desirable vs. less desirable)

29. What are 3 examples of limit setting?

- a. INTerrupt
- b. when and then
- c. If and then

30. List 3 examples of empathic listening:

- a. NON-Judgmental
- b. Undivided attention
- c. Listen carefully focusing on feelings and fact's

### De-escalation, Confrontation Avoidance Techniques

Read De-escalation Techniques

31. Behavior's may become escalated when they are presented with feelings, circumstances or situations with which they are unable to COPE.

32. List 5 common signs that a client has become escalated:

- a. Raised Voice
- b. High Pitched voice
- c. Rapid Speech
- d. Pacing
- e. Excessive Sweating

33. Effective de-escalation techniques feel Abnormal

34. What are the 2 categories of de-escalation?

- a. NON-Verbal
- b. Verbal

35. It is said that approximately 65 percent of communication consists of non-verbal behaviors. Of the remaining 35 percent, inflection, pitch, and loudness account for more than 25 percent, while less than Seven percent of communication has to do with what is actually said.

36. Remember, reasoning with an enraged person is not possible. The first and only objective in de-escalation is to reduce the level of client arousal so that discussion becomes possible.

### The Health and Wellbeing benefits of Exercise for Disabled People

37. Whether we are disabled or not, Exercise is great for all of us.

38. The physical benefits of exercise are readily known but the impact on mental health is often overlooked.

39. Exercise can be used to

Reduce anxiety

Reduce feelings of stress

Encourage clearer thinking

Improve Sleep

40. Disabled people are far more likely to withdraw socially and risk a lack of engagement in any activity.

41. It's important for all people, including the disabled to \_\_\_\_\_ ~~based in their~~ needs and requirements.

Try and strike up an exercise regime suited to them

### Severe Weather

Read the section taken from Emergency Reporting Policies and Procedures – Initial MS

### Dealing with Conflict in the Workplace

Read the *Respect Policy, Dealing with Other's Negative Emotions, Three Surprises to Minimize Gossip and How to handle highly charged Situations* – Initial MS

## Minimizing the Risk of Sexual Violence Competency Questions

Read the Power Point and answer the following questions.

1. What is the definition of sexual violence according to MN Statute 245D?  
Is the use of sexual actions 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? The right for a person to govern what happens to their body without external influence or coercion
4. The people we serve have a right to control what does and does not happen to their bodies.  
True or False
5. Why is it important for the people we serve to know the proper names for body parts, especially private parts?  
Having the knowledge of that really helps deter possible offenders/perpetrators
6. Per US Dept of Justice, Bureau of Justice Statistics, Crime Against Persons with Disabilities, 2009-2015 Statistics which of the following perpetrates against people with disabilities the most?
  - a. Intimate partner
  - b. Other relatives
  - c. Well known/casual acquaintances
  - d. Strangers
  - e. Unknown
7. List 3 components of healthy relationships:
  - a. Involvement in activities and hobbies (together and alone)
  - b. Good communication
  - c. Supportive and encouraging
8. List 3 components of abusive relationships:
  - a. Isolated from other's
  - b. No longer involved in activities and hobbies
  - c. Person is not allowed to have alone time
9. List 2 things that are true about consent:
  - a. No means NO
  - b. Consent can be withdrawn at any time
10. Write your reaction to the *Tea and Consent* video:  
Don't be mad if they don't drink what you want, they have the right to change their minds.

---

## Oakridge Homes- Woodview Support Services

---

### GUIDELINES FOR CALLING IN

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

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

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

The following guidelines should be adhered to:

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

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



Employee Signature

MARK SOPER

Employee Printed Name

5-1-21

Date

Pine St.

Work Location



Mark S

## Brainerd Staff Meeting Agenda

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

**Date:** 03/22/2021

**Time:** 9:00am-12:00pm

**Presenter:** Tom

**Ice Breaker:** Ford or Chevy? Pepsi or Coke? McDonalds or Burger King?

**Milestone Anniversaries:** Lori Kern-Emerson-30 yrs; Janice Blonigen-LP1-15 yrs; Carrie Payne-ARMHS/CSP-15 yrs; Casie Hines-Office-15 yrs

**Welcome to new and returned staff:**

**Next Meeting:** 04/26/2021

**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:
  - 2/18/2021 Staff was helping load a small sofa into a truck. Reported pain and soreness in lower back. Incident only, no treatment needed.
  - 2/27/2021 Staff was taking clients to the movies and slipped and fell on knee. Incident only, no treatment needed.

### **VA Review:**

1. Someone reported Oakridge regarding an incident where a client was locked in bathroom for a number of hours.

**Nursing Notes:** CPR and First Aid Training

**MH Training:** Schizoaffective Disorder (video)

**DD Diagnosis:** Autism Spectrum Disorder (video)

**TI:** Para verbal Communication

### **New Business:**

- CPR and First Aid Training
- How to do Incident Reports and Behavior Incident Reports
- Know your house Competency
- When to call and when not to call a DC/Q
- PRN Protocols
- Nutrition: Portions/Serving size/measuring/weighing/visual measurements
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter Amanda@orhvw.com

**Hour 3- House Meeting:**

March 2021 Staff Meeting Makeup

Name: Mark S

Date: 4/24/21

A. MH Training: Schizoaffective Disorder. Watch the video.

1. What is schizoaffective Disorder

PSYCHOTIC Disorder with Features of a mood Disorder

2. List the three phases of psychosis:

a. Prodrome early signs of psychosis

b. Acute will experience the most disruptive Hallucination's

c. Recovery The person struggling will see the light at end of Tunnel

B. DD Diagnosis: Autism Spectrum Disorder. Watch the video.

1. Individuals on the autism spectrum disorder have difficulties in these areas?

a. Social interaction

b. Communication

c. Behavior

C. TI Monthly Review; Para verbal Communication. Read the handout and answer the following questions.

1. The concept that "How we say what we say" or the sound of your words is equally, if not more, important than the words you use.

2. The three parts of Para verbal communication are:

Your Tone

Your Volume

Your cadence

D. How to do an Incident and Behavior Incident Report:

When filling out incident/behavior reports it is very important that they get filled out completely. It is your responsibility to see to this regardless of who started the form.

If one of your staff starts the report check to see if they contacted a Q. If they didn't, teach them that they must call a Q unless it for a minor injury every time. Sometimes new PC's are asked to contact a Q for minor injuries so they get in the practice of calling the Q. This should be during business hours at the office. If it is during a weekend minor injuries reports can also wait until Monday morning.

Filling out the report:

- Check the appropriate box. There may be a time when more Than one box is checked. See Backside of report for description of what qualifies as a serious injury.
- If this was due to consumer to consumer Physical aggression then **two** reports will need to be completed.
  - The first one would be for the aggressor. This would be the "Behavior" report.
  - The second one is for the person who was physically aggressed upon. This would be the "Incident" report.
- If both clients hit or were physically aggressive toward each other, then there would still be two reports. You would use the same report to describe the aggression upon the other person as well as the injury/possible injury onto the person to whom the report is being written. You would do this for the second person as well.
- Fill out the next section completely. If there was an injury you need to mark on the Picture where that person was Hurt. If this is due to the consumer to consumer physical aggression and the person was not injured, then number 5 or 6 would be circled.
- In the witness section, only list staff that have given permission to use their name; **do not** use other client's names.
- In most cases you should do an Observation Form. That form also needs to be filled out completely. An idea would be to mark who you want to inspect the injured person for each observation. Small sticky's come in handy for this. Scan and email to your program team when completed. (Do not wait sending the incident/behavior report until the form is done.)
- At the bottom of the first page is where you or the **Q** (when you are not available) communicates to the guardian and case manager about the incident/behavior. Wait on this section until page two is completed. You (and sometimes the Q called) are the ones responsible to fill out this section. Staff should never be the ones who contact the guardians and case managers.
- Describe in **detail** what happened. Do **not** use any other consumer's name anywhere on the form. Use "housemate", "hm" or "peer" if they are a part of what happened. If there is a physical injury describe using size, color, location, appearance, etc. **Be very detailed in your description!** Follow the directions in that first box.
- If this is a behavior report make sure what lead to the behavior, the behavior itself, and any post behavior is described.
- Now at this point, **"YOU NEED TO CALL A Q"** This is **very important** to do on ALL incidents/behaviors except for minor injuries. If this was written up by a staff they need to contact you to keep you in the loop. (They wouldn't have to call you about a minor injury unless you choose to be notified.)
- You would then tell them to **"CALL A Q"**.
- Anytime a Q is called you or your staff will fill in the next box with what was discussed.
- If this was a consumer to consumer physical aggression the next box is filled out for the one who was hurt.
- You will then discuss any corrective action necessary and record what was said.
- At this point your staff are finished with the report. If you will not be in to finish the front side within 24 hours, then the Q that was called will do the contacting of the guardian(s) and case manager(s).

- If you are, then you do the contacting. You could call or email the contacts. Check with each person's guardian and case manager to find out their preferences and keep a note with their choice of communication.
- If you email and the information on page two is sufficient, then input what was written in the description of the incident/behavior box and what the plan of action is.
- You finish by reviewing the report again and fill in any blank areas. You then sign and scan and email to your program team.

Once the forms are completed you will use the Incident Report  
Tracking form to record the incident/behavior. You will need to add the report to the monthly report as well. In January you need to scan and email this form to office. Start a new tracking form for the New Year.

If you have a person that has many minor injuries each month then you could use the Monthly Minor Incident Diagram form. Check with your program team whether or not they want you to use this form for those usual minor injuries in place of an incident report for recording each of those minor injuries.

E. Review the Example Incident and Behavior Reports and initial here: MS

F. When to call and When not to call a DC/Q: Review and initial here: MS

G. Review the PRN Protocol Form and initial here: MS

H. Nutrition: List the four changes to the Nutrition Facts Label.

1. The Serving Size Now appears in larger, bold font and some serving size's have been updated

2. calorie's are now displayed in larger, bolder font

3. Daily value's have been updated.

4. Added Sugar's, vitamin D, and potassium are now listed. Manufacture's must declare the amount in addition to percent Daily Value for vitamin's and minerals.

Eating Healthy on a Budget. Review and Initial here: MS

\*\*\*You must schedule makeup for CPR and First Aid with Patty and Ashley\*\*\*

Mark S



## Brainerd Staff Meeting Agenda

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

**Date:** 02/22/2021

**Time:** 9:00am-12:00pm

**Presenter:** Shawna

**Ice Breaker:** Would you rather spend a year on a submarine or on the moon?

**Milestone Anniversaries:** none

**Welcome to new and returned staff:** Tyler Nelson, DSP-811; Shaun White, DSP-811; Cassidy Christenson, CSP

**Next Meeting:** 03/22/2021

**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

Worker's comp claims:

- Staff was exposed to pet dander and had a severe allergic reaction. Was treated and received medications to calm symptoms. No further treatment needed.
- Staff arrived to work, got out of vehicle and slipped and fell backwards on the icy driveway. Staff reported driveway had not been salted that morning before the accident. No further treatment needed

### VA Review:

- Client with internet restrictions accessing internet in middle of the night possibly due to lack of supervision by staff
- Staff sleeping on the job
- Former staff using a client's debit card that was saved in a phone app
- Client's guardian has had 3 med errors since 12/27 and didn't do anything when client "passed out" --medical neglect
- Client told workplace staff that group home staff hit him in his back with communication book; he later denied saying that

**Nursing Notes:** none

**MH Training:** Suicide Intervention, Warning Signs, Responses (videos)

**DD Diagnosis:** Intellectual Disability/Learning Disorders

**TI:** Non-Verbal Communication

**Person Centered/Positive Support:** It's About Relationships

### New Business:

- Expectations of staff when taking consumers on an outing
- Smoking
- Exercises to increase balance (handout & how-to video clips)
- Boundaries
- HIPAA
- Data Privacy
- Staff talents/strengths and how to use them working with clients
- Send Bethany ideas you have on how you would feel appreciated Bethany@orhvw.com
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter Amanda@orhvw.com

**Hour 3- House Meeting:**

February 2021 Staff Meeting Questions

Name: Mark S

Date: 3-3-21

MH Training: Suicide Intervention, Warning Signs, Responses. Watch the videos *Parents blindsided* and *Family still grieving* and write your reaction:

1. To bad such young lives are wasted - There needs to be more attention given to these kids and maybe they can catch it in time
2. He shouldn't be afraid he'll forget her. No parent will forget there kid. It's hard and maybe it would help him to talk to a professional.

Read Preventing Suicide and answer the following:

2. Nearly 45 thousand people died from suicide in 2016. That is approximately 1 death every 12 minutes.
3. Suicide affects all ages. True or False
4. Suicide is the Second leading cause of death for people 10 to 34 years of age.
5. What is the telephone number for the National Suicide Prevention Lifeline?  
1800-273-TALK (8255)
6. When people die by suicide, their family and friends often experience shock, anger, guilt, and Depression.
7. Suicides and suicide attempts cost the nation approximately 70 billion per year in lifetime medical and work-loss costs alone.
8. Being a survivor or someone with lived experience increases one's risk of suicide. True or False
9. What is one way that you personally believe you can help prevent suicide?  
Always be there for them to talk and be their for them at anytime and look for warning signs.
10. What is one way you believe the community you live in could help prevent suicide?  
Have more talk groups off all different age's groups in the community. Just like AA meetings.
11. List the 7 strategies that the CDC has found to help prevent suicide:
  - a. Strengthen economic supports
  - b. Strengthen Access and delivery of suicide care
  - c. create protective environment's
  - d. Promote connectedness
  - e. Teach coping and problem-solving skills
  - f. Identify and support people at risk
  - g. Lessen harm's and prevent future risk

**DD Diagnosis: Learning Disorders. Watch the video and answer the following:**

12. Learning disabilities by definition involve difficulty in one or more of the following:

- a. Basic psychological Processes that involve:
- b. understanding and using Language
- c. the ability to receive
- d. process information
- e. recall information
- f. and then Communicate that information

13. Specific learning disabilities include:

- a. Reading (Dyslexia)
- b. Writing (Dysgraphia)
- c. Spelling
- d. math (Dyscalculia)
- e. Auditory Processing
- f. Visual processing
- g. Sensory- motor
- h. Social

14. What is Dyslexia? Specific reading disability and writing disability, spelling or math

15. Self- confidence is very important.

16. Learning disabilities are not the result of poor Vision or hearing. They are also not the same as children who have difficulties on the Autistic spectrum. They are not the same as Intellectual disabilities. They are not consistent with or the same as emotional Disturbance or mental retardation issues. Learning disabilities are not the result of being disadvantaged (cultural, environmental, economic) are not the causes of a learning disability.

**TI Monthly Review: Read the handout and answer these questions:**

17. Behavior is a form of Communicating.

18. Why is your non-verbal communication so important?

Your Non-verbal communication is also an important area of awareness.

19. Gestures, stance, and movement all make up body language.

20. Why is supportive stance important? IT communicates respect, it's non-threatening, non-challenging and maintains personal safety.

**Person-Centered/Positive Support: Read *It's about Relationships* and answer these questions based on people you support:**

21. Why are relationships so important for the people we support (or anybody, really)?

So they can have a chance at a normal and safe and healthy life, just like all of us.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. The company that this article is about believes they can assist an individual in changing their own behaviors as a result of providing supports that are valuing, respectful, and educational. Do you believe this is possible? Why or Why not?

yes they make them feel safe and empowered so they feel more open to guidance.

23. Why do you think empowering people so much better than controlling and directing people?

Because when you empowering them they feel in control of their lives.

24. We need to meet individuals where they are at, where strong positive relationships can be developed, where environment's are safe, where support people see themselves in an ally role, and where the individual has the ability to feel increasingly empowered and in control of as much of their life as possible.

25. Medical causes of behaviors should always be explored and re-explored. True or False

26. Assisting a person in better \_\_\_\_\_ - \_\_\_\_\_ must begin from the understanding that trusting and respectful relationships must be at the core.

27. Discuss why "support and guidance thinking" is more effective than "supervision and control thinking":

Rather than controlling and directing there energy is spent supporting and fostering individuals so they feel safe and empowered.

### Expectations of staff when taking individuals into community

28. Going into the community to shop, volunteer, eat, etc. involves more than just jumping in the van and going. Here are some of the expectations for staff:

- a. Be Professional
- b. Wear a mask (and wear it properly)
- c. Follow the Oakridge Dress Code
- d. Do not smoke (follow Tobacco Products policy)
- e. Be sure you are approved to drive for Oakridge

- f. Take medication times into consideration
- g. Know the individual's program (i.e. alone time, if they have a history of stealing, if they tend to purchase more than they are should or things they should not, do they have a budget program, etc.)
- h. Know what is on the Funds & Property form for each person

29. List 2 other things that are expectations for staff:

- a. MAKE sure house is locked when leaving
- b. make sure everybody is wearing a seatbelt when in a moving car

**Smoking Policy**

30. Review the Tobacco Products policy and initial once you've read it: MS

**HIPAA**

31. Review the HIPAA policy and initial once you've read it: MS

**Data Privacy**

32. Review the Data Privacy policy and initial once you've read it: MS

**Boundaries**

33. Why are personal boundaries important? To keep people safe and empowered

34. Do you have more rigid, porous, or healthy boundaries? rigid

35. Or do you have a combination of the three types? NO

36. Why do you think you have the boundaries you have? To keep my self safe and healthy

37. A person who always keeps others at a distance (whether emotionally, physically, or otherwise) is said to have rigid boundaries.

38. Someone who tends to get too involved with others has porous boundaries.

39. Most people have a mixed of different boundary types.

40. Some people have very different expectations when it comes to boundaries.

41. List the 6 types of boundaries from the handout and describe how your personal boundaries are in that category.

a. Overshares personal information, open's mouth to much.

b. Difficulty saying NO to the requests of others. Just want to help if I can.

c. Overinvolved with other's problems. Always have a suggestion

d. Dependent on the opinion of others. Always like to hear that people are happy with you.

e. Accepting of Abuse or disrespect. Don't care, I just walk away when people are mean.

f. Fear's rejection if they do not comply with others. Not so much Don't care what people think. I love my job for me.

### Staff Talents & Strengths

42. List at least 3 strengths from the list of 10 that you have and describe how those strengths are useful to the individuals you support at work.

- a. Dependable = mean's someone loyal and reliable
- b. Self-motivated = mean's someone who is disciplined about the
- c. Presence of a Supervisor
- c. Success oriented = mean's your focused on the overall objective.

43. List at least 3 talents from the list that you have and describe how those talents are useful to the individuals you support at work.

- a. Dependable = being on time for work
- b. Self-motivated = not having to tell clients to do something
- c. Over and over like daily chores they just do it
- Success oriented = when they succeed at something they feel better about themselves

### Exercises to Increase Balance

44. Review the Exercises to increase balance handout and video clips and initial once you've read it and watched them: MS



Mark S

## Brainerd Staff Meeting Agenda

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

**Date:** 01/25/2021

**Time:** 9:00am-12:00pm

**Presenter:** Shawna

**Ice Breaker:** What game show do you think you could win?

**Milestone Anniversaries:** none

**Welcome to new and returned staff:**

**Next Meeting:** 02/22/2021

**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  
Worker's comp claims:

**VA Review:**

1. A client alleged sexual contact with staff member
2. A client alleged sexual abuse by housemate

**Nursing Notes:** none

**MH Training:** Seasonal Affective Disorder (video)

**DD Diagnosis:** Cerebral Palsy (video)

**TI:** Care, Welfare, Safety and Security

**Person Centered/Positive Support:** Building Support that promotes community

### **New Business:**

- VA Training – Review VARPP (video)
- Review Maltreatment of Minors- If Applicable
- Service Recipient Rights
- IPP/CSSP/CSSP-A/IAPP-SMA Competencies
- Budgeted hours: coming in early/staying late
- Volunteer Awards (turn in all volunteer hours)
- Personal Needs Purchases/Purchase Approvals
- Risk of staff bringing personal belongings into group home
- Going out to eat and leaving a tip
- Back safety and shoveling
- Winter Ombudsman Alerts
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter (Amanda@orhwvcom)

**Hour 3- House Meeting:**

January 2021 Staff Meeting Questions

Name: Marks

Date: 3/1/21

**DD Diagnosis: Cerebral Palsy. Watch video and answer the following:**

1. Cerebral Palsy means: brain disease causing paralization
2. CP can happen before birth which is called pre nantly, or post nantly.
3. CP is "Non-Progressive" which means it Does Not get worse.
4. Three types of CP:
  - a. Spastic
  - b. Dyskinetic
  - c. atonic
5. CP is permanent. It is not curable but it is Treatable.

**MH Training: Seasonal Affective Disorder. Watch video and answer the following:**

6. Seasonal Affective Disorder (SAD) is a certain type of depression that affects some people
7. Most of the time these symptoms show up in the winter time
8. If you think you are experiencing symptoms of SAD you might want to look into:
  - a. Talking
  - b. light therapy
  - c. exercise
9. Ways you can help your mood that are not medications:
  - a. light therapy
  - b. vacation
  - c. Healthy diet
  - d. Sleep

## Vulnerable Adult (VA) Training (Video)

10. Name the different types of abuse

- a. Financial
- b. Physical
- c. Physical
- d. Psychological
- e. Domestic

11. People who are being abused don't always want to talk about it.

12. People with disabilities are 7 to 10 times more likely to be victimized than people without disabilities.

**VAARP – Vulnerable Adult Reporting Policies and Procedures – Read the VARPP**

and answer the following questions:

13. What are three ways you can report a suspected VA?

- a. Internally
- b. Externally
- c. PC or President

14. What is the name of the specific plan of action to keep individual consumers safe?

- a. VARPP

15. What do you call the person who is engaged to care for a vulnerable adult?

- a. Care giver

16. What term describes the absence or likelihood of absence of care or services, including but not limited to food, clothing, shelter, healthcare, or supervision necessary to maintain the physical and mental health of a vulnerable adult?

Neglect

17. How much time do you have to report a suspected VA? 24 Hours

18. What term describes words or gestures to the vulnerable adult that are disparaging, derogatory, humiliating, harassing, or threatening? Abuse

**Service Recipient Rights** – Read the Service Recipient Rights and answer the following questions:

19. Our clients have the right to take part in Planning and Evaluation the services that will be provided to them.
20. Our clients have the right to staff that is Trained and qualified to meet their needs and support.
21. To have their personal, financial, Service, health, and medical information kept private and be notified if these records have been shared.
22. 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 time out or seclusion; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
23. To be treated with Courtesy and dignity and have my property treated with respect. I will have Access to my personal property at all times. If this property is not within my bedroom and I have stored it somewhere else in the house, I can ask staff for help in accessing my property.
24. Be allowed to reasonably follow my Cultural and ethnic practices and religion.
25. To choose my own friends and spend time with them.
26. 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.
27. Use of and have free access to common areas including the Phone. You will have access to 3 Nutritious meals and healthy Snacks between meals. There will be Food and Water available to you at all times. If you choose to purchase snacks, ORH/WSS will provide a place for you to store these snacks in the kitchen area.

28. 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.
29. ORH/WSS cannot 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 engage in activities that you choose, right to have daily, private access to and use of a non-coincided 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.
30. To demonstrate competency on the IPP/CSSP/CSSP-A, IAPP-SMA documentation for each client, please complete the Person Supported Competency Worksheets. You will need to complete **one worksheet for each client.**
31. Budgeted Hours: each house has a calculated number of hours to be used for each day. When staff come in early or leave late, it will adjust the hours for that day. Even though 15 minutes may not seem like a lot every now and then, when you look at the big picture for all of the Oakridge Staff across all of the houses, it adds up and makes a big impact. That's why it is very important that you work the hours you are scheduled for and be mindful not to punch in early or late. Initial once you've read this: MS
32. Personal Needs purchases: each client has a budgeted amount for personal needs each month. This money should be spent on personal care items such as toothpaste, razors, over the counter vitamins, etc. Initial once you've read this: MS
33. Approval of Purchase: each client has a Funds and Property form that shows how much the team has decided can be spent without approval. Any single purchase that is over that amount needs to have an Approval of Purchase form filled out and signed by the entire team, before the item is purchased. Initial once you've read this: MS

34. Please do not bring your personal items into the home. This includes games, appliances, furniture, CDs/DVDs, etc. Any items used in the home should belong to the house or one of the clients. Initial once you've read this: MS

35. Review the Proper lifting mechanics for shoveling and initial once you've read them: MS

36. Review the Winter Ombudsman Alerts and initial once you've read: MS

**TI Monthly Review: Read the handout and answer these questions:**

37. One goal of TI training is to find Consistent ways of managing crisis situations.

38. Prevention is the key – avoid the response

39. Draw a line from the client level to the corresponding staff approach to use:

- |                      |   |                          |
|----------------------|---|--------------------------|
| a. Anxiety           | → | 1. Directive             |
| b. Defensive         | → | 2. Therapeutic Rapport   |
| c. Risk Behavior     | → | 3. Supportive            |
| d. Tension Reduction | → | 4. Physical Intervention |

40. You cannot control how someone escalates or deescalates, you CAN control your own responses and make sure that your responses reflect CARE, WELFARE, SAFETY, and SECURITY.

**Person-Centered/Positive Support: Read *Building Support That Creates Community* and answer these questions based on people you support:**

41. Our guiding task must be to help individuals build a life rather than be their life. What does this statement mean to you?

To help them be as independent as possible

---

---

---

42. If you want to change someone else's behavior, change your own first. What is something that you have or could change as a staff person to possibly help change someone else's behavior?

Don't raise voice or yell

Be calm

---

---

---

43. Everyone (including you) is doing the best they can with the tools they have. If they could do better, they would. How can you approach some individuals differently based on this statement?

Help them with their problems in a way they will understand

44. Proposed interventions (goals/outcomes) for individuals should be something you would accept in your own life. Do you think the goals/outcomes the individuals you support have are appropriate? yes If you lived in the house you work in, what would you think would be appropriate goals/outcomes for you to work on?

Do laundry two times a week  
Sweep once a week

45. Punishment comes with a series of side effects. It can almost always be avoided. Instead of thinking about what we want less of, think about what skills we can increase to take the place of the punishment.

46. Over time, successful programs seek balance between, and benefit for, everyone involved, especially Direct Support Professionals (DSP). What is one thing that you offer that the individuals you support benefit from?

Support their goals and the things they want to do with NO judgments.



## Brainerd Staff Meeting Agenda

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

**Date:** 01/27/2020

**Time:** 9:00am - 12:00pm

**Presenter:** Shawna

**Ice Breaker:** 811

**Milestone Anniversaries:** 15 years Chris Maas – 1129; 10 years Bernie Borash – 809

**Welcome to new and returned staff:**

**Next Meeting:** 02/24/2020 Ice Breaker: Glenwood

**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 – hand out on back safety/shoveling
2. Worker's comp claims:
  - \* Client hit staff in back using fist during behavior
  - \* Staff rammed knee with kitchen chair during client behavior
  - \* Staff raising voice using in appropriate verbal communication with some clients
  - \* Staff allowing two clients to go into bank alone while staff stayed in van, clients no community alone time

### **Review:**

- **Review VARPP – question/answer sheet and video – yearly on-line VA test**
- Two different reports filed for overnight staff sleeping at a non-sleep home
- Staff was reported for mistreating a client
- Inappropriate sexual touch, client to client
- Allegations of physical/verbal abuse
- Staff raising her voice, using inappropriate verbal communication with clients
- Staff allowing two clients to go into the bank alone while staff stayed in van, client no alone time

### **Nursing Notes:**

**MH Training:** Major Depressive Disorder (video)

**DD Diagnosis:** Cerebral Palsy (video)

**TI:** Care, Welfare, Safety and Security

### **New Business:**

1. Service Recipient Rights
2. IPP/CSSP/CSSP-A/IAPP-SMA Competencies
3. Person-Centered/Positive Support: 30 minutes- Primary diagnosis and impact that has on their program
4. Budgeted hours: coming in early/staying late
5. Volunteer Awards (turn in all volunteer hours). Pictures needed
6. Personal Needs Purchases/Purchase Approvals
7. Risk of staff bringing personal belongings into group home
8. Going out to eat and leaving a tip
9. Winter Ombudsman Alerts
10. Know the person you work with worksheet
11. Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

**Hour 3- House Meeting:**

## VARPP (Jan, 2020)

1: What term describes the program services done in good faith in the interests of the Vulnerable Adult?

A: Therapeutic conduct

2: What are three ways you can report a suspected VA?

A: internally, externally, or both

3: What term describes a sudden, unforeseen, and unexpected occurrence or event?

A: accident

4: Where in the VARPP are the phone numbers of people you can call with a suspected VA?

A: The 5th page

5: The program shall ensure that each new mandated reporter received orientation within 72 hours of first providing direct contact services to a VA and annually thereafter.

A: \_\_\_\_\_

6: Specific plan of action to keep individual consumers safe.

A: IAPD, Individual Abuse Prevention Plan

7: Person engaged in the care of a VA

A: mandated reporter

8: What is the term that describes any person over the age of 18 who is a resident or inpatient of a facility?

A: Vulnerable adult

9: What term describes the absence or likelihood of absence of care or services including but not limited to food, clothing, shelter, healthcare, or

supervision necessary to maintain the physical and mental health of a vulnerable adult?

A: neglect

10: How much time do you have to report a suspected VA?

A: 24 hours, asap

11: What does VARPP stand for?

A: Vulnerable adult reporting Procedure's

12: The VARPP should be posted at every location and be made available upon request.

A: Abuse

13: What term describes words or gestures to the VA that are disparaging, derogatory, humiliation harassing or threatening?

A: Sing~~er~~ist exploitation Abuse

14: What term describes...unauthorized expenditure of consumer funds?

A: \_\_\_\_\_

15: If you have reported internally, you must receive, within 2 working days a written notice that tells you whether or not your report has been forwarded to MAARC.

A: \_\_\_\_\_

16: What term describes the failure or omission by a caregiver to supply a VA with care or services?

A: neglect

17: This policy addresses any substantiated physical, emotional, or verbal abuse towards consumers or employees.

A: misconduct policy

INDIVIDUALIZED PROGRAMMING BASED ON DIAGNOSIS  
January 2020

STAFF NAME: Mark DATE: 1/27/20

PROGRAM PLANNING – PHYSICAL DISABILITIES

- ADHD ~~DEPRESSION~~
1. Diagnosis: ~~Moderate intellectual disabilities~~
  2. Age: 24 Gender: male
  3. Things I might be really good at: cooking
  4. Areas that are a challenge: dressing appropriately for the weather
  5. Daily tasks that I can do alone: clean bedroom
  6. Daily tasks that need assistance: prompts to do chore's
  7. Skills that can be improved: follow doctors orders better
  8. Skills that need to be maintained: keep making good choice's
  9. What might stress look like: Isolating, himself
  10. What happiness might look like: being very talkative, smiling
  11. Phrases that could NEGATIVELY IMPACT me: Anything about religion
  12. Phrases that will SUPPORT me: great job, looking well rested today

## PROGRAM PLANNING – MENTAL HEALTH

1. Diagnosis: \_\_\_\_\_
2. Age: \_\_\_\_\_ Gender \_\_\_\_\_
3. Things that I might be really good at: \_\_\_\_\_  
\_\_\_\_\_
4. Areas that are a challenge: \_\_\_\_\_  
\_\_\_\_\_
5. Daily tasks that I can do alone: \_\_\_\_\_  
\_\_\_\_\_
6. Daily tasks that need assistance: \_\_\_\_\_  
\_\_\_\_\_
7. Skills that can be improved: \_\_\_\_\_  
\_\_\_\_\_
8. Skills that need to be maintained: \_\_\_\_\_  
\_\_\_\_\_
9. What might stress look like: \_\_\_\_\_  
\_\_\_\_\_
10. What happiness might look like: \_\_\_\_\_  
\_\_\_\_\_
11. Phrases that could NEGATIVELY IMPACT me: \_\_\_\_\_  
\_\_\_\_\_
12. Phrases that will SUPPORT me: \_\_\_\_\_  
\_\_\_\_\_



## Brainerd Staff Meeting Agenda

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

**Date:** 02/24/2020

**Time:** 9:00am - 12:00pm

**Presenter:** Shawna

**Ice Breaker:** Glenwood

**Milestone Anniversaries:** Beth Sumpter-Office-20 years

**Welcome to new and returned staff:** Kylie Christenson-LST Helper-Brainerd; William Johnson, Jr-DSP-Westside; Kailey Crider-DSP-Westside; Sarah Frerichs-DSP-Westside; Caden Nelson-PC-1016

**Next Meeting:** 03/23/2020 Ice Breaker: 923

**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 – hand out on back safety/shoveling

2. Worker's comp claims:

\*Staff slipped and fell on ice in driveway. Was on no work restriction for a few days for back injury. Now has been released back to work without restrictions.

### A Review:

Reported former staff for emotional abuse to Oakridge client

\*Money missing when client/staff returned home from a 1:1

\*Staff neglected to provide nutrition to client with a g-tube

### Nursing Notes:

**MH Training:** Suicide Intervention, Warning Signs, Responses (2 videos 3:05 & 14:13)

**DD Diagnosis:** Difference between mild, moderate, severe DD (video 3:45)

**TI:** Non-Verbal Communication

### New Business:

1. 2020 Employee Handbooks / Policy changes

2. Expectations of staff when taking consumers on an outing

3. Smoking

4. Exercises to increase balance

5. Boundaries

6. HIPAA (video 2:13)

7. Data Privacy

8. Staff talents/strengths and how to use them working with clients

9. Person-Centered/Positive Support: 30 minutes- Balancing important to and important for for each individual (video 13:00)

10. Turn in the Know the person you work with worksheet

11. Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

**Hour 3- House Meeting:**

Mark S.



## Brainerd Staff Meeting Agenda

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

**Date:** 03/23/2020

**Time:** 9:00am - 12:00pm

**Presenter:** Shawna

**Ice Breaker:** 923

**Milestone Anniversaries:** none

**Welcome to new and returned staff:** Brian Amy-Maintenance Lead; Tyler Harlow-1016; Chasidy Kampa-Riverwood; Isaiah Vanderheyden-Glenwood

**Next Meeting:** 04/27/2020 Ice Breaker: 1129

**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 was exposed to blood when she helped a client up after falling on the ice. Blood from the client's injury covered the staff's hand. Will treat for possible blood pathogen exposure.

\*Staff trying to get client up out of his recliner to walk to the bathroom, staff pulled something in her left shoulder/back area. Is on restrictions.

Staff reported injury to shoulder. Couldn't pinpoint exact time, said it was due to over use. Plans to treat.

\*Staff reported a neck injury. Couldn't pinpoint exact time or what happened to cause injury. On restrictions of working 36 hours a week.

### **VA Review:**

\*Client left unsupervised for over 30 minutes when out on outing. Client does not have any alone time.

**Nursing Notes:** First Aid & CPR

**MH Training:** Schizophrenia (video)

**DD Diagnosis:** Selective Mutism

**TI:** Paraverbal Communication

### **New Business:**

1. First Aid & CPR
2. How to do incident reports and behavior incident reports (ON TIME)
3. Know the house you work in competency
4. When to call and when not to call a DC/Q
5. PRN Protocols
6. Nutrition: Portions/Serving size/measuring/weighing/visual measurements (videos)
7. Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

**Hour 3- House Meeting:**

Know the House You Work In

Name Mark S. Date \_\_\_\_\_ Location PINE ST.

Where do we keep...

Heimlich Maneuver Chart? Refrigeator

Forms for everyday use? Office file draw

Face sheet for each consumer? 1<sup>st</sup> Page in the Progress notes for each client

What is a face sheet? Information on each client, Legal Reb, <sup>guarding</sup> phone #'s

IAPP's? Individual Abuse Prevention Plan

What does the IAPP tell us? What consists of Abuse

PAPP? Program Abuse Prevention Plan (PAPP)

What does the PAPP tell us? ways ORA/WSS will reduce the potential of Abuse and/or harm to people related to the gender of people receiving services.

Red OSHA Book? Cabinet in office

AWAIR Act? (A Workplace Accident and Injury Reduction Program) Cabinet in office

Menus? Refrigeator

Work Schedule? on wall in office

Standing Med orders? In the office

Where do we gather in the event of a drill or fire? by garbage cans in front Parking Lot

If the house were to burn down, where do we go? Other oatridge house

How often is it **REQUIRED** by licensing to do a fire drill? every month

A tornado/storm drill? every three months

Where are the smoke detectors located? In each bedroom and outside each  
Bedroom

Where are the fire extinguishers located? Basement, kitchen, game room

Where are the Carbon Monoxide detectors located? kitchen, outside each client's room

Where is a copy of our emergency procedures? Refrigerator, emergency Procedures  
Book

Where do we go in case of severe thunderstorm weather? Basement

What are the items to bring into the storm shelter? Flashlight, radio, Blank's

Where do we get our supplies? Walmart

Where can we shop for food? Walmart, cub

Where do we get gas? Holiday

March 2020 Staff Meeting Makeup Packet

Name: Mark S.

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

**MH Training: Schizophrenia**

1. Watch *Life with Schizophrenia: The Voices in Your Head*. 9:44 Write your reaction to the video positive, negative and cognitive, negative symptoms take away from your behavior. It's different for everyone. voices argue with each other in your head. mental illness is physical illness. The right med's can get you better. you can live a normal life with the right med's.

I now have a little better understanding of people with this disorder. I think the lady is very brave dealing with trying to get better.

**DD Diagnosis: Selective Mutism**

2. Selective mutism is considered a Rare disorder.  
3. The typical range of onset is children under age Five.  
4. Most often, symptoms become apparent when a child begin's school.  
5. Selective mutism is the same as shyness. True or False  
6. German physician Adolph Kussmaul called it "aphasia Voluntaria" in 1877. In 1934, child psychologist Moritz Tramer coined it "elective mutism." Both terms reflect the notion that professionals considered this form of mutism a refusal to speak—an oppositional or defiant behavior. The DSM-IV adopted the term "selective mutism" in 1994, reflecting the reality of the disorder as the inability to speak.

7. Selective mutism is often accompanied by a social anxiety disorder. True or False

8. Treatment for those living with selective mutism might include any (or all) of the following:

- a. bring people to them slowly
- b. use images
- c. encourage progressive communication

9. If you know anyone who might be living with selective mutism, here are a few tips to communicate with them:

- a. Let them know Plan's early
- b. Go on activities that can be done with them
- c. know their copying skills
- d. \_\_\_\_\_
- e. \_\_\_\_\_

10. What is your reaction to the "comments" left by others experiencing selective mutism?

They are aware of their daily life's and can think for themselves. Just have to be patient with them.

## TI: Paraverbal Communication

11. Paraverbal communication is the Vocal part of speech, excluding the actual words.
12. The concept that "How we say what we say" or the sound of your words is equally, if not more, important than the words you use.
13. Paraverbal communication consists of:
  - a. Your Tone
  - b. Your Volume
  - c. Your cadence
14. Your Volume Tone Quality and pitch - avoid impatience, condescending, sarcasm - Use caring supportive tones.
15. Your Volume - Loudness and intensity - avoid shouting, whispering - Keep the volume appropriate for the situation.
16. Your cadence - Rhythm and rate of speech - how fast or slow you speak. Deliver the message with an even cadence.

**First Aid & CPR:** Please contact your Administrator/Program Director ASAP to get makeup scheduled with Patty.

## Incident Reports

17. When filling out incident/behavior reports it is very important that they get filled out completely.
18. You must call a DC/Q every time unless it for a minor injury.
19. If this was due to consumer to consumer physical aggression then Behavior reports will need to be completed.
20. In most cases you should do an Incident Form.
21. Describe in detailed what happened. Do not use any other consumer's name anywhere on the form. Use "housemate", "hm" or "peer" if they are a part of what happened. If there is a Physical injury describe using size, color, location, appearance, etc. Be very detailed in your description!
22. If this is a Behavior report make sure what lead to the behavior, the behavior itself, and any post behavior is described.

## Know the House Competency

23. Complete the Know the house you work in competency.

## Done When to call and when not to call a DC/Q

24. Read the hand out on when to call the on-call QDDP outside of business hours. List the 11 scenarios given as appropriate times to call the on-call person:

1. Having PRN Psych. med's
2. Reportable incidents
3. Staff incidents requiring workmans comp forms
4. Emergencies - fire, flood, loss of power or heat
5. Missing client
6. med concern's
7. Possible VA's
8. car accident
9. Suspected intoxicated employee
10. Police
11. If a case manager or guardian call's with question's or concern's

25. If you get the on-call person's voicemail, your message should include your name, which house you are calling from, your reason for calling, and the number to call you back at. True or False

### PRN Protocols

26. Does anyone in your house have a PRN Protocol? Who and what is it for?

Ron Tylenol  
Dustin Ibuprofen

### Nutrition

27. Watch #MyPlateMyWins at Breakfast. If you make a simple switch one time you save 650 mg of sodium; do this every day for a year and save over 237,250mg of

Sodium ~~7 grams of fat~~! That is about 980 packets of salt!

28. Watch #MyPlateMyWins at Lunch. If you make a simple switch one time you save 13 g of saturated fat; do this once a week for a year and save over 690 g of saturated fat! That's about 12 sticks of butter!

29. Watch #MyPlateMyWins at Dinner. If you make a simple switch one time you save 29 g of sugars; do this once a week for a year and save over 1508 g of added sugars! That's over 540 packets of sugar!

30. Make a vow to assist the people you serve in being healthier. What are you going to try to assist them in being healthier? To eat there write portions less salt and sugar's.



Mark S.

## Brainerd Staff Meeting Agenda

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

**Date:** 04/27/2020

**Time:** 9:00am - 12:00pm

**Presenter:** Shawna

**Ice Breaker:** 1129

**Milestone Anniversaries:** Tina Wegscheid-Office-20 years

**Welcome to new and returned staff:** Katie Lind- 216; Elizabeth Kemp- 420; Skylar Starry-DSP Float; Nicole LaQuier-Ripple River; Victor Tempest-Birchcourt

**Next Meeting:** 05/18/2020 Ice Breaker: 809

**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 pulled a muscle in back when moving a client from bed to wheelchair. Not treating.

### **VA Review:**

\*Staff sleeping during non-sleep daytime shift (happened with 2 different staff at 2 different locations)

\*The following 3 VA's were all part of one incident with one staff:

\*Staff spending client money on food for the staff

\*Staff leaving another client home beyond his alone time

\*Staff verbally harassing a third client upon returning when he called the PC to report the events and that he hadn't gotten his meds.

\*DHS requested investigation for outside report for neglect for health care to a client

\*Staff pulled client away from table during mealtime due to client behavior

**Nursing Notes:** 30 minute Presentation by Patty

**MH Training:** Psychotropic Medication and Side Effects

**DD Diagnosis:** Brain Injury (video 6:29)

**TI:** Verbal Intervention & Limit Setting

### **New Business:**

1. De-escalation, Confrontation Avoidance Techniques
2. Disability and Healthy Living
3. Severe Weather
4. How Smart People Handle Difficult People
5. How to Deal with People You Don't Like (video)
6. DSP Code of Ethics
7. Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

**Hour 3- House Meeting:**

April 2020 Staff Meeting Makeup Packet

Name: Mark S Date: \_\_\_\_\_

**MH Training: Psychotropic Medication and Side Effects**

Read *Common Side Effects of Psychiatric Medications*

1. What are the 3 things a doctor may do to try to minimize or reduce the side effects:
  - a. Changing the dosage
  - b. changing the time
  - c. How you take the med
2. What are the 3 common side effects not commonly talked about:
  - a. Taste changes
  - b. memory issues
  - c. frequent urination
3. Different patients have different treatment responses and side effects to various psychiatric drugs — there is no single recipe or dosage that works for everyone.
4. It is important to talk to your doctor if any concerns arise or you feel the drug isn't working or isn't working as well as it used to.
5. Antipsychotic medications are commonly prescribed for Psychosis or schizophrenia.
6. List 3 side effects of antipsychotics:
  - a. Drowsiness
  - b. restlessness
  - c. Muscle Spasms
7. Tardive Dyskinesia (TD) is a disorder characterized by involuntary movements most often affecting the Mouth, lips and Tongue, and sometimes the Trunk or other parts of the body such as arms and legs.
8. There are typical and Atypical antipsychotic medications and both are used for treating psychosis and schizophrenia.
9. List 3 side effects of atypical antipsychotics:
  - a. Dry mouth
  - b. blurred vision
  - c. constipation
10. What medications are often prescribed for anxiety disorders, panic attacks, and phobias? Benzodiazepines
11. List 3 side effects of benzodiazepines:
  - a. Drowsiness
  - b. impaired coordination
  - c. memory impairment
12. Name 2 brand names of benzodiazepines:
  - a. Xanax
  - b. Klonopin
13. Buspar is an anxiolytic that can also be used to treat anxiety. Side effects include dizziness, Nausea, headache, nervousness, and dysphoria.
14. SSRI's are commonly prescribed for clinical depression.
15. List 3 side effects of selective serotonin reuptake inhibitors (SSRIs):
  - a. Nausea
  - b. Diarrhea
  - c. Sexual dysfunction
16. Name 2 brand names of selective serotonin reuptake inhibitors (SSRIs):
  - a. Celexa

- b. Prozac
17. Stimulants are commonly prescribed for attention deficit hyperactivity disorder (ADHD or ADD).
18. List 3 side effects of stimulants:
- loss of appetite
  - Sleep problems
  - mood swings
19. List 3 common brand names of stimulants:
- Amphetamine
  - Dextroamphetamine
  - Atomoxetine
20. What is the term for "older antidepressants"? Tricyclic antidepressants
21. Side effects for tricyclic antidepressants include a drop in blood Pressure when standing, Sedation, dry Mouth, constipation, urinary retention, blurred Vision, dizziness, weight gain.
22. Brand names of tricyclic antidepressants include anafranil, Pamelor, and Tofranil.
23. Effexor is a nerve pain medication and is also used to treat depression, generalized anxiety disorder, Panic disorder, and social anxiety disorder.
24. List 3 side effects of Effexor:
- NAUSEA
  - Constipation
  - Somnolence

#### DD Diagnosis: Brain Injury

25. Watch *The Little Bird Who Forgot how to Fly* (6:29) Write your reaction to the video
- Brain injury Loss of memory made the little bird very frustrated and mad that it took so much to try and learn all over. It also affects other's around you.
- 62,000 children to lose their memory is a lot and maybe their parents should be watching them better.

#### TI: Verbal Intervention & Limit Setting

26. What are the 5 areas of verbal intervention – defensive level?

- Questioning
- Refusal
- Release
- Intimidation
- Tension Reduction

27. What is a rational question seeking a rational response? Inform

28. What's another name for a power struggle? Tug of WAR

29. What do you do to deal with non-compliance/refusal? Set limit's

30. Should venting be allowed? Yes or No

31. If you set a limit you need to be prepared to follow through or enforce it.

32. Individual setting is a recommended intervention.

33. What are the 3 keys to limit setting?

- Focus
- Attention
- Desired outcome

34. By setting by setting limits you are offering the person choices, as well as stating the result of the choices (more desirable vs. less desirable)

35. What are 3 examples of limit setting?

- Simple and clear
- Reasonable
- enforceable

36. List 3 examples of empathic listening:

- non Judgmental
- undivided attention
- Listen carefully focusing on feelings and facts

### De-escalation, Confrontation Avoidance Techniques

Read De-escalation Techniques

37. Behaviors may become escalated when they are presented with feelings, circumstances or situations with which they are unable to Cope.

38. List 5 common signs that a client has become escalated:

- Raised voice
- High Pitched voice
- Rapid Speech
- Pacing
- Excessive Sweating

39. Effective de-escalation techniques feel abnormal.

40. What are the 2 categories of de-escalation?

- Non-verbal De-Escalation
- verbal De-escalation

41. It is said that approximately 65 percent of communication consists of non-verbal behaviors. Of the remaining 35 percent, inflection, pitch, and loudness account for more that 25 percent, while less than Seven percent of communication has to do with what is actually said.

42. Remember, reasoning with an engaged person is not possible. The first and only objective in de-escalation is to reduce the level of client arousal so that discussion becomes possible.

### Disability and Healthy Living

43. Having a Disability does not mean a person is not healthy or that he or she cannot be healthy.

44. List 3 tips for leading a long and healthy life:

- Be Physically active every day
- eat healthy foods in healthy portions
- Don't get too much Sun

45. For important health benefits, ALL adults should do both aerobic and muscle-strengthening Physical activities.

46. Regular aerobic physical activity Increases heart and lung functions; improve's daily living activities and independence; decrease's chances of developing chronic diseases; and improve's mental health.

47. People with disabilities are at greater risk for abuse, violence, and harm than people without disabilities. This is called Victimization.

48. Victimization includes:

- Physical violence with or without a weapon
- Sexual violence of any kind including rape
- emotional abuse including verbal attacks or being humiliated

d. \_\_\_\_\_

### Severe Weather

Read the section taken from Emergency Reporting Policies and Procedures

### Dealing with Conflict in the Workplace

49. Read *How Smart People Handle Difficult People*. Write what you took away from the article

Done  
Let people be who or what they want and don't let it affect you. Stay calm don't get mad at what they say or do, just concentrate on being stress free and healthy.

50. Watch *How to Deal with People You Don't Like*. Write your reaction to the video

True success & fulfillment in life is about mastering the relationships around you. Even if there are the most difficult, don't be their audience.

Just let people be who they want to be and don't judge them, and you be yourself and it should make things easier to get along with people you don't like. No drama...

51. What are 5 of the things that smart people do to handle difficult people:

- They rise above.
- They stay aware of their emotions.
- They establish boundaries.
- They don't die in the sight.
- They don't forget.

### DSP Code of Ethics

52. Read *DSP Code of Ethics* Write what you took away from the article

No matter how easy or hard being a DSP it makes me happy that I have a chance to try and make the client's life's more happy and enriched.



Mark S  
Mark Soper.

## Brainerd Staff Meeting Agenda

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

**Date:** 06/22/2020

**Time:** 9:00am-12:00pm

**Presenter:** Shawna

**Ice Breaker:** Riverwood

**Milestone Anniversaries:** none

**Welcome to new and returned staff:** Kimberly Hoffman-Riverwood, Cory Martin-DC/Q Brainerd Office

**Next Meeting:** 07/27/2020

**Icebreaker:** 811

**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: none

### **VA Review:**

- We filed one on behalf of a SILs client for family foster allegedly violating rights
- We filed one on behalf of an ARMHS client towards her assisted living company as they are denying her reasonable visit rights.
- We filed one on behalf of one of our clients towards his supported employment provider due to them not following doctor's orders/neglect.

**Nursing Notes:** N/A

**MH Training:** 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:**

June 2020 Staff Meeting Packet

Mark S  
Mark Sg

MH Training:

A. Watch the video "Mental Health Awareness Month. Therapy Helped me." The short video shows multiple individuals whose full stories will be featured in other videos. List the two (by stating what therapy helped that person with) that you'd be most interested in learning more about.

- 1) Anxiety
- 2) Need to be perfect

B. Read the Mental Health Support document, James' Story and Jerome's Story. List two things that each man says are factors contributing to a fulfilling life.

James: Having close relationships with family & friends / Having a (WRAP)

Jerome: The inspiration and support he gets from his wife Ruby / The fulfillment he gets from his art

Fetal Alcohol Spectrum Disorders: Read the FASD Fact Sheet and answer the following questions.

- 1) List the 3 expected physical characteristics of a baby born with FASD. Small head, weight loss, distinctive facial features
- 2) List 3 possible behavioral/intellectual disabilities. Difficulty learning, difficulty with attention, Low IQ
- 3) What causes FASD?  
Drinking alcohol during pregnancy
- 4)  True or False: There is no cure for FASD.

Therapeutic Interventions Review: Read the Unit 5 Review worksheet. Determine which of the three areas (Precipitating Factors, Rational Detachment, or Integrated Experiences) that you personally need to work on/review/more training and describe below giving a specific example.

Maintain Professionalism  
Find a positive outlet for negative energy absorbed by a crisis  
Take care of yourself ahead of time - outside activities

Curb Appeal: Make sure you're getting out, enjoying this beautiful weather, and keeping up with the outside of the home! Pull those weeds, plant some flowers, paint some interesting flower pots, or make a unique wind chime.

Summer Ombudsman Alert: Read the Summer Ombudsman alert for things to remember. Don't forget that certain medications, including antibiotics, can cause people to sunburn more easily than they normally would!

**EUMR, BIRF, Prohibited Procedures:** Review the EUMR and Prohibited Procedures Policies.

- 1) Name the 3 manual restraint procedures that may be used on an emergency basis when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety. Mechanical, Chemical, Time out, Seclusion, Any aversive or deprivation procedure
- 2) If a manual restraint is used, the DC/QDDP must be notified immediately. How long from the time of the event does the DC/QDDP have to report to the case manager and guardian? 24 hr's
- 3) How long from the time of the event does the staff member who used the manual restraint have to turn in a written report outlining the events to the DC/QDDP?  
24 Hrs
- 4) Note: A BIRF (Behavior Intervention Report Form) is a DHS reporting form that must be filed within 24 hours of certain events. Some of these events include: anytime the police are called, if a prn medication is given to control behaviors, or if a EUMR were to be used. The DC/QDDP is responsible for making the report, but the staff members must make sure they are notifying the DC/QDDP as soon as possible so they have adequate time to make the reports.

**Dress Code:** Please review the policy in regards to acceptable dress.

**Dental Care:** Dental care is extremely important- an oral infection can quickly become a systemic one that can be deadly. For those who are unable to brush their own teeth, staff should make sure to complete this task at least twice a day. If staff are caring for dentures, line the sink with a clean washcloth to avoid the dentures breaking if they are dropped while brushing. Another important reminder for staff/PC's is to make sure we are keeping up on regular dental cleanings/appointments- preventative care is best! Read the Dental Care fact sheet from the National Institute on Aging.

**Informal Goals:** When a person served successfully meets the criteria for one of their formal goals/outcomes, it is often then moved to their "informal goals" list. This means that the person has previously mastered the skill, so it's a skill we should continue to see from them. This does not mean that staff should completely forget about whatever it is they were working on. Staff should aide the person in keeping up their skill, because we all know- "if you don't use it, you lose it".

**The Five Accomplishments:** Review the worksheet and explanations of "the Five Accomplishments". You will have one sheet of paper for each accomplishment to share as a house- add one idea specific to one of the people served in your home to one of the five sheets. Do not repeat an idea that someone else has already written down. PC's- use the completed ideas as discussion in a future house meeting for how your team can tailor person centered actions to the individuals you are serving.

**Newsletter:** PLEASE remember to send in photos each month for the newsletter. Many case managers and guardians read this, and they notice when their person isn't featured for awhile. Even if there isn't anything out of the ordinary going on for that month, send in a little snippet anyways of what the house has been up to. We would LOVE to have something from EVERY house EACH month!! 😊



Mark S  
Mark S  
7-27-20

## Brainerd Staff Meeting Agenda

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

**Date:** 07/27/2020

**Time:** 9:00am-12:00pm

**Presenter:** Shawna/Ashley

**Ice Breaker:** 811

**Milestone Anniversaries:** Kathy Vansickle-Office-5 years; Jaime Curtiss-Office-5 years

**Welcome to new and returned staff:** Kimberly Hoffman-Riverwood, Cory Martin-DC/Q Brainerd Office

**Next Meeting:** 08/24/2020

**Icebreaker:** Westside

**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 was moving furniture and started having difficulty breathing. Reported as an incident, does not plan to treat.

\*\*Staff tripped/slipped on pulled up/wet carpet. Went to ER. No restrictions.

### **VA Review:**

†a guardian filed a VA against us for "neglect" because she said we weren't following a cell phone program. Her request was a punishment by DHS standards and we couldn't do it. DHS agreed; no further action.

\*\*Client inappropriately touching housemate's private area in living room, law enforcement involved, no legal charges considered.

\*\*Staff sleeping in car on a sleep overnight. Two clients in house not approved for alone time.

**Nursing Notes:** none

**MH Training:** Bipolar Disorder

**DD Diagnosis:** Tourette's Syndrome

**TI:** Staff fear and anxiety

### **New Business:**

- 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:**

July 2020 Staff Meeting Questions

Name: Mark S

Date: 7-27-20

**MH Training: Bipolar Disorder**

1. Watch *Married to the highs and lows* 5:56. Write your reaction to the video

you feel helpless Because you can't do anything for  
Aie you can just be there for them.

**DD Diagnosis: Tourette Syndrome**

2. Watch *Tourette Syndrome is...* 3:51. Write your reaction to the video

Tourette Syndrome makes you have a bunch of different ticks  
and people laughing at you I think would be emotionally hard  
to deal with

3. Read *Documentation & Charting* and then write a quality progress note below. It can be a real scenario or a made up one.

Stan was smiling, happy and ready to go fishing.  
Stan had got all his chores done, room clean & showered.  
A couple hours later Stan and the staff returned from  
fishing. Stan was very happy with all the fish he caught.  
Stan then helped staff make dinner and cleaned up.  
Stan then watched some T.V. then went to his room for  
the night. m.s. DSP

4. Read July TI Review *Staff Fear and Anxiety* and then write about a time when you were either fearful or anxious and how you reacted. Was it helpful or unproductive?

The night my roommate and I flipped my truck four times, there for a couple seconds when I called his name to see if he was alright he didn't answer. After third time he came too and said he was alright. I was so relieved that he was ok I had a couple of beers to relax then called for a tow truck. Got it flipped back over and we went drove away. Don't like even a little bit of fear.

5. Why are only "authorized" visitors allowed in the group home? Because unauthorized visitor's helps ensure security, decreases insurance liability, protect's confidential information, safeguards employee and client's welfare, and avoids potential distractions and disturbances.
6. Please fill out the Adaptive Equipment Review Competency. Be sure to check all equipment used in the location you work. If something is not listed (such as CardioMEMS device) be sure to add it to the other lines.
7. Read *Some Myths About Nutrition & Physical Activity*. List 3 things you can do/suggest to help the people we serve to make better choices about nutrition and physical activity.

- Make sure they get enough nutrient's there body need's to be healthy.
- Use olive oil instead of butter in cooking.
- Limiting food's that are high in calories may help the client's lose weight.

Mark Soper

**I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: Pine Street\_**

Program Coordinator: \_Susan Worley

Date: \_7-27-20

1. **Incident Reports & Discussion of :** (use tracking form as guide)  
Phillip
2. **Safety Concerns:**
  - Refer to Monthly Safety Review form
  - Drills: quarterly need Fire and Storm (due March, June, September, December)
  - Patrick fill out for tornado when you went to basement
  - Who hasn't done fire drill lately
  - **Designated place to go in event of fire- By Mailbox**  
Discussion of last fire drill led by staff
  - Emergency Procedures:  
Discussion of seasonal issues.  
ALL STAFF SIGN HOUSE EMERGENCY PROCEDURES at least 1X per yr.
3. **House Goal or Challenge: (this may change as often as necessary)**  
Finding activities to do that COVID lets us do.
4. **House meetings:** (scheduled for:        )  
Topic:
6. **Review IAPP or Need to Know of one client.**  
Name: Phillip  
Issues: Moving out

**II. Old Business**  
None

**III. New Business**

- a. Running out of meds.
- b. Not signing off MARS
- c. Creative Cookers area is off limits. *Tornado's or cong/maintenance*
- d. Make up packets
- e. Picking up hours at \$11.
- f. Phone Scams: legal matter and social security

Signature of those in attendance on back

**V. DISCUSSION OF CLIENTS:**

**1. Zane Smith**

**2. Phillip Budreau**

**3. Dustin Young**

**4. Alexander Warner**

**5. Ronald Osborne**



Mark S

## Brainerd Staff Meeting Agenda

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

**Date:** 08/24/2020

**Time:** 9:00am-12:00pm

**Presenter:** Shawna/Ashley

**Ice Breaker:** 1016

### **Milestone Anniversaries:**

**Welcome to new and returned staff:** Ashley Lemmerman-Westside; Hazelteen Wilson-Riverwood/Westside

**Next Meeting:** 09/28/2020

**Icebreaker:** Westside

**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:

### **VA Review:**

- \*\* Missing money, client reimbursed no further action.
- \*\* Budget book in staff car, stolen, client reimbursed, no further action.

**Nursing Notes:** none

**MH Training:** Co-occurring Substance Abuse and Health Conditions

**DD Diagnosis:** Angelman Syndrome (video)

**TI:** Decision Making

### **New Business:**

- PAPP Competency
- House Team Building Exercise
- Medicare part D Fraud Waste and Abuse
- Back Safety
- Hand washing and Disease Prevention
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter (frontdesk@orhvw.com)

**Hour 3- House Meeting:**

August 2020 Staff Meeting Questions

Name: Mark S

Date: 9-1-20

MH Training: Moral Injury in Health Care Workers (handout)

1. List two examples of Moral Injury:

a: Doing something that goes against your beliefs (referred to as an act of commission)

b: Experiencing betrayal by trusted other's

2. During pandemics, some health care workers may feel like they must \_\_\_\_\_ between caring for ~~contagious~~ <sup>infectious</sup> patients and keeping their families safe.

3. Feelings resulting from morally injurious experiences can include Guilt, Shame, or ~~anger~~ Self blame

4. List two stress reactions that may be attributed to morally injurious experiences:

a: Change's in sleep

b: Significant and persistent negative change's in behaviour or habit's.

5. Self-care for moral injury should include Seeking out other's to assist in making difficult choices when possible, and for support about circumstances that cause moral distress.

6. Anyone experiencing moral distress resulting from a highly stressful work context also may need to try to be more aware of their internal self- Talk.

7. Reach out to workers who are showing signs of distress and be a good listener.

- Write down a phrase you can say that is nonjudgmental and understanding:

IT sound's like you've experienced some thing's that nobody should experience. can you help me understand how that's impacting you now.

8. Which symptoms require professional care:

a. PTSD symptoms that do not Resolve on their own

b. Self-harming behaviors

c. Self-handicapping behaviors

d. Demoralization which may entail confusion, sense of futility, feelings of depression, hopelessness and self-loathing.

### DD Diagnosis: Angelman Syndrome (video)

1. You are born with Angelman Syndrome

True or False

2. Angelman Syndrome is contagious

True or False

3. Most people with Angelman also have epilepsy.

True or False

4. Angelman Syndrome is common and easily diagnosed

True or False

Do you know any clients that have Angelman Syndrome? NO

If so, what are their initials? \_\_\_\_\_

### Therapeutic Intervention (TI): Decision Making (handout)

1. Key Themes to Decision Making:

a. Duty of Care

b. Best interests of the individual need to be considered

c. Reasonable and proportionate

d. Last resort and least restrictive

e. The risk of doing something and the risk of doing nothing

f. Human rights

2. Every day life involves some degree of risk.

3. 2 variables to consider:

a. Likelihood – the chance that a behavior could happen

b. Severity – the level of harm that may occur

### Back Safety (MY BACK Handout)

1. How far apart should your feet be when you lift? Shoulder width

2. Carry the load close to your body.

### Hand Washing Instructions (poster)

1. Rub your hands and arms vigorously for 20 seconds
2. List 2 surfaces you should be sure to wash:
  - a. Back of hand's and wrist's
  - b. Under fingernail's with a fingernail brush  
between finger's

### When & How to Wash Your Hands (handout)

1. Good hand hygiene is one of the most important ways to avoid getting sick. True or False
2. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60 % alcohol.
3. Hand sanitizers are not as effective when hands are visibly dirty or greasy.

Ask your co-worker 3 "would you rather" questions and write down their answers below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

# Oakridge Woodview Mandatory In-Service 2020

## Make Up Packet

Employee Name Mark S

Location Worked Pine Street

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



**3 In-Service Hours**

**Note: This make-up packet needs to be completed at an Oakridge Facility and may not be completed at the residence of a staff.**

## Oakridge Woodview Program Policies Emergency and Reporting Policy and Procedures

Question	Answer (Choose letter)	Answer Options
What is the purpose of Emergency and Reporting Policy and Procedures?	I	A. Heimlich Maneuver
How often does a fire drill need to be done in each home?	K	B. Incident/Behavior report
What do you do in the event of a person choking and the person is unable to dislodge the obstacle on their own?	A	C. Remove all consumers from <u>immediate</u> danger and Call Fire Department (9-1-1)
A scenario when consumers should be kept home from work and outings (except for clients who are preapproved to go to work).	H	D. Battery operated or hand cranked
If you have a person served who has seizures, what document do you refer to as to how to handle his/her seizure?	J	E. Wind chill temperature chart
Document to fill out if there is consumer to consumer physical aggression.	B	F. Curtains and Shades
Phone number in case a person needs emergency treatment.	h	G. 9-1-1
Two agencies to be notified in the event of death or serious illness/injury.	N	H. Blizzard or -20 degrees wind chill or below
To operate a fire extinguisher, what does P-A-S-S (or pass) stand for?	m	I. To provide a safe and hazard-free environment and comply with laws
Marker when it is so cold, everyone stays indoors (except people approved to go to work).	E	J. Individual Seizure Protocol
What type of radio is needed during tornado season?	D	K. Quarterly
These are drawn to retain heat in the event of a blizzard	F	L. Quarterly
Staff does this FIRST and SECOND in the event of a fire.	C	M. P – Pull (the pin) A – Aim (low) S – Squeeze (lever slowly and evenly) S - Sweep
How often do we have to do tornado/severe storm drills?	L	N. Ombudsman and DHS

### OSHA (Bloodborne Pathogens, Right to Know, AWAIR Act)

Question	Answer	Fill in missing word
What is the responsibility of the Safety Committee?	Provide a _____ environment	Safe
Who is the Safety Committee?	____ ORH/WSS employees	ALL

When is ORH/WSS responsible to provide information and training regarding hazardous chemicals to their employees?	At orientation, _____, and when there is a new chemical	Annually
Who can use unlabeled containers of chemicals and when should they be used?	_____. No unmarked containers can be used	Nobody
What is the word that means the minimum temperature at which a liquid gives off a vapor in sufficient concentration to ignite?	_____ point	Flash
What does AWAIR Act stand for?	A Workplace _____ and _____ Reduction Program	accident and Injury
Employees are encouraged to report potential hazards and unsafe conditions to their supervisor AND do what to the item?	Put a ___ tag on them	Red
What is provided for all tasks that present risks which cannot be reasonably controlled with modifications or procedures?	Personal Protective _____	Equipment
At a minimum, when is safety discussed?	_____ at the staff meeting	annually
What is the most effective control of exposure to Bloodborne Pathogens?	Pre_____	Prevention
Which concept treats all human blood and certain body fluids as if they are known to be infectious for Bloodborne Pathogens?	Universal P_____	Precaution's
What is used to clean all blood/body fluid spills?	_____ and _____ solution diluted 1:10	Bleach and water
What are some examples of Personal Protective Equipment as it refers to the ORH/WSS Bloodborne Pathogens Policy?	Gowns, gl_____, m_____, eye p_____, resuscitation bags, etc.	glove's, mask's, eye protection
Where are gowns, gloves, masks, etc. kept?	B_____ s_____ kit	Blood spill
How often should the water/bleach solution in a bottle be changed?	_____	weekly
For how long should a contaminated area be treated with a bleach solution?	Minimum of _____ minutes	two
What are the two primary body fluids through which AIDS is spread?	_____ and _____	Blood and Semen
What does OSHA stand for?		occupational safety and health administration
What is Hepatitis?	Inflammation of the _____	Liver
Who, oftentimes, never has symptoms of their disease?	People infected with the Hepatitis _____ virus	B

## VARPP

Question	Answer Hint	Write your answer
What does VA stand for?	V _____ A _____	Vulnerable Adults
Who do you call in a VA to if you choose not to report internally?	(MAARC)	Minnesota Adult Reporting Center
How much time do you have to report a suspected VA?	___ hours	24 hrs
Absence or likelihood of absence of care or services including but not limited to food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of a vulnerable adult.	N _____	neglect
If you have reported internally, you must receive, within ___ working days a written notice that tells you whether or not your report has been forwarded to MAARC.	More than one but less than 5	two
The failure or omission by a caregiver to supply a VA with care or services	N _____	neglect
Unauthorized expenditure of consumer funds.	_____ exploitation	financial
The program shall ensure that each new mandated reporter received orientation within ___ hours of first providing direct contact services to a VA and _____ thereafter.	About 3 days and then another word for every year	annually
Words or gestures to the VA that are disparaging, derogatory, humiliating, harassing or threatening.	A _____	abuse
Person engaged in the care of a VA	M _____ R _____	Mandated Reporter
What does VARPP stand for?	Vulnerable Adult Reporting _____ and _____	Policy and Procedures
The VARPP should be in a _____ location (in each home) and be made available upon request.	Starts with a "P" and is another word for obvious for easily seen. Rhymes with dominant.	Prominent
Any person over the age of 18 who is a resident or inpatient of a facility	V _____ A _____	Vulnerable Adult
Program services done in good faith in the interests of the VA	Thera _____ conduct	Therapeutic conduct
Three ways you can report a suspected VA	1. I _____ 2. E _____ 3. Both	1. Internally 2. Externally 3. Both

ORH/WSS people you can call a suspected VA in to.	Q____, P____ D____ D____ C____ _____ A_____ ** Pick two	<del>Program</del> <sup>Designated</sup> coordinate Program Director
This ORH/WSS policy is to protect the children served whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse.	Maltreatment of _____ Reporting Policy and Procedures	Minor's
Do you call the Minnesota Adult Abuse Reporting Center (MAARC) to report suspected abuse of a child?	Yes or <u>No</u> ?	NO
Who do you call to make reports regarding incidents of suspected abuse or neglect of children?	During business hours: S _____ S _____ and after hours L _____ E _____	Social Services Law enforcement

### Oakridge Woodview Program Policies

Question	Write in the Letter	Possible Options
Which policy explains how to handle persons served funds?	C	A. Safe transportation policy and procedures
This policy is restricted to situations in which the safety of the person or others in the program is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others	H	B. Food Service Policy and Procedures
This policy ensures the persons served by ORH/WSS are transported safely and outlines guidelines for using ORH/WSS vehicles.	A	C. Fiscal Policies and Procedures for Persons Receiving Services
All ORH/WSS staff members can drive ORH/WSS vehicles. True or False	K	D. Data privacy policy
It is ok to transport people who are not ORH/WSS persons served or staff. True or False	J	E. Incident response, reporting and review policy and procedures
This policy provides persons served with good nutrition.	B	F. Medication policy
A policy to protect the well-being of individuals being served by ORH/WSS AND a way of documenting, reporting, reviewing and investigating.	E	G. Client Grievance Policy
This policy refers to protecting privacy, consumers seeing their own information, explains the needs for and the use of	D	H. Service Termination Policy

information, and explains consumer rights regarding information.	D	
This policy's purpose is to allow for persons served to make a complaint.	G	I. Psychotropic medication policy
This policy addresses who may administer medications and what medications may be administered.	F	J. False
This policy incorporates the use of an extensive checklist to monitor the administration of any medications considered mood altering.	J	K. False

### Emergency Use of Manual Restraint (EUMR) Policy and Procedures

Answer	Question
EUMR	This policy is to promote the rights of persons served by ORH/WSS and to protect their health and safety when a person poses imminent risk of harm to self or others.
Positive support strategies	Per the Emergency Use of Manual Restraint (EUMR) Policy and Procedures the following _____ and techniques must be used to attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others: A. Verbal de-escalation B. empathetic listening C. paraverbals D. how to avoid power struggles E. nonverbal behavior (kinesics and proxemics)
Manual restraint	ORH/WSS allows the following _____ procedures to be used on an emergency basis when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety: A. 1 person escort B. 2 person escort C. basket hold
yes	Is it OK to manually restrain a person when it has been determined to be medically or psychologically contraindicated?
Prohibited Procedures	Chemical restraint, manual restraint, time out, seclusion, any aversive or deprivation procedure are all considered to be _____.
True	The following conditions, on their own, are NOT conditions for emergency use of manual restraint: A. the person is engaging in property destruction that does not cause imminent risk of physical harm;

True	B. the person is engaging in verbal aggression with staff or others. True or False
------	--

### Service Recipient Rights

Answer	Question
Abuse, neglect	Consumers have the right to be free from _____, _____, or financial exploitation.
Services, Support's	The consumer has the right to have _____ and _____ provided to them in a way that respects and considers their preferences.
True	Consumers have the right to receive and send mail and emails and not have them opened by anyone else unless asked. True or False
respect	Consumers have the right to be treated with dignity and _____.
coordinated Services & Support's	If there is a restriction on rights, this is where it will be documented _____ and _____.
Private	A consumer has the right to have his/her personal, financial, service, health, and medical information kept _____ and be notified if these records have been shared.
Phone	A consumer has the right to have free, daily, private access to and use of a _____ for local calls, and long-distance calls made collect or paid for by me.
Privacy	Consumers have the right to have personal _____. There is a lock on bedroom doors that they may lock if they desire to do so.
Friends	The consumer has the right to choose his/her own _____ and spend time with them.
religion	Consumers have a right to be allowed to reasonably follow my cultural and ethnic practices and _____.
records	The consumer has the right to have access to his/her _____ and recorded information that ORH/WSS has about them as allowed by state and federal law, regulation, or rule.
harassment	Consumers have a right to be free from prejudice and _____ regarding race, gender, age, disability, spirituality, or sexual orientation.
retaliation	The consumer has the right to exercise their rights on their own or have a family member or another person help them exercise my rights without _____.
Staff	A consumer has the right to have _____ that are trained and qualified to meet his/her needs.

## CPR and First Aid

Answer	Question
A	In the event of a consumer medical emergency which do you do first? A. Remove the other consumers from the area B. Call the PC/Supervisor C. Take care of the consumer
FALSE	If someone uses an Epi-Pen for an allergic reaction they do not need to seek medical treatment. True or False
D	Signs of low blood sugar include: A. Personality changes B. Weakness C. Excessive sweating D. All of the above
	What are the signs of hyperglycemia (high blood sugar)? (Circle all that apply) A. Inability to urinate B. Increased thirst C. Confusion D. Frequent urination
B	How many chest compressions are to be done in 1 minute? A. 200-220 B. 100-120 C. 80-90 D. 40-50
	The earlier the 4 steps in the chain of _____ take place, the better the chance of a patient's survival. The steps are: 1. Early recognition and activation of EMS 2. Early CPR 3. Early Defibrillation 4. Early Advanced Care
2, 100	Hands only CPR Procedure: Check the scene Check the patient Activate EMS Start compressions Compressions should be at least <u>2</u> inches deep at a rate of <u>100</u> beats per minute.
A	How do you check for responsiveness? A. Tap or shake them and ask "are you okay" B. Douse them with ice water C. Tickle their feet

## Oakridge Woodview Personnel Policies (from 2020 Employee Handbook)

Answer	Question
Health Insurance Portability and Accountability Act	What does HIPAA stand for?
True	If someone asks for PHI and has a release of information/authorization it is OK to give them everything in the individual's book. True or False
True	A health provider can disclose an individual's PHI without the person's authorization if the disclosure deals with treatment, payment, and operations or if law mandates the information. Otherwise for most other uses, the person will need to authorize the provider to make the disclosure. True or False
False	Per the ORH/WSS Drug and Alcohol policy, it is OK to be under the influence of prescription medications that impair your ability to provide services or care. True or False
True	Per the ORH/WSS Drug and Alcohol policy, ORH/WSS may require random drug or alcohol testing and/or reasonable suspicion testing. True or False
90 Days / longer	All new employees shall be evaluated after _____ days of employment. The evaluation period may be _____ for supervisor or administrative positions.
Employee code of conduct	_____ states (among other things) all employees are expected to be ethical, responsible, respectful, and show integrity and professionalism in the workplace at all times.
Human resources Immediately	A person who feels they have been harassed, discriminated or retaliated against or has witnessed such behavior should file a written complaint with _____. Any supervisor that observes or is made aware that harassment or discrimination is occurring should _____ it to Human Resources immediately.
Equal opportunity employment	ORH/WSS provides _____ (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, familial status, amnesty or status as a covered veteran or any other protected class in accordance with applicable federal, state and local laws.
discrimination	According to ORH/WSS Diversity policy, anyone found to be engaging in unlawful _____ will be subject to disciplinary action, including termination of employment.

<p>Americans with Disabilities Act</p>	<p>ORH/WSS, under the <u>Americans with Disabilities Act</u> (ADA) and the Americans with Disabilities Act Amendments Act (ADAAA), will make <u>reasonable</u> accommodations for qualified individuals with known disabilities so that they may perform the essential job duties of the position; unless doing so causes a direct threat to these individuals or others in the workplace and the threat cannot be eliminated by reasonable accommodation and/or if the accommodation creates an undue hardship to the company.</p>
<p>Discrimination, Harassment</p>	<p>According to ORH/WSS Anti-Harassment Policy the working environment shall be free of <u>Discrimination</u> and <u>Harassment</u> and one where employees are treated with dignity, decency and respect.</p>
<p>medication's</p>	<p>Per Safety Rules and Operating Procedure, ORH/WSS uses _____ as directed on label. They are locked if necessary for the safety of the clients.</p>
<p>workplace bullying</p>	<p>ORH/WSS defines <u>work place Bullying</u> as repeated mistreatment or inappropriate behavior towards one or more employees in the workplace and/or during the course of employment.</p>
<p>one / unsupervised</p>	<p>Per ORH/WSS Tobacco Products Policy, when there is only <u>one</u> employee supervising clients, the employee may not leave the clients <u>unsupervised</u> to smoke or use tobacco products.</p>
<p>Replacement</p>	<p>If you are not going to make your scheduled shift, it is your responsibility to find your own _____.</p>
<p>Precautions</p>	<p>It is expected that ORH/WSS employees will follow standard (universal) <u>Precautions</u></p>
<p>Sexual</p>	<p>_____ harassment includes unsolicited and unwelcome _____ advances, requests for _____ favors, or other verbal or physical conduct of a _____ nature, when such conduct:</p> <ol style="list-style-type: none"> <li>1. Is made explicitly or implicitly a term or condition of employment.</li> <li>2. Is used as a basis for an employment decision.</li> <li>3. Unreasonably interferes with an employee's work performance or creates an intimidating, hostile or otherwise offensive environment.</li> </ol>
<p>FALSE</p>	<p>Per the Weapons policy, Possession of a valid concealed weapons permit authorized by the State of Minnesota is an exemption under this policy. True or False</p>
<p>Late / NO Show</p>	<p>In the Attendance and Punctuality Policy, the first time _____ occurs the employee shall receive a coaching note.</p>

True	A Late/No Show report will be completed for each time an employee is tardy. True or False
Dress code	This policy ensures that staff's appearance represents consumers and ORH/WSS well and provides for the safety of staff.
Safety Rules and operating Procedures To comply with the Smirnity and medical leave act.	This policy minimizes accidents and injuries.
PHI	What is the purpose of Family and medical leave policy (FMLA)?
Prohibited, fail	This policy provides that private information be shared between approved parties only.
True	Employees are _____ from performing any "off-the-clock" work. "Off-the-clock" work means work you may perform but _____ to report in your time records.
NO	Per the Social Media Policy, employees should exercise care and good judgment in the use of social networking sites specifically knowing and following these other ORH/WSS policies
Tobacco Products policy	Per ORH/WSS Cell Phone and Other Electronic Devices Policy, are you allowed to be on your cell phone while working?
True	This policy contains the statement "no tobacco use or the use of smokeless tobacco products is allowed by staff when out in the public with clients"
True	Per Employee Use of Company Equipment and Other Business Machines Policy, ORH/WSS reserves the right to intercept and monitor all telephone and cellular phone communications, faxes, voice mail messages, electronic communications including email and text messaging, and internet use on its equipment for training, evaluation and supervision purposes. True or False

September 2020 Staff Meeting Questions

Name: Mark S

Date: 10-5-20

Watch TI Video.

1. List two helpful messages you took away from the video.

- a. STAFF'S attitude affects the clients and vice versa  
Client's attitude affects staff
- b. my life experience are a tool I can use on the job.  
There may be things i'm not glad to tone of voice,  
posture, attitude can affect the clients.

Read EUMR Policy.

2. Does property damage, verbal aggression, or a person's refusal to receive or participate in treatment or programming on their own constitute a reason for emergency use of manual restraint? Yes or No

3. List 6 prohibited procedures that we as staff are not allowed to do.

- a. Chemical Restraint
- b. Mechanical Restraint
- c. manuel Restraint
- d. Time out
- e. Seclusion
- f. any adverse procedure

4. Who within Oakridge Woodview do you have to call immediately if an emergency controlled procedure needs to be implemented?

- a. MH Administrator or D.C.

5. Within 24 hours of an emergency use of manual restraint, which two people must receive verbal notification of the occurrence as required under the incident response and reporting requirements in section 245D.06, subdivision 1?

- a. legal Representative
- b. case manager

Read Module 1: The CPI Crisis Development Model.

6. Name the 4 crisis development/behavior levels:

- a. Anxiety
- b. Defensive
- c. Risk behavior
- d. tension Reduction

7. Name the 4 staff attitudes/approaches:

- a. Supportive
- b. Directive
- c. Physical intervention
- d. Therapeutic Rapport

**Read Debriefing PowerPoint.**

8. Give 3 examples of the purpose of debriefing:

- a. Helps staff learn from there experiences.
- b. make it clear about misconceptions
- c. Helps avoid more stress.

9. List 4 symptoms of critical incident stress:

- a. Restlessness
- b. moodiness
- c. Muscle Tremor's
- d. Anxiety

10. List 2 incidents that may require a debriefing:

- a. Death of a client
- b. an assault

## 2020 Therapeutic Intervention (TI) Agenda

Sept 22 – Long Prairie  
Sept 28 – Brainerd

Sept 15 – Aitkin  
Sept 24 – Grand Rapids

Sept 16 – Wadena/Staples

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

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

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

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

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

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

- \*Staff responsibilities related to restricted and permitted actions and procedures

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

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

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

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

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

---

Staff Name

---

Date



Mark S

## Brainerd Staff Meeting Agenda

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

**Date:** 10/26/2020

**Time:** 9:00am-12:00pm

**Presenter:** Shawna/Ashley

**Ice Breaker:** 923

**Milestone Anniversaries:** Lynda Flicker-Riverwood-10 years; Lavender Hangge-Pleasant-5 years; Jessica Thompson-537-10 years

**Welcome to new and returned staff:** Shane Crider, DSP-811; Dayre Kono, PC-Riverwood

**Next Meeting:** 11/23/2020

**Icebreaker:** Pine Street

**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

Worker's comp claims: 9/25/2020- staff was helping a client shower. Staff slipped and fell in the bathroom. Injured her back and is on restrictions and off work until 10/13/2020.

### **VA Review:**

We filed a second VA for missing client money at one house because DHS did not investigate the first time and more money was found missing the more we dug into it. Investigation is in progress.

**Nursing Notes:** none

**MH Training:** Borderline Personality Disorder and Treatment Options/Evidence-Based Practices

**DD Diagnosis:** Myotonic Dystrophy

**TI:** Staff Debriefing

### **New Business:**

- Annual Evaluations will be sent out soon; all must be completed by deadline given
- Harassment/Bullying/Social Media Bullying
- Review Emergency Procedures for cold, blizzard, wind chill, etc. Which clients can go to work when it's -20 or below?
- Proper dress for the weather
- Person-Centered/Positive Support: Cultural Competency
- Sexual Violence (powerpoint & video)
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter (frontdesk@orhwvcom)

**Hour 3- House Meeting:**

## October 2020 Staff Meeting Questions

Name: Mark S

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

### Read DBT for Borderline Personality Disorder.

1. It is estimated that one TA Two percent of the population is living with borderline personality disorder (BPD).
2. People living with BPD often suffer from an extreme and chronic fear of Abandonment.
3. List 4 of the 9 traits for possible BPD diagnosis:
  - a. Unstable, Dramatic Interpersonal Relationships
  - b. Feelings of Emptiness
  - c. Affective Instability
  - d. Impulsivity
4. What are the 4 areas of focus for DBT?
  - a. Distress Tolerance
  - b. Emotion Regulation
  - c. Mindfulness
  - d. Interpersonal Effectiveness
5. What are the 4 treatment components that come together in DBT for Borderline Personality Disorder?
  - a. Skills Training Group
  - b. Individual Psychotherapy
  - c. Phone Consultation
  - d. Therapist Consultation Team

### Read What is Myotonic Dystrophy.

6. What is Myotonic Dystrophy? is a musculoskeletal disorder that affects the muscles and a number of different organs in the body
7. Is there a cure for Myotonic Dystrophy (DM)? Yes or No
8. List four things that can be done to help treat DM:
  - a. Physical Therapy
  - b. Routine Physical Activity
  - c. Educational and Psychological Interventions
  - d. Surgery
9. Define Myalgia: muscle pain
10. Define Atrophy: A decrease in the size and mass of muscle tissue
11. Define Myotonia: The inability to relax muscles at will

### Read Oakridge Woodview's Anti-Harassment Policy, Workplace Bullying Policy, and Social Media Policy.

### Read Cyberbullying: Adults can be victims too.

12. What is cyberbullying? The Electronic Posting of mean-spirited messages about a person (such as a student) often done anonymously
13. When multiple perpetrators engage in the act of cyberbullying, it's called mobbing. The act is sometimes associated with the Work Place, where other employees try to force someone out of work by using intimidation, humiliation, spreading malicious rumors, or by other means.

14. It is important to keep Evidence of the cyberbullying and online abuse, so you can prove it happened should you decide to report it. Keep copies of the direct messages, blog posts, social media posts, emails, photos, or whatever else was used.

**Read Emergency Procedures for cold, blizzard, wind chill, etc.**

15. Which of the people you serve can go to work when it is -20 or below? ALL  
clients

16. List the components of proper dress for winter weather: Gloves, boots, hats,  
coats, Scarfs

**Read Understanding culture, cultural identity, and intersectionality.**

17. Culture determines how we see the world, or our worldview. It is a way to make meaning of things. This means you could interpret the same thing differently than someone else depending upon your cultural lenses.

18. We each have our own unique Cultural Identity. Our cultural identity is a combination of multiple, interlocking Social identities such as race, ethnicity, religion, socioeconomic status, sexual orientation, and more.

19. Can your cultural identity change over time? Yes or No

20. Take a moment to get to know your cultural identity. Fill in the blank in the statement below with just one word or phrase that describes your background or identity, such as: *woman, elder, father, behavioral health provider, veteran, middle-class, lesbian, person with a disability, American, immigrant, etc.*

I am a father

24. Was it difficult to find one word that describes who you are? NO

26. We often think of other people in singular terms, but a narrow perception of others limits our ability to understand and connect with others. One word can never capture the wholeness of any given person.

Now, try the exercise again with five statements. Fill in the blanks in the statements below with 5 different words or phrases that describe your background or identity, such as: *woman, elder, father, behavioral health provider, veteran, middle-class, lesbian, a person with a disability, American, immigrant, etc.*

I am father

I am son

I am good friend

I am risk taker

I am Helpful to other's

27. Do these five statements describe who you are better than the one statement does? yes

28. Are five statements enough to describe who you are? for now

29. Which statements are most and least important to you? None there All equally good

30. How has your culture identity shifted over time? Just got older

When we engage with clients, it is important to practice self-reflection and understand our cultural identity as well as which social identities are most important to us.

32. Cultural Identity refers to the multiple social identities that intersect at the individual level to reflect interlocking systems of privilege and oppression at the societal level (e.g., racism, sexism, heterosexism, and classism).
33. List 2 things that cultural competency is not:
- Treating everyone the same
  - Ignoring differences
34. Cultural competency means maintaining a stance that is open to others, including the aspects of their cultural identity that are most important to them.
35. List 2 things that cultural humility emphasizes:
- Acknowledging one's limitations
  - continued growth and development over time
36. Which term refers to the way we see the world and make meaning of things?
- Ethos
  - Culture
  - Social identity
  - Cultural identity
37. Michael, a licensed clinical social worker, meets a new client, Alex, who is seeking therapy as they come out as transgender. Alex is 20 years old, recently moved to a Midwestern city from the rural area where they grew up, and has a low socioeconomic status (SES). How can Michael best take intersectionality into account when treating Alex?
- Ignore Alex's socioeconomic status since it's probably not relevant to their treatment
  - Try to understand Alex's transgender identity, rural upbringing, and SES together
  - Focus on Alex's gender identity because it is the issue that brings Alex to therapy
  - Wait for Alex to bring up the identities that they want to talk about
38. Which of the following is NOT an effective way for a psychiatrist to engage with a client whose values conflict with the best practices they've learned in their training?
- Learn more about how the client understands their condition
  - Take additional time to provide the client with information on their condition
  - Have an open conversation with the client about a variety of treatment options
  - Give them the preferred course of treatment as you would for any other client
39. Our cultural identity is a combination of multiple, interlocking social identities. It may change over one's lifetime. True or False
40. Which of the following is a benefit of practicing cultural competency?
- It helps providers address clients' unique needs
  - It helps make the therapeutic relationship more friendly
  - It makes treatment go faster
  - It helps clients understand the provider's worldview
41. Which of the following actions best characterizes cultural humility?
- Acknowledging that the provider's beliefs don't matter much
  - Prioritizing the client's values and worldview
  - Realizing that a provider should trust their instincts
  - Memorizing everything possible about a client's culture
42. Karen, a substance abuse counselor, recently moved to a new town. Several of her new clients are Mormon, and she has never before worked with someone who identifies as Mormon. What is one way Karen can demonstrate cultural competency with her new clients?
- Interact with her new clients in the same way she would interact with anyone else
  - Focus conversations with her new clients on their religious identity



## November 2020 Staff Meeting Questions

Name: Mark S

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

### Read Body Integrity Identity Disorder

1. List 3 things you learned

- Both Psychologists and neurologists believe that Body Integrity dysphoria is common in people who's brain fails to map the body correctly.
- The most common reason for amputation in body integrity dysphoria is the patients desire to correct the mismatch in their body.
- The common symptoms associated with body integrity dysphoria are stress, depression, mood disorders, and anxiety.

### Read What Is Posttraumatic Stress Disorder

2. PTSD affects approximately 3-5 percent of U.S. adults every year, and an estimated one in 11 people will be diagnosed with PTSD in their lifetime.

3. Symptoms of PTSD fall into four categories. List them

- Intrusion
- Avoidance
- Alterations in cognition and mood
- Alterations in arousal and reactivity

4. For a person to be diagnosed with PTSD, symptoms must last for more than a month and must cause significant distress or problems in the individual's Daily functioning.

5. Many individuals develop symptoms within three months of the trauma, but symptoms may appear later and often persist for months and sometimes years.

6. List 4 treatment options for PTSD

- Cognitive Processing Therapy
- Prolonged Exposure Therapy
- Stress Inoculation Therapy
- Group Therapy

### Read Facts About Down Syndrome

7. Down syndrome is a genetic condition that causes delays in physical and intellectual development. It occurs in 1 in every 792 live births.

8. Individuals with Down syndrome have 47 chromosomes instead of the usual 46.

True or False

9. List 3 types of challenges that a person with Down Syndrome may experience

- Trisomy
- Translocation
- Mosaicism

### Read Active Treatment and Active Support vs Active Treatment

10. Describe what Active Treatment means to you

People with disabilities can lead fulfilling lives.

11. List the 3 most interesting things that you learned regarding the difference between Active Support and Active Treatment

- a. Active Treatment vs Active Support  
medical Person centered
- b. Sanctifying Belonging
- c. Involvement Engagement

12. Unfortunately around the Holidays we have to be extra vigilant with money in the home. It is extremely important that we do not have an excess of money in the home unless it is in the safe and is going to be used right away. Make sure receipts are being turned in and signed and all money is accounted for. Remember that gift cards should have a ledger and be used as quickly as possible. Make sure clients are spending money in accordance with what is listed on their Funds and Property form. All year long, everyday please follow the policies and procedures on money in the home. Thank you.

13. **Read Falls Prevention** and check for safety concerns around the home you work in  
**Read Wear a mask Covid-19 and Healthy ways to cope with stress**

14. List 3 things you found important in the handouts

- a. Have your eye's checked
- b. Do Strength and Balance Exercises
- c. Talk to your doctor

15. List 3 things you do personally to stay healthy

- a. Bath twice a day
- b. USE Paper Towels to open door and what NOT
- c. wash my hands a lot, a lot.

16. List 3 ways you try to help the people you support get moving more and/or get more exercise.

- a. N/A I work night's
- b.
- c.

### Volunteering

17. Oakridge Woodview thinks giving back to ones community is very important and valuable for the people that we support. If your house is one that participates in volunteering, list some ideas and/or examples that your clients do. If your clients do not currently volunteer in some way, list some creative ways that you could continue to encourage them to give back to their community.

- I Put Together CARE package's for the military
- Help out at the Soup kitchen
- Go around The block picking up garbage.



## Brainerd Staff Meeting Agenda

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

**Date:** 11/23/2020

**Time:** 9:00am-12:00pm

**Presenter:** Shawna

**Ice Breaker:** Pine Street

### **Milestone Anniversaries:**

**Welcome to new and returned staff:** Thomas Sandberg-DD Administrator-Brainerd Office; Briana Anderson-QDDP-Brainerd Office; Kateri Spencer-DSP-923

**Next Meeting:** 01/25/2021

**Icebreaker:**

**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  
Worker's comp claims:

**VA Review:** none

**Nursing Notes:** none

**MH Training:** Body Integrity Identity Disorder and PTSD

**DD Diagnosis:** Down Syndrome

### **New Business:**

- Active Treatment
- Money in the home (receipts, theft, fiscal policy, heightened awareness during holidays)
- Falls Prevention, Getting up from falls
- Workplace Wellness
- Sofa workouts, sneaking activity into your day
- Volunteering; connecting with the community
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter (Amanda@orhwvcom)

**Hour 3- House Meeting:**

# Oakridge Homes and Woodview Support Services

## INSERVICES ATTENDED

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

Employee Name	Mark Super	Year	2019
Location	710	Position	OSP
Date of Employment	2/2/12	Inservice Hours Required	12

Months worked for ORH	Minimum Inservice Hours Required for Intensive Services (homes)	Minimum Inservice Hours Required for Basic Services (SILS, CSP, ARMHS)
2nd year of employment up to 60 mo	24	12
60 months plus	12	6

### Monthly Staff Meetings

Attach staff meeting agenda

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan	1/28/19	Staff & House Meeting P-C/Positive Support-Technology and independence (.5) VARPP, Service Recipient Rights, CSSP Competencies, MH-Major Depressive Disorder (.5)	Schalis	3	SW
Feb	2/25/19	Staff & House Meeting P-C/Positive Support-Share Talents/Strengths (.5) MH-Suicide Intervention (1)	Shawna	3	SW
March	3/25/19	Staff & House Meeting IPP Competencies, MH-Delusional Disorder (.5)	Shawna	3	SW
April	4-28-19	Staff & House Meeting BIPP & Psych Med Competency, MH-Psychotropic Meds & Side Effects (1)	Shawna	3	SW
May	5-20-19	MANDATORIES: Bloodborne Pathogens, AWAIR Act, Right to Know, Affirmative Action Plan/EEO, HIPAA, Data Privacy, VARPP, Emergency and Reporting Policies and Procedures, Personnel Policies, Service Recipient Rights, First Aid/CPR	Shawna	3	SW
June	6-24-19	Staff & House Meeting P-C/Positive Support-Quality of Life (.5) CSSP-A Competencies, MH-Recovery from MI, Community Resources (1)	Shawna	3	SW
July	7-28-19	Staff & House Meeting IAPP Competencies, Adaptive Equipment Competency, MH-Substance/Medication-Induced Psychotic Disorder (.5)	poeket	3	SW
Aug	8-26-19	Staff & House Meeting PAPP Competency, MH-Co-occurring SA & HC (1)	Shawna	3	SW
Sept	9-23-19	Therapeutic Intervention P-C/Positive Support	Shawna/Sheila	3	SW
Oct	10-28-19	Staff & House Meeting P-C/Positive Support-Cultural Competency, Harassment, Medicare Fraud MH-Catatonic Disorder, Treatment Options/EBP (.75)	Shawna/Sheila	3	SW
Nov	11-25-19	Staff & House Meeting MH-Factitious Disorder, PTSD (.75)	Stacy	3	SW





## Brainerd Staff Meeting Agenda

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

**Date:** 1/28/19

**Time:** 9:00am - 12:00pm

**Presenter:** Schailis

**Snacks/Icebreaker:** Glenwood Thank you!

**Milestone Anniversaries for the year:** none

**Next Meeting:** 2/25/19- Snacks/Icebreaker: 809

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

**Sign attendance page:** Please make sure you have signed in

### VA Review:

- VARPP- (Q & A sheet)
- Maltreatment of Minors – if applicable
- VA filed –
  - Client experiencing psychosis implying that male staff got her pregnant.
  - Client with no alone time, left alone by staff
  - Report made to DHS, client was not able to have his cards and we denied his 1:1 for the day.
  - Someone reported us for being abusive
  - DSP sleeping during awake hours
  - Client put in "timeout" due to behaviors

### Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims:
  1. Staff was assisting a client with their morning shower and dressing when she noticed her left wrist was in pain and swelling. Is on light duty restrictions, wearing a wrist brace and doing physical therapy..
  2. Staff injured back while helping a client up from the floor. She was originally allowed to work with restrictions.
  3. Staff was leaving work after her shift and fell on the ice by the corner of the garage. Hurt her back.

### Nursing Notes:

- Safe Dose – let Patty know of any concerns you are having with Safe Dose. FlexMar is on hold

**MH Training:** Major Depressive Disorder

**DD Diagnosis:** Social (Pragmatic) Communication Disorder

### New Business:

- Anyone want to acknowledge a staff for going the extra mile?
- Service Recipient Rights
- How can technology be used to support greater independence (Positive Support)
- ISP/CSSP Competencies
- Volunteer Awards – (turn in all volunteer hours)
- Personal Needs Purchases – Purchase Approvals – Going out leaving a tip
- Back safety and shoveling
- Winter Ombudsman Alerts
- Risk of staff bringing in personal belongs brought into the group home
- Please let Brandy now if any successes by consumer/staff to celebrate and acknowledge in the Newsletters

**Hour 3- House Meeting:**

**I. INDIVIDUAL HOUSE STAFF MEETING**      **HOUSE: 710**

Program Coordinator: Susan Worley      Date: 1-28-19

1. **Incident Reports & Discussion of :** (use tracking form as guide)  
**AB** stubbing toe.
  
2. **Safety Concerns:**
  - Refer to Monthly Safety Review form
  - Drills: quarterly need Fire and Storm (due March, June, September, December)  
**Designated place to go in event of fire-nw corner of big grey garage.**  
Discussion of last fire drill led by staff Drills must be done without warning to clients. Next drills due in next 2 weeks. Julie: fire drill Becky: Storm drill
  - Emergency Procedures:  
Discussion of seasonal issues. Be sure to be checking chart for temp & wind chill to see if it's too cold to go out. OMBUNDSMAN says -20 is too cold.  
**ALL STAFF SIGN HOUSE EMERGENCY PROCEDURES at least 1X per yr.**
  
3. **House Goal or Challenge: (this may change as often as necessary)**  
**Activities even in the cold!!**
  
4. **House meetings:** (scheduled for: 2-25-19 )  
Topic:
  
6. **Review IAPP or Need to Know of one client.**  
Name:  
Issues:

**II. Old Business**  
**New Year New House**

**III. New Business**

- a. Call in policy
- b. Emergency Procedures, PAPP & VARPP folder
- c. If we RSVP for activities we must attend or let them know. Sign & Date e-mails.
- d. Reasons we would miss activities:
  1. Too Cold
  2. Someone is in the ER & you are the only staff on.
  3. NOTHING ELSE!!!

Signature of those in attendance on back

**V. DISCUSSION OF CLIENTS:**

**1. Anthony Bednar**

DO NOT DO FOR TONY!!!! HE CAN DO FOR HIMSELF!!

You are NOT doing any favors for him doing for him. When Tony can no longer do for himself than he will no longer be able to live at 710.

Tony's stretches must be done 2 x a day. I would like to review these with each staff. They must be done correctly.

Medications changes.

**2. Ron Osborne**

Once again Ron is NOT staff!! You should NOT be giving him staff information ie: when other clients appointments are.

**3. Dusty Young**

What an improvement a year has made!! Dusty is steadily improving.

We need to really make sure he is showering every other night. Keep encouraging him to do activities and keeping a wake up, go to sleep schedule.

**4. Zane Smith**

**5. Alexander Warner**

## Snow shoveling safety- Staff

1. What percentages of shoveling back injuries happen at home?  
96%
2. Common injuries result from a Slip and Fall.
3. The most important thing is to protect your head.
4. Top of the list for snow shoveling related injuries:
  - a. Strains
  - b. spains
  - c. fracture's
5. These are most often caused by Slipping,  
Twisting and overexertion.
6. Other factors to be aware of are
  - a. dehydration
  - b. heart tach
  - c. fatigue
7. The best way to shovel snow is in a light and  
moderate manner.
8. Shoveling puts you at increased risk for lower back  
injuries.
9. Dress properly to prevent hypothermia. To do this, dress in  
layers.
10. Take frequent breaks and have proper foot wear  
to prevent slipping.

Social (Pragmatic) Communication Disorder (vid- Adult with Communication disorder 1:02 min)

1. What types of content in normal conversation would a person with this disorder have trouble catching?

- a. read face's Humor
- b. emotional state on someone
- c. Social mistakes
- d. understand <sup>not hear</sup> ~~a piece of~~ social story

2. They will have more friends than the average person. T or (F)

3. They may make enormous Social mistakes which can hinder their job promotion.

4. A person with SCD may seem "weird". (T) or F

5. Understanding reading can be difficult.

6. They tend to be fact oriented people.

VARPP (Jan, 2018) <sup>2019</sup>

1: What term describes the program services done in good faith in the interests of the Vulnerable Adult?

A: therapeutic conduct therapy

2: What are three ways you can report a suspected VA?

A: Internally externally do Both

3: What term describes a sudden, unforeseen, and unexpected occurrence or event?

A: ~~Shawna P.C.~~ accident

4: Where in the VARPP are the phone numbers of people you can all with a suspected VA?

A: ~~Back~~ 5th Page

5: The program shall ensure that each new mandated reporter received orientation within 72 hours of first providing direct contact services to a VA and yearly thereafter.

A: \_\_\_\_\_

6: Specific plan of action to keep individual consumers safe.

A: JAPP

7: Person engaged in the care of a VA

A: mandated reporter

8: What is the term that describes any person over the age of 18 who is a resident or inpatient of a facility?

A: Vulnerable adult

9: What term describes the absence or likelihood of absence of care or services including but not limited to food, clothing, shelter, healthcare, or

supervision necessary to maintain the physical and mental health of a vulnerable adult?

A: neglect

10: How much time do you have to report a suspected VA?

A: 24 hours (within)

11: What does VARPP stand for?

A: Vulnerable adult reporting program procedure

12: The VARPP should be posted at each location and be made available upon request.

A: \_\_\_\_\_

13: What term describes words or gestures to the VA that are disparaging, derogatory, humiliation harassing or threatening?

A: abuse

14: What term describes....unauthorized expenditure of consumer funds?

A: financial exploitation

15: If you have reported internally, you must receive, within 2 working days a written notice that tells you whether or not your report has been forwarded to MAARC.

A: \_\_\_\_\_

16: What term describes the failure or omission by a caregiver to supply a VA with care or services?

A: neglect

17: This policy addresses any substantiated physical, emotional, or verbal abuse towards consumers or employees.

A: misconduct



## Brainerd Staff Meeting Agenda

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

**Date:** 2/25/19

**Time:** 9:00am - 12:00pm

**Presenter:** Shawna

**Snacks/Icebreaker:** 809 Thank you!

**Milestone Anniversaries:** none

**Welcome to new staff:** Karen Daly-923; Becky Stone, Leah Spencer, Shayna Worley-710

**Next Meeting:** 3/25/19 Snacks/Icebreaker: Westside

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

**Sign attendance page:** Please make sure you have signed in

### VA Review:

- 2 VA's filed for staff sleeping at a non-sleep house (two reports filed for two separate staff)
- SILS consumer family member touched her inappropriately
- We had VA filed against us claiming that we were not providing necessary items to a client such as hand soap, food, cleaning products, toilet paper

### Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims:
  - Staff's hand was deeply scratched by client while helping with ADL's. Treated with first aid.

### Nursing Notes:

- Reminder to let the PC and Patty know of any skin issues when they are discovered
- New employees who have not had the med class can do the buddy system check after they have been trained by staff. They don't need the med class to do this.
- New employees can sign off on the MAR when they complete ROM and any treatment that has not been ordered by a medical provider. Of course, the employee will need to be trained on how to complete ROM.

**MH Training:** Suicide Intervention, Warning Signs, Responses (5 videos)

**DD Diagnosis:** Autism Spectrum Disorder (video)

### New Business:

- Anyone want to acknowledge a staff for going the extra mile?
- Person-Centered/Positive Support: Clients' talents/strengths and how to share them with others
- Staff talents/strengths and how to use them working with clients
- Updates to 2018 Employee Handbook (15 min)
- Smoking
- Exercises to increase balance
- Boundaries
- HIPAA
- Data Privacy
- New Timeclock Training (15-20 min) ONLY AITKIN
- Please let Brandy know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

**Hour 3- House Meeting:**

CLIENT

Name: ZANE

My Strengths and Qualities Staff: MARK

**Things I am good at:**

1 AT my Job

2 fishing

3 Chore's

Sleep

**What I like about my appearance:**

1 Neat

2 clean

3 hair is combed  
teeth brushed

**I've helped others by:**

1 Letting housemate when He's dealing

2 help female friend about work

3 open door for staff

**What I value the most:**

1 Family visit's

2 money

3 friends

my Health

**Compliments I have received:**

1 I'm a good worker

2 That he has a good sister

3 is a good friend

**Challenges I have overcome:**

1 don't smoke anymore

2 when I found a job

3

**Things that make me unique:**

1 Smile

2 my good look's

3 my laugh

**Times I've made others happy:**

1 Sold a housemate a Red & Blue

2 made staff happy by cooking a meal

3 made Job coach happy by being first

# STAFF

Name: mark

## Worksheet for Identifying Interests, Values, and Strengths

### Specifying My Interests

Five activities I enjoy are:

Racing  
Fishing  
Working  
Spending Time with Family  
Shooting Pool

Three activities I find boring are:

golf  
Opera  
Soccer

If I had no schedule or financial limitations, this is how I'd like to spend...

...a day: Being with Family

...a week: VACATION

...a year: Fishing around the U.S.

I prefer to work with  people  data or ideas  things

### Assessing My Work Values

Rank	Value	Can I Compromise?	Rank	Value	Can I Compromise?
___	Achievement	<input checked="" type="radio"/> Yes <input type="radio"/> No	___	Leisure time	<input checked="" type="radio"/> Yes <input type="radio"/> No
___	Contribution to society	<input checked="" type="radio"/> Yes <input type="radio"/> No	___	Congenial co-workers	<input checked="" type="radio"/> Yes <input type="radio"/> No
___	Creativity	<input checked="" type="radio"/> Yes <input type="radio"/> No	___	Routine responsibilities	<input checked="" type="radio"/> Yes <input type="radio"/> No
___	Helping others	<input checked="" type="radio"/> Yes <input type="radio"/> No	___	Status/prestige	<input checked="" type="radio"/> Yes <input type="radio"/> No
___	Financial reward	<input checked="" type="radio"/> Yes <input type="radio"/> No	___	Teamwork	<input checked="" type="radio"/> Yes <input type="radio"/> No
___	Independence	<input checked="" type="radio"/> Yes <input type="radio"/> No	___	Variety	<input checked="" type="radio"/> Yes <input type="radio"/> No
___	Intellectual challenge	<input checked="" type="radio"/> Yes <input type="radio"/> No	___	Other (specify: _____)	<input checked="" type="radio"/> Yes <input type="radio"/> No
___	Job security	<input checked="" type="radio"/> Yes <input type="radio"/> No			

### Identifying My Strengths

List:

Past Experience	Tasks/Responsibilities	Strengths Used and Developed
<u>Automotive</u>	<u>mechanic</u>	<u>School &amp; Life Time of Training</u>
<u>Landscaping</u>	<u>Building a beautiful yard</u>	<u>know how to use the Tool's</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Make a prioritized list of strengths:

Strengths Listed Above	Ways Demonstrated	Priority
<u>Automotive</u>	<u>At School &amp; work</u>	___
<u>Landscaping</u>	<u>At work getting a raise's</u>	___
_____	_____	___
_____	_____	___
_____	_____	___



## Brainerd Staff Meeting Agenda

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

**Date:** 3/25/19

**Time:** 9:00am - 12:00pm

**Presenter:** Shawna

**Snacks/Icebreaker:** Westside **Thank you!**

**Milestone Anniversaries:** none in Brainerd area

**Welcome to new staff:**

**Next Meeting:** 4/22/19 Snacks/Icebreaker: 1129

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

**Sign attendance page:** Please make sure you have signed in

### VA Review:

- Staff sleeping on overnights.
- Client with fractured knee, unknown cause.
- Staff swearing at client, DHS doing investigation
- Client outside smoking alone/out of sight of staff- has no alone time

### Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims:
  - Staff was using own vehicle and was rear-ended. Incident only, no treatment.
  - Staff slipped and broke toe while going down stairs to help clients get dressed. Incident only, no treatment at this time.
  - Client grabbed wrist/arm of the staff. Scratched but did not draw blood. Incident only, no treatment.
  - SILs worker slipped in parking lot.

### Nursing Notes:

- When there are new orders/changes to orders, please send a copy to Patty along with the change of med order form. If you initially only send the copy of the order, that's fine, but please inform Patty that the other paperwork is to follow.
- When you are sending notes to Patty from appointments, please include all pages, otherwise it's not always obvious who the report is about.

**MH Training:** Delusional Disorder (Video)

**DD Diagnosis:** ADHD (Video)

### New Business:

- Anyone want to acknowledge a staff for going the extra mile?
- First Aid/CPR
- How to do incident reports/behavior reports (ON TIME)
- Know Your House Competency
- IPP Competencies
- When to call and when not to call a DC/Q
- PRN Protocols
- Nutrition: Portions/Serving size/measuring/weighing/visual measurements
- Please let Brandy know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

**Hour 3- House Meeting:**



## Brainerd Staff Meeting Agenda

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

**Date:** 4/22/19

**Time:** 9:00am - 12:00pm

**Presenter:** Shawna

**Snacks & Icebreaker:** 1129      **Thank you!**

### **Milestone Anniversaries:**

**Welcome to new staff:** Danielle Plantenberg-710, Mariah Prokott, QDDP/DC-Brainerd Office

**Next Meeting:** 5/20/19 – Mandatories      Snacks & Icebreaker – 923

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

**Sign attendance page:** Please make sure you have signed in

### **VA Review:**

- Client reported staff punched her in the back. A police report was also filed by the guardian.
- Staff verbally abusing client. No further action taken.
- Overnight staff sleeping on an awake shift. No harm to clients, no word from DHS yet
- Staff sleeping on an awake shift. No harm to the clients
- Client's arrived home from work, unsupervised for a very short period, no staff
- Missing money, still investigating, Oakridge reimbursed client

### **Safety Agenda:**

1. Please complete your house monthly safety form
2. Worker's comp claims:
  - Staff stopped client from falling, hurt right wrist, restrictions for 1 week.

### **Nursing Notes:**

- Completion of the med error reports
- Sending in MARS and change of notice paperwork for med changes

**MH Training:** Psychotropic Medications and Side Effects

**DD Diagnosis:** Stereotypic Movement Disorder

### **New Business:**

- Anyone want to acknowledge a staff for going the extra mile?
- BIPP's/Individual Treatment Plans, Target Behaviors and Psychotropic Med Side Effects
- De-escalation, Confrontation Avoidance Techniques- handout
- Severe Weather –Emergency Procedures
- Dealing with conflict in the work place – (two videos)
- Personal Policy updates:    Employment Status, Keys, Work Week
- Guidelines for calling in
- Art Walk – April 27<sup>th</sup>
- Please let Molly know of any successes by consumers/staff to celebrate and acknowledge in the Newsletter

**Hour 3- House Meeting:**

**Employment Status**

There are four types of employee statuses at ORH-WSS:

1. Regular full time employees- regularly scheduled employees who work 40 or more hours per week regardless of full-time status under the look-back measurements rules.
2. Full time ACA employees- all employees who qualify as full-time under the Affordable Care Act look-back measurement rules.
3. Part time variable employees- All employees whose work schedule fluctuates over time are expected to work less than an average of 30 hours per week.
4. Casual part time employees- employees that may not be regularly scheduled. Casual employees must work a minimum of two shifts per month to maintain casual employment status. Casual employees are not eligible for benefits, hire bonuses or referral bonuses.
5. Seasonal employees- employees that are employed for a specific season or shortened duration of time - usually 5 months or less. They may be scheduled any amount of hours but will not be eligible for benefits, hire bonuses or referral bonuses due to the shortened nature of their employment. Seasonal employees will be terminated at the end of their season and therefore must re-apply each season. If they do not wish to terminate employment at the end of their season, they may request to change to another status.

**Keys**

During orientation, a set of keys may be provided to the employee if the location they are working at requires keys along with a responsibility authorization form. Any additional sets will be at the cost of the employee. Upon termination of employment with ORH/WSS, it is the employee's responsibility to return all keys and property of ORH/WSS to the employee's supervisor or nearest office location. If the employee does not return all keys provided by ORH/WSS, the employee will be held responsible for the cost of the replacement, lock change or any other expenses that may result.

# Oakridge Homes- Woodview Support Services | 2019

---

## **Workweek**

A work week at ORH-WSS begins Friday at 12:00 am and ends on Thursday at 11:59 pm.

# Oakridge Homes- Woodview Support Services

---

## GUIDELINES FOR CALLING IN

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

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

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

The following guidelines should be adhered to:

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

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

Mark Soper  
Employee Signature

4/22/19  
Date

MARK SOPER  
Employee Printed Name

710  
Work Location

Worksheet for BIPP, Psychotropic Medication and MH Certification Training  
 April 2019

Consumer Name	Diagnosis	Target Behaviors	SUPPORTS (methodology) to acquire, retain or improve skills: (Proactive and Reactive Strategies)	Psychotropic Med	Side Effects
AB Anthony Bednar	Partnerhood Sensory Personality orderly mild DD	Obsessiveness	Talking to staff Twice a day with staff and Set times  if he is displaying obsessiveness staff Tell him to stop	isperdol  lorazepam	Drowsiness, Diarrhea, Dry skin, Dizziness, abdominal pain  Dizziness, weakness, dry mouth, Diarrhea, drowsiness, Nausea, frequent urination, blurred vision
Aley Warner  AW	Depression Asperger Disorder Anxiety ADHD	Disrespectful  Being Isolative	Staff to educate on Coping and relaxation skills  Encouragement to Try new things	Ventufaxine	Drowsiness, weakness, Dizziness, diarrhea, headache nightmare, Nausea, vomiting Stomach pain, heartburn gas, constipation.



Worksheet for BIPP, Psychotropic Medication and MH Certification Training

April 2019

Consumer Name	Diagnosis	Target Behaviors	SUPPORTS (methodology) to acquire, retain or improve skills: (Proactive and Reactive Strategies)	Psychotropic Med	Side Effects
Zane Smith	Paranoid Type Schizophrenia	voices hallucinations paranoia Isolative behaviors	Staff to give him compliments Relaxation Strategies Give him space or redirect	clozapine Zyprexa	Drowsiness, dizziness, constipation, Dry mouth, restlessness, headache Drowsiness, Dizziness, Dry mouth headache, weight gain, problems with memory or speech, Tremor's or Shaking
Dustin Young	Schizophrenia Disorganized Type Alcohol + Substance abuse	Agitation voice's Paranoia Isolative behavior	Staff to encourage him to interact with housemate's and staff, Prompt him and praise him	Olanzapine	Dizziness, restlessness, unusual behavior, Depression, weakness, Dry mouth, constipation, weight gain, Pain in arm, legs, Joints, Difficulty falling asleep, or staying asleep.

Name: MARK SOPER Location: 710 Date: 4/22/19 Page 1

## Oakridge Homes

Behavior Goals, Documentation on Target Behaviors, Psychotropic Medications and Side-Effects  
For Psychotropic Medication Monitoring and

Training for Mental Health Certification (Medications and their side-effects/  
Treatment Options and Evidence-Based Practices)

April 2019

What is a BIPP?

Behavior  
individual  
prevention  
Plan

What are Target Behaviors?

a maladaptive behavior that IOT  
has determined presents a barrier  
to the person's independence, safety  
and/or quality of life

Why does our Data Collection

need to be objective?

Objective ~~studies~~ will be the source  
from multiple reporters and is  
as close to the truth as we can  
get

Why do we have a BIPP?

Any consumer prescribed  
a psychotropic medication  
needs to have a BIPP

The BIPP is a plan to provide  
training and appropriate coping  
techniques to the consumer

Use Initials - Who is prescribed

Psychotropic Medication and has a

written BIPP at the location you work at?

AB  
ZS  
RO  
DY

The following techniques

**DO NOT COUNT**

according to the Methodology in the BIPP's:

- ✓ Watching TV
- ✓ Sitting in a recliner or chair
- ✓ Taking a nap

## April Staff Meeting Worksheet

Name: MARK SOPER House: 710

---

### Patient Shares Journey with Movement Disorder

Monica is being treated at UC San Diego for hand shaking Distoniae

Monica had a surgery called DBS.

True or  False: The treatment Monica had did not improve her shaking.

---

### Complex Motor Stereotypies

True or  False: Olivia's doctors could tell at birth that something was wrong with her.

Olivia's movements are because that is how her brain functions, not by choice, not because she watched too much tv or she ate too much sugar.

Things are going on in the brain that we don't understand; and that's okay.

---

### Managing Conflict

Don't run assassins! Do a reality check; find out what's really going on.

Ask Questions - what do you think went wrong?

Use a neutral tone. Stay calm.

Use I at the beginning of your sentence instead of "you did these things to me."

Don't Should on people! People will shut down and get defensive.

---

## Why There's So Much Conflict at Work

True or False Conflict wouldn't exist if the annoying people could just get themselves together.

### 5 Steps:

- 1) Rule out the possibility that an single lessfunctional person is the source of conflict
- 2) Asking the right people the right questions
- 3) Make sure that everyone is aligned with a consistent understanding of what the goals are and who does what to whom.
- 4) Find Allies at all levels in the organization
- 5) Teach new habits for managing differences

### Habits:

Lizard Listening – our brain interprets emotional cues as present physical danger.  
Consider how the listener is going to interpret your comments.

Evil Logic Check – do we think the other person is evil? Why would a smart person do such a stupid thing? Is there something else going on?

True or False: When we label behavior as bad or stupid it is usually coming from some form of pressure, fear or threat.

Elephant Cards – Raises possibility of talking about something important that is being unsaid because it is too uncomfortable.

---



**Oakridge  
Woodview  
2019 Mandatory  
In-services**

May 21, 2019 – Aitkin

May 20, 2019 – Brainerd

May 23, 2019 – Grand Rapids

Name MARK SOPER

Date 5/20/19

Work Location 710

Mandatory In-service Topics Covered: Vulnerable Adult Policy (VARPP), Emergency and Reporting Policy and Procedures, Bloodborne Pathogens (Universal Precautions), AWAIR Act, Right to Know, Affirmative Action/EEO, HIPAA, ORH/WSS Policies and Procedures, Service Recipient Rights, Emergency Use of Manual Restraints, Incident Reports, Data Privacy.

**One Thing I learned at this in-service about the following topic:**

**Vulnerable Adults (VARPP):**

All location's it should be posted  
vulnerable adults reporting policy's & procedure's

**Emergency and Reporting Policy and Procedures:**

call 911 for an Emergency  
P.C. & or DC. within 24 hrs.  
to the Designated area

**Bloodborne Pathogens (Universal Precautions):**

universal precautions  
Inflamation of the liver

**AWAIR Act:**

A work place Accident & injury reduction act,

## Right to Know:

Staff have the Right To Know what hazards are in the house

## Affirmative Action/EEO:

Abuse, Vulnerable Adult  
neglect

H.R.

min. adult reporting center

## HIPAA:

Q4 has manual restraints to call it in.  
medical information, health records

## ORH/WSS Policies and Procedures:

Reg flag & Dispose of hazardous materials

Safe Transportation Policy

Service Termination Policy

Smoking Policy

PPE

## Service Recipient Rights:

Mail & ~~phone~~ email's False  
Email

There records

## Emergency Use of Manual Restraint:

least restrictive way

Staff that witness the behavior

## Incident Reports:

ombudsman & DHS

QDRP, Admin., or copy

## Data Privacy:



## Brainerd Staff Meeting Agenda

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

**Date:** 6/24/19

**Time:** 9:00am - 12:00pm

**Presenter:** Shawna

**Snacks & Icebreaker:** Riverwood Thank you!

**Milestone Anniversaries:** Larry Lang-1016-5 years

**Welcome to new staff:** Sheila Gibson-Program Director-Brainerd Office; Eva Braley-Westside; Toby Berg-809; Jazlyn Lenarz-923; Travis Reinhart-710; Lexi Roby- Glenwood

**Next Meeting:** 7/22/19 Snacks & Icebreaker – 811

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

**Sign attendance page:** Please make sure you have signed in

**VA Review:** \*Two VA's filed on 2 different community members in regards to a client. The county is investigating. \*VA filed for missing underwear. \*VA filed against client because he moved out against case manager and guardian advice. \*VA filed for staff enticing client-staff was terminated. \*VA filed for staff yelling/swearing at clients-Staff has quit. \*VA filed for staff leaving clients unattended in vehicle while staff went into the store.

### **Safety Agenda:**

1. Please complete your house monthly safety form
2. Worker's comp claims:
  - Staff injured back, shoulder and arm while transferring a client from their wheelchair. Treated, no restrictions.

**Nursing Notes:** none

**MH Training:** Recovery from MI and Community Resources (2 videos)

**DD Diagnosis:** Fetal Alcohol Spectrum Disorders (2 videos)

### **New Business:**

- Anyone want to acknowledge a staff for going the extra mile?
- Getting house ready for summer – Curb Appeal
- Summer Ombudsman Alerts/Emergency Procedures for summer
- Person-Centered/Positive Support: What does quality of life mean to each individual (2 videos & worksheet to do as a house team during house meeting)
- EUMR/BIRF, Prohibited Procedures & why not effective
- CSSP-Addendum Competencies
- Dress Code
- Dental Care
- Informal Goals
- Please let Molly know of any successes by consumers/staff to celebrate and acknowledge in the Newsletter

**Hour 3- House Meeting:**

MARK SOPER



## Brainerd Staff Meeting Agenda

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

**Date:** 7/22/19

**Time:** 9:00am - 12:00pm

**Presenter:** Shawna

**Snacks/Drinks:** 811    **Icebreaker:** 811    **Thank you!**

**Milestone Anniversaries:** None

**Welcome to new staff:**

**Next Meeting:** 8/26/19

**Snacks/Drinks:** 1016    **Icebreaker:** 1016

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

**Sign attendance page:** Please make sure you have signed in and complete your In-service sheet

**VA Review:** None

### **Safety Agenda:**

1. Please complete your house monthly safety form
2. Worker's comp claims:
  - Client upset in kitchen, took spatula and hit staff on shoulder when sitting at table charting.

**Nursing Notes:** none

**MH Training:** Substance/Medication-Induced Psychotic Disorder (video)

**DD Diagnosis:** Tourette's Disorder (video)

### **New Business:**

- Anyone want to acknowledge a staff for going the extra mile?
- Individual Abuse Prevention Plan (IAPP) Competencies
- Adaptive Equipment Competency
- Visitor Policy (staff-employee handbook, clients – house guidelines)
- Documentation and Charting Guidelines
- Nutrition, Portions, Healthy Food
- Company Picnic – August 22<sup>nd</sup>, 11a-4p, Safari North Zoo (between Brainerd and Little Falls)
- Timeworks – leaving staff do not punch out before arriving staff punches in, no gap in time
  - PC – Payroll summary form, due to Jamie by noon on payroll Friday
- PC's – what type of calls are you receiving after work hours?
  - What things do you want to be called for when not at work?
- Please let Molly know of any successes by consumers/staff to celebrate and acknowledge in the Newsletter

**Hour 3- House Meeting:**

## July Staff Meeting Worksheet

Name: Mark Soper House: 710

---

### Kids Meet a Woman with Tourette's

Tourette's Syndrome is a neurological disorder that causes people to have Tics and body Movements that they can't control.

True or False: Taking deep breaths helped relieve the tics.

True or False: Most people with Tourette's do not blurt words out.

Janelle describes her tics as similar to trying not to Sneeze.

Tourette's is not always present at birth. Janelle says hers started to show around age 5 and her mom thought her tics were habbits and that she could stop.

Even her eyes have tics.

There are medicines available but they don't work for everyone.

Empathy means having an understanding

---

### What is psychosis?

People with psychosis lose Touch with what's going on around them.

Psychosis can happen with lots of different mental illnesses and usually lasts a short time; this is called a psychotic Episode.

If someone has a lot of psychotic episodes, they might be Diagnosed with schizophrenia.

The person is not making this up to be mean or on purpose

Psychosis is a mental illness. For some it is a result of Trauma

The big difference between daydreaming and psychosis is that you know that the daydreams are not real and that other people cannot see or hear them.

True or False: Hallucinations are seeing or hearing things that are not happening.

Believing in stuff that isn't actually happening is called Delusions.

Remember: Not everyone experiences psychosis in the Same way

---





## Brainerd Staff Meeting Agenda

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

**Date:** 8/26/19      **Time:** 9:00am - 12:00pm      **Presenter:** Shawna

**Snacks/Drinks:** 1016      **Icebreaker:** 1016      **Thank you!**

**Milestone Anniversaries:** 20 years – Nancy Mohar, 1016

**Welcome to new staff:** Terry Hollerman & Sabin Gaire - Riverwood

**Next Meeting:** 9/23/19      **Snacks/Drinks:** Westside      **Icebreaker:** Westside  
(TI training will NOT be in September, it's being moved to our November Meeting)

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

**Sign attendance page:** Please make sure you have signed in and complete your In-service sheet

### VA Review:

- Client left home alone with no alone time x2 (two different staff, two different days)
- Client reported staff sleeping on awake overnight and picking on him and nagging him

### Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims: none

**Nursing Notes:** none

**MH Training:** Co-occurring Substance Abuse and Health Conditions (2 videos)

**DD Diagnosis:** Childhood Disintegrative Disorder/Heller's Syndrome (video)

### New Business:

- Anyone want to acknowledge a staff for going the extra mile?
- PAPP competency
- House Team Building Exercise – “would you rather.....or.....”
- Back Safety
- Come to work with a plan – cleanliness of the home
- Hand Washing and Disease Prevention
- Company Picnic – August 22<sup>nd</sup> 11a-4p, Safari North Zoo (between Brainerd and Little Falls)
- Please let Amy know of any successes by consumers/staff to celebrate and acknowledge in the Newsletter

**Hour 3- House Meeting:**



## Brainerd Staff Meeting Agenda

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

**Date:** 9/23/19

**Time:** 9:00am - 12:00pm

**Presenter:** Shawna/Sheila

**Snacks/Icebreaker:** Westside *Thank you!*

**Milestone Anniversaries:** 30 Years: Cindy Gilbert - 1129      5 Years: Nitasha Karst - 710

**Welcome to new staff:**

**Next Meeting:** October 28<sup>th</sup>, 2019      **Snacks/Icebreaker:** 809

**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:
  - Client was agitated from the morning and was standing near the door, when staff arrived on duty she walked in the door and was punched in the ribs. While turning away from client, she twisted her bad knee, resulting in medical evaluation being needed. Released on light duty.

### **VA Review:**

- No new VA's

### **Nursing Notes:**

- CPR/First Aid Review

### **New Business:**

1. **Active Treatment**
2. Staff Guide on money in the home (receipts, funds and property form, theft, fiscal policy, heightened awareness during the holiday season).
3. HR Review: **Fraud and Abuse Training**
4. Reminder- Please let Amanda (at the front desk) know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter.

### **Hour 3- House Meeting:**



Mark Soper

## Brainerd Staff Meeting Agenda

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

**Date:** 10/28/19

**Time:** 9:00am - 12:00pm

**Presenter:** Shawna/Sheila

**Snacks/Icebreaker:** 809 Thank you!

**Milestone Anniversaries:** 15 Years: Connie Cooley - 1016      5 Years: Angela Swengel – PC Float

**Welcome to new staff:** Hunter Gibson and K'Yon Oates-Glenwood; Miryah Herron-923

**Next Meeting:** November 25<sup>th</sup>, 2019      **Snacks/Icebreaker:** Pine Street

**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 was putting client on a wheelchair swing and both tipped off the swing. Staff was bruised but did not treat.

### VA Review:

- Staff found sleeping on an awake overnight
- Client got dropped off from home, no staff home, left unsupervised for 5-7 minutes, no alone time
- Guardian reported when visiting her son she observed a staff person pushing and talking loud to client
- Someone reported us for a client having a bruise

### Nursing Notes:

**MH Training:** Catatonic Disorder (video 10:24) and Treatment Options/Evidence-Based Practices

**DD Diagnosis:** Spina Bifida (video 3:53)

### New Business:

1. HR: Employee evaluations of PC's
2. Person-Centered/Positive Support: Cultural Competency (video 17:39 & powerpoint)
3. Harassment/Bullying/Social Media Bullying (video 1:39)
4. Review Emergency Procedures for cold, blizzard, wind chill, etc.  
Which clients can go to work when it's -20 or below?
5. Proper dress for the weather
6. Reminder- Please let Amanda (at the front desk) know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter.

### Hour 3- House Meeting:

### 2019 Therapeutic Intervention (TI) Agenda

Nov. 26 – Long Prairie  
Nov. 25 – Brainerd

Nov. 19 – Aitkin  
Nov. 21 – Grand Rapids

Nov. 20 – Wadena/Staples

#### Welcome

You are very important to Oakridge/Woodview !

The education and experience you receive this morning will help you both live and work safely.

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

**Please turn off your cell phones and put them away for the duration of today's training. Please listen respectfully and do not engage in secondary conversations as it is rude to your peers.**

- 9:00-10:50            Welcome – Due Care Guidelines for Participants
  - The CPI Crisis Development Model
  - Nonverbal Communication
  - Paraverbal and Verbal Communication
  - Verbal Intervention
  - Precipitating Factors, Rational Detachment, Integrated Experience
  - Staff Fear and Anxiety
  - Decision Making
- 10:50-11:00            Break
- 11:00-11:30            Physical Interventions – Disengagement Skills – Holding Skills
- 11:30-11:45            Prohibited Procedures –Emergency Use of Manual Restraints (EUMR) Policy
  - \*Staff responsibilities related to prohibited procedures and why the procedures are not effective for reducing or eliminating symptoms or interfering behavior; and why the procedures are not safe
  - \*Staff responsibilities related to restricted and permitted actions and procedures
  - \*Situations in which staff must contact 911 services in response to an imminent risk of harm to the person or others
  - \*The use of restraint, including chemical restraint, time out, and seclusion
  - \*Procedures and forms staff must use to monitor and report use of restrictive interventions that are part of a positive support transition plan (N/A – we currently have no individuals on a positive support plan)
  - \*Procedures and requirements for notifying members of the person's expanded support team after the use of a restrictive intervention with the person (N/A – we currently have no individuals on a positive support plan)
- Debriefing, Personal Staff Accountability and Staff Self-Care after Emergencies
- 11:45 to 12:00            Time to Reflect & Evaluations

The intent of this morning was to stimulate your personal awareness and improve your confidence, enabling you to live and work safely.

Mark Soper  
Staff Name

Steve      11/25/19  
Course Instructor/Date

## Due Care Guidelines for Participants

Participants in this training are asked to take responsibility for the *Care, Welfare, Safety, and Security* of themselves and others in the class by adhering to these classroom expectations:

We ask that you agree to the following program safety rules:

- Respect each other as peers.
- We are all responsible for each other's safety.
- Gauge for yourself any past/current injuries and your comfort level. If you have any concerns, please see the Instructor at break.
- Horseplay will not be tolerated.
- Teaching of other techniques will not be tolerated.
- In all role-plays/techniques, you will act only on your Instructor's direction.
- Report any injuries to your Instructor immediately.
- Cooperate, don't compete.
- Take time to physically prepare before performing any physical activity.
- Be conscious of the space around you and always consider safety.
- During physical activities you can ask to stop at any time, for any reason.
- Inform Instructor prior to training of any injuries or limitations.
- Respect confidentiality when sharing examples.

Signed: Mark Sage

Date: 11/25/19

## ANNUAL DIRECT SUPPORT PROFESSIONAL EVALUATION

**Employee's Name:** Mark Soper

**Location:** Pine Street

**Evaluation:** 2020

### **STEPS for the Annual Review Process**

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

### **INSTRUCTIONS for completing the Annual 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.

**Time and Attendance**

PC

- |   |        |
|---|--------|
| 1. Does the employee show up for work and is ready to begin the shift on time?  | Yes    |
| 2. Does the employee make good use of their time at work?                       | Yes    |
| 3. Does the employee use the timeclock punch system as expected?                | Yes    |
| 4. Does the employee have any tardiness or attendance concerns?                 | No     |
| 5. If yes or NI to #4, have they been previously discussed with employee?       | Select |
| 6. Does the employee follow replacement policy when they cannot work a shift?   | Yes    |
| 7. Monthly staff meetings are mandatory- is employee an active participant?     | Yes    |
| 8. If a meeting was missed, was the makeup packet completed in a timely manner? | Yes    |

## Supervisor Comments:

Mark always shows up for work on time for all his scheduled shifts.

**Documentation**

PC

- |  |    |
|--|----|
| 1. When completing documentation; is it objective, does it provide a clear picture of the event and does it document goal progress accurately? | NI |
| 2. Does employee show competency in completing incident and behavior reports?  | NI |

## Supervisor Comments:

Mark does not always document things right away. He will report something to me and I will ask "did you document that?" and his reply is no. He will go back and do a late entry. Mark needs assistance in completing incident and behavior reports.

**Financial**

PC

- |  |    |
|--|----|
| 1. When using (client or house) money, are there any concerns such as obtaining receipts, shopping assistance, budgets or house charges? | NI |
| 2. When using (client or house) money, employee consistently counts it at the beginning and end of their shift?                          | NI |

## Supervisor Comments:

Mark does not like to deal with money.

**Knowledge and Client Related Issues**

PC

- |  |     |
|--|-----|
| 1. Has the employee completed the annual competencies for the homes they work in and in a timely manner? | Yes |
| 2. Does the employee understand each IAPP for each person served and able to locate them in the homes?   | Yes |
| 3. Does employee listen to the clients about their concerns?   | Yes |
| 4. Does employee stay informed by reading the communication log, new goal or behavior changes?           | NI  |
| 5. Does the employee seem to understand the difference between punishment and consequences?              | Yes |
| 6. Is the employee careful about confidentiality such as which information can and                       | Yes |

cannot be released to others?

- |   |     |
|---|-----|
| 7. Does the employee work within the scope of the Vulnerable Adult Act?                                   | Yes |
| 8. Does the employee understand how to teach the client to be independent and provide effective training? | Yes |
| 9. Does the employee respond the same to each client without showing favoritism?                          | Yes |
| 10. Does the employee know the client's rights and advocate for them?                                     | Yes |
| 11. Does the employee show competency in de-escalation techniques?  | NI  |
| 12. Does the employee show competency in person centeredness?   | Yes |

**Supervisor Comments:**

Mark does not read the communication log every day. When trying to de-escalate it appears Mark will take it personally and talk louder.

**General Knowledge**

PC

- |   |     |
|---|-----|
| 1. Does the employee complete the responsibilities expected of the shifts they work?  | Yes |
| 2. Does the employee know, understand and support ORH policies and procedures?  | Yes |
| 3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc? | Yes |
| 4. Is the employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc?  | NI  |
| 5. Are there concerns with medication passing?  | No  |
| 6. Are there any concerns relating to safety, property or use of vehicles?  | No  |
| 7. Did the employee have any disciplines over the last year?  | No  |
| a. If yes, provide in the comments section what the discipline was related to and have these concerns improved?   |     |

**Supervisor Comments:**

Mark sometimes talks to other staff in a degrading manner.

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

- Does the employee enjoy their position and being a part of the house team? Why or why not?  
*Yes, we all get along*
- What does the employee feel are their top 2 strengths?  
*not missing work  
cleaning*
- What does the employee feel is an area that could use improvement? (goal for coming year)  
*Getting clients to clean up after their selves during the night.*
- What would you as an employee like to learn more about in your job?  
*what makes the guys tick (mental health)*
- Does the employee have any suggestions as to how to make the house run more efficiently?  
*NO*

6. Is there an area the employee feels has not been addressed? no

\*\*\*\*\*

**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: Mark Soper Date: 12-23-20

Supervisor's Signature: Susan Walby Date: 12-23-20

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

**Time and Attendance**

PC

- |   |        |
|---|--------|
| 1. Does the employee show up for work and is ready to begin the shift on time?  | Yes    |
| 2. Does the employee make good use of their time at work?                       | Yes    |
| 3. Does the employee use the timeclock punch system as expected?                | Yes    |
| 4. Does the employee have any tardiness or attendance concerns?                 | No     |
| 5. If yes or NI to #4, have they been previously discussed with employee?       | Select |
| 6. Does the employee follow replacement policy when they cannot work a shift?   | Yes    |
| 7. Monthly staff meetings are mandatory- is employee an active participant?     | Yes    |
| 8. If a meeting was missed, was the makeup packet completed in a timely manner? | Yes    |

**Supervisor Comments:**

Mark is always here on time and ready to work.

**Documentation**

PC

- |  |     |
|--|-----|
| 1. When completing documentation; is it objective, does it provide a clear picture of the event and does it document goal progress accurately? | Yes |
| 2. Does employee show competency in completing incident and behavior reports?  | NI  |

**Supervisor Comments:**

Mark is sometimes unsure about whether he should fill one out or filling it out completely.

**Financial**

PC

- |  |     |
|--|-----|
| 1. When using (client or house) money, are there any concerns such as obtaining receipts, shopping assistance, budgets or house charges? | Yes |
| 2. When using (client or house) money, employee consistently counts it at the beginning and end of their shift?                          | Yes |

**Supervisor Comments:**

Mark rarely deals with money. When he does he always makes sure he has a receipt.

**Knowledge and Client Related Issues**

PC

- |  |     |
|--|-----|
| 1. Has the employee completed the annual competencies for the homes they work in and in a timely manner?         | Yes |
| 2. Does the employee understand each IAPP for each person served and able to locate them in the homes?           | Yes |
| 3. Does employee listen to the clients about their concerns?   | Yes |
| 4. Does employee stay informed by reading the communication log, new goal or behavior changes?                   | Yes |
| 5. Does the employee seem to understand the difference between punishment and consequences?                      | Yes |
| 6. Is the employee careful about confidentiality such as which information can and cannot be released to others? | Yes |
| 7. Does the employee work within the scope of the Vulnerable Adult Act?  | Yes |

- |   |     |
|---|-----|
| 8. Does the employee understand how to teach the client to be independent and provide effective training? | Yes |
| 9. Does the employee respond the same to each client without showing favoritism?                          | Yes |
| 10. Does the employee know the client's rights and advocate for them?                                     | Yes |
| 11. Does the employee show competency in de-escalation techniques?  | Yes |
| 12. Does the employee show competency in person centeredness?   | Yes |

## Supervisor Comments:

I have no concerns in this area with Mark.

## General Knowledge

PC

- |   |     |
|---|-----|
| 1. Does the employee complete the responsibilities expected of the shifts they work?  | Yes |
| 2. Does the employee know, understand and support ORH policies and procedures?  | Yes |
| 3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc? | Yes |
| 4. Is the employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc?  | Yes |
| 5. Are there concerns with medication passing?  | No  |
| 6. Are there any concerns relating to safety, property or use of vehicles?  | No  |
| 7. Did the employee have any disciplines over the last year?  | No  |
| a. If yes, provide in the comments section what the discipline was related to and have these concerns improved?   |     |

## Supervisor Comments:

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

- Does the employee enjoy their position and being a part of the house team? Why or why not?  
*Yes - likes the clients*
- What does the employee feel are their top 2 strengths?  
*① dependable + on time    ② wanting knowing the wants + needs of each client*
- What does the employee feel is an area that could use improvement? (goal for coming year)  
*Filling out incident reports.*
- What would you as an employee like to learn more about in your job?  
*Have no concerns.*
- Does the employee have any suggestions as to how to make the house run more efficiently?  
*Everyone leave their personal junk @ the door + come in with a smile on your face*
- Is there an area the employee feels has not been addressed?  
*NO*

\*\*\*\*\*

**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: Mark Soper Date: 12-3-19

Supervisor's Signature: Jessie Worley Date: 12-3-19

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

Time and Attendance	PC	HR
1. Does the employee show up for work and is ready to begin the shift on time?	Yes	
2. Does the employee make good use of their time at work?	Yes	
3. Does the employee arrive at meetings and in-services on time?	Yes	
4. Does the employee complete their time card and time analysis on time and accurately?	Yes	
5. Does the employee have any tardiness concerns?	No	
6. If yes, have they been previously discussed with the employee? If yes, in what format? (please check all that apply)		
<input type="checkbox"/> Discussion <input type="checkbox"/> Coaching Note <input type="checkbox"/> Verbal Warning <input type="checkbox"/> Written Warning		
7. Does the employee have any absenteeism concerns?	No	
8. If yes, have they been previously discussed with the employee? If yes, in what format? (please check all that apply)		
<input type="checkbox"/> Discussion <input type="checkbox"/> Coaching Note <input type="checkbox"/> Verbal Warning <input type="checkbox"/> Written Warning		
9. Does the employee follow replacement policy when they cannot work a shift?	Yes	
10. Does the employee give proper notice when a shift was missed?	Yes	
11. Does the employee follow protocol for requesting time off?	Yes	
12. Does the employee pick up shifts when available or needed?	Always	

**Supervisor Comments:**

More times than not we are short a part time overnight position and Mark is excellent about picking up all or most of the shifts. Mark is always on time and ready to work. Mark is the most dependable staff I have. I know that if Mark is scheduled he will be there.

**Time and Attendance Summary**

Documentation	PC	HR
1. When completing documentation, is it objective?	Yes	
2. Does it give a clear picture of the event?	Yes	
3. Does it document goal progress accurately?	Yes	
4. Employee shows competency in completing incident and behavior reports?	Yes	

**Supervisor Comments:**

Mark does charting every day.

**Documentation Summary**

Financial	PC	HR
1. When using (client or house) money, or charging, does the employee always gets a receipt?	Yes	
2. Does employee accurately complete receipts for any money used (client or house)?	Yes	
3. When charging, employee makes sure that the receipt is given to the right person?	Yes	
4. When using (client or house) money, employee counts it at the beginning and end of their shift?	Yes	

**Supervisor Comments:**

Mark always either gets a receipt or writes a handwritten receipt for any transaction he is involved in.

**Financial Summary**

Knowledge and Client Related Issues	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. Does employee know, understand and support ORH policies and procedures?	Yes	
5. Is the employee careful about confidentiality?	Yes	
6. Does employee know which information can and cannot be released to others?	Yes	
7. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?	Yes	
8. Are there any concerns with medication passing?	No	
9. Does employee complete the responsibilities expected of the shifts they work? If no or needs improvement, please explain:	Yes	
10. Does employee know what is in each client's IAPP?	Yes	
11. Does employee provide the client with effective training?	Yes	
12. Does employee understand how to teach the client to be independent?	Yes	
13. Does employee respond the same to each client without showing favoritism?	Yes	
14. Is employee flexible in response to different clients and situations?	Yes	
15. Does employee know the client's rights, and advocate for them?	Yes	
16. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.?	Yes	
17. Employee accepts and offers compliments, criticism, and suggestions.	Yes	
18. Does employee show competency in de-escalation techniques?	Yes	
19. Does employee show competency in person-centeredness?	Yes	

**Supervisor Comments:**

This last year Mark has started a really good relationship with some of the clients. Those clients have expressed they enjoy when Mark works.

**Knowledge and Client Related Issues Summary**



Safety/Property/Vehicle	PC	HR
1. Does the employee contribute to providing a warm and cozy atmosphere for the clients' home?	Yes	
2. Does the employee alert the supervisor or office of things that need attention, repair or of things needed to be purchased?	Yes	
3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc.?	Yes	
4. Does the employee work in a driving position? a. If yes, does the employee drive? If no to 4a, why not?	Yes Yes	
5. If a driver: a. Does the employee contribute to care and cleanliness of the vehicle? b. Does the employee follow all safety policies and state law when operating a motor vehicle to ensure the safety of other staff and clients in the vehicle? If no, explain:	Yes Yes	

**Supervisor Comments:**

Mark always lets me know if something needs to be fixed. He does the majority of the cleaning of the home.

**Safety/Property/Vehicle Summary**

**General**

**PC HR**

1. Does the employee appear to enjoy their position?  
If no, what type of behavior does the employee display to give this impression? Yes
2. Does the employee appear to get along with co-workers?  
If no, what appears to be the issue preventing this? Yes
3. Does the employee appear to fit in as a part of the house/location team?  
If no, what appears to be the reason? Yes
4. Is the employee working the shifts they were hired for or are scheduled for?  
Hired/scheduled for:  
Working:  
If no, why not? Yes
5. Has the employee had any disciplines over the last year? No
  - a. If yes, what form did they take? (please check all that apply)  
 Discussion  Coaching Note  Verbal Warning  Written Warning
  - b. What did the discipline relate to?
  - c. Have these concerns improved since review with the employee?
6. What is the greatest contribution that this employee makes to the position?

Mark is dependable. Mark is concerned with the safety and welfare of the clients.

**Supervisor Comments:**

Mark has been here almost 6 years. He knows what is expected of him and does the job. If Mark has any questions he asks, which is appreciated.

**General Summary**

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

1. What do you as an employee see as the most important part of your job?

Keeping clients safe.

2. What would you as an employee like to learn more about in your job?

Why all clients are here.

3. How could we use your talents and experience better?

Pay him more. lol

4. How can your supervisor help you in any of the areas discussed?

Provide information. Be patient if Mark

Goals for next year (Supervisor and employee develop a goal together for the upcoming year.):

Continue working on relationship  
with clients & staff.

\*\*\*\*\*

**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: Mark Soper Date: 12/1/18

Supervisor's Signature: Juan Worley Date: 12-1-18

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

# 2017 ANNUAL DIRECT SUPPORT PROFESSIONAL EVALUATION

Name: Mark Soper

Location: 710

## Supervisors:

1. Please review the sections in the evaluation and circle the best answer of Yes, No or Needs Improvement. Please note in some cases the NI may be replaced with an NA (not applicable).
2. Please comment under Supervisor comments responding to each area, explaining why you chose the answers you did.
3. Once you have completed the review, please return the evaluation to Human Resources
4. HR will review the evaluation and return it to you so that you may meet with the employee to review the evaluation together. At that time, you and the employee can develop any action plans that are necessary.

## Time and Attendance

PC

1. Does the employee show up for work and is ready to begin the shift on time?
2. Does the employee make good use of their time at work?
3. Does the employee arrive at meetings and in-services on time?
4. Does the employee complete their time card and time analysis on time and accurately?
5. Does the employee have any tardiness concerns?
6. If yes, have they been previously discussed with employee?  
In what format? (please circle all that apply)

Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No  
 Yes/No

Discussion Coaching Note Verbal Warning Written Warning

7. Does the employee have any absenteeism concerns?
8. If yes, have they been previously discussed with employee?  
In what format? (please circle all that apply)

Yes/No  
 Yes/No

Discussion Coaching Note Verbal Warning Written Warning

9. Does employee follow replacement policy when they cannot work a shift?
10. Does employee give proper notice when a shift was missed?
11. Does employee follow protocol for requesting time off?
12. Does employee pick up shifts when available or needed?

Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Always/Often/Sometimes/Never

## Supervisor Comments:

Mark will always pick up an overnight shift if needed.

**Documentation**

**PC**

1. When completing documentation, is it objective?
2. Does it give a clear picture of the event?
3. Does it document goal progress accurately?
4. Does the employee make sure there is enough space for the next staff to document or does the employee leave the pages filled?
5. Employee shows competency in completing incident and behavior reports?

Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI

Supervisor Comments:

Mark always documents. Mark seldom fills out incident or behavior report

**Financial**

**PC**

1. When using (client or house) money, the employee always gets a receipt.
2. Does employee accurately complete receipts for any money used (client or house)?
3. When charging, employee makes sure that the receipt is given to the right person?
4. When using (client or house) money, employee consistently counts it at the beginning and end of their shift?

Yes/No/NI n/a  
 Yes/No/NI  
 Yes/No/NI n/a  
 Yes/No/NI n/a

Supervisor Comments:

Mark does not like handling money.

**Knowledge and Client Related Issues**

**PC**

1. Does employee listen to the clients about their concerns?
2. Does employee stay informed by reading the relay book and new goal/behavior changes?
3. Does employee understand the difference between punishment and consequences?
4. Does employee know, understand and support ORH policies and procedures?
5. Is the employee careful about confidentiality?
6. Does employee know which information can and cannot be released to others?
7. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?
8. Are there any concerns with medication passing?
9. Does employee complete the responsibilities expected of the shifts they work?
  - a. If no or needs improvement, please explain:

Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI

- 10. Does employee know what is in each client's IAPP ? Yes/No/NI
- 11. Does employee provide the client with effective training? Yes/No/NI
- 12. Does employee understand how to teach the client to be independent? Yes/No/NI
- 13. Does employee respond the same to each client without showing favoritism? Yes/No/NI
- 14. Is employee flexible in response to different clients and situations? Yes/No/NI
- 15. Does employee know the client's rights, and advocate for them? Yes/No/NI
- 16. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.? Yes/No/NI
- 17. Employee accepts and offers compliments, criticism, and suggestions. Yes/No/NI
- 18. Does employee show competency in de-escalation techniques? Yes/No/NI
- 19. Does employee show competency in person centeredness? Yes/No/NI

Supervisor Comments:

Met with twice on concerns and he refused to acknowledge concerns both times

---

**Safety/Property/Vehicle**

**PC**

- 1. Does the employee contribute to providing a warm and cozy atmosphere for the clients home? Yes/No/NI
- 2. Does the employee alert the supervisor or office of things that need attention, repair or of things needed to be purchased? Yes/No/NI
- 3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc? Yes/No/NI
- 4. Does the employee work in a driving position? Yes/No
  - a. If yes, does the employee drive? Yes/No/NA
    - i. If no to 5a, why not?
- 5. If a driver,
  - a. Does the employee contribute to care and cleanliness of the vehicle? Yes/No
  - b. Does the employee follow all safety policies and state law when operating a motor vehicle to ensure the safety of other staff and clients in the vehicle? Yes/No
    - i. If no, explain.

Supervisor Comments:

Mark does not fill out maintenance request forms without being prompted.

General

PC

- 1. Does the employee appear to enjoy their position?
  - a. If no, what type of behavior does the employee display to give this impression?

Yes/No

- 2. Does the employee appear to get along with co-workers?
  - a. If no, what appears to be the issue preventing this?

Yes/No

- 4. Does the employee appear to fit in as a part of the house/location team?
  - a. If no, why appears to be the reason?

Yes/No

- 5. Is the employee working the shifts they were hired for or are scheduled for?
  - Hired/scheduled for: \_\_\_\_\_
  - Working: \_\_\_\_\_
  - If no, why not:

Yes/No

- 6. Has the employee has any disciplines over the last year?
  - a. If yes, what form did they take? (circle all that apply)

Verbal Discussion    Coaching Note    Verbal Warning    Written Warning

- b. What did the discipline relate to?

Coaching - 3/23/17 - allowed client to continue to use moldy water bottle

written - 5/9/17 - substandard work

- c. Have these concerns improved since review with the employee?

3/23/17 incident 2 different colored water bottles were purchased + then rotated every night.  
5/9/17 City has not said not to use water since then.

- 7. What is the greatest contribution that this employee makes to the position?

Mark is very dependable + always shows up for his shift.

-----  
**Questions to be asked to employee and discussed during the review (supervisor should record):**

What do you as an employee see as the most important part of your job?

paycheck

What would you as an employee like to learn more about in your job?

Anything that I can do that will enhance my ability to do my job.

How could we use your talents and experience better?

More hours to work

How can your supervisor help you in any of the areas discussed?

\*\*\*\*\*  
**GOALS for next year-** (Supervisor and Employee develop a goal together for the upcoming year):

Get a raise.

\*\*\*\*\*

**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: Mark Ser Date: 10/8/17

Supervisor's Signature: Juan Walz Date: 10/8/17

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

# 2016 ANNUAL RESIDENT INSTRUCTOR EVALUATION

Name: Mark Soper

Location: 710

## Supervisors:

1. Please review the sections in the evaluation and circle the best answer of Yes, No or Needs Improvement. Please note in some cases the NI may be replaced with an NA (not applicable).
2. Please comment under Supervisor comments responding to each area, explaining why you chose the answers you did.
3. Once you have completed the review, please return the evaluation to Human Resources
4. HR will review the evaluation and return it to you so that you may meet with the employee to review the evaluation together. At that time, you and the employee can develop any action plans that are necessary.

## Time and Attendance

PC

1. Does the employee show up for work and is ready to begin the shift on time?
2. Does the employee make good use of their time at work?
3. Does the employee arrive at meetings and in-services on time?
4. Does the employee complete their time card and time analysis on time and accurately?
5. Does the employee have any tardiness concerns?
6. If yes, have they been previously discussed with employee?  
In what format? (please circle all that apply)

Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI

Yes/No  
Yes/No n/a

Discussion Coaching Note Verbal Warning Written Warning

7. Does the employee have any absenteeism concerns?
8. If yes, have they been previously discussed with employee?  
In what format? (please circle all that apply)

Yes/No  
Yes/No n/a

Discussion Coaching Note Verbal Warning Written Warning

9. Does employee follow replacement policy when they cannot work a shift?
10. Does employee give proper notice when a shift was missed?
11. Does employee follow protocol for requesting time off?
12. Does employee pick up shifts when available or needed?

Yes/No/NI  
Yes/No/NI  
Yes/No/NI

Always Often Sometimes Never

If it is overtime otherwise no.

## Supervisor Comments:

I know that if Mark is scheduled he will be here.

---

**Documentation****PC**

1. When completing documentation, is it objective?
2. Does it give a clear picture of the event?
3. Does it document goal progress accurately?
4. Does the employee make sure there is enough space for the next staff to document or does the employee leave the pages filled?
5. Employee shows competency in completing incident and behavior reports?

Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI

Supervisor Comments:

Mark documents every day.

---

**Financial****PC**

1. When using (client or house) money, the employee always gets a receipt.
2. Does employee accurately complete receipts for any money used (client or house)?
3. When charging, employee makes sure that the receipt is given to the right person?
4. When using (client or house) money, employee consistently counts it at the beginning and end of their shift?

Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI

Supervisor Comments:

n/a; mark does not deal w/money.

---

**Knowledge and Client Related Issues****PC**

1. Does employee listen to the clients about their concerns?
2. Does employee stay informed by reading the relay book and new goal/behavior changes?
3. Does employee understand the difference between punishment and consequences?
4. Does employee know, understand and support ORH policies and procedures?
5. Is the employee careful about confidentiality?
6. Does employee know which information can and cannot be released to others?
7. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?
8. Are there any concerns with medication passing?
9. Does employee complete the responsibilities expected of the shifts they work?
  - a. If no or needs improvement, please explain:

Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI

Mark states "it's not my job" i.e. med ordering  
Everything is everyone's job

- 10. Does employee know what is in each client's IAPP ? Yes/No/NI
- 11. Does employee provide the client with effective training? Yes/No/NI
- 12. Does employee understand how to teach the client to be independent? Yes/No/NI
- 13. Does employee respond the same to each client without showing favoritism? Yes/No/NI
- 14. Is employee flexible in response to different clients and situations? Yes/No/NI
- 15. Does employee know the client's rights, and advocate for them? Yes/No/NI
- 16. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.? Yes/No/NI
- 17. Employee accepts and offers compliments, criticism, and suggestions. Yes/No/NI
- 18. Does employee show competency in de-escalation techniques? Yes/No/NI
- 19. Does employee show competency in person centeredness? Yes/No/NI

Supervisor Comments:

Mark does not always read staff log

**Safety/Property/Vehicle**

**PC**

- 1. Does the employee contribute to providing a warm and cozy atmosphere for the clients home? Yes/No/NI
- 2. Does the employee alert the supervisor or office of things that need attention, repair or of things needed to be purchased? Yes/No/NI
- 3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc? Yes/No/NI
- 4. Does the employee work in a driving position? Yes/No
  - a. If yes, does the employee drive? Yes/No/NA
    - i. If no to 5a, why not?
- 5. If a driver,
  - a. Does the employee contribute to care and cleanliness of the vehicle? Yes/No n/a
  - b. Does the employee follow all safety policies and state law when operating a motor vehicle to ensure the safety of other staff and clients in the vehicle? Yes/No n/a
    - i. If no, explain.

Supervisor Comments:

General

PC

1. Does the employee appear to enjoy their position?  
a. If no, what type of behavior does the employee display to give this impression?

Yes/No

2. Does the employee appear to get along with co-workers?  
a. If no, what appears to be the issue preventing this?

Yes/No

4. Does the employee appear to fit in as a part of the house/location team?  
a. If no, why appears to be the reason?

Yes/No

5. Is the employee working the shifts they were hired for or are scheduled for?  
Hired/scheduled for: \_\_\_\_\_  
Working: \_\_\_\_\_  
If no, why not:

Yes/No

6. Has the employee has any disciplines over the last year? Yes/No  
a. If yes, what form did they take? (circle all that apply)

Verbal Discussion Coaching Note Verbal Warning Written Warning

- b. What did the discipline relate to?

Mark's tone & voice to client

- c. Have these concerns improved since review with the employee?

Yes/No

7. What is the greatest contribution that this employee makes to the position?

Mark is always here when he should be. He plans vacations out way ahead of time.

-----  
**Questions to be asked to employee and discussed during the review (supervisor should record):**

What do you as an employee see as the most important part of your job?

Safety + well being of all consumers.

What would you as an employee like to learn more about in your job?

Medication

How could we use your talents and experience better?

Ask him what he has done his whole life.

How can your supervisor help you in any of the areas discussed?

Give Mark access to info on medication.

\*\*\*\*\*

**SUMMARY**

**Additional Comments (completed by 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: Mark Sen Date: 12/29/16

Supervisor's Signature: [Signature] Date: 12-29-16

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

2015 ANNUAL RESIDENT INSTRUCTOR EVALUATION

Name: Mark Soper

Location: 710

Supervisors:

1. Please review the sections in the evaluation and circle the best answer of Yes, No or Needs Improvement. Please note in some cases the NI may be replaced with an NA (not applicable).
2. Please comment under Supervisor comments responding to each area, explaining why you chose the answers you did.
3. Once you have completed the review, please return the evaluation to Human Resources.
4. HR will review the evaluation and return it to you so that you may meet with the employee to review the evaluation together. At that time, you and the employee can develop any action plans that are necessary.

Time and Attendance

PC

1. Does the employee show up for work and is ready to begin the shift on time?
2. Does the employee make good use of their time at work?
3. Does the employee arrive at meetings and in-services on time?
4. Does the employee complete their time card and time analysis on time and accurately?
5. Does the employee have any tardiness concerns?
6. If yes, have they been previously discussed with employee?  
In what format? (please circle all that apply)

Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI

Yes/No  
 Yes/No *na*

Discussion Coaching Note Verbal Warning Written Warning

7. Does the employee have any absenteeism concerns?
8. If yes, have they been previously discussed with employee?  
In what format? (please circle all that apply)

Yes/No  
 Yes/No *na*

Discussion Coaching Note Verbal Warning Written Warning

9. Does employee follow replacement policy when they cannot work a shift?
10. Does employee give proper notice when a shift was missed?
11. Does employee pick up shifts when available or needed?

Yes/No  
 Yes/No/NI  
 Always/Often/Sometimes/Never

Supervisor Comments:

When we are short an overnight Mark has been great @ picking up extra shifts.

**Documentation**

**PC**

- 1. When completing documentation, is it objective?
- 2. Does it give a clear picture of the event?
- 3. Does it document goal progress accurately?
- 4. Does the employee make sure there is enough space for the next staff to document or does the employee leave the pages filled?

Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI

Supervisor Comments:

**Financial**

**PC**

- 1. When using (client or house) money, the employee always gets a receipt.
- 2. Does employee accurately complete receipts for any money used (client or house)?
- 3. When charging, employee makes sure that the receipt is given to the right person?
- 4. When using (client or house) money, employee counts it at the beginning and end of their shift?

Yes/No/NI n/a  
 Yes/No/NI na  
 Yes/No/NI na  
 Yes/No/NI na

Supervisor Comments:

Mark does not work w/any money,

**Knowledge**

**PC**

- 1. Does employee listen to the clients about their concerns?
- 2. Does employee stay informed by reading the relay book and new goal/behavior changes?
- 3. Does employee understand the difference between punishment and consequences?
- 4. Does employee know, understand and support ORH policies and procedures?
- 5. Is the employee careful about confidentiality?
- 6. Does employee know which information can and cannot be released to others?
- 7. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?
- 8. Are there any concerns with medication passing?
- 9. Does employee complete the responsibilities expected of the shifts they work?
  - a. If no or needs improvement, please explain:

Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI  
 Yes/No/NI

Supervisor Comments:

Mark needs to read staff log daily and sign off.

**Client Related Issues**

**PC**

- 1. Does employee know what is in each client's Risk Management Plan?
- 2. Does employee provide the client with effective training?
- 3. Does employee understand how to teach the client to be independent?
- 4. Does employee respond the same to each client without showing favoritism?
- 5. Is employee flexible in response to different clients and situations?
- 6. Does employee know the client's rights, and advocate for them?
- 7. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.?
- 8. Employee accepts and offers compliments, criticism, and suggestions.

Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI

**Supervisor Comments:**

Mark will tell clients - wait for day staff.  
Mark has a tendency to believe he is always right. :)

**Safety/Property/Vehicle**

**PC**

- 1. Does the employee contribute to providing a warm and cozy atmosphere for the clients home?
- 2. Does the employee alert the supervisor or office of things that need attention, repair or of things needed to be purchased?
- 3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc?
- 4. Does the employee work in a driving position?
  - a. If yes, does the employee drive?
    - i. If no to 5a, why not?
- 5. If a driver,
  - a. Does the employee contribute to care and cleanliness of the vehicle?
  - b. Does the employee follow all safety policies and state law when operating a motor vehicle to ensure the safety of other staff and clients in the vehicle?
    - i. If no, explain.

Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NA  
Yes/No  
Yes/No

**Supervisor Comments:**

General

PC

- 1. Does the employee appear to enjoy their position?
  - a. If no, what type of behavior does the employee display to give this impression?

Yes/No

- 2. Does the employee appear to get along with co-workers?
  - a. If no, what appears to be the issue preventing this?

Yes/No

Mark appears to have a problem w/ co-staff. Where the co-staff does not do things to his satisfaction

- 4. Does the employee appear to fit in as a part of the house/location team?
  - a. If no, why appears to be the reason?

Yes/No

- 5. Is the employee working the shifts they were hired for or are scheduled for?
  - Hired/scheduled for: \_\_\_\_\_
  - Working: \_\_\_\_\_
  - If no, why not:

Yes/No

- 6. Has the employee has any disciplines over the last year? Yes/No
  - a. If yes, what form did they take? (circle all that apply)

Verbal Discussion Coaching Note Verbal Warning Written Warning

- b. What did the discipline relate to?

adjusting thermostat w/o approval

- c. Have these concerns improved since review with the employee?

Yes/No

- 7. What is the greatest contribution that this employee makes to the position?

Mark can always be depended on to show up for work + be on time.

**Questions to be asked to employee and discussed during the review (supervisor should record):**

What do you as an employee see as the most important part of your job?

Client satisfaction, happiness + safety + to enrich their lives.

What would you as an employee like to learn more about in your job?

Short cut cleaning tips.  
Efficient

How could we use your talents and experience better?

I think that if Mark worked days we could use your experience + talents.

How can your supervisor help you in any of the areas discussed?

Support Mark in reference to question 1.

\*\*\*\*\*  
**SUMMARY**

**Additional Comments (completed by 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: Mark Date: 10-19-15

Supervisor's Signature: Sum Walsh Date: 10-19-15

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

## 2014 ANNUAL RESIDENT INSTRUCTOR EVALUATION

Name: Mark Soper

Date: 1/14/14

Location: 710

**Supervisors:**

1. Please review the sections in the evaluation and circle the best answer of Yes, No or Needs Improvement. Please note in some cases the NI may be replaced with an NA (not applicable).
2. Please comment under Supervisor comments responding to each area, explaining why you chose the answers you did.
3. Once you have completed the review, please return the evaluation to Human Resources at the November staff meeting.
4. HR will review the evaluation and return it to you so that you may meet with the employee to review the evaluation together. At that time, you and the employee can develop any action plans that are necessary. Reviews must be completed by January 15, 2014.

**Time and Attendance**

**PC**

- |   |           |
|---|-----------|
| 1. Does the employee show up for work and is ready to begin the shift on time?                                  | Yes/No/NI |
| 2. Does the employee make good use of their time at work?   | Yes/No/NI |
| 3. Does the employee arrive at meetings and in-services on time?  | Yes/No/NI |
| 4. Does the employee complete their time card and time analysis on time and accurately?                         | Yes/No/NI |
| 5. Does the employee have any tardiness concerns?   | Yes/No    |
| 6. If yes, have they been previously discussed with employee?<br>In what format? (please circle all that apply) | Yes/No    |

Discussion   Coaching Note   Verbal Warning   Written Warning

- |   |        |
|---|--------|
| 7. Does the employee have any absenteeism concerns?   | Yes/No |
| 8. If yes, have they been previously discussed with employee?<br>In what format? (please circle all that apply) | Yes/No |

Discussion   Coaching Note   Verbal Warning   Written Warning

- |   |                              |
|---|------------------------------|
| 9. Does employee follow replacement policy when they cannot work a shift? | Yes/No                       |
| 10. Does employee give proper notice when a shift was missed?             | Yes/No/NI                    |
| 11. Does employee pick up shifts when available or needed?                | Always/Often/Sometimes/Never |

NA

**Supervisor Comments:**

Mark has 10 hours a night. When asked to do things he sometimes responds with "that's not my job the girls can do it." Mark is great at being here every day without fail. He is very dependable.

---

**Documentation****PC**

1. When completing documentation, is it objective?
2. Does it give a clear picture of the event?
3. Does it document goal progress accurately?
4. Does the employee make sure there is enough space for the next staff to document or does the employee leave the pages filled?

Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI

Supervisor Comments:

Mark documents every day.

---

**Financial****PC**

1. When using (client or house) money, the employee always gets a receipt.
2. Does employee accurately complete receipts for any money used (client or house)?
3. When charging, employee makes sure that the receipt is given to the right person?
4. When using (client or house) money, employee counts it at the beginning and end of their shift?

Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI

Supervisor Comments:

Mark does not work with the money at all.

---

**Knowledge****PC**

1. Does employee listen to the clients about their concerns?
2. Does employee stay informed by reading the relay book and new goal/behavior changes?
3. Does employee understand the difference between punishment and consequences?
4. Does employee know, understand and support ORH policies and procedures?
5. Is the employee careful about confidentiality?
6. Does employee know which information can and cannot be released to others?
7. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?
8. Are there any concerns with medication passing?
9. Does employee complete the responsibilities expected of the shifts they work?
  - a. If no or needs improvement, please explain:

Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI  
Yes/No/NI

Supervisor Comments:

**Client Related Issues**

**PC**

- 1. Does employee know what is in each client's Risk Management Plan? Yes/No/NI
- 2. Does employee provide the client with effective training? Yes/No/NI
- 3. Does employee understand how to teach the client to be independent? Yes/No/NI
- 4. Does employee respond the same to each client without showing favoritism? Yes/No/NI
- 5. Is employee flexible in response to different clients and situations? Yes/No/NI
- 6. Does employee know the client's rights, and advocate for them? Yes/No/NI
- 7. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.? Yes/No/NI
- 8. Employee accepts and offers compliments, criticism, and suggestions. Yes/No/NI

Supervisor Comments:

Mark believes in the consumers rights & speaks up if he thinks there is an issue, this is appreciated.  
Mark needs improvement in checking the clients clothes + making sure they are shaved + neat.

**Safety/Property/Vehicle**

**PC**

- 1. Does the employee contribute to providing a warm and cozy atmosphere for the clients home? Yes/No/NI
- 2. Does the employee alert the supervisor or office of things that need attention, repair or of things needed to be purchased? Yes/No/NI
- 3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc? Yes/No/NI
- 4. Does the employee work in a driving position?
  - a. If yes, does the employee drive? Yes/No
    - i. If no to 5a, why not? Yes/No/NA
- 5. If a driver,
  - a. Does the employee contribute to care and cleanliness of the vehicle? Yes/No
  - b. Does the employee follow all safety policies and state law when operating a motor vehicle to ensure the safety of other staff and clients in the vehicle?
    - i. If no, explain. Yes/No

Supervisor Comments:

Mark is my #1 staff on safety. He always has his eyes open + alert for safety issues.

General

PC

- 1. Does the employee appear to enjoy their position?
  - a. If no, what type of behavior does the employee display to give this impression?

Yes/No

- 2. Does the employee appear to get along with co-workers?
  - a. If no, what appears to be the issue preventing this?

Yes/No **NI**

Mark can appear to be abrasive at times. Mark has been working on this & it appears to be getting better.

- 4. Does the employee appear to fit in as a part of the house/location team?
  - a. If no, why appears to be the reason?

Yes/No

- 5. Is the employee working the shifts they were hired for or are scheduled for?

Yes/No

Hired/scheduled for: FT overnight

Working: FT overnight

If no, why not:

- 6. Has the employee has any disciplines over the last year? **Yes/No**

- a. If yes, what form did they take? (circle all that apply)

Verbal Discussion    Coaching Note    Verbal Warning    **Written Warning**

- b. What did the discipline relate to?

Insubordination, failure to follow instructions, substandard work, improper conduct

- c. Have these concerns improved since review with the employee?

Yes/No

- 7. What is the greatest contribution that this employee makes to the position?

Mark's concern for the clients.

-----  
**Questions to be asked to employee and discussed during the review (supervisor should record):**

What do you as an employee see as the most important part of your job?

Safety + happiness of clients.

What would you as an employee like to learn more about in your job?

More history of clients

How could we use your talents and experience better?

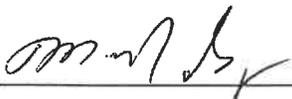
Watch him closely, Hard to when Mark overnights.

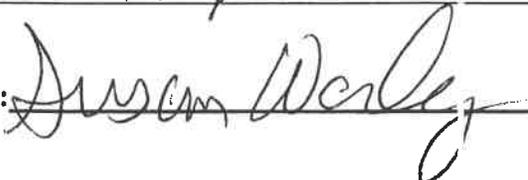
How can your supervisor help you in any of the areas discussed?

\*\*\*\*\*  
**SUMMARY**

**Additional Comments (completed by 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:  Date: 11-11-14

Supervisor's Signature:  Date: 11-11-14

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

**2013 Annual Employee Evaluation – Resident Instructor**

Name: Mark Soper      Date: 9-23-13      Location: 710

Please review the sections in the evaluation and give yourself a score according to the following:

- 1 poor, much improvement needed
- 2 poor, but improvement is being made
- 3 often does well in this area and meets job requirements
- 4 does well and occasionally exceeds job requirements in this area
- 5 always does well and exceeds job requirements

**Please write a paragraph** responding to each area, explaining why you chose the score you did, and how you will improve, if needed. Go through the evaluation independently. After you have completed it, give it to your supervisor and your supervisor will then complete a score for you and write comments. Once your supervisor has completed it, you will meet with your supervisor to review your evaluation together. At that time, you can develop any action plans that are necessary.

**Time**

1. Do I show up for work and am ready to begin my shift on time?
2. Do I make good use of my time at work?
3. Do I arrive at meetings and in-services on time?
4. Do I complete my time card and time analysis on time and accurately?

SELF	PC
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>3</u>	<u>3</u>
<u>5</u>	<u>5</u>
<b>Score</b>	<b>18</b>

**How can I improve in this area, if needed?**

Self Comments: *Need To TRY To go To more meeting's monthly.*

Supervisor Comments:

**Documentation**

1. When completing documentation, is it objective?
2. Does it give a clear picture of the event?
3. Does it document goal progress accurately?
4. Do I make sure there is enough space for the next staff to document or do I leave the pages filled?

SELF	PC
<u>4</u>	<u>4</u>
<u>5</u>	<u>5</u>
<u>3</u>	<u>3</u>
<u>3</u>	<u>3</u>
<b>Score</b>	<b>15</b>

**How can I improve in this area, if needed?**

Self Comments: *TRY To focuses a little more on documenting goal progress. When documenting in Progress Notes.*

Supervisor Comments:

**Financial**

1. When using (client or house) money, I always get a receipt.
2. Do I accurately complete receipts for any money used (client or house)?
3. When charging, I make sure that the receipt is given to the right person.
4. When using (client or house) money, I count it at the beginning and end of my shift.

SELF	PC
<u>N/A</u>	<u>N/A</u>
<u>3</u>	<u>3</u>
<u>N/A</u>	<u>N/A</u>
<u>5</u>	<u>5</u>
<u>8</u>	<u>8</u>

Score

**How can I improve in this area, if needed?**

Self Comments: I sometime's (Not a lot) miss read or miss a receipt.

Supervisor Comments:

**Cleanliness/Appearance**

1. Do I make sure that the house and vehicles are kept clean inside and out?
2. Do I check the van each time I drive it?
3. Do I make sure the next person has adequate gas or do I leave it empty?
4. Am I creative about providing a warm and cozy atmosphere in the location I work in?
5. Do I check to be sure the location is secure?
6. Do I alert the supervisor of things that need attention, repair, or of things needed to be purchased?

SELF	PC
<u>3</u>	<u>3</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>4</u>	<u>4</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>17</u>	<u>17</u>

Score

**How can I improve in this area, as needed?**

Self Comments: I'm a very clean, safe and secure person for this location. I make sure the consumers are safe and well with 1/2 hrly checks and I also monitor the cleanliness, things that need repair and ~~to~~ secure the house for something the consumers can worry about less and feel secure.

Supervisor Comments:

**Role Model**

1. Am I a good role model for the clients and other staff by my attitude, dress, work ethic, honesty, enthusiasm, etc.?
2. Do I work as part of the team?
3. I accept and offer compliments, criticism, and suggestions.

SELF	PC
<u>4</u>	<u>4</u>
<u>4</u>	<u>4</u>
<u>4</u>	<u>4</u>
<u>12</u>	<u>12</u>

Score

**How can I improve in this area, as needed?**

Self Comments: I will always try to work as a member of a team but anyone can always do better.

Mark is open to listening to PC feedback and is recognizing... as individual as each different personality

Mark states his opinion frequently, the progress on this area is he is listening to feedback. This needs to be an ongoing discussion with Mark.  
 Supervisor Comments:

**Knowledge**

1. Am I familiar with client's current concerns?
2. Do I listen to the clients about their concerns?
3. Do I stay informed by reading the relay book and new goal/behavior changes?
4. Do I know the difference between punishment and consequences?
5. Do I know, understand and support ORH policies and procedures?
6. Am I careful about confidentiality?
7. Do I know which information can and cannot be released to others?
8. Do I understand and implement the Data Privacy and Vulnerable Adult Act?

SELF	PC
<u>3</u>	<u>3</u>
<u>5</u>	<u>5</u>
<u>4</u>	<u>4</u>
<u>5</u>	<u>5</u>
<u>4</u>	<u>4</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<b>Score</b>	<u>36</u> <u>36</u>

**How can I improve in this area, as needed?**

Self Comments: Would like to hear more of there concern's but I only here some of them (Here and There) because I work Night's.

Supervisor Comments:

I know the consumers are safe with Mark. That simply is the most important part of the job. The consumers like him. he monitors closely.

**Client Related Issues**

1. Do I know what is in each client's Risk Management Plan?
2. Do I provide the client with effective training?
3. Do I help the client to teach the client to be independent or dependent?
4. Do I demonstrate a skill to be learned?
5. Do I plan activities in or outside the home that are appropriate, effective, and supervised according to clients needs?
6. Do I respond the same to each client without showing favoritism?
7. Am I flexible in response to different clients and situations?
8. Do I know the client's rights, and do I advocate for them?

SELF	PC
<u>3</u>	<u>3</u>
<u>4</u>	<u>4</u>
<u>3</u>	<u>3</u>
<u>3</u>	<u>3</u>
<u>N/A</u>	<u>NA</u>
<u>5</u>	<u>5</u>
<u>4</u>	<u>4</u>
<u>5</u>	<u>5</u>
<b>Score</b>	<u>27</u> <u>27</u>

**How can I improve in this area, as needed?**

Self Comments: There aren't to many time's I have a chance to teach them to be independent or dependant, but when the situation arrisase I will try to Due my best what ever it might be.

Supervisor Comments:

**EMPLOYEES STOP HERE**

SUMMARY

SELF PC

Overall Score

133 133

Score Assessments (please check supervisor score category):

- 37-56 Not meeting expectations of the position- Serious improvement is needed
- 57-93 Needs improvement
- 94-130 Meets job requirement and expectations of position
- 131-167 Meets and occasionally exceeds job requirements and expectations of position
- 167 + Outstanding- Exceeds job requirements of position

Areas that need to be worked on: (completed by supervisor)

OAKRIDGE as an agency for Mental Health Services needs to provide more training in Mental Health - Diagnoses and Support Services.  
 \*\*\*\*\*

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

What one skill if developed and done in an excellent fashion would have the greatest positive impact on your career?

*NO comment / no opinion at this time.*

What would you as an employee like to learn more about in your job?

*Learn more about OAKRIDGE*

How can your supervisor help you in any of the areas discussed?

*Be an information source.*

If there is a difference between the self score and the supervisor score, what do you attribute to the difference?

*NO -*

\*\*\*\*\*  
**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.

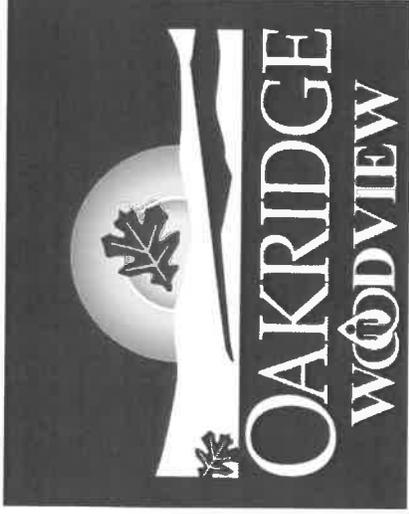
Employee Signature: *[Signature]* Date: 9-23-13

Supervisor's Signature: *[Signature]* Date: 10-1-13

When this is complete, it is placed in the back pocket of the personnel book and a copy is given to Human Resources.

Woodview MI Home

710



Mark Soper

*In Grateful Appreciation For Your Outstanding*

*Effort And Dedication*

A handwritten signature in cursive script, enclosed within a thin, light-colored oval border. The signature appears to read "Miles Lowe".

Miles Lowe, WSS Supervisor

## STAFF EVALUATION – 2012

Name: Mark Soper

Date: 9-25-12

Location: 710

Please review the sections in the evaluation and give yourself a score according to the following:

- 1 poor, much improvement needed
- 2 poor, but improvement is being made
- 3 often does well in this area and meets job requirements
- 4 does well and occasionally exceeds job requirements in this area
- 5 always does well and exceeds job requirements

**Please write a paragraph** responding to each area, explaining why you chose the score you did, and how you will improve, if needed. Go through the evaluation independently. After you have completed it, give it to your supervisor and your supervisor will then complete a score for you and write comments. Once your supervisor has completed it, you will meet with your supervisor to review your evaluation together. At that time, you can develop any action plans that are necessary.

### Time

	SELF	PC
1. Do I show up for work and am ready to begin my shift on time?	<u>5</u>	<u>5</u>
2. Do I make good use of my time at work?	<u>5</u>	<u>5</u>
3. Do I arrive at meetings and in-services on time?	<u>5</u>	<u>5</u>
4. Do I complete my time card and time analysis on time and accurately?	<u>5</u>	<u>5</u>
<b>Score</b>	<u>20</u>	<u>20</u>

**How can I improve in this area, if needed?**

Self Comments: *I'm always on Time Never Late Never have been. I do make good use of my Time, I'm one that needs to something to make the time go faster. I do what's expected of me and more.*

Supervisor Comments:

*Mark is always on time.*

### Documentation

	SELF	PC
1. When completing documentation, is it objective?	<u>5</u>	<u>5</u>
2. Does it give a clear picture of the event?	<u>5</u>	<u>5</u>
3. Does it document goal progress accurately?	<u>5</u>	<u>3</u>
4. Do I make sure there is enough space for the next staff to document or do I leave the pages filled?	<u>5</u>	<u>5</u>
<b>Score</b>	<u>20</u>	<u>18</u>

**How can I improve in this area, if needed?**

Self Comments: *I'm always objective, I'm here to help NOT Judge or order around. yes I will always point out something or try to make anything easier for the next staff.*

Supervisor Comments:

*Mark works nights, goals are not worked on at night. If have requested to reviewed work on seats with consumers Mark provides information needed.*

**Financial**

1. When using (client or house) money, I always get a receipt.
2. Do I accurately complete receipts for any money used (client or house)?
3. When charging, I make sure that the receipt is given to the right person.
4. When using (client or house) money, I count it at the beginning and end of my shift.

SELF	PC
<u>5</u>	<u>3</u>
<u>N/A</u>	<u>3</u> if consumed
<u>N/A</u>	<u>—</u> receipts
<u>5</u>	<u>5</u> in am.
<u>10</u>	<u>13</u> mark with bill/with receipt

Score

How can I improve in this area, if needed?

Self Comments: I don't shop for or with client's or house.

I always count money before end of shift and at beginning of shift, I don't like it for certain reasons. but was told to do well to keep myself safe

Supervisor Comments:

The receipts are often confusing, however mark completes count as requested and recognizes responsibility involved. will discuss concerns he may have.

**Cleanliness/Appearance**

1. Do I make sure that the house and vehicles are kept clean inside and out?
2. Do I check the van each time I drive it?
3. Do I make sure the next person has adequate gas or do I leave it empty?
4. Am I creative about providing a warm and cozy atmosphere in the location I work in?
5. Do I check to be sure the location is secure?
6. Do I alert the supervisor of things that need attention, repair, or of things needed to be purchased?

SELF	PC
<u>5</u>	<u>5</u>
<u>N/A</u>	<u>—</u>
<u>N/A</u>	<u>—</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>20</u>	<u>20</u>

Score

How can I improve in this area, as needed?

Self Comments: I clean and I clean very well. That's because if I'm told to do something I do it right, so other staff can't criticize my work.

Supervisor Comments:

**Role Model**

1. Am I a good role model for the clients and other staff by my attitude, dress, work ethic, honesty, enthusiasm, etc.?
2. Do I work as part of the team?
3. I accept and offer compliments, criticism, and suggestions.

SELF	PC
<u>5</u>	<u>4</u>
<u>5</u>	<u>4</u>
<u>5</u>	<u>4</u>
<u>15</u>	<u>13</u>

Score

How can I improve in this area, as needed?

Self Comments: I'm never trying to start drama or disrespect or rude to anybody. Sometimes people might get mad at me for being very honest and direct but that's there right. I'm always making suggestions to staff on things that I see that could be done a little better, and I expect them to improve myself.

Supervisor Comments:

Mark and I discuss issues as they arise or "if" they arise, I appreciate his directness.

Knowledge

1. Am I familiar with client's current concerns?
2. Do I listen to the clients about their concerns?
3. Do I stay informed by reading the relay book and new goal/behavior changes?
4. Do I know the difference between punishment and consequences?
5. Do I know, understand and support ORH policies and procedures?
6. Am I careful about confidentiality?
7. Do I know which information can and cannot be released to others?
8. Do I understand and implement the Data Privacy and Vulnerable Adult Act?

SELF	PC
5	4
5	4
5	4
5	4
5	4
5	5
5	5
5	5
5	5
5	5
40	35

Score

How can I improve in this area, as needed?

Self Comments: I always listen to their concerns and try to give answers. If I don't know I tell them that instead of telling them false truth!

(Also I explained to Mark I gave him 4's, same as I would give myself we all have things we can learn.

Supervisor Comments: The concern I have is opinions are not fact. We can be truthful with our opinions, that does not make them fact, just what we believe based on our opinions. Mark and I discuss issues as they arise, I appreciate that about Mark.

Client Related Issues

1. Do I know what is in each client's Risk Management Plan?
2. Do I provide the client with effective training?
3. Do I help the client to teach the client to be independent or dependent?
4. Do I demonstrate a skill to be learned?
5. Do I plan activities in or outside the home that are appropriate, effective, and supervised according to clients needs?
6. Do I respond the same to each client without showing favoritism?
7. Am I flexible in response to different clients and situations?
8. Do I know the client's rights, and do I advocate for them?

SELF	PC
2	2
5	3
5	4
5	4
N/A	
5	5
5	4
5	5
32	27

Score

How can I improve in this area, as needed?

Self Comments: I can't remember everything but I think rereading once in a while helps me remember more and more. everything else except #5 is a big yes!

Supervisor Comments:

We review Risk Management Plans annually, we have a new format coming out will unserve all staff with new RMP's. We all can learn

EMPLOYEES STOP HERE

New and healthier way to communicate and open doors for consumers. #1. Risk Management Plans are champions

SUMMARY

SELF PC

Overall Score

157 146

Score Assessments (please check supervisor score category):

- 37-56 Not meeting expectations of the position- Serious improvement is needed
- 57-93 Needs improvement
- 94-130 Meets job requirement and expectations of position
- 131-167 Meets and occasionally exceeds job requirements and expectations of position
- 167+ Outstanding- Exceeds job requirements of position

*Please note his score would have been higher except for the "NA" due to his shift*

Areas that need to be worked on: (completed by supervisor)

*Mark is very direct, blunt, I appreciate that, others may interpret differently than I do. Mark and I discuss this, some we all come from different learning experiences. Bottom line is I know the clients are safe with Mark.*

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?

*The consumers come first.*

What would you as an employee like to learn more about in your job?

*I'd would like to learn more about Psychotropic medications and their diagnosis.*

How can your supervisor help you in any of the areas discussed?

*I provide information on Schizophrenia, Bipolar handouts and discuss medications with Mark.*

If there is a difference between the self score and the supervisor score, what do you attribute to the difference?

*The difference is perception, Mark scored 5th marks that we all need to learn more about*

**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: *[Signature]* Date: \_\_\_\_\_

Supervisor's Signature: *[Signature]* Date: 10-12-12

When this is complete, it is placed in the back pocket of the personnel book and a copy is given to Human Resources.

*Mental Health is ever changing. Mark is willing to learn and is direct with his questions and discussed issues. I explained to Mark difference in scores.*



## OAKRIDGE HOMES

### **Job Description**

### **Resident Instructor (RI)**

The role of the employee will be to provide an environment where each consumer in the program can realize his/her maximum physical and mental potential and achieve the highest level of self-sufficiency and social citizenship. Also, to make available the patterns and conditions of everyday life that are as close as possible to the norms and patterns of mainstream society.

The RI must be at least 18 years of age and willing to submit to a criminal background check and a driver's licensing check. Results may disqualify the individual from employment. This position may require that you drive.

She/he should have experience or training in working with people with developmental disabilities and should be knowledgeable in training and behavioral intervention techniques. The RI will be directly responsible to the Supervisor/Administrator/Program Director/Program Coordinator/QDDP and/or their designees.

The primary responsibility of the Resident Instructor is the direct care of the consumers 100% of the time. This is a 24-hour treatment facility and as such, calls for active treatment with training taking place at all times. This will be carried out by each shift in accordance with the treatment plan established for each consumer.

*The following list of essential functions is not exhaustive and may be supplemented as necessary.*

#### **Essential Functions:**

##### **Orientation and Ongoing Training**

1. Become fully acquainted with and adhere to the philosophy, policies, procedures and operation of Oakridge Homes. This is done through:
  - A. Conference with Administrator, Program Director, QDDP and Program Coordinator.
  - B. Orientation and in-service training.
  - C. Reference material provided by Oakridge Homes.
2. Become acquainted with each consumer's Risk Management Plan, Need to Know, all Protocols, Level Programs, background information and treatment plan. Understand the level of each consumer's ability.
3. Assure that no information that pertains to the program/consumers and staff be released without prior authorization.
4. Complete Time Sheets, Daily/Weekly Hours Sheet and Daily Recording Pages (if applicable) accurately and in a timely manner. Fax Daily/Weekly Hours Sheet on a daily basis as directed by your supervisor.
5. Learn Shift Responsibilities.

21. Make sure all consumers are always well-groomed (all ADL's). Train the consumers in personal care and hygiene such as bathing, shaving, washing hair, dressing and undressing.
22. Make sure people living in the home are always appropriately dressed. Check outerwear and wash as needed. Use Spray-and-Wash, or an equivalent stain remover, on stains before doing consumer laundry. Check clothing for mending needs. Check outfits daily for coordination. Put on matching pajamas. Dress consumers appropriately for pictures, special occasions, church, etc.
23. Staff will closely monitor and have frequent contact with assigned consumers throughout their shift. This will be every 15 minutes during awake-time hours. Any exceptions to this 15 minute rule will be in each person's Risk Management Plan. In case of accident or incident, the consumer or staff member 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 and/or QDDP.
24. Follow current schedules, activity calendars and menus as written.
25. Staff will take the amount of time and precautions necessary to assist consumers with feeding skills. Check each consumer's diet as specified on the treatment plan and provide meals according to the posted menu. During the meal, the Resident Instructor will:
  - A. Follow established program for active treatment during mealtime (i.e. proper table manners, appropriate use of utensils, socialization, etc);
  - B. See that consumers chew food appropriately and are not choking or having other problems; and
  - C. Supervise consumers while eating.
  - D. Family style meals and service will be emphasized. Staff should eat with the consumers (eating the same food consumers are eating) and be a positive role model. Staff will ensure food and supplies are put away in approved marked and dated containers in a timely manner. Food and supplies will not be left unsupervised in any area where consumers are present.
26. Attend appointments with people living in the home and take forms required for their records and document as needed after appointments when indicated.
27. Provide input on quarterly and annual staffing reports.
28. Encourage people living in the home to make choices whenever possible.
29. Promote good relationship with the consumers and staff. Communicate with the oncoming shift anything of importance, behavioral/medical issues, and the activities of the preceding shift both verbally and in writing. **(Staff Communication Book)**
30. Follow through with training rather than caretaking, allowing for participation according to the individual's ability. Training and active treatment will occur both inside and outside the home.

31. Initiate checking for community activities that are appropriate and would be of interest to the consumers and get them out in the community.
32. Initiate a variety of recreation/leisure activities in the home. (Note: sitting with consumers to watch television is not considered an activity for consumers and staff to do together).
33. Pass medications at the correct time and follow guidelines.
34. Function effectively with the consumers on a one-to-one basis and in groups.
35. Deal effectively with disciplinary problems that arise.
36. Take prompt/appropriate action in the event of emergencies (follow ORH Emergency and Incident Reporting Policies and Procedures). Complete appropriate forms.

#### Employment

37. Communicate with co-workers, nurse, QDDP, Program Coordinator, to ensure the smooth and consistent delivery of services. Never assume someone else will communicate a given situation. If you are involved in any type of situation or are witness to said situation, you are required to communicate it in a timely manner. Ideally, this communication would be in writing or in person.
38. Give full cooperation to the RN and other consultants of the home.
39. Attend Medication Administration Class when scheduled. Pass medication at designated times and using the correct procedure.
40. Be prompt and reliable rather than exhibiting tardiness and absences.
41. Respect the rights and integrity of co-workers, consumers and their families.
42. Positively accept suggestions and constructive criticism.
43. Positively offer suggestions and constructive criticisms (creativity, time saving, cost efficiency).
44. Be a positive role model by effectively communicating with others about consumer issues in the home and the work site.
45. Provide coverage as needed or requested.
46. Perform responsibilities in a professional manner. Complete these responsibilities so that you do not leave them for others to do.

47. Staff trained by consulting nurse will follow policies and procedures.
48. Attend and participate in all Staff Meetings and in-services. Attend all mandatory in-service training including: CPR, First Aid, Therapeutic Intervention and Annual Mandatory's (i.e. vulnerable adult training, policies and procedures, etc.).
49. Locate frequently used forms in file cabinet. File as requested by your supervisor.
50. Make copies of forms when supplies are low being careful to include all information and not being wasteful.
51. Follow correct procedures when starting a shift: Check calendar, your mailbox, Communication Log, and consumer records dating back to the last time you worked. Write down all the objectives for your group of consumers. **Count the money.**
52. Display good time-management skills.
53. Initiate responsibilities without direct supervision.
54. Demonstrate enthusiasm, dedication, patience and consistency.
55. Be responsible in taking breaks as specified according to the hours of your shift.
56. Carry out any and all job related duties as assigned by the Administrator/Program Director/Program Coordinator or Supervisor.
57. Work effectively as part of a team by displaying adaptability and flexibility. Do your fair share of work and be willing to help co-workers without having to be asked.
58. Give accurate follow-up information before leaving shift either in writing or verbally.
59. Attempt to work out differences with co-workers before involving others.
60. Follow lifting and transfer guidelines.

#### Documentation

61. Document objective/patient information in Progress notes. Give a clear picture of each event.
62. Know how to implement consumers' programs (goals) using methodology procedure as a guide and document appropriately. Run goals as many times as stated.  
(Example – 5 times a day or twice per week)
63. Know how to correctly document count/record prompts on consumer programs (goal charts).

^  
how to

64. Financial-

- A. Accurately complete Purchase Orders and charges.
- B. ALWAYS get receipts.
- C. Count Consumer Petty Cash and report any discrepancies immediately.

65. Document on **Medication Administration Records (MARS)** accurately. Call in med re-orders to pharmacy.

66. Replace pages in Charting Books when you fill them up.

Accountability

Employees are required to satisfy the essential functions of their job description.

Physical Requirements (Including lifting and pushing):

Employee must be able to lift/push a minimum of 50 pounds.

Equipment Used:

Normal household items and consumer-related equipment (this may vary at each site).

Other duties may be assigned when deemed necessary by the Administrator. Program Coordinator, Program Director, and/or their designees.

It is understood that this, or any other, job description is subject to change by Oakridge Homes, Inc. at any time, without prior notice, and that this, or any other, job description is not intended to create, nor is it to be construed to constitute, a contract, expressed or implied, between Oakridge Homes, Inc. or any of its employees.

I have read the above job description and I can perform the duties.

*M. M. S.* 9-25-12



## **Background Study Notice**

Background Study No: 2037548

November 21, 2019

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

Mark Soper  
25253 Norway Lane  
Nisswa, MN 56468

## **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.



State of Minnesota - Department of Human Services  
Division of Licensing  
**Background Study Clearance**  
**Non-Transferable**

Mailer Type A  
Agency ID 805736  
Oakridge Homes SILS,  
Inc.-Crow Wing Co.  
Study 22744649  
Study Date 02/22/2012  
101 - 123

Study Subject:

Mark Allen Soper  
Po Box 252  
Nisswa, MN 56468

Debby Felske  
1021 Industrial Park Road  
Brainerd, MN 56401

**The individual named here**  
**MAY PROVIDE**  
**direct contact services for the agency named here.**

**What This Form Is:** This is a notice of the result of a background study that was completed by the Minnesota Department of Human Services (DHS). The background study was completed on the individual named above at the request of a licensed program, and applies to the program named above. These background study requirements are found in Minnesota Statutes, Chapter 245C, section 241.021, section 144.057, and section 256B.0943.

**What This Form Means:** The individual named above may provide direct contact services for the program named above. "Direct contact services" is defined in Minnesota Statutes, section 245C.02, subdivision 11, as "providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by a program."

**What To Do With This Form:** The individual should keep this form for his/her records. The program, agency and license holder's notice, or a copy of it, must be available upon request for review by a licensing representative. If the individual named above is convicted of a disqualifying crime in the future, the corrections system will report the conviction to DHS. DHS will then contact both the individual, county agency and the agency listed above with further instructions.

**Non-Transferability of This Clearance:** This clearance is not transferable to any program, or license holder, other than the one identified above with the following three exceptions: 1. If the program listed above has multiple licenses, but maintains personnel records pertaining to background studies in a central location for all programs, and the background study contact person and mailing address are the same, this clearance applies to all of the programs DHS, Minnesota Department of Corrections, and Minnesota Department of Health (MDH) licenses. In this case, no additional study is required. 2. If the program listed above is licensed by MDH to provide home care services, this clearance also applies to any other licensed program in which this individual provides home care services under the control and direction of the program listed above. 3. If the agency listed above is a state-operated agency or service (or affiliated with one), the study applies to any direct-contact service provided by the individual listed above as long as the individual is providing the services under the directions and control of the state-operated services.

**Study Request Information**

Request ID: 1687917

Study ID: 22744649

Facility ID: 805736 - Oakridge Homes SILS, Inc.-Crow Wing Co.

Created By: janis a young

Date Created: 2/21/2012 11:33 AM

Submitted By: janis a young

Date Submitted: 2/21/2012 11:35 AM

Payment Confirmation  
Number: DHSMN2000206645

Results Status: Done-Passed

Results Date: 2/22/2012

Subject Name: Mark Allen Soper

Gender: M

Date of Birth: 2/26/1963

Driver License / ID No: P726176145315

Race: White

SSN: \*\*\*-\*\*-\*\*\*\*

Phone: 2189637626

Address Line 1: PO Box 252

City, State, Zip : Nisswa, MN, 56468

[No other first names for this study.]

[No other last names for this study.]

Name: Mark Soper

Date of Hire 2-21-12 Date of first supervised direct contact 2-23-12  
 Date of first unsupervised direct contact 3-3-12  
 Date initial NET Study Sent 2-21-12 Date initial NET study cleared 2-22-12

STAFF CHECK LIST	2018	2019	2020	2021	2022
Copies of initial NET study and NET study confirmation sheet in front pocket of personnel book	✓	✓	✓		
Number of in-service hours required	12	12			
Number of in-service hours completed	30	35	33		
<b>Employee Handbook:</b>					
Sign and Date Acknowledgement Page (only needed at orientation and any year in which a new Handbook is issued)	2/26/18	n/a	2/21/20		
Sign and Date Table of Contents (only needed at orientation and any year in which a new Handbook is issued)	✓	n/a	n/a		
*Date attended mandatories or completed make-up	5-21-18	5-20-19	12-1-20		
*Date attended TI or make-up packet	7-24-18	11-25-19	10-5-20		
*VA Online certificate	12-30-18	11-29-19			
*VARPP reviewed twice annually	1. 1-22-18 2.	1. 2. 2-5-20	1. 6-27-20 2. 2-2-20	1. 2.	1. 2.
Evaluation (date completed)	2-1-18	12-3-19			
Medication Administration certificate in book (stays in book)	✓	✓	✓		
Medication Admin Observation and Competency in book (stays in book)	✓	✓	✓		
<b>CPR</b>					
Training Date _____ Annual Review date _____	6-20-18	3/25/19			
CPR training certificate or copy of CPR card in book if applicable	✓	✓			
<b>First Aid</b>					
Competency in book _____ Annual review date _____	6-20-18	3/25/19			
First Aid training certificate or copy of first aid card in book if applicable	✓	✓			
<b>Consumer's IPP</b>					
List Consumer Initials and the Date Read	1. AB 4-5-18	1. AB 6-6-19	1. ZS 1-25-20	1.	1.
	2. RO 4-5-18	2. 6-6-19	2. PO 1-25-20	2.	2.
	3. DY 4-5-18	3. DY 6-6-19	3. BS 1-25-20	3.	3.
	4. ZS 4-5-18	4. ZS 6-6-19	4. DY 1-25-20	4.	4.
	5. AW 4-5-18	5. AW 6-6-19	5. AW 1-25-20	5.	5.
Copy of IPP competency in book	✓	✓	✓		

STAFF CHECK LIST	2018	2019	2020	2021	2022
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	na	6-11-19	7-27-18		
PAPP Competency	5-26-18	6-25-19	9-1-20		
Inservices Attended sheet completed and all back up materials included.	✓	✓	✓		

## Oakridge Homes and Woodview Support Services

### INSERVICES ATTENDED

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

Employee Name	Mark Sciper	Year	2020
Location	Pine St.	Position	DSP
Date of Employment			

### Monthly Staff Meetings

*Attach staff meeting agenda*

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan	1/27/20	Staff & House Meeting P-C/Positive Support-Primary diagnosis and impact that has on their program (.5) VARPP, Service Recipient Rights, Client Competencies, MH-Major Depressive Disorder (.5)	Shawna	3	MS
Feb	2-24-20	Staff & House Meeting P-C/Positive Support-Balancing important to and important for each individual (.5) MH-Suicide Intervention (1)	shawna	3	SW
March	3-8-20	Staff & House Meeting CPR/First Aid MH-Schizophrenia (.5)	packet	3	SW
April	5-8-20	Staff & House Meeting MH-Psychotropic Meds & Side Effects (1)	packet	3	SW
May	December	MANDATORIES: Universal Precautions, Sanitary Practices, Bloodborne Pathogens, AWAIR Act, Right to Know, Affirmative Action Plan/EEO, HIPAA, Data Privacy, VARPP, Emergency and Reporting Policies and Procedures, Personnel Policies, Service Recipient Rights, First Aid/CPR	packet	3	SW
June	6-24-20	Staff & House Meeting P-C/Positive Support-five accomplishments provide a guide for the development of a personal vision (.5) MH-Recovery from MI, Community Resources (1)	packet	3	SW
July	7-27-20	Staff & House Meeting Adaptive Equipment Competency, MH-Bipolar Disorder (.5)	packet	3	SW
Aug	9-1-20	Staff & House Meeting PAPP Competency, MH-Co-occurring SA & HC (1) CPR/First Aid Refresher	packet	3	SW
Sept	10-5-20	Therapeutic Intervention P-C/Positive Support	packet	3	SW
Oct	November	Staff & House Meeting P-C/Positive Support-Cultural Competency, Harassment, Medicare Fraud MH-Borderline Personality Disorder, Treatment Options/EBP (.75)	packet	3	SW
Nov	December	Staff & House Meeting MH-Body Integrity Identity Disorder, PTSD (.75)	packet	3	SW



Date of Hire 2-21-12 Date of first supervised direct contact 2-23-12  
 Date of first *unsupervised* direct contact 3-3-12  
 Date initial NET Study Sent 2-21-12 Date initial NET study cleared 2-22-12

<u>Mark Soper</u> STAFF CHECK LIST	2015	2016	2017	2018	2019
Copies of initial NET study and NET study confirmation sheet in front pocket of personnel book	✓	✓	✓		
Number of in-service hours required	24	24	12		
Number of in-service hours completed	32.5	36	32		
Sign and Date Acknowledgement Page for current yr.	✓	✓	✓		
Sign and Date Table of Contents for current yr.	✓	✓	✓		
*Date attended mandatories or completed make-up	5-18-15	5-23-16	5-22-17		
*Date attended TI or make-up packet	9-28-15	9-26-16	9-25-17		
*Purple VA checklist complete or Online certificate	✓	✓	✓		
*VARPP reviewed twice annually	1.5-18-15 2.1-26-15	1.1-25-16 2.5-28-16	1.1-23-17 2.5-22-17	1. 2.	1. 2.
*Date attended Person Centeredness (2hrs) /or makeup	11-16-15	4-25-16	1-23-17 2-27-17		
Evaluation (date completed)	10-19-15	10-29-16	10-8-17		
Medication Administration certificate in book	✓	✓	✓		
Medication Admin Observation and Competency in book	✓	✓	✓		
Drivers License (on file with HR)	✓	✓	✓		
Insurance (if applicable – on file with HR)	✓	✓	n/a		
<b>CPR</b>					
Expiration Date (for those who started before 1-14) <u>8-16-14</u>					
Training Date (for those who started after 1-14) _____					
Annual Review date <u>6/23/15</u>					
CPR training certificate or copy of CPR card in book if applicable	✓	✓	✓		
<b>First Aid</b>					
Expiration Date (for those who started before 1-14) <u>10-3-15</u>					
Competency in book (for those who started after 1-14) _____					
Annual review date <u>3-23-15</u>					
First Aid training certificate or copy of first aid card in book if applicable	✓	✓	✓		
Consumer IAPP - SMA's	1. AB 6-7-15	1. AB 12-5-16	1. AB 1-27-17	1.	1.
List Consumer Initials and the Date Read	2. MG 6-7-15	2. MG 12-5-16	2. MG 1-27-17	2.	2.
	3. TG 6-7-15	3. TS 12-5-16	3. TS 1-27-17	3.	3.
	4. TS 6-7-15	4. TG 12-5-16	4. TG 1-27-17	4.	4.
	5. AW 11-16-15	5. AW 12-5-16	5. AW 1-27-17	5.	5.
Copy if IAPP – SMA competency in book	✓	✓	✓		
Consumer CSSP and CSSP Addendum	1. AB 6-7-15	1. AW 12-5-16	1. AB 1-27-17	1.	1.

List Consumer Initials and the Date Read	2. MG 6-7-15	2. TG 12-5-16	2. AD 1-27-17	2.	2.
	3. TG 6-7-15	3. ZS 12-5-16	3. SW 1-27-17	3.	3.
	4. ZS 6-7-15	4. AB 12-5-16	4. MG 1-27-17	4.	4.
	5. AW 11-16-15	5. MG 12-5-16	5. ZS 1-27-17	5.	5.
Copy of CSSP and CSSP Addendum competency in book	✓	✓	✓		
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	✓	✓	✓		
*Positive Support Rule Training 8 hours	✓	✓	✓		

## 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 Mark Saper

DATE 2/24/20

**Version 2020**

## 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 Mark Sawyer

DATE 2/26/18

**Version 2018**

**OAKRIDGE HOMES**  
**Orientation Checklist**

<b>1. Forms (New Hire Paperwork A – D)</b>		<b>New Hire Paperwork (including the Criminal Background Study) is done <u>prior</u> to setting up the Orientation Schedule.</b>
A. Application / MN Statute 245C Release	✓	
B. Employee Health Statement (Mantoux at ICF)	n/a	
C. Driver's License Check	✓	
D. Background Study	✓	

E. Wage Agreement	✓
F. W4	✓
G. Time Sheet	✓
H. Direct Deposit Form	n/a ✓
I. Employment Eligibility (I-9) <i>Look at two forms of identification.</i>	✓
J. Economic Work Forms	✓
K. Orientation Schedule (sign schedule)	✓
L. HIPPA Forms (sign and date)	✓

<b>2. Employee Perks</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
A. Tickets and Other Attractions (See Flyer)	ms	SK
B. "Why Do I Work Here?"	ms	SK

<b>3. Confidentiality</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
A. Confidentiality		
1. Video - <i>Complete Answer Sheet</i>		
2. Confidentiality Policy - <i>Read, Sign and Date</i>	ms	ck

<b>4. Bloodborne Pathogens</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
A. Bloodborne Pathogens in a Home Care Setting (video)	ms	ck
B. Oakridge/Woodview Bloodborne Pathogens Policy	ms	ck
C. Infection Control Log (ICF Only)	ms	n/a

5. Vulnerable Adult Training	Staff Initials	Trainer Initials
A. Vulnerable Adult Report Policy and Procedures (VARPP) – Read, Sign and Date <ul style="list-style-type: none"> <li>Know who is a mandated reporter.</li> <li>Understand what constitutes maltreatment</li> <li>Know when and how to contact the Common Entry Point to make a VA Report</li> <li>Understand the Vulnerable Adults Act</li> </ul>	MS	u
B. Vulnerable Adult Mandated Reporting - Online Training from DHS (when available)	MS	u
C. Reporting of Maltreatment of Minors and Maltreatment of Minors Act(if applicable)		n/a

6. Personnel Book (Read, Sign and Date All)	Staff Initials	Trainer Initials
A. Consumer Rights and Responsibilities	MS	u
B. Rule 40 – Behavior Management Policy		u
C. Psychotropic Medication – Behavior Management Policy		u
D. Emergency Use of Behavior Management	MS	u

7. Emergency Preparedness	Staff Initials	Trainer Initials
A. Plan to Get Out Alive (video and worksheet)	MS	u
B. Emergency and Incident Reporting Policies and Procedures		
1. Telephone Numbers	MS	u
2. Fire	MS	u
3. Health		
4. Tornadoes / Severe Weather / Blizzards / Cold		
5. Obscene Phone Calls		
6. Missing Persons		
7. Intruders in the Home		
8. Auto Accidents		
9. Death		
10. Blanket Drop Procedure		
11. Fire Drills		
12. Bomb Threats		
13. Reporting and Record Keeping		
14. Consumer to Consumer Physical Aggression		
15. Law Enforcement and/or Fire Department Involvement		
13. Sexual Activity between Consumer Involving Force or Coercion		
14. Incident Reporting		

8. Personnel Books – Policies / Procedures / Job Description	Staff Initials	Trainer Initials
A. Read and initial each page	MS	SW
B. Sign and Date Policies		
1. Smoking	MS	u
2. Alcohol	MS	u
3. Mandatory Inservice and Staff Meetings	MS	u

4. Use of Company Equipment	ms	u
5. Memo on Theft		u
6. Sleep		u
7. Cell Phone Policy		u
8. Computer, Internet and E-Mail Usage Policy		u
9. Visitor Policy		u
		<del>u</del>
C. Workers Compensation Packet		u
D. Table of Contents – Sign and Date Acknowledgement Page – Sign and Date		u

9. Documentation	Staff Initials	Trainer Initials
A. Documentation Module <i>Read and complete answer sheet</i>	ms	u
B. Oakridge Guidelines		u
C. Sample Forms		u

10. Harassment	Staff Initials	Trainer Initials
A. Sexual Harassment Video <i>Complete Quiz #1 - #4</i>		hla
B. Harassment Policy – <i>Read, Sign and Date</i>	ms	u

11. Site-Specific Orientation	Staff Initials	Trainer Initials
A. Building	ms	SW
1. Address	ms	SW
2. House Key	ms	SW
3. Tour of Building	ms	DH
4. Circuit Box		DH
5. Furnace(s)		DH
6. Thermostat(s)		DH
7. Washer(s) and Dryer(s)		DH
8. Cleaning Supplies and Storage		DH
9. Appliances		DH
10. Sprinkler System	na	na
11. Fire Extinguishers / Fire Plan	ms	DH
12. Smoke Detectors / Use and Location	ms	DH
13. Carbon Monoxide Detectors (For gas/propane heating systems)	na	
14. Water Shut-Off Valve	na	
15. Location of First Aid Kit	ms	DH
16. Location of Blood Spill Kit	ms	DH
B. Financial – Clients		
1. Ledger Card / Receipts / Hand Written Receipts	ms	DH
2. Bank Accounts – Deposits and Withdrawals		DH
3. Client Purchases		DH
a. Personal Needs (soap, deodorant, etc.)		DH
b. Clothing – Seasonal as needed or wanted		DH
4. Money Counting		DH

2-2012

C.	Financial – Program		
1.	Use of Purchase Orders – household	ms	SW
2.	Billings	ms	SW
3.	Vendors Used	ms	DH
4.	Petty Cash RECEIPT REQUIRED FOR EACH PURCHASE	ms	DH
D.	Medical		
1.	Appointments	ms	DH
2.	Medications	ms	DH
3.	Health Record	ms	DH
E.	Miscellaneous Client Procedures – Clothing (labeling, mending, laundry)		
F.	Food Policies / Procedures	ms	DH
1.	Client Involvement		DH
2.	Menu Planning and Location of Posted Menu		DH
3.	Recipes		
4.	Grocery Shopping		
5.	Grocery Budget		
6.	Grocery Bills		DH
G.	File Cabinet – Contents / Storage	ms	SW
H.	Telephone Use		
1.	Answering "Hello (hi). This is _____"	ms	DH
2.	Long Distance Log / Codes		DH
3.	On-Call Procedure		DH
4.	Answering Machine		DH
5.	How to take / Where to put a message		DH
6.	Personal Use		DH
7.	Employee Numbers (who can you give them to?)		DH
8.	Emergency Numbers		DH
9.	How to receive and send a fax		DH
10.	How to use the copier		DH
I.	Housekeeping	ms	DH
1.	Nights – weekly and daily	ms	DH
2.	Days – weekly and daily	ms	SW
J.	Administrative		
1.	Pay Day	ms	DH
2.	Schedule		DH
3.	Change of Shift Form		DH
4.	Importance of staff communication		DH
5.	Functioning as a team		DH
L.	Day Programming	ms	DH

d-2012

1.		
2.		

12. Consumer Books	Staff Initials	Trainer Initials
A. Charting and Daily Books	ms	DH
1. Activity Calendar		DH
2. Daily Schedules		DH
3. Oral / Personal Care Chart		DH
4. Informal Goals		DH
5. Program Record		DH
6. Individual Program Plans and Outcomes		DH
7. Data Collection		DH
8. Behavior Plan (if applicable)		DH
B. Permanent Books		
1. Quarterly Report and Goal Summary	ms	DH
2. Annual Reports		N/A / eunyahman
3. Assessment	ms	DH
4. Individual Support Plan (or IEP or IIP)	ms	DH
5. Psychological / Psychiatric Evaluation / Assessment	ms	DH
6. Risk Management Plan		
Consumer <u>AB</u> <u>2-27-12</u>	ms	DH
Consumer <u>DP</u> <u>2-27-12</u>		DH
Consumer <u>MY</u> <u>2-27-12</u>		DH
Consumer <u>25</u> <u>2-27-12</u>		DH

13. Other Mandatory Orientation/Inservice	Staff Initials	Trainer Initials
A. 1. EEO / Affirmative Action Plan	ms	u
2. Medicare Advantage and Part D Fraud, Waste and Abuse Compliance	ms	u
B. OSHA		
1. AWAIR Act (site specific)	ms	u
2. Right to Know	ms	u
3. Questions and Competency Eval on RTK	ms	u
C. Communicating with People with Disabilities		
D. A Question of Understanding: A Look at Developmental Disabilities – Video (Complete Worksheet)		na

14. Safety, History and Rules	Staff Initials	Trainer Initials
A. Check for Safety – Handout		u

2-29-12

DH

	What You Can Do to Prevent Falls - Handout	MS	u
B.	Safety Rules and Standard Operating Procedures <i>In Personnel Book – Read Sign and Date</i>	MS	u
C.	Good Body Mechanics - Handout	MS	u
D.	Therapeutic Intervention Techniques <i>Site Specific – audio / video / verbal</i>	MS	u
E.	History of Oakridge		
	1. Oakridge Brochure	MS	u
	2. Corner to Corner	MS	u
F.	Rules and Regulations - Handout		
	1. ICF/MR Licensing <i>(if applicable)</i>		/ n/a
	2. Consolidated Standard		
	3. Foster License		
	4. Fire Codes		
	5. Case Management (monitoring)		

15.	<b>Observation of Clients – at least one entire shift</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>

16.	<b>Site-Specific Materials</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
A.	Orientation Page on each Consumer (Need to Know)	MS	DH
B.	Overriding Healthcare Needs (if applicable)	MS MS	PH DH
C.	Alarm Systems and/or Shut Off Boxes		
	1. Demonstration	MS	DH
	2. Initial information sheet attached to box		
D.	Other Site-Specific Orientation Materials	MS	DH
	1. Protocols for mg Services		PH
	2. Protocol DP		DH
	3. Protocol AB indep. levels		DH
	4.		DI

17.	<b>CPR Certification</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
		MS	SW

18.	<b>First Aid</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
		MS	u

19.	Just Like You and Me (video) <i>Complete Answer Sheet</i>	<b>Staff Initials</b>	<b>Trainer Initials</b>
		MS	u

20.	<b>Medication Administration</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>

Med Class 3-13-12 D19  
 12 RUB

A.	Training (Med Class)	ms	.	3-13 DNR/OT/CP
	1. Bloodborne Pathogens	ms	.	
	2. Hepatitis	ms	.	
		ms	.	3/13/12
B.	Written Test			
C.	Skills Assessment (site-specific)			

21.	Active Treatment	Staff Initials	Trainer Initials
A.	Handout (Read)	ms	u
		ms	
B.	Module – Answer Worksheet	ms	u

22.	Staff Supervision (site-specific)	Staff Initials	Trainer Initials

23.	Forms	
A.	Flex Spending	u
B.	Long Term Disability Form (if full time)	u
C.	Life and Dental	cl
D.	401K	lyr
E.	LST – Mileage Reimbursement	h/a
F.	LST – Employee Reimbursement	h/a

Orientation Day 2/21/12 6 Muelby Walter T. Law  
 Date Hours Employee Signature Trainer Signature

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

2/23/12 4.5 Muelby Walter T. Law  
 Date Hours Employee Signature Trainer Signature

2/27/12 10 Muelby Walter T. Law  
 Date Hours Employee Signature Trainer Signature

2/28/12 10 Muelby Walter T. Law  
 Date Hours Employee Signature Trainer Signature

Observation Day 3/3/12 10 Muelby Walter T. Law  
 Date Hours Employee Signature Trainer Signature

Assistance Day 2-27-12  Muelby DB/Notate of PC  
 Date Hours Employee Signature Trainer Signature

                                     
 Date Hours Employee Signature Trainer Signature

**You must complete 15 hours of orientation prior to working alone. (8 hours if experienced.)**  
**You must complete 30 hours total of orientation within 60 days (15 hours if experienced in Waiver, ICF or SILS)**

Orientation Requirements	
Date of Hire	2/21/12
Date of Expected Completion	4/21/12
Total Hours of Orientation Needed	30

Actual Orientation Completed	
Total Hours	30.5
Date Orientation Completed By	3/3/12

**Failure to meet the requirements for orientation and inservice each year may result in termination of employment.**

Muelby  
 Employee Signature (upon completion)

2-23-12  
 Date

Rev. 12/07, 9/08, 2/09, 4/09, 7/10, 11/10

## Oakridge/Woodview First Aid and CPR Assessment

Date: 6/20/18

Course Provider: Patty Bernstetter, RN-BC

Length of Course: 2 hours

Staff Orientated: MARK SOPER  
Print clearly

ORH/Woodview Facility working at: 710

The above staff has attended The Oakridge Homes First Aid and CPR Course. A score of 85% is needed to pass this course. The score is achieved as a combination of written test, demonstration of skills, class participation, appropriate dress, and timeliness.

**1 - Needs Improvement**

**2 - Meets Expectations**

	1 or 2 Score	Comments
Participation	<u>2</u>	
Appropriate Dress	<u>2</u>	
Timeliness	<u>2</u>	
<b>Demonstration:</b>		
Epi Pen Demonstration	<u>2</u>	
Hands only CPR	<u>2</u>	
Heimlich maneuver	<u>2</u>	
<b>Test Score - 22 (Possible)</b>	<u>22</u>	
<b>Demonstration - 15</b>		
<b>Total Score</b>	<u>35</u>	<u>Pass</u>

*Patty Bernstetter RN-BC*  
 Course Provider's Signature and Title

***A copy of this completed form must be kept in this staff's individual Personnel Record as proof of Medication Administration training.***

OAKRIDGE HOMES

Medication Administration Orientation Documentation

Date: 3-13-12

Course Provider: Dawn Tillson, RN

Length of Course: 8 hours

Staff Orientated: MARK Soper  
*Print clearly*

ORH/Woodview Facility working at: 710

The above staff has attended The Oakridge Homes Medication Administration Course .  
Achievement of a score of 85% is required to be able to pass medications in an  
Oakridge facility. The score is achieved as a combination of written test, demonstration  
of skills, class participation, appropriate dress and timeliness.

**+=above average**

**check=expected**

**minus=below average**

		<i>Comments</i>
<u>Participation :</u>	<u>✓+</u>	_____
<u>Appropriate Dress:</u>	<u>✓</u>	_____
<u>Timeliness:</u>	<u>✓+</u>	_____
<b><u>Demonstration Score:</u></b>		
Oral medications	<u>✓+</u>	<u>good work</u>
Liquid medications	<u>✓+</u>	_____
<u>Eye &amp; Ear drop Demo</u>	<u>✓</u>	_____
<b><u>Test score</u></b>	<u>88%</u>	<u>5 observed med passes</u>
<u>(100 points possible)</u>		_____

Dawn Tillson RN  
Course Provider's Signature and Title

**A copy of this completed form must be kept in this staff's individual  
Personnel Record as proof of medication training.**

## CHECKLIST FOR MEDICATION ADMINISTRATION

(to be completed 3 times as completion of medication training) or (to be used for an announced med pass evaluation).



House 710 Staff Name MARK SOPER Date 3-18 Date 3-18 Date 3-27 Date 3-27

	Consumer Initials		MB 3-18		MA 3-18		3-27 AB		25 3-27	
	Y	N	Y	N	Y	N	Y	N	Y	N
Did the staff???										
1. Wash hands before beginning med pass	X		X		X		X		X	
2. Unlock medication storage area	X		X		✓				✓	
3. Open consumer's book to MAR (medication administration record)	X		X		X		X			
4. Take one consumer's medication from storage area and checking the label(s) against the MAR comparing the consumer name, medication, dose and time of administration. <b>First Check (1 consumer at a time)</b>	X		X		X		X		X	
5. Re-check the label against the MAR, comparing the consumer name, medication, dose and time of administration. <b>Second Check</b> and place the medication in the med cup.	X		X		X		X		X	
6. Check that all the medications are out of the bubble pack or cassette.	X		X		X		X		X	
7. Place their <b>first initial</b> in the appropriate date and time square for the medication	X		X		X		X		X	
8. Recheck the label against the MAR, <b>Third Check</b> , comparing the consumer name, medication, dose and time of administration, before returning the medication to the storage area.	X		X		X		X		X	
9. Follow any special instructions , ie: crush, shake well, take pulse first.	NA		NA		na		na		na	
10. Pour any liquids at eye level <i>(poured miralax powder on eyelid)</i>	NA		na		na		na		na	
11. Ask the consumer to come to the staff to receive their medications <b>Speak to the consumer and use their name before administering their medications.</b>	X		X		X		X		X	
12. If the staff delivered the meds to the consumer, did they lock the medication storage area first?	na		na		na		na		na	
13. <b>Document their last initial</b> for all consumer's medications given <b>as soon as the medications were taken.</b>	X		X		X		X		X	
14. Use skin cleanser or wash hands before moving on to the next consumer	X		X		X		X		X	
15. Lock med storage area when finished all meds.	X		X		X		X		X	

Signature of Supervisor: Deb Halsko *RE*

Revised 3/2012

MARK Soper

**Oakridge Homes- Woodview Support Services  
Job Description**

**Job Title:** Resident Instructor

**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.

*Mark J. 2-3-14*

Know the House You Work In

Name Mark S Date 4/24/21 Location Pine St.

Where do we keep...

Heimlich Maneuver Chart? Refridgerator

Forms for everyday use? Office draw

Face sheet for each consumer? Office cabinet

What is a face sheet? Tell's who's there like, CASE manager, financial worker ect.

IAPP's? Individual Program plan

What does the IAPP tell us? what the client may be susceptible to like Sexual abuse, Physical Abuse, financial Abuse ect.

PAPP? Program Abuse Prevention Plan

What does the PAPP tell us? Tell's what Support Services staff are trained in

Red OSHA Book? Draw in office

AWAIR Act? (A Workplace Accident and Injury Reduction Program) \_\_\_\_\_

Menus? on the frigidator

Work Schedule? In office

Standing Med orders? In MAR

Where do we gather in the event of a drill or fire? SW corner of Parking Lot

If the house were to burn down, where do we go? 923

How often is it **REQUIRED** by licensing to do a fire drill? four times

A tornado/storm drill? each quarter year

Where are the smoke detectors located? In each bedroom and outside of each  
Bedroom in the hallway

Where are the fire extinguishers located? Kitchen, upstairs game room

Where are the Carbon Monoxide detectors located? In hallways by each bedroom

Where is a copy of our emergency procedures? Draw in kitchen, in folder

Where do we go in case of severe thunderstorm weather? basement

What are the items to bring into the storm shelter? Battery opp. radio, Flash light, Blanket,

Where do we get our supplies? Walmart, cub

Where can we shop for food? Walmart, cub

Where do we get gas? I don't know I'm night shift. Never  
Have put gas in the van.



Person Supported Competency

Person: ZANE Smith Staff: MARK

Location: PINE ST. Date: 2/4/21

1. What outcomes/goals does the person have?

- 1. ZANE will not purchase anything that he doesn't have a plan to use in the near future. He will do this at least 90% of the time he goes shopping.
2. ZANE will make all his appointments on his own. ZANE will assist in 14 cases.
3. ZANE will participate in social activities at least 8x per month.

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? TARA Jones and Kevin Koop

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?

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

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? Work's for Productive Alternatives, Inc.

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? Oakridge

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

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

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

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

What is desired alternate behavior? spend time with housemates

Do they have coping skills to utilize? Yes or No. What are they? go for a walk, read a magazine, sit in his room and listen to the radio.

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Zane may not recognize sexual abuse and therefore may not defend against it or report it.

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

23. What are person's medical needs? Chronic medical conditions, preventive screenings, ~~isot~~

24. What are person's safety needs? Staff educate Zane through regular discussion and talk about emergency situations

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? \_\_\_\_\_

After reading all identifying information about the person, please describe this person in your own words Zane is friendly and polite to staff and housemates.

M.L.  
Staff Signature



Person Supported Competency

Person: Ronald Osborne Staff: MARK

Location: Pine St. Date: \_\_\_\_\_

- 1. What outcomes/goals does the person have?
  - ① Ron will have positive interactions with housemates and staff for 2 weeks
  - ② Ron will participate in at least 75% of group activities offered to him?
  - ③ Ron will coordinate his care for ongoing medical and psychiatric appointments
  - ④ Ron will work on file for at least 15 minutes 17 out of 30 days a week

- 2. Documentation on goals is optional? True or False
- 3. Who is the person's case manager? Inegan Persington
- 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?  
Ron was sexually abused by a male landlord when he was 17-18. This occurred three times

6. Diagnoses: Sch affective disorder, 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? Oakridge
- 14. Is person at risk for self abuse? Yes or No. If yes, what are the risks? neglects OS refuse's to take med's; History SIB.

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? Ken may be at risk for being taken advantage of financially. He may not recognize mismanagement of funds and thus fail to report it.
17. How does person like their services provided? Prefer's a calm straight forward style of communication
18. Does person have allergies? Yes or No. What are they? \_\_\_\_\_
19. What county is the person from? ITSC
20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Isolative behavior, suicidal ideation  
 What is desired alternate behavior? To seek coping strategies  
 Do they have coping skills to utilize? Yes or No. What are they? Play games, take a shower, time in his room
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; Victim history exists
22. Who is responsible for providing household reports and documentation to the county? CAKridge
23. What are person's medical needs? Administration of meds for treatment of diabetes; preventative screening medical and dental appt's; Community Survival Skills, water safety skills.
24. What are person's safety needs? Due to Ken's paranoia, he may be at risk in the community around certain types of individuals. Ken is also very kind which could result in being taken advantage of.
25. What technology does person use? computer, internet, cell, home, 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 Ken is very nice to be around, he is very helpful/whenever he can be. He seems very happy most of the time.

MM  
 Staff Signature



### Person Supported Competency

Person: Justin Young Staff: MARK

Location: Pine St. Date: 2/4/21

1. What outcomes/goals does the person have?

- ① Justin will have positive interactions with the housemate and staff for at least 5 minutes each day.
- ② Justin will participate in at least 75% of the group activities offered to him.
- ③ Justin will clean his room at least twice per week.
- ④ Justin will shower at least every other day and change his clothes daily at least 5
- ⑤ at the time. At least 80% of the time Justin will demonstrate independence by going to sleep and waking up at the same time each night and days. Justin will also take med.

2. Documentation on goals is optional? True or **False**

3. Who is the person's case manager? Amy Burkila / Tim Leskey

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? He is 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? Oakridge

14. Is person at risk for self abuse? **Yes** or No. If yes, what are the risks? Neglects or refuses to take med's.

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, may be to have someone else

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? Dustin is allergic to amoxicillin, erythromycin & penicillin.

19. What county is the person from? \_\_\_\_\_

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Isolative behavior, Disruptive behavior  
What is desired alternate behavior? \_\_\_\_\_

Do they have coping skills to utilize? Yes or No. What are they? Playing guitar, smoke

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Inability to identify potentially dangerous situations; Lack of community orientation skills; inappropriate interactions with others; Inability to deal with verbally/physically aggressive persons.

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

23. What are person's medical needs? Dustin needs assistance with seeing routine medical care, dental care, and emergency medical care

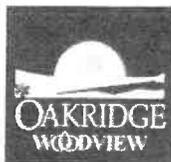
24. What are person's safety needs? Internet, computer, telephone, cable

25. What technology does person use? Needs supervision at all times except

Can it be used for monitoring the person? Yes or No. If yes in what way? for 4 hours a day

After reading all identifying information about the person, please describe this person in your own words Dose not like being told what to do like Kimberly is yelling about sneaking into the kitchen in the middle of the night to eat and has to be prompted to do chores.

M. M. M.  
Staff Signature



### Person Supported Competency

Person: Alexander Learner Staff: Mark

Location: Pine St. Date: \_\_\_\_\_

1. What outcomes/goals does the person have?

- ① Alex will have positive interactions with staff at least 2 times per week
- ② Alex will demonstrate independence in at least 24 hours per week
- ③ Alex will help cook a meal with staff assistance at least once per week 90% of the time.

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Dawn Honer

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: Asperger Disorder, Dysthymia, 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

9. Who administers person's medications? \_\_\_\_\_

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? Alex is working as a dishwasher

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? Oakridge

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

Laughs inappropriately

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

17. How does person like their services provided? Alex likes a calm structured focused style of communication. Alex likes support staff

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

19. What county is the person from? Cass County

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

What is desired alternate behavior? Isolation be more respectful

Do they have coping skills to utilize? Yes or No. What are they? Reading, watching TV, playing video games, listen to music, walk away, talk to himself out loud to work himself through the problem/situation

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  
& a history exists.

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

23. What are person's medical needs? It has been noted that Alex may not always maintain a healthy sleep regimen

24. What are person's safety needs? needs to follow doctor's orders and to dress appropriately

25. What technology does person use? Laptop, cell phone, xbox, TV, 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 likes to play RPG games, likes to cook, likes his job & co workers and likes to sit and talk with the staff.

M. Reed  
Staff Signature



### Person Supported Competency

Person: Brandon Staff: MARK

Location: Pine St. Date: 2-20-21

1. What outcomes/goals does the person have?

Positive interactions with housemates and staff for at least two hours a day  
Participate in at least 75% of group activities  
Clean his room at least twice a week  
Will shower at least every other day 90% of the time

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 Tuhtanen

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? He doesn't want a job right now

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? Ombudsman

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

past self-injurious behaviors, neglects or refuses to take his meds

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 money matters, or the understanding of finance's
17. How does person like their services provided? Calm Straight forward style of communication
18. Does person have allergies?  Yes or No. What are they? Haidel, adhesive tape, and Silicon's
19. What county is the person from? A. Tkin
20. Does this person have a behavior plan?  Yes or No. If yes, what are the target behaviors? Isolation, verbal aggression, refusing restriction  
What is desired alternate behavior? Group Activities, coping skills  
Do they have coping skills to utilize?  Yes or No. What are they? Take an anxiety pill, smoke, do 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 Tuhtanen
23. What are person's medical needs? Set all appointments and bring to appointments
24. What are person's safety needs? Brandon needs a little help sometimes when in the public eye
25. What technology does person use? INTERNET, computer, telephone, 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 Brandon is pretty much independent. Only needs help once in a while with something's.

Maal Ag  
Staff Signature



Competency on Program Abuse Prevention Plan (PAPP)

Name MARK SOPER

Date 8-28-21

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? Oakridge homes will provide training on a formal and informal basis, individually and in groups on ways to stay safe. Training will involve boundaries, health issues and how to recognize symptoms of illness, comfort, following through on physical and/or occupational therapy recommendations, anger management, coping skills, etc...

2. Describe the need for specialized programs of care for the persons the program plans to serve: There currently is not a need for specialized programs of care for the individuals receiving services.

3. Describe the need for specific staff training to meet individual service needs: Based upon the assessed areas already mentioned and training staff in the items required by mn. statutes, chapter 245D, and positive support rule, there is not any additional staff training needed.

4. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services: none 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? 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? Staff persons are trained in the items required by mn. statute, chapter 245D, including their staff responsibilities and duties. Staff has been trained in their responsibilities to address each individual's physical and emotional health. Staff has been trained on the maltreatment of vulnerable adults Act and can take steps to prevent abuse, take corrective action and immediately report maltreatment. When out in the community staff will supervise consumers at all times unless otherwise noted in the person's IAPP.

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

The basement and upstairs are difficult to supervise unless staff are on that floor.

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's abuse prevention plans (IAPP) which includes if the client has unsupervised time alone either at home or in the community, individual crisis plans, facility crisis protocol, PAPP, and behavior individual program plans (BPPs) for all individuals living in the home. Police and medical care would take at least 3 minutes before they would arrive and could transport to the hospital in town. Staff have been trained on keeping people safe, first aid and CPR.

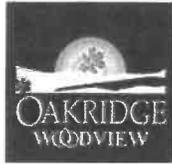
Types of grounds and terrain:

Staff have been trained on the maltreatment of vulnerable adults Act and can take steps to prevent abuse, take corrective action, and immediately report maltreatment.

There is uneven terrain in the grass yard. There is a wooden deck off the back door that is accessible. The front door has wooden steps. There is a large paved parking lot and a basketball hoop.

Signature

Mark Sa



### Person Supported Competency

Person: Dustin Young Staff: MARK

Location: Pine ST. Date: 1/25/20

1. What outcomes/goals does the person have?

- ① Dustin will have positive interaction's with housemate's and staff for at least 2 hours each day
- ② Dustin will participate in at least 75% of the group activities offered to him
- ③ Dustin will clean his room at least twice per week.
- ④ Dustin will shower at least every other day and change his clothes daily at least 90%
- ⑤ of the time at least 80% of the time Dustin will demonstrate independence by going to sleep and waking up at the same time each night and day. Dustin will also take med's and attend appointments as scheduled.

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Amy Bakriza / Tim Leskey

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? He is 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? Oakridge

14. Is person at risk for self abuse? Yes or No. If yes, what are the risks? Neglect's or refuse's to take med's.

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, may be 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? Dustin is allergic to doxycycline, erythromycin & penicillin.

19. What county is the person from? \_\_\_\_\_

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Isolative behavior, Disruptive behavior  
What is desired alternate behavior? \_\_\_\_\_

Do they have coping skills to utilize? Yes or No. What are they? Playing guitar, Smoke

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Inability to identify potentially dangerous situations; Lack of community orientation skills; Inappropriate interactions with others; Inability to deal with verbally/physically aggressive persons.

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

23. What are person's medical needs? Dustin needs assistance with seeking routine medical care, dental care, and emergency medical care

24. What are person's safety needs? Internet, computer, telephone, cable

25. What technology does person use? Needs supervision at all times except

Can it be used for monitoring the person? Yes or No. If yes in what way? for 4 hours a day

After reading all identifying information about the person, please describe this person in your own words Dose not like being told what to do like keeping his yelling down sneaking into the kitchen in the middle of the night to eat and has to be prompted to do chores.

Mark  
Staff Signature



### Person Supported Competency

Person: Alexander Warner Staff: Mark

Location: Pine ST. Date: 11/25/20

1. What outcomes/goals does the person have?

- ① Alex will have positive interaction's with house mate's and staff for at least 2 hours each day
- ② Alex will demonstrate independence by cleaning his room at least 2x's per week
- ③ Alex will help cook a meal with staff assistance at least once per week 90% of the time.

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Dawn Honer

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: Asperger Disorder, Dysthymia, 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

9. Who administers person's medications? \_\_\_\_\_

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? Alex is working as a dishwasher

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? Oakridge

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?  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

19. What county is the person from? Cass County

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

What is desired alternate behavior? less isolation, be more respectful

Do they have coping skills to utilize? Yes or No. What are they? reading, watching T.V., playing video games, listen to music, walk away, talk to himself out loud, to walk himself through the problem/situation

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

Inability to deal with verbally/physically aggressive person's victim history exists.

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

23. What are person's medical needs? It has been noted that Alex may not always maintain a healthy sleep regimen

24. What are person's safety needs? needs to follow doctor's orders and to dress appropriately

25. What technology does person use? Laptop, cell phone, xbox, T.V., 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 likes to play RPG games, likes to cook, likes his job & co-workers and likes to sit and talk with his staff.

mas  
Staff Signature



### Competency on Program Abuse Prevention Plan (PAPP)

Name Mark S

Date 9/1/20

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? Oakridge homes will provide training on a formal and informal basis, individually and in groups on ways to stay safe. Training will involve boundaries, health issues and how to recognize symptoms of illness, comfort following through on physical and/or occupational therapy recommendations, anger management, coping skills, etc...

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

There currently is not a need for specialized programs of care for the individuals receiving services.

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

Based upon the assessed areas already mentioned and training staff in the items required by mn. statutes, chapter 245D, and positive support rule, there is not any additional staff training needed.

4. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services: none 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? 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? Staff persons are trained

in the items required by mn. statute, chapter 245D, including their staff responsibilities and duties. Staff has been trained in their responsibilities to address each individual's physical and emotional health, staff has been trained on the maltreatment of vulnerable adults Act and can take steps to prevent abuse, take corrective action and immediately report maltreatment. When out in the community staff will supervise consumers at all times (unless otherwise noted in the person's IAPP).

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

The basement and upstairs are difficult to supervise unless staff are on that floor.

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 (IAPP) which includes if the clients have unsupervised time alone either at home or in the community, individual crisis plans, facility crisis protocol, PAPP, and behavior individual program plan's (BPP's) for all individuals living in the home. Police and medical care would take at least 3 minutes before they would arrive and could transport to the hospital in town. Staff have been trained on keeping people safe, first aid and CPR.

Types of grounds and terrain.

Staff have been trained on the maltreatment of vulnerable adults Act and can take steps to prevent abuse, take corrective action, and immediately report maltreatment.

There is uneven terrain in the grass yard. There is

a wooden deck off the back door that is accessible. The front door has wooden steps. There is a large paved parking lot and a basketball hoop

Signature

Mark [Signature]

# PROOF OF COMPETENCY



## Adaptive Equipment Review

Name: Mark S

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

Signature: Mark S

Date: 7-27-20



### Person Supported Competency

Person: ZANE Smith Staff: MARK

Location: Pine St. Date: 11/25/20

1. What outcomes/goals does the person have?

- ① ZANE will not purchase anything that he doesn't have a plan to use in the near future. He will do this at least 90% of the time he goes shopping.
- ② ZANE will make all his appointments on his own. Zane will assist with cooking 1x per week. Zane will learn one new household task a month.
- ③ Zane will participate in social situations at least 8x per month.

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? TARA Jones and Kevin Koop

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?

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

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? Work's for Productive Alternatives, inc.

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? Oakridge

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

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

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
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  
What is desired alternate behavior? Spend time with housemates  
Do they have coping skills to utilize? Yes or No. What are they? go for a walk, read a magazine, sit in his room and listen to the radio.
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Zane may not recognize sexual abuse and therefore may not defend against it or report it.
22. Who is responsible for providing household reports and documentation to the county? Zane
23. What are person's medical needs? Chronic medical conditions, Preventive Screenings, ~~risk of~~
24. What are person's safety needs? Staff educate Zane through regular discussion and talk's about emergency situation's
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? \_\_\_\_\_

After reading all identifying information about the person, please describe this person in your own words Zane is friendly and polite to staff and housemates.

Mack  
Staff Signature



### Person Supported Competency

Person: Ronald Osborne Staff: MARK

Location: Pine St. Date: 1/25/20

1. What outcomes/goals does the person have?

- ① Ron will have positive interactions with housemates and staff for 2 hours daily
- ② Ron will participate in at least 75% of group activities offered to him.
- ③ Ron will coordinate his care for ongoing medical and psychiatric app's with staff at least 90% of the time.
- ④ Ron will walk or ride the stationary bike for at least 15 minutes at least 3x's a week.

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Megan Perrington

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?

Ron was sexually abused by a male landlord when he moved out on his own when he was 17-18. This occurred three times

6. Diagnoses: Schizoaffective Disorder, 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? Oakridge

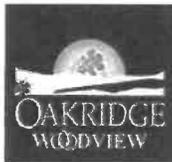
14. Is person at risk for self abuse? Yes or No. If yes what are the risks? neglects OS refuse's to take med's; History SIB.

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 and therefore may not report it.
17. How does person like their services provided? Prefer's a calm straight forward style of communication
18. Does person have allergies? Yes or  No. What are they? \_\_\_\_\_
19. What county is the person from? ITSCC
20. Does this person have a behavior plan?  Yes or No. If yes, what are the target behaviors? Isolative behavior, Suicidal ideation  
 What is desired alternate behavior? To use his coping strategies  
 Do they have coping skills to utilize?  Yes or No. What are they? Play games, take a shower, time in his room
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; victim history exists
22. Who is responsible for providing household reports and documentation to the county? Oakridge
23. What are person's medical needs? Administration of med's or treatment orders; preventative screening; medical and dental app's; community survival skills, water safety skills.
24. What are person's safety needs? Due to Ron's paranoia, he may be at risk in the community around certain types of individuals. Ron is also very kind which could result in being taken advantage of.
25. What technology does person use? computer, internet, cell phone, 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 very nice to be around, he is very helpful whenever he can be. He seems very happy most of the time.

Mack  
 Staff Signature



### Person Supported Competency

Person: Brian Sluka Staff: mark

Location: Pine st. Date: 1/25/20

③ Brian will clean his room at least twice per week

1. What outcomes/goals does the person have?

- ① Brian should improve his money management skills by sitting down 1x per week to review his monthly budget and ledger any transactions during that week, for 90% of the next 12 consecutive months.
- ② Brian will set up and acquire transportation to and from his daily events such as work and community alone time activities 90% of the time for the next 12 months.

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Lisa Kohn

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?

Abuse History

6. Diagnoses: Major Depressive Disorder - Recurrent Episode - moderate severity; Acute Stress Reaction; ADHD - Combined 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? working at times and now is looking for 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? Oakridge

14. Is person at risk for self abuse? Yes or No. If yes, what are the risks? Refuses to eat; Inability to care for self-help needs; Lack of self-preservation skills; Ignores personal safety; Engages in self-injurious behaviors; Neglects or refuses to take med's.

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; Lack's understanding of financial matters

17. How does person like their services provided? TALK to me, give me choices, and give me space when i need it.

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

19. What county is the person from? Morrison

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Verbal aggression, yelling, screaming, Physical Aggression, Isolative Behavior  
What is desired alternate behavior? To relax

Do they have coping skills to utilize? Yes or No. What are they? cell phone T.V., radio, staff

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Inability to identify potentially dangerous situations; Inappropriate interaction's with other's; Inability to deal with verbally / physically aggressive person's; Verbally / physically abusive to others, Victim History exist

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

23. What are person's medical needs? taking med's, help making dental, physical, appointments.

24. What are person's safety needs? Brian admits to walking out into traffic without paying attention to crosswalk's, sign's or vehicles in movement. He needs to pay more attention.

25. What technology does person use? T.V., Phone, computer, cell phone, internet

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 Brian like's talking to staff, talk's on the phone most of the time and being isolated.

mad  
Staff Signature

# PROOF OF COMPETENCY



## SERVICE RECIPIENT RIGHTS COMPETENCY

(January Worksheet)

Name: Mark Date: 1/27/20 Signature: Mark

\*\*\*Fill in the Blank\*\*\*

1. Right to have ORH/WSS help coordinate my care if I transfer to another provider to ensure continuity of care.
2. Right to have personal privacy.
3. Right to have free, daily, private access to and use of a phone for local calls, and long distance calls made collect or paid for by me.
4. Right to take part in planning and evaluating the services that will be provided to me.
5. Right to refuse or stop services and be informed about what will happen if I refuse or stop services.
6. 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.
7. Right to be free from abuse, neglect, and financial exploitation by ORH/WSS or its staff.
8. Right to have staff that is trained and calibrated to meet my needs and support.
9. Right to have accesses to my records and recorded information that ORH/WSS has about me as allowed by state and federal law, regulation or rule.
10. Right to receive services in a Clean and Safe location.
11. Right to be allowed to reasonably follow my cultural and ethnic practices and religion.
12. Right to know the names and addresses and phone numbers of people who can help me, including the ombudsman, and to get given information on how to file a complaint with these offices.
13. Right to visit Alone with my spouse, family, legal counsel, religious guide, or others allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09, including my bedroom.

14. Right to have services and support(s) provided to me in a way that respect me and considers my preferences.
15. Right to know what Services ORH/WSS provides and how much they cost, regardless of who will be paying of the services, and to be notified if those charges change.
16. 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.
17. 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.
18. Right to take part in activities I choose.
19. Right to Send and receive mail and emails and do not have them opened by anyone else unless I ask.
20. Right to have my personal, financial, service, health, and medical information kept Private and be notified if these records have been shared.
21. 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).
22. Right to choose my own friends and spend time with them.
23. Right to use and have free access to the common areas (this includes the kitchen).
24. Right to be treated with dignity and respect and have my property be treated with respect.
25. Right to be free from prejudice and harassment regarding my race, gender, age, disability spirituality and sexual orientation.
26. 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.
27. 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.
28. Right to give or not give informed consent to take part in any research or experimental treatment.
29. 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.

30. ORH/WSS can't 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 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.

**Oakridge/Woodview First Aid and CPR Class**

Date: 9/23/19

Course Provider: Patty Bernstetter, RN-BC

Staff Orientated: MARK SOPER

*Print clearly*

ORH/Woodview Facility working at: 710

The above staff has attended The Oakridge Homes First Aid and CPR Course. A score of 85% is needed to pass this course.

The participant will understand the basic steps in administrating:

- First Aid
- Heimlich maneuver
- CPR
- Epi Pen

Total Score 100

Successfully completed the annual First Aid/CPR refresher course: YES or NO

Patty Bernstetter RN-BC  
Course Provider's Signature and Title

***A copy of this completed form must be kept in this staff's individual***

***Personnel Record as proof of First Aid and CPR class.***

## Oakridge/Woodview First Aid and CPR Assessment

Date: 3/25/19

Course Provider: Patty Bernstetter, RN-BC

Staff Orientated: Mark Soper  
*Print clearly*

ORH/Woodview Facility working at: 710

The above staff has attended The Oakridge Homes First Aid and CPR Course. A score of 85% is needed to pass this course. The score is achieved as a combination of written test, demonstration of skills, class participation, appropriate dress, and timeliness.

**1 - Needs Improvement**

**2 - Meets Expectations**

	1 or 2 Score	Comments
<b>Demonstration:</b>		
Epi Pen Demonstration	<u>2</u>	
Hands only CPR	<u>2</u>	
Heimlich maneuver	<u>2</u>	
<b>Test Score - (15)</b>		
<b>Demonstration - (3)</b>		
<b>Total Score</b>	<u>18</u>	

Successfully completed the annual First Aid/CPR refresher course:  YES  NO

Patty Bernstetter RN-BC  
 Course Provider's Signature and Title

**A copy of this completed form must be kept in this staff's individual Personnel Record as proof of First Aid and CPR class.**

Oakridge Homes/Woodview Support Services

Proof of Competency – Coordinated Services and Supports Plan (CSSP)

Staff Name MARK Staff Signature Mark Date 6-17-19

Read and obtain information from the most recent Coordinated Service and Support Plan (CSSP) written by the case manager for each person served. If there is not a CSSP, please refer to the most recent Individual Service Plan (ISP) or Community Support Plan (CSP) written by the case manager.

Person Served: Alexander

Who is the case manager? Amy Holmberg

What is important to the person being served?  
Prefer's a calm straight forward style of communication

What are the strengths and needs of the person being served?  
Willing to do better. Alex require's Positive Support Strategies

What are this person's outcomes/goals?

1. Work on & develop Social Skill's
2. Independence with room cleaning
3. Cooking once a week
4. Reduce target behavior's to less than 10 per month

What is ORH/WSS responsible for as far as medical issues are concerned?

Medication administration / coordinating & making App'ts. Relaying info to health care personnel

How does the information in this CSSP apply to my job at ORH/WSS?

Helps me understand how to have a positive support attitude

Person Served: Anthony

Who is the case manager? MARK Nelson / TARA Stone's

What is important to the person being served?  
Prefer's a calm straight forward style of communication

What are the strengths and needs of the person being served?

What are this person's outcomes/goals?

1. Increase coping Skill's
2. Will not purchase item's unless necessary
3. Will be honest
- 4.

What is ORH/WSS responsible for as far as medical issues are concerned?

Medication administration / coordinating & making App'ts/Relaying info to health care personnel

How does the information in this CSSP apply to my job at ORH/WSS?

Helps me understand how to have a positive support attitude.

Person Served: Zane

Who is the case manager? Mark Nelson / Chris Christenson

What is important to the person being served?

Prefers a calm straight forward style of communication.

What are the strengths and needs of the person being served?

---

What are this person's outcomes/goals?

1. Not to purchase things he won't be using
2. Independence, make App's.
3. Social 8x month
4. Increase coping skills

What is ORH/WSS responsible for as far as medical issues are concerned?

Medication administration / coordinating & making App's, Relay info to health care personnel.

How does the information in this CSSP apply to my job at ORH/WSS?

Helps me understand how to have a positive attitude for support to the client.

---

Person Served: Dustin

Who is the case manager? Mark Nelson / Chris Christenson

What is important to the person being served?

Prefers a calm straight forward style of communication.

What are the strengths and needs of the person being served?

Willing to do better. Dustin requires positive support strategies.

What are this person's outcomes/goals?

1. Get to know housemate's
2. Attend Activities
3. improve independent skills, clean room
4. increase independence by following schedule.

What is ORH/WSS responsible for as far as medical issues are concerned?

Medication administration / coordinating & making App's, Relay info to health care personnel

How does the information in this CSSP apply to my job at ORH/WSS?

Helps me understand how to have a positive attitude for support to the client.

Person Served: Ronald

Who is the case manager? Megan Pieurington

What is important to the person being served?

Prefer's a calm straight forward style of communication

What are the strengths and needs of the person being served?

Willing to do better / Ronald requires positive support strategies

What are this person's outcomes/goals?

1. Get to know housemates
2. Attend Activities
3. help with App's
4. Increase coping skills

What is ORH/WSS responsible for as far as medical issues are concerned?

medication administration / coordinating & making Apps, Relay info to health care person

How does the information in this CSSP apply to my job at ORH/WSS?

Helps me understand how to have a positive support attitude



Oakridge Homes/Woodview Support Services

Proof of Competency – Coordinated Services and Supports Plan (CSSP)

Staff Name MASK Staff Signature MASK Date 8-6-19

Read and obtain information from the most recent Coordinated Service and Support Plan (CSSP) written by the case manager for each person served. If there is not a CSSP, please refer to the most recent Individual Service Plan (ISP) or Community Support Plan (CSP) written by the case manager.

Person Served: Brian B. Sluka

Who is the case manager? Nathanael Gerluck

What is important to the person being served? Brian likes to work with his hands & keeps busy with carpentry, wood working, as well as going to the library & reading

What are the strengths and needs of the person being served?

Family, Job, friends

What are this person's outcomes/goals?

- Brian will increase independence with med's & medical app. management.
- Brian will increase independent living skills and transportation
- Brian will increase his money management
- Brian will schedule all dental exams for preventative care

What is ORH/WSS responsible for as far as medical issues are concerned?

Help make app's, Health & mental coping skills, med passing

How does the information in this CSSP apply to my job at ORH/WSS? Staff will remind Brian to make medical providers as well as manage daily to how he's feeding

Person Served: \_\_\_\_\_

Who is the case manager? \_\_\_\_\_

What is important to the person being served?  
\_\_\_\_\_

What are the strengths and needs of the person being served?  
\_\_\_\_\_

What are this person's outcomes/goals?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What is ORH/WSS responsible for as far as medical issues are concerned?  
\_\_\_\_\_

How does the information in this CSSP apply to my job at ORH/WSS?  
\_\_\_\_\_



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Client: Anthony Staff Name: Mark Date: 6-14-19

1. Is this client susceptible to sexual abuse:  Yes  No If yes, in what areas?

- Lack of understanding of sexuality
- Likely to see or cooperate in an abusive situation
- Inability to be assertive
- Other: \_\_\_\_\_

2. Is this client susceptible to physical abuse:  Yes  No If yes, in what areas?

- Inability to identify potentially dangerous situations
- Lack of community orientation skills
- Inappropriate interactions with others
- Inability to deal with verbally/physically aggressive persons
- "Victim" history exists
- Other: Physically & verbally not able to defend self

3. Is this client susceptible to self abuse:  Yes  No If yes, in what areas?

- Dresses inappropriately
- Refuses to eat
- Inability to care for self-help needs
- Lack of self-preservation skills (ignores personal safety)
- Engages in self-injurious behaviors
- Neglects or refuses to take medications
- Other: \_\_\_\_\_

4. Does this client have any alone time:  Yes  No If yes, how much?

- Unsupervised at home for: 0 minutes/hours
- Unsupervised in the community for 0 minutes/hours

5. Is this client susceptible to financial exploitations:  Yes  No If yes, in what areas?

- Inability to handle financial matters
- Other: \_\_\_\_\_

6. Does this person have a history or committing a violent crime or act of physical aggression towards others:  Yes  No

7. What interfering behaviors does this client demonstrate, if any:

- Verbal aggression
- Physical aggression
- Non-compliance
- Property abuse
- Manipulation
- Sexual behaviors

8. Would this client seek or cooperate in an abusive situation:  Yes  No If yes, explain?

How: \_\_\_\_\_

9. Would this client be able to defend themselves in an abusive situation:  
 Yes  No If yes, please explain?

How: \_\_\_\_\_

10. Does this person have the ability to identify potentially dangerous situations?

- Yes
- No

11. Does this client have community orientation skills:  Yes  No If yes, please explain?

Community orientation skills:

\_\_\_\_\_  
\_\_\_\_\_

12. What are self preservation skills for this client? going to bedroom and write

\_\_\_\_\_  
\_\_\_\_\_

13. Does this client have seizures:  Yes  No If yes, would what staff do?

Staff responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does this client have allergies:  Yes  No If yes, what are they?

Allergies: \_\_\_\_\_

15. Does this client have water safety skills:  Yes  No

16. If around an exterior body of water, staff will do the which of the follow: (check all that apply)

- Client will wear a life jacket
- If the client is on a boat or on a dock, staff will be within arm's length of client
- Staff will supervise and be within visual distance of client at all times

17. Does this person have sensory disabilities:  Yes  No If yes, what are they?

Sensory disabilities:

Wears glasses

18. Does this person have special dietary needs:  Yes  No If yes, what are they?

Special dietary needs:

has had diabetes

19. Does this person have chronic medical conditions:  Yes  No If yes, what are they?

Chronic medical conditions:

20. What areas does this client need support in: (check all that apply)

Health and Medical Needs:

- Allergies
- Seizures
- Choking
- Special dietary needs
- Chronic medical conditions
- Self-administration of medications or treatments
- Preventative screening
- Medical appointments
- Other: \_\_\_\_\_

**Personal Safety:**

- Risk of falling
- Mobility
- Regulating water temperature
- Community survival skills
- Water safety skills
- Sensory disabilities
- Other: \_\_\_\_\_

**Self-Management of Symptoms or Behaviors:**

- Symptoms or behaviors that may otherwise result in an incident, suspension, or termination of services by the program
- Symptoms or behaviors that may jeopardize the health and safety of the person or others
- Other: \_\_\_\_\_

---

Staff Signature: \_\_\_\_\_

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

*Mark Sg*

*6-14-19*



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Client: Zane

Staff Name: Maart

Date: 6-14-19

1. Is this client susceptible to sexual abuse:  Yes  No If yes, in what areas?

- Lack of understanding of sexuality
- Likely to see or cooperate in an abusive situation
- Inability to be assertive
- Other: \_\_\_\_\_

2. Is this client susceptible to physical abuse:  Yes  No If yes, in what areas?

- Inability to identify potentially dangerous situations
- Lack of community orientation skills
- Inappropriate interactions with others
- Inability to deal with verbally/physically aggressive persons
- "Victim" history exists
- Other: Physically & verbally not able to defend self

3. Is this client susceptible to self abuse:  Yes  No If yes, in what areas?

- Dresses inappropriately
- Refuses to eat
- Inability to care for self-help needs
- Lack of self-preservation skills (ignores personal safety)
- Engages in self-injurious behaviors
- Neglects or refuses to take medications
- Other: \_\_\_\_\_

4. Does this client have any alone time:  Yes  No If yes, how much?

- Unsupervised at home for: 5 minutes hours
- Unsupervised in the community for: 5 minutes hours

5. Is this client susceptible to financial exploitations:  Yes  No If yes, in what areas?

- Inability to handle financial matters
- Other: impulsive & excessive spending

6. Does this person have a history or committing a violent crime or act of physical aggression towards others:  Yes  No

7. What interfering behaviors does this client demonstrate, if any:

- Verbal aggression
- Physical aggression
- Non-compliance
- Property abuse
- Manipulation
- Sexual behaviors

8. Would this client seek or cooperate in an abusive situation:  Yes  No If yes, explain?

How: \_\_\_\_\_

9. Would this client be able to defend themselves in an abusive situation:

- Yes  No If yes, please explain?

How: \_\_\_\_\_

10. Does this person have the ability to identify potentially dangerous situations?

- Yes  No

11. Does this client have community orientation skills:  Yes  No If yes, please explain?

Community orientation skills:

\_\_\_\_\_  
\_\_\_\_\_

12. What are self preservation skills for this client? Seclusion in his room

\_\_\_\_\_  
\_\_\_\_\_

13. Does this client have seizures:  Yes  No If yes, would what staff do?

Staff responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does this client have allergies:  Yes  No If yes, what are they?

Allergies: Penecillin

15. Does this client have water safety skills:  Yes  No

16. If around an exterior body of water, staff will do the which of the follow: (check all that apply)

- Client will wear a life jacket
- If the client is on a boat or on a dock, staff will be within arm's length of client
- Staff will supervise and be within visual distance of client at all times

17. Does this person have sensory disabilities:  Yes  No If yes, what are they?

Sensory disabilities:

18. Does this person have special dietary needs:  Yes  No If yes, what are they?

Special dietary needs:

Low cholestrol diet

19. Does this person have chronic medical conditions:  Yes  No If yes, what are they?

Chronic medical conditions:

20. What areas does this client need support in: (check all that apply)

Health and Medical Needs:

- Allergies
- Seizures
- Choking
- Special dietary needs
- Chronic medical conditions
- Self-administration of medications or treatments
- Preventative screening
- Medical appointments
- Other: \_\_\_\_\_

**Personal Safety:**

- Risk of falling
- Mobility
- Regulating water temperature
- Community survival skills
- Water safety skills
- Sensory disabilities
- Other: \_\_\_\_\_

**Self-Management of Symptoms or Behaviors:**

- Symptoms or behaviors that may otherwise result in an incident, suspension, or termination of services by the program
- Symptoms or behaviors that may jeopardize the health and safety of the person or others
- Other: \_\_\_\_\_

---

Staff Signature: Mark Sa

Date: 6-14-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Client: Dustin Staff Name: MARK Date: 6-14-19

1. Is this client susceptible to sexual abuse:  Yes  No If yes, in what areas?

- Lack of understanding of sexuality
 Likely to see or cooperate in an abusive situation
 Inability to be assertive
 Other: \_\_\_\_\_

2. Is this client susceptible to physical abuse:  Yes  No If yes, in what areas?

- Inability to identify potentially dangerous situations
 Lack of community orientation skills
 Inappropriate interactions with others
 Inability to deal with verbally/physically aggressive persons
 "Victim" history exists
 Other: \_\_\_\_\_

3. Is this client susceptible to self abuse:  Yes  No If yes, in what areas?

- Dresses inappropriately
 Refuses to eat
 Inability to care for self-help needs
 Lack of self-preservation skills (ignores personal safety)
 Engages in self-injurious behaviors
 Neglects or refuses to take medications
 Other: \_\_\_\_\_

4. Does this client have any alone time:  Yes  No If yes, how much?

- Unsupervised at home for: 4 minutes/hours
 Unsupervised in the community for 1 minutes/hours

5. Is this client susceptible to financial exploitations:  Yes  No If yes, in what areas?

Inability to handle financial matters

Other: MAY be taken advantage of

6. Does this person have a history or committing a violent crime or act of physical aggression towards others:  Yes  No

7. What interfering behaviors does this client demonstrate, if any:

- Verbal aggression
- Physical aggression
- Non-compliance
- Property abuse
- Manipulation
- Sexual behaviors

8. Would this client seek or cooperate in an abusive situation:  Yes  No If yes, explain?

How: \_\_\_\_\_

9. Would this client be able to defend themselves in an abusive situation:

Yes  No If yes, please explain?

How: \_\_\_\_\_

10. Does this person have the ability to identify potentially dangerous situations?

Yes  No

11. Does this client have community orientation skills:  Yes  No If yes, please explain?

Community orientation skills:

has time alone in community

12. What are self preservation skills for this client? To go to his bedroom / isolate.

13. Does this client have seizures:  Yes  No If yes, would what staff do?

Staff responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does this client have allergies:  Yes  No If yes, what are they?

Allergies: Doxycycline, Erythromycin, Penicillin

15. Does this client have water safety skills:  Yes  No

16. If around an exterior body of water, staff will do the which of the follow: (check all that apply)

- Client will wear a life jacket
- If the client is on a boat or on a dock, staff will be within arm's length of client
- Staff will supervise and be within visual distance of client at all times

17. Does this person have sensory disabilities:  Yes  No If yes, what are they?

Sensory disabilities:

---

---

18. Does this person have special dietary needs:  Yes  No If yes, what are they?

Special dietary needs:

---

---

19. Does this person have chronic medical conditions:  Yes  No If yes, what are they?

Chronic medical conditions:

---

---

---

20. What areas does this client need support in: (check all that apply)

Health and Medical Needs:

- Allergies
- Seizures
- Choking
- Special dietary needs
- Chronic medical conditions
- Self-administration of medications or treatments
- Preventative screening
- Medical appointments
- Other: \_\_\_\_\_

**Personal Safety:**

- Risk of falling
- Mobility
- Regulating water temperature
- Community survival skills
- Water safety skills
- Sensory disabilities
- Other: \_\_\_\_\_

**Self-Management of Symptoms or Behaviors:**

- Symptoms or behaviors that may otherwise result in an incident, suspension, or termination of services by the program
- Symptoms or behaviors that may jeopardize the health and safety of the person or others
- Other: \_\_\_\_\_

---

Staff Signature: \_\_\_\_\_

*Mark Jay*

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

*6-14-19*



**Oakridge Homes/Woodview Support Services**

**Individual Abuse Prevention Plan (IAPP) Competency**

Client: Alexander Staff Name: Mark Date: 6-14-19

1. Is this client susceptible to sexual abuse:  Yes  No If yes, in what areas?

- Lack of understanding of sexuality
- Likely to see or cooperate in an abusive situation
- Inability to be assertive
- Other: \_\_\_\_\_

2. Is this client susceptible to physical abuse:  Yes  No If yes, in what areas?

- Inability to identify potentially dangerous situations
- Lack of community orientation skills
- Inappropriate interactions with others
- Inability to deal with verbally/physically aggressive persons
- "Victim" history exists
- Other: \_\_\_\_\_

3. Is this client susceptible to self abuse:  Yes  No If yes, in what areas?

- Dresses inappropriately
- Refuses to eat
- Inability to care for self-help needs
- Lack of self-preservation skills (ignores personal safety)
- Engages in self-injurious behaviors
- Neglects or refuses to take medications
- Other: \_\_\_\_\_

4. Does this client have any alone time:  Yes  No If yes, how much?

- Unsupervised at home for: 6 Hrs minutes/hours
- Unsupervised in the community for 6 Hrs minutes/hours

5. Is this client susceptible to financial exploitations:  Yes  No If yes, in what areas?

Inability to handle financial matters

Other: \_\_\_\_\_

6. Does this person have a history or committing a violent crime or act of physical aggression towards others:  Yes  No

7. What interfering behaviors does this client demonstrate, if any:

Verbal aggression

Physical aggression

Non-compliance

Property abuse

Manipulation

Sexual behaviors

8. Would this client seek or cooperate in an abusive situation:  Yes  No If yes, explain?

How: \_\_\_\_\_

9. Would this client be able to defend themselves in an abusive situation:

Yes  No If yes, please explain?

How: \_\_\_\_\_

10. Does this person have the ability to identify potentially dangerous situations?

Yes  No

11. Does this client have community orientation skills:  Yes  No If yes, please explain?

Community orientation skills:

\_\_\_\_\_  
\_\_\_\_\_

12. What are self preservation skills for this client? isolation, go to bedroom

\_\_\_\_\_  
\_\_\_\_\_

13. Does this client have seizures:  Yes  No If yes, would what staff do?

Staff responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

14. Does this client have allergies:  Yes  No If yes, what are they?

Allergies: \_\_\_\_\_

15. Does this client have water safety skills:  Yes  No

16. If around an exterior body of water, staff will do the which of the follow: (check all that apply)

- Client will wear a life jacket
- If the client is on a boat or on a dock, staff will be within arm's length of client
- Staff will supervise and be within visual distance of client at all times

17. Does this person have sensory disabilities:  Yes  No If yes, what are they?

Sensory disabilities:

\_\_\_\_\_  
\_\_\_\_\_

18. Does this person have special dietary needs:  Yes  No If yes, what are they?

Special dietary needs:

\_\_\_\_\_  
\_\_\_\_\_

19. Does this person have chronic medical conditions:  Yes  No If yes, what are they?

Chronic medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. What areas does this client need support in: (check all that apply)

Health and Medical Needs:

- Allergies
- Seizures
- Choking
- Special dietary needs
- Chronic medical conditions
- Self-administration of medications or treatments
- Preventative screening
- Medical appointments
- Other: \_\_\_\_\_

**Personal Safety:**

- Risk of falling
- Mobility
- Regulating water temperature
- Community survival skills
- Water safety skills
- Sensory disabilities
- Other: \_\_\_\_\_

**Self-Management of Symptoms or Behaviors:**

- Symptoms or behaviors that may otherwise result in an incident, suspension, or termination of services by the program
- Symptoms or behaviors that may jeopardize the health and safety of the person or others
- Other: \_\_\_\_\_

---

Staff Signature: Mark Jay

Date: 6-14-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Client: Ronald Staff Name: Mark Date: 6-14-19

1. Is this client susceptible to sexual abuse:  Yes  No If yes, in what areas?

- Lack of understanding of sexuality
- Likely to see or cooperate in an abusive situation
- Inability to be assertive
- Other: Abuse history

2. Is this client susceptible to physical abuse:  Yes  No If yes, in what areas?

- Inability to identify potentially dangerous situations
- Lack of community orientation skills
- Inappropriate interactions with others
- Inability to deal with verbally/physically aggressive persons
- "Victim" history exists
- Other: \_\_\_\_\_

3. Is this client susceptible to self abuse:  Yes  No If yes, in what areas?

- Dresses inappropriately
- Refuses to eat
- Inability to care for self-help needs
- Lack of self-preservation skills (ignores personal safety)
- Engages in self-injurious behaviors
- Neglects or refuses to take medications
- Other: history of SIB

4. Does this client have any alone time:  Yes  No If yes, how much?

- Unsupervised at home for: 5 minutes/hours
- Unsupervised in the community for 5 minutes/hours

5. Is this client susceptible to financial exploitations:  Yes  No If yes, in what areas?

- Inability to handle financial matters
- Other: MAY be take advantage of

6. Does this person have a history or committing a violent crime or act of physical aggression towards others:  Yes  No

7. What interfering behaviors does this client demonstrate, if any:

- Verbal aggression
- Physical aggression
- Non-compliance
- Property abuse
- Manipulation
- Sexual behaviors

8. Would this client seek or cooperate in an abusive situation:  Yes  No If yes, explain?

How: \_\_\_\_\_

9. Would this client be able to defend themselves in an abusive situation:

- Yes
- No If yes, please explain?

How: \_\_\_\_\_

10. Does this person have the ability to identify potentially dangerous situations?

- Yes
- No

11. Does this client have community orientation skills:  Yes  No If yes, please explain?

Community orientation skills:

has alone time in the community

12. What are self preservation skills for this client? isolation, go to bedroom

13. Does this client have seizures:  Yes  No If yes, would what staff do?

Staff responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does this client have allergies:  Yes  No If yes, what are they?

Allergies: \_\_\_\_\_

15. Does this client have water safety skills:  Yes  No

16. If around an exterior body of water, staff will do the which of the follow: (check all that apply)

- Client will wear a life jacket
- If the client is on a boat or on a dock, staff will be within arm's length of client
- Staff will supervise and be within visual distance of client at all times

17. Does this person have sensory disabilities:  Yes  No If yes, what are they?

Sensory disabilities:

\_\_\_\_\_  
\_\_\_\_\_

18. Does this person have special dietary needs:  Yes  No If yes, what are they?

Special dietary needs:

\_\_\_\_\_  
\_\_\_\_\_

19. Does this person have chronic medical conditions:  Yes  No If yes, what are they?

Chronic medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

20. What areas does this client need support in: (check all that apply)

Health and Medical Needs:

- Allergies
- Seizures
- Choking
- Special dietary needs
- Chronic medical conditions
- Self-administration of medications or treatments
- Preventative screening
- Medical appointments
- Other: \_\_\_\_\_

**Personal Safety:**

- Risk of falling
- Mobility
- Regulating water temperature
- Community survival skills
- Water safety skills
- Sensory disabilities
- Other: \_\_\_\_\_

**Self-Management of Symptoms or Behaviors:**

- Symptoms or behaviors that may otherwise result in an incident, suspension, or termination of services by the program
- Symptoms or behaviors that may jeopardize the health and safety of the person or others
- Other: \_\_\_\_\_

---

Staff Signature: Mark Day

Date: 6-14-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Client: Brian Sluka Staff Name: Mark Date: 8/6/19

1. Is this client susceptible to sexual abuse:  Yes  No If yes, in what areas?

- Lack of understanding of sexuality
- Likely to see or cooperate in an abusive situation
- Inability to be assertive
- Other: Abuse history

2. Is this client susceptible to physical abuse:  Yes  No If yes, in what areas?

- Inability to identify potentially dangerous situations
- Lack of community orientation skills
- Inappropriate interactions with others
- Inability to deal with verbally/physically aggressive persons
- "Victim" history exists
- Other: \_\_\_\_\_

3. Is this client susceptible to self abuse:  Yes  No If yes, in what areas?

- Dresses inappropriately
- Refuses to eat
- Inability to care for self-help needs
- Lack of self-preservation skills (ignores personal safety)
- Engages in self-injurious behaviors
- Neglects or refuses to take medications
- Other: \_\_\_\_\_

4. Does this client have any alone time:  Yes  No If yes, how much?

- Unsupervised at home for: 5 minutes/hours
- Unsupervised in the community for 5 minutes/hours

5. Is this client susceptible to financial exploitations:  Yes  No If yes, in what areas?

Inability to handle financial matters

Other: Lack of understanding financial things

6. Does this person have a history or committing a violent crime or act of physical aggression towards others:  Yes  No

7. What interfering behaviors does this client demonstrate, if any:

- Verbal aggression
- Physical aggression
- Non-compliance
- Property abuse
- Manipulation
- Sexual behaviors

8. Would this client seek or cooperate in an abusive situation:  Yes  No If yes, explain?

How: Abuse history

9. Would this client be able to defend themselves in an abusive situation:

Yes  No If yes, please explain?

How: Inability to identify dangerous situation's

10. Does this person have the ability to identify potentially dangerous situations?

Yes  No

11. Does this client have community orientation skills:  Yes  No If yes, please explain?

Community orientation skills:

\_\_\_\_\_

12. What are self preservation skills for this client?

Brian can manage most of his needs as well as personal safety, but may need reminders on what situations are safe and not safe.

13. Does this client have seizures:  Yes  No If yes, would what staff do?

Staff responsibilities:

\_\_\_\_\_

\_\_\_\_\_

14. Does this client have allergies:  Yes  No If yes, what are they?

Allergies: Seasonal allergies

15. Does this client have water safety skills:  Yes  No

16. If around an exterior body of water, staff will do the which of the follow: (check all that apply)

- Client will wear a life jacket
- If the client is on a boat or on a dock, staff will be within arm's length of client
- Staff will supervise and be within visual distance of client at all times

17. Does this person have sensory disabilities:  Yes  No If yes, what are they?

Sensory disabilities:

Wear glasses

18. Does this person have special dietary needs:  Yes  No If yes, what are they?

Special dietary needs:

19. Does this person have chronic medical conditions:  Yes  No If yes, what are they?

Chronic medical conditions:

20. What areas does this client need support in: (check all that apply)

Health and Medical Needs:

- Allergies
- Seizures
- Choking
- Special dietary needs
- Chronic medical conditions
- Self-administration of medications or treatments
- Preventative screening
- Medical appointments
- Other: \_\_\_\_\_

**Personal Safety:**

- Risk of falling
- Mobility
- Regulating water temperature
- Community survival skills
- Water safety skills
- Sensory disabilities
- Other: \_\_\_\_\_

**Self-Management of Symptoms or Behaviors:**

- Symptoms or behaviors that may otherwise result in an incident, suspension, or termination of services by the program
- Symptoms or behaviors that may jeopardize the health and safety of the person or others
- Other: \_\_\_\_\_

---

Staff Signature: \_\_\_\_\_

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

*Mark Sawyer*  
*8/6/19*



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Brian Sluka Staff Name: mark Date: 8/6/19

1. What goals does the client have:

- a. Goal 1: Brian will clean his room
- b. Goal 2: Brian will learn to budget and manage his money
- c. Goal 3: Brian will improve his independent living skills of independent transportation to and from his daily living activities.
- d. Goal 4: Brian will improve his mental health and satisfaction with his life
- e. Goal 5:
- f. Goal 6:

2. How often is each goal supposed to be run:

- a. Goal 1: Two times a week
- b. Goal 2: 90% of the next 12 months
- c. Goal 3: 90% of the time
- d. Goal 4: 5x or less per month
- e. Goal 5:
- f. Goal 6:

3. What is the staff's responsibilities in each goal: (refer to the supports and methods section)

- a. Goal 1: Staff will encourage Brian to keep his room clean & clean it 2x at least per week. Staff will praise Brian when he cleans his room or is
- b. Goal 2: They find it clean
- c. Goal 3: Brian and P.C. should discuss what day, where, what's to buy and budget.
- d. Goal 4: Staff will have to locate Brian if he isn't on time getting home or to where ever he is to be.
- Goal 4: Staff will encourage Brian to see a counselor regularly to help him navigate through his emotions and mental health.

e. Goal 5:

f. Goal 6:

4. Are there changes to the social or Physical environment that need to happen for each goal:

a. Goal 1: none

b. Goal 2: Brian may need some prompting from staff on completing this goal - other accommodations are as staff deem necessary.

c. Goal 3: Brian will have to be aware of his physical environment such as weather to be able to set up appropriate transportation

d. Goal 4: Staff will allow Brian the time & space needed to calm and staff will also praise Brian when he follows his steps & uses his coping skills.

e. Goal 5:

f. Goal 6:

5. What are the best techniques for communicating with the client?

a. Brian should be presented things in a manner of person-centered choice

b  
c  
d

//

//

//

//

//

//

6. How is the goal supposed to be recorded on the documentation sheet: (Plus, Minus, Refused or Frequency count, minutes, hours)

a. Goal 1: Daily goal recording sheets & Progress notes

b. Goal 2: //

//

c. Goal 3: //

//

d. Goal 4: //

//

e. Goal 5:

f. Goal 6:

Staff Signature: Mark Ag

Date: 8/6/19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Ronald

Staff Name: MARK

Date: 6-16-19

1. What goals does the client have:

- a. Goal 1: Ron will get to know his housemates and staff and thus develop his social skills.
- b. Goal 2: Ron will attend activities with his housemates.
- c. Goal 3: Ron will work with staff to coordinate his care for ongoing medical and psychiatric appointments.
- d. Goal 4: Ron will become healthier and increase his self-esteem.
- e. Goal 5: Ron will increase his interpersonal behaviors and coping skills.
- f. Goal 6:

2. How often is each goal supposed to be run:

- a. Goal 1: Ron will have positive interactions with housemates and staff for at least 2 hours each day.
- b. Goal 2: Ron will participate in at least 75% of the group activities offered to him.
- c. Goal 3: Ron will coordinate his care for ongoing medical and psychiatric appointments with staff at least 90% of the time.
- d. Goal 4: Ron will walk or ride the stationary bike for at least 15 minutes at least 3 times a week.
- e. Goal 5: Ron will reduce his target behaviors to 0 per month for 3 consecutive months.
- f. Goal 6:

3. What is the staff's responsibilities in each goal: (refer to the supports and methods section)

- a. Goal 1: Staff will encourage Ron to interact with housemates and staff.
- b. Goal 2: Staff will provide prompts and encouragement to Ron to participate in group activities with his housemates.
- c. Goal 3: Staff will assist Ron with setting up annual appointments as well as follow up care appointments. Staff will encourage Ron to be an active participant in his medical and psychiatric care.
- d. Goal 4: Staff will encourage Ron to exercise at least once a day. Staff will praise Ron when he makes healthy choices and exercises.





Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Alexander

Staff Name: MARK

Date: 6-16-19

1. What goals does the client have:

- a. Goal 1: Alex will continue to work on and develop his social skills.
- b. Goal 2: Alex will demonstrate increased levels of independence with room cleaning
- c. Goal 3: Alex will increase his independent living skills by cooking once a week
- d. Goal 4: Alex will increase his coping skills and decrease his anxiety
- e. Goal 5:
- f. Goal 6:

2. How often is each goal supposed to be run:

- a. Goal 1: Alex will have positive interactions with housemates and staff for at least 2 hours each day
- b. Goal 2: Alex will demonstrate independence by cleaning his room at least 2x per week
- c. Goal 3: Alex will help cook a meal with staff assistance at least 1x per week 90% of the time
- d. Goal 4: Alex will reduce his target behaviors to less than 10 per month for 6 consecutive months
- e. Goal 5:
- f. Goal 6:

3. What is the staff's responsibilities in each goal: (refer to the supports and methods section)

- a. Goal 1: Staff will encourage Alex to interact with housemates and staff
- b. Goal 2: Staff will provide prompts to Alex about being independent and completing his tasks
- c. Goal 3: Staff will give Alex 1 verbal prompt per week to assist in the preparation of a meal. After the prompt, it's Alex's responsibility to assist. This outcome's intent is to increase his social activity, independence, and accountability.
- d. ~~Goal 4~~

Goal 4: Staff will continue to educate Alex on coping skills and relaxation strategies. Staff will encourage him to try new things and expand his coping skills repertoire beyond reading and watching T.V.

e. Goal 5:

f. Goal 6:

4. Are there changes to the social or Physical environment that need to happen for each goal:

a. Goal 1: none

b. Goal 2: none

c. Goal 3: none

d. Goal 4: none

e. Goal 5;

f. Goal 6:

5. What are the best techniques for communicating with the client?

ⓐ Alet prefers a calm, straight-forward style of communication from his support staff.

6. How is the goal supposed to be recorded on the documentation sheet: (Plus, Minus, Refused or Frequency count, minutes, hours)

a. Goal 1: Daily goal recording sheets and progress notes.

b. Goal 2: // //

c. Goal 3: // //

d. Goal 4 // //

e. Goal 5:

f. Goal 6:

---

Staff Signature: Mark [Signature]

Date: 6-16-19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Anthony

Staff Name: Mark

Date: 6-16-19

1. What goals does the client have:

- a. Goal 1: Tony will not purchase items unless it is a necessity or he has a plan for it.
- b. Goal 2: ~~Tony will increase his coping skills and decrease his obsessive behavior.~~
- c. Goal 3: ~~behavior.~~
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

2. How often is each goal supposed to be run:

- a. Goal 1: AT least 90% of the time Tony won't purchase an item unless it is a necessity or he has a plan for it.
- b. Goal 2: Tony won't purchase duplicate items.
- c. Goal 3: Tony will need 3 or less reminders each day about not obsessing.
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

3. What is the staff's responsibilities in each goal: (refer to the supports and methods section)

- a. Goal 1: Tony will make a shopping list before going shopping. Staff will go over his list with him.
- b. Goal 2: Tony won't purchase anything not on the list.
- c. Goal 3: Tony will have two scheduled times a day to talk to staff about his concerns.
- d. Goal 4

e. Goal 5:

f. Goal 6:

4. Are there changes to the social or Physical environment that need to happen for each goal:

a. Goal 1: none

b. Goal 2: none

c. Goal 3:

d. Goal 4:

e. Goal 5:

f. Goal 6:

5. What are the best techniques for communicating with the client?

1 Verbal  
2 verbal and written

6. How is the goal supposed to be recorded on the documentation sheet: (Plus, Minus, Refused or Frequency count, minutes, hours)

a. Goal 1: Daily goal chart and progress note's

b. Goal 2: " "

c. Goal 3:

d. Goal 4

e. Goal 5:

f. Goal 6:

---

Staff Signature: Mark Lee

Date: 6-16-19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Dustin

Staff Name: MARK

Date: 6-16-19

1. What goals does the client have:

- a. Goal 1: Dustin will get to know his housemates and staff and thus develop his social skills.
- b. Goal 2: Dustin will attend activities with his housemates
- c. Goal 3: Dustin will improve his independence skills by cleaning his
- d. Goal 4: bedroom.
- e. Goal 5: Dustin will demonstrate increased levels of independence
- f. Goal 6: by following a scheduled routine.

2. How often is each goal supposed to be run:

- a. Goal 1: Dustin will have positive interactions with housemates and staff for at least 2 hours each day.
- b. Goal 2: Dustin will participate in at least 75% of the group activities offered to him.
- c. Goal 3: Dustin will clean his bedroom at least twice per week.
- d. Goal 4: At least 80% of the time, Dustin will demonstrate independence by going to sleep and waking up at the same time each night and day.
- e. Goal 5: Dustin will also take medications and attend appointments as scheduled.
- f. Goal 6: Dustin will also take medications and attend appointments as scheduled.

3. What is the staff's responsibilities in each goal: (refer to the supports and methods section)

- a. Goal 1: Staff will encourage Dustin to interact with housemates and staff.
- b. Goal 2: Staff will provide prompts and encouragement to Dustin to
- c. Goal 3: participate in group activities with his housemates
- d. Goal 4: Staff will encourage Dustin to keep his room clean and clean it at least twice a week. Staff will praise Dustin when he cleans his room or if they find it clean.
- e. Goal 5: Staff will develop a schedule with Dustin and encourage him to follow it consistently.
- f. Goal 6: Staff will develop a schedule with Dustin and encourage him to follow it consistently.

e. Goal 5:

f. Goal 6:

4. Are there changes to the social or Physical environment that need to happen for each goal:

a. Goal 1: none

b. Goal 2: none

c. Goal 3: none

d. Goal 4: none

e. Goal 5:

f. Goal 6:

5. What are the best techniques for communicating with the client?

1 Dustin prefers a calm, straight-forward style of communication from staff. Dustin responds well to a direct, firm level of care

2  
3  
4

How is the goal supposed to be recorded on the documentation sheet: (Plus, Minus, Refused or Frequency count, minutes, hours)

a. Goal 1: Daily goal recording sheet's and progress note's

b. Goal 2: \

//

c. Goal 3: \

//

d. Goal 4: \

//

e. Goal 5:

f. Goal 6:

Staff Signature: Mark [Signature]

Date: 6-16-19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Zane

Staff Name: Marta

Date: 6-16-19

1. What goals does the client have:

- a. Goal 1: Zane won't purchase anything that he doesn't have a plan to use in the near future.
- b. Goal 2: Zane will increase his independent living skills.
- c. Goal 3: Zane will participate in social situations at least 8
- d. Goal 4: times per month.
- e. Goal 5:
- f. Goal 6:

2. How often is each goal supposed to be run:

- a. Goal 1: 90% of the time he goes shopping.
- b. Goal 2: Zane will make all his appointments on his own. Zane will assist with cooking one time a week. Zane will learn one new
- c. Goal 3: household task a month.
- d. Goal 4: Zane will play softball in the summer and invite friends over to the house. Zane will plan, with staff assistance, one day
- e. Goal 5: Trip.
- f. Goal 6:

3. What is the staff's responsibilities in each goal: (refer to the supports and methods section)

- a. Goal 1: Staff will review Zane's list with him. Staff will ask Zane what the plan is for using an item.
- b. Goal 2: When making appointments staff can be on the other phone
- c. Goal 3: line giving needed support. Zane will be put on the menu one day a week to assist cooking. Staff will teach Zane one new
- d. Goal 4: household task a month.

Zane will be given the option to go play softball in the summer once a week. Zane is encouraged to invite friends over to his home to visit or have a meal. Zane is encouraged to explore new experiences.

e. Goal 5:

f. Goal 6:

4. Are there changes to the social or Physical environment that need to happen for each goal:

a. Goal 1: none

b. Goal 2: none

c. Goal 3: none

d. Goal 4:

e. Goal 5:

f. Goal 6:

5. What are the best techniques for communicating with the client?

1 Verbal

2 Verbal

3 Verbal

6. How is the goal supposed to be recorded on the documentation sheet: (Plus, Minus, Refused or Frequency count, minutes, hours)

a. Goal 1: Daily goal chart and progress notes.

b. Goal 2: " "

c. Goal 3: " "

d. Goal 4

e. Goal 5:

f. Goal 6:

---

Staff Signature: Mark [Signature]

Date: 6-16-19

# PROOF OF COMPETENCY



## Adaptive Equipment Review

Name: MARK Work Location: 710

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

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

Signature: Mark

Date: 6-17-19

# Proof of Competency



## Adaptive Equipment Review

Name: MARK SOPER Work Location: 710

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

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

Signature: Mark Soper

Date: 8/5/19



### Competency on Program Abuse Prevention Plan (PAPP)

Name MARK

Date 6-28-19

Program Location 710

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? Oakridge homes will provide training on a formal and informal basis, individually and in groups on ways to stay safe. Training will involve boundaries, health issues and how to recognize symptoms of illness, comfort, following through on physical and/or occupational therapy recommendations, anger management, coping skills, etc...

2. Describe the need for specialized programs of care for the persons the program plans to serve: There currently is not a need for specialized programs of care for the individuals receiving services.

3. Describe the need for specific staff training to meet individual service needs: Based upon the assessed areas already mentioned and training staff in the items required by mn. statutes, chapter 245B, and positive support rule, there is not any additional staff training needed.

4. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services: none noted at this time.

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

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? **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?

Staff persons are trained in the items required by mn. statute, chapter 245D, including their staff responsibilities and duties. Staff has been trained in their responsibilities to address each individual's physical and emotional health. Staff has been trained on the mal-treatment of vulnerable adults Act and can take steps to prevent abuse, take corrective action and immediately report mal-treatment. When out in the community staff will supervise consumers at all times (unless otherwise noted in the person's IAPP).

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

The basement and upstairs are difficult to supervise unless staff are on that floor.

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 (IAPP) which includes if the client has an unsupervised time alone either at home or in the community, individual crisis plans, facility crisis protocol, PAPP, and behavior individual program plans (BIPs) for all individuals living in the home. Police and medical care would take at least 30 minutes before they would arrive and could transport to the hospital in town - staff have been trained on keeping people safe, first aid and CPR. Staff have been trained on the mal-treatment of vulnerable adults Act and can take steps to prevent abuse, take corrective action, and immediately report mal-treatment.

Types of grounds and terrain:

There is uneven terrain in the grass yard. There is a wooden deck off the back door that is accessible. The front door has wooden steps. There is a large paved parking lot and a basketball hoop.

Signature

Mark Sa



Competency on Program Abuse Prevention Plan (PAPP)

Name Mark

Date 8/26/19

Program Location 710

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? ORWO provides training on formal and informal or Day's to stay safe everyone has their own room's,

2. Describe the need for specialized programs of care for the persons the program plans to serve: currently no need for specialized programs

3. Describe the need for specific staff training to meet individual service needs: 24/5D, Positive Support rule

4. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services: none noted at this time

5. Program's Staffing Patterns:  
Number of staff present during the day (Prime Programming): \  
Number of staff present during the overnight (Non-Prime Programming): \\  
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 4

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

FAPP, Family crisis protocol, PAPP, BIPP's

8. Are there any areas of the home that are difficult to supervise? upstair's & Downstair's

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: Staff needs to know, FAPP, family crisis protocol, PAPP & BIPP's

Types of grounds and terrain: uneven terrain in the grass yard

Signature Mark Ag

# PROOF OF COMPETENCY



## SERVICE RECIPIENT RIGHTS COMPETENCY

(January Worksheet)

Name: MARK Soper Date: 1/28/19 Signature: Mark Soper

\*\*\*Fill in the Blank\*\*\*

1. Right to have ORH/WSS help coordinate my care if I transfer to another provider to ensure Continuity of care.
2. Right to have personal privacy.
3. Right to have free, daily, private access to and use of a phone for local calls, and long distance calls made collect or paid for by me.
4. Right to take part in planning and evaluating the services that will be provided to me.
5. Right to refuse or stop services and be informed about what will happen if I \_\_\_\_\_ or stop services.
6. 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.
7. Right to be free from abuse, neglect, and sexual exploitation by ORH/WSS or its staff.
8. Right to have staff that is trained and qualified to meet my needs and support.
9. 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.
10. Right to receive services in a Clean and Safe location.
11. Right to be allowed to reasonably follow my ethnic and cultural practices and religion.
12. Right to know the names and addresses and phone numbers of people who can help me, including the ombudsman, and to get given information on how to file a complaint with these offices.
13. 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 my bedroom.

14. Right to have services and support(s) provided to me in a way that respects me and considers my preferences.
15. Right to know what Service's ORH/WSS provides and how much they cost, regardless of who will be paying of the services, and to be notified if those charges change.
16. 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.
17. Right to know before I start to receive Service's, 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.
18. Right to take part in activities I choose.
19. Right to Send and receive mail and emails and do not have them opened by anyone else unless I ask.
20. Right to have my personal, financial, service, health, and medical information kept Private and be notified if these records have been shared.
21. Right to know before I start to receive services from ORH/WSS, if ORH/WSS has the ability and Skills to meet my need for services and support(s).
22. Right to choose my own friends and spend time with them.
23. Right to use and have free access to the Common areas (this includes the kitchen).
24. Right to be treated with dignity and respect and have my property be treated with respect.
25. Right to be free from prejudice and harassment regarding my race, gender, age, disability spirituality and sexual orientation.
26. 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.
27. 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.
28. Right to give or not give informed Consent to take part in any research or experimental treatment.
29. 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.

30. ORH/WSS can't 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 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.



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Client: Brian Sluka Staff Name: Marta Date: 8/6/19

- 1. Name of person served: Brian Sluka
- 2. Legal Representative: N/A
- 3. Case manager: Nate Gerlach
- 4. Oakridge representative who created CSSP-A: Shawna Whippler
- 5. County served: Morrison

6. Outcomes Listed on CSSP-A:

- Outcome 1: Brian will reduce target behavior's to 5 or less per month
- Outcome 2: Brian will sit down and budget 90% of time for 12 month
- Outcome 3: Brian will set up transportation alone for 90% of the time
- Outcome 4: Brian will clean his room two times a week
- Outcome 5: \_\_\_\_\_

7. What is the clients preference for how services are provided:

Talk to me give me choice's, give him space when he needs it.

8. Is the current service setting the most integrated setting available and appropriate for the person:  Yes  No

9. List all client team members Oakridge would report incidents to:

Legal Representative: N/A  
Case manager: Nate Gerloeh  
Day program: Susan Wooley

10. Does this client require presence of staff:  Yes  No If no, please explain?

Unsupervised at home for: 5 minutes/hours  
 Unsupervised in the community for: 5 minutes/hours

11. Does this client require ORH/WSS staff to assist them in opening their mail correspondence?

Yes  No

12. Does this person need to be kept home from work/day programs during below freezing weather conditions as suggested by the Ombudsman's office (-20 F):  Yes  No

13. Does this client have any rights restrictions:  Yes  No If yes, what restrictions:

Rights restrictions: \_\_\_\_\_

14. Does this client require toxic substances and/or dangerous items inaccessible to protect the safety of the client:  Yes  No If yes, what times:

Items: \_\_\_\_\_

15. Does this client have a roommate that requires toxic substances and/or dangerous items to be inaccessible for their safety?  Yes  No

16. Is Oakridge Homes authorized to act in the case of a medical emergency when the person or the person's legal representative cannot be reached or is delayed in arriving:  Yes  No

17. Is ORH/WSS assigned responsibility for medication administration or medication assistance:

Yes  No

What type:  Medication administration  Medication assistance

18. Does the client have a PRN Administration Protocol signed by the prescriber:  Yes  No

PRN medication(s): \_\_\_\_\_

19. Is this client prescribed psychotropic medications:  Yes  No

What are the interfering behaviors:  Verbal aggression  
 Physical aggression  
 Non-compliance  
 Property abuse  
 Manipulation  
 Sexual behaviors

20. Does this client require the use of permitted actions and procedures or instructional techniques and intervention procedures on a continuous basis:  Yes  No

21. Does the client require a restraint as an intervention procedure to position this person due to physical disabilities:  Yes  No

22. Does this client require positive support strategies:  Yes  No

23. Has it been determined by the person's physician or mental health provider that the client is medically or psychologically contraindicated to use an emergency use of manual restraint:

Yes  No

24. Frequency of reports/meetings:

Reports:  Semi-Annually  Annually  Other: \_\_\_\_\_  
Meetings:  Semi-Annual  Annually  Other: \_\_\_\_\_

---

Staff Signature: Mark Lee

Date: 8/6/19