

Name: Denise Pierce

Date of Hire 9/3/19 Date of first supervised direct contact 9/6/19
 Date of first unsupervised direct contact 9/11/19
 Date initial NET Study Sent 9/3/19 Date initial NET study cleared 9/9/19

STAFF CHECK LIST		2018	2019	2020	2021	
Copy of initial NET study sheet in front pocket of personnel book			✓	✓	✓	
Number of in-service hours required			30	30	30	
Number of in-service hours completed			✓	✓	✓	
Employee Handbook: Sign and Date Acknowledgement Page (only needed at orientation and any year in which a new Handbook is issued)			9/3/19	2/27/20	✓	
*Date attended mandatories or completed make-up			Orient. 11/19/19	12/1/20	5/18/21	
*Date attended TI or make-up packet			9/3/19	3/9/20	11/8/21	
*VA Online certificate			9/3/19	3/9/20	2/23/21	
*VARPP reviewed twice annually		1. 2.	1. 9/3/19 2.	1. 1/2020 2.	1. 2.	
Evaluation (date completed)			N/A	12/30/20	12/13/21	
Medication Administration certificate in book (stays in book)			9/25/19	✓	✓	
Medication Admin Observation and Competency in book (stays in book)			9/27/19	✓	✓	
CPR Training Date _____ Annual Review date _____			9/17/19	COVID	3/16/21	
CPR training certificate or copy of CPR card in book if applicable			X	X	X	
First Aid Competency in book _____ Annual review date _____			9/17/19	COVID	3/16/21	
First Aid training certificate or copy of first aid card in book if applicable			X	X	X	
Person Supported Competencies List Consumer Initials and the Date Completed (Includes IPP/BIPP, CSSP-A, CSSP & IAPP-SMA)		1. 2. 3. 4. 5.	1. CW 9/5/19 2. DT 9/5/19 3. JW 9/5/19 4. MH 9/5/19 5. DW 9/5/19	1. TC 2/4/20 2. DT 1/23/20 3. JW 1/30/20 4. MH 1/25/20 5. DW 1/29/20	1. JW 2/2/21 2. TC 2/14/21 3. MH 2/18/21 4. DT 2/19/21 5. DW 1/5/21	EB 4/5/21
				CW 1/22/20		

STAFF CHECK LIST	2018	2019	2020	2021
Orientation checklist completed. "Completed" means all areas dated and initialed by trainer and staff		✓	✓	✓
Back page of orientation checklist completely filled out (all hours of training documented and all areas signed by trainer and staff)		10/7/19	✓	✓
Adaptive Equipment completed		9/5/19	8/18/20	6/18/21
PAPP Competency		9/5/19	9/12/20	8/24/21
Inservices Attended sheet completed and all back up materials included.		✓	✓	✓

Denise Pierce

OAKRIDGE WOODVIEW EMPLOYEE BOOK TABLE OF CONTENTS

Front Pocket

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

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

Personnel Policies

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

Job Related

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

Competencies

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

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

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

MH HOMES ONLY

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

Staff Meetings/Trainings

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

Back Cover or Folder

- Employee Evaluations

Name: Denise Pierce

Date of Hire 9-3-19 Date of first supervised direct contact 9-5-19
 Date of first unsupervised direct contact 9-11-19
 Date initial NET Study Sent 9-3-19 Date initial NET study cleared 9-9-19

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		30			
Number of in-service hours completed		50.5			
Employee Handbook:					
Sign and Date Acknowledgement Page (only needed at orientation and any year in which a new Handbook is issued)		✓			
Sign and Date Table of Contents (only needed at orientation and any year in which a new Handbook is issued)		✓			
*Date attended mandatories or completed make-up		9-3-19			
*Date attended TI or make-up packet		11-19-19			
*VA Online certificate		✓			
*VARPP reviewed twice annually	1. 2.	1. 9-3-19 2.	1. 2.	1. 2.	1. 2.
Evaluation (date completed)					
Medication Administration certificate in book (stays in book)		9/25/19			
Medication Admin Observation and Competency in book (stays in book)					
CPR					
Training Date <u>9/17/19</u> Annual Review date _____		9/17/19			
CPR training certificate or copy of CPR card in book if applicable					
First Aid					
Competency in book _____ Annual review date _____		9/17/19			
First Aid training certificate or copy of first aid card in book if applicable		9/17/19 ✓			
Consumer's IPP					
List Consumer Initials and the Date Read	1.	1. DT 9-9-19	1.	1.	1.
	2.	2. CW ✓	2.	2.	2.
	3.	3. MH 9-10-19	3.	3.	3.
	4.	4. DW 9-10-19	4.	4.	4.
	5.	5. JW 9-10-19	5.	5.	5.
Copy of IPP competency in book		yes			

STAFF CHECK LIST	2018	2019	2020	2021	2022
Orientation checklist completed. "Completed" means all areas dated and initialed by trainer and staff	}	yes			
Back page of orientation checklist completely filled out (all hours of training documented and all areas signed by trainer and staff)		↓			
Adaptive Equipment completed		9-5-19			
PAPP Competency		9-5-19			
Inservices Attended sheet completed and all back up materials included.		yes			

Employee: Denise Pierce

Location: 216

Training Book checklist of items completed during Orientation at the Brainerd Office.

Front Pocket		
<input checked="" type="checkbox"/>	C	Net Study Confirmation Sheet
<input checked="" type="checkbox"/>	O	Net Study Results fr DHS
Front Section		
<input checked="" type="checkbox"/>	O	Staff Checklist (Colmns by Yr.)
Personnel Policies		
<input checked="" type="checkbox"/>	O	Orientation Hrs. w/Dates & Initials
<input checked="" type="checkbox"/>	C	Guidelines for Calling In (signed)
<input checked="" type="checkbox"/>	O	Persnnl Policies: Acknowledgmnt (signed)
<input checked="" type="checkbox"/>	O	Persnnl Policies: TOC (signed)
Competencies		
<input checked="" type="checkbox"/>	O	VARPP_MOM_Srvc Recpnt Rights_245D Signature Page
<input checked="" type="checkbox"/>	O	YouTube: Everyday First Aid
<input checked="" type="checkbox"/>	O	YouTube: Healthy Eating Habits
<input checked="" type="checkbox"/>	O	Charting/Documentation, Person Centered Planning, Core Competency
<input checked="" type="checkbox"/>	O	Emrgncy & Rptg : Emergency Rprtg
<input checked="" type="checkbox"/>	O	Diversity
<input checked="" type="checkbox"/>	O	PAPP / House Guidelines
<input checked="" type="checkbox"/>	O	Client Competencies
Job Related		
<input checked="" type="checkbox"/>	O	Work Schedule Sheet
<input checked="" type="checkbox"/>	O	Job Description - Signed
VARPP		
<input checked="" type="checkbox"/>	O	VARPP online Certification
Professional Growth		
<input checked="" type="checkbox"/>	O	Inservice Form
<input checked="" type="checkbox"/>	O	OSHA - Right to Know
<input checked="" type="checkbox"/>	O	DVD: Plan to Get Out Alive
<input checked="" type="checkbox"/>	O	DVD: Confidentiality
<input checked="" type="checkbox"/>	O	DVD: Blood Borne Pathogens
Back Pocket		

✓ Hire Bonus Agmmt

Kaitly Tansichle
Signature

9.4.19
Date

O = Original C = Copy

OAKRIDGE HOMES/WOODVIEW SUPPORT SERVICES
EMPLOYEE POLICY MANUAL - Table of Contents

1. Denise M Pierce have been provided with Version 2018 of the following policies or statements:

FRONT POCKET

- A. Copy of Initial Background Study (NET Study) sent to the State
- B. Original Background Study (NET Study) received back from the State

I. PERSONNEL INFORMATION

- A. Staff Checklist
- B. Table of Contents
- C. Acknowledgement Page
- D. Orientation Checklist
- E. Copies of CPR, First Aid Cards and Medication Administration Certificate, Med Pass Sheet and Proofs of Competencies

II. JOB RELATED FORMS

- A. Job Description

III. VULNERABLE ADULT and SERVICE RECIPIENT RIGHTS

- A. Vulnerable Adult Reporting Policy and Procedures**
- B. Initial Written Report
- C. Internal Review Report
- D. Notice of Report of Suspected Maltreatment
- E. Fax Cover Sheet
- F. Reporting on Maltreatment of Minors (if applicable)
- G. Online VA Training Certificate
- H. Service Recipient Rights

IV. PROFESSIONAL GROWTH

- A. Inservice List
- B. Inservice Back Up Documentation

V. PERSONNEL POLICIES (available in Master Training Book at each location)

- A. Pg 1-56 Personnel Policies specifically:
- B. Pg 11 Code of Conduct and Corrective Action
- C. Pg 48-55 Leaves of Absence
- D. Pg 30 Dress Code
- E. Pg 32 Visitors in the Workplace
- F. Pg 45 Paid Time Off
- G. Pg 44 Holidays
- H. Pg 48-53 Family and Medical Leave
- I. Pg 55 Pregnancy
- J. Pg 3 Anti-Harassment
- K. Pg 21 Workplace Bullying
- L. Pg 14-21 Drug and Alcohol
- M. Pg 26 Confidentiality
- N. Pg 26 HIPAA
- O. Pg 22 Tobacco Products

V. PERSONNEL POLICIES (continued)

P.	Pg 23	Safety Rules and Standard Operating Procedures
Q.	Pg 33	Employee Use of Company Equipment and Other Business Machines
R.	Pg 33	Cell Phone and Other Electronic Devices
S.	Pg 34	Computer, Internet and E-Mail Usage
T.	Pg 37	Social Media
U.	Pg 25	Weapons

VI. PROGRAM POLICIES

A.	Pg 2-3	Admission Criteria Policy
B.	Pg 4-7	Data Privacy Policy
C.	Pg 5-11	Incident Response, Reporting and Review Policy
D.	Pg 12-14	Safe Transportation Policy
E.	Pg 15-21	Emergency Use of Manual Restraint Policy (EUMR)
F.	Pg 22-23	Behavior Intervention Reporting Form Sample
G.	Pg 24-25	Client Grievance Policy
H.	Pg 26	Grievance Policy Complaint Review Form Sample
I.	Pg 27-38	Emergency Reporting Policy and Procedure
J.	Pg 39	Vehicle Accident Procedures
K.	Pg 40-41	Temporary Service Suspension and Termination Policy (TSST)
L.	Pg 42-45	Fiscal Policy and Procedures for Persons Receiving Services
M.	Pg 46-47	Food Service Policy
N.	Pg 48-51	Staff Orientation, Training and Mandatory Inservice Plan
O.	Pg 51-56	Safe Medication Assistance and Administration
P.	Pg 57	Health Service Coordination and Care
O.	Pg 58	Plan for Transfer of Clients and Records Upon Closure

BACK POCKET – Employee Evaluations

I have received a copy of the personnel policies and reviewed the remaining items on this list. I have received instruction on them and I understand my responsibilities on the implementation of these policies and procedures.

EMPLOYEE SIGNATURE Jeise M Pierce DATE 9-3-2019



Background Study Notice

Background Study No: 1975866

September 09, 2019

Bethany Christenson
Oakridge Homes SILS Inc (1067880)
1021 INDUSTRIAL PARK RD SW
Brainerd, MN 56401-8338
1067880

Denise Pierce
21743 County Road 12
Ironton, MN 56455

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.



Payments

Your last visit was Wed 08/28/2019 10:47 AM CDT

Confirmation

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

Confirmation Number **DHSMN2001156257**

Payment Details

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

Payment Amount \$40.00

Payment Date 09/03/2019

Status PROCESSED

Payment Method

Payer Name Janis Young

Card Number *0087

Card Type Visa

Approval Code 003023

Confirmation Email kathy@orhvw.com

Billing Address

Address 1 1021 Industrial Park Road

City Brainerd

State MN

Zip Code 56401

Personnel Policy Acknowledgement Page

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

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

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

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

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

EMPLOYEE SIGNATURE Denise Pierce

DATE 2-27-20

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

Debbie M. Pierce

DATE 9-3-2019

Version 2018

Oakridge Homes / Woodview Support Services

Orientation Checklist

Employee Name: Denise Pierce Location: 216

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

* Note: Training in areas 1 – 8 must be completed prior to new staff having unsupervised direct contact.

**Positive Support Rule required 8 hours of training.

Item	Source	Date Completed	Initials	
			Trainer	Staff
*1. New hire paperwork				
A. Welcome folder		9.3.19	(P)	DP
B. New hire forms completed		↓	↓	↓
C. For DC's (QDDP, MHP, etc.) only: Documentation on education and related experience specific to job functions: <ul style="list-style-type: none"> • Copy of valid degree and transcript • Current professional license, certificate or registration • Documentation of continuing education credits completed for professional licensure. 		N/A		
**2. Vulnerable Adult Training 75 minutes				
A. Vulnerable Adult Report Policy and Procedures (VARPP) – to include: What constitute a restraint, time out, and seclusion? Read VARPP and discuss any questions with Trainer. Fill out Proof of Competency Worksheet	VARPP	9.3.19	(P)	DP
B. Vulnerable Adult Mandated Reporting - Online Training from DHS. Print and file VA training certificate	Online	↓	↓	↓
C. Reporting of Maltreatment of Minors and Maltreatment of Minors Act (if applicable). Fill out Proof of Competency Worksheet.	VARPP	↓	↓	↓
D. Money and Medication Count Protocol	VARPP	↓	↓	↓
E. Site-Specific Program Abuse Prevention Plan (PAPP and formerly known as the Facility Abuse Prevention Plan) Fill out PAPP Proof of Competency Worksheet	PAPP (at Office)	9-5-19	BN	
F. Service Recipient Rights. Fill out Proof of Competency Worksheet	VARPP	9.3.19	(P)	DP
*3. Job Description and Scope of Services				
A. Read through Job Description Ask, get questions answered on specifics not understood	Job Description	9.3.19	(P)	DP
B. ADL's – Video on appropriate and safe techniques in personal hygiene and grooming, including hair care, bathing, care of teeth, gums and oral prosthetic devices and other activities of daily living defined as: grooming, dressing, bathing, transferring, mobility, positioning, eating, and toileting.	Video	9-10-19	BN	DP
C. A healthy diet (according to data from USDA Dietary Guidelines). Skills necessary to prepare a healthy diet. Fill out Proof of Competency Worksheet	Video	9-10-19	BN	

Item	Source	Date Completed	Initials		
			Trainer	Staff	
*4. First Aid					
A. Watch YouTube "Everyday First Aid by British Red Cross". Subjects covered: Heart attack, unconscious/not breathing, choking, unconscious/breathing, bleeding, burns, broken bones, stroke, seizures, head injury, asthma, poison and harmful substances, distress, diabetes. <i>Fill out Proof of Competency Worksheet</i>	Video	9-10-19	BN	DP	
**5. IAPP-SMA, CSSP, CSSP Addendums and IPP <i>(Principles of positive support strategies and understanding of a person's uniqueness) 4 bed: 4 hrs. 5 bed: 5 hrs.</i>					
A. IAPP - SMA <i>Fill out Proof of Competency for each Person</i>	IAPP				
Person: Dan Thomas		9-9-19	BN	DP	
Person: Chris Washington		9-9-19			
Person: Michele Huff		9-10-19			
Person: Donna White		9-10-19			
Person: Joseph Wallace		9-10-19			
B. Coordinated Service and Support Plan (CSSP) and CSSP Addendum <i>Fill out Proof of Competency for each Person</i>	CSSP & CSSP-A				
Person: Dan Thomas		9-5-19 9-6-19			
Person: Chris Washington		9-5-19			
Person: Michele Huff		9-6-19			
Person: Donna White		9-10-19			
Person: Joseph Wallace		9-9-19			
C. Individual Program Plan (IPP) <i>Fill out Proof of Competency for each Person</i>	IPP				
Person: Dan Thomas		9-9-19			
Person: Chris Washington		↓			
Person: Michele Huff		9-6-19			
Person: Donna White		9-10-19			
Person: Joseph Wallace		9-6-19	↓	↓	
**6. Therapeutic Intervention, Psychotropic Meds					
For DD Homes Only (Homes not requiring MH Certification Orientation)	A. Therapeutic Intervention DVD (de-escalation techniques and their value included) 60 min.	Video	9.4.19	(P)	DP
	B. BIPP/Treatment Plan Packet along with Psychotropic Medications Side Effects	BIPP (at House)	9-5-19	BN	↓
	C. Prohibited Procedures <i>Read and Sign</i> 5 min.	VARPP	9-3-19	(P)	DP
	D. Staff accountability and self-care after emergencies 5 min.	VARPP	↓	↓	↓
	E. Emergency Use of Manual Restraints & Emergency Reporting 60 min.	VARPP	↓	↓	↓
	F. Policy and Procedure (in Program Policies) <i>Fill out Proof of Competency Worksheet</i> 60 min.	Program Policies	9.4.19	(K)	DP
	G. Site Specific Last Page of Emergency and Reporting Policy and Procedures	Emergency & Reporting	↓	↓	↓

Item	Source	Date Completed	Initials		
			Trainer	Staff	
*7. Mental Health Certification (7 hours total)					
MI Homes Only	A. Mental Health Diagnoses (PP Handout and Worksheet) 1 hr.	MI Book	N/A	N/A	N/A
	B. Mental Health Crisis Response and De-escalation Techniques 2.75 hr.	MI Book			
	1. Therapeutic Intervention DVD	Video			
	2. Emergency Use of Manual Restraint (EUMR) and Reporting	VARPP			
	3. Staff accountability and self-care after emergencies	VARPP			
	C. Recovery From Mental Illness (PP H/out & Worksheet)	MI Book			
	D. Treatment Options/Evidence-based Practices **	MI Book			
	E. BIPP/Treatment Plan Packet along with Psychotropic Medications Side Effects (Medications and Their Side-Effects) **	BIPP			
	F. Co-occurring Substance Abuse and Health Conditions (PP Packet/Worksheet)	MI Book			
	G. Community Resources (PP Packet and Worksheet) .25 hr.	MI Book			
H. Suicide Intervention, Warning Signs, and Responses	MI Book				
** Treatment Plan Packet along with Psychotropic Medications Side-Effects Packet 1 - 1.5 hr.	MI Book				
**8. Person Centered Planning 60 min.					
A. Person-Centered Planning and Service Delivery Requirements (Handout & worksheet)	Charting	9.4.19	(P)	DP	
B. Person Centered Philosophy (Values and Beliefs)	Charting	↓	↓	↓	
C. Cultural competency	Diversity				
D. Positive Behavior Supports and a relationship between behaviors, staff, environment, and person.	VARPP	9.3.19	(P)	DP	
9. Employee Handbook					
A. Read each Policy and Procedure in Employee Handbook	Handbook	9-4-19		DP	
B. Table of Contents - Sign and Date Acknowledgement Page - Sign and Date	Handbook	9.3.19	(P)	DP	
10. Confidentiality					
A. Confidentiality (DVD and worksheet)	Video	9.4.19	(P)	DP	
11. Bloodborne Pathogens					
A. Bloodborne Pathogens in a Home Care Setting (DVD and worksheet)	Video	9-10-19	BN	DP	
12. Following Safety Practices					
A. Plan to Get Out Alive (DVD and worksheet)	Video	9-10-19	BN	DP	
13. Documentation					
A. Oakridge Charting Guidelines and Competency Worksheet	Charting	9.4.19	(P)	DP	
14. Active Treatment					
A. Handout (Read)	Charting	9.4.19	(P)	DP	

Item	Source	Date Completed	Initials	
			Trainer	Staff
15. Other Mandatory Orientation / Inservice				
A. Medicare Advantage and Part D Fraud, Waste and Abuse Compliance	Medicare	9.4.19	DP	DP
B. OSHA	OSHA	↓	↓	↓
1. AWAIR Act				
2. Right to Know				
3. Worksheet on Right to Know				
C. Worker's Compensation Packet	Work Comp	↓	↓	↓
16. Safety, History and Rules				
A. Safety Guidelines - Handout What You Can Do to Prevent Falls - Handout	Charting	9.4.19	DP	DP
B. Rules and Regulations - Handout	Program Policies			
1. 245D				
2. Community Residential Setting (CRS)				
3. Fire Codes				
4. Case Management (monitoring)		↓	↓	↓
17. Home Site-Specific Orientation				
A. Building		9-5-19	BN	DP
1. Address				
2. House Key				
3. Tour of Building / Bathrooms				
4. Where to put coats and personal belongings				
5. Circuit Box				
6. Furnace(s)				
7. Hot Water Heater				
8. Water Softener				
9. Thermostat(s)				
10. Washer(s) and Dryer(s)				
11. Cleaning Supplies and Storage				
12. Appliances (include extra freezer if applicable)				
13. Sprinkler System				
14. Fire Extinguishers / Fire Plan / Exits				
15. Smoke Detectors / Use and Location				
16. Carbon Monoxide Detectors (For gas/propane heating systems)				
17. Water Shut-Off Valve				
18. Location of First Aid Kit (in both house and van)				
19. Location of Blood Spill Kit (in both house and van)				
20. Alarm System and/or Shut Off Boxes				
1. Demonstration				
2. Initial information sheet attached to box				
B. Financial - Person being served				
1. Ledger Card / Receipts / Hand Written Receipts				
2. Bank Accounts - Deposits and Withdrawals				
3. Person Purchases				
a. Personal Needs (soap, deodorant, etc.)				
b. Clothing - Seasonal as needed or wanted				
c. Person Involvement				
d. Who pays for what				
4. Money Counting				
5. Daily Money and Controlled Medications Count Sheet				
6. Inventories				

Item	Source	Date Completed	Initials	
			Trainer	Staff
C. Financial - Program		9-5-19	BN	DP
1. Use of Purchase Orders - household				
2. Billings				
3. Vendors Used				
4. Petty Cash RECEIPT REQUIRED FOR EACH PURCHASE				
5. House Inventory				
6. Store Credit Cards				
D. Medical				
1. Appointments				
2. Medications				
3. Health Needs Report				
E. Misc. Client Protocols - Clothing (labeling, mending, laundry)				
F. Maintenance				
1. Who to call				
2. Maintenance Form				
G. Food Protocols				
1. Person Involvement				
2. Menu Planning and Location of Posted Menu				
3. Recipes				
4. Grocery Shopping				
5. Grocery Budget				
6. Grocery Bills				
7. Family Style Eating				
H. File Cabinet - Contents / Storage / Forms				
I. Telephone Use				
1. Answering "Hello (hi). This is _____."				
2. Long Distance Log / Codes				
3. On-Call Procedure				
4. Answering Machine				
5. How to take / Where to put a message				
6. Personal Use				
7. Employee Numbers (who can you give them to?)				
8. Emergency Numbers				
9. How to receive and send a fax/scan				
10. How to use the copier				
11. Who answers?				
J. Housekeeping				
1. Nights - weekly and daily				
2. Days - weekly and daily				
K. Administrative				
1. Pay Day				
2. Schedule				
3. Change of Shift Form				
4. Importance of staff communication (for teamwork)				
5. Functioning as a team				
6. Change of Address / Name / Telephone Number				
L. Day Programming				
**M. Other topics as determined necessary in the person's CSSP (i.e., FAS, diabetes, seizure disorder, etc.) _____ min.				
1. <i>joint compressions</i>		9-9-19	BN	DP
2.				
3.				
4.				
N. Read Memo Book - Discuss questions with PC (Sign and date all memos)		9-5-19	BN	DP
O. Read Adaptive Equipment Book - Site specific (Sign and date)				

Item	Source	Date Completed	Initials	
			Trainer	Staff
18. Consumer Books		120 min.		
1. Activity Calendar		9-6-19	BN	DP
2. Daily Schedules				
3. Oral/Personal Care Chart				
4. Informal Goals				
5. Program Record/Signatures and Dates				
6. Outcomes/Goals				
7. Data Collection				
8. Behavior Plan (if applicable)				
9. Cleaning of wheelchairs, equipment, etc.				
10. Need to know				
19. Van				
1. Wheelchair Lift / Tie-downs DVD (if applicable)		9-5-19	BN	DP
2. Demonstrate use lift and tie-downs to PC				
3. Gas / Mileage				
4. No smoking, eating, drinking or use of cell phones				
20. Medication Administration				
Note: Administration of medications is not part of new staff job functions until the Med Administration Class and Observed Skill Assessment.				
A. Training (Med Class)		9-25-19	ORH Nurse	DP
1. First Aid Review				
2. CPR Certification				
3. Universal Precautions and Sanitary Practices				
B. Written Test				
C. Skills Assessment (site-specific)		9-27-19	BN	DP
D. Safe and Correct Operation of Medical Equipment		9-5-19	BN	DP
You are almost there! You have received training listed below in the first part of your orientation. Now it is time to prove you are competent!				
21. Proof of Competency				
To be completed between Day 30 and 60 of hire)				
Worksheet on Competency Evals and Proof of Competency - Special skills and training related to job functions as related to:				DP
A. Current policies and procedures, including location and access and staff responsibilities related to implementation (to include Drug and Alcohol Grievance, Service Suspension and Termination, Universal Precautions, Medical, Safe Transportation, Date Privacy, Admission Criteria)	Program Policies	10-22-19	BN	DP
22. Community-Based Services only:				
1. Mileage Reimbursement		N/A	N/A	N/A
2. Employee Reimbursement				
3. Client Billing				
4. Documentation (Time Sheet, Client Billing Sheet, Progress/Goal Charting)				
5. Community-Based Services Guidelines				

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

Sped

OAKRIDGE HOMES AND WOODVIEW RESIDENTIAL SERVICES

Medication Administration and CPR Orientation Documentation

Date: 9-25-2019

Course Provider: Patty Bernotetter Rv-Bc

Length of Course: 7 hours

Staff Orientated: Denise M Pierce
Print clearly

ORH/Woodview Facility working at: 216

The above staff has attended The Oakridge Homes Medication Administration and CPR Course. Achievement of a score of 85% is required to be able to pass medications in an Oakridge/Woodview facility. 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

Comments

Table with 3 columns: Category, Score (1-2), and Comments. Rows include Participation, Appropriate Dress, Timeliness, Demonstration (Hand washing, Glove application, Oral Medications, Liquid Medications, Eye and Ear drops, Topical Medication, Hands only CPR, Conscious choking), Test Score (100 Possible), and Total Score.

Patty Bernotetter Rv-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.

MEDICATION ADMIN OBSERVATION CHECKLIST

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

House: 216

Staff Name: Denise Pierce

Date 9-27-19 Date 8 Am Date _____

	Consumer Initials						DT
	JW		MH		DW		
DID THE STAFF???	Y	N	Y	N	Y	N	
1. Check each of the consumer's MARS and place a different colored paperclip on it?	✓		✓		✓		✓
2. Wash hands before beginning med pass?	✓		N/A				✓
3. Unlock medication storage area?	✓		✓		✓		✓
4. Open consumer's book to MAR (medication administration record)?	✓		✓		✓		✓
5. Take one consumer's medication from storage area and check the label(s) against the MAR comparing the consumer name, medication, dose, route, and time of administration? First Check	✓		✓		✓		✓
6. Re-check the label against the MAR, comparing the consumer name, medication, dose, route and time of administration and place the medication in the med cup? Second Check	✓		✓		✓		✓
7. Check that all the medications are out of the bubble pack, cassette, or SafeDose packet?	✓		✓		✓		✓
8. Placed initial and date on bubble pack when medication was removed?	✓		✓		✓		✓
9. After medication is put into med cup, place your first initial in the appropriate date and time square for the medication?	✓		✓		✓		✓
10. Recheck the label against the MAR and comparing the consumer name, medication, dose, route, and time of administration, before returning the medication to the storage area? Third Check	✓		✓		✓		✓
11. Follow any special instructions, ie: crush, shake well, take pulse or blood pressure first.	N/A						✓
12. Pour any liquids at eye level.	N/A						✓
13. Ask the consumer to come to the staff to receive their medications Speak to the consumer and use their name before administering their medications?	N/A						✓
14. Watch the consumer swallow the medication?	✓		✓		✓		✓
15. If the staff delivered the meds to the consumer, did they lock the medication storage area first?	✓		✓		✓		✓
16. Document your last initial for all consumers' medications given as soon as the medications are taken?	✓		✓		✓		✓
17. Remove the colored paper clip after the medications were given?	✓		✓		✓		✓
18. Use skin cleanser or wash hands before moving on to the next consumer	✓		✓		✓		✓
19. Lock med storage area?							✓
20. After complete of the med pass, check that all medications were given and initials are in the signature box.							✓

Signature of Supervisor: Bonita [Signature]

Signature of Staff: Denise Pierce

MEDICATION ADMIN OBSERVATION CHECKLIST

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

House: 216 Staff Name: Denise Pierce Date: 9-30-19 Date: 8 AM Date: _____

	Consumer Initials						DT
	JW		MH		DW		
DID THE STAFF???	Y	N	Y	N	Y	N	
1. Check each of the consumer's MARS and place a different colored paperclip on it?	✓		✓		✓		✓
2. Wash hands before beginning med pass?	✓		✓		✓		✓
3. Unlock medication storage area?	✓		✓		✓		✓
4. Open consumer's book to MAR (medication administration record)?	✓		✓		✓		✓
5. Take one consumer's medication from storage area and check the label(s) against the MAR comparing the consumer name, medication, dose, route, and time of administration? First Check	✓		✓		✓		✓
6. Re-check the label against the MAR, comparing the consumer name, medication, dose, route and time of administration and place the medication in the med cup? Second Check	✓		✓		✓		✓
7. Check that all the medications are out of the bubble pack, cassette, or SafeDose packet?	✓		✓		✓		✓
8. Placed initial and date on bubble pack when medication was removed?	✓		✓		✓		✓
9. After medication is put into med cup, place your first initial in the appropriate date and time square for the medication?	✓		✓		✓		✓
10. Recheck the label against the MAR and comparing the consumer name, medication, dose, route, and time of administration, before returning the medication to the storage area? Third Check	✓		✓		✓		✓
11. Follow any special instructions, ie: crush, shake well, take pulse or blood pressure first.	N/A						
12. Pour any liquids at eye level.	N/A						
13. Ask the consumer to come to the staff to receive their medications Speak to the consumer and use their name before administering their medications?	N/A						
14. Watch the consumer swallow the medication?	✓		✓		✓		✓
15. If the staff delivered the meds to the consumer, did they lock the medication storage area first?	✓		✓		✓		✓
16. Document your last initial for all consumers' medications given as soon as the medications are taken?	✓		✓		✓		✓
17. Remove the colored paper clip after the medications were given?	✓		✓		✓		✓
18. Use skin cleanser or wash hands before moving on to the next consumer	✓		✓		✓		✓
19. Lock med storage area?							✓
20. After complete of the med pass, check that all medications were given and initials are in the signature box.							✓

Signature of Supervisor: Bonita Newberry

Signature of Staff: Denise Pierce

MEDICATION ADMIN OBSERVATION CHECKLIST

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

House: 216 Staff Name: Denise Pierce

Date: 9-30-19 Date: 4pm Date: 10A 9-27-19

	Consumer Initials					
	DW		DT		CW	
DID THE STAFF???	Y	N	Y	N	Y	N
1. Check each of the consumer's MARS and place a different colored paperclip on it?	✓		✓		✓	
2. Wash hands before beginning med pass?	✓		✓		✓	
3. Unlock medication storage area?	✓		✓		✓	
4. Open consumer's book to MAR (medication administration record)?	✓		✓		✓	
5. Take one consumer's medication from storage area and check the label(s) against the MAR comparing the consumer name, medication, dose, route, and time of administration? First Check	✓		✓		✓	
6. Re-check the label against the MAR, comparing the consumer name, medication, dose, route and time of administration and place the medication in the med cup? Second Check	✓		✓		✓	
7. Check that all the medications are out of the bubble pack, cassette, or SafeDose packet?	✓		✓		✓	
8. Placed initial and date on bubble pack when medication was removed?	✓		✓		✓	
9. After medication is put into med cup, place your first initial in the appropriate date and time square for the medication?	✓		✓		✓	
10. Recheck the label against the MAR and comparing the consumer name, medication, dose, route, and time of administration, before returning the medication to the storage area? Third Check	✓		✓		✓	
11. Follow any special instructions, ie: crush, shake well, take pulse or blood pressure first.	N/A					
12. Pour any liquids at eye level.	N/A					
13. Ask the consumer to come to the staff to receive their medications Speak to the consumer and use their name before administering their medications?	N/A				✓	
14. Watch the consumer swallow the medication?	✓		✓		✓	
15. If the staff delivered the meds to the consumer, did they lock the medication storage area first?	✓		✓		N/A	
16. Document your last initial for all consumers' medications given <u>as soon as the medications are taken?</u>	✓		✓		✓	
17. Remove the colored paper clip after the medications were given?	✓		✓		✓	
18. Use skin cleanser or wash hands before moving on to the next consumer	✓		✓		✓	
19. Lock med storage area?	✓		✓		✓	
20. After complete of the med pass, check that all medications were given and initials are in the signature box.	✓		✓		✓	

Signature of Supervisor: Bonita Nowotny

Signature of Staff: Denise Pierce

Work Schedule hired for.

DOH: 09/03/19

Name: Denise Pierce - FT - 216

EE#: 05-1374F

Phone: 218-513-5363

2 week rotation start dates: Aug. 30, Sept. 13, 27, Oct. 11, etc.

	Fri	Sat	Sun	Mon	Tues	Wed	Thurs
Week #1 # of Hours 40	8 7a - 3p	8 7a - 3p	8 7a - 3p		8 7a - 3p	8 7a - 3p	8 7a - 3p
Week #2 # of Hours 40	8 7a - 3p			8 7a - 3p	8 7a - 3p	8 7a - 3p	8 7a - 3p

Work Location:

216

216 3rd Street SE, Aitkin 218-927-4871

PC: Bonita Novotny 218-392-0122

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

REHIRE: Prev. dates: 11/14/10 to 05/15/13

Med Class:

Wednesday, September 25th 9am - 4:30pm

Location: Brainerd Office - 1021 Industrial Park Road

218-829-7599

LUNCH Break: Please bring your lunch as you will not be permitted to leave the building

Orientation at Brainerd office:

Tuesday, Sept. 3rd 9a-4p with Kathy
Wednesday, Sept. 4th 9a-4p with Kathy

Orientation at 216:

Thursday, Sept. 5th 9a-3p with Bonita
Friday, Sept. 6th 8a-4p with Bonita

Mandatory Monthly Staff Meetings:

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

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

Fingerprinting/Photo:

Tuesday, Sept. 3rd

Denise Pierce - FT - 216

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.

Denise M Pierce
Employee Signature

9-3-2019
Date

Denise M Pierce
Employee Printed Name

216
Work Location

Hire Bonus Agreement

Employee Name Denise M Pierce

Hire Date 9.3.2019

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

- Must respond to an advertisement or posting of the position that mentioned the hiring bonus
- You have not been an employee of Oakridge Homes or Woodview Support Services within one year of your current hire date.
- You must be able to pass a DHS background study and meet the qualifications of the position to be hired.
- You must have worked a full 6 months in at least a part time or full time position (375 hours) to receive the six month bonus or;
- You must have worked one year in at least a part time or full time position (750 hours) to receive the one year bonus.
- You must be actively working at the time the bonus is due in at least a part time or full time position. A casual or seasonal employee will not be eligible for a bonus.
- You must have met or exceeded the requirements of a 90 day performance review. If you are unable to meet the requirements of the original 90 day performance review, you will be given an opportunity to improve and will be reviewed in another 90 days. You will only be eligible for the hire bonus when you have met the requirements of the 90 day performance review.
- If an employee has been on leave for any point during the 6 months or year of employment, the eligibility date will be adjusted and extended for the length of the leave.

If the above criteria is met,

- A \$500 bonus will be available to you after completion of 6 months and at least 375 hours of employment; paid on the payroll after the 6 month anniversary of your hire date
- Another \$500.00 bonus will be available to you after completion of one year and at least 750 hours of employment; paid on the payroll after the 1 year anniversary of your hire date.

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

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

Denise M Pierce
Employee Signature

9.3.2019
Date

General Notes for Bus

- To use the lift: Bus must be running, in Park and the parking brake on. To disengage parking brakes push in button and pull up before moving down.
- Client should be positioned on the lift with the Front of the wheelchair towards the inside of the bus and ~~breaks~~^{brakes} locked.
- Staff should not ride on the lift.
- Safety strap for the outside of the lift should be used even if lift moves without it being buckled.
- Once chair is pulled inside from inside the van, lock the ~~breaks~~^{brakes} then...
- Fasten four point tie downs on wheelchair, must connect to metal and not to a wheel. Fasten Shoulder strap by buckling in front of wheelchair so that the belt rest on the frame of the wheelchair below the armrests.

By signing below, I have been trained and demonstrated on how to use the shoulder straps and tie downs in the bus.

Trise Poma
Signature

9-5-2019
Date

**Oakridge Homes- Woodview Support Services
Job Description**

Job Title: Direct Support Professional

Department: Program

Reports To: Program Coordinator

FLSA Status: non-exempt

Approved Date:

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

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

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

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

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

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

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

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

Provide active treatment which is to monitor and frequently contact assigned consumers throughout each shift every 15 minutes during awake-time hours. Any exceptions to this 15 minute rule will be in each consumer's RMP and/or IAPP. In case of accident or incident, the consumer or staff must receive medical attention and/or first aid promptly. Report said incident to the person listed in the Emergency Procedures in a timely manner

and complete the Incident Report and any other documentation as directed by the PC, QDDP and/or Designated Coordinator.

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

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

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

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

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

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

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

Follow and work within all policies and protocol as directed.

Supervisory Responsibilities

This job has no supervisory responsibilities.

Competencies

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

Education and/or Experience

No prior experience or training.

Language Skills

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

Mathematical Skills

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

Reasoning Ability

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

Computer or Technology Related Skills

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

Certificates, Licenses, Registrations

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

Other Skills and Abilities

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

Other Qualifications

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

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

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

Denise M Pierce
Employee Signature

9-3-2019
Date

Denise M Pierce
Employee Printed Name

PROOF OF COMPETENCY



Adaptive Equipment Review

Name: DeWise Pierce Work Location: 216

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Glasses | <input type="checkbox"/> AFO |
| <input type="checkbox"/> Contacts | <input type="checkbox"/> Splints |
| <input type="checkbox"/> Dentures/Oral Prosthetics | <input checked="" type="checkbox"/> Shower Chair |
| <input checked="" type="checkbox"/> Walker | <input type="checkbox"/> Nebulizer |
| <input type="checkbox"/> Cane | <input checked="" type="checkbox"/> Reclining Lift Chair |
| <input type="checkbox"/> Hoyer Lift | <input type="checkbox"/> Stander |
| <input type="checkbox"/> C-PAP | <input type="checkbox"/> VNS Device |
| <input type="checkbox"/> Epi-Pen | <input type="checkbox"/> G-Tube |
| <input type="checkbox"/> Glucometer and Lancets | <input type="checkbox"/> Adaptive Utensils |
| <input checked="" type="checkbox"/> Wheelchair | <input type="checkbox"/> Oral Braces |
| <input type="checkbox"/> Gait Trainer | <input checked="" type="checkbox"/> Gait Belt |
| <input type="checkbox"/> Hearing Aid(s) | <input checked="" 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 checked="" type="checkbox"/> Other: <u>weighted vest</u> |
| <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: DeWise Pierce

Date: 6-18-21

PROOF OF COMPETENCY



Adaptive Equipment Review

Name: Denise Pierce Work Location: 216

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Glasses | <input type="checkbox"/> AFO |
| <input type="checkbox"/> Contacts | <input type="checkbox"/> Splints |
| <input type="checkbox"/> Dentures/Oral Prosthetics | <input checked="" type="checkbox"/> Shower Chair |
| <input checked="" type="checkbox"/> Walker | <input type="checkbox"/> Nebulizer |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Reclining Lift Chair |
| <input type="checkbox"/> Hoyer Lift | <input type="checkbox"/> Stander |
| <input type="checkbox"/> C-PAP | <input type="checkbox"/> VNS Device |
| <input type="checkbox"/> Epi-Pen | <input type="checkbox"/> G-Tube |
| <input type="checkbox"/> Glucometer and Lancets | <input type="checkbox"/> Adaptive Utensils |
| <input checked="" type="checkbox"/> Wheelchair | <input type="checkbox"/> Oral Braces |
| <input type="checkbox"/> Gait Trainer | <input checked="" type="checkbox"/> Gait Belt |
| <input type="checkbox"/> Hearing Aid(s) | <input checked="" 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: Denise Pierce

Date: 8-18-20

Proof of Competency



Adaptive Equipment Review

Name: Denise Pierce Work Location: 216

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Glasses | <input type="checkbox"/> AFO |
| <input type="checkbox"/> Contacts | <input type="checkbox"/> Splints |
| <input type="checkbox"/> Dentures/ Oral Prosthetics | <input checked="" type="checkbox"/> Shower Chair |
| <input checked="" 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 checked="" type="checkbox"/> Hearing Aid(s) | <input checked="" type="checkbox"/> Gait Belt |
| <input type="checkbox"/> Braces (arm, leg, back) | <input checked="" type="checkbox"/> Incontinence Products |
| <input type="checkbox"/> TED Socks (compression stockings) | <input type="checkbox"/> Insulin Pen |
| <input type="checkbox"/> Prosthetics | <input checked="" type="checkbox"/> Other: <u>Weighted Vest</u> |
| <input type="checkbox"/> Oxygen Tank | <input checked="" type="checkbox"/> Other: <u>electric razor</u> |
| <input type="checkbox"/> Oxygen Concentrator | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Helmet | |

Signature: Denise Pierce

Date: 9-5-2019

Annual Oakridge/Woodview First Aid and CPR Review

Date: 3-16-21

Course Provider: Patty Bernstetter, RN-BC – Ashley Zaborowski, RN

Staff Orientated: Denise M Pierce
Print clearly

ORH/Woodview Facility working at: 216

The above staff has attended The Oakridge Homes First Aid and CPR Course.

Test and Demonstration:

- ✓ • Epi Pen
- ✓ • Hands Only CPR
- ✓ • Heimlich Maneuver

Comments:

Successfully completed the annual First Aid/CPR refresher course: YES NO

Ashley Zaborowski, 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 First Aid and CPR review.

Spd

Oakridge/Woodview First Aid and CPR Class

Date: 9-17-19

Course Provider: Patty Bernstetter, RN-BC

Staff Orientated: Denise Pierce

Print clearly

ORH/Woodview Facility working at: 216

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

NO

Patty Bernstetter RN-BC

Course Provider's Signature and Title

Ashley Maborowski, PP

A copy of this completed form must be kept in this staff's individual

Personnel Record as proof of First Aid and CPR class.



Competency on Program Abuse Prevention Plan (PAPP)

Name Dennis Puerie

Date 8-24-21

Program Location 216

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 basis, individually and in groups on ways to stay safe

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, 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: Suspected abuse - will never be verified

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? 5 hours awake / 5 hours sleep

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? ~~3~~ 2

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

All Staff ~~will~~ ~~Read~~ is required to read and know the IAPP, PAPP and BIPP for all individuals living in the home. ~~Some of the in~~

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

The apartment area is difficult if staff is up stairs

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 at the~~ IAPP, which the clients have unsupervised time alone either at home or in the community

Types of grounds and terrain: The home sits on a standard town lot, front yard is fairly flat and is able to accommodate swing and chairs ramp leading up to the front door (along w/steps) driveway is concrete and slopes down to the street, back yard slopes, partial walk-out to lower level

Signature Terise Pierce



Competency on Program Abuse Prevention Plan (PAPP)

Name Denise P

Date 9-12-20

Program Location 216

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? They have there own bed-room, staff is at the home at all times, staff is trained to teach appropriate boundaries like, not being outside your room with out clothes or a robe on, closing doors for your privacy

2. Describe the need for specialized programs of care for the persons the program plans to serve: there currently isn't a need for specialized programs of care for these 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, no additional training needed

4. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services: staff will supervise consumers at all times, both in the community and at home. Each individual has a 24-hour plan of care. 1 down stairs has part time supervision

5. Program's Staffing Patterns:

Number of staff present during the day (Prime Programming): 1

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

Is overnight staff awake or sleep staff? 5 hours awake / 5 hours sleep

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? |

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? SIBS, Inappropriate

Throwing/Pushing things hard
non-compliance, sleep disorder, Urination

Dropping self

The individuals at 216 tend to display low levels

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

The apartment area is difficult if staff are upstairs

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

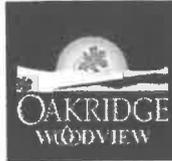
The neighborhood and community: the home sits on a corner lot in the town of Aitkin. Across the street is Mary Hill Manor, which has apartments for people with disabilities. there is a vacant lot across the other street, other wise surrounded by single family homes.

Types of grounds and terrain:

The home sits on a standard town lot, front yard is fairly flat and is able to accommodate swings & chairs to sit outside.

Signature





Person Supported Competency

Person: Dwaine Williamson Staff: Denise Pierce

Location: 216 Date: 10-5-21

1. What outcomes/goals does the person have?

Dwaine will maintain as many of his health skills as he is able, for as long as he is able
Dwaine will improve his coping skills and interpersonal relationships

2. Documentation on goals is optional? True or False

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

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

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

he may give in to sexual abuse as he enjoys getting affection from other people. he may expose himself to other people

6. Diagnoses: Anxiety, Racing, Profound MR, Cerebral Palsy, Severe allergies, dementia, hypertension, mild cataracts, mild hearing loss, myopia, grand mal seizures, spontaneous lung collapse

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 (OH)

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? DAC in Mc Gregor

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's

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

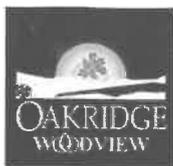
when upset, Dwaine may bite his finger, bite his

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, he has a very limited understanding of the concept of money
17. How does person like their services provided? Dwayne will maintain as many of his health skills as he is able for as long as he is able
18. Does person have allergies? Yes or No. What are they? Bee stings, NA Sulamid, seasonal, sulfa, Purex Laundry Soap, bug bites, Zestiril, Ativan
19. What county is the person from? Aitkin County
20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Anxiety - Pacing pushing
 What is desired alternate behavior? re-direct him to a safer place
 Do they have coping skills to utilize? Yes or No. What are they? will improve his coping skills and interpersonal relationships
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Inability to identify potentially dangerous situations
Inability to deal with verbally / physically aggressive Person
22. Who is responsible for providing household reports and documentation to the county? ORH PC
23. What are person's medical needs? Coordinating and making appointments, transportation, to appointments, attending appointments with the Person
24. What are person's safety needs? making sure he is not hurting himself, redirect his attention to something else and something safer
25. What technology does person use? TV, VCR, cassette and headphones, Microphone, Radio, record 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 He is an outgoing guy and would like to learn more in his own way, he can be active but with Covid there isn't much for him to do some times, he likes to follow staff and talk some, he is friendly, and enjoys people

Jenise Pierce DSP
 Staff Signature



Person Supported Competency

Person: Emily Bellon

Staff: Denise Pierre

Location: 216

Date: 4-5-21

1. What outcomes/goals does the person have?

Emily will increase her interpersonal skills, behaviors skills. Intervention methods - proactive strategies: Twice daily, for at least 10 minutes, Emily will participate in a relaxation activity, with assistance. Emily will improve her financial skills by learning how to manage her pocket money

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Nicole Tetzlaff

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

Who? Self

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

Emily does not always show affection properly. She does not understand the issue of personal space and may need a reminder to step back when interacting with others

6. Diagnoses: Mild MR, Anxiety Disorder, UOS

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? Oakridge 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? She works for DAC

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? She is

able to go into her community to places she is ~ familiar with for up to 2 1/2 hours unsupervised. She is very familiar w/ her Church, Dr. office & other Aitkin businesses

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. Emily does not know the values of some money (difference between \$1⁰⁰ bill and a \$5⁰⁰ bill)
17. How does person like their services provided? Emily responds best to people who gently give her guidance. She knows when people genuinely respect her and she responds to that
18. Does person have allergies? Yes or No. What are they? NKA
19. What county is the person from? Dakota
20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Agitation/Anxiety: flailing of Arms
 What is desired alternate behavior? utilize her relaxation techniques
 Do they have coping skills to utilize? Yes or No. What are they? Deep Breathing Tighten/relax muscles, Music, Aromatherapy, Time "At Ease" when alone (in different parts of the House)
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? "At Ease" when alone (in different parts of the House) is distracted by things in her environment and may wander away to go look at something and get lost
22. Who is responsible for providing household reports and documentation to the county? Oakridge Home PC
23. What are person's medical needs? Emily will increase her independent skills in understanding and performing her own medication administration
24. What are person's safety needs? Talking to her about good touch bad touch, birth control, and prevention of disease touch screen cell phone
25. What technology does person use? hearing Aids, (both ear's) Computer Cell phone, monitor
 Can it be used for monitoring the person? Yes or No. If yes in what way? door and window alarms are on for a HM, no personal data is recorded

After reading all identifying information about the person, please describe this person in your own words She is sweet, spunky, like's to sew, color, cares a lot about her boyfriend, is curious about new things, friendly, likes to help with dinner's (meals) to learn more things.

Louise Pierce
 Staff Signature



Person Supported Competency

Person: Joe Wallace Staff: Demise P.

Location: 216 Date: 2-2-21

- 1. What outcomes/goals does the person have? Joe will increase his interpersonal behaviors: letting him know where his boundaries are and that he needs to stay in those boundaries. Joe will maintain relationships that are important to him. Help him make cards for his family or do an activity with him.
2. Documentation on goals is optional? True or False
3. Who is the person's case manager? Julie Kinney
4. Does the person have a guardian/legal representative? Yes or No Who? Cook County
5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks? He may not understand sexual abuse, and would not defend himself. Staff is trained in recognizing signs of sexual abuse, Joe will be removed from that environment for his safety.
6. Diagnoses: Hypothyroidism, BPH, Autism, Organic Personality Disorder NonVerbal, Hypertrophy of Prostate w/o obstruction, Esophageal Reflux Disease, Constipation, Severe MR, Insomnia, Cataracts
7. Team meetings are held: Annually Semi-Annually Monthly As needed All of these
8. Documentation is for Oakridge records, no one else will see this. True or False
9. Who administers person's medications? ORH 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 N/A If yes, what were results? Joe does not attend a work/day Program
12. Does person need to be kept home from work if it is (-20)? Yes or No N/A
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? Joe does not have alone time, however he can be left alone in the vehicle while staff are assisting another person in the house. Joe can be left alone when staff goes to the garage.
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? Joe is unable to manage his own finances and would not understand if a mismanagement of funds occurs.

17. How does person like their services provided? Patient, caring staff

18. Does person have allergies? Yes or No. What are they? Amoxicillin (causes rash), Anafranil (causes rapid heartbeat)

19. What county is the person from? Cook

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? SIB - Hit self, drop self, throw self into wall, floor, toilet
What is desired alternate behavior? listen to music, staff read to him

Do they have coping skills to utilize? Yes or No. What are they? listen to music, watch animals outside or on T.V.

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Joe may not recognize potentially dangerous situations, so staff must remind him and guide him away from the unsafe area.

22. Who is responsible for providing household reports and documentation to the county? Mandated reporter's / OAH staff Cook County

23. What are person's medical needs? for staff to give him his medication make appointments for him, and take him to them, if he falls staff is to take care of him

24. What are person's safety needs? Joe can walk, but is sometimes shaky he has no teeth so all his food needs to be blended, he does not like places with loud noise, very difficult for him to focus

25. What technology does person use? iPAD, Keyboard, T.V., Radio

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 he is kind, likes his hat over his eye's, really likes hoodies, enjoys going for rides and looking at tractors, emergency vehicles, semi's, he has an evil laugh when he does something he knows he's not suppose to do, he likes to talk to his sister,

Jewise Pierce
Staff Signature



Person Supported Competency

Person: Theodore Clement Staff: Denise P.

Location: 216 Date: 2-4-21

1. What outcomes/goals does the person have?

TJ will increase his interpersonal behaviors skills
TJ will improve his financial independence
TJ will ledger his own receipts

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Mary Kosmatka

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

Who? Self

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

TJ has a hist younger female room, there is

(5) It is important to learn self-advocacy skills. TJ is best supported in the community with supervision to assure his personal safety and

6. Diagnoses: Intelle ADHD, hyperg

7. Team meetings are h: Annually Semi-Ar

well being. is needed All of these

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

9. Who administers person's medications? ORH administers

10. Oakridge opens and takes care of person's mail. True or False he opens and ask's for help to understand

11. Has an integrated work place been explored for this person? Yes or No
If yes, what were results? He works with DAC and a couple side Job's with supervision

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?

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

TJ has a history of inappropriate contact with younger females, he has a restraining order against him, he is not aloud to have access to the internet

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? he has ask ORIT to assist him with his money he will spend all of his money right away and has Problems following a budget.
17. How does person like their services provided? Consumer and his family Prefer supports to be firm and aim towards as much independence as possible for TJ
18. Does person have allergies? Yes or No. What are they? _____
19. What county is the person from? Scott County
20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Playing music to loud, Enticing Others
 What is desired alternate behavior? to learn and utilize his coping skills
 Do they have coping skills to utilize? Yes or No. What are they? talk with staff when something is bothering him, verbalize what he is feeling when target behaviors occur
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? important to learn self-advocacy skills. he is best supported in the community with supervision to assure his personal safety and well being
22. Who is responsible for providing household reports and documentation to the county? ~~ORIT~~ ~~ORIT~~ ~~ORIT~~ Oakridge
23. What are person's medical needs? needs assistance to schedule appointments when they are due, He needs ~~to~~ to assistance follow doctors orders
24. What are person's safety needs? TJ is best supported in the - Community with supervision to assure his personal safety and well being
25. What technology does person use? T.V. Stereo, Cell phone, Tablet fitbit, Gismo watch 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 At times he can be nice, but he like's to see how far he can push me, he has a tendency to step in my bubble, which is upsetting at times, I've had to send him down stairs a few times, He can be helpful but then there are times he over steps and does things with out asking or seeing if I'm doing something different

Leise Pierce
 Staff Signature



Person Supported Competency

Person: Michele Huff Staff: Denise Pierce

Location: 216 Date: 2-8-21

1. What outcomes/goals does the person have?
Michele will improve her interpersonal skills by increasing her coping skills and decreasing maladaptive behavior, will stay healthy by reducing or maintaining her weight to within her ideal body weight

2. Documentation on goals is optional? True or False

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

4. Does the person have a guardian/legal representative? Yes or No
Who? Henrich (Henry) Brucker

5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?
Michele may cooperate with someone who approached her in a sexual manner and would not be assertive. ORH staff watch for signs of sexual abuse, and will report it

6. Diagnoses: Profound MR, Organic Mood Disorder, OCD, farsighted with limited peripheral vision on R side, significant brain tissue loss, poor balance/coordination, Overweight,

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

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

9. Who administers person's medications? ORH 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? works at DAC (M-F)

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?
She is unable to choose her clothing or complete fasteners such as buttoning, zipping ect. Staff gives her verbal cues to partial physical assistance to perform these tasks

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

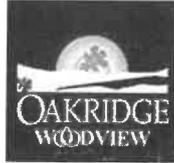
16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? she does not understand the concept of money and has no budgeting or management skills and does not understand how much things cost or their worth.
17. How does person like their services provided? Michele would prefer that all activities involve some sort of food or treat or coffee! She especially loves to go out to eat, favorite; Hamburger & Onion Rings
18. Does person have allergies? Yes or No. What are they? Adverse Reaction to Aricept (increase behaviors), Luvox (increased seizures) Anafranil (increase seizure poss)
19. What county is the person from? Aitkin County
20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Physical Aggression to people & property, Verbal, Dropping S
 What is desired alternate behavior? MUSIC, oils/lotions, Hair brushing
 Do they have coping skills to utilize? Yes or No. What are they? rice sock, hand massage, Deep breathing, Outside on Bench, Aromatherapy, foot massage
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Michele may not recognize potentially dangerous situations, so Staff must remind her and guide her away from the unsafe area
22. Who is responsible for providing household reports and documentation to the county? Heinrich Brucker
23. What are person's medical needs? has poor balance, high pain tolerance, impaired vision, water safety issues, weather issues, staff is there to help her with all of them
24. What are person's safety needs? if she chokes, she has a risk of falling, sensory disabilities, regulating water for a safe temperature.
25. What technology does person use? T.V. Radio, CD 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 when Michele doesn't get her way, she will start Cussing, She loves her black necklace, she likes when I pull out an outfit for the next day, enjoys going to work She really likes when her hair gets put in ponytail or gets her hair curled, She loves to make pictures for her family, loves all the holidays, is really loving Chicken pot pie

Deise Pierce

Staff Signature



Person Supported Competency

Person: Dan Thomas Staff: Denise Pierce

Location: 216 Date: 2-9-21

1. What outcomes/goals does the person have?
Dan will enhance his daily life by taking part in leisure and recreational activities (with an emphasis on music)
Dan will enjoy the best possible health

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Jon Moen

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

Who? Carol Berg & Kathy Antus

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

Dan does not show affection properly. He may hug, touch others inappropriately or in inappropriate settings, be overly friendly towards others

6. Diagnoses: Presence of Left Artificial Hip Joint, Unspecified Dementia without Behavioral Disturbance, functional Urinary Incontinence, Hypothyroidism, Peripheral Vascular Disease

7. Team meetings are held:

Annually Semi-Annually Monthly As needed All of these

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

9. Who administers person's medications? ORH 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?

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? Due to his diagnosis of dementia, Dan may put his clothing on backwards (at this time, Dan needs assistance to get dressed) inside out or he may try to wear dirty clothes

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? Dan is vulnerable to financial exploitation. He has no understanding of the concept of money. Staff verbally, gesturally and physically assists with all transactions
17. How does person like their services provided? Dan likes to take naps during the day, likes to eat and likes physical affection. He likes caring staff and staff's attention.
18. Does person have allergies? Yes or No What are they? NKA
19. What county is the person from? Aitkin
20. Does this person have a behavior plan? Yes or No If yes, what are the target behaviors? _____
 What is desired alternate behavior? _____
 Do they have coping skills to utilize? Yes or No. What are they? _____
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Dan is unable to identify potentially dangerous situations and may walk into a situation with people that are escalating.
22. Who is responsible for providing household reports and documentation to the county? Jon Moen
23. What are person's medical needs? Dan has poor teeth and has difficulty chewing some foods. Making appointments, & getting to them, taking his meds, staff is there to help him
24. What are person's safety needs? Dan has history of walking with his head down and doesn't watch where he is going, which has caused him to walk into walls, staff is here to guide him
25. What technology does person use? Electric keyboard, radio, CD player, T.V. interactive stuffed animals.
 Can it be used for monitoring the person? Yes or No If yes in what way? B

After reading all identifying information about the person, please describe this person in your own words He is a strong little man, there are times he is very gentle and loving, he can be quiet while sitting in his chair and then very loud. He is not a big fan of the shower, he is a fast eater, so I make sure his food is easy for him to digest.

Lewis Pierce
 Staff Signature

Denise Pierce
8-4-2020

Client Name - 216 Home

Need to Know for Competency updated on Theodore J.J
Clement

Face Sheet

Case Manager	Mary Kosmatka
County	Scott County
Rep payee	Valerie and Ted Clement (Parents)
Legal representatives	self
Parents	Valerie + Ted Clement
Diagnosis	intellectual Disability, Anemia, Painful, orthopedic hardware
Birth date	6-21-86
Waiver	DD Waiver
How Long with Oakridge	4-8-19
Allergies to food	NKA
Allergies to medications	NKA
Medication Administration	ORH Administers
Overriding health care needs	None

ADHD
hyperglycemia
hypertnglycerid

(on back) IPP/BIPP

Goal/Outcome 1: will increase his	Supports/Methods: redirect his behavior
Goal/Outcome 2: improve his	Supports/Methods: PC will set aside time
Goal/Outcome 3: Enticing others	Supports/Methods: T.J will ledger his own
Goal/Outcome 4: Inappropriate	Supports/Methods: Utilize his coping receipts
Goal/Outcome 5: Boundaries	Supports/Methods:
Behavior Plan? (yes/no)	Target Behaviors: Playing music to loud Coping Strategies: Listen to music at appropriate level

CSSP-A

Person's preferences for how services are provided:	The consumer and their family prefer supports to be firm and aim towards as much independence as possible
Has integrated community employment been explored with the person? If working- who is responsible for submitting pay stubs to social security?	Yes, DAC

Does the person need toxic chemicals locked for their own safety? Does a housemate require toxic substances to be locked?	NO
What technology is being used with the person?	TV, Stereo, Cell phone, Tablet fitbit, Gismo watch phone
Is monitoring technology being used? If yes, what type and why?	N
Who is responsible for completing household reports and submitting to the county?	Oakridge
Does the person require staff who are CPR trained?	yes
Is Oakridge authorized to seek medical attention in the case of an emergency?	yes
Does the person have a restriction of their rights? If yes, explain.	yes → (on Back page)
Does the person need to stay home from school/work when the temperature is below -20 degrees F with windchill (as recommended by the Office of the Ombudsman)?	NO
Does the person need help with opening and responding to their mail?	yes
Does the person require staff supervision at all times or does the person have alone time in the community or at home? Explain.	yes, he may be left inside the house for short periods of time when staff is helping other clients only for a few minutes.
How often does the person's team meet?	Semi - Annually

IAPP/SMA

Is the person susceptible to sexual abuse? If yes, how so? What are staff doing to protect the person?	yes It is important to learn self-advocacy skills. TJ has a history of inappropriate contact with younger females
Is the person susceptible to physical	yes

Client Name _____ Home _____

Need to Know for Competency updated on _____

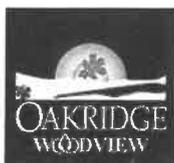
abuse? If yes, how so? What are staff doing to protect the person?	TJ is best supported in the community with supervision to assure his personal safety and well being.
Is the person susceptible to self abuse? If yes, how so? What are staff doing to protect the person?	NO
Is the person susceptible to financial abuse? If yes, how so? What are staff doing to protect the person?	Yes, he has asked for OH's to help him with his money
Does the person need staff assistance with any of the following: Seizures, choking, special dietary needs, chronic medical conditions, preventative screenings, risk of falling, mobility, regulating water temperatures, community survival skills, water safety skills, freezing temperature safety, sensory disabilities, or a bedroom door lock?	TJ needs assistance to schedule appointments when they are due, & help being transported to them. He also needs assistance to follow Dr. orders

Reminder: Documentation must be completed each shift and is a legal document. It can be requested by other agencies at any time.

Goal 1: interpersonal behavior skills

Goal 2: financial independence

TJ has a history of inappropriate contact with younger females, he currently has a restraining order against him.



Person Supported Competency

Person: Christopher Washington Staff: Denise Pierce

Location: 216 Date: 1-22-20

1. What outcomes/goals does the person have?

Chris will increase his independence, being up and ready for the day without assistance from staff,

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Jon Maen

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

Who? Krista Kommer Himself w/ Oakridge help

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

6. Diagnoses: Ocular Hypertension, Hypertension, Insomnia, Bipolar Affective Disorder, Asthma, Mild MR, Explosive Disorder, ADHD, Eczema, sickle Cell Anemia, Glaucoma suspected, Obesity, Myopia, Astigmatism,

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? ORH

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

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

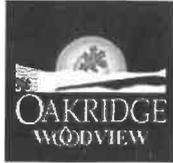
14. Is person at risk for self abuse? Yes or No. If yes, what are the risks? Dresses inappropriately. He will wear dirty clothes at times, this is poor hygiene and at some point can cause skin and bacterial issues.

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? for staff to listen and understand him, and to teach him how to live on his own, and to respect him for who he is
18. Does person have allergies? Yes or No. What are they? Dogs & Cats
19. What county is the person from? Aitkin
20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Physical Aggression, Verbal Aggression, Property Destruction
 What is desired alternate behavior? Talking w/ staff, talking awalk
 Do they have coping skills to utilize? Yes or No. What are they?
Listening to music, Going to Bedroom to calm down
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks?
he does have some verbally abuse behaviors towards staff and other authority figures such as supervisors. he has never displayed aggressive behaviors towards those more vulnerable than him.
22. Who is responsible for providing household reports and documentation to the county? Staff & PC
23. What are person's medical needs? Medical conditions - appointments, Preventative Screening
24. What are person's safety needs? risk of falling, mobility, Community Survival skills, freezing temperature safety
25. What technology does person use? Cell Phone, PlayStation 4, and a Flat Screen TV.
 Can it be used for monitoring the person? Yes or No. If yes in what way? front door alarms, upstairs and audio monitoring on his apartment in the kitchen area.

After reading all identifying information about the person, please describe this person in your own words He can be loud, caring, helpful, wants to learn more about being on his own, but at the same time might be a little scared to be alone. He likes spending time with his friends & family, his cousin is very important to him, as far as encouraging him to work harder on moving out and being on his own. He is a good person with a
 Good heart

Deise Pierce
 Staff Signature



Person Supported Competency

Person: Dan Thomas Staff: Denise Pierce

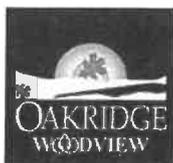
Location: 216 Date: 1-23-20

1. What outcomes/goals does the person have?
Dan will enhance his daily life by taking part in leisure and recreational activities (with an emphasis on music)
2. Documentation on goals is optional? True or False
3. Who is the person's case manager? Jon Moen
4. Does the person have a guardian/legal representative? Yes or No
Who? Carol Berg and Kathy Antus
5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?
Lack of understanding of sexuality, likely to seek or cooperate in an abusive situation, inability to be assertive
staff is trained on how to de-escalation techniques
6. Diagnoses: Artificial hip joint (L), Dementia, urinary incontinence
Hypocalcemia, seasonal allergies, Vitamin Deficiency, somatoform disorders, Dermatitis, GERD,
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? _____
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?
inability to care for self-help needs. Engages in self-injurious behaviors,
Dan may put his clothing on backwards staff has to physically assist Dan to get dressed.
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, Staff verbally gesturally and physically assists with all aspects of his transactions.
17. How does person like their services provided? By example and repetition, Verbal, modeling
18. Does person have allergies? Yes or No. What are they? Seasonal
19. What county is the person from? Aitkin
20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? _____
 What is desired alternate behavior? _____
 Do they have coping skills to utilize? Yes or No. What are they? _____
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Dan is unable to identify potentially dangerous situations and may walk into a situation, he may follow others who are having outburst to watch them out of curiosity.
22. Who is responsible for providing household reports and documentation to the county? PC + Staff
23. What are person's medical needs? Making Dr. Appointments, giving him his medication, what exercises would be appropriate to help him in rebuilding strength in his legs + hips
24. What are person's safety needs? Has staff with him 24/7, helping him, get in his wheel chair, encourage Dan to transfer on his own w/ assistance if needed
25. What technology does person use? Electric Keyboard, radio/CD player, Flat screen T.V., interactive stuffed animals, laptop, Cam
 Can it be used for monitoring the person? Yes or No. If yes in what way? Camera being used for a downstairs housemate, Front door alarm for housemate who tries to get outside unaccompanied

After reading all identifying information about the person, please describe this person in your own words He is very strong, Loves to give hugs, likes his keyboard, when at the table and is done with an activity he will put it on the counter behind him, he is a fast eater, he seems to like walking with his wheel chair till he gets tired then he will sit down, hate's showers doesn't like anyone touching his feet

Deise Pierce
 Staff Signature



Person Supported Competency

Person: Michele Huff Staff: Denise Pierce

Location: 216 Date: 1-25-20

1. What outcomes/goals does the person have?

Michele will improve her interpersonal skills by increasing her coping skills and decreasing maladaptive behavior

2. Documentation on goals is optional? True or False

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

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

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

Lack of understanding of sexuality, likely to seek or cooperate in an abusive situation, she does not understand birth control or STD's or any of the other risks involved

6. Diagnoses: Profound MR, Organic Mood Disorder, OCD, Farsighted w/ limited peripheral vision on R side, Significant brain tissue loss, Poor balance /coordination, Overweight

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

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

9. Who administers person's medications? Staff & PC

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

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

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

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

14. Is person at risk for self abuse? Yes or No. If yes, what are the risks? Dresses inappropriately, ignores personal safety, staff directs her with cues necessary for her safety.

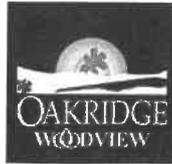
15. Does this person have any of their rights restricted? Yes or No If yes, what are they? _____

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? Inability to handle financial matters, she does not understand the concept of money and has no budgeting or management skills
17. How does person like their services provided? Verbal, hand over hand, modeling
18. Does person have allergies? Yes or No. What are they? Medications that can increase behaviors or increase seizures
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? Physical aggression to property,
What is desired alternate behavior? Dropping self
Do they have coping skills to utilize? Yes or No. What are they? Music, oils/lotions, Foot Massage, Hair Brushing, Aromatherapy, Corn/Rice Socks,
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? inappropriate interactions with others, inability to deal with verbally, physically aggressive persons verbally/physically abusive to others "Victim" history exists
22. Who is responsible for providing household reports and documentation to the county? Heinrich Brucker
23. What are person's medical needs? Making her appointments, getting her to them, her walker
24. What are person's safety needs? Seizures, Choking, special dietary needs, risk of falling, sensory disabilities
Water safety skills, Staff is to be with her
25. What technology does person use? TV, radio, CD player
Front door alarm
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 She is spunky, likes food, having her hair done, miss's her mom, other housemates that have passed away. likes all holidays but thanksgiving is her favorite one. likes to color on only yellow paper, everything needs to be in its place, when something changes her attitude changes

Jenise Plem
Staff Signature

1-28-2020



Person Supported Competency

Person: Donna White Staff: Denise Pierce

Location: 216 Date: 1-29-20

1. What outcomes/goals does the person have?

will increase her independence and improve her domestic skills. when Donna is done eating Staff will prompt her dishes to the sink, Staff will provide any verbal instructions that is needed if the plate needs to be scraped.

2. Documentation on goals is optional? True or False

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

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

5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?
Lack of understanding of sexuality, Likely to seek or cooperate in an abusive situation, Donna does not understand the risks, involved in engaging in sexual activities.

6. Diagnoses: Type 2 Diabetes mellitus without complications, hemorrhoids, Glaucoma, Sensorineural hearing loss, legally Blind, xerosis (Dry Skin) Poor Circulation

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 + PC

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? DIAC

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? Ambudsman

*14. Is person at risk for self abuse? Yes or No. If yes, what are the risks? inability to care for self - help needs, has problems with some of her dressing skills, gives her verbal reminders and physical assistance w/ Dressing when needed.

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. Staff goes with her when she is making a purchases
17. How does person like their services provided? Verbal, repetition, some gestural
18. Does person have allergies? Yes or No. What are they? Penicillin, Sodium Penethol, Sulpha, erythromycin, (flu shot in 1999)
19. What county is the person from? Aitkin
20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? _____
 What is desired alternate behavior? _____
 Do they have coping skills to utilize? Yes or No. What are they? _____
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Donna will be kept away from those who may aggress upon her. Staff will intervene verbally and physically if necessary, to reduce the risk of injury.
22. Who is responsible for providing household reports and documentation to the county? Staff, PC,
23. What are person's medical needs? to recive her pills, eye drops, Make appointments for her, Get her to her appointments either ORH or her family
24. What are person's safety needs? Staff or family are with her to protect her from Choking, dietary needs, risk of falling, Mobility, Sensory disabilities
25. What technology does person use? T.V. radio, CD Player Mini tablet, Interactive stuffed animals, Front door alarm
 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 She is a good singer, likes going to visit her family, she likes her Brown Bear and a Tiny tablet She got for Christmas, she likes to dance, enjoys going to dance parties, Sings with the radio, coloring pictures for her mom, Playing ball with her other housemates

Reise Pierce
 Staff Signature



Joe Wallace Person Supported Competency

Person: ~~Joe Wallace~~ Staff: Denise Pierce

Location: 216 Date: 1-30-20

1. What outcomes/goals does the person have?

Joe will increase his interpersonal behaviors maintain relationships that are important improve his communication skills by getting more accustomed to using his iPad

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Julie Kenney

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

Who? Cook County

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

Lack of understanding of sexuality, likely to seek or cooperate, inability to be asseptive, unable to verbally report, May grab females inappropriat - need to be redirected

6. Diagnoses: Hypothyroidism, BPH, Autism, Organic Personality Disorder, Nonverbal, Hypertrophy of Prostate, Esophageal, Reflux Disease, Constipation, Sever MR, Insomnia, Cataracts,

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 + PC

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

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

If yes, what were results?

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

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

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

~~Lack of understanding~~ Dresses inappropriat. refuses to eat, inability to care for own needs, lack of self preservation skills, engages in SIB Refuses to take 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 financial matters, unable to manage own finances, would not understand if this management funds occur and not able to report it
17. How does person like their services provided? Verbal, hand over hand modeling, steps, praise + humor
18. Does person have allergies? Yes or No. What are they? Amoxicillin + Anafranil
19. What county is the person from? Cook County
20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? SIB, Physical aggression, Sleep disorder
 What is desired alternate behavior? Calm, less stimulation
 Do they have coping skills to utilize? Yes or No. What are they? listen to music, staff reading, watch animals, feed birds, use Sented Markers, get massage
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? inability to identify potentially dangerous situations or inappropriate interactions w/others, inability to deal w/verbally + Physically aggressive Person
22. Who is responsible for providing household reports and documentation to the county? staff + PC
23. What are person's medical needs? Medication's, getting to appointments having his food grounded up,
24. What are person's safety needs? Choking, risk of falling mobility, water temps, community survival skills Water Safety, Freezing temps
25. What technology does person use? IPAD, router, alarm system on bed + door
 Can it be used for monitoring the person? Yes or No. If yes in what way? Alarm would alert staff if Joe goes out the door or is getting out of bed.

After reading all identifying information about the person, please describe this person in your own words He likes attention, looking at pictures of his family, his 3 favorite things are: A hat, stuff squirrels, small bag with all his little things in it. enjoys going for rides, likes to see big trucks, tractors, emergency vehicle, He can be loud at times when he is eating or drinking, he gets emotional sometimes at night when he looks at the picture of his parents

Kerise Pierce
 Staff Signature

Know the House You Work In

Name Denise Pierce Date 3-16-21 Location 216

Where do we keep...

Heimlich Maneuver Chart? on side of med cabinet

Forms for everyday use? in filing cabinet under the phone

Face sheet for each consumer? in each of their books

What is a face sheet? Tell's us about our client's, who to call

IAPP's? Towards the back of their book

What does the IAPP tell us? it a Individual Abuse Prevention Plan

PAPP? in cuboard above ^(by microwave) light, in kitchen; Bright folder

What does the PAPP tell us? Age, Gender, mental function, of our clients

Red OSHA Book? in med cabinet on top

AWAIR Act? (A Workplace Accident and Injury Reduction Program) in Red OSHA Book

Menus? on fridge /extra's in filing drawer under house phone

Work Schedule? on bulletin board in dinning room

Standing Med orders? Purple MAR book in cuboard by microwave

Where do we gather in the event of a drill or fire? Tornado: Down stairs
Fire: Behind the van

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

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

A tornado/storm drill? _____

Where are the smoke detectors located? _____

Where are the fire extinguishers located? _____

Where are the Carbon Monoxide detectors located? _____

Where is a copy of our emergency procedures? _____

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

What are the items to bring into the storm shelter? _____

Where do we get our supplies? _____

Where can we shop for food? _____

Where do we get gas? _____

Know the House You Work In

Name Denise Pierce Date 5-24-20 Location 216

Where do we keep...

Heimlich Maneuver Chart? wall of Med cabinet in Laundry Room

Forms for everyday use? in filing cabinet in kitchen

Face sheet for each consumer? in there Books

What is a face sheet? Gives information about each client

IAPP's? Individual Abuse Prevention Plan

What does the IAPP tell us? Helps us to understand who we are taking care of

PAPP? Program Abuse Prevention Plan

What does the PAPP tell us? Age Range, Gender, Mental functioning

Red OSHA Book? in Med cabinet up top

AWAIR Act? (A Workplace Accident and Injury Reduction Program) Established Goals

Menus? so we know what to make them and portion's to give them

Work Schedule? when we work & who comes in after us

Standing Med orders? in the MAR Book (purple Book)

Where do we gather in the event of a drill or fire? Basement / Mary Hill Manor

If the house were to burn down, where do we go? 510

How often is it **REQUIRED** by licensing to do a fire drill? every 3 months

A tornado/storm drill? every 3 months

Where are the smoke detectors located? each Bed room, Hallways, Laundry room

Where are the fire extinguishers located? laundry room, apartment ↓ stairs

Where are the Carbon Monoxide detectors located? dinning room, laundry room

Where is a copy of our emergency procedures? by the phone on the wall

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

What are the items to bring into the storm shelter? Can good, Flash light
Radio

Where do we get our supplies? Walmart

Where can we shop for food? Paulbeck's or Walmart

Where do we get gas? Holiday

Know the House You Work In

Name Denise Pierce

Location 216

Where do we keep...

9-6-19

Heimlich Maneuver Chart?

side of med cabinet

Forms for every day use?

top drawer file cabinet

Face sheet for each consumer?

their charting book + Appt book

What is a face sheet?

personal info on clients

IAPP?

Charting book

What does the IAPP tell us?

Client's
vulnerabilities + what to do

Red OSHA Book?

Cupboard above Med Cabinet

AWAIR Act?

(A Workplace Accident and
Injury Reduction Program)

OSHA Book

Menu's?

on refrigerator

Work Schedule?

Buletin board in dinning room

Standing Med orders?

Med charting book

Where do we gather in the event
Of a drill or fire?

Maryhill Manor entryway

If the house were to burn down,
Where do we go?

510

How often is it
Required by licensing to run a
Fire drill?

Quarterly
Quarterly

A Tornado/Storm drill?

Where are the smoke detectors
Located?

each Bedroom & hallways

Where are the fire extinguishers
Located?

laundry room
Kitchen down stairs

Where are the Carbon Monoxide
Detectors located?

laundry area
Plug in dining room
Plug in ↓ stairs by bathroom

Where is a copy of our Emergency
Procedures?

Folder in kitchen cupboard

Where do we go in case of
Severe thunderstorm weather?

Basement (by office area)

What are the items to bring into the
Storm shelter?

Flashlights
Battery Operated radio
Blankets

Where do we get our supplies?

Walmart or County Market

Where can we shop for food?

Walmart or County Market

Where do we get gas?

Holiday or any where
that takes gas cards

Who are the primary Physicians?

Lisa Gerhart - D.W, M.H, J.W
Dr. Bostrom - C.W.
Dr. Krohn - D.T

Who are the Psychiatrists?

Sorenson - M.H, J.W
Janet Larson - C.W

Who are the Guardians?

Henary Brucker - M.H
Paul White - D.W
Krista Kommer - C.W
Cook County - J.W
Carol Berg / Kathy Antus - D.T

Who are the case managers?

Ann Choulliard - M.H, D.W
Jon Moen - C.W, D.T
Julie Kinney - J.W

What are _____'s Goals?

N/A

N/A

What are _____'s Goals?

What are _____'s Goals?

What are _____'s Goals?

What are the Pharmacies:

What meds does Dan take?

Safe Dose
CVS - Back up

Aspirin, Debrox, Vitamin,
Levothyroxine, Calcium
natures eyedrops, Amlactin
Loratadine, Mineral oil
Vitamin A + D

What meds does Michele take?

Ability, Diazepam, Vit. D
Docusate, Topamax

What meds does Joe take?

Aspirin, Docusate
Lamictal, Synthroid
Remeron, Paxil, Vit B
Vit D, Depakote
Zantac,
Hydrocortisone

What meds does Chris take?

Amlodipine, Benazepril
Benztrapine, Celexa, Depakote
Melatonin, Montelukast
Trazodone, Vit D, Risperdal
Propranolol, Ibuprofen
Proair inhaler

What meds does Donna take?

Amlodipine, Aspirin
Atenolol, Calcium, Certavite
Glipizide, Hydrochlorothiazide
Latanoprost, Lisinopril, Metformin
Zocor, Ammoniumlactate
Dorzolamide - Timolol, Celluvisc
sodium chloride

Where do consumers bank?

Bremer - MH, DT
Members Coop - JW, DW
Mid MN - CW

Dietary limits?

Michele - 1800 Calorie
(consumer)

Donna - Diabetic Diet
(consumer)

Chris - Dash Diet & Avoid salt, 3 healthy meals,
(consumer) No snacking

Joe - Regular with moistened foods, encourage fluids
(consumer) with every 2-3 swallows of food

Dan - hard foods ~~to~~ chopped, all others small bite
(consumer) size pieces



**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 Denise Pierce

Date 5-18-21

Work Location 216

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 1st Aid/CPR

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

Vulnerable Adults (VARPP):

Mandated reporter

Service Recipient Rights:

can only restrict
Rights

Emergency Use of Manual Restraint:

Can't Lock in Room

Incident Reports:

Person who witness incident

Emergency and Reporting Policy and Procedures:

PASS

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

Harassment policy

Safe Medication Administration:

Person, meds, time

Universal Precautions:

stuck by needles

ORH/WSS Personnel Policies and Procedures:

no discrimination

Oakridge Woodview Mandatory In-Service 2020

Make Up Packet

Employee Name Denise P.

Location Worked 216

Date: 12-1-20



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?	B 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 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.	G	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	K. 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 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	DSP 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	Every Year
Who can use unlabeled containers of chemicals and when should they be used?	_____. No unmarked containers can be used	No body
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, 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	monthly
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 _____	Precautions
What is used to clean all blood/body fluid spills?	_____ and _____ solution diluted 1:10	Bleach, 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.	Gloves, mask, 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, 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 Adult
Who do you call in a VA to if you choose not to report internally?	(MAARC)	Minnesota Adult Abuse Reporting Center
How much time do you have to report a suspected VA?	___ hours	24
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	2
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	72, 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 _____	Policies 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
Three ways you can report a suspected VA	1. I _____ 2. E _____ 3. Both	1. 2. ③ Both

ORH/WSS people you can call a suspected VA in to.	Q____, P_____ D_____ D_____ C_____ _____ A_____ ** Pick two	QDDP, Program Director Designated Coordinator Administrator
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	minors
Do you call the Minnesota Adult Abuse Reporting Center (MAARC) to report suspected abuse of a child?	Yes or No?	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	J	D. Data privacy policy
It is ok to transport people who are not ORH/WSS persons served or staff. True or False	K	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.		
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.	I	K. False

Emergency Use of Manual Restraint (EUMR) Policy and Procedures

Answer	Question
Emergency use of Manual Restraint (EUMR) Policy + Procedures	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
No	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;

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 & Supports	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 _____.
CSSP Addendum Service Recipient rights & Restriction form	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.
Telephone	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 from ORH/WSS	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
C	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
B, C, D	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
Survival	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 _____ inches deep at a rate of _____ 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 & Accountability Act	What does HIPAA stand for?
false	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 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 report	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 Employment Opportunities	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.

Americans w/ disabilities Act reasonable	ORH/WSS, under the _____ (ADA) and the Americans with Disabilities Act Amendments Act (ADAAA), will make _____ 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.
Discrimination harassment	According to ORH/WSS Anti-Harassment Policy the working environment shall be free of _____ and _____ and one where employees are treated with dignity, decency and respect.
Chemicals	Per Safety Rules and Operating Procedure, ORH/WSS uses _____ as directed on label. They are locked if necessary for the safety of the clients.
Workplace Bullying	ORH/WSS defines _____ as repeated mistreatment or inappropriate behavior towards one or more employees in the workplace and/or during the course of employment.
one Unsupervised	Per ORH/WSS Tobacco Products Policy, when there is only _____ employee supervising clients, the employee may not leave the clients _____ to smoke or use tobacco products.
Replacement	If you are not going to make your scheduled shift, it is your responsibility to find your own _____.
Precautions	It is expected that ORH/WSS employees will follow standard (universal) _____.
Sexual Sexual sexual Sexual	_____ harassment includes unsolicited and unwelcome _____ advances, requests for _____ favors, or other verbal or physical conduct of a _____ nature, when such conduct: 1. Is made explicitly or implicitly a term or condition of employment. 2. Is used as a basis for an employment decision. 3. Unreasonably interferes with an employee's work performance or creates an intimidating, hostile or otherwise offensive environment.
false, it is Not an exemption	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
Tardiness	In the Attendance and Punctuality Policy, the first time _____ occurs the employee shall receive a coaching note.

True	A Late/No Show report will be completed for each time an employee is tardy. True or False
True 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 Procedure	This policy minimizes accidents and injuries.
	What is the purpose of Family and medical leave policy (FMLA)?
client Confidentiality policy	This policy provides that private information be shared between approved parties only.
Prohibited fail	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.
Anti-Harassment Policy, confidentiality Policy, HIPAA, Employee Code of Conduct Policy, Workplace Bullying Policy	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
NO	Per ORH/WSS Cell Phone and Other Electronic Devices Policy, are you allowed to be on your cell phone while working?
Tobacco Products Policy	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

Certificate of Training

Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

Awarded on 02/23/2021 to:

Denise Pierce

Certificate Number:
VAMR91749620210223

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 03/09/2020 to:

Denise Pierce

Certificate Number: VAMR82875820200309

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



Things that Staff May NOT Do:

The following are Prohibited Procedures according to MN Statute 245D and are not allowed to be done at Oakridge Homes/Woodview Support Services:

Deprivation Procedures – Staff may NEVER take away a person's coffee, pop, snack, reward points, reward tokens, etc.

Time Out – Staff may never remove a person involuntarily from an ongoing activity to a room, or separate a person from others in a way that prevents social contact and prevents the person from leaving the situation if the person chooses.

Seclusion – Staff may never place a person alone in a room from which exit is prohibited.

Aversive Procedures – Staff may not use something that the person does not like in order to force compliance (i.e. a stuffed animal, or playing music the person clearly does not like or is afraid of).

Chemical Restraint – Staff may not use the administration of a drug or medication to control the person's behavior that is not a standard treatment or prn (with a PRN Protocol) or dosage for the person's medical or psychological condition.

Mechanical Restraint – Staff may never use devices, materials or equipment to restrict freedom of movement as an intervention in a person's behavior.

Manual Restraint – Staff may never use physical intervention intended to hold a person immobile or limit their voluntary movement except in the case of an emergency. If a manual restraint is needed, staff will follow the ORH/WSS Emergency Use of Manual Restraint Policy.

Note: The definition of an "emergency" is only if a person is in imminent danger to themselves or others. Staff may not use a EUMR in the event of property damage or verbal aggression as they are not considered an "emergency".

The above prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior because they are demeaning, they are seen as punishment, and they are not therapeutic.

The above prohibited procedures are not safe because they could result in negative outcomes, could cause physical and/or emotional harm to the person, violate the person's rights, and could result in aggression towards others.

Name: Denise Pien

By signing I acknowledge that I understand the above information: Denise Pien

Date: 11-19-19

I have reviewed the 2021 Medicare Advantage and Part D Fraud, Waste and Abuse Compliance Training Material.

Printed Name Denise M Pierce

Signature Denise M Pierce

Work Location 216

Date 8-17-21

I have reviewed the 2020 Medicare Advantage and Part D Fraud, Waste and Abuse Compliance Training Material.

Printed Name Denise Pierce

Signature Denise Pierce

Work Location 216

Date 9-13-20

I have read and understand **Prohibited Procedures**
According to MN Statute 245D

Name Denise M Pierce

Signature Denise M Pierce

Date 9.3.2019

2021 Therapeutic Intervention (TI) Agenda

Oct 26 – Long Prairie
Oct 25 – Brainerd

Oct 19 – Aitkin
Oct 28 – Grand Rapids

Oct 20 – Wadena/Staples

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

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

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

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

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

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

*Staff responsibilities related to restricted and permitted actions and procedures

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

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

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

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

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

Demise Pierce
Staff Name

11-8-21
Date

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

9-29-20
Date

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.

DeWise Pim
Staff Name

Steve 11-19-19
Course Instructor/Date
Ma Boudle

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: DeWise Pien

Date: 11-19-19

PROOF OF COMPETENCY



SERVICE RECIPIENT RIGHTS COMPETENCY

(January Worksheet)

Name: Denise Pierce Date: 2-24-20 Signature: Denise Pierce

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 Services, Support.
3. Right to have free, daily, Private access to and use of a telephone for local calls, and long distance calls made collect or paid for by me.
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 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 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 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 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 Receive and send 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 needs and support 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 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-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.

YouTube Videos and their Competencies

Please watch the YouTube videos in this order and check each of them off as DONE when you have finished them.

Denise Pierce 9.4.2019

Done	Video #	Playlist Title	# Min.	Competency ?
9/4	1	Therapeutic Intervention	51	No
9/4	2	Lifting & Transferring	16	No
9/4	3	Confidentiality	28	Yes
9/10	4	Plan to Get Out Alive	42	Yes
9/10	5	Bloodborne Pathogens	17	Yes
9/10	6	Everyday First Aid	24	Yes
9/10	7	Personal Care	24	No
9/10	8	Healthy Eating Habits	2	Yes
	9	Wheel Chair Lift Operation Only needed for Grand Rapids Homes	8	No

She is doing it!!
4/26/2019

Blood Borne Pathogens Quiz

- | | True | False |
|---|------------------------------------|------------------------------------|
| 1. Hepatitis B virus is easily cured. | T | <input checked="" type="radio"/> F |
| 2. HIV and HBV may be present in body fluids other than blood. | <input checked="" type="radio"/> T | F |
| 3. Broken glass and the exposed ends of dental wires are considered sharps. | <input checked="" type="radio"/> T | F |
| 4. Facial acne is a potential route of entry into the body for Blood Borne Pathogens. | <input checked="" type="radio"/> T | F |
| 5. Universal precautions means treating the blood and body fluids of anyone as if they were known to be infected with HIV, HBV or other Blood Borne Pathogens. | <input checked="" type="radio"/> T | F |
| 6. No single approach to controlling the spread of blood borne infections is 100 percent effective. | <input checked="" type="radio"/> T | F |
| 7. Every time you remove your gloves you must wash your hands with soap and running water as soon as you possibly can. | <input checked="" type="radio"/> T | F |
| 8. Once blood gets on your hands it's too late to take any preventative measures. | T | <input checked="" type="radio"/> F |
| 9. You don't have to wear any gloves if you allergic to latex or nylon. | T | <input checked="" type="radio"/> F |
| 10. You don't have to wear personal protective equipment if it is annoying or uncomfortable. | T | <input checked="" type="radio"/> F |
| 11. Hepatitis B vaccines used in the U.S. cannot transmit blood borne diseases. | T | <input checked="" type="radio"/> F |
| 12. If you are exposed, you should report the incident to your supervisor within 14 days | T | <input checked="" type="radio"/> F |
| 13. Name the two blood borne diseases most prevalent in the United States.
<u>HIV</u> <u>HBV</u> | | |
| 14. Do vaccines exist that can prevent infection from HBV and HIV?
<input type="checkbox"/> HBV only
<input type="checkbox"/> HIV only
<input checked="" type="checkbox"/> Both HBV and HIV
<input type="checkbox"/> Neither HBV or HIV | | |
| 15. Name three "infectious" materials that can contain Blood Borne Pathogens.
<u>A sharps container</u> <u>Gloves</u> <u>Gowns</u> | | |
| 16. What is the single most important personal/occupational hygiene activity that can prevent infection from blood borne diseases? <u>washing your hands</u> | | |
| 17. What color must be used for Biohazard Warning labels? <u>Orange / Red</u> | | |
| 18. Name three types of personal protective equipment that can help guard against infection from Blood Borne Pathogens. <u>Gloves</u> <u>Gowns</u> <u>Goggles</u> | | |

Denise Pierce
Employee's Signature

9-10-2019
Date

Name: Denise Pierce

Date: 9.4.2019

Oakridge Homes
Charting / Documentation Guidelines Competency Worksheet

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

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

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

CHART:

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

6. seizures_____
7. Leave and return for Vacation or Parent visit. Where a consumer went and with whom. Also remember to complete the LOA form before and after.
8. Doctor's visits – the reason, who they saw, where, any diagnosis made, prescriptions or recommendations.
9. Any unusual event_____.
10. Anything interesting_____ – good or bad.

Denise Pierce
9.4.2019

Confidentiality in a Community-Based Setting

1. This tape stresses the need to maintain every person's Confidentiality to have personal information remain Confidential.
2. Absolute confidentiality means that what you know about a client, co-worker, or employer is not shared in any way, shape, or form.
3. Relative confidentiality means that what you know about a client, co-worker, or employer is not shared unless there is a need to know.
4. It's a violation of confidentiality to discuss one client's business in the presence of another client.
5. Four responses to witnessing a breach of confidentiality are:

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

Oakridge Homes Woodview Residential Services

Core Competency Quiz

Name Denise Pierce

Date 9-4-2019

House name/number 216

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

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

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

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

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

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

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

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

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

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

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

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

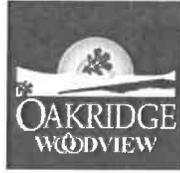
12. A healthy eating plan includes:

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

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

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

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



CULTURAL COMPETENCE QUIZ

Name: Denise Pierce

Date: 9-4-2019

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



Oakridge Homes/Woodview Support Services

Proof of Competency – Coordinated Services and Supports Plan (CSSP)

Staff Name Denise Pierce Staff Signature Denise Pierce Date 9-5-2019

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: Chris Washington

Who is the case manager? Joe Moen

What is important to the person being served?

Work, Aunt, Friends, Cousins

What are the strengths and needs of the person being served?

to be independant and spend time with family and friends

What are this person's outcomes/goals?

1. to live alone
2. work on Cars /outside Job
3. Spending time with Aunt + Friends
4. live in healthiest enviroment

What is ORH/WSS responsible for as far as medical issues are concerned?

Making Appoinments, transportation to appoinments

How does the information in this CSSP apply to my job at ORH/WSS?

Makes it better to understand the Clinet and how to take care of him.

Person Served: Dan Thomas

Who is the case manager? Jon Moen

What is important to the person being served?

Harmonica, Radio, Keyboard, Stuffed animals

What are the strengths and needs of the person being served?

being in his home, Feeling safe

What are this person's outcomes/goals?

1. Being kept safe
2. Going on activities
3. Being in a routine
4. Playing on his Key board

What is ORH/WSS responsible for as far as medical issues are concerned?

~~Knowing how to~~ Making Appoinments, giving medication

How does the information in this CSSP apply to my job at ORH/WSS?

Better way to understand how to care for him

Person Served: Joseph Wallace

Who is the case manager? Julie Kinney

What is important to the person being served?
Medications, safety, stable routine, Moistened Food

What are the strengths and needs of the person being served?
Joint Compressions, Bag of things, IPAD

What are this person's outcomes/goals?
1. Increase interpersonal behaviors
2. Maintain important relationships
3. Improve communication skills
4. Socialize in the community

What is ORH/WSS responsible for as far as medical issues are concerned?
Making appointments and attending them with him

How does the information in this CSSP apply to my job at ORH/WSS?
Knowing how to care for him

Person Served: Michele Huff

Who is the case manager? Ann Chouinard

What is important to the person being served?
daily needs and activities such as: Bathing, Medical, dressing

What are the strengths and needs of the person being served?
Going out to eat once in a while, having someone pay attention to her

What are this person's outcomes/goals?
1. stay healthy by exercising
2. improve her interpersonal skills
3. Help with making meals
4. improve her coping skills

What is ORH/WSS responsible for as far as medical issues are concerned?
Making sure she is included in all the activities

How does the information in this CSSP apply to my job at ORH/WSS?
Knowing what Michele can & can't do, what to help her with

Person Served: Donna White

Who is the case manager? Ann Chouinard

What is important to the person being served?

increasing her access to the community and interaction with her peers

What are the strengths and needs of the person being served?

to provide support for her daily needs and activities

What are this person's outcomes/goals?

1. improve her quality of life and ~~participate~~
2. will actively work towards her goals
3. will increase her independence
4. improve her domestic skills

What is ORH/WSS responsible for as far as medical issues are concerned?

Progress Review Reports and Recommendations

How does the information in this CSSP apply to my job at ORH/WSS?

knowing what things to do for her

Name: Denise Pierce Location: 216 Date: 9.5.2019 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
Program
Plan

What are Target Behaviors?

Maladaptive behavior
that I DT has determined
presents a barrier to Person's
independence, safety &/or
quality of life

Why does our Data Collection
need to be objective?

helpful in decision making
is as close to the truth
as we can get

Why do we have a BIPP?

anyone prescribed
a psych med
has to have

Use Initials - Who is prescribed
Psychotropic Medication and has a
written BIPP at the location you work at?

JW
CW
MH

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

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
Joseph Wallace	doesn't say	SFB Physical Aggression Sleep Disorder	sensory / relaxation activities staff consistency Keep Focus on activity he is doing praise & humor him	Depakote Remecon Lamictal Paxi	drowsiness, diarrhea, weight change, bad pain, hair loss, mood swings, agitation dizziness, confusion, dry mouth, nausea, vomiting seizures, anxiety Loss of Balance, drowsiness constipation, diarrhea weight loss, headache agitation, chills, cold, sweats confusion, skin rash fever, dry mouth, chest ti...

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
Michèle Huff	Disruptive Conduct Disorder	Physical Aggression to property & people Verbal aggression Inappropriate Inappropriate Inappropriate SIBS	Staff monitor situation relaxation techniques assist to other area if needed quietly talk to her Relaxation techniques get up on own if drop self	Abilify	headache, drowsiness dizziness, diarrhea weight gain, chest pain
Chris Washington	Bipolar	Physical verbal Aggression Property Destruction Non-compliance throwing/pushing things hard	COPIING SKILLS staff redirect use basket hold if absolutely necessary	Depakote Celexa Risperdal Trazodone	headache, agitation abnormal thinking, loss of coordination, ringing ears nausea, diarrhea, vomiting heart burn, weight loss, dry mouth, weakness, decreased appetite nausea, vomiting, heartburn weight gain, stomach pain anxiety, agitation headache, diarrhea, constipation weakness, nervousness nightmares



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Denise Pierce

Date: 9-6-2019

-
1. Name of person served: Michele Huff
 2. Legal Representative: Henry Brucker
 3. Case manager: Ann Chouinard
 4. County of case management: ~~Dennise Schweisthal~~ Aitkin
 5. Oakridge representative who created CSSP-A: Dennise Schweisthal
 6. Outcomes Listed on CSSP-A:
Outcome 1: Stay healthy by exercising regularly to reach 130
Outcome 2: will improve her interpersonal skills
Outcome 3: will be asked if she would like to help cook
Outcome 4: _____
Outcome 5: _____
 7. What is the consumer's preference for how services are provided:
Michele would prefer that all activities involve some sort of food or treat or coffee! She especially loves to go out to eat and order hamburgers
 8. Is the current service setting the most integrated setting available and appropriate for the person: Yes No
 9. List all consumer team members Oakridge would report incidents to:
Legal Representative: Heinrich Brucker
Case manager: Ann Chouinard
Day program: _____

10. What opportunities and supports are provided, so this person is able to be fully included in the greater community, individually and in groups?

- a. walker
- b. Wheel Chair
- c. 1.1 hours with staff
- d. Will participate in Community

11. Has competitive, integrated employment been explored with this person?

Yes No

12. Has this person chosen to look for competitive employment?

Yes No

13. Does this consumer require presence of staff: Yes No If no, please explain.

- Unsupervised at home for: _____ minutes/hours
- Unsupervised in the community for: _____ minutes/hours

14. Is monitoring technology being used?

Yes No N/A

If yes, for what reason is the Monitoring Technology being used?

- Increase Independence
- Address a complex medical condition or other extreme circumstances
- Reduce or minimize critical incidents
- Improve the quality of supports

15. Does this consumer require ORH/WSS staff to assist them in opening their mail correspondence? Yes No

16. 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

17. Does this consumer have any rights restrictions: Yes No If yes, what restrictions:

Rights restrictions: _____

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

Items: _____

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

20. Is ORH/WSS responsible for completing, providing documentation, signing, dating, and getting Household Reports back to the County? Yes No

21. Is ORH/WSS responsible for submitting the individual being served pay stubs to Social Security Administration if it is required due to income level? Yes No

22. 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

23. Is ORH/WSS assigned responsibility for medication administration or medication assistance: Yes No

If yes, which level? Medication administration Medication assistance

24. Does the consumer have a PRN Administration Protocol signed by the prescriber: Yes No

PRN medication(s): _____

25. Is ORH/WSS authorized to assist the person receiving services in getting all vaccinations recommended by the person's medical provider? Yes No

26. Is this consumer prescribed psychotropic medications: Yes No

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

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

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

29. Does this consumer require positive support strategies: Yes No

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

31. Does this person require the use of Mechanical Restraints? Yes No N/A

32. Are any additional requirements requested for staff to have or obtain in order to meet the needs of the person? Yes No

If yes, please specify what these requirements are:

33. Does a staff person who is trained in cardiopulmonary resuscitation (CPR) need to be available when this person is present and staff are required to be at the site to provide direct services? Yes No

34. Frequency of reports/meetings:

Reports: Semi-Annually Annually Other: _____
Meetings: Semi-Annually Annually Other: _____

Staff Signature: Deise Pierce

Date: 9-10⁶-2019



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Michele Hoff Staff Name: Denise Pierce Date: 9-6-2019

1. What goals does the client have:

- a. Goal 1: Go to rec night on Monday night
- b. Goal 2: Do Floor exercises
- c. Goal 3: Dance with staff
- d. Goal 4: use foot stepper
- e. Goal 5: use the peddler
- f. Goal 6: Throw and kick a ball back and forth

2. How often is each goal supposed to be run:

- a. Goal 1: 1 x a week
- b. Goal 2: 3 x a week
- c. Goal 3: 3 x a week
- d. Goal 4: 3 x a week
- e. Goal 5: 3 x a week
- f. Goal 6: 3 x a week

3. What is the staff's responsibilities in each goal: (refer to the supports and methods section)

- a. Goal 1: taking her there
- b. Goal 2: Helping & showing her what to do
- c. Goal 3: Play the music and Dance with her
- d. Goal 4: show her how to do it

- e. Goal 5: get it out and show her how to do it
- f. Goal 6: Make a fun game out of it

4. Are there changes to the social or Physical environment that need to happen for each goal:

- a. Goal 1: NO
- b. Goal 2: NO - there is plenty of room
- c. Goal 3: NO
- d. Goal 4: NO
- e. Goal 5: NO
- f. Goal 6: yes - when its nice outside, so nothing gets broken inside

5. What are the best techniques for communicating with the client?

talk to her and be patient

6. How is the goal supposed to be recorded on the documentation sheet: (Plus, Minus, Refused or Frequency count, minutes, hours)

- a. Goal 1: Frequency - on what she wore and did
- b. Goal 2: count - how many times
- c. Goal 3: Plus - praise her on her dancing skills
- d. Goal 4: Refused - if she didn't want to do it
- e. Goal 5: hours - what time is set aside to do this
- f. Goal 6: Minus - All that go out of bonds

Staff Signature: Denise Pierce

Date: 9-12-2019



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Michele Huff Staff Name: Denise Pierce Date: 9-6-2019

1. Is this consumer 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 consumer 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 consumer 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 consumer 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 consumer 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 consumer demonstrate, if any:

- Verbal aggression
- Physical aggression
- Non-compliance
- Property abuse
- Manipulation
- Sexual behaviors

8. Would this consumer seek or cooperate in an abusive situation: Yes No
If yes, explain:

9. Would this consumer be able to defend themselves in an abusive situation:
 Yes No
If yes, please explain:

10. Does this person have the ability to identify potentially dangerous situations?
 Yes No

11. Does this consumer have community orientation skills: Yes No
If yes, please explain:

12. If around an exterior body of water, staff will do the which of the following: (check all that apply)

- Consumer will wear a life jacket
- If the consumer is on a boat or on a dock, staff will be within arm's length of consumer
- Staff will supervise and be within visual distance of consumer at all times

13. Does this person have sensory disabilities: Yes No
If yes, what are they?

Not aware of water safety issues in combination with
poor balance she could easily fall in the water

14. Does this person have any allergies? Yes No

If yes, please explain:

15. Does this person have special dietary needs: Yes No

If yes, what are they?

Small amounts of food to help balance her weight to get to her goal of 130 / 1500 Calori diet

16. Does this person have chronic medical conditions: Yes No

If yes, what are they?

Behaviors and symptoms affecting her ability to self-manage her needs

17. What areas does this consumer 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 orders
 Preventative screening
 Medical appointments
 DNR/DNI/Healthcare Directive
 Other: _____

Personal Safety:

- Risk of falling
 Mobility
 Regulating water temperature
 Community survival skills
 Water safety skills
 Freezing temperatures safety
 Sensory disabilities
 Bedroom door lock
 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: _____

Loise Pierce

Date: _____

9-10-19



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Denise Pierce

Date: 9.6.2019

- 1. Name of person served: Dan Thomas
- 2. Legal Representative: Carol Berg / Kathy Antus
- 3. Case manager: Jon Moen
- 4. County of case management: Aitkin
- 5. Oakridge representative who created CSSP-A: Dennise Schweisthal

6. Outcomes Listed on CSSP-A:

- Outcome 1: improve his interpersonal relationships by having coffee/treats
- Outcome 2: enhance his daily life by taking part in leisure activities
- Outcome 3: likes to take naps
- Outcome 4: likes to eat
- Outcome 5: likes caring staff and there attention

7. What is the consumer's preference for how services are provided:

Naps during the day, eating, caring staff that pay attention to him, loves snacks & treats playing his harmonica or key board,

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

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

Legal Representative: Carol Berg / Kathy Antus
 Case manager: Joe Moen
 Day program: _____

10. What opportunities and supports are provided, so this person is able to be fully included in the greater community, individually and in groups?

- a. greater community
- b. individually
- c. in groups
- d. 1 on 1 time with staff

11. Has competitive, integrated employment been explored with this person?

Yes No

12. Has this person chosen to look for competitive employment?

Yes No

13. Does this consumer require presence of staff: Yes No If no, please explain.

Unsupervised at home for: _____ minutes/hours

Unsupervised in the community for: _____ minutes/hours

14. Is monitoring technology being used?

Yes No N/A

If yes, for what reason is the Monitoring Technology being used?

Increase Independence

Address a complex medical condition or other extreme circumstances

Reduce or minimize critical incidents for housemate

Improve the quality of supports

15. Does this consumer require ORH/WSS staff to assist them in opening their mail correspondence? Yes No

16. 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

17. Does this consumer have any rights restrictions: Yes No If yes, what restrictions:

Rights restrictions: _____

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

Items: _____

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

20. Is ORH/WSS responsible for completing, providing documentation, signing, dating, and getting Household Reports back to the County? Yes No

21. Is ORH/WSS responsible for submitting the individual being served pay stubs to Social Security Administration if it is required due to income level? Yes No

22. 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

23. Is ORH/WSS assigned responsibility for medication administration or medication assistance: Yes No

If yes, which level? Medication administration Medication assistance

24. Does the consumer have a PRN Administration Protocol signed by the prescriber: Yes No

PRN medication(s): _____

25. Is ORH/WSS authorized to assist the person receiving services in getting all vaccinations recommended by the person's medical provider? Yes No

26. Is this consumer prescribed psychotropic medications: Yes No

What are the interfering behaviors:

- Verbal aggression
- Physical aggression
- Non-compliance
- Property abuse
- Manipulation
- Sexual behaviors

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

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

29. Does this consumer require positive support strategies: Yes No NA

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

31. Does this person require the use of Mechanical Restraints? Yes No N/A

32. Are any additional requirements requested for staff to have or obtain in order to meet the needs of the person? Yes No

If yes, please specify what these requirements are:

staff needs to know the Heimlich maneuver

33. Does a staff person who is trained in cardiopulmonary resuscitation (CPR) need to be available when this person is present and staff are required to be at the site to provide direct services? Yes No

34. Frequency of reports/meetings:

Reports: Semi-Annually Annually Other: _____
Meetings: Semi-Annually Annually Other: _____

Staff Signature: Jenise Pierce

Date: 9-16-2019



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Dan Thomas Staff Name: Denise Pierce Date: 9.8.2019

1. What goals does the client have:

- a. Goal 1: enjoy best possible health
- b. Goal 2: Healthy rehabilitation exercising
- c. Goal 3: daily verbal prompts each day to exercise
- d. Goal 4: transfer on his own with assistance if needed
- e. Goal 5: record the # of minutes he exercise each day
- f. Goal 6: staff will remind him of his exercise goal

2. How often is each goal supposed to be run:

- a. Goal 1: every day
- b. Goal 2: 30 minutes per week
- c. Goal 3: 3x per week, 10 minutes
- d. Goal 4: every day every 2 hours
- e. Goal 5: every time he does his exercise
- f. Goal 6: when he does them

3. What is the staff's responsibilities in each goal: (refer to the supports and methods section)

- a. Goal 1: leisure and recreational activities
- b. Goal 2: Any musical event in the community
- c. Goal 3: playing with musical instruments
- d. Goal 4: dances, parades

- e. Goal 5: Country Music Channel
- f. Goal 6: Music Therapy group

4. Are there changes to the social or Physical environment that need to happen for each goal:

- a. Goal 1: will need staff right with him
- b. Goal 2: the staff will need to be with
- c. Goal 3: Can participate with others
- d. Goal 4: a staff member will have to be with
- e. Goal 5: sitting at home he is ok staff is there
- f. Goal 6: being at home with everyone & staff

5. What are the best techniques for communicating with the client?

Verbal discussion and modeling/hands on lessons on how to use instruments, verbal prompts for participation in community events, verbal praise

6. How is the goal supposed to be recorded on the documentation sheet: (Plus, Minus, Refused or Frequency count, minutes, hours)

- a. Goal 1: Date
- b. Goal 2: staff initials
- c. Goal 3: leisure
- d. Goal 4: recreational activity
- e. Goal 5: participated in
- f. Goal 6: Comments

Staff Signature: Denise Pierce

Date: 9-9-2019



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Dan Thomas Staff Name: Denise Pierre Date: 9.6.2019

1. Is this consumer susceptible to sexual abuse: [X] Yes [] No If yes, in what areas?

- [X] Lack of understanding of sexuality
[X] Likely to see or cooperate in an abusive situation
[X] Inability to be assertive
[X] Other: History of being sexually abused by others

2. Is this consumer susceptible to physical abuse: [X] Yes [] No If yes, in what areas?

- [X] Inability to identify potentially dangerous situations
[X] Lack of community orientation skills
[X] Inappropriate interactions with others
[X] Inability to deal with verbally/physically aggressive persons
[X] "Victim" history exists
[] Other:

3. Is this consumer susceptible to self abuse: [X] Yes [] No If yes, in what areas?

- [X] Dresses inappropriately
[] Refuses to eat
[X] Inability to care for self-help needs
[X] Lack of self-preservation skills (ignores personal safety)
[X] Engages in self-injurious behaviors
[X] Neglects or refuses to take medications
[] Other:

4. Does this consumer have any alone time: [] Yes [X] No If yes, how much?

- [X] Unsupervised at home for: 0 minutes/hours
[X] Unsupervised in the community for: 0 minutes/hours

5. Is this consumer 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 consumer demonstrate, if any:

- Verbal aggression
- Physical aggression
- Non-compliance
- Property abuse
- Manipulation
- Sexual behaviors

8. Would this consumer seek or cooperate in an abusive situation: Yes No
If yes, explain:

9. Would this consumer be able to defend themselves in an abusive situation:
 Yes No
If yes, please explain:

10. Does this person have the ability to identify potentially dangerous situations?
 Yes No

11. Does this consumer have community orientation skills: Yes No
If yes, please explain:

12. If around an exterior body of water, staff will do the which of the following: (check all that apply)

- Consumer will wear a life jacket
- If the consumer is on a boat or on a dock, staff will be within arm's length of consumer
- Staff will supervise and be within visual distance of consumer at all times

13. Does this person have sensory disabilities: Yes No
If yes, what are they?

Mobility

14. Does this person have any allergies? Yes No

If yes, please explain:

Cut Grass + Seasonal

15. Does this person have special dietary needs: Yes No

If yes, what are they?

Chok's, all his food needs to be cut into small pieces

16. Does this person have chronic medical conditions: Yes No

If yes, what are they?

Very fearful of medical appointments and needles

17. What areas does this consumer 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 orders
 Preventative screening
 Medical appointments
 DNR/DNI/Healthcare Directive
 Other: _____

Personal Safety:

- Risk of falling
 Mobility
 Regulating water temperature
 Community survival skills
 Water safety skills
 Freezing temperatures safety
 Sensory disabilities
 Bedroom door lock
 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 my jeopardize the health and safety of the person or others
 Other: _____

Staff Signature: _____

Deise Perce

Date: _____

9-9-19



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Denise Pierce

Date: 9.6.2019

- 1. Name of person served: Joseph Wallace
- 2. Legal Representative: Julie Kinney (Cook County)
- 3. Case manager: Julie Kinney
- 4. County of case management: Cook
- 5. Oakridge representative who created CSSP-A: Schailis Sievert

6. Outcomes Listed on CSSP-A:

- Outcome 1: Increase interpersonal behaviors and reduce aggression
- Outcome 2: Maintain important relationships through mail 1x per week
- Outcome 3: Improve Communication Skills by using IPAD 1x per week
- Outcome 4: Joe will socialize in the community 1x per week
- Outcome 5: _____

7. What is the consumer's preference for how services are provided:
Patient, Caring Staff

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

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

Legal Representative: Cook County
 Case manager: Julie Kinney
 Day program: _____

10. What opportunities and supports are provided, so this person is able to be fully included in the greater community, individually and in groups?

- a. _____
 - b. _____
 - c. _____
 - d. _____
- N/A*

11. Has competitive, integrated employment been explored with this person?

Yes No

12. Has this person chosen to look for competitive employment?

Yes No

13. Does this consumer require presence of staff: Yes No If no, please explain.

- Unsupervised at home for: _____ minutes/hours
- Unsupervised in the community for: _____ minutes/hours

14. Is monitoring technology being used?

Yes No N/A

If yes, for what reason is the Monitoring Technology being used?

- Increase Independence
- Address a complex medical condition or other extreme circumstances
- Reduce or minimize critical incidents
- Improve the quality of supports

15. Does this consumer require ORH/WSS staff to assist them in opening their mail correspondence? Yes No

16. 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

17. Does this consumer have any rights restrictions: Yes No If yes, what restrictions:

Rights restrictions: _____

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

Items: _____

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

20. Is ORH/WSS responsible for completing, providing documentation, signing, dating, and getting Household Reports back to the County? Yes No

21. Is ORH/WSS responsible for submitting the individual being served pay stubs to Social Security Administration if it is required due to income level? Yes No

N/A

22. 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

23. Is ORH/WSS assigned responsibility for medication administration or medication assistance: Yes No

If yes, which level? Medication administration Medication assistance

24. Does the consumer have a PRN Administration Protocol signed by the prescriber: Yes No

PRN medication(s): _____

25. Is ORH/WSS authorized to assist the person receiving services in getting all vaccinations recommended by the person's medical provider? Yes No

26. Is this consumer prescribed psychotropic medications: Yes No

What are the interfering behaviors:

- Verbal aggression
- Physical aggression
- Non-compliance
- Property abuse
- Manipulation
- Sexual behaviors

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

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

29. Does this consumer require positive support strategies: Yes No *N/A*

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

31. Does this person require the use of Mechanical Restraints? Yes No N/A

32. Are any additional requirements requested for staff to have or obtain in order to meet the needs of the person? Yes No

If yes, please specify what these requirements are:

33. Does a staff person who is trained in cardiopulmonary resuscitation (CPR) need to be available when this person is present and staff are required to be at the site to provide direct services? Yes No

34. Frequency of reports/meetings:

Reports: Semi-Annually Annually Other: _____
Meetings: Semi-Annually Annually Other: _____

Staff Signature: Reise Piere

Date: 9-9-2019



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Joseph Wallace Staff Name: Denise Pierce Date: 9.6.2019

1. What goals does the client have:

- a. Goal 1: sending a card, letter, Picture to his Sister
- b. Goal 2: Supports to acquire, retain or improve skills
- c. Goal 3: Changes or Modifications to Physical + Social Environment
- d. Goal 4: Equipment + Materials Needed
- e. Goal 5: Techniques consistent with person's Com style + learning style
- f. Goal 6: How data will be collected

2. How often is each goal supposed to be run:

- a. Goal 1: 1 x a week
- b. Goal 2: in the afternoon every day
- c. Goal 3: daily either 1:1 or with housemates
- d. Goal 4: daily
- e. Goal 5: daily
- f. Goal 6: daily to let staff know what he has done

3. What is the staff's responsibilities in each goal: (refer to the supports and methods section)

- a. Goal 1: Helping with the card for his sister
- b. Goal 2: sister, Marty
- c. Goal 3: Niece
- d. Goal 4: Great Niece

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:

b. Goal 2:

c. Goal 3:

d. Goal 4:

e. Goal 5;

f. Goal 6:

5. What are the best techniques for communicating with the client?

6. How is the goal supposed to be recorded on the documentation sheet: (Plus, Minus, Refused or Frequency count, minutes, hours)

a. Goal 1:

b. Goal 2:

c. Goal 3:

d. Goal 4

e. Goal 5:

f. Goal 6:

Staff Signature: _____

Denise Pierce

Date: _____

9-6-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Joe Wallace Staff Name: Denise Pierce Date: 9-6-2019

1. Is this consumer 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 consumer 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 and Verbally unable to defend himself

3. Is this consumer 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 consumer 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 consumer 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 consumer demonstrate, if any:

Verbal aggression

Physical aggression

Non-compliance

Property abuse

Manipulation

Sexual behaviors

8. Would this consumer seek or cooperate in an abusive situation: Yes No

If yes, explain:

Staff will redirect him to a Dark or quite room with little to no music

9. Would this consumer be able to defend themselves in an abusive situation:

Yes No

If yes, please explain:

10. Does this person have the ability to identify potentially dangerous situations?

Yes No

11. Does this consumer have community orientation skills: Yes No

If yes, please explain:

12. If around an exterior body of water, staff will do the which of the following: (check all that apply)

Consumer will wear a life jacket

If the consumer is on a boat or on a dock, staff will be within arm's length of consumer

Staff will supervise and be within visual distance of consumer at all times

13. Does this person have sensory disabilities: Yes No

If yes, what are they?

He can not read street signs, so staff needs to be with him all the time

14. Does this person have any allergies? Yes No

If yes, please explain:

Anafranil (doxepin hydrochloride), Amoxicillin
(Actimoxi, Alphamox, Amocla, Tycil, Amoxil, Trimox)

15. Does this person have special dietary needs: Yes No

If yes, what are they?

he has no teeth and can not chew food up well. His food has to be ground up in a processor

16. Does this person have chronic medical conditions: Yes No

If yes, what are they?

He has been diagnosed with Benign Prostatic Hyperplasia (BPH) which means he has an enlarged prostate.

17. What areas does this consumer 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 orders
- Preventative screening
- Medical appointments
- DNR/DNI/Healthcare Directive
- Other: _____

Personal Safety:

- Risk of falling
- Mobility
- Regulating water temperature
- Community survival skills
- Water safety skills
- Freezing temperatures safety
- Sensory disabilities
- Bedroom door lock
- 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: _____

Dorise Pierce

Date: _____

9-10-19



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Denise Pierce

Date: 9.5.2019

-
1. Name of person served: Chris Washington
 2. Legal Representative: Krista Kommer
 3. Case manager: Joe Moen
 4. County of case management: Aitkin
 5. Oakridge representative who created CSSP-A: Dennise Schweisthal
 6. Outcomes Listed on CSSP-A:
 - Outcome 1: live in the healthiest environment possible
 - Outcome 2: improve his independent living skills
 - Outcome 3: increase his independence
 - Outcome 4: improve his personal health and well being
 - Outcome 5: improve his interpersonal skills
 7. What is the consumer's preference for how services are provided:
for staff to listen and understand him, and to
teach him how to live on his own, and to
respect him for who he is
 8. Is the current service setting the most integrated setting available and appropriate for the person: Yes No
 9. List all consumer team members Oakridge would report incidents to:
Legal Representative: Krista Kommer
Case manager: Joe Moen
Day program: _____

10. What opportunities and supports are provided, so this person is able to be fully included in the greater community, individually and in groups?

- a. daily living
- b. bathing
- c. dressing
- d. Communication

11. Has competitive, integrated employment been explored with this person?

Yes No

12. Has this person chosen to look for competitive employment?

Yes No

13. Does this consumer require presence of staff: Yes No If no, please explain.

- Unsupervised at home for: 3 4 minutes/hours
- Unsupervised in the community for: 3 minutes/hours

14. Is monitoring technology being used?

Yes No N/A

If yes, for what reason is the Monitoring Technology being used?

- Increase Independence
- Address a complex medical condition or other extreme circumstances
- Reduce or minimize critical incidents
- Improve the quality of supports

15. Does this consumer require ORH/WSS staff to assist them in opening their mail correspondence? Yes No

16. 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

17. Does this consumer have any rights restrictions: Yes No If yes, what restrictions:

Rights restrictions: _____

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

Items: _____

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

20. Is ORH/WSS responsible for completing, providing documentation, signing, dating, and getting Household Reports back to the County? Yes No

21. Is ORH/WSS responsible for submitting the individual being served pay stubs to Social Security Administration if it is required due to income level? Yes No

22. 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

23. Is ORH/WSS assigned responsibility for medication administration or medication assistance: Yes No

If yes, which level? Medication administration Medication assistance

24. Does the consumer have a PRN Administration Protocol signed by the prescriber: Yes No

PRN medication(s): _____

25. Is ORH/WSS authorized to assist the person receiving services in getting all vaccinations recommended by the person's medical provider? Yes No

26. Is this consumer prescribed psychotropic medications: Yes No

What are the interfering behaviors:

- Verbal aggression
- Physical aggression
- Non-compliance
- Property abuse
- Manipulation
- Sexual behaviors

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

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

29. Does this consumer require positive support strategies: Yes No

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

31. Does this person require the use of Mechanical Restraints? Yes No N/A

32. Are any additional requirements requested for staff to have or obtain in order to meet the needs of the person? Yes No

If yes, please specify what these requirements are:

33. Does a staff person who is trained in cardiopulmonary resuscitation (CPR) need to be available when this person is present and staff are required to be at the site to provide direct services? Yes No

34. Frequency of reports/meetings:

Reports: Semi-Annually Annually Other: _____
Meetings: Semi-Annually Annually Other: _____

Staff Signature: Denise Pierce

Date: 9-5-2019



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Chris Washington Staff Name: Denise Pierce Date: 9-8-2019

1. What goals does the client have: to move into his own apartment
 - a. Goal 1: own Apartment by 2020
 - b. Goal 2: working on his goals for 12 consecutive months
 - c. Goal 3: wash his dirty dishes & clean his kitchen
 - d. Goal 4: clean his apartment
 - e. Goal 5: do his laundry
 - f. Goal 6: keep himself clean: Bath, shower

2. How often is each goal supposed to be run:
 - a. Goal 1: a whole year
 - b. Goal 2: 1x per week
 - c. Goal 3: every day
 - d. Goal 4: every day
 - e. Goal 5: 1x per week
 - f. Goal 6: every other

3. What is the staff's responsibilities in each goal: (refer to the supports and methods section)
 - a. Goal 1: teach how to stay healthy
 - b. Goal 2: Plan on a weekly exercise schedule
 - c. Goal 3: getting a Gym membership
 - d. Goal 4: Help him stay on track

- e. Goal 5: Give him verbal + visual instructions
- f. Goal 6: Be patient with him

4. Are there changes to the social or Physical environment that need to happen for each goal:

- a. Goal 1: Alarm Clock
- b. Goal 2: Morning Routine
- c. Goal 3: Patient with him
- d. Goal 4: # times he independently up + Ready
- e. Goal 5: independently gets up and ready for work
- f. Goal 6: independently does his cleaning up with little prompts

5. What are the best techniques for communicating with the client?

He learns best through verbal and visual instructions, likes it when staff are kind, have a good sense of humor

6. How is the goal supposed to be recorded on the documentation sheet: (Plus, Minus, Refused or Frequency count, minutes, hours)

- a. Goal 1: plus
- b. Goal 2: count
- c. Goal 3: minutes
- d. Goal 4: Refused
- e. Goal 5: hours
- f. Goal 6: Frequency

Staff Signature: Denise Pierre

Date: 9-9-49



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Chris Washington Staff Name: Denise Pierce Date: 9-6-2019

1. Is this consumer 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 consumer 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 - *will make inappropriate comments*
- Inability to deal with verbally/physically aggressive persons
- "Victim" history exists
- Other: _____

3. Is this consumer 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) - *yes?*
- Engages in self-injurious behaviors
- Neglects or refuses to take medications
- Other: _____

4. Does this consumer have any alone time: Yes No If yes, how much?

- Unsupervised at home for: 4 minutes/hours
- Unsupervised in the community for 3 minutes/hours

5. Is this consumer 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 consumer demonstrate, if any:

- Verbal aggression
- Physical aggression
- Non-compliance
- Property abuse
- Manipulation
- Sexual behaviors

8. Would this consumer seek or cooperate in an abusive situation: Yes No
If yes, explain:

9. Would this consumer be able to defend themselves in an abusive situation:
 Yes No
If yes, please explain:

10. Does this person have the ability to identify potentially dangerous situations?
 Yes No

11. Does this consumer have community orientation skills: Yes No
If yes, please explain:

12. If around an exterior body of water, staff will do the which of the following: (check all that apply)

- Consumer will wear a life jacket
- If the consumer is on a boat or on a dock, staff will be within arm's length of consumer
- Staff will supervise and be within visual distance of consumer at all times

13. Does this person have sensory disabilities: Yes No
If yes, what are they?

He wears Glasses

14. Does this person have any allergies? Yes No

If yes, please explain:

independently manages any allergies he has

15. Does this person have special dietary needs: Yes No

If yes, what are they?

No snacking

16. Does this person have chronic medical conditions: Yes No

If yes, what are they?

17. What areas does this consumer 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 orders
- Preventative screening
- Medical appointments
- DNR/DNI/Healthcare Directive
- Other: _____

Personal Safety:

- Risk of falling
- Mobility
- Regulating water temperature
- Community survival skills
- Water safety skills
- Freezing temperatures safety
- Sensory disabilities
- Bedroom door lock
- 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: Deise Pierce

Date: 9-9-19



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Denise Pierce

Date: 9-6-2019

-
1. Name of person served: Donna White
 2. Legal Representative: Paul White (brother)
 3. Case manager: Ann Chauinard
 4. County of case management: Aitkin
 5. Oakridge representative who created CSSP-A: _____

6. Outcomes Listed on CSSP-A:

- Outcome 1: will improve her quality of life and participate
Outcome 2: in being a member of the community
Outcome 3: will increase her independence
Outcome 4: improve her domestic skills
Outcome 5: _____

7. What is the consumer's preference for how services are provided:

team prefers that the staff that work with
Donna are consistent, kind, and take good care of
Donna.

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

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

Legal Representative: Paul white
Case manager: Ann Chauinard
Day program: _____

10. What opportunities and supports are provided, so this person is able to be fully included in the greater community, individually and in groups?

- a. Donna is given a choice
- b. in activities that she
- c. would like to join in
- d. on _____

11. Has competitive, integrated employment been explored with this person?

Yes No

12. Has this person chosen to look for competitive employment?

Yes No

13. Does this consumer require presence of staff: Yes No If no, please explain.

Unsupervised at home for: _____ minutes/hours

Unsupervised in the community for: _____ minutes/hours

14. Is monitoring technology being used?

Yes No N/A

If yes, for what reason is the Monitoring Technology being used?

Increase Independence

Address a complex medical condition or other extreme circumstances

Reduce or minimize critical incidents

Improve the quality of supports

15. Does this consumer require ORH/WSS staff to assist them in opening their mail correspondence? Yes No

16. 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

17. Does this consumer have any rights restrictions: Yes No If yes, what restrictions:

Rights restrictions: _____

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

Items: _____

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

20. Is ORH/WSS responsible for completing, providing documentation, signing, dating, and getting Household Reports back to the County? Yes No

21. Is ORH/WSS responsible for submitting the individual being served pay stubs to Social Security Administration if it is required due to income level? Yes No

22. 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

23. Is ORH/WSS assigned responsibility for medication administration or medication assistance: Yes No

If yes, which level? Medication administration Medication assistance

24. Does the consumer have a PRN Administration Protocol signed by the prescriber: Yes No

PRN medication(s): _____

25. Is ORH/WSS authorized to assist the person receiving services in getting all vaccinations recommended by the person's medical provider? Yes No

26. Is this consumer prescribed psychotropic medications: Yes No

What are the interfering behaviors:

- Verbal aggression
- Physical aggression
- Non-compliance
- Property abuse
- Manipulation
- Sexual behaviors

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

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

29. Does this consumer require positive support strategies: Yes No **N/A**

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

31. Does this person require the use of Mechanical Restraints? Yes No N/A

32. Are any additional requirements requested for staff to have or obtain in order to meet the needs of the person? Yes No

If yes, please specify what these requirements are:

33. Does a staff person who is trained in cardiopulmonary resuscitation (CPR) need to be available when this person is present and staff are required to be at the site to provide direct services? Yes No

34. Frequency of reports/meetings:

Reports: Semi-Annually Annually Other: _____
Meetings: Semi-Annually Annually Other: _____

Staff Signature: Jenise Pierre

Date: 9-10-2019



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Donna White Staff Name: Denise Pierce Date: 9-11-2019

1. What goals does the client have:
 - a. Goal 1: increase her independence and improve her domestic skills
 - b. Goal 2: bringing her dishes to the sink, with 0 (skill)
 - c. Goal 3: staff will listen to her interactive Verbal prompts
 - d. Goal 4: provide verbal and visual cues with animals
 - e. Goal 5: forming sentences
 - f. Goal 6: improve her quality of life & being a member of the community
2. How often is each goal supposed to be run:
 - a. Goal 1: every day
 - b. Goal 2: After each meal
 - c. Goal 3: when she is home or on an outing
 - d. Goal 4: every day
 - e. Goal 5: ~~every day~~ when she is trying to make a sentence
 - f. Goal 6: when she is out in the community
3. What is the staff's responsibilities in each goal: (refer to the supports and methods section)
 - a. Goal 1: staff prompting her
 - b. Goal 2: staff will provide verbal and visual cues
 - c. Goal 3: staff will practice forming sentences
 - d. Goal 4: staff will reach out to services for the blind

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: staff will provide a safe environment

b. Goal 2: for Donna to be able to listen to her

c. Goal 3: interactive animals and will provide

d. Goal 4: verbal prompts to assist Donna

e. Goal 5;

f. Goal 6:

5. What are the best techniques for communicating with the client?

Gestural prompts along with verbal cues works best, lots of verbal praise

6. How is the goal supposed to be recorded on the documentation sheet: (Plus, Minus, Refused or Frequency count, minutes, hours)

a. Goal 1: staff will record a + when Donna complete

b. Goal 2: the task, staff will record a - if

c. Goal 3: Donna does not complete the task,

d. Goal 4 staff will record a R if Donna refuse

e. Goal 5: to participate in forming sentences.

f. Goal 6:

Staff Signature: Jessie Pierre

Date: 9-10-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Donna White Staff Name: Denise Pierce Date: 9-5-2019

1. Is this consumer susceptible to sexual abuse: [X] Yes [] No If yes, in what areas?

- [X] Lack of understanding of sexuality
[X] Likely to see or cooperate in an abusive situation
[X] Inability to be assertive
[] Other:

2. Is this consumer susceptible to physical abuse: [X] Yes [] No If yes, in what areas?

- [X] Inability to identify potentially dangerous situations
[X] Lack of community orientation skills
[] Inappropriate interactions with others
[X] Inability to deal with verbally/physically aggressive persons
[] "Victim" history exists
[] Other:

3. Is this consumer susceptible to self abuse: [X] Yes [] No If yes, in what areas?

- [X] Dresses inappropriately
[] Refuses to eat
[X] Inability to care for self-help needs
[X] Lack of self-preservation skills (ignores personal safety)
[] Engages in self-injurious behaviors
[] Neglects or refuses to take medications
[] Other:

4. Does this consumer have any alone time: [] Yes [X] No If yes, how much?

- [X] Unsupervised at home for: 0 minutes/hours
[X] Unsupervised in the community for: 0 minutes/hours

5. Is this consumer 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 consumer demonstrate, if any:

- Verbal aggression
- Physical aggression
- Non-compliance
- Property abuse
- Manipulation
- Sexual behaviors

8. Would this consumer seek or cooperate in an abusive situation: Yes No
If yes, explain:

9. Would this consumer be able to defend themselves in an abusive situation:
 Yes No
If yes, please explain:

10. Does this person have the ability to identify potentially dangerous situations?
 Yes No

11. Does this consumer have community orientation skills: Yes No
If yes, please explain:

12. If around an exterior body of water, staff will do the which of the following: (check all that apply)

- Consumer will wear a life jacket
- If the consumer is on a boat or on a dock, staff will be within arm's length of consumer
- Staff will supervise and be within visual distance of consumer at all times

13. Does this person have sensory disabilities: Yes No

If yes, what are they?

Donna is legally blind and hearing impaired

14. Does this person have any allergies? Yes No

If yes, please explain:

Penicillin, Sodium Pentathol, Sulfa medications,
Erythromycin, Flu Shot vaccine

15. Does this person have special dietary needs: Yes No

If yes, what are they?

she is diabetic and has limited understanding of what
she can and cannot eat

16. Does this person have chronic medical conditions: Yes No

If yes, what are they?

she is blind, hearing impaired, has high blood pressure,
high cholesterol

17. What areas does this consumer 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 orders
- Preventative screening
- Medical appointments
- DNR/DNI/Healthcare Directive
- Other: _____

Personal Safety:

- Risk of falling
- Mobility
- Regulating water temperature
- Community survival skills
- Water safety skills
- Freezing temperatures safety
- Sensory disabilities
- Bedroom door lock
- 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: _____

Denise Pierce

Date: _____

9-10-19



COMPETENCY QUESTIONS FOR EMERGENCY REPORTING POLICIES AND PROCEDURES

Name: Denise Pierce

Date: 9.4.2019

Signature: Denise Pierce

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



Everyday First Aid YouTube Videos by British Red Cross

Name: Denise Pierce Date: 9-10-2019

Signature: Denise Pierce

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

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

Heart Attack

1. Help the person Sit.
2. When a person is having a heart attack, 911 should be called
 - a) immediately
 - b) after 10 minutes
 - c) in 2 minutes
 - d) only when the person asks you to call
3. Give constant reassurance

Unconscious/Not Breathing

1. Check for breathing by tilting head backwards and Look and feeling for breaths.
2. Call 911 and give chest Compressions until help arrives.
3. Chest compressions are done by Push firmly downwards in the middle of the Chest

Unconscious/Breathing

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

Choking

1. Hit them firmly on the back between the Shoulder Blades to dislodge the object.

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

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

Heavy Bleeding

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

Burns

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

Broken Bones

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

Stroke

1. Carry out the Fast test.
2. The "F" stands for Face. Is there Weakness on one side?
3. The "A" stands for Arms. Can they raise both arms?
4. The "S" stands for Speech. Are they easily understood? NO
3. The "T" stands for time to call 911.

Seizures

1. Make them Safe and Prevent injury.
2. Do not Restrain the person. restrain
3. After the Seizure, move them onto their side and tilt their head back, check for breathing, and if necessary call 911

Head Injury

1. Ask them to rest.
2. Apply a cold compress
3. If they become drowsy or vomit, or are behaving out of the ordinary, call 911.

Asthma

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

Poison and Harmful Substances

1. If someone has ingested poison, you should establish
 - a) What they have taken. When? How much?
 - b) Where they got it from
 - c) Who gave it to them
2. If someone has ingested poison, you should call 911.
3. If necessary, do not make them sick

Distress

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

Diabetic Emergency (Low Blood Sugar)

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

Denise Pierce
9.10.2019

How to Develop Healthy Eating Habits

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

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

- Good health is a matter of taking a new approach to Eating and making Simple changes.
- Why should you cook and prepare the majority of your meals?
To Avoid Eating processed and Fast Foods which are High in sodium + Fat
- Plan healthy meals and make Shopping list. Include plenty of fresh fruits and vegetables.
- Read Nutrition labels. Pay attention to the numbers. The Higher the number, the healthier the foods are.
- Why should you eat breakfast every day? Helps with your Metabolism
- You should eat something within the 1st hour of the time you wake up.
- Eat smaller meals, 3 meals and 2 snacks.
- Drink plenty of water, why? Keeps you hydrated + aids the digestive system
- Healthy eating will sharpen your thinking.
- What percent of children and teen are obese? 16

COMPETENCY QUESTIONS FOR MALTREATMENT OF MINORS MANDATED REPORTING POLICY

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

Certificate of Training

Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

Awarded on 09/03/2019 to:

Denise Pierce

Certificate Number: VAMR78813620190903

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



Competency on Program Abuse Prevention Plan (PAPP)

Name Denise Pierce

Date 9.5.2019

Program Location 216

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? training that involve's boundaries, health issues and how to recognize symptoms of illness, comfort, following through on physical and/or Occupational therapy.

2. Describe the need for specialized programs of care for the persons the program plans to serve: Maltreatment of Vulnerable Adults Act and can take steps to prevent abuse,

3. Describe the need for specific staff training to meet individual service needs: Positive Support Rule, Attestation requirements for Residents Rights = staff responsibilities and duties, training on each individual's physical and emotional health

4. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services: 4 of the individuals has a 24 hour plan of CW does not - be home alone 3hrs. at a time + 4hrs Care in the community, lives in ↓ stairs apartment

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

7. What does ORH/WSS do to reduce the potential of abuse and/or harm to people related to the adaptive/maladaptive behaviors(s) of people receiving services? All staff is required to read & know the: IAPP, PAPP, BIPP For All individuals living in the home.

8. Are there any areas of the home that are difficult to supervise? NO

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 will supervise the Consumers at all times, both in the home and Community
the house is across from the Maryhill Manor
apartments, staff needs to know the prevention plan IAPP
BIPP

Types of grounds and terrain: home sits on a standard town lot
yard is fairly flat, & is able to accommodate swings,
Chairs to sit outside

Signature

Deise Pierce

PROOF OF COMPETENCY

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

Person-Centered Planning

Name: Denise Pierce

Date: 9-4-2019

Program/Location Worked: Brainerd

Please complete the blanks:

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

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

Please answer the following question:

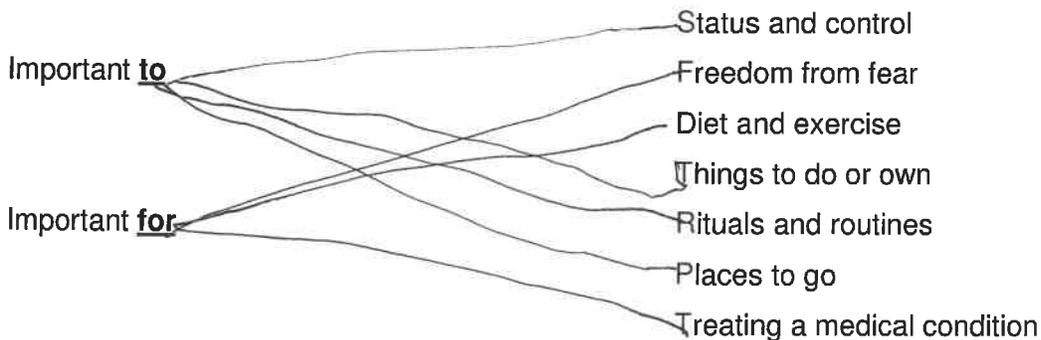
Person-centered planning includes ways to increase and improve what three areas?

1. Quality of life

2. Relationships

3. Activities that build on their strengths, priorities, values and preferences.

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



Plan to Get Out Alive

Denise Pierre
9-10-2019

1. What would you use to douse a kitchen fire?
A. A pan lid
 B. Baking soda
 C. Fire Extinguisher
D. Water
2. How long is it before a grease fire gets out of control?
 A. 30 seconds
 B. 1 minute
C. 5 minutes
D. 10 minutes
3. How old is the average child that is killed playing with matches and lighters?
 A. 3 years
B. 6 years
C. 9 years
4. Most fires caused by careless smoking start in the bedroom.
True False
5. How long can a cigarette butt smolder before bursting into flames?
A. 15 minutes
B. 30 minutes
C. 1 hour
 D. 3 hours or more
6. How much time do you have to get out of a burning building?
 A. 1 minute
B. 5 minutes
C. 10 minutes
D. 15 minutes
7. How should you react in a fire?
A. Call the fire department
B. Look for the fire
 C. Wake everyone up and get out
D. Look for valuables
E. Get dressed
8. When you run into dense smoke, what do you do?
A. Take a deep breath and go through the hall
B. Crawl through the smoke
 C. Go back into your room and close the door
9. The best way to get out of a burning building is everyone goes out together.
True False
10. Fires are not light. Expect not to see.
 True False

PROOF OF COMPETENCY



PROGRAM POLICIES COMPETENCY WORKSHEET

Name: Denise Pierce Date: 10-22-19

1. Admission Criteria

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

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

2. Data Privacy:

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

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

3. Incident Response Reporting and Review:

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

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

4. Safe Transportation Policy Competency

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

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

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

5. Emergency Use of Manual Restraint (EUMR) Competency

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

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

6. Client Grievance Policy Competency

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

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

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

7. Service Termination Policy Competency

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

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

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

8. Fiscal Policies and Procedures for Persons Receiving Services

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

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

9. Food Service Policy

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

10. Staff Orientation, Training and Mandatory Inservice Plan

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

11. Alcohol and Drug Policy Competency

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

12. Tobacco Products Policy

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

13. Job Description

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

Right to Know / Hazard Communications Program

Name: Denise Pierce

1. What is the responsibility of the safety committee? *to work safely and provide a safe environment for the people they are responsible for*
2. Who is the safety committee? *All the employees*
3. What is the responsibility of the Safety Team? *developing policies and procedures*
4. When is ORH/WVS responsible to provide information and training regarding hazardous chemicals to their employees?
 - A. *Written Program*
 - B. *Training Program*
 - C. *Labeling Program*
5. What three methods can be used to detect presence or release of hazardous chemicals?
 - A. *Carbon monoxide detector*
 - B. *visual appearance*
 - C. *odor of hazardous chemicals*
6. Who can use unlabeled containers of chemicals and when should they be used:
only a designated person
7. What is a Flammable Chemical?
 - A. *Aerosol*
 - B. *Gas, Flammable*
 - C. *liquid, Flammable*
 - D. *soild, Flammable*
8. What is a "flashpoint"?
minimum ~~temp~~ temperature at which a liquid gives off a vapor in sufficient concentration to ignite when tested

Oakridge Homes/Woodview Support Services
Service Recipient Right Competency

Fill in the Blank

Name: Denise Perce Date: 9-3-2019 Location: Brainerd

1. Right to take part in Planning and evaluating the services that will be provided to me.
2. Right to have services and support(s) provided to me in a way that respects me and considers my Preferences (including personal items in my bedroom).
3. Right to refuse or stop services and be informed about what will happen if I refuse or stop services.
4. Right to know, before I start to receive services from ORH/WSS, if ORH/WSS has the Skills and ability to meet my need for services and support(s).
5. Right to know the Conditions and terms governing the provision of services, including ORH/WSS's admission criteria and policies and procedures related to temporary service suspension and service termination.
6. Right to have ORH/WSS help coordinate my care if I transfer to another provider to ensure Continuity of Care.
7. Right to know what Services ORH/WSS provides and how much they cost, regardless of who will be paying for the services, and to be notified if those charges change.
8. Right to know, before I start to receive Services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
9. Right to have staff that is trained and qualified to meet my needs and support.
10. Right to have my personal, financial, service, health, and medical information kept Private and be notified if these records have been shared.
11. Right to have access to my records and recorded information that ORH/WSS has about me as allowed by state and federal law, regulation, or rule.
12. Right to be free from abuse, neglect, and/or financial exploitation by ORH/WSS or its staff.

13. Right to be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or putting me in a time out or seclusion; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
14. Right to receive services in a setting that is Clean and free from accumulated dirt, grease, garbage, peeling paint, mold, vermin, and insects. This setting is also free from hazards that threaten the person's health or safety. This setting meets the definition of a dwelling unit within a residential occupancy as defined in the State Fire Code.
15. Right to be treated with dignity and respect and have my property treated with respect. I will have access to my property at all times. If this property is not within my bedroom, and I have stored it somewhere else in the house, I can ask staff for help in accessing my property.
16. Right to be allowed to reasonably follow my Cultural and ethnic practices and religion.
17. Right to be free from prejudice and harassment regarding my race, gender, age, disability spirituality, and sexual orientation.
18. Right to be told about and use the ORH/WSS grievance policy and procedures, including knowing the contact persons responsible for helping me get my problems with ORH/WSS fixed and how to file a social services appeal under the law.
19. Right to know the names, addresses, and phone numbers of people who can help me, including the ombudsman, and to be given information on how to file a Complaint with these offices.
20. Right to exercise my rights on my own or have a family member or another person to help me exercise my rights, without retaliation from ORH/WSS.
21. Right to give or not give written informed Consent to take part in any research or experimental treatment.
22. Right to choose my own friends and spend time with them.
23. Right to have personal privacy. I will have a lock on my bedroom door that I may lock if I desire to do so. I will be responsible for the key. The landlord/provider may enter for health and safety reasons at any time. If I am in my room, staff will knock and ask permission to enter. I will have the freedom to furnish and decorate my bedroom or living unit.

24. Right to have access to and take part in activities I choose in the community.
25. Right to have free, daily, Private access to and use of a telephone for local calls and long distance calls made collect or paid for by me.
26. Right to receive and send mail and emails and do not have them opened by anyone else unless I ask.
27. Right to use and have free access to the Common areas including the kitchen. I will have access to 3 nutritious meals and healthy snacks between meals. There will be food and water available to me at all times. If I choose to purchase snacks, ORH/WSS will provide a place for me to store these snacks in the kitchen area.
28. Right to visit alone with my spouse, family, legal counsel, religious guide, or others allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09, including in my bedroom. Each home will develop their own guidelines for visitors.
29. Right to have freedom and support to control my daily schedule.
30. Right to receive opportunities to seek employment and work in competitive integrated settings.
31. Right to receive support with my Control of my money (specifics are listed on the Funds and Property Authorization Form).
32. Restriction of your rights is allowed only if determined necessary to ensure your health, safety, and well-being. Any restriction of your rights must be documented in your coordinated service and support plan or coordinated service and support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect you and provide you support to reduce or eliminate the need for restriction in the most integrated setting and inclusive manner. A rights restriction must be initiated by the Case Manager or Care Coordinator on the HCBS Rights Modification Support Plan.
33. ORH/WSS may restrict any right they choose. The only rights ORH/WSS may restrict, after documenting the need, include: the right to associate with other persons of your choice, right to have personal privacy, right to access your personal possessions at any time, right to engage in activities that you choose, right to have daily, private access to and use of a non-coin operated telephone for all calls, right to receive and send without interference, uncensored, unopened mail or electronic correspondence or communication, right to have use of

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

PROOF OF COMPETENCY



VARPP

Name: Denise Pierce Date: 9-3-2019 Signature: Denise Pierce

1. Maltreatment means:

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

2. The agency a mandated reporter contacts to report suspected maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC) at 844.880.1574 or mn.gov/dhs/reportadultabuse/

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

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

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

5. A mandated reporter can make an External or an Internal report.

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

- a) assault in the 1st through 5th degrees as defined in sections 609.221 to 609.224;
- b) the Use of drugs ~~and~~ to ~~injure~~ injure or facilitate crimes as defined in section 609.235;
- c) the Solicitation, inducement and promotion of prostitution as defined in the section 609.322;
- d) Criminal sexual conduct in the 1st through 5th degrees as defined in the sections 609.342 to 609.3451.

7. Any Sexual contact or penetration as defined in section 609.341, between a facility staff person or a person providing services in the facility and a client of the facility is considered abuse.

8. The act of forcing, Compelling, Coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another is considered abuse.

9. The Failure or Omission by a caregiver to supply a vulnerable adult with care or services including, but not limited to, food, clothing, shelter, health care, or supervision are all considered neglect.

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

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

1) is a resident or inpatient of a facility

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

3) receives services from home care provider required to be licensed under section 144A.46; or from a person or organization that exclusively offers, provides, or arranges for personal care assistant services

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

a) that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and

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

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	Denise Pierce	Year	2021
Location	216	Position	DSP
Date of Employment	09/19/19		

Monthly Staff Meetings

Attach staff meeting agenda

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan	1/26	Staff & House Meeting P-C/Positive Support-Building Support that Creates Community (.5) VARPP, Service Recipient Rights, Client Competencies, MH-Seasonal Affective Disorder (.5)	make up packet	3	HS
Feb	2/27	Staff & House Meeting P-C/Positive Support-It's About Relationships (.5) MH-Suicide Intervention (1)	make up packet	3	HS
March	3/16	Staff & House Meeting CPR/First Aid MH-Schizo affective Disorder (.5)	Briana	3	HS
April	4/25	Staff & House Meeting Preventing Sexual Violence, MH-Psychotropic Meds & Side Effects (1)	make up packet	3	HS
May	5/18	MANDATORIES: ORH-WSS Program Policies and Procedures, ORH-WSS Medical Policies and Procedures, ORH-WSS Personnel Policies and Procedures AWAIR Plan, Service Recipient Rights, First Aid/CPR	Briana	3	HS
June	6/19	Staff & House Meeting P-C/Positive Support-10 Ways to Respond to Meaning-full Behavior (1) MH-Reactive Attachment Disorder and Recovery from MI, Community Resources (1)	make up packet	3	HS
July	7/20	Staff & House Meeting Adaptive Equipment Competency, MH-Panic Disorder (.5)	Briana	3	HS
Aug	8/17	Staff & House Meeting PAPP Competency, Medicare Fraud, MH-Co-occurring SA & HC (1) CPR/First Aid Refresher	Briana	3	HS
Sept	9/23	Therapeutic Intervention P-C/Positive Support	MUP	3	HS
Oct	10/18	Staff & House Meeting P-C/Positive Support-Cultural Competency, Harassment, MH-Narcissistic Personality Disorder, Treatment Options/EBP (.75)	MUP	3	HS
Nov	11/10	Staff & House Meeting MH-PTSD (.75)	MUP	3	HS



Staff Meeting Agenda

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

Date: Make Up Packet

Time: Make Up Packet

Presenter: Make Up Packet

Ice Breaker: None

Milestone Anniversaries: November: Bonita Novotny-216 & 537-30 years; Angella Roby-Office-10 years; Matthew Snyder-Willow-5 years; Patrick Tester-Pine Street-5 years. December: Janis Young-Office-20 years; Julie Higby-420-15 years

Welcome to new and returned staff:

Next Meeting: 01/24/2022

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

Sign attendance page: None

Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims:
 - * Staff was injured when client had a behavior. Treated but no restrictions.
 - * 6 staff contacted Covid at work. Quarantined for 10 days.

VA Review:

1. VA against a client's boyfriend for dropping her off on highway
2. VA for client being found walking around town at 3am despite having a door alarm

Nursing Notes:

MH Training: PTSD (video)

DD Diagnosis: Prader Willi Syndrome (video)

TI: Person Served Debriefing

New Business:

- Active Treatment
- Staff Guide to 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

Hour 3- House Meeting:

November 2021 Staff Meeting Makeup Questions

Name: Denise Pierce

Date: 11-16-21

Watch How I Knew I Had PTSD Video.

Write your reaction to the video:

ways affects people

Read PTSD: National Center for PTSD

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

Post
Traumatic
Stress
Disorder

2. What are the four types of PTSD symptoms:

- Reliving the event (also called re-experiencing symptoms)
- Avoiding situations that remind you of the event
- Negative changes in beliefs and feelings
- Feeling keyed up (also called hyperarousal)

Watch Prader-Willi Syndrome video.

Write your reaction to the video:

the overeating, locking food

Read TI Review – Person Served Debriefing

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

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

Control
Orient
Patterns
Investigate
Negotiate
Give

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

- Non-judgmental

- b. undivided attention
- c. listen carefully focusing
- d. Allow silence for reflection

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

- P atterns
- I nvestigate
- N egotiate
- G ive

Read Active Treatment

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

Read Staff Guide to Money in the Home

7. Which money book is the staff responsible for on a daily basis? count book or budget book?
8. Receipts must have a signature. True or False
9. If your cash and receipt total do not match the amount on the form, you should do what immediately? must call supervisor or QDDP immediately
10. The afternoon/evening staff and the overnight staff must count and initial which two items? Count Book and Controlled Meds

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

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

- a. Drink more water
- b. Find workouts you love
- c. SKip electronics before bed
- d. Take a Daily walk
- e. Make time for play

Read Sofa Workouts and do them with the people you serve

tried this with DW and didn't go so well

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

October 2021 Staff Meeting Questions

Name: Denise Pierce

Date: 10-18-21

Watch TI Video.

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

a. Know your client. Has to be trust

b. Behavior influences others - ours & theirs.

Read EUMR Policy.

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

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

a. Chemical restraint

b. Mechanical restraint

c. Manual restraint

d. Time out

e. Seclusion

f. Aversive Procedure

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

a. designed Coordinator

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

a. 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. It places the events into logical order
 - b. it clears up misconceptions
 - c. it acknowledges the accomplishments
9. List 4 symptoms of critical incident stress:
- a. Restlessness
 - b. moodiness
 - c. Sleep Disturbances
 - d. Vomiting
10. List 2 incidents that may require a debriefing:
- a. Death of a consumer
 - b. Physical assault

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

Unit 1 CRISIS DEVELOPMENT MODEL

There are Four Levels of Behavior with 4 accompanying staff approaches

11. Please match the word to the definition by drawing a line between them:
- | | | |
|-------------------|-----------------|--|
| Anxiety | _____ | "the person begins to lose rationality" |
| Risk Behavior | _____ | "change in behavior" |
| Defensive | _____ | behaviors that may present a risk to themselves or others" |
| Tension Reduction | <u>Decrease</u> | "physical intervention" |

12. Match the level to the approach by drawing a line between them:
- | | | |
|-------------------|-------|--|
| Anxiety | _____ | "Physical Intervention" |
| Defensive | _____ | "Therapeutic Rapport-Re-establish communication" |
| Risk Behavior | _____ | "Directive-Offer choices, limit setting" |
| Tension Reduction | _____ | "Supportive-empathic, non-judgmental" |

Unit 2 NON-VERBAL COMMUNICATION

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

Unit 3 PARAVERBAL AND VERBAL COMMUNICATION

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

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

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

Unit 4 VERBAL INTERVENTION

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

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

Reasonable - Don't expect too much from the person

Enforceable – Ensure you can make the limit you set happen

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

T or F

Unit 5 PRECIPITATING FACTORS, RATIONAL DETACHMENT, INTEGRATED EXPERIENCE

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

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

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

Unit 6 STAFF FEAR AND ANXIETY

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

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

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

Unit 7 DECISION MAKING

Everyday life involves some degree of risk

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

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

Written: 3/88
Revised: 9/89
Revised: 1/91
Revised: 1/6/98
Revised: 1/00
Revised: 1/08

Oakridge Homes/Woodview Residential Services

Mandatory Inservice and Staff Meeting Policy

Employees are responsible for attending Mandatory Inservices and Staff Meetings which may include topics presented such as: Vulnerable Adults Training, Emergency Policies and Procedures, Dietary, OT, PT, Speech and Dental Training, CPR, First Aid, Therapeutic Intervention and others designated mandatory by the Administrator.

An "Excused Absence" is missing this Inservice and/or Staff Meeting due to conflicts with school, sickness, family emergencies, other employment and vacation. Employee must call in advance for an excused absence to the Administrator/Program Coordinator.

A missed Mandatory Inservice and/or Staff Meeting (with an excused or unexcused absence) must be made up as soon as materials are available. The staff person must listen to the tape if available or receive equal education. Failure to do so may result in disciplinary action. An unexcused absence of any Mandatory Inservice or Staff Meeting may result in a Coaching Note put in the Employee's Personnel File or possible Disciplinary Action.

A certificate of attendance should be presented to the Administrator/Program Coordinator for the comparable inservice time when received. It is the employee's responsibility to document inservices attended and completed on their Inservice List.

I, Denise Pierce, missed 9-21-21 inservice because
NAME DATE
at home with chert

I did/didn't call my supervisor in advance, as required.
I made up the Inservice and/or Staff Meeting missed by

Makeup packet

Denise Pierce
Employee

10-18-21
Date

B. Navotny
Program Coordinator

10-18-21
Date



Aitkin Staff Meeting Agenda

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

Date: 09/21/2021

Time: 9:00am-12:00pm

Presenter: Tom and Morgan

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

Duck

Milestone Anniversaries:

Welcome to new and returned staff:

Next Meeting: 10/19/2021

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

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

VA Review:

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

Nursing Notes: Patty/Ashley – New Med Policies

MH Training: Narcissistic Personality Disorder and Treatment (handout)

DD Diagnosis: Language/Speech Impairment (handouts)

TI: Staff Debriefing

New Business:

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

Hour 3- House Meeting:

I. INDIVIDUAL HOUSE STAFF MEETING **HOUSE:** 216
Program Coordinator: Bonita Novotny **Date:** 9/21/21

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Amanda (amanda@orhvw.com) before the 1st of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)
TJ – yelling, tossed phone, slamming doors due to staff wouldn't let him put an ex housemates phone number in the phone so staff wouldn't answer it when this person called.
3. **Safety Concerns:**
 - Drills: quarterly need Fire and Storm (due the 15th in Feb, May, Aug, Nov)
Designated place to go in event of fire- Ripple River
 - Discussion of last fire drill led by staff – N/A
 - Next drill fire or storm schedule for no date set yet DSP N/A
4. **House Goal or Challenge: (this may change as often as necessary)**
 - Clients volunteering monthly
5. **House meetings for clients :**
Topic:
January: N/A March: N/A May: N/A July: N/A September: November:
February: N/A April: N/A June: N/A August: N/A October: December: no meeting
6. **Review IAPP and Client Profile of one client.**
Name: N/A
Issues: N/A

II. Old Business

III. New Business

1. **Controlled Med Count** – Make sure you are actually counting Michele's controlled med every shift, the number transferred from the end of August to Sept. 1st was written wrong on all the count sheets (1 more then there actually was) and this was not caught until Sept. 10th which shows no one was counting them until the 10th and just copying the number before that. Even just a ½ pill missing gets turned in as a VA. This even goes for the money, being actually counting it, even just one penny missing can be turned in as a VA. When you initial or sign something, you are actually saying you did it.
2. To many staff are not completing their shift responsibilities every shift. No one is paid to sit around (other then night staff for your five hrs. of sleep). Attached is shift responsibilities, and unless you have a very good reason for not completing them, you need to get it all done during your shift.
3. Staff cannot be anywhere near any of the clients when you are smoking, not even TJ. No one can sit at Dan's outside table/chairs and smoke.
4. Checking into work to early or checking out late. You can only check in a couple minutes prior to your shift starting and need to check out within a few minutes of your shift ending unless you have a good reason to check in early or out late. Also if you forget to check in/out on the time works program or any other changes that need made on it, you need to fill out a time adjustment form. When you work a night shift, you need to put yes for it being sleep shift.
5. Activity Calendars – need to write on anytime a client is in the community anywhere and need to write exactly where went like Mille Lacs lake, Aitkin Park, Dairy Queen Drive Thru, drive in country, etc.
6. Makeup packets – need to get completed ASAP, and need to be completed prior to the next meeting.

V. DISCUSSION OF CLIENTS:

1. ✕ Joe – Needs to be offered I pad every day, and if he refuses need to document in the charting form. Has to either send something to sister one time a week or call her. Anytime he pounds this is a SIB and you need to count how many times he does it and mark it on the charting form. Do not mark attempts to hit on his physical aggression chart, and if he does hit and it is to be mean (not him just flailing his arms around or him laughing when he does it) you have to contact me and fill out a behavior incident report.
2. ✕ Michele – Needs her chin/neck shaved in the am after she takes a shower.
3. Dan –
4. ✕ TJ – Every night his phone needs checked before he erases the phone log, & see who he has been calling, and to see if any inappropriate calls were made; you will have to ask him who each number is. He cannot call a person more then at least 3 hours apart (if they don't answer he has to wait at least 3 hrs. before trying them again). He can't call any of the houses unless good reason to or any staff. He can't call someone several times a day. He does any of this, it is marked as inappropriate phone calls. TJ cannot be upstairs between 9p-630am unless an emergency. If TJ is being disrespectful, bossy, etc. & is upstairs, redirect him downstairs or outside. Anytime he is slamming doors, tossing things, yelling, stomping, you need to fill out a behavior incident report on him. He cannot go on community activities with other homes/Sils unless I have approved it 1st. He also shouldn't be the one calling other homes to find rides; this should be the staff doing.
Signature of those in attendance:

September 2021 Staff Meeting Makeup Questions

Name: Denise Pierce Date: 9-23-21

Read Narcissistic Personality Disorder (NPD).

- A person diagnosed with NPD has their life affected in every area – list 3 ways:
 - unstable relationships
 - Struggle to find satisfying or enduring careers
 - experience significant inner turmoil
- Approximately one in every 16 adults demonstrate enough narcissistic traits to be diagnosed with narcissistic personality disorder.
- Between 60 and 65 percent of these individuals are men.
- Among the environmental causes of NPD, the impact of what stands out? Parenting
- What are the 4 things that a person with NPD must demonstrate to receive a NPD diagnosis?
 - Confusion and insecurity ^{Personality} Impairment in function
 - neglectful or critical and overly indulgent interpersonal
 - Create a grand and important self-image Pathological
 - physical, emotional, or sexual abuse in childhood from any Consistency source
- Personality disorders, including NPD, do respond to medication. TRUE or ~~FALSE~~
- Narcissistic personality disorder is a stable condition that will not change or evolve over time without treatment. TRUE or ~~FALSE~~

Read Language Disorders in Adults and What to know about Speech Impairment.

- A communication disorder is an impairment in the processes of fluency, voice or articulation.
- How many individuals in the US are affected by a language disorder? 3 million
- Signs of a language disorder in adults may be what? Stuttering or stammering happen due to trauma, or after a medical event like a stroke
- List the common symptoms of language disorder:
 - word-finding problems
 - minimal verbal vocabulary
 - Poor understanding of synonyms, multiple meanings
 - Problems remembering new words and sentences
 - Difficulty remembering verbal information
- A language disorder is not treatable. TRUE or FALSE

13. List the 3 general categories of speech impairment:

- a. fluency disorder
- b. voice disorder
- c. Articulation disorder

14. A common fluency disorder that affect 3 million Americans is Stuttering

15. Name the types of speech impairments:

- a. Childhood apraxia
- b. Dysarthria
- c. Orofacial myofunction disorders
- d. Speech sound disorders
- e. Stuttering
- f. Voice

16. It's important to be patient and understanding when communicating with someone who has a speech impairment.

Read TI Review – Staff Debriefing

17. What is Debriefing? allows those involved with the incident to process the event and reflect on its impact

18. Name 4 incidents that require a debriefing?

- a. Death of a consumer
- b. Physical assault
- c. Being involved in a bad car accident
- d. witnessing someone be severely injured by an accident, assault or SIB

19. A debriefing is usually carried out within 24 hours TRUE or FALSE

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

20. What policy states that an ORH/WSS working environment shall be free of discrimination and harassment and one where employees are treated with dignity, decency and respect? Anti-Harassment Policy

21. What ORH/WSS policy states that the expectation of every employee is that they exercise care and good judgment in the use of social networking sites and/or social media? Social Media Policy

22. What policy defines this as repeated mistreatment or inappropriate behavior towards one or more employees in the workplace and/or during the course of employment? Sexual Harassment

Read Emergency Procedures for cold, blizzard, wind chill, etc. and Proper Dress for the Weather

23. Refer to each client's CSSP-A to see if they can go to work when it is -20 or below?

Client Initials	YES or NO
<u>JW</u>	<u>NO</u>
<u>DT</u>	<u>yes</u>
<u>mH</u>	<u>yes</u>
<u>TJ</u>	<u>yes</u>
_____	_____

24. What is the best tip for dressing in cold weather? wear several layers

Read Implementing Evidence Based Positive Support Practices in Applied Settings

25. Person - Centered values place the person at the center of important decisions that impact his or her life.

26. Name 4 examples of cultural differences:

- a. age
- b. abilities
- c. religion
- d. beliefs

27. Name one example of positive behavior support strategies under each:

Primary Prevention: Teach and Encourage Communication

Secondary Prevention: Group and Individual Interventions

Tertiary Prevention: Teams monitor Progress

28. What involves reaching out to staff, listening to people express their feelings and beliefs and working together with a group to identify solutions that will eliminate resistance to implementing a positive support? Effective & Sustainable

Watch Cultural Diversity – the Sum of our Parts Video.

Write your reaction to the video: _____

Watch How to go beyond Diversity and Inclusion to Community and Belonging video.

Write your reaction to the video: _____



Deise P.

Aitkin Staff Meeting Agenda

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

Date: August 17, 2021

Time: 9:00am-12:00pm

Presenter: Briana

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

Welcome to new and returned staff!

Next Meeting: 09/21/2021

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:

INDIVIDUAL HOUSE STAFF MEETING

HOUSE: 216

Program Coordinator: Bonita Novotny

Date: 8/17/21

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Amanda (amanda@orhww.com) before the 1st of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)
JW: 7/27 – fell hitting head and needed stitches.
3. **Safety Concerns:**
 - Drills: quarterly need Fire and Storm (due the 15th in Feb, May, Aug, Nov)
Designated place to go in event of fire- Ripple River
 - Discussion of last fire drill led by staff – N/A
 - Next drill fire or storm schedule for no date set yet DSP N/A
4. **House Goal or Challenge: (this may change as often as necessary)**
- Clients volunteering monthly
5. **House meetings for clients :**
Topic:
January: N/A March: N/A May: N/A July: N/A September: November:
February: N/A April: N/A June: N/A August: October: December: no meeting
6. **Review IAPP and Client Profile of one client.**
Name: N/A
Issues: N/A

II. Old Business

III. New Business

1. There is still stuff being missed for beginning shift/end of shift. Everything is listed on clipboard so no reason stuff being missed. Night staff you need to be cleaning three hours a night.
2. Don't get clients up too early in the am; they cannot get up sooner than 530am – they should just be sitting down for breakfast at about 630am, if they are all done with am cares prior to this, you are getting them up too early. Also do not rush them.
3. Now that TJ has a grill, he cannot use it himself. Staff need to be assisting him the entire time.
4. Any client concerns

V. DISCUSSION OF CLIENTS:

1. Joe –
2. Michele –
3. Dan –
4. TJ – Make sure all of his behaviors are being added to his behavior goal. Make sure you are adding everywhere he goes in the community on his activity calendar. He also needs to sign all of his receipts.

Signature of those in attendance:

*Deoise
Pierce*

DeWise Pierce



Aitkin Staff Meeting Agenda

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

Date: July 20, 2021

Time: 9:00am-12:00pm

Presenter: Briana Anderson

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

Next Meeting: 8/17/2021

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims:
*Staff accidently ran over left foot with client's electric wheelchair. Went to ER. No restrictions, continue ice and selfcare. No further appointments unless concerns.

VA Review:

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

Nursing Notes: review procedure for person returning to the home

MH Training: Panic Disorder (videos)

DD Diagnosis: Memory Impairment/Dementia (videos)

TI: Staff Fear and Anxiety

New Business:

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

Hour 3- House Meeting:

I.

INDIVIDUAL HOUSE STAFF MEETING HOUSE: 216
Program Coordinator: Bonita Novotny Date: 7/20/21

- 1. Monthly Newsletter - discuss and designate a DSP to send article/pictures to Amanda
2. Incident Reports & Discussion of: (use tracking form as guide)
3. Safety Concerns:
4. House Goal or Challenge: (this may change as often as necessary)
5. House meetings for clients:
6. Review IAPP and Client Profile of one client.

II. Old Business

III. New Business

- 1. There is still stuff being missed for beginning shift/end of shift. Everything is listed on clipboard so no reason stuff being missed.
2. Documentation is very important and you need to be thorough in your documentation.
3. Don't get clients up to early in the am; they cannot get up sooner then 530am - they should just be sitting down for breakfast at about 630am,
4. You cannot initial receipts; you need to sign them with your full name or first initial and full last name.
5. When you give a standing order medication, you have to write it on their MARS and you have to write it exactly how the standing order list has it written.
6. We are a teaching facility, do not do stuff for the clients unless they cannot do it.
7. If there is stuff that needs done around the house or the house needs something, you need to call me or leave me a note in my box if not that important.

V. DISCUSSION OF CLIENTS:

- 1. Joe - Make sure anytime he is pounding, it is being added to his SIBs. He needs to be walking on his own which he can do. He is learning to rely on staff to walk and we don't want that.
2. Michele - Now that it is nice out, have her walking outside also for exercise - up and down ramp/sidewalk.
3. Dan - trying to find him more things that will work for PJ's for him. Briefs vs. pull ups.
4. TJ - Make sure all of his behaviors are being added to his behavior goal.

Signature of those in attendance:

Handwritten signature: Denise Pierce

Re: _____
Re: _____
Re: _____
Re: _____
Re: _____

Oakridge Homes/Woodview Residential Services

Mandatory Inservice and Staff Meeting Policy

Employees are responsible for attending Mandatory Inservices and Staff Meetings which may include topics presented such as: Vulnerable Adults Training, Emergency Policies and Procedures, Dietary, OT, PT, Speech and Dental Training, CPR, First Aid, Therapeutic Intervention and others designated mandatory by the Administrator.

An "Excused Absence" is missing this Inservice and/or Staff Meeting due to conflicts with school, sickness, family emergencies, other employment and vacation. Employee must call in advance for an excused absence to the Administrator/Program Coordinator.

A missed Mandatory Inservice and/or Staff Meeting (with an excused or unexcused absence) must be made up as soon as materials are available. The staff person must listen to the tape if available or receive equal education. Failure to do so may result in disciplinary action. An unexcused absence of any Mandatory Inservice or Staff Meeting may result in a Coaching Note put in the Employee's Personnel File or possible Disciplinary Action.

A certificate of attendance should be presented to the Administrator/Program Coordinator for the comparable inservice time when received. It is the employee's responsibility to document inservices attended and completed on their Inservice List.

Denise Pierce missed 6-15-21 inservice because
NAME DATE

at home with clients

I did/didn't call my supervisor in advance, as required.
I made up the Inservice and/or Staff Meeting missed by

Makeup packet

Denise Pierce
Employee

6-19-21
Date

B. Naughton
Program Coordinator

6-24-21
Date



Aitkin Staff Meeting Agenda

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

Date: June 15, 2021

Time: 9:00am-Noon

Presenter: Briana

Ice Breaker: If you could pick one age to stay forever, which age would you pick? 35

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: July 20, 2021

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

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

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: 10 Ways to respond to Meaning-full behavior
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

Hour 3- House Meeting: N/A

I. INDIVIDUAL HOUSE STAFF MEETING **HOUSE: 216**
Program Coordinator: Bonita Novotny **Date: 6/15/21**

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Amanda (amanda@orhvw.com) before the 1st of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)
JW: abrasion on right side, unknown what happened; fell in dining room.
DT: rubbing face hard causing bruise around eye.
TC: inappropriate phone calls, and rights restriction violation (used friend's phone during night).
3. **Safety Concerns:**
 - Drills: quarterly need Fire and Storm (due the 15th in Feb, May, Aug, Nov)
Designated place to go in event of fire- Ripple River
 - Discussion of last fire drill led by staff – N/A
 - Next drill fire or storm schedule for no date set yet DSP N/A
4. **House Goal or Challenge: (this may change as often as necessary)**
 - Clients volunteering monthly
5. **House meetings for clients :**
Topic:
January: N/A March: N/A May: N/A July: September: November:
February: N/A April: N/A June: N/A August: October: December: no meeting
6. **Review IAPP and Client Profile of one client.**
Name: N/A
Issues: N/A

II. Old Business

III. New Business

1. There is still stuff being missed for beginning shift/end of shift. Everything is listed on clipboard so no reason stuff being missed. Night staff you need to be cleaning three hours a night.
2. Documentation is very important. Every shift has to document not only in progress records but also on their goals (goals have to be done as much as stated).
3. Don't get clients up too early in the am – they should just be sitting down for breakfast at about 630am, if they are all done with am cares prior to this, you are getting them up too early.
4. You cannot leave your shift early unless pre-approved ahead of time. Even leaving ten minutes early if you are not on overtime and a full time staff relieves you puts them into overtime and this cannot happen without approval; if your schedule says 3p-9p then that is what you need to work. The overlap of staff is 1-1 time and the 2nd staff needs to be doing 1-1 time with that clients (D.T – Monday – Thursday 4p-5p & Sundays 3p-5p, MH – Monday 5p-8p, JW Saturdays 3p-5p).
5. You cannot initial receipts; you need to sign them with your full name or first initial and full last name.
6. It is each shifts responsibility to get the dishes done from your shift and put away; night shift is the only exception since breakfast isn't until about 630am.
7. Any client issues.

V. DISCUSSION OF CLIENTS:

1. Joe – Make sure anytime he is pounding, it is being added to his SIBs.
2. Michele – Now that it is nice out, have her walking outside also for exercise – up and down ramp/sidewalk. She needs to use her walker now when going outside to sit or coming inside from sitting outside.
3. Dan – Don't keep wheelchair near him when in recliner so he can't transfer himself to and going around house in it without staff being aware. He needs to be watched in the wheelchair so he don't run over people's feet or run into them.
4. TJ – Make sure all of his behaviors are being added to his behavior goal.

Signature of those in attendance:

Jenise M Pierce

June 2020 Staff Meeting Packet

Name: Denise Pierce Date: _____

MH Training: _____

A. Read the 5 Common Factors that Foster Recovery from Mental Illness. List the five factors.

1. Clinical Recovery
2. Existential Recovery
3. Functional Recovery
4. Physical Recovery
5. Social Recovery

B. Read What is an attachment disorder.

1. List the two types of attachment disorders

- a. emotional Reactive attachment disorder
- b. Physical Disinhibited social engagement disorder

C. List 5 of the symptoms of attachment disorder.

- Not engaging in social interactions
- Lack of smile
- Avoiding physical contact

Therapy for attachment disorder involves identifying problem areas and reducing problematic behaviors

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, weighs less, distinctive facial features.

2) List 3 possible behavioral/intellectual disabilities. Difficulty w/learning or memory, Difficulty w/attention, Low IQ

3) What causes FASD?

a woman's drinking alcohol during pregnancy

4) True or False: There is no cure for FASD.

Watch the video Living with FASD and write your reaction:

wait

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.

How to talk to the clients to understand their outburst or when they get a med change and there body goes threw all kinds of change

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. ~~Verbal de-escalation~~
Manual restraint, Time out, Seclusion
~~empathetic listening, how to avoid power struggles~~
- 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 hours
- 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?
3 calendar days
- 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".

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!! 😊

Written
Revised
Revised
Revised
Revised
Revised

Oakridge Homes/Woodview Residential Services

Mandatory Inservice and Staff Meeting Policy

Employees are responsible for attending Mandatory Inservices and Staff Meetings which may include topics presented such as: Vulnerable Adults Training, Emergency Policies and Procedures, Dietary, OT, PT, Speech and Dental Training, CPR, First Aid, Therapeutic Intervention and others designated mandatory by the Administrator.

An "Excused Absence" is missing this Inservice and/or Staff Meeting due to conflicts with school, sickness, family emergencies, other employment and vacation. Employee must call in advance for an excused absence to the Administrator/Program Coordinator.

A missed Mandatory Inservice and/or Staff Meeting (with an excused or unexcused absence) must be made up as soon as materials are available. The staff person must listen to the tape if available or receive equal education. Failure to do so may result in disciplinary action. An unexcused absence of any Mandatory Inservice or Staff Meeting may result in a Coaching Note put in the Employee's Personnel File or possible Disciplinary Action.

A certificate of attendance should be presented to the Administrator/Program Coordinator for the comparable inservice time when received. It is the employee's responsibility to document inservices attended and completed on their Inservice List.

I, Denise Pierce, missed 4-20-21 inservice because

NAME

DATE

at other house

I did didn't call my supervisor in advance, as required.
I made up the Inservice and/or Staff Meeting missed by

makeup packet

Denise Pierce
Employee

4-25-21
Date

B. Woodmy
Program Coordinator

4-25-21
Date



Aitkin Staff Meeting Agenda

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

Date: 04/20/2021

Time: 9:00am-12:00pm

Presenter: Briana

Ice Breaker: What is the weirdest food you've ever eaten?

Milestone Anniversaries: Thomas Johnson – LP3 – 5 years

Welcome to new and returned staff:

Next Meeting: 05/18/2021

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:
 - *Slipped and fell on an outing. Incident only. No treatment at this time.
 - *Injured back helping client out of bus after the wheelchair lift stopped working. No restrictions at this time, scheduling a follow-up appointment with doctor as still very sore.

VA Review:

*Staff did not check on two clients during the overnight resulting in both having urine-soaked beds

Nursing Notes:

MH Training: Psychotropic Medication and Side Effects (videos)

DD Diagnosis: Congenital Brain Injury (video)

TI: Verbal Intervention & Limit Setting

New Business:

- Preventing Sexual Violence – power point, worksheet & video
- De-escalation, Confrontation Avoidance Techniques
- Disability and Healthy Living
- Severe Weather
- Dealing with Conflict in the Workplace
- Time Simplicity – dropping and picking up shifts
- Call-in Guidelines
- 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:

April 2021 Staff Meeting Makeup Packet

Name: Denise Pierce Date: 4-25-21

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 Systems 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 ~~psych~~ 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.
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 medications 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?
- | | |
|-----------------------------|---------------------------|
| <u>Join a support group</u> | <u>Write things down</u> |
| <u>Follow a routine</u> | <u>avoid distractions</u> |
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? rational response
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?
- ~~Interrupt~~ Simple and Clear
 - ~~When and then~~ Reasonable
 - ~~If and then~~ 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 Facts

De-escalation, Confrontation Avoidance Techniques

Read De-escalation Techniques

31. Behaviors 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. Excessive sweating
- e. Balled fists

33. Effective de-escalation techniques feel abnormal.

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

- a. Non-verbal De-escalation
- b. Verbal De-escalation

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

~~Health~~ 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 exercise based in their needs and requirements.

Severe Weather

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

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 DP

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

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. Strong relationships with others
- b. Good communication
- c. Able to spend time alone (not always together)

8. List 3 components of abusive relationships:

- a. Isolated from others
- 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. Consent needs to be given each time
- b. No Means NO

10. Write your reaction to the *Tea and Consent* video:

Very confusing and it makes no sense

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.

Denise M Pierce
Employee Signature

5-3-21
Date

Denise M Pierce
Employee Printed Name

216
Work Location



Aitkin Staff Meeting Agenda

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

Date: 3/16/21

Time: 9:00am-12:00pm

Presenter: Briana Anderson

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:

*Nevise
Pierce
3-16-21*

I. INDIVIDUAL HOUSE STAFF MEETING **HOUSE: 216**
Program Coordinator: Bonita Novotny **Date: 3/16/21**

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Amanda (amanda@orhvw.com) before the 1st of the month
2. **Incident Reports & Discussion of:** (use tracking form as guide)
Joe – 1/3: fell while getting dressed; 1/15: scrape noticed on calf; 1/23: hit staff in the face when staff tried to get him to stand up from the toilet; 2/26: not given 3 of his 8am meds.
TJ – 1/4: had internet on phone, denying he knew it, and yelling and swearing at staff.
Dan – 1/27: given old dose of Levothyroxine instead of new dose.
3. **Safety Concerns:**
 - Drills: quarterly need Fire and Storm (due the 15th in Feb, May, Aug, Nov)
Designated place to go in event of fire- Ripple River
 - Discussion of last fire drill led by staff – Megan and Denise
 - Next drill fire or storm schedule for no date set yet DSP N/A
4. **House Goal or Challenge: (this may change as often as necessary)**
 - Clients volunteering monthly
5. **House meetings for clients :**
Topic:
January: N/A March: N/A May: July: September: November:
February: N/A April: June: August: October: December: no meeting
6. **Review IAPP and Client Profile of one client.**
Name: N/A
Issues: N/A

II. Old Business

III. New Business

1. Make sure all your shift duties are being done. There is stuff being missed (see attached sheet). Eventually this will be on a clipboard and needs to be followed so nothing is missed. Not doing some of the stuff is a medication error, other things will be disciplinary issues if not done.
2. Documentation is very important. cannot put other people's names in others records. If clients make comments add them, if use standing order med or a prn med need to document in progress record, all behaviors need documented. Document as much as possible. Cannot put your opinion. All goals have to be done as stated, activity calendar needs filled out anytime they go anywhere out of the house except to work even if it is just through a drive thru. If they refuse to take showers or a hygiene task make sure there is a R on the chart to show this and not just a slash which makes it look like you just didn't do it, and it can be considered neglect if you are just skipping them.
3. Time works program – cannot check in early for your shift or late unless a reason. You should only be checking in the most a couple minutes prior to your shift starting and checking out a few minutes after. If you need a change to your time card, you have to fill out a time adjustment form. If you work a night shift, you need to put yes for an overnight shift. If you forget to check out, don't check out away from the house. The timeworks program alerts not only me but the office that you checked out away from the house.
4. Any client issues. Everyone needs to be consistent with the clients.
5. Don't get clients up too early in the am – they should just be sitting down for breakfast at about 630am, if they are all done with am cares prior to this, you are getting them up too early.

V. DISCUSSION OF CLIENTS:

1. Joe – needs excused from the table when being noisy. Doesn't need assistance getting dressed unless he requests it which he will hand you what he is having problems with. Get him up first in am so he has plenty of time or get Michele up and have her head towards the bathroom and then get Joe up so he can get dressed while you are assisting Michele with her cares. Don't get within arms reach of him unless necessary or doing an activity with him.
2. Michele:
3. Dan – make sure vegetables and fruit are ground up, no chocolate. When sitting in his recliner have wheelchair away from him so he can't get up without you knowing and move around in it and run into things/people.
4. TJ – Make sure you are documenting on him well and redirecting him as necessary. Also he should be checking with you before he calls any houses or staff to make sure the calls are needed.

Signature of those in attendance:

Denise Pierce

Things you need to do at the beginning/end of shift

1. Check your mailboxes and complete anything in there that needs done.
2. Check the calendar on the wall and see if anything on there pertains to your shift.
3. Read communication log and initial all entries (or sign if it says)
4. Paperclip med sheets for any meds that need passed on your shift.
5. Do Buddy check for med sheets (1st page in med book) (day shift if there is one checks the night shift meds, afternoon shift checks the day shift meds and night shift meds if no day shift, night shift checks afternoon shift meds.)
6. Make sure you checked in/out for your shift on the time works program (if you work the night shift you need to go to the end of the line and mark it as yes for sleep shift) (If you forget to sign in/out, you need to fill out a time adjustment form (in file cabinet).
7. Do money count book (beginning and end of your shift) (this is in med cupboard).
8. Check client's /bedroom cleaning (on bulletin board) and make sure that all gets completed on the day scheduled.
9. Take your temperature(record on form attached) (remember to make sure before your leave that you sign the next spot that you verified the next staff's temp).
10. Afternoon and night shift do money/controlled med form (record on form attached) (night shift scan to Amanda every night)
11. Initial cleaning list for what did (record on form attached) (Day/Afternoon shift you should be cleaning on down time, and night staff you need to be cleaning until your sleep time) (All the cleaning needs done as much as it is stated it needs done).
12. Make sure to chart before you leave your shift on all their goals, and in their progress notes, and if they go anywhere out of the house on their activity calendars.)
13. Make sure showers are being done as they are supposed to be – Michele every other am (night shift does), Joe every other am (day shift does), Dan every other pm (afternoon shift does) Also make sure Dan and Joe shaves every am (they need assistance – night staff does Dan and day shift does Joe), all of them brush their teeth or gums am and pms, and in pm use mouthwash (if they can't use mouthwash correctly just brush on their teeth) and floss teeth.



Denise P
2/27/21

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: Denise PierceDate: 2-27-21

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

1. It's hard to notice the sign's, some kids have learn to hide there emotion's and feelings well, some kids feel they have no one they can truly trust, there are the kids who write in journals, and then there are those who bottle it up and turn to other things (drugs, alcohol, & just give up on everything.

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?
1-800-273-8255
6. When people die by suicide, their family and family 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?
Talk to the person or go talk to someone and ask for help or even support to get through the bump in the road of that life has handed them or myself, why give into bullies or pure pressure and kill your self when there is a way to change how you see or live.
10. What is one way you believe the community you live in could help prevent suicide?
Having outreach programs to people in bad situations and to show them where to find the help they need to prevent a suicide from happening, if you noticed someone that looks out of sort, show them they can count on you for help
11. List the 7 strategies that the CDC has found to help prevent suicide:
- Strengthen economic supports
 - Strengthen access and delivery of suicide care
 - Create protective environments
 - Promote connectedness
 - Teach coping and problem-solving skills
 - Identify and support people at risk
 - Lessen harms 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:

- Basic psychological Processes that involve:
- understanding and using Language
- the ability to receive
- process information
- recall information
- and then Communicate that information

13. Specific learning disabilities include:

- Reading (Dyslexia)
- Writing (Dysgraphia)
- Spelling
- Math (Dyscalculia)
- Auditory Processing
- Visual processing
- Sensory- motor
- Social

14. What is Dyslexia? A learning disorder characterized by difficulty in reading

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 Autism 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 disadvantage (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?

because it's an area of awareness, is your approach getting the results you are looking for or is a change in your approach needed

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

20. Why is supportive stance important? Stand in a way that communicates respect, it is non-threatening, non-challenging and you are able to also maintain 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)?

we do believe we can assist an individual in changing their own behaviors as a result of providing supports that are valuing, respectful, and educational. we feel that

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. I ~~do~~ feel that I can empower people, which requires that I become their allies, rather than controlling and directing, ~~to~~ them

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

To show them that they can change their lives and do something for them self knowing they aren't alone and that there is a more to life then what they think there is.

24. We need to meet individuals where they are at, where strong positive relationships can be developed, where environments 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 self - regulation 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":

we also believe that everyone is an individual, and this necessitates support plans that are unique to the person, rather than being a function of program-wide rules requiring uniform compliance.

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. Being cautious of your surroundings when taking clients out
- b. Being prepared for any & every situation (Hot or cold)

Smoking Policy

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

HIPAA

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

Data Privacy

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

Boundaries

33. Why are personal boundaries important? They are the limits we set for our selves, A person with healthy boundaries can say "no" to others when they want to, but they are also comfortable opening themselves up to intimacy and close relationships.

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? Because what I have gone through in my childhood, Teen's, some of my Adult hood, losing important family members (Grandmother's, Grandpa's, mom, Dad's), life has been good to me even when I was given Lemons.

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 mix of different boundary types.

40. Some Cultures 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. Physical Boundaries: when a client or anyone touch's me in certain places that they shouldn't, or go through my things in my office.
- b. Intellectual Boundaries: when I come up with a good idea and they have almost the same or when someone dismisses another person's thought's
- c. Emotional Boundaries: refer to a person's feelings. There are healthy emotional boundaries ~~and~~ which include limitations on when to share and when not to share
- d. Sexual Boundaries: refer to emotional, intellectual aspects of sexuality, Healthy sexual boundaries involve mutual understanding and respect of limitations
- e. Material Boundaries: Refer to money and possessions, Healthy material boundaries involve setting limits on what you will share, and ~~to~~ with whom
- f. Time Boundaries: Healthy Time boundaries, a person must set aside enough time for each facet of their life, ~~and~~ when these boundaries get violated by a person who demands too much of another's time

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: I'm here for them, make sure they are
 - b. Self-motivated: I can handle any (most) thing that
 - c. Emotionally aware: I can sense when someone is having
- Ⓐ Safe, stay healthy, enjoy life to its fullest potential
- Ⓑ Come's up, I don't need a supervisor watching over me
- Ⓒ a very bad day, I can be ~~an~~ empathetic employee

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. Art: Making something for each month or holiday
 - b. Musical Intelligence: any kind of music is wonderful
 - c. Problem Solving: what works for I may not work for others
- Ⓐ Always finding some project for my clients to try, even if that mean's wearing lots of glue & glitter
- Ⓑ making all kinds of music on what ever we have or even dancing to the radio or relaxing to soft sounds
- Ⓒ find a new way to do something fun with my clients

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: DP



Denise P.
@Z16

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@orhvwcom)

Hour 3- House Meeting:

January 2021 Staff Meeting Questions

Name: Denise Pierce

Date: 1-26-21

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

1. Cerebral Palsy means: brain disease causing paralysis
2. CP can happen before birth which is called Prenatal, or post natally.
3. CP is "Non-Progressive" which means it doesn't get worse.
4. Three types of CP:
 - a. Spastic
 - b. Dyskinetic
 - c. Ataxic
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. light therapy device
 - b. Physically Active
 - c. ask Dr. about different medications
9. Ways you can help your mood that are not medications:
 - a. sleep
 - b. Physical activity
 - c. Eating Healthy
 - d. Social activity

Vulnerable Adult (VA) Training (Video)

10. Name the different types of abuse

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

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

12. People with disabilities are 4 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. ~~social services~~ Abuse
- b. ~~law enforcement~~ Neglect
- c. ~~reporting call center~~ financial exploitation

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

- a. ~~Mandated reporter~~ ~~vulnerable adult~~ Abuse

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

- a. ~~Mandated reporter~~ Neglect

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?

Mistreatment

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 evaluating the services that will be provided to them.
20. Our clients have the right to staff that is skills and Ability 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-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.
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: DP
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: DP
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: DP

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: DP

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

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

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

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

38. Prevention is the key – avoid the Need.

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 de-escalates 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?

what ~~are~~ I do to show them how to do some things on their own and if they need help I will help them like: Getting dressed by themselves, brushing their own teeth & hair

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?

Be relaxed more, and they might relax themselves & not yell so much or fuss, come to a compromise to a better level and behavior's will change

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?

instead of thinking they know what they are doing show them, then there won't be an issue if it is not done wrong so then there won't be an issue

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?

Exercis more, having time set for when they should go to bed and get up so they aren't tired all day long, Do more outing

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?

Making pretty things of recycled items, exciersing with out knowing they are doing it.

Oakridge Homes and Woodview Support Services
INSERVICES ATTENDED

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

Employee Name	Denise Pierce	Year	2020
Location		Position	
Date of Employment			

Monthly Staff Meetings

Attach staff meeting agenda

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan	2/18	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)	make up packet	3	
Feb	3/5	Staff & House Meeting P-C/Positive Support- Balancing important to and important for each individual (.5) MH-Suicide Intervention (1)	make up packet	3	
March	3/24	Staff & House Meeting CPR/First Aid MH- Schizophrenia (.5)	make up packet	3	
April	5/25	Staff & House Meeting MH-Psychotropic Meds & Side Effects (1)	make up packet	3	
May	12/1	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	make up packet	3	
June	no date	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)	make up packet	3	
July	8/18	Staff & House Meeting Adaptive Equipment Competency, MH-Bipolar Disorder (.5)	make up packet	3	
Aug	8/27	Staff & House Meeting PAPP Competency, MH- Co-occurring SA & HC (1) CPR/First Aid Refresher	make up packet	3	
Sept	9/29	Therapeutic Intervention P-C/Positive Support	make up packet	3	
Oct	10/27	Staff & House Meeting P-C/Positive Support- Cultural Competency, Harassment, Medicare Fraud MH-Borderline Personality Disorder, Treatment Options/EBP (.75)	make up packet	3	
Nov	11/17	Staff & House Meeting MH-Body Integrity Identity Disorder, PTSD (.75)	make up packet	3	

VARPP (Jan, 2020)

Denise
Pierce

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: Internal (to QDDP/DC), External (MAARC) 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: 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: answer ~~is~~ up above

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

A: IAPP

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 (VA)

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

11: What does VARPP stand for?

A: Vulnerable Adult Reporting Policies & Procedures

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

A: Each

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 _____ working days a written notice that tells you whether or not your report has been forwarded to MAARC.

A: 2

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

Written: 3/88
Revised: 9/89
Revised: 1/91
Revised: 1/6/98
Revised: 1/00
Revised: 1/08

Oakridge Homes/Woodview Residential Services

Mandatory Inservice and Staff Meeting Policy

Employees are responsible for attending Mandatory Inservices and Staff Meetings which may include topics presented such as: Vulnerable Adults Training, Emergency Policies and Procedures, Dietary, OT, PT, Speech and Dental Training, CPR, First Aid, Therapeutic Intervention and others designated mandatory by the Administrator.

An "Excused Absence" is missing this Inservice and/or Staff Meeting due to conflicts with school, sickness, family emergencies, other employment and vacation. Employee must call in advance for an excused absence to the Administrator/Program Coordinator.

A missed Mandatory Inservice and/or Staff Meeting (with an excused or unexcused absence) must be made up as soon as materials are available. The staff person must listen to the tape if available or receive equal education. Failure to do so may result in disciplinary action. An unexcused absence of any Mandatory Inservice or Staff Meeting may result in a Coaching Note put in the Employee's Personnel File or possible Disciplinary Action.

A certificate of attendance should be presented to the Administrator/Program Coordinator for the comparable inservice time when received. It is the employee's responsibility to document inservices attended and completed on their Inservice List.

I, Denise Pierce, missed 1-21-20 inservice because
NAME DATE
at house with clients

I did/didn't call my supervisor in advance, as required.
I made up the Inservice and/or Staff Meeting missed by

Makeup packet

Denise Pierce
Employee

2-18-20
Date

Bonita Neering
Program Coordinator

2-18-20
Date



Makeup Packet for January 2020 Staff Meeting

Name Denise Pierce Date 2-18-20

1. Person-Centered/Positive Support: Primary diagnosis and impact that has on their program. Complete the Individualized Programming Based on Diagnosis worksheet for one client in your house by reading the examples of mental health challenges.
2. Complete worksheet on VARPP. Also complete Online VA test.
3. Complete Service Receipts Rights worksheet.
4. Winter Ombudsman:
 - a. Frostbite – what to look for
 - i. Pins n Needles feeling, followed by numbness
 - ii. Hard, pale, & cold skin
 - b. Hypothermia – common causes
 - i. Being outside without enough protective clothing in winter
 - ii. Falling into cold water of a lake, river or other body of water
5. TI monthly review – what does:
 - a. Care - Demonstrating respect
 - b. Welfare - Providing emotional & Physical support
 - c. Safety - Protecting rights
 - d. Security - Maintaining safe, effective
 - e. When you focus on Care, Welfare, Safety and Security as the common central values, you will have a solid base for making decisions.
 - f. This is not a one size fits all approach.
 - g. Remember you cannot control how someone escalates or de-escalated you can control your own responses and making sure that your responses reflects Care, Welfare, Safety and Security.
6. Watch videos and answer the following questions:
7. Cerebral Palsy video:
 - a. Cerebral Palsy means: brain disease causing a person's ability to control his or
 - b. CP can happen before birth, _____, or post natal. her muscles
 - c. Most CP cases happen from:
 - i. Radiation

didn't have to do videos

- ii. _____
- iii. _____
- iv. _____

d. CP in "Non-Progressive", which means it

e. Spastic CP means: increased stiff muscles

f. Dyskinetic CP leads to: Problems Controlling the movements

g. Ataxic CP means: shaky or quick movements

h. CP is permanent. It is not _____ but it is _____.

8. Major Depressive Disorder (2nd video)

a. MDD is very serious and often interferes _____.

b. Potential cause for MDD is a combination of:

- i. Genetics
- ii. _____
- iii. _____
- iv. _____

c. Monoamine Deficiency Theory suggests that the body might be low on serotonin, _____ or _____.

d. Diagnosis for MDD:

- i. 5 of 9 symptoms
- ii. Significant _____ to daily life
- iii. NOT a _____ or _____ condition
- iv. NOT better explained by other _____
- v. No _____ or hypomanic episodes

e. Treatment for MDD:

- i. Non-pharmacologic
- ii. _____

9. Read all other handouts!

INDIVIDUALIZED PROGRAMMING BASED ON DIAGNOSIS

January 2020

STAFF NAME: Denise Pierce DATE: 2-24-20

PROGRAM PLANNING – PHYSICAL DISABILITIES

1. Diagnosis: (Joe Wallace) Autism spectrum Disorder
2. Age: 68 Gender Male
3. Things I might be really good at: Getting Dressed, Coloring, looking at a magazine, using iPad
4. Areas that are a challenge: being around a lot of people Loud noises,
5. Daily tasks that I can do alone: feed My self, go to the toilet by myself, get in the bath myself
6. Daily tasks that need assistance: walking outside, putting a coat on, diaper on, making bed
7. Skills that can be improved: being quieter in store's + Restaurants in the community, keeping his hands to himself
8. Skills that need to be maintained: his yelling while eating, and touching others,
9. What might stress look like: eye's wide open, yelling
10. What happiness might look like: Smile on his face, Happy yelling
11. Phrases that could NEGATIVELY IMPACT me: being told to be quiet, when going outside or have to go back in the house
12. Phrases that will SUPPORT me: When I see big trucks, Emergency vehicles, tractors, and staff tell me "look big trucks" I get excited

PROGRAM PLANNING – MENTAL HEALTH

1. Diagnosis: Schizophrenia
2. Age: 56 Gender female
3. Things that I might be really good at: Coloring, looking at books, talking about her day
4. Areas that are a challenge: having to walk, doing my hair, painting my nails
5. Daily tasks that I can do alone: Get dressed, Put my own shoes on
6. Daily tasks that need assistance: Brushing my teeth, wiping my butt
7. Skills that can be improved: Sitting up better in my chair, longer walks
8. Skills that need to be maintained: ~~#~~ Not to be so bossy towards ~~the~~ other's
9. What might stress look like: face tightens up and she puts her hands in front of her face
10. What happiness might look like: big smile and her eyes are wide open
11. Phrases that could NEGATIVELY IMPACT me: when she can't go to her favoret Resturants and sit inside to eat
12. Phrases that will SUPPORT me: when told how beautiful I look, that I'm doing a good job walking.



Aitkin Staff Meeting Agenda

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

Date: 01/21/2020

Time: 9:00am - 12:00pm

Presenter: Ashley

Ice Breaker: 537

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

Welcome to new and returned staff: Megan Halde – 216/ASILS, Patty Dickhausen – Hwy 12, John Hemphill – Hwy 47

Next Meeting: 02/18/2020 Ice Breaker: 510

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

VA 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

INDIVIDUAL HOUSE STAFF MEETING **HOUSE:** 216
Program Coordinator: Bonita Novotny **Date:** 1/21/20

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Brandy (send to brandy@orangeva.com) before the 1st of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)
Dan – 10/15: redness found on left upper butt cheek. 12/28/19: did not receive 8am meds.
Chris – 11/13: verbal aggression/throwing item, yelling/swearing at staff, threw something, tried kicking something (had to clean kitchen before going to friends).
Donna – 11/23: hit wrist on wheelchair causing bruise on R wrist & knuckle. 12:30: woke up in am with bruise on eye/nose/upper lip & chip out of front tooth. 12/28: did not receive 8am meds. 1/15: found on floor not wanting to stand up/bear weight/walk, bruise/swelling on L foot, taken to ER and nothing found wrong.
Michele – 12/28: did not receive 8am meds.
Joe – 12/28: did not receive 8am meds.
3. **Safety Concerns:**
 - Drills: quarterly need Fire and Storm (due the 15th in Feb. May, Aug, Nov)
Designated place to go in event of fire- 510
 - Discussion of last fire drill led by staff – N/A
 - Next drill fire or storm schedule for no date set yet DSP N/A
4. **House Goal or Challenge: (this may change as often as necessary)**
Need new one
5. **House meetings for clients :**
Topic:
January: N/A March: N/A May: N/A July: N/A September: N/A November:
February: N/A April: N/A June: N/A August: N/A October: December: no meeting
6. **Review IAPP and Client Profile of one client.**
Name: N/A
Issues: N/A

II. Old Business

III. New Business

- Need new house goal
- Fill out the know the person you work with forms
- Client discussions

V. DISCUSSION OF CLIENTS:

1. Michele:
2. Donna:
3. Chris:
4. Dan:
5. Joe:

Signature of those in attendance:

B. Novotny
[Faint signature]

Written: 3/88
Revised: 9/89
Revised: 1/91
Revised: 1/6/98
Revised: 1/00
Revised: 1/08

Oakridge Homes/Woodview Residential Services

Mandatory Inservice and Staff Meeting Policy

Employees are responsible for attending Mandatory Inservices and Staff Meetings which may include topics presented such as: Vulnerable Adults Training, Emergency Policies and Procedures, Dietary, OT, PT, Speech and Dental Training, CPR, First Aid, Therapeutic Intervention and others designated mandatory by the Administrator.

An "Excused Absence" is missing this Inservice and/or Staff Meeting due to conflicts with school, sickness, family emergencies, other employment and vacation. Employee must call in advance for an excused absence to the Administrator/Program Coordinator.

A missed Mandatory Inservice and/or Staff Meeting (with an excused or unexcused absence) must be made up as soon as materials are available. The staff person must listen to the tape if available or receive equal education. Failure to do so may result in disciplinary action. An unexcused absence of any Mandatory Inservice or Staff Meeting may result in a Coaching Note put in the Employee's Personnel File or possible Disciplinary Action.

A certificate of attendance should be presented to the Administrator/Program Coordinator for the comparable inservice time when received. It is the employee's responsibility to document inservices attended and completed on their Inservice List.

I, Denise Pierce, missed 2-18-20 inservice because
NAME DATE

at house with clients

I did/didn't call my supervisor in advance, as required.

I made up the Inservice and/or Staff Meeting missed by

Makeup Packet

Denise Pierce
Employee

2-27-20
Date

B. Hartmy
Program Coordinator

2-27-20
Date

I. INDIVIDUAL HOUSE STAFF MEETING **HOUSE:** 216
Program Coordinator: Bonita Novotny **Date:** 2/18/20

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Brandy (brandy@orhvw.com) before the 1st of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)
Michele: 2/2 – received her meds for 8am the next day the night before with 8pm meds.
Joe: 2/8 – Received another client’s meds at 8am
Chris: 2/6 – verbally aggression to staff, non-compliance, slamming door (swearing when asked to do a goal, refusing to take meds but then did but refused to follow med protocol, slamming his door, refused to go to work next day)
3. **Safety Concerns:**
 - Drills: quarterly need Fire and Storm (due the 15th in Feb, May, Aug, Nov)
Designated place to go in event of fire- 510
 - Discussion of last fire drill led by staff – N/A
 - Next drill fire or storm schedule for no date set yet DSP N/A
4. **House Goal or Challenge: (this may change as often as necessary)**
Volunteering
5. **House meetings for clients :**
Topic:
January: N/A March: N/A May: N/A July: N/A September: N/A November:
February: N/A April: N/A June: N/A August: N/A October: December: no meeting
6. **Review IAPP and Client Profile of one client.**
Name: N/A
Issues: N/A

II. Old Business

III. New Business

1. Shift routine worksheet
2. Open shifts
3. If sign did something on cleaning list, make sure you actually cleaned it, and cleaned it well.

V. DISCUSSION OF CLIENTS:

1. Michele:
2. Chris: Even though own guardian, still has to follow Oakridge rules/guidelines
3. Dan:
4. Joe:

Signature of those in attendance:

Done



Revised
Pierce

Aitkin Staff Meeting Agenda

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

Date: 02/18/2020

Time: 9:00am - 12:00pm

Presenter: Ashley

Ice Breaker: 510

Milestone Anniversaries: Kimberly Nelson-195-5 years; Beth Sumpter-Office-20 years

Welcome to new and returned staff:

Next Meeting: 03/17/2020 Ice Breaker: 195

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.

VA 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

our 3- House Meeting:

February 2020 Staff Meeting Makeup Packet

Name: Denise Pierce Date: 3-5-20

MH Training: Suicide Intervention, Warning Signs, Responses

1. Watch *Suicide Warning Signs and How to get Help*. 3:05 Write your reaction to the video Very interesting, some things I wish I knew years ago when I was trying to help a friend from killing themselves, its good to know the signs and what to look for.
2. Watch *The Bridge between Suicide and Life Video by Kevin Briggs*. 14:13 How would you feel if you were Kevin? In what ways do you think his life has been impacted? Scared at first, but then I would take a deep breath and help them.
By seeing and listening to all the people who were on that bridge and wanted to end their lives, it took a toll on his life and how some good, some bad, he only lost 2 people in the whole time he started, and he even said that's 2 too many that died on his watch, I commend him for his bravery and strength to help people see there is help for them and there is someone who will listen to them.
3. What is the National Suicide Prevention Lifeline number? 1-800-273-8255
4. What do you do if you want to access the National Suicide Prevention Crisis Text Line? Text Hello to 741741
5. What is the Veterans Crisis Line number? 1-800-273-8255
6. What do if you want to access the Veterans Crisis Text Line? 838255
7. List 5 behaviors/signs that someone may be thinking about suicide:
 - a. Talking about wanting to die or wanting to kill themselves
 - b. Stockpiling Pills, or buying a gun
 - c. Talking about being a burden to others
 - d. Talking about feeling trapped or feeling that there are no solutions
 - e. Feeling unbearable pain (emotional pain or physical pain)
8. It is appropriate to ask someone "Are you thinking about killing yourself?" (True) or False
9. Asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts. (True) or False
10. Suicide does not discriminate. People of all genders, age, and ethnicities can be at risk.
11. List 5 risk factors for suicide:
 - a. Depression, other Mental disorders, or substance abused disorder
 - b. Certain Medical conditions
 - c. Chronic Pain
 - d. Family history of a mental disorder or substance abuse
 - e. Having recently been released from Prison or jail
12. Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should not be ignored.

13. What is safety planning? Personalized safety planning has been shown to help reduce suicidal thoughts and actions.

DD Diagnosis: Difference between mild, moderate, severe DD

14. Watch *Intellectual Disability Disorder Criteria DSM 5*. 3:45 List 3 criteria for diagnosis:
- A significant impairment of cognitive and adaptive functions
 - Usual presentation is with impairments in adaptive functioning
 - dysfunction or impairment in ≥ 2 areas
15. DSM 5 focus is on adaptive functioning along with standardized testing. True or False
16. Is Intellectual Disability the same as Mental Retardation? Yes or No. Which term is the preferred term to use today? Intellectual disability
17. What is the most modern thinking about how to help people with Intellectual Disability? The overarching reason for evaluating and classifying individuals with intellectual disability is to tailor supports for each individual, in the form of a set of strategies and services provided over a sustained period.

TI: Non-Verbal Communication

18. Behavior is a form of Communicating, we need to be assessing it all the time.
19. Staff non-verbal communication plays an important role in incidents. True or False
20. Personal space, body language, motion, touch are all examples of non-verbal communication that can affect the behavior level of the individual. They are also areas you can adjust!

2020 Employee Handbooks / Policy changes

21. Casual employees must work a minimum of 2 shifts per month to maintain casual employment status.
22. Seasonal employees will be terminated at the end of the season and therefore must re-apply each season.
23. Casual and Seasonal employees are not eligible for benefits, hire bonuses, or referral bonuses.
24. ORH-WSS keys may not be duplicated by an employee for any reason.
25. Any personal items brought into the work location will be at your own risk as ORH-WSS will not be responsible for any lost, damaged, or stolen property.
26. The ORH-WSS work week starts on Friday at 12 AM and ends on Thursday at 11:59pm.
27. If an employee overuses their regular PTO, upon termination or status change, the amount of the overuse will be deducted from their final paycheck or paycheck including the status change.

Smoking

28. When there is only one employee supervising clients, the employee may not leave the clients unsupervised to smoke or use tobacco products. True or False
29. No tobacco use or the use of smokeless tobacco is allowed by staff when out in public with clients. True or False

Boundaries

30. Read *10 Ways to Build and Preserve Better Boundaries*. List 5 ways to build and have better boundaries:
- Name your limits
 - Tune into your feelings
 - Be direct
 - Give yourself permission
 - Practice self-awareness

HIPAA

31. Watch *Your Health Information, Your Rights* 2:13 and list one thing you learned:
My Personal Records are kept private, & NO one but me can see them

Data Privacy

32. Read the ORH-WSS Data Privacy Policy. What is the purpose of this policy?
recognizes the right of each person receiving services in this program to confidentiality and data privacy.

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

33. Read *How Employees' Strengths Make Your Company Stronger* and list some ideas as to why focusing on employees' strengths is helpful/important:
- investing in and focusing on employees' talents, strengths
 - using strengths leads to improved health and wellness
 - the less likely they are to report experiencing worry, stress, anger, sadness, or physical pain during the previous day.
- employee & Customer engagement outcomes.

Person-Centered/Positive Support: 30 minutes- Balancing important to/important for

34. Watch *Important To and Important For* 13:00 and write a paragraph of your reaction to the video: Moving your body more, finding something that is important and how those who can't talk to each other can learn how to show other's how they can talk to each other and understand those who can't talk. it was very interesting video.
35. Thinking deeper than the *Person Centered Profile* already done on each of the people that you serve, list 2 things that are important to and 2 things that are important for each of them.

Client Initials	Important To	Important For
C1 - 1 JW	Bag, Hat, watch	Someone to be there for him
C1 - 2 MH	MOM, Family, Making Pictures, coffee	Someone to talk to
C2 - 1 DT	Keyboard, wheel chair	Someone to help him where he needs the help
C2 - 2 CW	Family & Friends having a Job	Someone to listen to him and understand him
C3 - 1		
C3 - 2		
C4 - 1		
C4 - 2		
C5 - 1		
C5 - 2		



Denise Pierce

Aitkin Staff Meeting Agenda

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

Date: 03/17/2020

Time: 9:00am - 12:00pm

Presenter: Ashley

Ice Breaker: 195

Milestone Anniversaries: none

Welcome to new and returned staff: Brian Amy-Maintenance Lead

Next Meeting: 04/21/2020 Ice Breaker: Hwy 47

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 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:

March 2020 Staff Meeting Makeup Packet

Name: Denise Pierce

Date: 5-24-20

MH Training: Schizophrenia

1. Watch *Life with Schizophrenia: The Voices in Your Head*. 9:44 Write your reaction to the video it was very educational, and helped me understand MH better then before, and to understand why some people acted the way they do, its not always what some people lable others as.

DD Diagnosis: Selective Mutism

2. Selective mutism is considered a anxiety disorder.
3. The typical range of onset is children under age 5.
4. Most often, symptoms become apparent when a child begins 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. Encourage progressive communication
 - b. Have the child sit in a room with someone they talk to
 - c. Make accommodations
9. If you know anyone who might be living with selective mutism, here are a few tips to communicate with them:
 - a. Use gestures, images, emails or texting
 - b. Let the person know what's coming so they can mentally prepare
 - c. Choose activities that can be done with or w/out speech
 - d. Know their coping skills
 - e. Don't call attention to their disorder in public
10. What is your reaction to the "comments" left by others experiencing selective mutism? That its hard to diagnosed, and all the abuse that these people have gone through in there lives, on top of being misdiagnosed for something totally different, parents that didn't want to take care of there kids. How they suffered from being bullied at school, developing severe depression, and having low self-esteem, the good thing was that one worked hard to over come her anxieties, but had always wondered what the name of what she had as a child & teenager, and wondered if it was ~~se~~ Selective Mutism

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 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 regardless time unless it for a minor injury.
19. If this was due to consumer to consumer physical aggression then two reports will need to be completed.
20. In most cases you should do an Observation Form.
21. 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!
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. Giving PRN PSYCHOTROPIC Medications
 2. Disagreements or petty fights between staff
 3. reportable incidents (Anything not a minor injury) / behavior incidents
 4. You're out of a Food item, the house is out of a food item
 5. Staff incidents requiring Workman's Comp Forms
 6. A staff did not show up to their shift
 7. Emergencies - Fire, Flood, loss of power or Heat
 8. schedule questions
 9. Missing client
 10. HR Questions
 11. Medication concerns

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?

yes all 3 of them

Joe: Tylenol for Pain or high Temp, Tums, Robitussin, Benedryl

Michele: Ibuprofen for Pain, Claritin

Dan: Sudated PE decongestant for sinus congestion

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! 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 1500 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? follow the menu that is made for them and the recipes on how to prepare each dish



Aitkin Staff Meeting Agenda

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

Date: 04/21/2020

Time: 9:00am - 12:00pm

Presenter: Ashley

Ice Breaker: Hwy 47

Milestone Anniversaries: Tina Wegsheid-Clarissa Office-20 years

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

Next Meeting: 05/19/2020 Ice Breaker: 216

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: Denise Pierce

Date: 5-25-20

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. Change the dosage
 - b. change the time
 - c. how you take the Medication
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, restlessness
 - 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, Xanax, Klonopin
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. Buspirone is an anxiolytic that can also be used to treat anxiety. Side effects include dizziness, nausea, headache, nervousness, and dysphoria.
14. SSRIs 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. These Medications 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:
- Dexedrine
 - Strattera
 - focalin
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:
- somnolence
 - dizziness
 - sweating

DD Diagnosis: Brain Injury

25. Watch *The Little Bird Who Forgot how to Fly* (6:29) Write your reaction to the video
- It was eye opening, cause those systems both my daughter and now my grandson are going through, only my daughter is on medication for her problems, this is hard for so many parents who don't know what is the problem is with there child or how to help them.

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? Information seeking
28. What's another name for a power struggle? Tug of War
29. What do you do to deal with non-compliance/refusal? set limits
30. Should venting be allowed? Yes or No
31. If you set a ~~limit~~ goal you need to be prepared to follow through or enforce it.
32. Limit setting is a recommended intervention.
33. What are the 3 keys to limit setting?
- Simple and Clear
 - Reasonable
 - Enforceable

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?

- Interrupt
- when and then
- if and then

36. List 3 examples of empathic listening:

- non-judgment
- 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?

- Calm
- limited eye contact

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 than 25 percent, while less than seven percent of communication has to do with what is actually said.

42. Remember, reasoning with an ~~enraged~~ ^{enrage} 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 ~~decreases~~ heart and lung functions; improves daily living activities and independence; decreases chances of developing chronic diseases; and improves 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:

- ~~harm caused on purpose~~ Physical violence
- ~~It is not an "accident" and can happen anywhere~~ Sexual violence
- ~~A most common places where victimization occurs are in hospitals and~~ emotional abuse

d. Neglect

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

That Difficult people think they know everything and that what they do is OK and they aren't hurting or stressing any one out, were the smart people are doing better to prove that they can handle any thing and have taught there brain to function under stress and deal with difficult people.

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

It was interesting, I deal with all 4 that she talked about on a daily basis between home and work, so I listen and try to keep my opinions to myself, I've learned that life is to short to complain and do my best to avoid fights, I really have no one I can talk to since my mother passed away.

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

- set limits
- rise above
- stay aware of their emotions
- establish boundaries
- don't die in the Fight

DSP Code of Ethics

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

That I am an important part of people who can't manage themselves on their own, like speak for them, take care of there needs, teach them some thing new, help them with other activities, teach them values skills, that life puts in front of them, Being a DSP has also helped me get over thing in my life and to be a stronger person.



Brainerd Staff Meeting Agenda

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

Date: 05/18/2020

Time: 9:00am - 12:00pm

Presenter: Shawna

Ice Breaker: 809

Milestone Anniversaries: Cynthia Rausch-1129-15 years (really 17 years); Gary Knudsen-Office-5 years

Welcome to new and returned staff: Charles Crawley-537; Michelle Chaney-Ripple River

Next Meeting: 06/22/2020 Ice Breaker: Riverwood

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 were reported for medical neglect for a terminally ill client

Nursing Notes: N/A

MH Training: N/A

DD Diagnosis: N/A

TI: N/A

New Business:

1. Mandatory Policy and Procedure Review: Vulnerable Adult Reporting Policies and Procedures (VARPP), Emergency and Incident Reporting Policies and Procedures, Bloodborne Pathogens, Right to Know, Affirmative Action/EEO, HIPAA, Data Privacy, 245D Oakridge Woodview Program Policies and Procedures, Oakridge Woodview Personnel Policies (2020 Employee Handbook), Harassment, Service Recipient Rights, First Aid/CPR, AWAIR plan
2. Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

Hour 3- House Meeting: N/A



Denise P

Aitkin Staff Meeting Agenda

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

Date: June meeting via packet

Time: N/A

Presenter: Ashley

Ice Breaker:

Milestone Anniversaries: Gary Lehnhoff-Sunnybrook-5 years; Donna Ewertsen-LP1-5 years; Darla Burke-Park-5 years

Welcome to new and returned staff: Shianne Espeseth-420, Nicole Horton-537, Charles Crawley-537, Talia Walters-195, Michelle Chaney-Ripple River, Brenna Robbins-811, Kimberly Hoffman-Riverwood, Cory Martin-DC/Q

Next Meeting: 07/21/2020

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
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: N/A

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) not my fault

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: being open about his illness, + finding the right Medication

Jerome: He learned to deal with his illness and the importance of Having his medication

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. Difficulty w/ memory or learning
hyperactivity, Difficulty w/attention
- 2) List 3 possible behavioral/intellectual disabilities. Speech & language delays
low IQ, Poor reasoning & judgment skills
- 3) What causes FASD?
by a woman 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.

Precipitating Factors = More on why some clients don't get along with others, Be more involved with them now cause of this pandemic going on.

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. Verbal de-escalation
empathetic listening, paraverbals
- 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 hours
- 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?
3 calendar days
- 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!! 😊



Aitkin Staff Meeting Agenda

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

Date: 07/21/2020

Time: 9:00am-12:00pm

Presenter: Ashley

Ice Breaker: 420

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: 08/18/2020

Icebreaker: Ripple River

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: Denise Pierce

Date: 8-18-20

MH Training: Bipolar Disorder

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

Reminds me of my son's girlfriend and my daughter (at times)
Some days are better than others, and until the problem has a name you don't understand what is wrong with you and not knowing that there is help can make your life miserable.

DD Diagnosis: Tourette Syndrome

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

Wish it had more information, I understood it, and I thought it was sad that people need to stop being jerks to those to have a disability, not everyone is born the same and those with a disability have more sense than ~~those~~ someone who doesn't have a disability.

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

8-25-20 10AP Joe went into the bathroom right after staff got there, he does this every morning, he has been tippy when he gets up to walk, so staff will walk with him so he doesn't fall, when he leaves his chair he starts to get loud, no matter where he goes, and when he gets back to his chair he is quiet. Staff took him for a ride, he likes seeing tractors, trucks, any big vehicles on the road, other wise he just sit there and enjoys the ride. Some times when staff takes him outside to sit he wants to sit in the van, he likes it in there and so does another HM who is home with him. This Covid 19 has been tough on him and his HM's, but staff does anything to keep him going and it seems to help. D. Pierce 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?

When my dad called me to tell me that he fell back wards and cut his head, and had to go to the hospital, for stitches I was starting to have an Anxiety attack because he got hurt, then to find out he might have gotten the Covid-19, then I started feeling fearful of losing my dad, at the end, I might have over-reacted but he was OK and is still here 😊

5. Why are only "authorized" visitors allowed in the group home? To provide for the safety and security of employees, clients, also helps ensure security, decreases insurance liability

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.

- Have a menu made for each meal and snack, make each meal as shown on the menu
- eat at certain times and stick to those meal times
- enjoy the meal in front of you, with out eating so fast that you don't taste the flavor of the meal



Denise P

Aitkin Staff Meeting Agenda

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

Date: 08/18/2020

Time: 9:00am-12:00pm

Presenter: Ashley

Ice Breaker: Ripple River

Milestone Anniversaries:

Welcome to new and returned staff:

Next Meeting: 09/15/2020

Icebreaker: 537

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: Denise P

Date: 8-27-20

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

1. List two examples of Moral Injury:

a: Having to make decisions that affect the survival of others

b: Experiencing betrayal by trusted others

2. During pandemics, some health care workers may feel like they must Choose between caring for infectious patients and keeping their families safe.

3. Feelings resulting from morally injurious experiences can include guilt, Shame, or distress.

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

a: Overworking

b: Overeating

5. Self-care for moral injury should include seeking out others 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:

~~I should have been more aware of their internal self-talk~~
That must have been incredibly hard. I can't imagine how I would feel in that situation.

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,

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? Maybe

If so, what are their initials? DT, JW

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. Counter where you prep air food
 - b. Bath room sink area

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. Live in a Tree
2. Live in an RV for a year
3. ~~Live~~ Always be 20 minutes Early

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 216
Program Coordinator: Bonita Novotny Date: 9/10/20

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Brandy (brandy@orhvw.com) before the 1st of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)
Joe – 3/31 – half off bed, and tangled in blanket, abrasion on both feet, and elbow had scratches. 6/27 – hit MH on top of head. 7/18 – fell in living room, abrasion on top of head. 8/30 – fell in bathroom, abrasion middle of back.
Michele – 4/5: fell outside, no injury. 6/27 – hit on top of head by JW.
TJ – 7/20: hit by a person from another home, no injury.
3. **Safety Concerns:**
 - Drills: quarterly need Fire and Storm (due the 15th in Feb, May, Aug, Nov)
Designated place to go in event of fire- 510
 - Discussion of last fire drill led by staff : tornado drill 6/16 (Megan and Denise), fire drill 6/11 (Bonita)
 - Next drill fire or storm schedule for no date set yet DSP N/A
4. **House Goal or Challenge: (this may change as often as necessary)**
Volunteering
5. **House meetings for clients :**
Topic:
January: N/A March: N/A May: N/A July: N/A September: N/A November:
February: N/A April: N/A June: N/A August: N/A October: December: no meeting
6. **Review IAPP and Client Profile of one client.**
Name: N/A
Issues: N/A

II. Old Business

III. New Business

1. Any questions/concerns.
2. Cleaning of the house, and initialing the cleaning list.
3. Goals have to be done as much as stated, and all goal sheets need filled out every day – there should be no blank spaces on them.
4. Night staff – beds need to be completely made including bedspreads on them, and curtains all open, closets/drawers shut.
5. Clients cannot be getting out of bed prior to 5am.

V. DISCUSSION OF CLIENTS:

1. Michele:
2. Dan: Don't leave his wheelchair by him. New recliner, keep his feet elevated.
3. Joe: Everyone needs to be consistent with him. He needs shaved every day by the day shift.
4. TJ: Has to be downstairs by 9pm every night, and not back up until 630am and during these times, his phone has to be upstairs. He also cannot leave the house with his phone/tablet. He will be eating upstairs – watch his portions sizes. He can make his coffee downstairs. Watch him with Kool Aid; he will take quite a bit to work with him; remind him of only a small amount per day. He does smoke and can go out back door to do so, but needs to not go outside after 10pm or before 6am. He can be upstairs but if he gets mean, bossing people, tries bullying people like telling them how to do things, what they can or can't do, acting like a staff, listening to others conversation's or getting into conversation that do not pertain to him, etc. tell him what he is doing wrong, and then redirect him downstairs. Likes to play music loud, if you can hear it upstairs tell him to turn it down. If he wants to cook the meal for the house, he can but you need to watch him, he likes to over spice food or combines everything together like putting the vegetables in with the main dish. He can invite friends over but when his girlfriend comes over, they have to be upstairs, and if the client from 537 comes over they need to stay upstairs if no camera/speaker is downstairs and then if there is, be listening to them downstairs; those two do not always get along. He cannot be in the community alone, and other clients cannot be left in the van for more then a couple a minutes so if just one staff on, and have clients in van, you cannot take him to the store to buy things, just to the gas station so only takes a couple minutes. He cannot help with cares with the other clients (feeding, dressing, transferring, getting in and out of van, etc.)

Signature of those in attendance:

Denise Pierre 1hr.

September 2020 Staff Meeting Questions

Name: Denise Puerre

Date: 9-29-20

Watch TI Video.

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

- a. How what we do and feel effect our clients and visversa how they & feel when we come in and how their mood and attitude effects us.
- b. How to handle certain situation's w/ our clients, each one is different, so you have to handle each one differently.

Read EUMR Policy.

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

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

- a. Chemical restraint
- b. Mechanical restraint
- c. Manual restraint
- d. Time Out
- e. Seclusion
- f. Aversive procedure / Deprivation procedure

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

- a. ~~Person~~ designed coordinator

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

- a. 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. ~~if~~ conversational sessions events into logical order
- b. ~~Sharing~~ clears up misconceptions
- c. ~~examining~~ acknowledges the accomplishments

9. List 4 symptoms of critical incident stress:

- a. Restlessness
- b. Moodiness
- c. Sleep Disturbances
- d. Difficulties Concentrating

10. List 2 incidents that may require a debriefing:

- a. Death of a consumer
- b. Being involved in a bad car accident

Denise P.



Aitkin - 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: 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

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@orhvw.com)

Hour 3- House Meeting:

October 2020 Staff Meeting Questions

Name: Denise P 216 Date: 10-27-20

Read DBT for Borderline Personality Disorder.

1. It is estimated that one to 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. Fear of Abandonment
 - b. Unstable, Dramatic Interpersonal Relationships
 - c. Identity Disturbance
 - 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

Read What is Myotonic Dystrophy.

6. What is Myotonic Dystrophy? it 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. Surgery
 - d. Gallbladder removal
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-Harrassment 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, often done anonymously.
13. When multiple perpetrators engage in the act of cyberbullying, it's called Mobbing. The act is sometimes associated with the workplace, 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? Michele
T J, Dan

16. List the components of proper dress for winter weather: Hat, Gloves or Mittens
Warm Coat, Boots, long Johns, Scarf, Snowpants

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 behavioral health provider

24. Was it difficult to find one word that describes who you are? yes

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 woman

I am middle-class

I am a person with a disability

I am American

I am strong person

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

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

29. Which statements are most and least important to you? middle class / person w/ a disability

30. How has your culture identity shifted over time? I've learned in the past 10 yrs. that I'm a stronger person, and that having a disability doesn't stop me, it makes me want to push on

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. Intersectionality 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:

- a. Treating everyone the same without acknowledging their unique
- b. Ignoring differences between you and your client

humility 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:

- c. A continuous process of self-reflection examining one's biases
- d. Acknowledging one's limitations

36. Which term refers to the way we see the world and make meaning of things?

- a. Ethos
- b. Culture
- c. Social identity
- d. 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?

- a. Ignore Alex's socioeconomic status since it's probably not relevant to their treatment
- b. Try to understand Alex's transgender identity, rural upbringing, and SES together
- c. Focus on Alex's gender identity because it is the issue that brings Alex to therapy
- d. 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?

- a. Learn more about how the client understands their condition
- b. Take additional time to provide the client with information on their condition
- c. Have an open conversation with the client about a variety of treatment options
- d. 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?

- a. It helps providers address clients' unique needs
- b. It helps make the therapeutic relationship more friendly
- c. It makes treatment go faster
- d. It helps clients understand the provider's worldview

41. Which of the following actions best characterizes cultural humility?

- a. Acknowledging that the provider's beliefs don't matter much
- b. Prioritizing the client's values and worldview
- c. Realizing that a provider should trust their instincts
- d. 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?

- a. Interact with her new clients in the same way she would interact with anyone else
- b. Focus conversations with her new clients on their religious identity

Denise P.
@216



Aitkin 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:

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@orhvwcom)

Hour 3- House Meeting:

November 2020 Staff Meeting Questions

Name: Denise

Date: 11-17-20

Read Body Integrity Identity Disorder

1. List 3 things you learned

- In 1977 was a case where 2 people wanted to cut off their healthy limbs.
- later on people had the desire for amputation, and it wasn't only sexually-oriented, due to several, nonsexual reasons
- Robert Smith was the first surgeon in the world to perform amputations on healthy people

Read What Is Posttraumatic Stress Disorder

- 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.
- Symptoms of PTSD fall into four categories. List them
 - Intrusion
 - Avoidance
 - Alterations in cognition and mood
 - Alterations in Arousal and reactivity
- 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.
- Many individuals develop symptoms within three months of the trauma, but symptoms may appear later and often persist for months and sometimes years.
- List 4 treatment options for PTSD
 - Cognitive Processing Therapy
 - Prolonged Exposure Therapy
 - Stress Inoculation Therapy
 - Group Therapy

Read Facts About Down Syndrome

- Down syndrome is a genetic condition that causes delays in physical and intellectual development. It occurs in 1 in every 792 live births.
- Individuals with Down syndrome have 47 chromosomes instead of the usual 46.
True or False
- List 3 types of challenges that a person with Down Syndrome may experience
 - have mild to moderate impairments
 - have congenital heart defects
 - have a higher incidence of infection, respiratory, vision & hearing Problem

Read Active Treatment and Active Support vs Active Treatment

- Describe what Active Treatment means to you Being there for the clients showing them new things, teaching them how to behave out in the community, enjoy life, the outdoors, and indoor activities with others.

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

- a. Functioning & Belonging: Purpose & Acquisition of behaviors, Helps people to be part of a community
- b. Involvement & Engagement: Results / needs and receives Continuous supervision, No Matter how much a person results in creat
- c. Instructor & Coach & Mentor; Teaches staff what to do. Teaches staff what to do & to make decisions that give people a life

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. The risk of fall is worse for women then it is for men
- b. To Avoid getting Covid-19 wash your hands and stay home, and use 60% of hand sanitizer
- c. Taking Deep breaths, Exercise regularly, get plenty of rest, try to eat healthy

15. List 3 things you do personally to stay healthy

- a. Take my vitamins
- b. wash my hands
- c. avoid people who are sick

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

- a. Having them walk around the house
- b. get them to do leg lifts and stretching in their chairs
- c. going for a short walk.

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. They color pictures, we recycle cans & Box's, feed the squirrels and birds.

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	Denise Perie	Year	2019
Location	216	Position	DSP
Date of Employment	9-3-19	Inservice Hours Required	30

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		Staff & House Meeting P-C/Positive Support-Technology and independence (.5) VARPP, Service Recipient Rights, CSSP Competencies, MH-Major Depressive Disorder (.5)		3	
Feb		Staff & House Meeting P-C/Positive Support-Share Talents/Strengths (.5) MH-Suicide Intervention (1)		3	
March		Staff & House Meeting IPP Competencies, MH-Delusional Disorder (.5)		3	
April		Staff & House Meeting BIPP & Psych Med Competency, MH-Psychotropic Meds & Side Effects (1)		3	
May		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		3	
June		Staff & House Meeting P-C/Positive Support-Quality of Life (.5) CSSP-A Competencies, MH-Recovery from MI, Community Resources (1)		3	
July		Staff & House Meeting IAPP Competencies, Adaptive Equipment Competency, MH-Substance/Medication-Induced Psychotic Disorder (.5)		3	
Aug		Staff & House Meeting PAPP Competency, MH-Co-occurring SA & HC (1)		3	
Sept	17	Therapeutic Intervention P-C/Positive Support	Ashley	3	DP
Oct	25	Staff & House Meeting P-C/Positive Support-Cultural Competency, Harassment, Medicare Fraud MH-Catatonic Disorder, Treatment Options/EBP (.75)	Makeup packet	3	DP
Nov	19	Staff & House Meeting MH-Factitious Disorder, PTSD (.75)	Mary	3	DP

Required Trainings

Date	Inservice Topic	Presenter	Hours	Compete
9-17-19	9-10-19	First Aid	Verlan	
✓	9-25-19	CPR	ORH nurse	↑
✓	9-25-19	Medication Administration	ORH nurse	7

Vulnerable Adult Review/Vulnerable Adult Policies and Procedures (VARPP)

Date: 9-3-19	Online VA Training
--------------	--------------------

Consumer IAPP Competencies

Date	Consumer Initials	Date	Consumer Initials
9-10-19	CW	9-6-19	DW
✓	DT	✓	mt
✓	JW	✓	

Consumer ISP/CSSP and CSSP Addendum Competencies

Date	Consumer Initials	Date	Consumer Initials
9-10-19	CW	9-6-19	DW
✓	DT	✓	MH
✓	JW		

Other Training

Attach back up Documentation

Month	Date	Training	Hours	Initials
Sept	8, 9, 10, 16	Orientation office	13.5 hrs.	BW
Sept	5, 9, 10, 16	Orientation 216	30 hrs.	BW

Total hours for 2019 (page 1 and 2 combined)	59.5
---	------



Aitkin Staff Meeting Agenda

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

Date: 9/17/19

Time: 9:00am - 12:00pm

Presenter: Ashley

Snacks/Drinks: Hwy 12 **Icebreaker:** 510 *Thank you!*

Milestone Anniversaries:

Welcome to new staff: Mary DeShane- Float PC, Melissa Tevik- 510, Tonya Ryappy- 510/casual, Denise Pierce-216, Deb Gullickson- Hwy 12, Amanda Dickhausen- Ripple River

Next Meeting: October 15th, 2019 **Snacks/Drinks:** 420 **Icebreaker:** 195

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.

'A 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:

I. INDIVIDUAL HOUSE STAFF MEETING **HOUSE: 216**
Program Coordinator: Bonita Novotny **Date: 9/17/19**

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Brandy (brandy@orhvw.com) before the 1st of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)
Joe: 8/17 – fell getting off toilet, abrasion on elbow/head, bruises on side and head.
Dan: 8/17 – did not receive vitamin. 9/12 – scratch noticed on head.
Michele: 8/17 – did not receive Valium. 9/3 – bruise developed where blood drawn.
Chris: 8/20 – did not receive all am meds. 9/1 – cut self at work on thumb.
Donna: 8/17 – fell at work, cut on nose, rug burn on forehead, bruising on side, redness on knees and face.
3. **Safety Concerns:**
 - Drills: quarterly need Fire and Storm (due the 15th in Feb, May, Aug, Nov)
Designated place to go in event of fire- 510
 - Discussion of last fire drill led by staff – N/A
 - Next drill fire or storm schedule for no date set yet DSP N/A
4. **House Goal or Challenge: (this may change as often as necessary)**
- Volunteering
5. **House meetings for clients :**
Topic:
January: N/A March: N/A May: N/A July: N/A September: November:
February: N/A April: N/A June: N/A August: N/A October: December: no meeting
6. **Review IAPP and Client Profile of one client.**
Name: N/A
Issues: N/A

II. Old Business

1. Cleaning of house – not getting done or done poorly. Go over cleaning list, has to be done as much as stated. Not performing shift responsibilities will result in coaching note or disciplinary.
2. All razors have to be cleaned after each use.
3. TV usage for staff – TV should only be on for clients to watch (which none of them are big TV watchers so this shouldn't be much) or can be put on during sleep time if want to watch TV instead of sleep. Staff are not paid to watch TV.

III. New Business

1. PC – new position
2. Client Discussion

V. DISCUSSION OF CLIENTS:

1. Michele:
2. Donna: *tikes long sleeves*
3. Chris:
4. Dan:
5. Joe:

Signature of those in attendance:



Aitkin Staff Meeting Agenda

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

Date: 10/15/19

Time: 9:00am - 12:00pm

Presenter: Ashley

Snacks/Drinks: 420 **Icebreaker:** 195 *Thank you!*

Milestone Anniversaries: 5 Years: Angela Swengel – PC Float

Welcome to new and returned staff: Andrew Sundquist – Hwy 47, Bobbi Hoglund – 510, Kyle Yezek – Hwy 47, Lauren Edmonds – Hwy 47

Next Meeting: November 19th, 2019 **Snacks/Drinks:** Ripple River **Icebreaker:** Hwy 47

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: Medication Incident Reports

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:

I. INDIVIDUAL HOUSE STAFF MEETING **HOUSE:** 216
Program Coordinator: Bonita Novotny **Date:** 10/15/19

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Brandy (brandy@orhvw.com) before the 1st of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)
Chris: 9/1 – at work received scrape on thumb.
Dan: 9/12 – scratch noticed on forehead.
Michele: - 9/3 – bruise developed where blood drawn.
3. **Safety Concerns:**
 - Drills: quarterly need Fire and Storm (due the 15th in Feb, May, Aug, Nov)
Designated place to go in event of fire- 510
 - Discussion of last fire drill led by staff – N/A
 - Next drill fire or storm schedule for no date set yet DSP N/A
4. **House Goal or Challenge: (this may change as often as necessary)**
 - Volunteering
5. **House meetings for clients :**
Topic:
January: N/A March:N/A May: N/A July: N/A September: N/A November:
February: N/A April:N/A June:N/A August: N/A October: December: no meeting
6. **Review IAPP and Client Profile of one client.**
Name: N/A
Issues: N/A

II. Old Business

III. New Business

1. Time works program – can't check in to early or to late after shift. If you are late for your shift, you can't stay later to make up that time. You cannot check out until staff relieving you has checked in.
2. Write down your shift routine.
3. Worksheets on documentation (progress notes, activity calendars, outcomes)
4. MARS – have to use paperclip system, have to check over the med sheets to make sure you signed everything. Have to do the buddy check and actually look over all the med sheets. If give a standing order med, have to write it on the prn med sheets, if give one of their prns, have to document it on their prn sheet, and for any prn or standing order meds given, have to document you gave it in the progress records.
5. Licensing Oct. 22nd – house has to be cleaned well.

V. DISCUSSION OF CLIENTS:

1. Michele:

2. Donna:

3. Chris:

4. Dan:

5. Joe:

Signature of those in attendance:

Written: 3/88
Revised: 9/89
Revised: 1/91
Revised: 1/6/98
Revised: 1/00
Revised: 1/08

Oakridge Homes/Woodview Residential Services

Mandatory Inservice and Staff Meeting Policy

Employees are responsible for attending Mandatory Inservices and Staff Meetings which may include topics presented such as: Vulnerable Adults Training, Emergency Policies and Procedures, Dietary, OT, PT, Speech and Dental Training, CPR, First Aid, Therapeutic Intervention and others designated mandatory by the Administrator.

An "Excused Absence" is missing this Inservice and/or Staff Meeting due to conflicts with school, sickness, family emergencies, other employment and vacation. Employee must call in advance for an excused absence to the Administrator/Program Coordinator.

A missed Mandatory Inservice and/or Staff Meeting (with an excused or unexcused absence) must be made up as soon as materials are available. The staff person must listen to the tape if available or receive equal education. Failure to do so may result in disciplinary action. An unexcused absence of any Mandatory Inservice or Staff Meeting may result in a Coaching Note put in the Employee's Personnel File or possible Disciplinary Action.

A certificate of attendance should be presented to the Administrator/Program Coordinator for the comparable inservice time when received. It is the employee's responsibility to document inservices attended and completed on their Inservice List.

I, Denise Pierce, missed 10-15-19 inservice because
NAME DATE
at home with other clients

I didn't call my supervisor in advance, as required.
I made up the Inservice and/or Staff Meeting missed by
makeup packet

Denise Pierce
Employee

10-25-19
Date

B. Novolny
Program Coordinator

10-25-19
Date

October 2019 Staff Meeting Makeup

Name: Deoise Pison

Date: 10-29-19

1. Watch *Catatonic Schizophrenia* 10:24

What is your reaction to the video? Seeing the 3 men sitting there they were the same but also different with how the Dr. asked them questions about, How they were, if they had there lunch, lifting there arm's, walking in circle's they were focused on him and his voice, even though they weren't very talkitive they responded to what he asked them to do.

2. Mental Health issues affect hundreds of millions of people around the globe; according to the World Health Organization, some 300 million suffer from depression, and another 260 million grapple with anxiety disorders.

3. While researchers haven't developed any breakthrough mental health drugs in nearly Three decades, new technological innovations are helping some patients connect with a therapist, get diagnosed, track moods, manage or mitigate symptoms, and stick to treatments.

4. There are smart phone apps that can be used for people with mental health diagnoses.

True or False

5. List 4 things an app can help with:

a. anxiety

b. schizophrenia

c. depression

d. PTSD

6. List 3 benefits of mental health apps:

a. Convenience

b. anonymity

c. low price

7. What are your thoughts on one-to-one therapy through video or text? it can be a good thing if you don't have a way to get to your appointment, but the down side is it's not private and other people can listen to your problems so it has it's good point's and it's bad point's.

8. Virtual Reality Treatments are being used for diagnoses such as PTSD True or False

9. You can "check if you're clinically depressed" by answering a questionnaire on Google.

True or False

10. Catatonia is a neuropsychiatric condition that affects both behavior and motor function, and results in unresponsiveness in someone who otherwise appears to be awake.

11. What are the 3 types of catatonia:

- Catonia
- Schizophrenia, Catatonia disorder
- Learned helplessness unspecified Catatonia

12. List 4 diagnostic symptoms for catatonia:

- Psychotic disorders
- Mood disorders
- general Medical conditions
- Catatonic syndrome

13. What are the 3 causes of catatonia:

- brain disorders
- Severe Vitamin B12 deficiency
- infections

14. What are the 3 possible ways to treat catatonia:

- antidepressants
- Brain stimulation therapy
- supplemental nutrients

Read Spina Bifida: Ciarlo's Story

15. Spina bifida is a birth defect in which the spinal column doesn't close completely during development, leaving the spinal cord and surrounding nerves exposed through a hole in the back. The exposure to amniotic fluid in the womb causes progressive damage to the spine which can lead to a variety of issues.

16. List 4 health issues that can be caused by spina bifida:

- bladder and bowel problems
- Club Feet
- Paralysis
- Weakness or loss of feeling

17. There are both prenatal and postnatal surgery options for spina bifida. True or False

18. Less than 24 hours after Ciarlo was born, pediatric neurosurgeons performed the delicate surgery to close the hole in his spine.

19. Hydrocephalus is an accumulation of fluid in the brain.

20. Watch Ciarlos Spina Bifida Story Look at Him Now 3:53

What is your reaction to the video? He has amazing parents, and that little guy is a true fighter, he will prove to people that he can do what ever he puts his mind to that he will never give up and is always up for a challenge.

21. Watch Sally Kohn: What we can do about the culture of hate 17:39

What is your reaction to the video? Very empowering, Her message was and had a lot of truth behind what she was saying it brought back bad memories of when I was Bullied, she brings up a lot of good points about how people treat each other, the rich would treat the poor or middle class differently which is very hurtful

Read the Cultural Competency PowerPoint presentation

22. List 4 things that are included in culture:

- Values Culture
- traditions race
- norms Commonalities
- customs differences

23. Culture includes the shared values, traditions, norms, customs, religion, arts, history, folklore, language and/or institutions of a specific group of people.

24. General terms used to indicates that a person not only has an awareness of the nuances of one's own culture as well as those of other cultures, but also that he or she does not assign a negative or positive value to the differences within, between, and among cultures; accepts cultural differences non-judgmentally.

25. What is the general term used to indicate that a person is conscious of the similarities and differences within, between, and among cultures? Cultural Sensitivity

26. List 3 reasons to justify the need for cultural competence within the health care system:

- diverse belief systems exist
- Culture influences
- individual preferences

27. What are 5 barriers to achieving cultural competency?

- Language
- Non-verbal communication
- Stereotyping
- Racism
- Ethnocentrism

28. To be open and learn from others challenges us to be open and learn from others, to reserve judgment, to have an attitude and behavior that invite new perspectives on an ongoing basis, and to bridge the cultural divide between our perspectives.

29. What are the 4 Key Cultural Humility Skills?

- Active listening
- Reflecting
- Reserving judgment
- Enter their world

30. Continuous engagement in self-reflection; bringing into check power imbalances; and mutual respect, partnership, and advocacy (with community providers and the individuals we serve) are what Connecting Cultural Competence.

31. Cultural Competence + Cultural Humility = Cultural Responsiveness

32. Watch *Become an Upstander to Bullying* 1:39

What is your reaction to the video? There should be more people standing up and stop the bullying. it would show people that there is still others who care

Read stopbullying.gov fact sheet

33. What are the 4 different roles of a bystander when it comes to bullying?

- Outsiders
- Defenders
- Reinforcers
- Assistants

34. What are the 4 reasons bystanders do not intervene?

- Fear of retaliation and being bullied
- Fear of losing their social status
- They are not friends with the target
- ~~idea~~ whether they perceive someone to be right or wrong

35. What are 2 reasons why bystanders DO intervene?

- are friends with the target of bullying
- view the target of bullying as innocent

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

36. List each of your clients and whether or not they can go to work when it's -20 or below

- Joe - ~~stay~~ stay home
- Dan - Go to work / stay home
- Michele - Go to work / stay home
- Donna - Go to work / stay home
- Chris - Go to work /

37. What is considered proper dress for the weather? Person's should wear several layers of clothing, as well as protection against dampness and wind

ANNUAL DIRECT SUPPORT PROFESSIONAL EVALUATION

Employee's Name: Denise Pierce

Location: 216

Evaluation: 2021

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.

COMPETENCIES**PC**

- | | |
|--|-----|
| 1. Does the employee make good use of their time at work? | Yes |
| 2. Does the employee use the timeclock punch system as expected? | Yes |
| 3. Does the employee have any tardiness or attendance concerns? | No |
| 4. If a staff meeting was missed, was the makeup packet completed in a timely manner? | Yes |
| 5. When completing documentation, incidents reports and behavior reports, is it objective, does it provide a clear picture of the event and does it document goal progress accurately? | NI |
| 6. When using (client or house) money, employee consistently counts it at the beginning and end of their shift? | Yes |
| 7. Does the employee understand each IAPP for each person served and able to locate them in the homes? | Yes |
| 8. Does employee listen to the clients about their concerns? | Yes |
| 9. Does employee stay informed by reading the communication log, new goal or behavior changes? | Yes |
| 10. Does the employee seem to understand the difference between punishment and consequences? | Yes |
| 11. Is the employee careful about confidentiality such as which information can and cannot be released to others? | Yes |
| 12. Does the employee work within the scope of the Vulnerable Adult Act? | Yes |
| 13. Does the employee understand how to teach the client to be independent and provide effective training? | Yes |
| 14. Does the employee respond the same to each client without showing favoritism? | Yes |
| 15. Does the employee know the client's rights and advocate for them? | Yes |
| 16. Does the employee show competency in de-escalation techniques? | Yes |
| 17. Does the employee show competency in person centeredness? | Yes |
| 18. Does the employee complete the responsibilities expected of the shifts they work? | Yes |
| 19. Does the employee know, understand and support ORH policies and procedures? | Yes |
| 20. 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 |
| 21. Is the employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc? | Yes |
| 22. Are there concerns with medication passing? | No |
| 23. Are there any concerns relating to safety, property or use of vehicles? | No |
| 24. 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? | |

Overall Supervisor Comments:

You do a great job with the clients and they all seem to like you. You keep me informed, and you do what you can to help me out. You have come to work not feeling well, and when you have had to miss your shift for some reason you have always found your own replacement. You are great about picking up extra shifts and coming in at last moment when needed which is greatly appreciated. You always complete the beginning shift duties and let your co-workers know if they have missed them. You always read the communication log, and also write in it when needed. When documenting, make sure you do not put other people's names in someone else's progress notes or incident reports. Also make sure everything is getting documented well. You are great about getting the clients out in the community and doing activities in the home with them. If the clients

don't want to do anything, you find other staff to do. I can trust you to train in new staff correctly. You do well using the time clock punch system and picking up shifts for me and requesting time off using it. Any makeup stuff meeting packets you have had to do, you get done as soon as you can and like to do them. I am glad you are part of my team, you have helped me out tremendously when I am not always able to be there much.

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

- 1. Does the employee enjoy their position and being a part of the house team? Why or why not?
Yes - enjoy being here & get away from home, like working with people.
- 2. What does the employee feel are their top 2 strengths?
keeping it together when someone gets hurt.
- 3. What does the employee feel is an area that could use improvement? (goal for coming year)
Being informative to other staff.
- 4. What would you as an employee like to learn more about in your job?
finding new activities for the people to do.
- 5. Does the employee have any suggestions as to how to make the house run more efficiently?
everyone (staff) doing all supposed.
- 6. Is there an area the employee feels has not been addressed?
nothing

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: Denise Pierce Date: 12-13-21

Supervisor's Signature: Denita McIntyre Date: 12-13-21

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

ANNUAL DIRECT SUPPORT PROFESSIONAL EVALUATION

Employee's Name: Denise Pierce

Location: 216

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:

You make sure everything gets done during your shift that you need to get done. The few meetings that we have had this year, you have participated. You have done all of your makeup packets in a timely manner. You are good about remembering to punch in and out; the only issue that you have with the timeclock system is for some days you have several punches for ins/outs like it will show you punched in several times at say 7am. You have no attendance concerns and you have picked up tons of open shifts which I cannot thank you enough for.

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? | Yes |

Supervisor Comments:

Make sure when something happens that you write well in the progress notes. Make sure goals are being done as much as they are stated; if someone has to do a goal daily, weekly, etc. that is what is has to be done; you can't document not ran them. They either do the goal as it states or it is a refusal for that day unless they are sick or not in the home.

Financial

PC

- | | |
|--|-----|
| 1. When using (client or house) money, are there any concerns such as obtaining receipts, shopping assistance, budgets or house charges? | No |
| 2. When using (client or house) money, employee consistently counts it at the beginning and end of their shift? | Yes |

Supervisor Comments:

You do very well with the money and counting of it. You even try to make it as easy as possible keeping receipts separate so the other staff do not have to figure it out such as when the people use house money versus a bank card.

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:

You do great with the people. Even when they don't want actively participate in an activity, you passively do by playing music for them or reading a book to them. You have completed all the competencies in a timely fashion. You listen to the people, and even with the nonverbal people you know what they need. You always read the communication log.

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:

You get all your responsibilities done during your shift, and even sometimes complete other stuff that is not your responsibility. You are a hard worker and good role model for everyone. You did a great job this year of keeping the yard and house looking great.

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

1. Does the employee enjoy their position and being a part of the house team? Why or why not?

Yes - people are fun & makes job interesting,

2. What does the employee feel are their top 2 strengths?

Organized & active

3. What does the employee feel is an area that could use improvement? (goal for coming year)

Surprise dinners

4. What would you as an employee like to learn more about in your job?

help out more with paperwork

5. 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: Denise Pierce Date: 12-30-20

Supervisor's Signature: Bonita Nowak Date: 12-30-20

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

90 DAY DIRECT SUPPORT PROFESSIONAL EVALUATION

Employee's Name: Denise Pierce

Location: 216

Evaluation Date: 12/1/2019

STEPS for the 90 Day Review Process

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

INSTRUCTIONS for completing the 90 Day Evaluation Form:

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

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

Time and Attendance		PC	HR
1. Has the employee been trained on time and attendance expectations?	Yes		
2. Does the employee show up for work and is ready to begin the shift on time?	Yes		
3. Does the employee make good use of their time at work?	NI		
4. Does the employee arrive at meetings and in-services on time?	Yes		
5. Does the employee complete their time card and time analysis on time and accurately?	Yes		
6. How many times has the employee been tardy in the last 90 days?	2		<input type="checkbox"/>
7. If tardies, did the employee provide notice for the tardies?	Yes		
<u>Dates</u> <u>Reason Given</u>			
12/09/19 vehicle problems			
12/10/19 vehicle problems			
8. How many times has the employee been absent in the last 90 days?	0		
9. Did employee follow replacement policy when a shift was missed?	NA		
10. Did employee give proper notice when shift was missed?	NA		

Client Related Issues PC HR

- | | | |
|---|-----|--|
| 1. Does employee know what is in each client's IAPP? | Yes | |
| 2. Does employee provide the client with effective training? | Yes | |
| 3. Does employee understand how to teach the client to be independent? | Yes | |
| 4. Does employee respond the same to each client without showing favoritism? | Yes | |
| 5. Is employee flexible in response to different clients and situations? | Yes | |
| 6. Does employee know the client's rights, and advocate for them? | Yes | |
| 7. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.? | NI | |
| 8. Employee accepts and offers compliments, criticism, and suggestions. | Yes | |
| 9. Does the employee engage the clients and get them out in the community? | Yes | |

Supervisor Comments:

No problems here except you need to stay busy while working. There have been times when you have sat around instead of finding stuff to do. If you have all your shift responsibilities done and the client you are home alone with doesn't want to do anything, pull out the cleaning list and clean.

Client Related Issues Summary

General PC HR

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

Supervisor Comments:

Make sure if you get stuff out during your shift, you put the stuff back. Make sure counters and table get washed off after eating, and dishes get put away ASAP after meals and snack times. Don't leave dishes drying in the dish drain for the next shift. You have been great about letting me know things what we need or that needs attention.

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?
taking care of clients
2. What would you as an employee like to learn more about in your job?
Paperwork
3. How could we use your talents and experience better?
Crafty - like to do art activities
4. How can your supervisor help you in any of the areas discussed?
give me hints, let know what doing wrong.

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

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

Employee Signature: Denise Pierce Date: 2-18-20

Supervisor's Signature: Bonita Norbury Date: 2-18-20

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

<u>Dates</u>	<u>Reason Given</u>	<u>Excused/Unexcused</u>
		Select

Supervisor Comments:

Not only have you not been absent at all, you have picked up many open shifts, and most of those shifts have put you work 14 hours a day. For the time works program, make sure the GPS is always set; it is showing again that the GPS is not working on the program.

Time and Attendance Summary

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

Supervisor Comments:

Make sure everything that happens gets documented in the progress records; there are things the person downstairs has done that you have forgotten or missed to document on. Make sure goals are being charted on correctly, and leave space for the afternoon shift to chart on some of the goals or if you don't do them during the day shift, leave the space empty so the next shift does them.

Documentation Summary

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

Supervisor Comments:

There is no problems with financial. You do well here.

Financial Summary

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

Supervisor Comments:

You do fine here for the most part. Just make sure you treat all of the clients like adults.

Knowledge Summary