

Name: Marjorie Ludwig

Date of Hire 3/25/19 Date of first supervised direct contact 3/29/19  
 Date of first unsupervised direct contact \_\_\_\_\_  
 Date initial NET Study Sent 3/25/19 Date initial NET study cleared \_\_\_\_\_

STAFF CHECK LIST	2018	2019	2020	2021
Copy of initial NET study sheet in front pocket of personnel book		✓	✓	✓
Number of in-service hours required		30	30	30
Number of in-service hours completed		37	33	33
<b>Employee Handbook:</b> Sign and Date Acknowledgement Page (only needed at orientation and any year in which a new Handbook is issued)		3/25/19	2/18/20	✓
*Date attended mandatories or completed make-up		8/16/19	11/18/20	6/2/21
*Date attended TI or make-up packet		11/19/19	9/30/20	10/20/21
*VA Online certificate		3/25/19	6/25/20	1/26/21
*VARPP reviewed twice annually	1. 2.	1. 3/25/19 2. 8/18/19	1. 2/18/20 2. 11/18/20	1. 1/26/21 2. 6/2/21
Evaluation (date completed)		1/23/20	12/29/20	12/16/21
Medication Administration certificate in book (stays in book)				
Medication Admin Observation and Competency in book (stays in book)		4/5/19	✓	✓
<b>CPR</b> Training Date _____ Annual Review date _____		9/17/19	COND	3/16/21
CPR training certificate or copy of CPR card in book if applicable		NA	NA	NA
<b>First Aid</b> Competency in book _____ Annual review date _____		9/17/19	COND	3/16/21
First Aid training certificate or copy of first aid card in book if applicable		NA	NA	NA
<b>Person Supported Competencies</b>				
List Consumer Initials and the Date Completed (Includes IPP/BIPP, CSSP-A, CSSP & IAPP-SMA)	1.	1. LB 3/26/19	1. WA 1/31/20	1. WA 1/26/21
	2.	2. AM 3/26/19	2. TC 1/23/20	2. MC 7/28/21
	3.	3. CR 3/26/19	3. AM 1/23/20	3. AB 1/26/21
	4.	4. DN 3/26/19	4. CR 1/23/20	4. CR 1/26/21
	5.	5. EJ 3/26/19	5. JB 8/12/20	5. JB 1/26/21

MR  
10/16/21

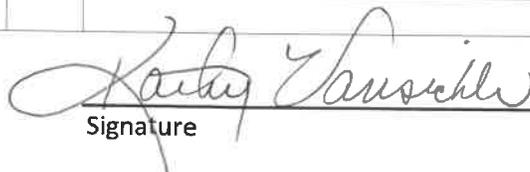
DLi 4/15/19  
 DT 8/3/19  
 JW 8/3/19  
 CW 3/21/19  
 EJ 8/3/19  
 TC 10/30/19  
 MH 8/3/19  
 DP 4/15/19  
 MR 4/15/19  
 AB 10/28/20  
 LV 6/2/21

STAFF CHECK LIST	2018	2019	2020	2021
Orientation checklist completed. "Completed" means all areas dated and initialed by trainer and staff		✓	✓	✓
Back page of orientation checklist completely filled out (all hours of training documented and all areas signed by trainer and staff)		✓	✓	✓
Adaptive Equipment completed		9/10/19	8/12/20	6/17/21
PAPP Competency		8/23/19	9/2/20	8/18/21
Inservices Attended sheet completed and all back up materials included.		✓	✓	✓

Employee: Marjorie Ludwig  
 Location: 537 + 420

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

<b>Front Pocket</b>	
<input checked="" type="checkbox"/>	C Net Study Confirmation Sheet
<input checked="" type="checkbox"/>	O Net Study Results fr DHS
<b>Front Section</b>	
<input checked="" type="checkbox"/>	O Staff Checklist (Colmns by Yr.)
<b>Personnel Policies</b>	
<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)
<b>Competencies</b>	
<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 Rprtng
<input checked="" type="checkbox"/>	O Diversity
	O PAPP / House Guidelines
	O Client Competencies
<b>Job Related</b>	
<input checked="" type="checkbox"/>	O Work Schedule Sheet
<input checked="" type="checkbox"/>	O Job Description - Signed
<b>VARPP</b>	
<input checked="" type="checkbox"/>	O VARPP online Certification
<b>Professional Growth</b>	
<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
<b>Back Pocket</b>	

  
 Signature

3.26.19  
 Date

O = Original C = Copy

Name: Marjorie Ludwig

Date of Hire 3.25.19 Date of first supervised direct contact \_\_\_\_\_  
 Date of first unsupervised direct contact \_\_\_\_\_  
 Date initial NET Study Sent 3.25.19 Date initial NET study cleared \_\_\_\_\_

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		37.75			
<b>Employee Handbook:</b>					
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		8-18-19			
*Date attended TI or make-up packet		11-19-19			
*VA Online certificate		✓			
*VARPP reviewed twice annually	1. 2.	1.3-25-19 2.8-8-19	1. 2.	1. 2.	1. 2.
Evaluation (date completed)					
Medication Administration certificate in book (stays in book)					
Medication Admin Observation and Competency in book (stays in book)					
<b>CPR</b>					
Training Date _____ Annual Review date _____			← 9-17-19		
CPR training certificate or copy of CPR card in book if applicable					
<b>First Aid</b>					
Competency in book _____ Annual review date _____			← 9-17-19		
First Aid training certificate or copy of first aid card in book if applicable					
<b>Consumer's IPP</b>					
List Consumer Initials and the Date Read	1.	1. <u>CF-AM</u> <u>3-27-19</u>	1.	1.	1.
	2.	2. <u>LB</u>	2.	2.	2.
	3.	3. <u>DN</u>	3.	3.	3.
	4.	4. <u>ES</u>	4.	4.	4.
	5.	5. <u>TI</u> <u>10-30-19</u> <u>VED</u>	5.	5.	5.
Copy of IPP competency in book					

STAFF CHECK LIST	2018	2019	2020	2021	2022
Orientation checklist completed. "Completed" means all areas dated and initialed by trainer and staff		YD			
Back page of orientation checklist completely filled out (all hours of training documented and all areas signed by trainer and staff)		↓			
Adaptive Equipment completed		2-27-19			
<b>PAPP Competency</b>		3-29-19			
Inservices Attended sheet completed and all back up materials included.		YD			

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

→ 1. Marjorie Luckwy 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 Mayra Judy DATE 3-25-19



## **Background Study Notice**

Background Study No: 1834549

March 25, 2019

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

Marjorie Ludwig  
406 Riverdale Drive  
Aitkin, MN 56431

## **BACKGROUND STUDY CLEARANCE**

### **What is this notice?**

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

### **What information does the entity receive?**

The entity will receive a copy of this notice.

### **What if I move?**

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

### **What should I do with this notice?**

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

### **What if I want more information?**

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

### **What if I have questions?**

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



Your last visit was Mon 03/25/2019 09:54 AM CDT

## Confirmation

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

Confirmation Number **DHSMN2001059857**

### Payment Details

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

**Payment Amount** \$20.00

**Payment Date** 03/25/2019

**Status** PROCESSED

### Payment Method

**Payer Name** Janis Young

**Card Number** \*0087

**Card Type** Visa

**Approval Code** 025281

**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

*Majoin Ludwig*

DATE 2-18-20

**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

*Maryon Ludy*

DATE

*3-25-19*

Version 2018

## Oakridge Homes / Woodview Support Services

### Orientation Checklist

Employee Name: Marjorie Ludwig

Location: 537-420

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
<b>*1. New hire paperwork</b>				
A. Welcome folder		3.25.19	(K)	ML
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"> <li>• Copy of valid degree and transcript</li> <li>• Current professional license, certificate or registration</li> <li>• Documentation of continuing education credits completed for professional licensure.</li> </ul>		N/A		
<b>**2. Vulnerable Adult Training</b> <span style="float: right;">75 minutes</span>				
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. <i>Fill out Proof of Competency Worksheet</i>	VARPP	3.25.19	(K)	ML
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). <i>Fill out Proof of Competency Worksheet.</i>	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) <i>Fill out PAPP Proof of Competency Worksheet</i>	PAPP (at Office)	3-29-19	↓	↓
F. Service Recipient Rights. <i>Fill out Proof of Competency Worksheet</i>	VARPP	3.25.19	(K)	ML
<b>*3. Job Description and Scope of Services</b>				
A. Read through Job Description Ask, get questions answered on specifics not understood	Job Description	3.25.19	(K)	ML
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	3.26.19	(K)	ML
C. A healthy diet (according to data from USDA Dietary Guidelines). Skills necessary to prepare a healthy diet. <i>Fill out Proof of Competency Worksheet</i>	Video	↓	↓	↓

Item	Source	Date Completed	Initials	
			Trainer	Staff
<b>*4. First Aid</b>				
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	3.26.19	(12)	ML
<b>**5. IAPP-SMA, CSSP, CSSP Addendums and IPP</b> <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>				
Person: Cecelia Randall	IAPP	3.27.19	BP	ML
Person: Lila Busha				
Person: Alex Maunt				
Person: Derek Nelson				
Person:				
B. Coordinated Service and Support Plan (CSSP) and CSSP Addendum <i>Fill out Proof of Competency for each Person</i>				
Person: Cecelia Randall	CSSP & CSSP-A	3-27-19	BP	ML
Person: Lila Busha				
Person: Alex Maunt				
Person: Derek Nelson		3-27-19	BP	ML
Person:				
C. Individual Program Plan (IPP) <i>Fill out Proof of Competency for each Person</i>				
Person: Cecelia Randall	IPP	3.27.19	BP	ML
Person: Lila Busha				
Person: Alex Maunt				
Person: Derek Nelson				
Person:				
<b>**6. Therapeutic Intervention, Psychotropic Meds</b>				
For DD Homes Only (Homes not requiring MH Certification Orientation)	A. Therapeutic Intervention DVD (de-escalation techniques and their value included) 60 min.	Video	3.25.19	(K) ML
	B. BIPP/Treatment Plan Packet along with Psychotropic Medications Side Effects	BIPP (at House)		ML
	C. Prohibited Procedures <i>Read and Sign</i> 5 min.	VARPP	3.25.19	(R) ML
	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		
	G. Site Specific Last Page of Emergency and Reporting Policy and Procedures	Emergency & Reporting	↓	↓

Item	Source	Date Completed	Initials		
			Trainer	Staff	
<b>*7. Mental Health Certification (7 hours total)</b>					
<b>MI Homes Only</b>	A. Mental Health Diagnoses (PP Handout and Worksheet) 1 hr.	MI Book	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			
<b>**8. Person Centered Planning 60 min.</b>					
A. Person-Centered Planning and Service Delivery Requirements (Handout & worksheet)	Charting	3.25.19	(R)	ML	
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	↓	↓	↓	
<b>9. Employee Handbook</b>					
A. Read each Policy and Procedure in Employee Handbook	Handbook	3.25.19	(R)	ML	
B. Table of Contents - Sign and Date Acknowledgement Page - Sign and Date	Handbook	↓	↓	↓	
<b>10. Confidentiality</b>					
A. Confidentiality (DVD and worksheet)	Video	3.26.19	(R)	ML	
<b>11. Bloodborne Pathogens</b>					
A. Bloodborne Pathogens in a Home Care Setting (DVD and worksheet)	Video	3.26.19	(R)	ML	
<b>12. Following Safety Practices</b>					
A. Plan to Get Out Alive (DVD and worksheet)	Video	3.26.19	(R)	ML	
<b>13. Documentation</b>					
A. Oakridge Charting Guidelines and Competency Worksheet	Charting	3.25.19	(R)	ML	
<b>14. Active Treatment</b>					
A. Handout (Read)	Charting	3.25.19	(R)	ML	

Item	Source	Date Completed	Initials	
			Trainer	Staff
<b>15. Other Mandatory Orientation / Inservice</b>				
A. Medicare Advantage and Part D Fraud, Waste and Abuse Compliance	Medicare	3-25-19	(K)	ML
B. OSHA	OSHA	↓	↓	↓
1. AWAIR Act				
2. Right to Know				
3. Worksheet on Right to Know				
C. Worker's Compensation Packet	Work Comp	↓	↓	↓
<b>16. Safety, History and Rules</b>				
A. Safety Guidelines - Handout What You Can Do to Prevent Falls - Handout	Charting	3-25-19	(K)	ML
B. Rules and Regulations - Handout	Program Policies	↓	↓	↓
1. 245D				
2. Community Residential Setting (CRS)				
3. Fire Codes				
4. Case Management (monitoring)		↓	↓	↓
<b>17. Home Site-Specific Orientation</b>				
A. Building		3-27-19	BP	ML
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)		3-27-19	BP	ML
10. Washer(s) and Dryer(s)				
11. Cleaning Supplies and Storage				
12. Appliances (include extra freezer if applicable)		3-27-19	BP	ML
13. Sprinkler System				
14. Fire Extinguishers / Fire Plan / Exits				
15. Smoke Detectors / Use and Location		3-27-19	BP	ML
16. Carbon Monoxide Detectors (For gas/propane heating systems)		1	1	1
17. Water Shut-Off Valve				
18. Location of First Aid Kit (in both house and van)		3-27-19	BP	ML
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		3-27-19	BP	ML
1. Ledger Card / Receipts / Hand Written Receipts		4-9-19	BP	ML
2. Bank Accounts - Deposits and Withdrawals		3-27-19	BP	ML
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				
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		3-27-19	BF	ML
1. Appointments				
2. Medications				
3. Health Needs Report				
E. Misc. Client Protocols - Clothing (labeling, mending, laundry)		8-9-19	BF	ML
F. Maintenance		9-9-19	BF	ML
1. Who to call				
2. Maintenance Form				
G. Food Protocols		3-27-19	BF	ML
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		3-27-19	BF	ML
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		4-9-19	BF	ML
9. How to receive and send a fax/scan				
10. How to use the copier				
11. Who answers?		3-27-19	BF	ML
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)		3-27-19	BF	ML
5. Functioning as a team				
6. Change of Address / Name / Telephone Number				
L. Day Programming		3-27-19	BF	ML
**M. Other topics as determined necessary in the person's CSSP (i.e., FAS, diabetes, seizure disorder, etc.) _____ min.				
1. Cecelia Randall - diabetes		3-27-19	BF	ML
2.				
3.				
4.				
N. Read Memo Book - Discuss questions with PC (Sign and date all memos)		3-27-19	BF	ML
O. Read Adaptive Equipment Book - Site specific (Sign and date)		3-27-19	BF	ML

PC Does This

Item	Source	Date Completed	Initials	
			Trainer	Staff
<b>18. Consumer Books</b>		120 min.		
1. Activity Calendar		4-9-19	BP	ML
2. Daily Schedules		8-27-19	BP	ML
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				
<b>19. Van</b>				
1. Wheelchair Lift / Tie-downs DVD (if applicable)		10-15-19	BP	ML
2. Demonstrate use lift and tie-downs to PC				
3. Gas / Mileage				
4. No smoking, eating, drinking or use of cell phones				
<b>20. Medication Administration</b>				
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)				
1. First Aid Review				
2. CPR Certification				
3. Universal Precautions and Sanitary Practices				
B. Written Test				
C. Skills Assessment (site-specific)				
D. Safe and Correct Operation of Medical Equipment				
<i>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!</i>				
<b>21. Proof of Competency</b>				
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:				
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, Data Privacy, Admission Criteria)	Program Policies	11-4-19	BP	ML
<b>22. Community-Based Services only:</b>				
1. Mileage Reimbursement		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.**

Orientation Day 3/25/19 7  
 Date Hours  
3/26/19 6 3/4  
 Date Hours  
 Supervised in home - 3/27/19 8  
 Date Hours  
 \_\_\_\_\_  
 Date Hours  
4-9-19 8  
 Date Hours

Manonie Judy  
 Employee Signature  
Manonie Judy  
 Employee Signature  
M. Judy  
 Employee Signature  
 \_\_\_\_\_  
 Employee Signature  
 \_\_\_\_\_  
 Employee Signature

Kathy Vansickle  
 Trainer Signature  
Kathy Vansickle  
 Trainer Signature  
[Signature] FPC  
 Trainer Signature  
 \_\_\_\_\_  
 Trainer Signature  
[Signature] FPC  
 Trainer Signature

Client Books 3-27-19 \_\_\_\_\_  
 Date Hours  
 \_\_\_\_\_  
 Date Hours

\_\_\_\_\_  
 Employee Signature  
 \_\_\_\_\_  
 Employee Signature  
 \_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Trainer Signature  
 \_\_\_\_\_  
 Trainer Signature

Supervised Direct Contact at the House 3-29-19 8  
 Date Hours  
4-9-19 8  
 Date Hours

Manonie Judy  
 Employee Signature  
Manonie Judy  
 Employee Signature

[Signature]  
 Trainer Signature  
[Signature] FPC  
 Trainer Signature

Date of First Unsupervised Direct Contact \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Trainer Signature

Med Administration (if applicable) \_\_\_\_\_  
 Date Hours

\_\_\_\_\_  
 Trainer or PC Signature

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

Orientation Requirements	
Date of Hire	<u>3.25.19</u>
Date of Expected Completion	<u>5.23.19</u>
Total Hours of Orientation Needed	<u>30</u>

Actual Orientation Completed	
Total Hours	<u>37.75</u>
Date Orientation Completed By	<u>4-9-19?</u>

**I verify that the above training has been provided to me. I understand my responsibilities on the implementation of the above training.**

My Judy  
 Employee Signature (upon completion)

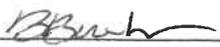
4-9-19  
 Date

# MEDICATION ADMIN OBSERVATION CHECKLIST

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

House: 537 Staff Name: Marjorie Ludwig      3pm Date 4/5      3pm Date 4/5      3pm Date 4/6

	Consumer Initials					
<b>DID THE STAFF???</b>	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 ( <i>medication administration record</i> )?	✓		✓		✓	
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? <b>First Check</b>	✓		✓		✓	
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? <b>Second Check</b>	✓		✓		✓	
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 <b>first initial</b> 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? <b>Third Check</b>	✓		✓		✓	
11. Follow any special instructions, ie: crush, shake well, take pulse or blood pressure first.						
12. Pour any liquids at eye level.						
13. Ask the consumer to come to the staff to receive their medications <b>Speak to the consumer and use their name before administering their medications?</b>	✓		✓		✓	
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. <b>Document your last initial</b> for all consumers' medications given <b>as soon as the medications are taken?</b>	✓		✓		✓	
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. <b>After complete of the med pass, check that all medications were given and initials are in the signature box.</b>	✓		✓		✓	

Signature of Supervisor: 

# MEDICATION ADMIN OBSERVATION CHECKLIST

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

4-9-19

House: 537

Staff Name: Marjorie

Date      Date      Date

4p      5p      8p  
LB      CR      CR

	Consumer Initials					
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 ( <i>medication administration record</i> )?	✓		✓			
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? <b>First Check</b>	✓		✓		✓	
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? <b>Second Check</b>	✓		✓		✓	
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?	<hr/>					
9. After medication is put into med cup, place your <b>first initial</b> 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? <b>Third Check</b>	✓		✓		✓	
11. Follow any special instructions, ie: crush, shake well, take pulse or blood pressure first.	✓ <i>in bed</i>		✓ <i>with bed</i>		✓ <i>in bed</i>	
12. Pour any liquids at eye level.	<hr/>					
13. Ask the consumer to come to the staff to receive their medications <b>Speak to the consumer and use their name before administering their medications?</b>	✓		✓		✓	
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. <b>Document your last initial</b> for all consumers' medications given <b>as soon as the medications are taken?</b>	✓		✓		✓	
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	<hr/>					
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:  FR

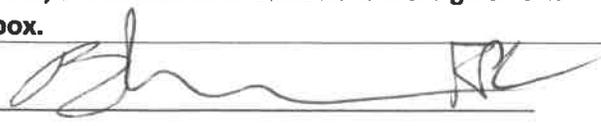
# MEDICATION ADMIN OBSERVATION CHECKLIST

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

House: 537 Staff Name: Marjorie

Date 4-9-19  
Date 8p Date 11p

	Consumer Initials					
	AM	LB	Y	N	Y	N
<b>DID THE STAFF???</b>						
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 ( <i>medication administration record</i> )?	✓	✓				
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? <b>First Check</b>	✓	✓				
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? <b>Second Check</b>	✓	✓				
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 <b>first initial</b> 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? <b>Third Check</b>	✓	✓				
11. Follow any special instructions, ie: crush, shake well, take pulse or blood pressure first.	—	✓ <i>in blood eyelets</i>				
12. Pour any liquids at eye level.	—	—				
13. Ask the consumer to come to the staff to receive their medications <b>Speak to the consumer and use their name before administering their medications?</b>	✓	✓				
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. <b>Document your last initial</b> for all consumers' medications given <b>as soon as the medications are taken?</b>	✓	✓				
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. <b>After complete of the med pass, check that all medications were given and initials are in the signature box.</b>	✓	✓				

Signature of Supervisor: 

**Work Schedule hired for**

**DOH: 3/25/19**

**Name: Marjorie Ludwig - PT30 - 537, 420**

2 week rotation start dates: March 29, April 12, 26, etc.

**Phone: 218-251-6436**

	Fri	Sat	Sun	Mon	Tues	Wed	Thurs
<b>Week #1</b>	6			12		8	4
<b># of Hours</b>	5p - 11p 537			9a - 9p 420		3p - 11p 537	3p - 7p 420
<b>Week #2</b>	6	4			8		8
<b># of Hours</b>	5p - 11p 537	5p - 9p 537	3p - 9p		3p - 11p 537		3p - 11p 537

Work Location(s):

**537**  
537 6th Ave SE, Aitkin, Aitkin 218-927-4629

**420**  
420 1st Street NW, Aitkin 218-927-6187  
PC: Polly Pratt 218-927-6141

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

**Med Class:**

**Wednesday, April 3rd 9am - 4:30pm**

**Location: Brainerd Office - 1021 Industrial Park Road 218-829-7599**

**LUNCH Break:** You will be given 30 minutes for lunch so please bring a lunch with you

- our lunchroom has a fridge and microwave that you can use

- you may help yourself to coffee, filtered water and ice in the lunchroom

Please remember to clean up after yourself should you use the lunch room.

There is a pop machine in the garage with various types of pop - cost is \$1 per item.

**Orientation at Brainerd office:**

Monday, March 25: 9a - 4p with Kathy

Tuesday, March 26: 9a - 4p with Kathy

**Orientation Schedule at 537 & 420:**

**Wednesday, March 27: 3p - 11p @ 537 (w/BF)**

**Thursday, March 28th: 3p - 7p @ 420**

Begin regular schedule on Friday, March 29th (Week #1)

**Mandatory Monthly Staff Meetings:**

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

Where: First United Methodist Church (104 2nd Street SW)

Fingerprinting/Photo:

**Marjorie Ludwig - PT30 - 537, 420**

# Oakridge Homes- Woodview Support Services

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## 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.

Magjorie Ludwig  
Employee Signature

4-20-21  
Date

Magjorie Ludwig  
Employee Printed Name

537  
Work Location

# Oakridge Homes- Woodview Support Services

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## 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.

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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.

Marjorie Ludwig  
Employee Signature  
Marjorie Ludwig  
Employee Printed Name

3-25-19  
Date  
537  
Work Location

**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.**

Marjorie Ludwig  
Employee Signature

3-25-19  
Date

Marjorie Ludwig  
Employee Printed Name

# PROOF OF COMPETENCY



## Adaptive Equipment Review

Name: Marjorie Ludwig Work Location: 537

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 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"/> Adaptive Utensils                          |
| <input 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 type="checkbox"/> Incontinence Products                      |
| <input type="checkbox"/> Braces (arm, leg, back)           | <input checked="" 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>Compression wraps</u> |
| <input type="checkbox"/> Oxygen Tank                       | <input checked="" type="checkbox"/> Other: <u>weighted vest</u>     |
| <input type="checkbox"/> Oxygen Concentrator               | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> Helmet                            | <input type="checkbox"/> Other: _____                               |

Signature: Marjorie Ludwig

Date: 6-17-21

## Warren Annear's Compression Wraps

1. Put on the white liner up on his thigh area extending down past the knee a little. Then put on the black sock to just under the knee and a little bit over the white liner. Make sure the sock is all the way up and not bunched up anywhere on his lower leg.
2. Then put on the calf wrap – it is the longer of the two wraps. With the stretch panel in front, slide the wrap over the foot and pull up to just below the knee. (the garment tag will be at the back and facing out on top). Starting with the straps nearest the ankle, pull the straps over to the sides and pull them to the accutabs that are attached in between the 20 and 30 mark for compression, making sure there is minimal strap overlap and no gaps between straps. Continue all the way up with the straps and press the Velcro ends firmly onto the sides of the garment.
3. Then put on the knee wrap. It is the wrap that has three straps and a circle on it for the knee. Find where his knee cap is and put the circle for the knee on it, and hold the wrap in place and pull the straps to each side so it is comfortable but some compression (the garment tab will be facing out on top and be in back.)
4. Then put on the thigh wrap. With the stretch panel in front, slide the garment over the foot and pull it up the leg into the thigh area (the garment tag will be at the back and facing out on top). Get the garment up as high as you can on the thigh. Beginning with the straps nearest the knee work your way up pulling the straps to the sides and pull them to the accutabs that are attached in between the 20 and 30 mark for compression, making sure there is minimal strap overlap and no gaps between straps. Make sure to press the Velcro ends firmly onto the sides of the garment.
5. Then put on the belt around his waist that has a hip attachment. Pull the end of the hip attachment down towards the knee and attach it to the thigh garment to hold it in place.
6. When taking the wraps off, start with the belt and unattach the hip attachment and belt and wrap the Velcro back onto itself to prevent the Velcro sticking everywhere. Then undo the straps on the thigh and wrap the Velcro back onto itself and pull the thigh wrap down over the foot and take off. Then take off the knee wrap and wrap the Velcro back onto itself. Then take off the calf garment by undoing the straps and wrapping the Velcro back onto itself, and pull over the foot. Then take off the sock and liner.
7. Put the sock and liner in the wash. Two socks and liners came with each leg so only have to wash every other day if not enough laundry to wash the first day.
8. If the wraps need washed due to being dirty or smelly, make sure the Velcro straps are closed and put in a mesh laundry bag, and wash on gentle cycle. Do not use bleach or fabric softener. Tumble dry on low heat setting if needed – air drying is recommended if they will be dry by the time needed again.

el have been trained how to put on his wraps -

Bonita Novotny 11-24-20  
Amie Foster 11-24-20

adwmp 11-25-20 M. Sady 11-25-20  
Jessie Thompson 11-25-20

# PROOF OF COMPETENCY



## Adaptive Equipment Review

Name: Marjorie Ludwig Work Location: 537

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"/> Adaptive Utensils       |
| <input 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 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: Marjorie Ludwig

Date: 8-12-20

# Proof of Competency



## Adaptive Equipment Review

Name: Marjorie Ludwig Work Location: 537

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

Signature: Marjorie Ludwig

Date: 9-10-19

# Proof of Competency



## Adaptive Equipment Review

Name: Marjorie Ludwig Work Location: 537

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

- |   |  |
|---|--|
| <input type="checkbox"/> Glasses Initial _____ Date _____                           | <input type="checkbox"/> AFO Initial _____ Date _____  |
| <input type="checkbox"/> Contacts Initial _____ Date _____                          | <input type="checkbox"/> Splints Initial _____ Date _____  |
| <input type="checkbox"/> Dentures/ Oral Prosthetics Initial _____ Date _____        | <input checked="" type="checkbox"/> Shower Chair Initial _____ Date _____                                  |
| <input type="checkbox"/> Walker Initial _____ Date _____                            | <input type="checkbox"/> Nebulizer Initial _____ Date _____  |
| <input type="checkbox"/> Cane Initial _____ Date _____                              | <input type="checkbox"/> Reclining Lift Chair Initial _____ Date _____                                     |
| <input type="checkbox"/> Hoyer Lift Initial _____ Date _____                        | <input type="checkbox"/> Stander Initial _____ Date _____  |
| <input type="checkbox"/> C-PAP Initial _____ Date _____                             | <input type="checkbox"/> VNS Device Initial _____ Date _____   |
| <input type="checkbox"/> Epi-Pen Initial _____ Date _____                           | <input type="checkbox"/> G-Tube Initial _____ Date _____   |
| <input type="checkbox"/> Glucometer and Lancets Initial _____ Date _____            | <input type="checkbox"/> Inhaler Initial _____ Date _____  |
| <input checked="" type="checkbox"/> Wheelchair Initial _____ Date _____             | <input checked="" type="checkbox"/> Gait Bel. Initial _____ Date _____                                     |
| <input type="checkbox"/> Gait Trainer Initial _____ Date _____                      | <input type="checkbox"/> Oral Braces Initial _____ Date _____  |
| <input type="checkbox"/> Hearing Aid(s) Initial _____ Date _____                    | <input checked="" type="checkbox"/> Weighted Vest Initial _____ Date _____                                 |
| <input type="checkbox"/> Braces (arm, leg, back) Initial _____ Date _____           | <input checked="" type="checkbox"/> Incontinence Products Initial _____ Date _____                         |
| <input type="checkbox"/> Helmet Initial _____ Date _____                            | <input checked="" type="checkbox"/> Other: <u>Hospital Bed</u> Initial _____ Date _____                    |
| <input type="checkbox"/> Prosthetics Initial _____ Date _____                       | <input checked="" type="checkbox"/> Other: <u>Van lift + wheelchair tie-downs</u> Initial _____ Date _____ |
| <input type="checkbox"/> Oxygen Tank Initial _____ Date _____                       | <input checked="" type="checkbox"/> Other: <u>Stand up lift</u> Initial _____ Date _____                   |
| <input type="checkbox"/> Oxygen Concentrator Initial _____ Date _____               | <input type="checkbox"/> Other: _____ Initial _____ Date _____   |
| <input type="checkbox"/> TED Socks (compression stockings) Initial _____ Date _____ |  |

Signature: Marjorie Ludwig

Date: 3-27-19

**Annual Oakridge/Woodview First Aid and CPR Review**

Date: 0-3-16-21

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

Staff Orientated: Marjorie Ludwig  
Print clearly

ORH/Woodview Facility working at: 537

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.**

**Oakridge/Woodview First Aid and CPR Class**

Date: 9-17-19

Course Provider: Patty Bernstetter, RN-BC

Staff Orientated: Marjorie Ludwig  
*Print clearly*

ORH/Woodview Facility working at: 537

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 Jabrowski, PD

***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 Marjorie Ludwig Date 8-18-21

Program Location 537

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? Each client has their own room and house is staffed when clients are home unless stated in their IAPP

2. Describe the need for specialized programs of care for the persons the program plans to serve: None at this time

3. Describe the need for specific staff training to meet individual service needs: Therapeutic Intervention, Med training

4. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services: One client witnessed abuse but has not been a victim

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? 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? All

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? Trained in Therapeutic Intervention, deescalation, request techniques, negotiation and conflict resolution. Some client have psychotropic meds.

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

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: Police & medical care would take approx. 1 minute to arrive. Staff trained in first aid & CPR, first treatment of V.A.

Types of grounds and terrain: Trained to meet needs of clients needs and preference to ensure health and safety when outside

Signature

Manjori Indley



Competency on Program Abuse Prevention Plan (PAPP)

Name Marjorie L

Date 9-2-20

Program Location 537

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? Each Resident has their own room. Staff is on premises when clients are present

2. Describe the need for specialized programs of care for the persons the program plans to serve: None at current time

3. Describe the need for specific staff training to meet individual service needs: training in items required by Mn Statues, Chapter 245D

4. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services: One ~~const~~ client witnessed abuse but has not been a victim

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? 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? Yes, All

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 read and know IAPP, PAPP and BEPP for all individuals, staff is trained in DTI.

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

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? Staff is trained and know IAPP, PAPP and BEPP, first aid & CPR

The neighborhood and community: Police & medical care can arrive in approx. 1 min

Types of grounds and terrain: Staff are trained to meet each individual's needs, preferences and to ensure their health and safety when outside.

Signature

Margie Ludwig



**Competency on Program Abuse Prevention Plan (PAPP)**

Name Marjorie Ludwig Date 8-23-19  
Program Location 537

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? Each person has their own room. Staff is present when clients are home unless stated in IAPP. Staff trained in appropriate boundaries, VA.

2. Describe the need for specialized programs of care for the persons the program plans to serve: Currently no need for specialized programs of care

3. Describe the need for specific staff training to meet individual service needs: No additional training at this time.

4. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services: One client witnessed abuse, but was not a victim

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

7. What does ORH/WSS do to reduce the potential of abuse and/or harm to people related to the adaptive/maladaptive behaviors(s) of people receiving services? Staff learn Therapeutic intervention. Study IAPP, PAPP and BIAPP.

8. Are there any areas of the home that are difficult to supervise? Apartment downstairs. There is a monitor in living room.

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 know IAPP, PAPP + BIAPP  
Staff trained in CPR + first Aid and Maltreatment of VA.

Types of grounds and terrain: Large treed yard with slight slope towards river. Front yard is fairly flat. and wide concrete walk way to front door.

Signature

Majorie Sudey



Person Supported Competency

Person: Monica Randall Staff: Marjorie Ludwig
Location: 537 Date: 10-6-21

- 1. What outcomes/goals does the person have?
-Monica will increase her interpersonal behaviors.
-Monica will have the best possible physical health
-Monica will utilize her community
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? Pat Randall
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
6. Diagnoses: Profound MR, Diabetes type 2, Autism, Acne, Peripheral edema, Hysterectomy, Non Verbal, High Cholesterol, High Blood pressure, Chronic Constipation, Acid reflux
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? 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?
-Dresses inappropriately - refuses to eat. - inability to care for self help needs - engages in self injurious behaviors - Lack of self-preservation skills ignores personal 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

17. How does person like their services provided? in a calm manner by staff that know her

18. Does person have allergies? Yes or No. What are they? Ativan, Tropical Breeze Colgan, Ambien, Desogen, Anafranil and some off brand bubble baths

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? Pacing, tantrum, whining, biting

What is desired alternate behavior? handling stress productively

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

bubble bath, nail care, being outdoors, massage

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

-inability to identify potentially dangerous situations, -lack of community orientation skills -inappropriate interactions with others -inability to deal with verbally/physically abusive persons

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

23. What are person's medical needs? Med. administration, set up Dr appointments & travel to them

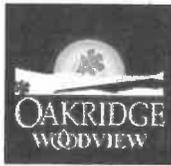
24. What are person's safety needs? House staffed at all times, help dress for weather, community supervision

25. What technology does person use? 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 Monica is quite content either relaxing in recliner or watching staff cook in the kitchen

M. Snelzig  
Staff Signature



### Person Supported Competency

Person: Melissa Conlon Staff: Marjorie Ludwig  
Location: 537 Date: 7-28-21

1. What outcomes/goals does the person have?  
-improve domestic skills by tidying room and "deep clean" weekly  
-improve cooking skills by looking up recipe + cooking 1 a week  
-Attend 2 Oakridge/Community activities a month  
-talk to staff about what she needs to do to go back to school

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Dubwey VO

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?  
risk of not knowing a potentially dangerous situation,  
Inability to be assertive

6. Diagnoses: TBI, Memory loss, Pure Hypercholesterolemia, PTSD,  
Polysubstance Dependence, Psychotic D, Generalized  
Anxiety disorder

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

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

9. Who administers person's medications? Staff

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

11. Has an integrated work place been explored for this person? Yes or No  
If yes, what were results? Not working at this time

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? Omsbudmen

14. Is person at risk for self abuse? Yes or No. If yes, what are the risks? Due to  
short term memory loss has potential to forget to take  
medication, take more than supposed to or administer  
wrong dose

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? doesn't understand most Financial matters on her own

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

18. Does person have allergies? Yes or No. What are they? Diphenhydramine, Ibuprofen, Latex, Natural Rubber, Metaxalone, Penicillin G, Prednisone

19. What county is the person from? Crow Wing

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Anxiety, mood swings, Evidence of Delusion  
What is desired alternate behavior? Feel confident + stay busy  
Do they have coping skills to utilize? Yes or No. What are they? Take a break in her room, talk with staff, lil time with staff

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? due to short term memory loss, may get lost and not be able to find her way back

22. Who is responsible for providing household reports and documentation to the county? Melissa with Assistance

23. What are person's medical needs? Medicine administration

24. What are person's safety needs? due to memory loss, it affects ability to take care of herself in all aspects of daily living

25. What technology does person use? Cellphone, TV

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 Melissa is a sweet lady that is forgetful and easily confused. She is a good artist, and socially sociable.

Majiri Siding  
Staff Signature



### Person Supported Competency

Person: Lana Vogel Staff: Marjorie Ludwig

Location: 537 Date: 6-2-21

1. What outcomes/goals does the person have?

1-Lana will increase her satisfaction of her personal life situation and learn life skills

2-Lana will increase her overall 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? Rebecca Veldman

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

Lack of understanding of sexuality

6. Diagnoses: Mild Mr, Vitamin Deficiency, Hypertension, Localization-related epilepsy & epileptic syndrome with complex partial seizures intractable without status epilepticus

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? Ort 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? - Dresses inappropriately - refuses to eat - inability to care for self help needs - Engages in self injurious behavior.

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? Prefers some one younger with similar interest and some one she can relate to

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

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? Talk to staff, listen to music

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

- inability to identify potentially dangerous situations.
- inappropriate interactions with others

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

23. What are person's medical needs? Med. administration, seizure history

24. What are person's safety needs? ensure weather appropriate clothes monitor for SEB.

25. What technology does person use? cell phone

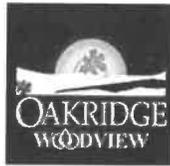
Can it be used for monitoring the person? Yes or No. If yes in what way? \_\_\_\_\_

Can contact when out in community or home alone

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

Lana is a sweet lady. She seems a little self insecure and doesn't want to upset people.

Majori Indwij  
Staff Signature



### Person Supported Competency

Person: Jasen Boykin Staff: Marjorie L.

Location: 537 Date: 1-26-21

1. What outcomes/goals does the person have?

1) Jasen will improve interpersonal skills. 2) Jasen will improve his independent living skills by following his daily routine. 3) Jasen will use his walker at all times 4) Jasen will improve his domestic skills

2. Documentation on goals is optional? True or False

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

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

Who? Juanita Richard

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

6. Diagnoses: Symptomatic Tonic Clonic Epilepsy, Cerebral Palsy, MR, Neurological problems

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? DSP

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

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? Omsbudman

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

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

16. Does this person have a risk of financial exploitation?  Yes or No. If yes, what risks? Has Juanita as Rep Payee

17. How does person like their services provided? Someone patient and kind. Someone who's a good cook, can be particular about the food he will eat

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

19. What county is the person from? Atkin

20. Does this person have a behavior plan?  Yes or No. If yes, what are the target behaviors? lying, swearing, non-compliance, yelling, throwing things  
What is desired alternate behavior? honesty, talking

Do they have coping skills to utilize?  Yes or No. What are they? Music, take a walk, quiet time in room, movie, 1:1 staff conversation, coloring

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

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

23. What are person's medical needs? medication administration, make/attend medical appointments, seizure observation

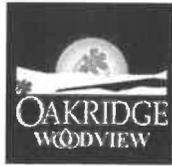
24. What are person's safety needs? Unsteady gait, seizures

25. What technology does person use? Cell phone, TV, DVD, Laptop

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 Jasen is an easy going guy that likes to joke around with staff and House mates.

Marjorie Sudwig  
Staff Signature



### Person Supported Competency

Person: Cecilia Randall Staff: Marjorie Cordwig

Location: S37 Date: 1-26-21

1. What outcomes/goals does the person have?
  - 1) Increase interpersonal Behaviors
  - 2) Participate in activities to increase foot circulation
  - 3) Improve communication skills by getting used to tablet
  
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? Pat Randall (mother) Mary Kusdel (sister)
5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?  
Non Verbal, will take off clothes on the way to bathroom
  
6. Diagnoses: Profound intellectual Disability, Low amount of myopia, Hypertonic gasvitis, Positive Mantoux, Chronic Constipation Depression, Schizoaffective disorder, Bipolar, Type 2 Diabetes
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? DPS
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? DTC
  
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? Biting, hitting self, dress inappropriate for weather, head banging
  
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? Has no concept of money

17. How does person like their services provided? Verbal prompts

18. Does person have allergies?  Yes or No. What are they? Bactrim, Noroxin, Niacin, Depakote, Risperdal

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? Physical aggression, screaming, STB

What is desired alternate behavior? When upset, relax to calm down

Do they have coping skills to utilize?  Yes or No. What are they? Bath, walk, aromatherapy, back rub, music, sit outside on deck.

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

Unable to identify potentially dangerous situations

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

23. What are person's medical needs? Medication administration, monitor blood sugar, make/attend appointments

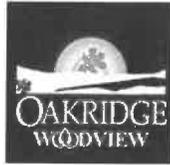
24. What are person's safety needs? Appropriate clothing for weather,

25. What technology does person use? Tablet

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 Cissy prefers to be in her room or in living room listening to music, very food motivated, but doesn't care for veggies.

Margie Indig  
Staff Signature



Person Supported Competency

Person: Warren Annear Staff: Marjorie Ludwig

Location: 537 Date: 1-26-21

- 1. What outcomes/goals does the person have?
1) enjoy calm & positive life 2) improve financial independence
3) maintain clean living space, 4) maintain good personal hygiene
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? self
5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?
6. Diagnoses: Morbid Obesity, Schizoaffective Disorder Bipolar, TBI, Cerebral Palsy, Hypertension, sleep apnea, hyperlipidemia
Anti social personality disorder, GERD, Hypoactive thyroid
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? DSP
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
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? Onsbudman
14. Is person at risk for self abuse? Yes or No. If yes, what are the risks? Needs supervision showering, leg wraps
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? Needs assistance paying bills, budgeting

17. How does person like their services provided? Written list but also needs verbal prompts

18. Does person have allergies? Yes or No. What are they? KeFlex, Nickel

19. What county is the person from? Atkin

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Verbal aggression, Physical aggression, Non Compliance  
What is desired alternate behavior? Utilize coping skills

Do they have coping skills to utilize? Yes or No. What are they? Stepping outside, go for walk, talk with staff, listen to music, work on computer

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

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

23. What are person's medical needs? Medication assistance, leg wraps

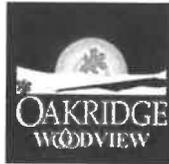
24. What are person's safety needs? Verbal prompts to dress appropriate for weather

25. What technology does person use? Laptop, Cell phone, TV

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 Warren is very friendly and caring. He loves books of all kinds. Very picky eater.

Maizoni Induj  
Staff Signature



### Person Supported Competency

Person: Anthony Bednar Staff: Majorie Ludwig  
Location: 537 Date: 1-26-21

1. What outcomes/goals does the person have?  
1) Work on spending money wisely. 2) increase coping skills & decrease obsessions 3) maintain best possible health
2. Documentation on goals is optional? True or False
3. Who is the person's case manager? Tara Jones
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?  
May not recognize sexual Abuse
6. Diagnoses: Paranoid Schizophrenia, Organic Personality Disorder, mild MR
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? DSP
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? PAI
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? Omsbudman
14. Is person at risk for self abuse? Yes or No. If yes, what are the risks? Not aware of surrounding; may dress inappropriate for weather
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? May not recognize financial mismanagement

17. How does person like their services provided? Staff that like & respect him. Present material visually and hands on. given time to process

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

19. What county is the person from? Crow Wing

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

What is desired alternate behavior? \_\_\_\_\_

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

Obsession, talk lil with staff, let it go, talk to brothers

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? May not identify physical abuse. Has history of Verbal aggression

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

23. What are person's medical needs? Medication administration  
make/attend medical appointments

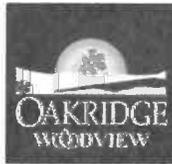
24. What are person's safety needs? risk of falling, mobility

25. What technology does person use? TV, typewriter

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 Anthony can be funny and pleasant, however, he can be sneaky and destructive to others thing.

Majorie Indry  
Staff Signature



### Person Supported Competency

Person: Anthony Bednar Staff: Marjorie Ludwig  
 Location: 537 Date: 10-28-20

1. What outcomes/goals does the person have?  
 - Spending money wisely  
 - decrease obsessive behavior  
 - maintain best health possible
2. Documentation on goals is optional? True or False
3. Who is the person's case manager? Tara Jones
4. Does the person have a guardian/legal representative? Yes or No  
 Who? \_\_\_\_\_
5. Does the person have any alone time in the home? Yes or No  
 If yes, how much? \_\_\_\_\_
6. Does the person have any alone time in the community? Yes or No  
 If yes, how much? \_\_\_\_\_
7. Does the person have a risk of sexual abuse? Yes or No. If yes, what risks?  
He may not recognize sexual abuse therefore not defend against it or report it.
8. Diagnoses: Schizophrenia, Paranoid type, Organic Personality disorder and mild me
9. Team meetings are held: Annually Semi-Annually Monthly As needed
10. Documentation is for Oakridge records, no one else will see this. True or False
11. Who administers the person's medications? staff
12. Oakridge opens and takes care of person's mail. True or False
13. Has an integrated work place been explored for this person? Yes or No  
 If yes, what were results? PAF
14. Does person need to be kept home from work if it is (-20)? Yes or No
15. Who made the (-20) rule/recommendation to follow? Ombudsman
16. Is person at risk for self abuse? Yes or No. If yes, what are the risks? Doesn't look before crossing street. Doesn't always wear weather appropriate clothing.

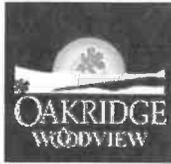
17. Does the person have any of their rights restricted?  Yes or No. If yes, what are they? Cell phone is locked in med. cabinet. He will have access when staff is available to sit with him to ensure he is not calling or texting a stranger
18. Does the person have a risk of financial exploitation?  Yes or No. If yes, what risks? May not recognize mismanagement of funds therefore may not report it
19. How does person like their services provided? From staff that like & respect him, responds best to visual and hands on
20. Does person have allergies? Yes or  No. What are they? \_\_\_\_\_
21. What county is the person from? Crow wing
22. Does the person have a behavior plan?  Yes or No. If yes, what are the target behaviors? Obsessive behaviors  
 What is desired alternate behavior? None stated  
 Do they have coping skills to utilize?  Yes or No. What are they? Write obsession down, talk to one staff, let it go, talk to brothers
23. Does the person have a risk of physical abuse?  Yes or No. If yes, what risks? May not recognize physical abuse and may not defend against it or report it
24. Who is responsible for providing household reports and documentation to the county? Tony
25. What are person's medical needs? Staff to monitor for illness or injury, ensure tony is taking correct medication
26. What are person's safety needs? Needs reminders to exercise and eat healthy
27. What technology does person use? TV, typewriter, Cellphone  
 Can it be used for monitoring the person? Yes or  No. If yes in what way? \_\_\_\_\_

Please list the things you think are most important when working with this person.

Be respectful, give Tony enough time to process directions

Majoni Sudwig

Staff Signature



### Person Supported Competency

Person: Jasen Boykin Staff: Marjorie Ludwig

Location: 537 Date: 8-12-20

1. What outcomes/goals does the person have?

None at this time

2. Documentation on goals is optional? True or False

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

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

Who? Juanita Richard

5. Does the person have any alone time in the home? Yes or No

If yes, how much? 1 hour has to called every 30 min. after 1hr up to 3hrs.

6. Does the person have any alone time in the community? Yes or No

If yes, how much? \_\_\_\_\_

7. Does the person have a risk of sexual abuse? Yes or No. If yes, what risks? \_\_\_\_\_

8. Diagnoses: Seizures, Tonic-Clonic Epilepsy, Cerebral Palsy  
MR Neurological problems

9. Team meetings are held: Annually Semi-Annually Monthly As needed

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

11. Who administers the person's medications? Staff

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

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

If yes, what were results? Works at DAC M-F 11:30-4

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

15. Who made the (-20) rule/recommendation to follow? Guardian

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

17. Does the person have any of their rights restricted? Yes or No. If yes, what are they? \_\_\_\_\_

18. Does the person have a risk of financial exploitation? Yes or No. If yes, what risks? inability to handle financial matters

19. How does person like their services provided? by friendly understanding staff

20. Does person have allergies? Yes or No. What are they? \_\_\_\_\_

21. What county is the person from? Aitkin

22. Does the 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? \_\_\_\_\_

23. Does the person have a risk of physical abuse? Yes or No. If yes, what risks? inability to identify potentially dangerous situations, lack of community orientation skills, inability to deal with verbally physically aggressive persons.

24. Who is responsible for providing household reports and documentation to the county? ORH/WSS

25. What are person's medical needs? Seizure monitoring, medication administration

26. What are person's safety needs? Seizure monitoring, gait/balance issues, has walker.

27. What technology does person use? TV, DVD player, cell phone

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

Cellphone for monitoring when home alone for more than an hour.

Please list the things you think are most important when working with this person.

Jasen likes to joke around with staff & Hm. He wants to be treated fairly. Jasen has a hard time saying "no" to peers because he doesn't want them to be mad at him

Majorie Ingh  
Staff Signature



### Person Supported Competency

Person: Warren Annear Staff: Marjorie Ludwig  
Location: 537 Date: 1-31-20

1. What outcomes/goals does the person have?  
Not stated at this time
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? self
5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?
6. Diagnoses: Does not state
7. Team meetings are held:  
Annually Semi-Annually Monthly As needed All of these
8. Documentation is for Oakridge records, no one else will see this. True or False
9. Who administers person's medications? self with supervision
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, -Refuses to eat - inability to care for self help needs - Neglects or refuses to take medication
15. Does this person have any of their rights restricted? Yes or No. If yes, what are they?

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

17. How does person like their services provided? prefers lists but will need verbal prompts from staff

18. Does person have allergies?  Yes or No. What are they? KePlex, Nickel

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? \_\_\_\_\_

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

23. What are person's medical needs? Medication supervision, appointments

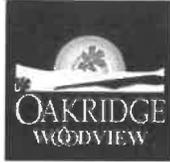
24. What are person's safety needs? Fall risk, Freezing temperature safety

25. What technology does person use? Not stated

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 Warren sounds like a pleasant person that is rather independent and only needs a little help here and there.

Marjorie Ludwig  
Staff Signature



### Person Supported Competency

Person: Theodore Clements Staff: Marjorie Ludwig

Location: 537 Date: 1-23-20

1. What outcomes/goals does the person have?
  - Improve interpersonal skills by having appropriate boundaries and interactions with those around him.
  - increase responsibility in household by assisting with dinner
  - increase financial independence by making a budget and following it.
  - decrease maladaptive behaviors.
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?
  - Lack of understanding of sexuality
  - likely to seek or cooperate in an abusive situation
6. Diagnoses: Intellectual Disability, ~~not~~ Other specified ADHD
7. Team meetings are held:
 

Annually Semi-Annually Monthly As needed All of these
8. Documentation is for Oakridge records, no one else will see this. True or False
9. Who administers person's medications? 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? \_\_\_\_\_
15. Does this person have any of their rights restricted? Yes or No. If yes, what are they?
  - No females in bedroom
  - No internet access on tablet and phone
  - No knives, box cutters, utility knives or pocket knives

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

17. How does person like their services provided? listen, offer suggestions

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

19. What county is the person from? Scott

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? playing music too loud, enticing others, inappropriate boundaries  
What is desired alternate behavior? use coping skills when upset

Do they have coping skills to utilize? Yes or No. What are they? Talk to staff, deep breathing, bike ride or walk, listen to music at appropriate volume

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

- inability to identify potentially dangerous situations

- Lack of community orientation skills

- inappropriate interactions with others.

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

23. What are person's medical needs? Assist setting up appointments  
attending appointments

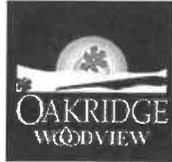
24. What are person's safety needs? Community supervision

25. What technology does person use? Cell phone tablet

Can it be used for monitoring the person? Yes or No. If yes in what way? Staff periodically check to ensure no internet usage and appropriate messages

After reading all identifying information about the person, please describe this person in your own words TJ is a friendly person. However he can push buttons of other clients causing them to have behaviors.

Manjori Sudwig  
Staff Signature



## Person Supported Competency

Person: Alexander Mount Staff: Marjorie Ludwig

Location: 537 Date: 1-23-20

1. What outcomes/goals does the person have?

- improve overall satisfaction in life by living a calmer more positive life
- improve independent living skills with cooking and meal preparation
- will improve independence with personal finances
- improve living skills by following a daily routine and household tasks.

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? Shirley Scharrer

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

6. Diagnoses: Unintractable Epilepsy, Hypercalcemia, Parathyroid Adenoma, Autism, TBI, ODD, Lactose Intolerance, insomnia, Disruptive Mood Dysregulation Disorder, Mixed Anxiety & Depressive Disorder, ADHD, PDD

7. Team meetings are held:

Annually Semi-Annually Monthly As needed All of these

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

9. Who administers person's medications? Staff

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

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

If yes, what were results? Working with job coach

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? On busman

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

- inability to care for self-help needs, -lacks self preservation skills -
- engages in self injurious behaviors

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

Community-alone time, time limitation of video games, no contact with ASTLS - JW

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

Lacks understanding of financial matters

17. How does person like their services provided? with patience, in detail, & calm.

18. Does person have allergies? Yes or No. What are they? Phenobarbital, Bactrim, Amoxicillin, Cemicetal, Sulfa

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? Verbal/physical Aggression, Property destruction, Non compliance  
What is desired alternate behavior? Utilize coping skills when upset, stressed  
Do they have coping skills to utilize? Yes or No. What are they? Step outside, talk to staff, call friend, listen to music, alone in bedroom

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks?  
- lack of community orientation skills, - 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? Cambridge staff

23. What are person's medical needs? medication administration.  
- making/attending appointments

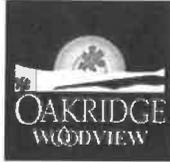
24. What are person's safety needs? Community survival skills; - water safety skills - Freezing temperature skills

25. What technology does person use? cellphone; Xbox 360, Playstation 3

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

After reading all identifying information about the person, please describe this person in your own words Alex is very much into video games and socializing with friends. He can be a little hard headed and very strong willed, but has a heart of gold.

Mayorie Sudary  
Staff Signature



### Person Supported Competency

Person: Cecilia Randall Staff: Marjorie Ludwig

Location: 537 Date: 1-23-20

1. What outcomes/goals does the person have?  
 - Cissy will become more independent in her daily life by applying lotion to her arms and legs.  
 - Cissy will participate in activities to improve circulation in her feet by walking an average of 20 minutes per day.

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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? Pat Randall (mother) Mary Kushell (sister)
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 - history of being abused
6. Diagnoses: Profound MR, Bipolar Affective Disorder, Hyperlipidemia, Hypertonic gastritis history, Positive mantoux, Non-verbal Constipation Diabetic
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? \_\_\_\_\_

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

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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? verbal cues, gestures, verbal praise

18. Does person have allergies? Yes or No. What are they? Bactrim, Niacin, Noroxin, Zisperdal

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? Reduce Maladaptive behaviors

What is desired alternate behavior? display socially acceptable behaviors

Do they have coping skills to utilize? Yes or No. What are they? walks, music, backrub, deep breathing

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

-inability to identify potentially dangerous situations -Lack of community orientation skills - verbally/physically abusive to others  
-inability to deal with verbally/physically aggressive persons

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

23. What are person's medical needs? medication administration, making appointments, attending appointments

24. What are person's safety needs? Staff presents, Assist in choosing weather appropriate clothing.

25. What technology does person use? None

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

After reading all identifying information about the person, please describe this person in your own words Cissy is non-verbal, but able to get her wants / needs across. Cissy like calm, quiet home area.

Majorie Sudewig  
Staff Signature

Oakridge Homes/Woodview Support Services

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

Staff Name Margorie Ludwig Staff Signature M<sup>8</sup> Date 3-26-19

Read and obtain information from the most recent Coordinated Service and Support Plan (CSSP) written by the case manager for each person served. If there is not a CSSP, please refer to the most recent Individual Service Plan (ISP) or Community Support Plan (CSP) written by the case manager.

Person Served: Lilah Bushney

Who is the case manager? Amber

What is important to the person being served?

music instead of TV; compliments, getting "dolled up" - prefers older staff

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

likes to be complimented,

What are this person's outcomes/goals?

1. will actively participate in cleanliness process
2. increase personal satisfaction of life
3. remain connected with faith + spirituality by doing religious activities
4. utilize coping skills + increase positive interpersonal behavior

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

Coordinate + make appointments, Attend Appointments, Act in emergency

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

Gives needed information to assist client

Person Served: Alex Mount

Who is the case manager? Jon Moen

What is important to the person being served?

consistency, boundaries, being explained why

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

needs consistency, boundaries, reason for why

What are this person's outcomes/goals?

1. improve life satisfaction by living a calmer life
2. improve independent skills by cooking meals 1 per week
3. will improve independence with financial understanding
4. improve independence by following routine + doing chores

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

make and attend appointments, update FOT + RN after appointments

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

gives information to assist client

Person Served: Cissy Randall

Who is the case manager? Julie Kinney

What is important to the person being served?

Food, Rocking to recliner, relaxing

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

Patience, Relaxation strategies, calm voices

What are this person's outcomes/goals?

1. participate in Activities to improve circulation to feet.
2. become more independent in ADL. Rubbing Lotion onto legs + Arms
3. increase interpersonal relationships & decrease maladaptive behaviors
4. \_\_\_\_\_

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

make, attend appointments, Alerting IDI + RN After Appointments

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

offers information to assist client

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Person Served: Derek Nolan

Who is the case manager? Jon Moen

What is important to the person being served?

family, goals, Job, living alone

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

Healthy communication, allow questions for understanding

What are this person's outcomes/goals?

1. make healthy menu, shopping list, shop & prepare meals
2. improve oral health
3. work on Budgeting skills
4. \_\_\_\_\_

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

aid in making & attend appointments, inform IDI + RN of appointments

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

gives information to assist client

Person Served: Eric Jeska

Who is the case manager? Jon Moen

What is important to the person being served?

Visits, 1:1 time, being independent

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

Empathy, Patience + Listening

What are this person's outcomes/goals?

1. Experience structure + boundaries by using white board
2. Increase organizational skills
3. Increase socialization skills
4. \_\_\_\_\_

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

make, attend appointments, notify TDT and RN about <sup>Appointments</sup> ~~meetings~~

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

gives information to assist client

**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

<p>What is a BIPP? Behavioral Individual Program Plan</p>	<p>What are Target Behaviors? What behaviors that are trying to stop</p>	<p>Why does our Data Collection need to objective? To be able to see if there is improvement or not</p>
<p>Why do we have a BIPP? All information in One place</p>	<p>Use Initials - Who is prescribed Psychotropic Medication and has a written BIPP at the location you work at? AM. &amp; CR.</p>	<p>The following techniques <b>DO NOT COUNT</b> according to the Methodology in the BIPP's: v Watching TV v Sitting in a recliner or chair v Taking a nap</p>

Consumer Name	Diagnosis	Target Behaviors	SUPPORTS (methodology) to acquire, retain or improve skills: (Proactive and Reactive Strategies)	Psychotropic Med	Side Effects
Alex Munt	Non-intractable Epilepsy, Hypercalcemia, Parathyroid Adenoma, Autism, Traumatic Brain Injury, O.P.D., Lactose Intol., Insomnia, DMDD, Mixed Anxiety and Depressive Disorder	Verbal / Physical Aggression & property destruction	- stepping outside - discuss problem with staff - listen to music - call friend - alone time in room	Celexa  Clonidine  Abilify  6X carbamazepine	Nausea, diarrhea, headache, sweating, drowsiness  Drowsiness, irritability, dry mouth, constipation  Weight gain, blurred vision, nausea, constipation, drooling  dizziness, drowsiness, tiredness, nausea, tremors
Cecilia Randall	Profound MR, Vision low, Myopia - Bipolar Affective Disorder, Hyperlipidemia, H-Pyloric gastritis, Positive Mantoux, Constipation, Hypertension	Physical Aggression - Behavioral Outburst - Crying - SIB	Deep breathing, music, Back rubs, Foot bath	Celexa  Clonidine  Seroquel  Ativan	Nausea, Diarrhea, headache, sweating, drowsiness  Drowsiness, dizziness, irritability, dry mouth, constipation  Mood changes, constipation, stomach pain, upset stomach, nausea, vomiting, drowsiness  drowsiness, dizziness, tiredness, muscle weakness, headache, blurred vision



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Marjorie Ludwig

Date: 3-26-19

- 1. Name of person served: Lilah Bushney
- 2. Legal Representative: Shirley Scharrer
- 3. Case manager: Amber Rosier
- 4. County of case management: Aitkin
- 5. Oakridge representative who created CSSP-A: Sahailis Sievert

6. Outcomes Listed on CSSP-A:

- Outcome 1: will actively take part in her Cleanliness process
- Outcome 2: will increase personal satisfaction in life
- Outcome 3: remain connected with faith & spirituality through religious activities
- Outcome 4: will utilize coping skills & increase positive interpersonal Behaviors
- Outcome 5: \_\_\_\_\_

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

prefers music to T.V., likes to get "dressed up" and receiving compliments on outfit, make up, accessories ect. like known people & responds well to older 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: Shirley Scharrer  
 Case manager: Amber Rosier  
 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. \_\_\_\_\_

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 *N/A*

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:

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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: \_\_\_\_\_

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Staff Signature: Majorie Sudy

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



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Lilah Bushey Staff Name: Marjorie Ludwig Date: 3-26-19

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1. What goals does the client have:

- a. Goal 1: will utilize coping skills & increase positive interpersonal behavior
- b. Goal 2: increase satisfaction with personal life situation
- c. Goal 3: will remain connected with her faith & spirituality
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: 0 per month for 3 consecutive months
- b. Goal 2: allow staff to pamper her at least once a week for 8 consecutive weeks
- c. Goal 3: 4 times a month for 12 consecutive months
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: engage in relaxation activities
- b. Goal 2: paint nails, curl hair, ribbons & bows
- c. Goal 3: Assist with participation in religious activities
- d. Goal 4:

e. Goal 5:

f. Goal 6:

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

a. Goal 1: has own spot in living room with radio to listen to music

b. Goal 2: None

c. Goal 3: None

d. Goal 4:

e. Goal 5:

f. Goal 6:

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

Verbal & gestural cues with Physical assistance as needed

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

a. Goal 1: daily count tallied, Proactive Strategies date, technique used, time used, Comment + Sign

b. Goal 2: date, staff initials comments

c. Goal 3: document visits from church, watches church on TV or listens on the radio

d. Goal 4

e. Goal 5:

f. Goal 6:

Staff Signature:

Majorie Indley

Date:

3-26-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Lilah Bushey Staff Name: Marjorie Ludwig Date: 3-26-19

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: Physically unable to defend self; history of alleged abuse

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
[ ] 'Victim' history exists
[X] Other: Verbally/Physically abusive to others

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

- [X] Dresses inappropriately
[X] 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
[X] Neglects or refuses to take medications
[ ] Other:

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

- [ ] Unsupervised at home for: 15 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:

Will lift shirt or dress, pull down pants in common areas

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?

dementia

14. Does this person have any allergies?  Yes  No

If yes, please explain:

IVP Dye Optiray. adverse reaction (delusions)  
From Luvox

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

If yes, what are they?

Cut into small pieces or ground for ease of eating

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

If yes, what are they?

Severe MR + Alzheimers

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: \_\_\_\_\_

Majorie Sudry

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

3-26-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: TJ Clement Staff Name: Marjorie Ludy Date: 10-30-19

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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: \_\_\_\_\_ minutes/hours
- Unsupervised in the community for \_\_\_\_\_ minutes/hours

5. Is this consumer susceptible to financial exploitations:  Yes  No If yes, in what areas?

- Inability to handle financial matters
- Other: Lacks understanding

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:

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

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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:

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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?

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14. Does this person have any allergies?  Yes  No

If yes, please explain:

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

If yes, what are they?

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

If yes, what are they?

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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: \_\_\_\_\_

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Staff Signature: \_\_\_\_\_

*Majoni Indez*

Date: 10-30-19



Oakridge Homes/Woodview Support Services

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

Staff Name Marjorie Ludwig Staff Signature Marjorie Ludwig Date 10-30-19

Read and obtain information from the most recent Coordinated Service and Support Plan (CSSP) written by the case manager for each person served. If there is not a CSSP, please refer to the most recent Individual Service Plan (ISP) or Community Support Plan (CSP) written by the case manager.

Person Served: Theodore Clement

Who is the case manager? Mary Kosmatka

What is important to the person being served? independence

What are the strengths and needs of the person being served? Firm and as much independence as possible

What are this person's outcomes/goals?

- 1. increase his interpersonal behavior skills
- 2. enjoy best possible health
- 3. improve interpersonal skills
- 4. increase responsibilities in household
- 5. improve financial independence

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

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

Tells us what support we and services we are to provide

Person Served: \_\_\_\_\_

Who is the case manager? \_\_\_\_\_

What is important to the person being served?  
\_\_\_\_\_

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

What are this person's outcomes/goals?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

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

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

**Person Served:** \_\_\_\_\_

Who is the case manager? \_\_\_\_\_

What is important to the person being served?

\_\_\_\_\_

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

\_\_\_\_\_

What are this person's outcomes/goals?

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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**Person Served:** \_\_\_\_\_

Who is the case manager? \_\_\_\_\_

What is important to the person being served?

\_\_\_\_\_

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

\_\_\_\_\_

What are this person's outcomes/goals?

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

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

\_\_\_\_\_

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

\_\_\_\_\_



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Marjorie Ludwig

Date: 10-30-19

- 1. Name of person served: Theodore Clement
- 2. Legal Representative: self
- 3. Case manager: Mary Kosmatka
- 4. County of case management: scott
- 5. Oakridge representative who created CSSP-A: Mariah Prokott

6. Outcomes Listed on CSSP-A:

- Outcome 1: increase interpersonal behavior skills
- Outcome 2: enjoy best health possible
- Outcome 3: improve interpersonal skills
- Outcome 4: increase responsibilities in household
- Outcome 5: improve financial independence

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

Firm and aimed towards as much independence as possible

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: self  
 Case manager: Mary Kosmatka  
 Day program: DAC

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. DAE work program
- b. Bring into community for work
- c. Oakridge outings + events
- d. Community volunteer

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: Knives + sharp objects locked up till 45 day meeting

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:

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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: MaYoria Indy

Date: 10-30-19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: TJ Clement

Staff Name: Marjorie Ludwig

Date: 10-30-19

- 
1. What goals does the client have:
    - a. Goal 1: Will improve interpersonal skills
    - b. Goal 2: Will enjoy best possible health
    - c. Goal 3: Will increase responsibilities in household
    - d. Goal 4: Improve financial independence
    - e. Goal 5:
    - f. Goal 6:
  
  2. How often is each goal supposed to be run:
    - a. Goal 1: On going
    - b. Goal 2: Weekly
    - c. Goal 3: 2x week
    - d. Goal 4: Weekly
    - e. Goal 5:
    - f. Goal 6:
  
  3. What is the staff's responsibilities in each goal: (refer to the supports and methods section)
    - a. Goal 1: Redirect, talk to find out what's bothering him, intervene, write behavior report, Praise positive behavior
    - b. Goal 2: Will encourage TJ to exercise when he's been stationary for long period of time
    - c. Goal 3: Assist finding recipe and cooking.
    - d. Goal 4 PC will assist with planning a budget

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: NA

b. Goal 2: location may vary

c. Goal 3: NA

d. Goal 4: with PC

e. Goal 5:

f. Goal 6:

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

Verbal instructions

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

a. Goal 1: # inappropriate interactions, # times resolved positively  
# months in reporting period, date, comment staff initial

b. Goal 2: Date, staff initials, # minutes exercised or refused  
Type of exercise, comments

c. Goal 3: Date assigned, comments, staff initials

d. Goal 4 + when discusses & sticks on budget, - not run, R-refused  
to do budget or not follow budget. HU-home visit

e. Goal 5:

f. Goal 6:

Staff Signature: Majori Suda

Date: 10-30-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Michelle Huff Staff Name: Marjorie Ludwig Date: 8-3-19

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
[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
[ ] Neglects or refuses to take medications
[ ] Other:

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

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

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

Yes  No

If yes, please explain:

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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:

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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?

Poor balance

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14. Does this person have any allergies?  Yes  No

If yes, please explain:

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

If yes, what are they?

Clothing protector & plate guard.

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

If yes, what are they?

Seizure disorder

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: \_\_\_\_\_

Mayoria Indez

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

8-3-19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Diane Plante Staff Name: Marjorie Ludwig Date: 4-15-19

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1. What goals does the client have:

- a. Goal 1: Will increase independence
- b. Goal 2: improve bedroom cleaning skills
- c. Goal 3: increase interpersonal behaviors + coping skills
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: Daily
- b. Goal 2: 2X Per week
- c. Goal 3: Daily 1 Am 1 Pm , ↓ 7x week
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: Assist + record
- b. Goal 2: Assist cleaning + Document
- c. Goal 3: Remind Diane to use her coping skills + document
- d. Goal 4

e. Goal 5:

f. Goal 6:

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

a. Goal 1: no

b. Goal 2: no

c. Goal 3: No

d. Goal 4:

e. Goal 5;

f. Goal 6:

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

Verbal communication, Verbal Reminders  
also visual learner (ie sticker reinforcers)

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: +/-, R-refused

c. Goal 3: # of times

d. Goal 4

e. Goal 5:

f. Goal 6:

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Staff Signature: Maïjorie Ludwig

Date: 4-15-19



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Marjorie Ludwig

Date: 3-26-19

1. Name of person served: Alex Mount

2. Legal Representative: Quisha Ellis

3. Case manager: Jon Moen

4. County of case management: Aitkin

5. Oakridge representative who created CSSP-A: Schailis Sievert

6. Outcomes Listed on CSSP-A:

- Outcome 1: improve satisfaction by living a calmer more positive life
- Outcome 2: improve independence by cooking & meal preparation
- Outcome 3: improve independence in personal finances
- Outcome 4: improve independence by following schedule/cleaning
- Outcome 5: \_\_\_\_\_

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

time to process, fore warning on appointments, etc end of video game time. at least 15 min. warning. prefers calm, firm tone

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: Quisha Ellis  
 Case manager: Jon Moen  
 Day program: Amber or Tammy

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. \_\_\_\_\_

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: 2 minutes/hours
- Unsupervised in the community for: 2 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: engage in chosen Activity - Video games

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:

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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: \_\_\_\_\_

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Staff Signature: Margie Sudz

Date: 3-26-19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Alex Mount Staff Name: Marjorie Ludwig Date: 3-26-19

1. What goals does the client have:

- a. Goal 1: improve overall <sup>Satisfaction</sup> ~~life~~ by living calmer more positive life
- b. Goal 2: improve independent skills by cooking and meal preparation
- c. Goal 3: improve independence in personal finances
- d. Goal 4: improve living skills by following personal routine & daily chores.
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: reduce to 5 or less a month
- b. Goal 2: 1x week for 6 consecutive months
- c. Goal 3: Monthly budget, weekly review for 6 consecutive months
- d. Goal 4: 90% of time for 6 consecutive months
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: will provide daily schedule & structure
- b. Goal 2: Assist as needed with locating materials and verbal instructions
- c. Goal 3: PC will set up with client budget and review weekly
- d. Goal 4: Verbal prompts & assistance or direction as needed

e. Goal 5:

f. Goal 6:

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

a. Goal 1: None

b. Goal 2: requires staff attention

c. Goal 3: Time with PC. to do budget & review weekly

d. Goal 4: Verbal prompts / cues to stay on track

e. Goal 5;

f. Goal 6:

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

Calm, clear, Firm, Respectful Verbal Communication.

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

a. Goal 1: record target behavior & # times uses coping technique

b. Goal 2: +/- for planned meal or not, +/- days cooked  
R - refused HV - Not there

c. Goal 3: +/- = complete budget / review R - Refuse

d. Goal 4 +/- = task completion / follow routine

e. Goal 5: R - refuse HV - Home Visit

f. Goal 6:

Staff Signature: \_\_\_\_\_

Maiprie Suderij

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



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Alex Mount Staff Name: Marjorie Ludwig Date: 3-26-19

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?

- [ ] 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
[X] Other: Verbally/physically Abusive to others

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

- [ ] 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
[ ] Neglects or refuses to take medications
[ ] Other:

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

- [X] Unsupervised at home for: 2 minutes/hours
[X] Unsupervised in the community for 2 minutes/hours

5. Is this consumer susceptible to financial exploitations:  Yes  No If yes, in what areas?

Inability to handle financial matters

Other: *lacks understanding of financial matters*

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?

*paranoid schizophrenia*

14. Does this person have any allergies?  Yes  No

If yes, please explain:

Phenobarbital, Bactrium, Amoxicillin

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

If yes, what are they?

Lactose intolerant - requires silk milk or lactose free

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: \_\_\_\_\_

Majorie Ludwig

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

3-26-19



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Marjorie Ludwig

Date: 3-26-19

1. Name of person served: Derek Nolan

2. Legal Representative: Derek Nolan

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: will make healthy menu, shopping list, shop & prepare meals
- Outcome 2: improve oral health
- Outcome 3: improve financial independence
- Outcome 4: \_\_\_\_\_
- Outcome 5: \_\_\_\_\_

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

visual, lil help, verbal

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: Derek Nolan  
 Case manager: Jon Moen  
 Day program: Amber Vander-Hayden

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. \_\_\_\_\_

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: as long as needed 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: Court ordered supervision with females Under 18

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:

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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: \_\_\_\_\_

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Staff Signature: Marjorie Sudby

Date: 3-26-19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Derek Nolan Staff Name: Margorie Ludwig Date: 3-27-19

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1. What goals does the client have:

- a. Goal 1: Will make healthy menu weekly, grocery list, shop & prepare meal
- b. Goal 2: improve oral Health
- c. Goal 3: improve financial independence
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: at least 1x week for consecutive months
- b. Goal 2: 2x daily for four consecutive quarters
- c. Goal 3: make budget weekly - 185% for 12 months
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: Assit to Find recipes, Print Assist as needed
- b. Goal 2: Reminders, make appointments
- c. Goal 3: assist as needed
- d. Goal 4

e. Goal 5:

f. Goal 6:

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

a. Goal 1:

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?

Verbal Simple Instructions

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, initials, Average # times

b. Goal 2: Date Initials, # of times

c. Goal 3: Date, initials, receipts turned in, worksheets  
filled out;

d. Goal 4

e. Goal 5:

f. Goal 6:

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Staff Signature:

Maizoni Snelly

Date:

3-27-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Derek Nolan Staff Name: Marjorie Ludwig Date: 3-26-19

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: lack of understanding conduct, rules & laws

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: as long as needed 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: lacks understanding of financial matters

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:

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

Yes  No

If yes, please explain:

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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:

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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?

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14. Does this person have any allergies?  Yes  No

If yes, please explain:

Welbutrin & amoxicillin

15. Does this person have special dietary needs:  Yes  No  
If yes, what are they?

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: \_\_\_\_\_

Maïjorie Ludwig

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

3-27-19



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Marjorie Ludwig

Date: 3-26-19

- 1. Name of person served: Cecelia Randall
- 2. Legal Representative: Pat Randall & Mary Kuschel
- 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: Participate in activities to improve circulation feet
- Outcome 2: improve independence by lotioning arms & legs
- Outcome 3: increase interpersonal behavior by decreasing maladaptive behaviors
- Outcome 4: \_\_\_\_\_
- Outcome 5: \_\_\_\_\_

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

Verbal prompts

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: Pat Randall & Mary Kuschel  
 Case manager: Julie Kinney  
 Day program: Michelle Dawson

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. \_\_\_\_\_

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: Chemical & Sharp objects locked in cabinets

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

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:

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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: \_\_\_\_\_

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Staff Signature: Majorie Sudy

Date: 3-26-19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Cissy Randall Staff Name: Marjorie Ludwig Date: 3-26-19

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1. What goals does the client have:

- a. Goal 1: increase interpersonal behaviors
- b. Goal 2: Participate in activities to improve circulation in feet
- c. Goal 3: independent living by applying lotion to arms & legs herself
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: 0 per month for 6 consecutive months
- b. Goal 2: walk 20 min aday 4 consecutive months
- c. Goal 3: 4x week with up to 5 verbal cues for 4 consecutive months
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: Verbal redirection to relaxation techniques
- b. Goal 2: Staff to walk with her.
- c. Goal 3: Give verbal prompts to complete task
- d. Goal 4:

e. Goal 5:

f. Goal 6:

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

a. Goal 1: Best with 1:1 attention

b. Goal 2: in community with staff

c. Goal 3:

d. Goal 4:

e. Goal 5;

f. Goal 6:

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

Verbal & gestural cues, Verbal praise  
Redirection

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, tally on behavior chart.

b. Goal 2: date, staff initials, # minutes, location

c. Goal 3: date, staff initials, Assistance Required

d. Goal 4

e. Goal 5:

f. Goal 6:

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Staff Signature:

Marjorie Sudy

Date:

3-26-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Cissy Randall Staff Name: Marjorie Ludwig Date: 3-26-19

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: \_\_\_\_\_ minutes/hours
- Unsupervised in the community for \_\_\_\_\_ 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:

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

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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:

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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?

near sighted - non-verbal

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14. Does this person have any allergies?  Yes  No

If yes, please explain:

Bactrim, Niacin, Noroxin, Risperdal

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

If yes, what are they?

Oats too fast, not always chew throughly

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

If yes, what are they?

High Cholesterol, Constipation

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: \_\_\_\_\_

Majorie Sudey

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

3-26-19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Monica Randall Staff Name: Marjorie Ledezny Date: 4-15-19

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1. What goals does the client have:

- a. Goal 1: will have best possible physical Health
- b. Goal 2: will utilize community
- c. Goal 3:
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: Daily, 10 mins. 2 consecutive Quarters
- b. Goal 2: 3x week 4 consecutive Quarters
- c. Goal 3:
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: Provide activities, to improve health (walking)
- b. Goal 2: Participate in sched. Activities, and places to visit
- c. Goal 3:
- d. Goal 4

e. Goal 5:

f. Goal 6:

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

a. Goal 1: *None*

b. Goal 2: *None*

c. Goal 3:

d. Goal 4:

e. Goal 5;

f. Goal 6:

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

*Verbal request, Verbal/gestural prompts,  
demonstration & 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: *# of minutes participated, date, initials.*

b. Goal 2: *date, Activity attended, participation, initials*

c. Goal 3:

d. Goal 4

e. Goal 5:

f. Goal 6:

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Staff Signature: *Mayorie Sudewig*

Date: *4-15-19*



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Dan Thomas Staff Name: Marjorie Ludwig Date: 8-3-19

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: public Masturbation, stripping in public, History of sexual Abuse by others

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: Verbally/physically abusive to others

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: \_\_\_\_\_ minutes/hours
- Unsupervised in the community for \_\_\_\_\_ 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?

\_\_\_\_\_

\_\_\_\_\_

14. Does this person have any allergies?  Yes  No

If yes, please explain:

Cut grass & Seasonal Allergies

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

If yes, what are they?

Cut up small

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:

Majorie Lundy

Date:

8-3-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Joe Wallace Staff Name: Margorie Luckley Date: 8-3-19

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/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: \_\_\_\_\_ minutes/hours
- Unsupervised in the community for \_\_\_\_\_ 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?

\_\_\_\_\_

\_\_\_\_\_

14. Does this person have any allergies?  Yes  No

If yes, please explain:

Anafranil, Amoxicillin

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

If yes, what are they?

ground

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:

Marjorie Ludwig

Date:

8-3-19



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Marjorie Ludwig

Date: 3-27-19

- 1. Name of person served: Chris Washington
- 2. Legal Representative: Krista Kommer
- 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: live in healthiest environment possible
- Outcome 2: independent living skill - healthier food purchases
- Outcome 3: increase independence
- Outcome 4: improve health an well being
- Outcome 5: improve interpersonal skills

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

listen + understand, respect 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: Jon 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. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

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: 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:

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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: Majorie Sudz

Date: 3-27-19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Chris Washington Staff Name: Marjorie Ludwig Date: 3-27-19

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1. What goals does the client have:

- a. Goal 1: live in healthiest environment possible
- b. Goal 2: improve independent skills by purchasing healthier food
- c. Goal 3: increase independence
- d. Goal 4: improve personal health & well being
- e. Goal 5: improve interpersonal skills
- f. Goal 6:

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

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

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

- a. Goal 1:
- b. Goal 2:
- c. Goal 3:
- d. Goal 4

e. Goal 5:

f. Goal 6:

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

a. Goal 1:

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:

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Staff Signature: \_\_\_\_\_

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

*Margie Indez*  
4-9-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Chris Washington Staff Name: Margorie Ludwig Date: 3-27-19

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: Verbally/Physically Abusive to others

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: 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 of 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:

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

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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:

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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?

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14. Does this person have any allergies?  Yes  No

If yes, please explain:

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

If yes, what are they?

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---

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

If yes, what are they?

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---

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: \_\_\_\_\_

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Staff Signature: \_\_\_\_\_

*Maipone Sindy*

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

*3-27-19*



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Donna White Staff Name: Marjorie Ludwig Date: 8-3-19

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: Verbally/physically abusive to others

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: \_\_\_\_\_ minutes/hours
- Unsupervised in the community for \_\_\_\_\_ 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?

poor vision, poor balance

14. Does this person have any allergies?  Yes  No

If yes, please explain:

penicillin, sodium pentathol, sulfa med. Erythromycin  
Lumigan, & Flu shot vaccine

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

If yes, what are they?

Diabetic

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

If yes, what are they?

Diabetes, 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

Majorie Sudy

Date:

8-3-19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Domine Williamson Staff Name: Margone Ludwig Date: 4-20-19

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1. What goals does the client have:

- a. Goal 1: improve coping skills and interpersonal relationships
- b. Goal 2: maintain as many Health skills as able to for as long as able to.
- c. Goal 3:
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: Daily - 50% ↓ per month for 12 consecutive months
- b. Goal 2: 4x week for 4 consecutive quarters
- c. Goal 3:
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: Provide Activities to and Rec. Leisure items + documentation
- b. Goal 2: offer a form of exercise + documentation
- c. Goal 3:
- d. Goal 4:

e. Goal 5:

f. Goal 6:

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

a. Goal 1: None

b. Goal 2: None

c. Goal 3:

d. Goal 4:

e. Goal 5;

f. Goal 6:

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

Verbal Requests, gestural prompts, verbal prompts & 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: Tally marks Daily

b. Goal 2: Date, exercise choice, time participated, comments

c. Goal 3:

d. Goal 4

e. Goal 5:

f. Goal 6:

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Staff Signature:

Maizorie Sudewig

Date:

4-15-19

## Know the House You Work In

Name Marjorie Ludwig Date 3-16-21 Location 537

Where do we keep...

Heimlich Maneuver Chart? Laundry room wall

Forms for everyday use? Filing cabinet in laundry room

Face sheet for each consumer? Chart

What is a face sheet? brief overview of client

IAPP's? Individual Abuse Prevention Plan

What does the IAPP tell us? each clients risk for abuse

PAPP? Program Abuse Prevention Plan

What does the PAPP tell us? info about house, clients, staff ratio.

Red OSHA Book? Cabinet in laundry room

AWAIR Act? (A Workplace Accident and Injury Reduction Program) Laundry room

Menus? refridgator

Work Schedule? laundry room

Standing Med orders? Mars

Where do we gather in the event of a drill or fire? driveway by van

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

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

A tornado/storm drill? Quarterly

Where are the smoke detectors located? Outside of bedrooms

Where are the fire extinguishers located? Kitchen & Laundry room

Where are the Carbon Monoxide detectors located? Outside of Bedrooms

Where is a copy of our emergency procedures? Laundry room Cabinet

Where do we go in case of severe thunderstorm weather? down stairs Restroom

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

Where do we get our supplies? Walmart

Where can we shop for food? Walmart or Paulbecks

Where do we get gas? Gas Station

## Know the House You Work In

Name Marjorie Ludwig Date 5-21-20 Location 537

Where do we keep...

Heimlich Maneuver Chart? Laundry room door

Forms for everyday use? top drawer filing cabinet in laundry room

Face sheet for each consumer? Front of chart

What is a face sheet? Diagnosis Gives general info - contact/guardian case manager

IAPP's? In clients chart

What does the IAPP tell us? What Vulnerabilities individual has

PAPP? Folder in laundry room cabinet

What does the PAPP tell us? House population, location, describes property & staff training

Red OSHA Book? Cabinet in laundry room

AWAIR Act? (A Workplace Accident and Injury Reduction Program) Laundry Room

Menus? Posted on refrigerator

Work Schedule? Laundry room cork board

Standing Med orders? MAR

Where do we gather in the event of a drill or fire? By steps out front

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

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

A tornado/storm drill? Quarterly

Where are the smoke detectors located? outside of Bedrooms & in bedrooms

Where are the fire extinguishers located? Kitchen by Freezer

Where are the Carbon Monoxide detectors located? outside laundry room / by door in living room

Where is a copy of our emergency procedures? laundry room cabinet in folder

Where do we go in case of severe thunderstorm weather? downstairs bathroom w/ windows

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

Where do we get our supplies? Walmart

Where can we shop for food? Walmart, Paulbecks

Where do we get gas? Any where

## Know the House You Work In

Name

Marjorie Ludwig

Location

537

3-29-19

### Where do we keep...

Heimlich Maneuver Chart?

door in med. room

Forms for every day use?

filing cabinet

Face sheet for each consumer?

in chart

What is a face sheet?

tells likes/dislikes,

IAPP?

Individual Abuse Prevention Plan

What does the IAPP tell us?

where individual is vulnerable

Red OSHA Book?

Cabinet in med room

AWAIR Act?

(A Workplace Accident and Injury Reduction Program)

Wall in med room

Menu's?

Freezer door

Work Schedule?

in Staff comm binder

Standing Med orders?

MAR

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

end of driveway

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

535 6<sup>th</sup> Ave SE  
Atkin

How often is it  
**Required** by licensing to run a  
Fire drill?  
A Tornado/Storm drill?

4 times a year  
4 times a year

Where are the smoke detectors  
Located?

Outside of bedrooms

Where are the fire extinguishers  
Located?

Wall by patio door.  
Laundry room behind  
door

Where are the Carbon Monoxide  
Detectors located?

Wall next to Med  
Room

Where is a copy of our Emergency  
Procedures?

Blue "file" folder on filing  
cabinet in livingroom

Where do we go in case of  
Severe thunderstorm weather?

Bathroom with no windows  
(Basement)

What are the items to bring into the  
Storm shelter?

Blankets, Flashlights  
Battery operated Radio

Where do we get our supplies?

Walmart, Costco, Paulbecks

Where can we shop for food?

Paulbecks, Walmart.  
Costco

Where do we get gas?

Any gas station

Who are the primary Physicians?

Thomas Lawson - Am  
Lisa Gerhart - LB, CR, EJ  
~~Melissa Magnuson - CR~~  
Dr. Bastrum - DN

Who are the Psychiatrists?

Nystrom & Associates - Am  
Janet Larson - LB

Who are the Guardians?

Quisha Ellis - Am  
Shirley Scharrer - LB  
Pat Randall - CR  
Dwn Guardian - DN  
Lydia Schem Demzuk

Who are the case managers?

Joh Moen - Am, DN, EJ  
Amber Rosier - LB  
Julie Kinney - CR

What are Alex \_\_\_\_\_'s Goals?

- improve independence by cooking & preparing meals 1x week
- improve financial understanding

- following routine & doing chores

What are Lila's Goals?

- will participate in cleanliness process

- increase personal satisfaction  
- remain connected with faith  
- utilize coping skills.

What are Cissy's Goals?

- Participate in Activities to increase foot circulation  
- Apply Lotion to legs & arms  
- increase interpersonal behavior  
decrease maladaptive behaviors

What are \_\_\_\_\_'s Goals?

What are the Pharmacies:

Safedose, CVS

What meds does Alex take?

Citalopram, melatonin, Vit D2, Aripiprazole, Oxcarbazepine

\_\_\_\_\_  
\_\_\_\_\_

What meds does Lila take?

Citalopram, Lub. eye drops,  
Mirtazapine, Poly. Glyc.  
Risperidone, Senna,  
Acetaminophen

\_\_\_\_\_  
\_\_\_\_\_

What meds does Cissy take?

Citalopram, Clonidine,  
Calcium, Ranitidine,  
Atorvastatin, Poly. Glyc.  
Quetiapine, senna,  
metformin, Aspirin

\_\_\_\_\_

What meds does Derek take?

None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What meds does \_\_\_\_\_ take?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where do consumers bank?

Members Credit Union - Derek/Alex

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Dietary limits?

Alex - no caffeine, lactose intolerant  
(consumer)

Lila - no teeth - soft food or ground  
(consumer)

Cissy - Diabetic, 1800 calorie  
(consumer)

Derek - None  
(consumer)

Eric - 1800 calorie  
(consumer)

# Oakridge Woodview Mandatory In-Service 2021

## Make Up Packet

Employee Name Marjorie Ludwig

Location Worked 537

Date: 6-2-21



**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

Please print the answer in the box.

VARPP	VARPP	VARPP
<p>How much time do you have to report a suspected VA?</p> <p><i>Within 24 hrs</i></p>	<p>What does VA stand for?</p> <p><i>Vulnerable Adult</i></p>	<p>Sudden, unforeseen and unexpected occurrence or event?</p> <p><i>Accident</i></p>
<p>Use of repeated oral, written or gestured language that would be considered humiliating, harassing, or threatening</p> <p><i>Abuse</i></p>	<p>Absence of care including but not limited to food, shelter, clothing or supervision necessary to maintain physical and mental health of vulnerable adult</p> <p><i>Neglect</i></p>	<p>ORH/WSS shall ensure that each new mandated reporter receives orientation within <u>72</u> hours of first providing direct contact and <u>Annually</u> thereafter</p>
<p>Person engaged in the care of vulnerable adults</p> <p><i>Mandated-reporter staff</i></p>	<p>Any person over the age of 18 who is a resident of a facility</p> <p><i>Vulnerable Adult</i></p>	<p>If you have reported internally, you must receive, within <u>2</u> working days a written notice to tell you whether or not your report has been forwarded to the MAARC</p>
<p>Sudden, unforeseen and unexpected occurrence or event?</p> <p><i>Accident</i></p>	<p>Unauthorized expenditure of consumer funds</p> <p><i>Financial exploitation</i></p>	<p>It is the policy of ORH/WSS to protect the adults served by us who are vulnerable to <u>maltreatment</u> and to require the reporting of suspected <u>maltreatment</u> of vulnerable adults</p>
<p>You may make an external report to where?</p> <p><i>M.A.A.R.C</i></p>	<p>The VARPP should be posted at <u>Prominent</u> location and be made available upon request</p>	<p>A <u>Mandated reporter</u> who negligently or intentionally fails to report suspected maltreatment of a VA is liable for damages caused by the failure to report</p>

# Oakridge Woodview Program Policies

Please print the answer in the box

CONSUMER RIGHTS	CONSUMER RIGHTS	CONSUMER RIGHTS
<p>A consumer has the right to use the <u>phone</u></p>	<p>Consumers have the right to be treated with <u>dignity</u></p>	<p>They have the right to receive and read their <u>mail</u></p>
<p>Consumers should have staff that are <u>trained</u> and <u>qualified</u> to meet their needs</p>	<p>They should have access to their own <u>personal possessions</u></p>	<p>The consumer has the right to <u>privacy</u> when he/she wants to be alone</p>
<p>They should receive services in a <u>clean</u> &amp; <u>safe</u> location</p>	<p>Use of and have free access to <u>common</u> areas</p>	<p>Consumers have the right to receive opportunities to seek <u>employment</u> and work in competitive integrated settings</p>
<p>Consumers have the right to be free from <u>abuse</u>, <u>neglect</u> and <u>financial exploitation</u></p>	<p>Consumers should be free from <u>prejudice</u> regarding race, gender, age, disability, spirituality and sexual orientation</p>	<p>Each consumer takes part in developing and complying with <u>service supports</u></p>
<p>_____ of a consumer's rights are only allowed if determined necessary to ensure their health, safety and well-being.</p>	<p>The consumer has the right to have <u>services</u> and <u>support</u> provided to them in a way that respects and considers their preferences</p>	<p>The consumer has the right to be allowed to choose his/her own <u>friends</u> and spend time with them</p>

# Oakridge Woodview Program Policies

Please print the answer in the blank

## Incident Reporting

1. Incident reports will be completed as soon as possible after the occurrence but no later than 24 hours after the incident occurred
2. True or False: The written report will not contain the name or initials of the other person(s) involved in the incident.
3. Who should fill out an incident/behavior report? Person that responded
4. A report of the death or serious injury of a person must be reported to both the DHS and the Ombudsman
5. Incident means an occurrence which involves a person and requires ORH/WSS to make a response that is not part of the ORH/WSS's ordinary provision of services to that person

## Emergency Use of Manual Restraint

1. Using a manual restraint when a person poses an imminent risk of physical harm to self or others and as the least restrictive intervention that would achieve safety is what? Emergency Use of Manual Restraint
2. Three examples of manual restraints allowed in emergencies: basket hold, 1 person escort, 2 person escort
3. If an emergency controlled procedure needs to be implemented, an incident report will be completed and the Designated Coordinator will be notified. A Designated Coordinator is on-call at all times.
4. Procedures used as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience are what? Prohibited procedures
5. Two examples of prohibited procedures: Chemical Restraint & Mechanical Restraint

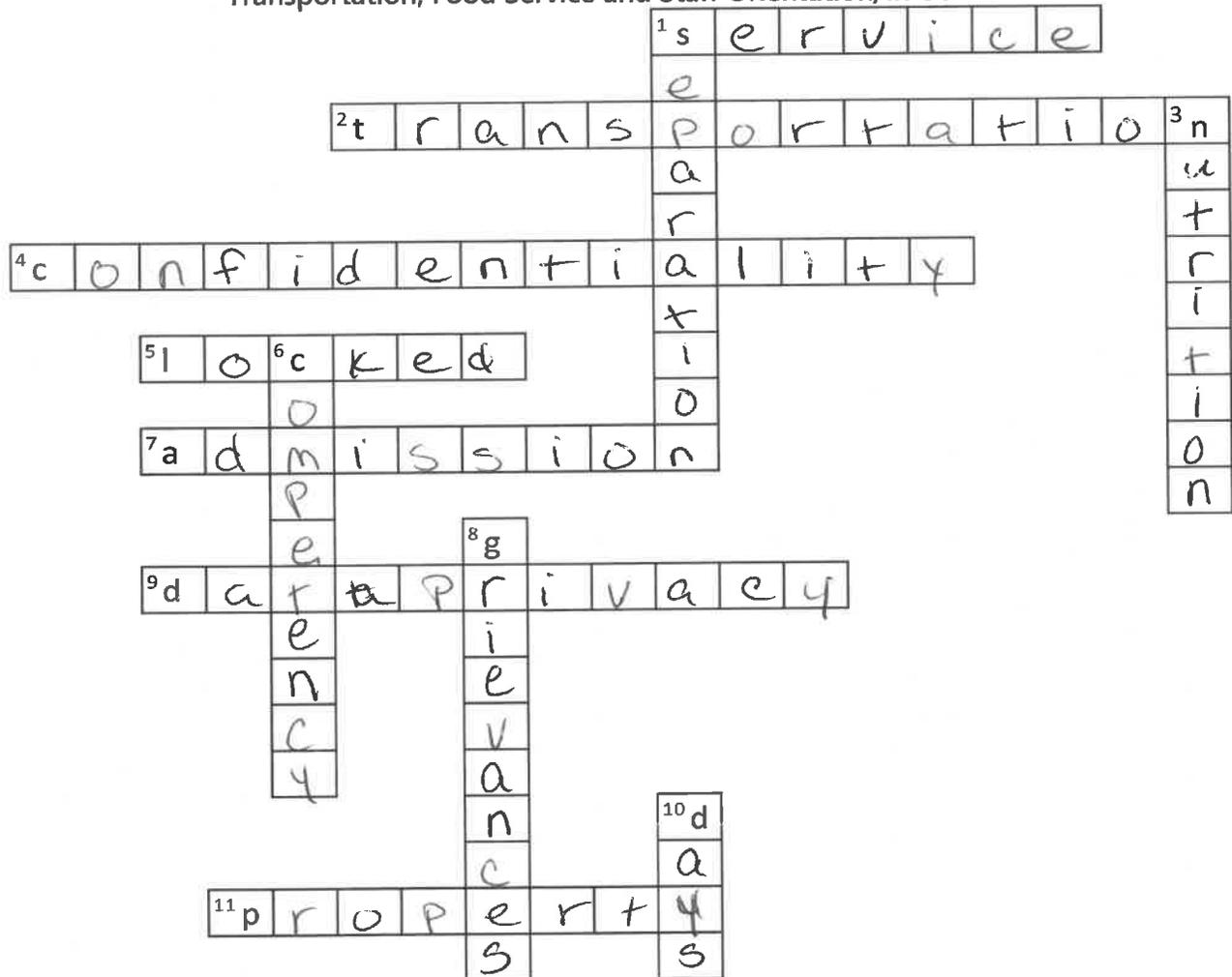
# Oakridge Woodview Program Policies

## Emergency and Reporting Policy and Procedures

Question	Answer (Choose letter)	Answer Options
What do you do if a vehicle becomes stranded?	F	<del>A.</del> Heimlich Maneuver
How often does a fire drill need to be done in each home?	M	<del>B.</del> CSSP-A
What do you do in the event of a person choking and the person is unable to dislodge the obstacle on their own?	A	<del>C.</del> Remove all consumers from <u>immediate</u> danger and Call Fire Department (9-1-1)
ORH/WSS has established a Marker Wind Chill Temp when everyone stays indoors. – what is it?	G	<del>D.</del> Calling 911
In the event of a minor illness or injury, staff will administer what?	H	<del>E.</del> 1st - fill out the Incident/Behavior Report and 2nd - notify the PC and DC.
Refer to what document for specifics for each consumer regarding wind chill directions and day program attendance?	B	<del>F.</del> Stay with it until help arrives. Do not try to walk for help. Stay with the persons.
What is the purpose of the Emergency and Reporting Policy and Procedure?	I	<del>G.</del> -20°
What is the 1st thing you should do if a consumer has an unexplained absence and they don't have an elopement protocol?	N	<del>H.</del> Basic 1 <sup>st</sup> Aid
To operate a fire extinguisher, what does P-A-S-S (or pass) stand for?	K	<del>I.</del> To provide a safe and hazard-free environment and comply with laws
What are three things you should have in case of a tornado or severe weather?	L	<del>J.</del> Verbal de-escalation techniques
When an emergency occurs that threatens the well-being of ORH/WSS staff and/or person, the involved staff will seek assistance by doing what?	D	<del>K.</del> P – Pull (the pin) A – Aim (low) S – Squeeze (lever slowly and evenly) S - Sweep
What kind of techniques should be used to stop person to person physical aggression?	J	<del>L.</del> Blanket, battery-operated radio, flashlight
Staff does this FIRST and SECOND in the event of a fire.	C	<del>M.</del> Quarterly
Whenever Police and/or the Fire Department (9-1-1) are called, staff will follow their instructions immediately. Staff will then do what 2 things?	E	<del>N.</del> Contact the last place they were supposed to be

# Oakridge Woodview Program Policies

Admission Criteria, Service Termination, Data Privacy, Person Served Grievance, Fiscal Policy, Safe Transportation, Food Service and Staff Orientation/In-Service



## ACROSS

1. What ORH/WSS policy ensures our procedures for service termination promote continuity of care and service coordination for persons receiving services? \_\_\_\_\_ Termination Policy
2. What is the ORH/WSS policy that ensures that persons served by ORH/WSS are transported safely, that the risk of liability for both staff and agency are minimized, and to outline guidelines for using ORH/WSS vehicles? Safe \_\_\_\_\_ Policy
4. Any written or verbal exchange about a person's private information by staff with other staff or any persons will be done in such a way as to preserve \_\_\_\_\_, protect data privacy, and respect the dignity of the person whose private data is being shared.
5. The count book containing cash should be kept in a \_\_\_\_\_ area of the home.
7. What is the name of the ORH/WSS policy that promotes continuity of care by ensuring that admission and service initiation is consistent with a person's service recipient rights under MN Rue 245D? \_\_\_\_\_ Criteria
9. ORH/WSS recognizes the right of each person receiving services in this program to confidentiality and \_\_\_\_\_
11. ORH/WSS will obtain written authorization from the person or the person's legal rep and the case manager whenever ORH/WSS will assist a person with the safekeeping of funds or other property on what form? Funds and \_\_\_\_\_ Authorization

DOWN

1. There will be \_\_\_\_\_ of each person's funds from funds of other persons served by ORH/WSS and from ORH/WSS and staff.
3. Training people we serve to become self-sufficient in the area of \_\_\_\_\_, meal planning and preparation skills is a major objective of the ORH/WSS food service.
8. All staff training areas will include 1) how the training relates to staff responsibilities within their job functions 2) and proof of what? \_\_\_\_\_
9. ORH/WSS will respond promptly to \_\_\_\_\_ that affect the health and safety of service recipients.
10. For those persons receiving intensive supports and service, the written notice of a proposed service termination must be provided at least 90 \_\_\_\_\_ before the proposed effective date of service termination.

## Oakridge Woodview Personnel Policies

Please print the answer in the box.

Workplace Safety	Workplace Safety	Workplace Safety
<p>The policy of ORH/WSS to support a workplace free from the effects of drugs, alcohol, chemicals, and abuse of prescription medications is what?</p> <p><i>Drug + Alcohol Policy</i></p>	<p><i>Safety Rules</i> and standard operating procedures are present to reduce or minimize accidents/injuries at the work site and ensure a safe and hazard-free environment.</p>	<p>ORH/WSS defines <i>workplace Bullying</i> as repeated mistreatment or inappropriate behavior towards one or more employees in the workplace and/or during the course of employment.</p>
<p><input checked="" type="radio"/> True or False: As part of ORH/WSS's commitment to an alcohol and drug-free workplace, ORH/WSS reserves the right to require that applicants and employees submit to drug or alcohol testing in accordance with the provisions of Minnesota law</p>	<p>No employee or consumer under the legal smoking age of <u>21</u> will be permitted to smoke.</p>	<p>In order to ensure a safe environment for employees and consumers, Oakridge Homes, prohibits the wearing, transporting, storage, or presence of <i>firearms</i> or other dangerous <i>weapons</i> in our facilities or on our property</p>

Workplace Expectations	Workplace Expectations	Workplace Expectations
<p>ORH-WSS suggests that employees do not bring <u>personal items</u> such as purses, cell phones or other valuables with you into your work location as ORH-WSS will not be responsible for lost, damaged or stolen property.</p>	<p><u>Cell phones</u> should be kept out of sight and either turned off or on vibrate while you are expected to be working.</p>	<p>If an employee is unable to work their scheduled shift, the employee is expected to follow the guidelines for what? <u>Calling in</u></p>
<p>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? <u>Social Media policy</u></p>	<p>The primary goal for <u>Hipaa</u> is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information and help the healthcare industry control administrative costs</p>	<p><u>True</u> or False: Abuse of the computer, Internet and e-mail system access provided by ORH-WSS may result in suspension of Internet/e-mail privileges, and/or disciplinary action, up to and including termination of employment.</p>

Compensation & Time Off	Compensation & Time Off	Compensation & Time Off
<p>Employees are expected to use the <u>electronic time clock system</u> to record their time. You also must not engage in off the clock or unrecorded work.</p>	<p>Each employee is responsible to report any errors in the time clock to their supervisor by submitting a <u>time clock adjustment form</u> <u>request</u> prior to the end of the pay period.</p>	<p>Any accident or injury sustained by an employee, however minor, should be reported to who immediately? <u>Immediate Supervisor</u></p>
<p>Under this policy, eligible employees are entitled to 12 workweeks of leave for a qualifying reason or up to 26 weeks of military caregiver leave to care for a covered service member with a serious injury or illness during a 12-month period. <u>FMLA</u></p>	<p>Non-exempt employees will be classified as a 7/40 employee: Overtime will be paid if time worked is what? <u>over 40 hrs a week</u></p>	<p><u>PTO</u> is an all purpose time-off policy for eligible employees to use for vacation, illness or injury, and personal business.</p>

Diversity & Employment	Diversity & Employment	Diversity & Employment
<p>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?</p> <p><i>Anti Harassment Policy</i></p>	<p>All employees should be able to meet the qualifications and complete the responsibilities listed in the <u>Job Description</u> for the position they are hired for.</p>	<p>Corrective action is progressive. The usual sequence of corrective action is what?</p> <p><i>Coaching Verbal Written Suspension Termination</i></p>
<p>ORH-WSS provides _____ 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</p> <p><i>equal employment opportunity</i></p>	<p>Employees who terminate employment without providing at least a minimum of a full two week notice or do not fully complete a two week notice may not be eligible for <u>rehire</u> for at least one year from the date of termination</p>	<p>Showing integrity and professionalism in the workplace at all times, following the dress code, being open for communication with their colleagues, supervisors or team members and reading and following company policies are a few expectations of ORH/WSS employee code of <u>conduct</u></p>

## Oakridge Woodview Medical Policies

### Safe Administration, Universal precautions and 1<sup>st</sup> Aid/CPR

Question	Answer (Choose letter)	Answer Options
For liquid meds, pour _____ from the label and pour at eye level.	G	<del>A.</del> PRN Medications
What does HS stand for?	M	<del>B.</del> 15 minutes
_____ before beginning a med pass and between all med passes.	H	<input checked="" type="checkbox"/> 100-120 compressions per minute
What kind of medications are prescribed and given "as needed" for a specific purpose?	A	<del>D.</del> Frostbite
_____ means a prescription drug or over-the-counter drug and includes dietary supplements.	K	<del>E.</del> Biohazard bag
How long should you flush your eye with water after a chemical splashes into your eye?	B	<del>F.</del> Initial
A _____ is tissue damage that results from scalding, overexposure to the sun or other radiation, contact with flames, chemical or electricity or smoke inhalation.	D	<del>G.</del> Away
When performing CPR how many chest compressions per minute do you do?	C	<del>H.</del> wash hands
_____ is when skin and underlying tissues freeze after being exposed to very cold temps with the fingers, toes, ears, cheeks and chin most likely affected.	D	<input checked="" type="checkbox"/> Right PERSON, Right DRUG, Right DOSE, Right ROUTE, Right TIME & DATE and Right DOCUMENTATION
What kind of bag do you use to dispose of all materials (towels, gloves, etc.) used to clean up a blood spill?	E	<del>J.</del> Oral and topical
Two examples of bodily fluids that can harbor bloodborne pathogens:	N	<input checked="" type="checkbox"/> Medication
What are the 6 rights for medication Administration:	I	<del>L.</del> Airborne
You should document your last _____ for all persons' medications given as soon as the medications are taken.	F	<del>M.</del> Hour of sleep
Bloodborne pathogens can be transmitted via the following routes: _____, Droplet and Contact.	L	<del>N.</del> Blood and saliva
There are various routes by which a trained staff is authorized to administer medications. Name 2.	J	<input checked="" type="checkbox"/> Burn

# Oakridge Woodview Mandatory In-Service 2020

## Make Up Packet

Employee Name Marjorie L.

Location Worked 537

Date: 11-18-20



**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?	I	<del>A.</del> Heimlich Maneuver
How often does a fire drill need to be done in each home?	K	<del>B.</del> 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	<del>C.</del> Remove all consumers from immediate 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	<del>D.</del> 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	<del>E.</del> Wind chill temperature chart
Document to fill out if there is consumer to consumer physical aggression.	B	<del>F.</del> Curtains and Shades
Phone number in case a person needs emergency treatment.	G	<del>G.</del> 9-1-1
Two agencies to be notified in the event of death or serious illness/injury.	N	<del>H.</del> Blizzard or -20 degrees wind chill or below
To operate a fire extinguisher, what does P-A-S-S (or pass) stand for?	M	<del>J.</del> 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).	<del>A</del> E	<del>K.</del> Individual Seizure Protocol
What type of radio is needed during tornado season?	D	<del>L.</del> Quarterly
These are drawn to retain heat in the event of a blizzard	F	<del>M.</del> Quarterly
Staff does this FIRST and SECOND in the event of a fire.	C	<del>N.</del> 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	<del>O.</del> Ombudsman and DHS

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

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

When is ORH/WSS responsible to provide information and training regarding hazardous chemicals to their employees?	At orientation, _____, and when there is a new chemical	Annually
Who can use unlabeled containers of chemicals and when should they be used?	_____. No unmarked containers can be used	Nobody
What is the word that means the minimum temperature at which a liquid gives off a vapor in sufficient concentration to ignite?	_____ point	Flash
What does AWAIR Act stand for?	A Workplace _____ and _____ Reduction Program	Accident 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 _____	Precaution
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 eye protection
Where are gowns, gloves, masks, etc. kept?	B _____ s _____ kit	Blood spill
How often should the water/bleach solution in a bottle be changed?	_____	weekly
For how long should a contaminated area be treated with a bleach solution?	Minimum of _____ minutes	two
What are the two primary body fluids through which AIDS is spread?	_____ and _____	Blood & Semen
What does OSHA stand for?		Occupational Safety & 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. internal 2. external 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	<del>A.</del> 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	<del>B.</del> 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	<del>C.</del> Fiscal Policies and Procedures for Persons Receiving Services
All ORH/WSS staff members can drive ORH/WSS vehicles. True or False	J	<del>D.</del> Data privacy policy
It is ok to transport people who are not ORH/WSS persons served or staff. True or False	K	<del>E.</del> Incident response, reporting and review policy and procedures
This policy provides persons served with good nutrition.	B	<del>F.</del> 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	<del>G.</del> 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	<input checked="" type="checkbox"/> . Psychotropic medication policy
This policy addresses who may administer medications and what medications may be administered.	F	<input checked="" type="checkbox"/> . False
This policy incorporates the use of an extensive checklist to monitor the administration of any medications considered mood altering.	I	<input checked="" type="checkbox"/> . False

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

Answer	Question
Emergency Use of manual Restraint 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
Physical, sexual Abuse Neglect	Consumers have the right to be free from _____, _____, or financial exploitation.
Services and 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 and 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.
Phone	A consumer has the right to have free, daily, private access to and use of a _____ for local calls, and long-distance calls made collect or paid for by me.
Privacy	Consumers have the right to have personal _____. There is a lock on bedroom doors that they may lock if they desire to do so.
Friends	The consumer has the right to choose his/her own _____ and spend time with them.
religion	Consumers have a right to be allowed to reasonably follow my cultural and ethnic practices and _____.
Records Chart	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
A, 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 and 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.

<p>American Disability Act Reasonable</p>	<p>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.</p>
<p>Discrimination harassment</p>	<p>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.</p>
<p>Chemicals</p>	<p>Per Safety Rules and Operating Procedure, ORH/WSS uses _____ as directed on label. They are locked if necessary for the safety of the clients.</p>
<p>Workplace bullying</p>	<p>ORH/WSS defines _____ as repeated mistreatment or inappropriate behavior towards one or more employees in the workplace and/or during the course of employment.</p>
<p>one, alone</p>	<p>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.</p>
<p>Replacement</p>	<p>If you are not going to make your scheduled shift, it is your responsibility to find your own _____.</p>
<p>Precautions</p>	<p>It is expected that ORH/WSS employees will follow standard (universal) _____.</p>
<p>Sexual Sexual Sexual Sexual</p>	<p>_____ harassment includes unsolicited and unwelcome _____ advances, requests for _____ favors, or other verbal or physical conduct of a _____ nature, when such conduct:</p> <ol style="list-style-type: none"> <li>1. Is made explicitly or implicitly a term or condition of employment.</li> <li>2. Is used as a basis for an employment decision.</li> <li>3. Unreasonably interferes with an employee's work performance or creates an intimidating, hostile or otherwise offensive environment.</li> </ol>
<p>False</p>	<p>Per the Weapons policy, Possession of a valid concealed weapons permit authorized by the State of Minnesota is an exemption under this policy. True or False</p>
<p>Tardiness</p>	<p>In the Attendance and Punctuality Policy, the first time _____ occurs the employee shall receive a coaching note.</p>

True	A Late/No Show report will be completed for each time an employee is tardy. True or False
dress code	This policy ensures that staff's appearance represents consumers and ORH/WSS well and provides for the safety of staff.
Safety rules + operating procedures to allow family staff take time off to care for sick family	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, Hvp aa, Employee code of conduct policy, and 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 Product 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



*Oakridge  
Woodview  
2019 Mandatory  
In-services*

May 21, 2019 – Aitkin

May 20, 2019 – Brainerd

May 23, 2019 – Grand Rapids

Name Marjorie Ludwig

Date 8-16-19

Work Location 537

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

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

**Vulnerable Adults (VARPP):**

*See  
packet*

**Emergency and Reporting Policy and Procedures:**

**Bloodborne Pathogens (Universal Precautions):**

**AWAIR Act:**

**Right to Know:**

**Affirmative Action/EEO:**

**HIPAA:**

**ORH/WSS Policies and Procedures:**

**Service Recipient Rights:**

**Emergency Use of Manual Restraint:**

**Incident Reports:**

**Data Privacy:**

# **Oakridge Woodview Mandatory In-Service 2019**

## **Make Up Questionnaire Packet**

**Employee Name** Marjorie Ludwig

**Location Worked** 537

**Date:** 8-18-19



**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.**

## Emergency and Reporting Policy and Procedures Points to Cover

Answer	Question
Emergency and Reporting Policy and Procedures	Document that provides for a safe and hazard-free environment
Quarterly	How often does a fire drill need to be done in each home?
Heimlich maneuver or Choking Poster	Chart that is posted in the house in the event of choking
Blizzard or -20 degree wind chill or below	A scenario when consumers should be kept home from work and outings (except for clients who are preapproved to go to work).
Center of Basement	During a tornado, this is USUALLY where consumers should go.
Obscene call	A telephone call that staff should hang up on immediately.
incident report Behavior report	Document to fill out if there is consumer to consumer physical aggression.
Blanket Drop	Procedure to get some people out of a building in the event of a fire.
911	Phone number in case a consumer needs emergency treatment.
Ombudsman and DITS	Two agencies to be notified in the event of death or serious illness/injury.
Pull, Aim, Squeeze, Sweep	To operate a fire extinguisher, what does P-A-S-S (or pass) stand for?
Wind Chill temperature Chart	Marker when it is so cold, everyone stays indoors (except people approved to go to work).
Battery operated or hand crank	What type of radio is needed during tornado season?
Curtain or shades	These are drawn to retain heat in the event of a blizzard
1. Remove clients from immediate danger 2. Call 911	Staff do this FIRST and SECOND in the event of a fire.
Quarterly	How often do we have to do tornado/severe storm drills?
Help Sign	Sign to put up if you become stranded during travel.

**OSHA (Bloodborne Pathogens, Right to Know, AWAIR Act)  
Affirmative Action/EEO and HIPAA – Points to Cover**

Answer	Question
Provide safe environment	What is the responsibility of the Safety Committee?
All ORH/WSS employees	Who is the Safety Committee?
Orientation, Annually, and when there is a new chemical	When is ORH/WSS responsible to provide information and training regarding hazardous chemicals to their employees?
No one. NO unmarked containers can be used	Who can use unlabeled containers of chemicals and when should they be used?
Flashpoint	What is the word that means the minimum temperature at which a liquid gives off a vapor in sufficient concentration to ignite?
Health Insurance Portability and Accountability Act	What does HIPAA stand for?
2 A's	Are there 2 "P's" or 2 "A's" in HIPAA?
Health, medical records and other protected health information	What information is protected by HIPAA?
Explicit authorization that is truly informed and voluntary	HIPAA ensures that health information will not be used without the individual's _____?
10-15 minutes of occurrence or ASAP	When is the best time to report harassment?
Human Resources	To whom should you report harassment to if you are uncomfortable with your supervisor?
Prohibited basis for for Harrassment	Race, color, national origin, age, religion, disability status, gender, sexual orientation, gender identity, genetic information, marital status, familial status or any other protected status are all what?
Affirmative Action	ORH/WSS takes _____ to ensure all employment practices are free of discrimination.
Equal Employment Opportunity	EEO stands for what?
A Workplace Accident + Injury Reduction Program	What does AWAIR Act stand for?
Red OSHA Book	Where can you find the Right to Know, AWAIR Act and Bloodborne Pathogens Policies in your location?
Safety Rules and Standard operating Procedures	Compliance to which rules are required to help prevent injuries and/or prevent property damage?
Red Tag	Employees are encouraged to report potential hazards and unsafe conditions to their supervisor AND do what to the item?
Personal Protective equipment	What is provided for all tasks that present risks which cannot be reasonably controlled with modifications or procedures?

Accidents	What does ORH/WSS recognize as something that does not "just happen", but is rather caused by a series of actions, steps or failures?
Each Staff Member	At a minimum, when is safety discussed?
Prevention	What is the most effective control of exposure to Bloodborne Pathogens?
universal precautions	Which concept treats all human blood and certain body fluids as if they are known to be infectious for Bloodborne Pathogens?
Bleach and water solution diluted 1:10	What is used to clean all blood/body fluid spills?
Gowns, gloves, mask, eye Protection, resuscitation Bags etc.	What are some examples of Personal Protective Equipment as it refers to the ORH/WSS Bloodborne Pathogens Policy?
Blood Spill Kit	Where are gowns, gloves, masks, etc. kept?
Contaminated Laundry	What should be bagged and labeled "Biohazard?"
Weekly	How often should the water/bleach solution in a bottle be changed?
minimum of 2 minutes	For how long should a contaminated area be treated with a bleach solution?
Blood + Semen	What are the two primary body fluids through which AIDS is spread?
Sexual contact, shared needles Contaminated Blood products	How is AIDS transmitted?
Way AIDS is Not transmitted	In regards to AIDS, What are the following? Casual contact, touching hands, eating food prepared by, drinking fountains, telephones, toilets, other surfaces.
Occupational Safety and Health Administration	What does OSHA stand for?
Inflammation of liver	What is Hepatitis?
People infected with Hep B Virus	Who, oftentimes, never has symptoms of their disease?

### VARPP – Points to Cover

Answer	Question
Vulnerable Adult	What does VA stand for?
Minnesota Adult Abuse Reporting Center	Who do you call in a VA to if you choose not to report internally?
24 hours	How much time do you have to report a suspected VA?
neglect	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

two	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.
Neglect	The failure or omission by a caregiver to supply a VA with care or services
Financial exploitation	Unauthorized expenditure of consumer funds.
72 hours and Annually	The program shall ensure that each new mandated reporter received orientation within ___ hours of first providing direct contact services to a VA and _____ thereafter.
Abuse	Words or gestures to the VA that are disparaging, derogatory, humiliation, harassing or threatening.
mandated reporter	Person engaged in the care of a VA
individual Abuse prevention Plan	Specific plan of action to keep individual consumers safe.
5th page	Where in the VARPP is the phone number you can call with a suspected VA?
Vulnerable Adult Reporting Policies and Procedures	What does VARPP stand for?
Accident	A sudden, unforeseen and unexpected occurrence or event
each	The VARPP should be posted at _____ location and be made available upon request.
Vulnerable Adult	Any person over the age of 18 who is a resident or inpatient of a facility
Therapeutic Conduct	Program services done in good faith in the interests of the VA
internal, external, Both	Three ways you can report a suspected VA
Designated Coordinator	ORH/WSS people you can call a suspected VA in to.

**Oakridge Policies and Procedures,  
Emergency Use of Manual Restraint and  
Service Recipient Rights**

Answer	Question
Abuse, Neglect or Financial exploitation	Consumers have the right to be free from _____
Service & Supports	The consumer has the right to have _____ and _____ provided to them in a way that respects and considers their preferences.
Electronic correspondence or communication	I have the right to receive and send _____.
Respect	Consumers have the right to be treated with _____

CSSP Addendum and Service Recipient Rights Restriction Form	If there is a limit on rights, this is where it will be documented _____
Personal Property	A consumer has the right to use his or her own _____
Problems	The right to have _____ resolved
Complaints	The right to have _____ heard.
telephone	A consumer has the right to talk on the _____
Privacy	The consumer has the right to _____ when he/she wants to be alone.
Friends	The right to see his/her _____.
experiment	The right to refuse to participate in an _____.
Cultural + ethnic practices	I have a right to reasonable observance of my _____
mail	A right to receive and read my private _____
Records	The consumer has the right to see his /her or her own _____.
Race, gender, Age, disability, spirituality or sexual orientation	I have a right to be free from harassment regarding my _____
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 _____
trained + Qualified	This is the kind of staff a consumer has the right to _____
giving me medication I dont want to take or isnt perscribed to me or putting me in time out or seclusion	The consumer has the right to be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, _____, or _____; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
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.
Replacement	If you are not going to make your scheduled shift, it is your responsibility to find your own _____.
Acknowledgment page	This is at the front of the Staff Training Book and acknowledges that staff has received instruction on and reviewed the implementation of the "Personnel Policies for Non-Contractual Employees" of ORH/WSS.
Communicable disease policy	This is the policy to protect others from infection or illness.

Mandatory Inservice	Because these are so important and oftentimes mandated by state and/or federal regulations, ORH/WSS has a policy to attend
Staff meetings	ORH/WSS added on to their Mandatory Inservice Policy to make these a condition of employment.
Consumer Fiscal Policy	This policy explains how to use consumer's funds.
Tardiness	In the Attendance and Punctuality Policy, if _____ occurs the employee shall receive a coaching note.
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 standard operating procedures	This policy minimizes accidents and injuries.
Misconduct	This policy addresses any substantiated physical, emotional or verbal abuse toward consumers or employees.
Family & medical leave act (FMLA)	This policy states that employees may request leave for: the birth of a child; the placement of a child through adoption or foster care; to care for a spouse, child, or parent who has a serious health condition; a serious health condition that makes the employee unable to perform the essential functions of his/her job; any qualifying exigency arising out of the fact that the employee's spouse, son, daughter or parent is a covered military member on "covered active duty;" and to care for a covered service member with a serious injury or illness.
Service Termination Policy	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
Safe Transportation Policy	This policy assures the consumers are safe in vehicles and outlines guidelines for using ORH/WSS vehicles.
Policy on food services	This policy provides consumers with good nutrition.
incident reporting Policy	A policy to protect the well-being of individuals being served by ORH/WSS <b>AND</b> a way of documenting, reporting, reviewing and investigating.
Confidentiality Policy	This policy provides that private information be shared between approved parties only.

Staff training Policy	This addresses the scope, schedule and content of ongoing education for staff.
Drug and Alcohol Policy	This policy states that "being under the influence of a controlled substance, alcohol, or illegal drugs in any manner that impairs or could impair an employee's ability to provide care or services to persons receiving services is prohibited and will result in corrective action up to and including termination"
Anti-Harassment Policy, Confidentiality Policy, HIPAA, and misconduct 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
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"
Employee use of company equipment	This document is in your Personnel Book and addresses the use of telephones, fax machines, computers, and other machines for business purposes owned and maintained by ORH/WSS.
Memo of theft	This addresses what will happen in the event of theft or mishandling of client funds or property.
Data Privacy Policy	This document refers to protecting privacy, consumers seeing their own information, explains the needs for and the use of information, and explains consumer rights regarding information.
Table of contents	This is at the front of the Employee Book and needs to be signed and dated on an annual basis.
Medication Policy	This policy addresses who may administer medications and what medications may be administered.
Emergency use of Manual Restraint (EUMR)	This policy is to promote the rights of persons served by ORH/WSS and to protect their health and safety when a person poses imminent risk of harm to self or others.
Psychotropic medication Policy	This policy incorporates the use of an extensive checklist to monitor the administration of any medications considered mood altering.
Sleep Policy	This policy addresses when, if at all, an employee can sleep.
Staff training policy	This is where all employees should be able to find all the policies and procedures on anything non-medical.

Emergency use of manual Restraint	This can be used during emergency situations to protect the person or others from physical injury or to prevent severe property damage, which is an immediate threat to the physical safety of the person or others.
Behavior report + Behavior intervention reporting form	After the EUMR, what two documents need to be filled out?
Behavioral intervention Reporting form	This needs to be filled out by the Designated Coordinator within 3 calendar days after the emergency use of manual restraint.
Expanded Support Team Review	Five days after the internal review of EUMR, what has to happen?
Designated coordinator and program coordinator	This is who you need to call immediately following an Emergency Use of Manual Restraint (EUMR)
Emergency use of manual Restraints	This policy allows a 1 person escort, 2 person escort, and basket hold in the event that a person poses imminent risk of physical harm to self or others.
Behavior intervention reporting Form	On this form, the Designated Coordinator must describe the physical and social environment, including who was present before and during the time leading up to the intervention.

# Certificate of Training

## Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

*Awarded on 01/26/2021 to:*

**Marjorie Ludwig**

**Certificate Number:**

VAMR91012820210126

**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 06/25/2020 to:*

**Marjorie Ludwig**

**Certificate Number:**  
VAMR84966320200625

**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



### Minimizing the Risk of Sexual Violence Competency Questions

Name: Marjorie Ludwig Date: 4-20-21

Read the Power Point and answer the following questions.

1. What is the definition of sexual violence according to MN Statute 245D? use of sexual act or words that are unwanted or harmful
2. In the past care providers were "protectively" 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? has control over their own body
4. The people we serve have a right to control what does and does not happen to their bodies.  True or False
5. Why is it important for the people we serve to know the proper names for body parts, especially private parts? to help identify abuse
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. good communication
  - b. supportive & encouraging
  - c. able to spend time alone
8. List 3 components of abusive relationships:
  - a. isolate
  - b. no alone time
  - c. controls & demeans
9. List 2 things that are true about consent:
  - a. can be removed at any time
  - b. given each time
10. Write your reaction to the *Tea and Consent* video: cute analogy for consent.



## 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: Marjorie Ludwig

By signing I acknowledge that I understand the above information: Marjorie Ludwig

Date: 11-19-19

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

Printed Name Marjorie Ludwig

Signature Marjorie Ludwig

Work Location 537

Date 9-2-20

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

Name Marjorie Ludwig

Signature Marj Ludwig

Date 3-25-19

## 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

Marjorie Ludwig  
Staff Name

10-20-21  
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.

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

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

  
Staff Name

  
Date

## 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.

Staff Name

Marjorie Leudewij

Course Instructor/Date

## Due Care Guidelines for Participants

Participants in this training are asked to take responsibility for the *Care, Welfare, Safety, and Security* of themselves and others in the class by adhering to these classroom expectations:

We ask that you agree to the following program safety rules:

- Respect each other as peers.
- We are all responsible for each other's safety.
- Gauge for yourself any past/current injuries and your comfort level. If you have any concerns, please see the Instructor at break.
- Horseplay will not be tolerated.
- Teaching of other techniques will not be tolerated.
- In all role-plays/techniques, you will act only on your Instructor's direction.
- Report any injuries to your Instructor immediately.
- Cooperate, don't compete.
- Take time to physically prepare before performing any physical activity.
- Be conscious of the space around you and always consider safety.
- During physical activities you can ask to stop at any time, for any reason.
- Inform Instructor prior to training of any injuries or limitations.
- Respect confidentiality when sharing examples.

Signed: \_\_\_\_\_

*Majorie Indwiy*

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

*11-19-19*

# PROOF OF COMPETENCY



## SERVICE RECIPIENT RIGHTS COMPETENCY

(January Worksheet)

Name: Marjorie Ludwig Date: 2-19-20 Signature: Marjorie Ludwig

\*\*\*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 Freedom & 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 re-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 Condition 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 alone with my spouse, family, legal counsel, religious guide, or others allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09, including my bedroom.

14. Right to have services and support(s) provided to me in a way that 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 open mail and emails and do not have them opened by anyone else unless I ask.
20. Right to have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
21. Right to know before I start to receive services from ORH/WSS, if ORH/WSS has the Skills and abilities 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.

## Blood Borne Pathogens Quiz

- |   | True                   | False |
|---|------------------------|-------|
| 1. Hepatitis B virus is easily cured.   | T                      | F     |
| 2. HIV and HBV may be present in body fluids other than blood.  | T                      | F     |
| 3. Broken glass and the exposed ends of dental wires are considered sharps.   | T                      | F     |
| 4. Facial acne is a potential route of entry into the body for Blood Borne Pathogens.   | 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.  | T                      | F     |
| 6. No single approach to controlling the spread of blood borne infections is 100 percent effective.   | 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.  | T                      | F     |
| 8. Once blood gets on your hands it's too late to take any preventative measures.   | T                      | F     |
| 9. You don't have to wear any gloves if you allergic to latex or nylon.   | T                      | F     |
| 10. You don't have to wear personal protective equipment if it is annoying or uncomfortable.  | T                      | F     |
| 11. Hepatitis B vaccines used in the U.S. cannot transmit blood borne diseases.   | T                      | F     |
| 12. If you are exposed, you should report the incident to your supervisor within 14 days  | T                      | F     |
| 13. Name the two blood borne diseases most prevalent in the United States.<br><u>Hepatitis B      HIV</u>   |                        |       |
| 14. Do vaccines exist that can prevent infection from HBV and HIV?<br><input checked="" type="checkbox"/> HBV only<br><input type="checkbox"/> HIV only<br><input type="checkbox"/> Both HBV and HIV<br><input type="checkbox"/> Neither HBV or HIV |                        |       |
| 15. Name three "infectious" materials that can contain Blood Borne Pathogens.<br><u>Blood      urine      <del>saliva</del> mucus</u>   |                        |       |
| 16. What is the single most important personal/occupational hygiene activity that can prevent infection from blood borne diseases? <u>Hand washing</u>  |                        |       |
| 17. What color must be used for Biohazard Warning labels? <u>Red</u>  |                        |       |
| 18. Name three types of personal protective equipment that can help guard against infection from Blood Borne Pathogens. <u>Gloves      gown      mask</u>   |                        |       |
| <u>Maipori Sudney</u><br>Employee's Signature   | <u>3-26-19</u><br>Date |       |

Name: Marjorie Ludwig

Date: 3-25-19

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 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 3<sup>rd</sup> 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 Consumers 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. Behavioral 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 visits – the reason, who they saw, where, any diagnosis made, prescriptions or recommendations.
9. Any unusual event.
10. Anything interesting – good or bad.

9:51

### Confidentiality in a Community-Based Setting

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

<u>interrupt</u>	<u>Redirect conversation</u>
<u>confront directly</u>	<u>leave the scene</u>
6. Documents containing information – either on agency or the client - 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 Marjorie Ludwig

Date 3-25-19

House name/number 537-4 420

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.

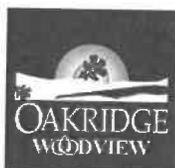
12. A healthy eating plan includes:

- 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: Marjorie Ludwig

Date: 3-25-19

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



**COMPETENCY QUESTIONS FOR EMERGENCY REPORTING POLICIES AND PROCEDURES**

Name: Marjorie Ludwig

Date: 3-25-19

Signature: Marjorie Ludwig

1. Fire drills will be held 12 times per year. True or False False 4x
2. What does P.A.S.S. stand for?  
P= Pull pin  
A= Aim low  
S= Squeeze lever slow & even  
S= Sweep side to side
3. Always remember the person's safety is of prime concern.
4. ORH/WSS has established a Marker Wind Chill Temperature when everyone stays indoors.  
The Wind Chill Marker is \_\_\_\_\_°.  
 a) -20  
 b) 0  
 c) -10
5. Tornado/Severe Storm drills will be held \_\_\_\_\_ 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: Marjorie Ludwig Date: 3-26-19

Signature: Marjorie Ludwig

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

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

#### Heart Attack

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

#### Unconscious/Not Breathing

1. Check for breathing by tilting head backwards and looking and feeling for breaths.
2. Call 911 and give chest compressions until help arrives.
3. Chest compressions are done by pressing firmly down in middle of 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 False
3. Keep pressure on the wound until help arrives

## Burns

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

## Broken Bones

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

## Stroke

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

## Seizures

1. Make them safe and protect from injury.
2. Do not restrain the person.
3. After the seizure, move them onto their side and tilt their head back, check for breathing, and if necessary Call 911

## Head Injury

1. Ask them to rest
2. Apply a cold pack 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 position
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 donot make them sick
3. If necessary, Call 911 ↔

## Distress

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

## Diabetic Emergency (Low Blood Sugar)

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

# How to Develop Healthy Eating Habits

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

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

- Good health is a matter of taking a new approach to eating and making simple changes.
- Why should you cook and prepare the majority of your meals?  
help avoid eating processed or fast food high in sodium & fats
- 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?  
increases metabolism
- You should eat something within the first hour of the time you wake up.
- Eat smaller meals, 3 meals and 2 snacks.
- Drink plenty of water, why? hydrates body & aids digestion
- 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 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 \_\_\_\_\_ 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 03/25/2019 to:*

**Marjorie Ludwig**

**Certificate Number:** VAMR75480720190325

**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 Mariprie Ludwig Date 3-29-19  
Program Location 537

1. What specific measures has the program taken to minimize the risk of abuse to people as related to the gender of people receiving services? All Residents have their own Bedrooms and staff is Always present except when stated in IAPP

2. Describe the need for specialized programs of care for the persons the program plans to serve: Therapeutic Intervention and ADL Assistance

3. Describe the need for specific staff training to meet individual service needs: Vulnerable Adults, Therapeutic intervention medication training

4. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services: One resident witnessed Abuse but was not a victim

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? 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? All Do

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

on Therapeutic intervention, behavior plans.

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

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: would take approx. 1 min For emergency services to arrive

Types of grounds and terrain: staff trained to meet needs of each ~~area~~ resident and for their safety

Signature

Marjorie Seel

**PROOF OF COMPETENCY**

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

**Person-Centered Planning**

Name: Marjorie Ludwig

Date: 3-25-19

Program/Location Worked: 537 & 420

**Please complete the blanks:**

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

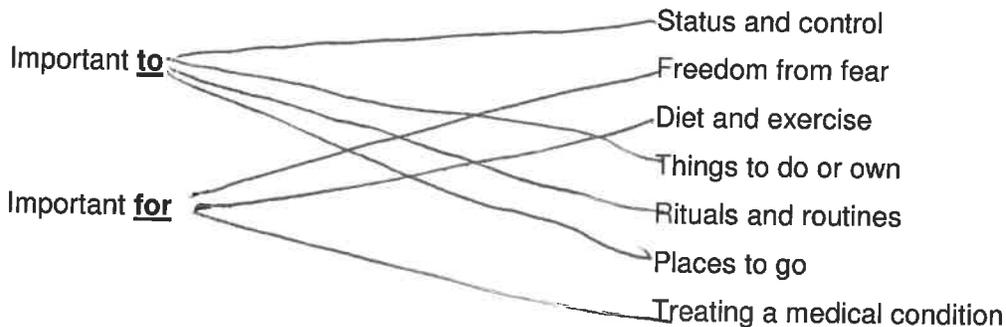
- ◆ Identifies and supports what is important to the person and what is important for the person, including preferences for when, how, and by whom direct support service is provided.
- ◆ Uses information to identify outcomes the person desires.
- ◆ Respects each person's history, dignity and Cultural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

**Please answer the following question:**

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

1. Quality of Life
2. relationships
3. Activities that build on strengths, 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

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

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## PROGRAM POLICIES COMPETENCY WORKSHEET

Name: Margorie Ludwig Date: 11-4-19

### 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: Marjorie Ludwig

1. What is the responsibility of the safety committee?  
Work safely and provide safe environment for clients
2. Who is the safety committee?  
All employees
3. What is the responsibility of the Safety Team?  
developing policies & procedures
4. When is ORH/WVS responsible to provide information and training regarding hazardous chemicals to their employees?
  - A. ~~written~~ Annually
  - B. Upon hire
  - C. Whenever new chemical is introduced
5. What three methods can be used to detect presence or release of hazardous chemicals?
  - A. Continuous monitoring (CO detector)
  - B. Visual appearance
  - C. Odor
6. Who can use unlabeled containers of chemicals and when should they be used:  
No one, ever
7. What is a Flammable Chemical?
  - A. flammable gas
  - B. Aerosol
  - C. liquid
  - D. Solid
8. What is a "flashpoint"? Minimum temperature where liquid gives off vapor in sufficient concentration to ignite

Oakridge Homes/Woodview Support Services  
Service Recipient Right Competency

\*\*\*Fill in the Blank\*\*\*

Name: Marjorie Ludwig Date: 3-25-19 Location: \_\_\_\_\_

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 Condition 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 Culture and ethnic practices and religion.
17. Right to be free from prejudice and harassment regarding my race, gender, age, disability spirituality, and sexual orientation.
18. Right to be told about and use the ORH/WSS Grievance policy and procedures, including knowing the contact persons responsible for helping me get my problems with ORH/WSS fixed and how to file a social services appeal under the law.
19. Right to know the names, addresses, and phone numbers of people who can help me, including the ombudsman, and to be given information on how to file a Complaint 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 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 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 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: Margorie Ludwig Date: 3-25-19 Signature: Margorie Ludwig

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 internal or an external report.

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

- a) Assault as defined in sections 609.221 to 609.224;
- b) use of drugs as defined in section 609.235;
- c) solicitation as defined in the section 609.322;
- d) sexual contact conduct as defined in the sections 609.342 to 609.3451.

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

8. The act of 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, Care of Vulnerable adults, any occupations referred to in section 214.01, subdivision 2; an employee of rehabilitation facility certified by the commissioner of jobs and training for vocational rehabilitation; an employee or person providing services in a facility as defined in subdivision 6; or a person that performs the duties of a medical examiner or coroner. \*\*\*ALL ORH/WSS EMPLOYEES\*\*\*

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

1) Resident/inpatient of facility  
2) receives services at or from licensed facility

3) receives home care services from licensed provider

4) possesses physical or mental infirmity or other physical, mental or emotional dysfunction

a) impairs ability to provide adequately for own care without assistance

b) because of dysfunction, needs assistance to protect 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	Marjorie Ludwig	Year	2021
Location	539	Position	
Date of Employment	3/25/19		

**Monthly Staff Meetings**

*Attach staff meeting agenda*

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan	1/24/21	Staff & House Meeting P-C/Positive Support-Building Support that Creates Community (.5) VARPP, Service Recipient Rights, Client Competencies, MH-Seasonal Affective Disorder (.5)	make up packet	3	HS
Feb	2/22	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-Schizoaffective Disorder (.5)	Briana	3	HS
April	4/20	Staff & House Meeting Preventing Sexual Violence, MH-Psychotropic Meds & Side Effects (1)	Briana	3	HS
May	6/2	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	make up packet	3	HS
June	6/15	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)	Briana	3	HS
July	7/20	Staff & House Meeting Adaptive Equipment Competency, MH-Panic Disorder (.5)	Briana	3	HS
Aug	8/19	Staff & House Meeting PAPP Competency, Medicare Fraud, MH-Co-occurring SA & HC (1) CPR/First Aid Refresher	make up packet	3	HS
Sept	9/21	Therapeutic Intervention P-C/Positive Support	Morgan	3	HS
Oct	10/20	Staff & House Meeting P-C/Positive Support-Cultural Competency, Harassment, MH-Narcissistic Personality Disorder, Treatment Options/EBP (.75)	MUP	3	HS
Nov	11/11	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: Marjorie Ludwig Date: 11/11/21

### Watch How I Knew I Had PTSD Video.

Write your reaction to the video: PTSD affects people many different ways. Some are completely crippling.

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

### Watch Prader-Willi Syndrome video.

Write your reaction to the video: Babies are born with low muscle mass, weak cry + poor sucking motion. They can start to overeat in toddler years and access to food has to be limited or restricted. It happens on the 15th chromosome

### 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:

- a. Non-judgemental
- b. Undivided attention
- c. Allow silence for reflection
- d. restate & paraphrase back to person

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

- P Patterns
- I Investigate
- N Negotiate
- G Give

**Read Active Treatment**

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

**Read Staff Guide to Money in the Home**

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

**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. Get sleep
- b. Eat less salt
- c. Reduce your sit time
- d. Snack well
- e. Breathe

**Read Sofa Workouts** and do them with the people you serve

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

## October 2021 Staff Meeting Questions

Name: Marjorie L. - 637 Date: 10-20-21

### Watch TI Video.

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

- a. Safe - is it safe  
effective - does it work  
Acceptable - is it acceptable  
Transferable - will it work for others
- b. Our attitudes, posture, tone, cadence influences the  
behavior of the clients.

### Read EUMR Policy.

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

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

- a. Chemical Restraint
- b. Mechanical Restraint
- c. Manual Restraint
- d. Time Out
- e. Seclusion
- f. Any aversive or deprivation procedure

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

- a. Designated Coordinator

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

- a. 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. Places events in logical order
- b. Clears up misconceptions
- c. Acknowledges the accomplishments

9. List 4 symptoms of critical incident stress:

- a. restlessness
- b. irritability
- c. Excessive Fatigue
- d. Sleep disturbances

10. List 2 incidents that may require a debriefing:

- a. Death of 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 | — | "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"



## 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?

**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: 537**  
**Program Coordinator: Bonita Novotny**      **Date: 9/21/21**

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Amanda (amanda@orhwy.com) before the 1<sup>st</sup> of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)  
Anthony: property destruction – tried smashing mirror. On two occasions claimed he fell when he didn't.  
Lana: reported fell, abrasion and bruising on arm, took to Dr. a few days later (still sore), shoulder sprain. Property destruction (spray paint on wall/carpet).  
Melissa: made false allegations – housemate drooling on food, someone taking her sheets off her bed, male housemate touching her while she slept, someone put dirty/smelly shorts by her bed while she napped.
3. **Safety Concerns:**
  - Drills: quarterly need Fire and Storm (due the 15<sup>th</sup> 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. House guidelines have to be followed.
2. Follow menu (use leftovers when there are some) & need to be measuring, & they do not get bedtime snacks. If they don't want what is on the menu for a meal, they can make themselves a sandwich. If client's serve themselves, make sure they are also the correct amount. If they are hungry between meals after they have had the 2 snacks (between breakfast/lunch, lunch/supper) they can have a piece of fruit or their own snacks. Only one glass of Kool Aid a day.
3. To many staff are not completing their shift responsibilities every shift. No one is paid to sit around (other than 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.
4. Makeup packets – need to get completed ASAP, and need to be completed prior to the next meeting. We are getting to the end of the year, and you don't have them completed you will go to the office and sit until they get completed, and if you don't do that, they will suspend you from work until they get done; these packets are state mandated.
5. If the ladies refuse to go to work, they can't do anything during the day, but lay around and rest.

**V. DISCUSSION OF CLIENTS:**

1. Cissy:
2. Anthony: Has to be watched when in main rooms. If he is sitting out in the main rooms and you have to do something, tell him he needs to stay there and cannot get into anything.
3. Lana: Working Weds, and Thurs., if she refuses to go she has to call work, but before she does you need to find out why she is refusing, and be convincing her to go if she says because she is tired/stayed up all night, remind her that was her choice to stay up, and she is an adult, and still needs to go to work. She needs to be cooking one time a week, and you need to be asking her to cook, and if she refuses, document it. She also needs to be counting money twice a week, and if she refuses, document it. She also has to clean her bedroom/bathroom/common areas downstairs one time a week.
4. Melissa: Working Mon, and Weds., if she refuses she has to call work. Before she calls find out why she is refusing, and be convincing her she needs to go – she is the one who kept saying she wants to work (obsessing about it) so she needs to go unless a good reason not to.

Signature of those in attendance:





## Aitkin Staff Meeting Agenda

*Marjorie*

**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:**

**I.**

**INDIVIDUAL HOUSE STAFF MEETING**      **HOUSE:** 537

**Program Coordinator:** Bonita Novotny      **Date:** 8/17/21

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Amanda ([amanda@orhvw.com](mailto:amanda@orhvw.com)) before the 1<sup>st</sup> of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)  
Melissa: 8/12 – yelling/swearing at staff, and flipped staff off.
3. **Safety Concerns:**
  - Drills: quarterly need Fire and Storm (due the 15<sup>th</sup> 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. Night staff – need to be cleaning more – have almost three hours a night to clean, and that is what you need to be doing unless PC tells you differently to do something or you have staff meeting makeup packets to do. Cleaning has to be done as much as stated.
2. Bedroom cleaning is still being skipped. The clients need assistance to do.
3. Staff are still not doing everything they are supposed to at the beginning of their shift, end of their shift – everything is listed on the clipboard so there is no reason to miss these things.
4. Need to be firm/consistent with clients. They cannot eat at all or drink anything other than water anywhere else than in kitchen or dining room.\
5. Leftovers have to be used up. Use them for lunch/supper. We can only keep them for 3 days.

**V. DISCUSSION OF CLIENTS:**

1. Cissy:
2. Warren: moving out Sept. 1<sup>st</sup>.
3. Anthony: Has to be watched when comes out of his bedroom. Redirect when having behaviors even with inappropriate comments. For standing up straight if he won't ask him to stop walking and stand up straight, and lift his foot while walking, need to keep telling him this. Have to check his bedroom daily, and he needs to bring out his dirty clothes after changing.
4. Lana: Needs to come upstairs for her meds, and get her for mealtime, and remind her of mealtimes.
5. Melissa: Need to keep reminding her of house guidelines.

**Signature of those in attendance:**





5. A person is diagnosed with epilepsy if they have 2 or more unprovoked seizures that were not caused by some known and reversible medical condition.
6. Having seizures and epilepsy and affect one's Safety, relationships, work, driving, and so much more

**Watch the videos – “What is a seizure?” and “Michael’s basketball team learns Seizure**

**1<sup>st</sup> Aid”.** Write your reaction or one thing for learned from the videos. Stay Calm,  
Keep them safe, time seizure, call 911 if more than  
5 minutes

### **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

**PAPP Competency – please complete for your home**

### **Back Safety (Handout and video)**

1. Reach only has high as your shoulders
2. Lift with your legs, not your back.
3. Pulling larger objects can be as hard on your back as lifting
4. Tighten your stomach muscles as you push.

**Watch "Back Safety video" - Keeping your back safe**

1. A safe, straight and protected Spine
2. Build a Bridge; reduce the Load
3. exercise

**Hand Washing and Disease Prevention (Handout and videos)**

1. Regular handwashing is one of the most important ways to avoid getting sick. True or False
2. You should wash your hands with soap and water for at least 20 seconds.
3. What are the 5 steps to wash your hands?
  - a. Wet
  - b. get Soap
  - c. Scrub
  - d. Rinse
  - e. dry
4. If soap and water are not available, using a hand sanitizer with at least 60 % alcohol can help you avoid getting sick and spreading germs.
5. What is the most important thing you can do to prevent food poisoning? Hand Washing
6. What are some "key times" when germs can spread?

<u>After handling raw meat</u>	<u>Before eating</u>
<u>Before/during/After preparing food</u>	<u>After touching garbage</u>
<u>Before/after using gloves</u>	<u>After cough, sneeze, blow nose</u>
7. Sanitizers get rid of all types of germs True or False
8. Rub hand sanitizer over all surfaces of your hands and fingers True or False

**Watch "What you need to know about handwashing"**

1. Warm or cold water? Either as long as its clean
2. Bar Soap or liquid soap? Either is fine
3. Towel or air dry? either

4. Clean under your fingernails? Yes
5. What if you don't have soap or water? ~~use plain water~~ or Hand sanitizer

**Watch "Putting on and Removing gloves"**

1. Write one reason why we should use gloves? protect us from pathogens
- 
2. You should wear gloves when coming into contact with what? Bodily Fluids
3. Before putting on gloves you should wash your hands
4. You should remove the first glove by turning it inside out True or False
5. Insert all of your fingers into the 2<sup>nd</sup> glove to remove it True or False
6. You can use the same pair of gloves more than once True or False
7. There is no need to wash your hands after you remove gloves True or False

**Read Medicare Part D Fraud Waste and Abuse and sign the acknowledgment page.**



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

### **VA Review:**

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

**Nursing Notes:** review procedure for person returning to the home

**MH Training:** Panic Disorder (videos)

**DD Diagnosis:** Memory Impairment/Dementia (videos)

**TI:** Staff Fear and Anxiety

### **New Business:**

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

**Hour 3- House Meeting:**

*M. Anderson*

**I. INDIVIDUAL HOUSE STAFF MEETING** HOUSE: 537  
Program Coordinator: Bonita Novotny Date: 7/20/21

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Amanda ([amanda@orhvv.com](mailto:amanda@orhvv.com)) before the 1<sup>st</sup> of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)  
Anthony – 6/10: urinating in plastic cart and wrote on wall in bathroom with marker, 6/22: at 216 took others belongings from the bathroom, hit staff 2x, at home tried taking phone. 7/12: hit staff with hand strengthener, inappropriate comments, unplugging computer, at 216 took deodorant, and a cell phone (hid in shoe) and broke it from walking on it,
3. **Safety Concerns:**
  - Drills: quarterly need Fire and Storm (due the 15<sup>th</sup> 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. Documentation is very important. Every shift has to document not only in progress records but also on their goals. Make sure if clients make comments about stuff that is gets put in progress notes. Document everything, this not only shows you are doing your job but can protect you if these records are called into court or the state wants them.
2. Night staff – need to be cleaning more – have almost three hours a night to clean, and that is what you need to be doing unless PC tells you differently to do something or you have staff meeting makeup packets to do. Cleaning has to be done as much as stated.
3. Bedroom cleaning is still being skipped. The clients need assistance to do.
4. Staff are still not doing everything they are supposed to at the beginning of their shift, end of their shift – everything is listed on the clipboard so there is no reason to miss these things.
5. New client moving in this week or next.

**V. DISCUSSION OF CLIENTS:**

1. Cissy: encourage her to walk outside – keep door open so you can hear if Anthony comes out of his room, and have her walk the sidewalk or driveway.
2. Warren: moving out Sept. 1<sup>st</sup>. Still waiting to hear if he can cook downstairs again.
3. Anthony: Has to be watched when comes out of his bedroom. Redirect when having behaviors even with inappropriate comments.
4. Lana: Make sure she is not taking stuff from upstairs downstairs.

Signature of those in attendance:



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.

Margorie Ludwig missed 5-18-21 inservice because  
at home with clients

didn't call my supervisor in advance, as required.  
I made up the Inservice and/or Staff Meeting missed by  
making packet

Margorie Ludwig 6-15-21  
Employee Date

B. Mousty 6-16-21  
Program Coordinator Date

537



Marjorie Ludwig

### 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?

**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

**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

*M. Ludwig*

**I. INDIVIDUAL HOUSE STAFF MEETING** HOUSE: 537  
Program Coordinator: Bonita Novotny Date: 6/15/21

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Amanda ([amanda@orhvv.com](mailto:amanda@orhvv.com)) before the 1<sup>st</sup> of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)  
Warren: 5/11 – fell at park, needed stitches on arm.  
Lana: 5/2 – had housemates cell phones, Cut into her arm. 6/1 – fell going downstairs causing some bruising, 6/2 – cut thumb while shaving, 6/4 – punched a glass picture frame cutting in between knuckles.
3. **Safety Concerns:**
  - Drills: quarterly need Fire and Storm (due the 15<sup>th</sup> 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. Documentation is very important. Every shift has to document not only in progress records but also on their goals. Make sure if clients make comments about stuff that is gets put in progress notes.
2. Bedroom cleaning is still being skipped. The clients need assistance to do.
3. Staff are still not doing everything they are supposed to at the beginning of their shift, end of their shift – everything is listed on the clipboard so there is no reason to miss these things.
4. Any client issues.

**V. DISCUSSION OF CLIENTS:**

1. Cissy: Now that it is nice out, encourage her to walk outside – keep door open so you can hear if Anthony comes out of his room, and have her walk the sidewalk in driveway.
2. Warren: Be reminding him every day about cleaning downstairs.
3. Anthony: Every shift needs to check his room for dirty/wet clothing; he will try to hide them. If he makes a mess, have him clean it up like getting toothpaste all over. If incontinent of urine on bathroom/bedroom floor, have him mop it up. He needs assistance to put his clean clothes away.
4. Lana: Be checking her when you see her for any signs of her hurting herself.

Signature of those in attendance:

*Mayorie*



Printed Name: Marjorie Ludwig  
 Signature: M. Ludwig  
 House: 537

**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:**

For office to fill out:

Attended Meeting [ B ]

Completed Make Up Packet: [   ]

**I. INDIVIDUAL HOUSE STAFF MEETING**      **HOUSE:** 537  
**Program Coordinator:** Bonita Novotny      **Date:** 4/20/21

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Amanda ([amanda@orhww.com](mailto:amanda@orhww.com)) before the 1<sup>st</sup> of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)  
None
3. **Safety Concerns:**
  - Drills: quarterly need Fire and Storm (due the 15<sup>th</sup> 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:    July:    September:    November:  
February: N/A    April: N/A    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 is on a clipboard in the laundry room so no reason any of that being missed (go over the sheet every time you work 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. Every shift has to document not only in progress records but also on their goals.
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. You do not need to notify me if you forgot to check in/out of a shift, that is what the time adjustment form is for, and I can see it anyways on the timeworks program.
4. I need to approve any shift changes ahead of time.
5. Bedroom cleaning is being skipped. The clients need assistance to do.
6. House guidelines
7. Can only make limited copies of stuff at the house.
8. If you miss a staff meeting, you have to have the makeup packet done prior to the next meeting.
9. Any client issues.

**V. DISCUSSION OF CLIENTS:**

1. Cissy:
2. Warren:
3. Anthony: His new alarm on his door. When it goes off, you need to check right away what he is doing.

**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:** 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/weighting/visual measurements
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter Amanda@orhvv.com

**Hour 3- House Meeting:**

**I. INDIVIDUAL HOUSE STAFF MEETING**      **HOUSE:** 537  
**Program Coordinator:** Bonita Novotny      **Date:** 3/16/21

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Amanda ([amanda@orhvwv.com](mailto:amanda@orhvwv.com)) before the 1<sup>st</sup> of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)  
Cissy – 1/31: screaming/stomping most of day, received Ativan.  
Anthony – 1/5: took down fire alarm, yelling/swearing at staff, barricaded self in bedroom, hitting typewriter with pool stick. 1/18: went out his bedroom window. 3/10: swearing at staff, tried hitting staff two times (staff blocked hits).
3. **Safety Concerns:**
  - Drills: quarterly need Fire and Storm (due the 15<sup>th</sup> in Feb, May, Aug, Nov)  
**Designated place to go in event of fire-** Ripple River
  - Discussion of last fire drill led by staff – Anthony refused fire drill and tornado drill. Cissy needed verbal/gestural prompts, Warren independent.
  - 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**

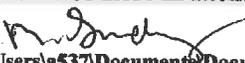
**III. New Business**

1. Make sure all your shift duties are being done. There is stuff being missed and the attached sheet is on a clipboard in the laundry room so no reason any of that being missed (go over the sheet every time you work 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.

**V. DISCUSSION OF CLIENTS:**

1. Cissy: Make sure she is assisting with doing her laundry, and cleaning her room (which is not being done). Make sure she puts all her dirty clothes in her clothes basket, not just thrown on the floor in her bedroom. Her bedspread needs put on her bed every am and taken off at bedtime.
2. Warren: His goal for showering specifically states the days he needs to shower and in the evening – he cannot just come up anytime or any day he wants and staff give him a shower.
3. Anthony: Help him put his clean clothes away. Make sure his dirty clothes are being put in the washer and not left in his bedroom.

Signature of those in attendance:



### 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 (1<sup>st</sup> 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 chore/bedroom cleaning/laundry chart (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) (Afternoon shift you should be cleaning after 9pm, and night staff 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 – Warren Monday, Wednesday, Friday, and Sunday in evening and he has to take them upstairs. Cissy every other pm (afternoon shift), Anthony every other am when he gets up (night shift). Also make sure Anthony shaves every am (night staff may need to assist), all of them brush their teeth am and pms, and in pm use mouthwash (if they can't use mouthwash correctly just brush on their teeth) and floss teeth.



## Brainerd Staff Meeting Agenda

Margorie L.  
2/22/21

**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](mailto:Bethany@orhvw.com)
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter [Amanda@orhvw.com](mailto:Amanda@orhvw.com)

**Hour 3- House Meeting:**

## February 2021 Staff Meeting Questions

Name: Marjorie LudwigDate: 2-22-21

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

1. Sad because of how broad of an impact suicide has on the friends and family.

**Read Preventing Suicide and answer the following:**

2. Nearly 45,000 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-TALK (8255)
6. When people die by suicide, their family and friends often experience shock, anger, guilt, and depression.
7. Suicides and suicide attempts cost the nation approximately \$70 billion per year in lifetime medical and work-loss costs alone.
8. Being a survivor or someone with lived experience increases one's risk of suicide.  
True or False
9. What is one way that you personally believe you can help prevent suicide?  
Be open for communication,
10. What is one way you believe the community you live in could help prevent suicide?  
Better mental health education, Better access to mental health
11. List the 7 strategies that the CDC has found to help prevent suicide:
- Strengthen economical 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:

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

13. Specific learning disabilities include:

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

14. What is Dyslexia? learning disorder with difficulty reading due to problems identifying speech sounds, how they relate to letters and words

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 Health issues. Learning disabilities are not the result of being disadvantaged (cultural, environmental, economic) are not the causes of a learning disability.

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

17. Behavior is a form of Communication.

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

your behavior influences others behaviors

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

20. Why is supportive stance important? it communicates respect, non-threatening, non-challenging

**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)?

Good relationships help boost your self-esteem, so you are more likely to make better choices for yourself

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, focusing on the positive rather than the negative is more effective

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

People can become resentful and rebellious to controlling and directing. Empowering lets them make the decisions and control the speed.

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":

You are more focused on helping someone achieve their goals rather than control their actions

### 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:
- Be Professional
  - Wear a mask (and wear it properly)
  - Follow the Oakridge Dress Code
  - Do not smoke (follow Tobacco Products policy)
  - Be sure you are approved to drive for Oakridge
  - Take medication times into consideration
  - 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.)
  - Know what is on the Funds & Property form for each person

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

- Follow HIPAA Guidelines
- Not to be playing on their phones

### Smoking Policy

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

### HIPAA

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

### Data Privacy

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

### Boundaries

33. Why are personal boundaries important? To set limits to prevent being taken advantage of

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

35. Or do you have a combination of the three types? rigid/Healthy

36. Why do you think you have the boundaries you have? I want to do what is right and teach my clients the same.

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 mixture 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 - Healthy

b. intellectual - Healthy

c. Emotional - Healthy/Porous

d. Sexual - healthy/rigid

e. Material - Healthy

f. Time - Porous

### 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

b. Optimistic

c. Trustworthy

my clients know that I am always there for them, with smiles and laughs.

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. Communication

b. rational thought

c. Problem solving

IF my clients are having an issue, we can talk it out and find the answer together.

### 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: mg



## Brainerd Staff Meeting Agenda

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

**Date:** 01/25/2021

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

**Presenter:** Shawna

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

**Milestone Anniversaries:** none

**Welcome to new and returned staff:**

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

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

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

**Safety Agenda:**

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

**VA Review:**

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

**Nursing Notes:** none

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

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

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

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

**New Business:**

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

**Hour 3- House Meeting:**

## January 2021 Staff Meeting Questions

Name: Marjorie Ludwig

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
  - b. exercise
  - c. medication
9. Ways you can help your mood that are not medications:
  - a. Vacation to sunny place
  - b. eat healthy
  - c. Social interaction
  - d. Sleep

## Vulnerable Adult (VA) Training (Video)

10. Name the different types of abuse

- a. verbal
- b. Physical
- c. Financial
- d. ~~Physical~~ psychological
- e. Sexual

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. internal - Administrator or DC
- b. Maarc website
- c. Maarc Phone

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

- a. IAPP

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

- a. DSP - Caregiver

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

Neglect

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

18. What term describes words or gestures to the vulnerable adult that are disparaging, derogatory, humiliating, harassing, or threatening? Verbal 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 trained and Qualified to meet their needs and support.
21. To have their personal, financial, Service, health, and medical information kept private and be notified if these records have been shared.
22. To be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me Medication I don't want to take or that isn't prescribed for me, or putting me in time out or seclusion; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
23. To be treated with Courtesy and Dignity and have my property treated with respect. I will have Access to my personal property at all times. If this property is not within my bedroom and I have stored it somewhere else in the house, I can ask staff for help in accessing my property.
24. Be allowed to reasonably follow my Cultural and ethnic practices and religion.
25. To choose my own Friends and spend time with them.
26. Have personal privacy. I will have a lock on my bedroom door that I may lock if I desire to do so. I will be responsible for the key. The landlord/provider may enter for health and safety reasons at Any time. If I am in my room, staff will knock and ask permission to enter. I will have the freedom to furnish and decorate my bedroom or living unit.
27. Use of and have free access to common areas including the Kitchen. You will have access to 3 meals meals and healthy snack between meals. There will be food and water available to you at all times. If you choose to purchase snacks, ORH/WSS will provide a place for you to store these snacks in the kitchen area.

28. Restriction of your rights is allowed only if determined necessary to ensure your health, safety, and well-being. Any restriction of your rights must be documented in your coordinated service and support plan or coordinated service and support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect you and provide you support to reduce or eliminate the need for restriction in the most integrated setting and inclusive manner.
29. ORH/WSS Cannot restrict any right they choose. The only rights ORH/WSS may restrict, after documenting the need, include: the right to associate with other persons of your choice, right to have personal privacy, right to engage in activities that you choose, right to have daily, private access to and use of a non-coincided telephone for all calls, right to receive and send without interference, uncensored, unopened mail or electronic correspondence or communication, right to have use of and free access to common areas in the residence, and right to privacy for visits with the person's spouse, next of kin, legal counsel, religious advisor, or others in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom.
30. To demonstrate competency on the IPP/CSSP/CSSP-A, IAPP-SMA documentation for each client, please complete the Person Supported Competency Worksheets. You will need to complete **one worksheet for each client.**
31. Budgeted Hours: each house has a calculated number of hours to be used for each day. When staff come in early or leave late, it will adjust the hours for that day. Even though 15 minutes may not seem like a lot every now and then, when you look at the big picture for all of the Oakridge Staff across all of the houses, it adds up and makes a big impact. That's why it is very important that you work the hours you are scheduled for and be mindful not to punch in early or late. Initial once you've read this: ms
32. Personal Needs purchases: each client has a budgeted amount for personal needs each month. This money should be spent on personal care items such as toothpaste, razors, over the counter vitamins, etc. Initial once you've read this: ms
33. Approval of Purchase: each client has a Funds and Property form that shows how much the team has decided can be spent without approval. Any single purchase that is over that amount needs to have an Approval of Purchase form filled out and signed by the entire team, before the item is purchased. Initial once you've read this: ms

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

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

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

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

37. One goal of TI training is to find 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 deescalates you CAN control your own responses and make sure that your responses reflect CARE, WELFARE, SAFETY, and SECURITY.

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

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

To allow and enable each client to be as independent as possible

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

Tone of voice, how I read

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?

Being more empathetic

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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?

Going to bed at an appropriate time

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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 unwanted behavior

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?

Caring

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# 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	Marjorie Ludwig	Year	2020
Location		Position	
Date of Employment			

### Monthly Staff Meetings

Attach staff meeting agenda

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan	2/19	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	2/18	Staff & House Meeting P-C/Positive Support- Balancing important to and important for each individual (.5) MH-Suicide Intervention (1)	Ashley	3	
March	5/21	Staff & House Meeting CPR/First Aid MH-Schizophrenia (.5)	make up packet	3	
April	5/21	Staff & House Meeting MH-Psychotropic Meds & Side Effects (1)	make up packet	3	
May	11/18	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	✓	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	8/12	Staff & House Meeting Adaptive Equipment Competency, MH-Bipolar Disorder (.5)	make up packet	3	
Aug	9/12	Staff & House Meeting PAPP Competency, MH-Co-occurring SA & HC (1) CPR/First Aid Refresher	make up packet	3	
Sept	9/30	Therapeutic Intervention P-C/Positive Support	make up packet	3	
Oct	10/28	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)

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 (R DDP/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: 5<sup>th</sup> 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: 72, Annually

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

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 each 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 2 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, Margone Ludwig, missed 1-21-20 inservice because  
NAME DATE  
an appt.

I  did/didn't call my supervisor in advance, as required.  
I made up the Inservice and/or Staff Meeting missed by

makeup packet

Margon Ludwig  
Employee

2-19-20  
Date

B. Hovotny  
Program Coordinator

2-19-20  
Date



## Aitkin Staff Meeting Agenda

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

*January*  
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)

Tf: Non-Verbal Communication

### New Business:

1. 2020 Employee Handbooks / Policy changes
2. Expectations of staff when taking consumers on an outing
3. Smoking
4. Exercises to increase balance
5. Boundaries
6. HIPAA (video 2:13)
7. Data Privacy
8. Staff talents/strengths and how to use them working with clients
9. Person-Centered/Positive Support: 30 minutes- Balancing important to and important for for each individual (video 13:00)
10. Turn in the Know the person you work with worksheet
11. Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

Hour 3- House Meeting:



420  
didn't have to do. Unless

**Makeup Packet for January 2020 Staff Meeting**

Name Majorie Ludwig

Date 2-19-20

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. hard, pale cold skin that has been exposed to the cold
    - ii. red + extremely painful skin + muscles as area thaws
  - b. Hypothermia – common causes
    - i. being outside without enough protective clothing
    - ii. falling into cold water of lake, river
5. TI monthly review – what does:
  - a. Care - Demonstrating respect, dignity + empathy
  - b. Welfare - providing emotional + physical support
  - c. Safety - protecting rights, Reducing, minimizing risk of harm or injury
  - d. Security - maintain safe, effective therapeutic relationships
  - 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 \_\_\_\_\_
  - b. CP can happen before birth, \_\_\_\_\_, or post natal.
  - c. Most CP cases happen from:
    - i. Radiation

ii. \_\_\_\_\_

iii. \_\_\_\_\_

iv. \_\_\_\_\_

d. CP in "Non-Progressive", which means it

e. Spastic CP means: \_\_\_\_\_ muscles

f. Dyskinetic CP leads to: \_\_\_\_\_ movements

g. Ataxic CP means: shaky or \_\_\_\_\_ movements

h. CP is permanent. It is not \_\_\_\_\_ but it is \_\_\_\_\_.

8. Major Depressive Disorder (2<sup>nd</sup> 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: Marjorie Ludwig DATE: 3-5-20

PROGRAM PLANNING – PHYSICAL DISABILITIES

1. Diagnosis: Autism, ADHD
2. Age: 23 Gender: male
3. Things I might be really good at: helping others
4. Areas that are a challenge: Unexpected change, being told "NO", Not losing/misplacing items
5. Daily tasks that I can do alone: Dressing, Feeding, Cleaning, Hygiene
6. Daily tasks that need assistance: Reminders for hygiene, or Chores
7. Skills that can be improved: Hygiene, cooking, Finances, organization
8. Skills that need to be maintained: Hygiene
9. What might stress look like:  pacing, silent, argumentative
10. What happiness might look like: Joking, talkative
11. Phrases that could NEGATIVELY IMPACT me: "NO", Confrontational
12. Phrases that will SUPPORT me: Help him come to the conclusion/decision

## PROGRAM PLANNING – MENTAL HEALTH

1. Diagnosis: ADHD, Depression, Mixed Anxiety
2. Age: 23 Gender male
3. Things that I might be really good at: helping others
4. Areas that are a challenge: unexpected change, being told "No".  
finding Not losing/misplacing items
5. Daily tasks that I can do alone: dressing, eating, cleaning.  
Hygiene
6. Daily tasks that need assistance: Hygiene reminders, cooking
7. Skills that can be improved: cooking, Hygiene, organization
8. Skills that need to be maintained: Hygiene
9. What might stress look like: pacing, silent, argumentative
10. What happiness might look like: talkative, joking
11. Phrases that could NEGATIVELY IMPACT me: "No", Confrontational  
approach
12. Phrases that will SUPPORT me: Helping him come to the  
conclusion/decision



## 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:**

**I. INDIVIDUAL HOUSE STAFF MEETING**      **HOUSE:** 537  
**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](mailto:brandy@orhvw.com)) before the 1<sup>st</sup> of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)  
TJ: 1/11 & 1/15 – verbal aggression towards consumer & staff, 1/22 – verbal aggression towards housemate/threatening/noncompliance. 1/23 – verbal aggression towards housemate, 2/12 – non compliance/stomping/swearing.  
Alex: 1/23 – verbal aggression towards housemate, 1/27 – fell on ice/no injury. 2/11 – verbal aggression towards staff/throwing chair/pounding.
3. **Safety Concerns:**
  - Drills: quarterly need Fire and Storm (due the 15<sup>th</sup> in Feb, May, Aug, Nov)  
**Designated place to go in event of fire-** Ripple River
  - Discussion of last fire drill led by staff – Marjorie in Sept.
  - 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: 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. Menu portions being followed and what they can have if they don't want what is on the menu.
2. Everyone has to be consistent with the clients about everything – chores, menu, phone usage, etc.
3. TJ and Alex cannot horseplay around.
4. Goals have to be done as much as stated and documented on every day (if they aren't done follow what it says under that section on the data page for what to put for it not being done).
5. You have to check to make sure TJ and Alex are completing their chores, and they are doing everything the chore is like cleaning the bathroom has to be the mirror, entire sink, entire toilet, entire bathtub, and need to sweep/mop and if they rushed to do, they need to go back and complete.
6. Documenting in Progress Notes – need to be thorough, and cannot use other people's names in it or say see communication log.

**V. DISCUSSION OF CLIENTS:**

1. Cissy: If she goes to cupboard wanting food, redirect her (don't open it for her).
2. Alex: If he does not complete all the stuff in the am that he is supposed to do in the am, he gets refusal and not only do you need to mark refusal on his data pages for that, you also have to mark it as a non compliance on his behavior chart. He then doesn't get his controllers/phone for the day. Need to be following his rights restrictions, and he cannot have his controller or phone one hour prior to work.
3. TJ: Redirect TJ right away when he starts saying stuff to Alex. Remember to be filling out incident reports on him.

Signature of those in attendance:

Monthly Safety Goal for

Location: 537 Safety Coach: \_\_\_\_\_

Today's Date (date of staff meeting): 2-18-20

Please report on the following for the last month (since the last staff meeting).

Any Injuries: AM Fell in driveway

Any near-miss events: CR slips in driveway

Any safety concerns at this location: icy driveway

If needed, was a Maintenance Work Order completed for the above safety concerns? \_\_\_\_\_

Note: Do not submit Maintenance Work Orders with this form. Please follow Maintenance Work Order instructions. As always, if a safety concern poses an immediate threat, please contact the office in your area for immediate attention.

Any safety accomplishments at this location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please record the minutes from the meeting on the back of this page.



## 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: Marjorie Ludwig

Date: 5-21-20

**MH Training: Schizophrenia**

1. Watch *Life with Schizophrenia: The Voices in Your Head*. 9:44 Write your reaction to the video With the correct medications, symptoms can be minimized and the person can live a "normal" life

**DD Diagnosis: Selective Mutism**

2. Selective mutism is considered a rare 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. Sit with someone they talk to & gradually bring in other people
  - c. Make accommodations in the classroom, offer encouragement
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, email or text
  - b. let person know whats coming so they can prepare
  - c. Choose activities that can be done with out speaking
  - 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? It's disheartening that it is so undiagnosed, but with hard work, compassion it can be overcome.

### 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 every 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.

### 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 meds
  2. reportable incidents
  3. Staff incidents require worker comp.
  4. emergencies
  5. missing clients
  6. Medication concerns
  7. Possible VA
  8. Car accident
  9. Suspected intoxicated employee
  10. police responding to house/client
  11. if case manager/guardian calls with question/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?

Cissy - Ativan

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### 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* 237,250 mg ! That is about 980 packets of salt!

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

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

30. Make a vow to assist the people you serve in being healthier. What are you going to try to assist them in being healthier? Help them choose items with less sodium, sugar and saturated fat

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## Brainerd Staff Meeting Agenda

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

**Date:** 04/27/2020

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

**Presenter:** Shawna

**Ice Breaker:** 1129

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

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

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

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

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

### **Safety Agenda:**

1. Please complete your house monthly safety form
2. Worker's comp claims:
  - \*Staff pulled a muscle in back when moving a client from bed to wheelchair. Not treating.

### **VA Review:**

- \*Staff sleeping during non-sleep daytime shift (happened with 2 different staff at 2 different locations)
- \*The following 3 VA's were all part of one incident with one staff:
  - \*Staff spending client money on food for the staff
  - \*Staff leaving another client home beyond his alone time
  - \*Staff verbally harassing a third client upon returning when he called the PC to report the events and that he hadn't gotten his meds.
- \*DHS requested investigation for outside report for neglect for health care to a client
- \*Staff pulled client away from table during mealtime due to client behavior

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

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

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

**TI:** Verbal Intervention & Limit Setting

### **New Business:**

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

**Hour 3- House Meeting:**

April 2020 Staff Meeting Makeup Packet

Name: Marjorie Ludwig Date: 5-21-20

**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. Changing dosage
  - b. Changing time
  - c. Changing 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
  - 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. blurry vision
  - c. Constipation
10. What medications are often prescribed for anxiety disorders, panic attacks, and phobias? Benzodiazepines
11. List 3 side effects of benzodiazepines:
  - a. drowsiness
  - b. impaired coordination
  - c. Memory impairment
12. Name 2 brand names of benzodiazepines:
  - a. Xanax
  - b. Klonopin
13. Buspirone is an anxiolytic that can also be used to treat anxiety. Side effects include dizziness, Nausea, headache, Nervousness, and dysphoria.
14. Selective Serotonin Reuptake Inhibitors 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. Prozac

- b. Zobft
17. Stimulants are commonly prescribed for attention deficit hyperactivity disorder (ADHD or ADD).
18. List 3 side effects of stimulants:
- loss of appetite
  - sleep problems
  - mood swings
19. List 3 common brand names of stimulants:
- Dexedrine
  - Stratera
  - Ritalin
20. What is the term for "older antidepressants"? Tricyclic antidepressants
21. Side effects for tricyclic antidepressants include a drop in blood pressure when standing, Sedation, dry mouth, constipation, urinary retention, blurred vision, dizziness, weight gain.
22. Brand names of tricyclic antidepressants include Anafranil, Pamelor, and Tofranil.
23. Effexor is a nerve pain medication and is also used to treat depression, generalized Anxiety disorder, panic disorder, and social Anxiety disorder.
24. List 3 side effects of Effexor:
- Nausea
  - Constipation
  - Somnolence (excessive sleepiness)

### DD Diagnosis: Brain Injury

25. Watch *The Little Bird Who Forgot how to Fly* (6:29) Write your reaction to the video

An easy to understand explanation of TBI and how it affects the individual and their family

### 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 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 & Clear

- Redirect focus and attention to desired outcome
- Allow venting reasonable
- Use an understanding, reasonable approach 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?

a. interrupt

b. When & then

c. IF and then

36. List 3 examples of empathic listening:

a. undivided attention

b. listen carefully focusing on feelings & facts

c. Non judgemental

### 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:

a. raised voice

b. rapid speech

c. Pacing

d. Balled fist

e. aggressive posture

39. Effective de-escalation techniques feel abnormal.

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

a. Non Verbal De-escalation

b. Verbal De-escalation

41. It is said that approximately 65 percent of communication consists of non-verbal behaviors. Of the remaining 35 percent, inflection, pitch, and loudness account for more that 25 percent, while less than 7 percent of communication has to do with what is actually said.

42. 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.

### 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:

a. Be physically active every day

b. eat healthy foods in healthy portions

c. get regular check ups

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

46. Regular aerobic physical activity increases heart and lung functions; 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:

a. Physical violence with or without weapon

b. Sexual violence including rape

c. emotional abuse

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

### Severe Weather

Read the section taken from Emergency Reporting Policies and Procedures

### Dealing with Conflict in the Workplace

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

Stress damages your brain. Don't allow difficult people draw you into their craziness. Set limits, Pick your battles. Focus on solutions, get plenty of sleep use support system.

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

Focus on solutions, how to better the team.

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

- a. Set limits
- b. pick your battles
- c. focus on solutions
- d. get plenty of sleep
- e. Use support system

### DSP Code of Ethics

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

Help my clients live the fullest lives possible and follow their wishes as to what and how that should be. Advocate for my client with and for my clients and their best interest.



## 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



Marjorie L

## 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

Marjorie L

**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) Depression

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: Close relationships

Jerome: taking medication regularly

**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 than other babies, distinctive facial features

2) List 3 possible behavioral/intellectual disabilities. Difficulty learning/memory,

poor reasoning/judgement skills, Hyperactivity

3) What causes FASD?

Drinking Alcohol while pregnant

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.

Rational Detachment - Finding positive outlet for the Negative energy absorbed by Crisis.

**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. 1 person escort,  
2 person escort, Basket hold
- 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 hrs.
- 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 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: Maryonie Ludwig

Date: 8-12-20

### MH Training: Bipolar Disorder

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

I really like how supportive the husband is. The photos go along with the moods/phases were very well done.

### DD Diagnosis: Tourette Syndrome

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

Tics are varying in severity and frequency and are different for each individual.

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

8-12-20 P 12p. - Jasen was sitting on the couch, playing games on his phone when staff arrived. He enthusiastically greeted staff saying "There's my Girl!" Jasen called his guardian. He told her that he wanted to go to Gamestop and buy a Xbox. His guardian said that she would pick him up and take him there. Jasen was very excited and patiently waited for her arrival.

M. Snyder - 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?

I become very anxious during tornado weather or lightning storms. From having lived in Texas and going through a tornado. I will constantly check through window on the sky looking for any changes. If it happens during the night, I am unable to sleep. It is helpful so I can react quickly, but it is also unproductive because that is all I can focus on at that time.

5. Why are only "authorized" visitors allowed in the group home? to keep clients confidentiality, safeguard staff & clients, decrease liability and avoid potential distractions and disturbances.

6. Please fill out the Adaptive Equipment Review Competency. Be sure to check all equipment used in the location you work. If something is not listed (such as CardioMEMS device) be sure to add it to the other lines.

7. Read *Some Myths About Nutrition & Physical Activity*. List 3 things you can do/suggest to help the people we serve to make better choices about nutrition and physical activity.

- instead of refined or white bread, pasta, rice; use whole-wheat versions instead.
- Encourage clients to have 3 servings of dairy/milk a day
- Find creative ways to increase physical activity



Marjorie L ✓

## 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: Marjorie L Date: 9-2-20

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

1. List two examples of Moral Injury:

a: doing something that goes against your beliefs

b: failing to do something in line with your beliefs

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 anger.

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

a: Changes in sleep

b: Mistakes

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:

Can you help me understand what's affecting you?

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

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

- 1. You are born with Angelman Syndrome True or False
- 2. Angelman Syndrome is contagious True or False
- 3. Most people with Angelman also have epilepsy. True or False
- 4. Angelman Syndrome is common and easily diagnosed True or False

Do you know any clients that have Angelman Syndrome? no

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

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

- 1. Key Themes to Decision Making:
  - a. Duty of Care
  - b. Best interests of the individual need to be considered
  - c. Reasonable and proportionate
  - d. Last resort and least restrictive
  - e. The risk of doing something and the risk of doing nothing
  - f. Human Rights
- 2. Every day life involves some degree of risk.
- 3. 2 variables to consider:
  - a. Likelihood – the chance that a behavior could happen
  - b. Severity – the level of harm that may occur

**Back Safety (MY BACK Handout)**

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

2. Carry the load Close to your body.

### Hand Washing Instructions (poster)

1. Rub your hands and arms vigorously for 20 seconds
2. List 2 surfaces you should be sure to wash:
  - a. Back of Hands & wrist
  - b. Under fingernails with brush

### 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. Have unlimited tacos for life
2. Have a self cleaning house
3. Live without social media

**I. INDIVIDUAL HOUSE STAFF MEETING** HOUSE: 537  
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](mailto:brandy@orhvw.com)) before the 1<sup>st</sup> of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)  
See attached incident report tracking form
3. **Safety Concerns:**
  - Drills: quarterly need Fire and Storm (due the 15<sup>th</sup> in Feb, May, Aug, Nov)  
Designated place to go in event of fire- Ripple River
  - Discussion of last fire drill led by staff – Marjorie in Sept.
  - 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: 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 cleaning list – staff has to be doing.
3. Cannot buy the client's stuff or let the clients use your internet for personal use. If you have hotspot, and you bring it to work, make sure it is password protected.
4. Goals have to be done as much as stated on their outcomes and all goals sheets need filled out every day – there should be no blank spaces on any of them. If a goal is to be done daily, it needs done daily, etc you cannot write N/A or put a dash through it.
5. The clients are adults and need to be treated as so, babying them or doing stuff for them that they are capable of doing does not help them, it hinders them, and it puts your coworkers that have them do stuff on their own in a difficult position.

**V. DISCUSSION OF CLIENTS:**

1. Cissy: every day need to be encouraging her to participate in activities. She is capable of doing quite a bit on her own. Even when she lets out a little scream or yell keep trying with her – she will do that just to get out of doing something.
2. Alex: If he does not complete all the stuff in the am that he is supposed to do in the am, he gets refusal and not only do you need to mark refusal on his data pages for that, you also have to mark it as a non compliance on his behavior chart. He then doesn't get his controllers/phone for the day. Need to be following his rights restrictions, and he cannot have his controller or phone the next day if he does not hand them in the night before by 8pm. If he on his own does not hand his controller/phone in by 8pm, you need to get them from him. Also you need to be checking if he is doing all of his morning/bedtime routine – he will say he did something and not do it.
3. Warren: is not always honest, and will tell different people different stories. He needs to do his dishes and pick up the garbage lying around every day, clean his bathrooms 2x a week, and clean entire apartment 1x week. Remind him to do it, and if still doesn't do it, gets refusal on his goal and noncompliance on behavior goal. Needs to cook downstairs and only bring up what he cannot do. He needs to use his walker.
4. Jasen: Make sure he is brushing his teeth and you may need to assist him, and also he needs assistance to shave and shave every day, and he needs to shower at least every other day. Let him know he needs to be using his walker at all times.

Signature of those in attendance:

*Marjorie Sudewitz* 1 hr.

✓

## September 2020 Staff Meeting Questions

Name: Margorie Ludwig Date: 9-30-20

### Watch TI Video.

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

- a. Safe - is it safe?  
Effective - does it work?  
Acceptable - is it acceptable?  
Transferable - Can any one do it?
- b. Your Posture, tone, volume & cadence have an affect on clients response.

### Read EUMR Policy.

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

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

- a. Chemical restraint
- b. Mechanical restraint
- c. Manual restraint
- d. time out
- e. Seclusion
- f. any aversive or deprivation procedure

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

- a. designated coordinator

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

- a. 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. Places events in logical order
- b. Clears up misconceptions
- c. Acknowledges the accomplishments.

9. List 4 symptoms of critical incident stress:

- a. restlessness
- b. irritability
- c. Excessive fatigue
- d. Sleep Disturbance

10. List 2 incidents that may require a debriefing:

- a. Physical Assault
- b. Death of client



## 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@orhwwcom)

**Hour 3- House Meeting:**

## October 2020 Staff Meeting Questions

Name: Marjorie Ludwig Date: 10-28-20

### Read DBT for Borderline Personality Disorder.

1. It is estimated that 1-2 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. Recurrent suicidal behavior or thoughts
4. What are the 4 areas of focus for DBT?
  - a. Distress tolerance
  - b. Emotion Regulation
  - c. Mindfulness
  - d. interpersonal effectiveness
5. What are the 4 treatment components that come together in DBT for Borderline Personality Disorder?
  - a. Skills training group
  - b. Individual psychotherapy
  - c. Phone consultation
  - d. Therapist Consultation team

### Read What is Myotonic Dystrophy.

6. What is Myotonic Dystrophy? 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. Supportive aides such as walkers, braces or wheelchairs.
  - c. Occupational therapy
  - d. Heat and massage
9. Define Myalgia: Muscle Pain
10. Define Atrophy: decrease in the size and mass of muscle tissue
11. Define Myotonia: 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 work place, where other employees try to force someone out of work by using intimidation, humiliation, spreading malicious rumors, or by other means.

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

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

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

16. List the components of proper dress for winter weather: Coat, hat/beanie, gloves, boots, snowpants and scarf

**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 father white

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 white

I am Mother

I am Atheist

I am Nomadic

I am weirdo

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

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

29. Which statements are most and least important to you? \_\_\_\_\_

30. How has your culture identity shifted over time? becomes more rounded with self knowledge and reflection

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:
- Treating everyone the same without acknowledging cultural identity
  - Ignoring differences between you and your client
34. Cultural humility 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:
- Openness to learning about clients cultures, beliefs, values
  - Acknowledging ones limitations
36. Which term refers to the way we see the world and make meaning of things?
- Ethos
  - Culture
  - Social identity
  - Cultural identity
37. Michael, a licensed clinical social worker, meets a new client, Alex, who is seeking therapy as they come out as transgender. Alex is 20 years old, recently moved to a Midwestern city from the rural area where they grew up, and has a low socioeconomic status (SES). How can Michael best take intersectionality into account when treating Alex?
- Ignore Alex's socioeconomic status since it's probably not relevant to their treatment
  - Try to understand Alex's transgender identity, rural upbringing, and SES together
  - Focus on Alex's gender identity because it is the issue that brings Alex to therapy
  - Wait for Alex to bring up the identities that they want to talk about
38. Which of the following is NOT an effective way for a psychiatrist to engage with a client whose values conflict with the best practices they've learned in their training?
- Learn more about how the client understands their condition
  - Take additional time to provide the client with information on their condition
  - Have an open conversation with the client about a variety of treatment options
  - Give them the preferred course of treatment as you would for any other client
39. Our cultural identity is a combination of multiple, interlocking social identities. It may change over one's lifetime.  True or False
40. Which of the following is a benefit of practicing cultural competency?
- It helps providers address clients' unique needs
  - It helps make the therapeutic relationship more friendly
  - It makes treatment go faster
  - It helps clients understand the provider's worldview
41. Which of the following actions best characterizes cultural humility?
- Acknowledging that the provider's beliefs don't matter much
  - Prioritizing the client's values and worldview
  - Realizing that a provider should trust their instincts
  - Memorizing everything possible about a client's culture
42. Karen, a substance abuse counselor, recently moved to a new town. Several of her new clients are Mormon, and she has never before worked with someone who identifies as Mormon. What is one way Karen can demonstrate cultural competency with her new clients?
- Interact with her new clients in the same way she would interact with anyone else
  - Focus conversations with her new clients on their religious identity





Marjorie L.  
@537

## 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: Marjorie Ludwig Date: 11-18-20

### Read Body Integrity Identity Disorder

- List 3 things you learned
  - They desire to cut off a healthy limb because the target limb doesn't belong to them
  - it is believed to be caused due to the brain fails to map the body correct correctly
  - Has links with Anorexia Nervosa

### 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 - intrusive thoughts
  - Avoidance - Avoiding reminders
  - Alteration in cognition and mood
  - Alteration 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 3 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
  - Approx 40% have congenital heart defects
  - Experienced Developmental Delays
  - Have higher incident of infection, respiratory, vision + hearing problem

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

- Describe what Active Treatment means to you Active treatment is geared to allowing clients to live their lives to the most normal, fulfilled lives possible.

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

- a. Active treatment is Medical and Active Support is person centered
- b. Active treatment is about functioning, & Active Support is about belonging
- c. Active treatment's involvement & Active treatment is Engagement

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

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

14. List 3 things you found important in the handouts

- a. Its important to stay away from the virus and take every precaution to not spread it.
- b. Stress relief is very important
- c. Women are at a greater risk for Fall/hip fracture

15. List 3 things you do personally to stay healthy

- a. Stay Active
- b. Eat lots of fruits and veggies
- c. Limit Fast food or processed foods

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

- a. go for walks (weather permitting)
- b. go on community outings
- c. go shopping with staff

#### 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. go to volunteer at nursing home

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# 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	MARJORIE LUDWIG	Year	2019
Location	537 + 420	Position	DSP
Date of Employment	3.25.19	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	16th	Staff & House Meeting BIPP & Psych Med Competency, MH-Psychotropic Meds & Side Effects (1)	Ashley	3	ML
May	8-18-19	MANDATORIES: Bloodborne Pathogens, AWAIR Act, Right to Know, Affirmative Action Plan/EEO, HIPAA, Data Privacy, VARPP, Emergency and Reporting Policies and Procedures, Personnel Policies, Service Recipient Rights, First Aid/CPR	Makeup packet	3	
June	9-13-19	Staff & House Meeting P-C/Positive Support-Quality of Life (.5) CSSP-A Competencies, MH-Recovery from MI, Community Resources (1)	Makeup packet	3	
July	8-16-19	Staff & House Meeting IAPP Competencies, Adaptive Equipment Competency, MH-Substance/Medication-Induced Psychotic Disorder (.5)	Makeup packet	3	
Aug	9-10-19	Staff & House Meeting PAPP Competency, MH-Co-occurring SA & HC (1)	Makeup packet	3	
Sept	17th	Therapeutic Intervention P-C/Positive Support	Ashley	3	
Oct	30th	Staff & House Meeting P-C/Positive Support-Cultural Competency, Harassment, Medicare Fraud MH-Catatonic Disorder, Treatment Options/EBP (.75)	makeup	3	
Nov	19th	Staff & House Meeting MH-Factitious Disorder, PTSD (.75)	Mary	3	✓

### Required Trainings

9-17-19  
↓

Date	Inservice Topic	Presenter	Hours	Completed
3-26-19	First Aid	ORH nurse		
	CPR	↓		
	Medication Administration	↓		

### Vulnerable Adult Review/Vulnerable Adult Policies and Procedures (VARPP)

Date: 3-25-19	Online VA Training
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### Consumer IAPP Competencies

Date	Consumer Initials	Date	Consumer Initials
3-27-19	CR, AM, LR, PH, ET		
10-30-19	TJ		

### Consumer ISP/CSSP and CSSP Addendum Competencies

Date	Consumer Initials	Date	Consumer Initials
3-26-19	CR, AM, LR, ET, PH		
10-30-19	TJ		

### Other Training

*Attach back up Documentation*

Month	Date	Training	Hours	Initials
March	25, 26, 27, 29	Orientation	37.75 hrs.	
April	9	↓		

Total hours for 2019 (page 1 and 2 combined)	37.75
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## Aitkin Staff Meeting Agenda

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

**Date:** 4/16/19

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

**Presenter:** Ashley

**Snacks:** 537    **Icebreaker:** 216    **Thank you!**

**Milestone Anniversaries:** 5 yrs – Lisa Mertens: Pleasant Ave, Mary Seavey: LP #2. Anastasia Anderson: 420  
20 yrs – Charlene Hoglund: 420

**Welcome to new staff:** Alysia Oswald – Hwy 47 PC, Marjorie Ludwig – 537/420

**Next Meeting:** 5/21/19 – Mandatory's    **Snack:** 510    **Icebreaker** – Hwy 12

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

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

### VA Review:

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

### Safety Agenda:

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

### Nursing Notes:

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

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

**DD Diagnosis:** Stereotypic Movement Disorder

### New Business:

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

**Hour 3- House Meeting:**



## Aitkin Staff Meeting Agenda

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

**Date:** 6/18/19

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

**Presenter:** Ashley

**Snacks/Drinks:** 195    **Icebreaker:** 420    Thank you!

### **Milestone Anniversaries:**

**Welcome to new staff:** Sheila Gibson-Program Director-Brainerd Office, Crystal Albrecht-195, Cally Gregoire-510, Trillium Gebhard-537, Emma Driscoll-Flt PC/195 main, Andrew Hachten-Flt DSP/Hwy 47 main

**Next Meeting:** 7/16/19      **Snacks/Drinks:** Hwy 47    **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

**VA Review:** \*Two VA's filed on 2 different community members in regards to a client. The county is investigating. \*VA filed for missing underwear. \*VA filed against client because he moved out against case manager and guardian advice. \*VA filed for staff enticing client-staff was terminated. \*VA filed for staff yelling/swearing at clients-Staff has quit. \*VA filed for staff leaving clients unattended in vehicle while staff went into the store.

### **Safety Agenda:**

1. Please complete your house monthly safety form
2. Worker's comp claims:
  - Staff injured back, shoulder and arm while transferring a client from their wheelchair. Treated, no restrictions.

**Nursing Notes:** none

**MH Training:** Recovery from MI and Community Resources (2 videos)

**DD Diagnosis:** Fetal Alcohol Spectrum Disorders (2 videos)

### **New Business:**

- Anyone want to acknowledge a staff for going the extra mile?
- Getting house ready for summer – Curb Appeal
- Summer Ombudsman Alerts/Emergency Procedures for summer
- Person-Centered/Positive Support: What does quality of life mean to each individual (2 videos & worksheet to do as a house team during house meeting)
- EUMR/BIRF, Prohibited Procedures & why not effective
- CSSP-Addendum Competencies
- Dress Code
- Dental Care
- Informal Goals
- Please let Molly know of any successes by consumers/staff to celebrate and acknowledge in the Newsletter

**Hour 3- House Meeting:**

June 2019 Staff Meeting Makeup

Name: Marjorie Ludwig Date: 9-13-19

1. List 4 things you can do for curb appeal
  - A. Bird houses or feeders
  - B. Potted plants, flowers or tree
  - C. New Door mat
  - D. Outdoor art
2. An air quality index of 101 to 150 is unhealthy for "sensitive groups"
3. If using a grill, what are 3 things you should do according to the Ombudsman Summer Alerts?
  - A. Only use outside
  - B. Make sure its in good working order
  - C. Maintain 3-foot safety zone around grill
4. When traveling in the heat, plan rest stops for necessary Fluid intake
5. When should you apply insect repellent on our consumers? When possible  
Before going outside
6. Ticks take several hours to attach themselves to the skin.
7. Some medications, such as Neuroleptics and Antibiotics, put clients at higher risk for sunburn.
8. List 3 tips for applying sunscreen
  - A. Apply recommended Amount
  - B. Apply 15 minutes before going out
  - C. Reapply at least every 2 hours
9. What document should you review prior to taking clients in or around bodies of water?  
IAPP
10. What is the minimum number of times a fire drill needs to be conducted per year in the group home? 4
11. What are the steps to the procedure for a fire emergency?
  - A. move people away from immediate danger & call 911
  - B. move people out of building
  - C. Account for all people
  - D. Small contained fires try to put out with extinguisher
  - E. Notify PE, DC & owner
12. What does PASS stand for?
  - P: Pull Pin
  - A: Aim at base of fire
  - S: Squeeze Handle
  - S: Sweep side to side
13. When would you need to use the blanket drop? When person is laying down

14. Where do you go in case of a tornado or severe weather warning? Basement  
room with no windows

15. What do you bring with you? Blankets, Flashlights & Battery radio

16. Watch *The Quality of Life* (Documentary about Intellectual Disability) (2015)

<https://www.youtube.com/watch?v=XWNixFvKiaU> 34:16

WARNING: This video is harsh towards group homes and certainly is not a reflection of the care we at Oakridge provide (or most group homes for that matter), but is an excellent example of how quality of life can change

What is your reaction to the video? I want a good quality of life  
so why wouldn't I want the same for my clients

17. Watch *How to Create a HIGH Quality of Life*

<https://www.youtube.com/watch?v=lzJNlJOfqtE> 3:16

What is your reaction to the video? Seems rather common sense

18. It was not until the 1980s that most people could identify with the idea of a life of quality and began to see that All people, regardless of their ability or disability, may have similar desires and needs.

19. What are two things in your life that you put a value to/important to you/for you?

A. Family

B. Independence

20. Would you classify these things as important to our clients as well? yes

21. Do you think quality of life factors are unique for each individual? yes

22. What are some of your clients' life goals?

A. increasing independence

B. increasing happiness

C. \_\_\_\_\_

23. What makes them happy?

A. Music

B. Food

C. Praise

24. What are 3 prohibited procedures?

A. Chemical Restraints

B. Mechanical Restraints

C. Manual Restraints

25. Is it ok to use manual restraint if someone is destroying property? No
26. Is it ok to use manual restraint if someone is verbally threatening you? No
27. What is the acronym for the form that has to be reported to DHS when a manual restraint has been used? EUMRS BIRF
28. Escalation time is not teaching time.
29. A powerful de-escalation tool is Silence.
30. What are two things that silence does when it comes to de-escalation?
- A. Allows responder to listen
  - B. No further fuel to the fire
31. Prevent the likelihood of known problems from occurring by proactively managing the environment.
32. For undesired, maladaptive, or dangerous behavior, use positive approaches to reinforce desired behavior.
33. What are the three guiding principles that will help you in any situation?
- A. Will my response meet the needs of the person
  - B. is my response respectful & dignified
  - C. will my response maintain safety
34. Complete CSSP-A competencies for all clients in the locations you work before the next staff meeting.
35. What are three components of the Oakridge Woodview Dress Code?
- A. Clothes will be neat & clean
  - B. No bare feet or flipflops
  - C. No hats worn indoors
36. Research shows that more than 90% of all systemic diseases have oral manifestations, including swollen gums, mouth ulcers, dry mouth, and excessive gum problems. Such diseases include:
- A. Diabetes
  - B. Leukemia
  - C. oral cancer
  - D. pancreatic cancer
  - E. Heart Disease
  - F. Kidney Disease
37. If you don't take care of your teeth and gums, your poor oral hygiene can actually lead to other health problems including:
- A. Oral/Facial Pain
  - B. Problems with heart and other major organs
  - C. Digestion Problems
38. What is the website to find mental health resources in Region 5+? http://region5recovery.com/

39. Watch *How to Set Realistic Expectations for Mental Health Recovery*

<https://www.youtube.com/watch?v=RQ0NHq5UyW4> 3:26

What is your reaction to the video? There is no one right way to recover, its different for each person

40. Watch *Amy's Mental Health Recovery Story* <https://www.youtube.com/watch?v=e-S5-vS3uTM> 4:41

What is your reaction to the video? Recovery is possible with the support and belief of self but can be very difficult.

41. Watch *NOFAS responds to "What Would You Do?"*

<https://www.youtube.com/watch?v=V8rdrQJSD8Y&list=PLiFZcDuldDA5DxeUvfFkD94jwhfAEESqH&index=3> 2:22

What is your reaction to the video? It's best to NOT Drink at all During pregnancy

42. Watch *Dr. Larry Burd - Four generations of FASD*

<https://www.youtube.com/watch?v=pbOWPOy2sTo&list=PLiFZcDuldDA5DxeUvfFkD94jwhfAEESqH&index=7> 1:47

What is your reaction to the video? Sad. The cycle continues from one generation to the next.

QUALITY OF LIFE FOR CLIENTS IN 537 HOUSE

What makes Quality of Life for Cissy (client 1)?

1. Calm, quiet home
2. tasty, healthy Food
3. good health, stable Blood sugar
4. independence
5. \_\_\_\_\_
6. \_\_\_\_\_

What makes Quality of Life for Alex (client 2)?

1. Food
2. Video games
3. money to buy wants/needs
4. Friends
5. independence
6. \_\_\_\_\_

What makes Quality of Life for \_\_\_\_\_ (client 3)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

July 2019 Staff Meeting Makeup

Name: Marjorie Ludwig Date: 8-16-19

1. According to Oakridge's Employee Handbook -Visitors in the Workplace: To provide for the safety and security of employees, clients, visitors, and the facilities at ORH-WSS, only Authorized Visitors are allowed in the workplace.
2. In non-office worksites, employees are not allowed visitors at the worksite while on duty. This includes (who):
  - a. Family
  - b. Friends
  - c. Former + Current staff
3. What form needs to be filled out and signed by an Administrator/QDDP, the clients' guardians and sometimes case managers prior to allowing visitors in the home?  
Permission to Allow Visitors in the Home
4. The House Guidelines should be used to reference the agreement that the housemates have made regarding visitors in their home.
5. When you are charting, think of answering the following questions:
  - a. Who
  - b. What
  - c. When
  - d. Where
  - e. Why
6. Only use Black, Red, or Blue ink to document. Never pencil.
7. Always chart as soon As possible, do not leave blank spots for someone else to chart.
8. Consumer records are strictly Confidential.
9. True or False: When you make a mistake while charting, just use white out to fix it.
10. Never chart for someone else unless you're using the 3rd person, then write "According to ....."
11. True or False: It is okay to use names (house mates and staff) on documentation as long as you only use their first name.

12. When charting, document facts only. Do not state your Opinion or what you think may have happened.

13. True or False: Client progress notes are legal documents.

14. List any 6 of the 12 items that you should be charting:

- injury
- Medication Change
- illness
- Behavioral Changes
- Seizures
- Dr. Visits

15. When documenting, should the information be subjective or objective? (circle one)

16. Does that mean you cannot write about emotion? No. But first, you need to explain in your report What was said and what you did. Then you can say, "I interpreted this to mean..."

17. Re-write this sentence to be more detailed:

*The person was hot, and had a high temperature in the afternoon.*

The person was sweating and flushed, and had a temperature of  $101^{\circ}$  in the Afternoon.

18. What is a good comparison for 1 serving (1 cup) of vegetables? one Fist

19. Serving size is based on the amount of food that is customarily eaten at one time and is not a recommendation of how much to eat.

20. Servings per container shows the total number of servings in the entire package.

21. As a guide: 100 calories per serving of an individual food are considered a moderate amount and 400 calories or more is considered high in calories.

22. Nutrients to get less of:

- Saturated Fats
- Sodium
- Added Sugars
- Trans Fats

23. Nutrients to get more of:

- a. dietary fiber
- b. Vitamin D
- c. Calcium
- d. Iron
- e. Potassium

24. Watch *Kids Meet a Woman with Tourettes* (2018)  
<https://www.youtube.com/watch?v=54qoxmF-GOw> 7:24

Complete the portion of the July Staff Meeting Worksheet that goes with this video

25. Watch *What is Psychosis?* (2015)  
[https://www.youtube.com/watch?v=WvpE8y\\_S6xA](https://www.youtube.com/watch?v=WvpE8y_S6xA) 5:42

Complete the portion of the July Staff Meeting Worksheet that goes with this video

26. Watch *Anderson Cooper tries a schizophrenia simulator* (2014)  
<https://www.youtube.com/watch?v=yL9UJvtgPZY> 5:03

What is your reaction to the video? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## July Staff Meeting Worksheet

Name: Marjorie Ludwig House: 537

---

### Kids Meet a Woman with Tourette's

Tourette's Syndrome is a neurological disorder that causes people to have TIC and body Movements that they can't control.

True or False? Taking deep breaths helped relieve the tics.

True or False: Most people with Tourette's do not blurt words out.

Janelle describes her tics as similar to trying not to sneeze.

Tourette's is not always present at Birth. Janelle says hers started to show around age 5 and her mom thought her tics were Habits and that she could stop.

Even her eyes have tics.

There are meds available but they don't work for everyone.

Empathy means having an understanding

---

### What is psychosis?

People with psychosis lose touch with what's going on around them.

Psychosis can happen with lots of different mental illnesses and usually lasts a short time; this is called a psychotic Break Episode

If someone has a lot of psychotic episodes, they might be diagnosed with schizophrenia.

The person is not making this up to be mean or on purpose.

Psychosis is a mental illness. For some it is a result of Trauma

The big difference between daydreaming and psychosis is that you know that the daydreams are not real and that other people cannot see or hear them.

True or False: Hallucinations are seeing or hearing things that are not happening.

Believing in stuff that isn't actually happening is called delusion.

Remember: Not everyone experiences psychosis in the same way.

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## July Staff Meeting Worksheet

Name: Marjorie Ludwig House: 537

---

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---



## Aitkin Staff Meeting Agenda

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

**Date:** 8/20/19

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

**Presenter:** Ashley

**Snacks/Drinks:** 216    **Icebreaker:** 537    **Thank you!**

**Milestone Anniversaries:** 5 years - **Melanie Schultz, 510**

**Welcome to new staff:**

**Next Meeting:** 9/17/19                      Snacks/Drinks: Hwy 12    Icebreaker: 510  
(TI training will NOT be in September, it's being moved to our November Meeting)

**Med Class:** Third Monday of every month, 8:30a-4p Clarissa Office

**Sign attendance page:** Please make sure you have signed in and complete your In-service sheet

### **VA Review:**

Client left home alone with no alone time

Client report staff sleeping on awake overnight and picking on him and nagging him

### **Safety Agenda:**

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

**Nursing Notes:** none

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

**DD Diagnosis:** Childhood Disintegrative Disorder/Heller's Syndrome

### **New Business:**

- Anyone want to acknowledge a staff for going the extra mile?
- PAPP competency
- House Team Building Exercise – “would you rather.....or.....”
- Back Safety
- Come to work with a plan – cleanness of the home
- Hand Washing and Disease Prevention
- Company Picnic – August 22<sup>nd</sup>, 11a-4p, Safari North Zoo (between Brainerd and Little Falls)
- Please let Amy know of any successes by consumers/staff to celebrate and acknowledge in the Newsletter

**Hour 3- House Meeting:**

## August Staff Meeting Worksheet

Name: Marjorie Ludwig House: 9-10-19

---

### Childhood Disintegrative Disorder Presentation

Childhood Disintegrative Disorder is a condition in which children develop normally through age 3 or 4 and then the skills they have acquired begin to regress.

A child is diagnosed with Autism every 22 seconds. 1 in 100,000 has CDD.

90% of CDD children completely lose the ability to walk, and to feed, wash, and toilet themselves before the age of 10.

True or False: The skills lost during the regression period can be recovered.

As CDD children begin to lose these basic functions, they become afraid and confused, and quickly panic.

True or False: Once CDD children begin to lose function, they may begin to develop disorders, anxiety, depression, or psychosis.

Children with CDD have trouble using information they have learned in an environment different from where they learned it.

The child's body will develop normally but the level of function will never change.

---

### What Are Co-Occurring Disorders

A Co-occurring disorder is when a person suffers from both substance abuse and a mental Disorder.

Co-occurring disorders increase the risk of poverty, illness, homelessness, and incarceration.

Symptoms of substance abuse can mask the symptoms of mental illness and symptoms of mental illness can mask the symptoms of substance abuse.

This leads to a cycle of self-destruction.

Treatment of both at the same time, or integrated treatment is best.

### Integrated Treatment

Mental illness can actually trigger a substance abuse problem, and vice versa

Up to 56 % of people who deal with mental illness have a co-occurring substance abuse within their lifetime.

Integrated treatment is shown to improve overall quality of life.

August 2019 Staff Meeting Makeup

Name: Marjorie Ludwig Date: 9-10-19

1. Keeping hands clean through improved hand hygiene is one of the most important steps we can take to: Avoid getting Sick and Spreading germs to others.
2. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60 % alcohol.
3. List 5 of the 10 times listed when you should wash your hands:
  - a. Before eating
  - b. Before/After caring for someone that's sick
  - c. After toileting
  - d. After sneezing, coughing
  - e. After touching garbage
4. List the middle 3 steps to washing your hands:
  - a. Wet
  - b. Lather
  - c. Scrub
  - d. Rinse
  - e. Dry
5. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands, but sanitizers do not eliminate All types of germs and may not remove enough harmful chemical
6. When handwashing, rub your hands and arms vigorously for 20 seconds.
7. Proper lifting mechanics for your back. Use the acronym M V B A C K
8. M: Be sure to plan the lift  

---

Y: Our feet should be shoulders width apart  

---

B: ~~e~~ sure to lift ~~smoth~~ smoothly

A: suitable firm grip maintained through lift

C: Carry load close to your body

K: keep spine aligned with natural curves

9. Complete the PAPP Competency for your house.

10. Watch *Childhood Disintegrative Disorder*

<https://www.youtube.com/watch?v=nhMI0dTKpfA> (4:49)

Complete the portion of the August Staff Meeting Worksheet that goes with this video

11. Watch *What Are Co-Occurring Disorders?*

<https://www.youtube.com/watch?v=8RWSctVevIM> (1:14)

Complete the portion of the August Staff Meeting Worksheet that goes with this video

12. Watch *What is Integrated Treatment?*

<https://www.youtube.com/watch?v=2kwtcADn-yM> (2:24)

Complete the portion of the August Staff Meeting Worksheet that goes with this video



## 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 15<sup>th</sup>, 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.

### **VA Review:**

- No new VA's

### **Nursing Notes:**

- **CPR/First Aid Review**

### **New Business:**

1. **Active Treatment**
2. Staff Guide on money in the home (receipts, funds and property form, theft, fiscal policy, heightened awareness during the holiday season).
3. HR Review: **Fraud and Abuse Training**
4. Reminder- Please let Amanda (at the front desk) know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter.

### **Hour 3- House Meeting:**

**I. INDIVIDUAL HOUSE STAFF MEETING**      **HOUSE:** 537  
**Program Coordinator:** Bonita Novotny      **Date:** 9/17/19

1. **Monthly Newsletter** – discuss and designate a DSP to send article/pictures to Brandy ([brandy@orhvv.com](mailto:brandy@orhvv.com)) before the 1<sup>st</sup> of the month
2. **Incident Reports & Discussion of :** (use tracking form as guide)  
None
3. **Safety Concerns:**
  - Drills: quarterly need Fire and Storm (due the 15<sup>th</sup> 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)**  
- Need one
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. Need house goal
2. Client's IPP's and charting in progress notes/activity calendars.
3. Daily/Weekly hrs. form; money/med count form; money count every shift
4. Anything written on MARS has to be done when stated
5. Consistency with clients.

**V. DISCUSSION OF CLIENTS:**

1. Cissy:
  
  
2. Alex:

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 19<sup>th</sup>, 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:**



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, Marjorie Ludwig, missed 10-15-19 inservice because  
NAME DATE

I did/didn't call my supervisor in advance, as required.  
I made up the Inservice and/or Staff Meeting missed by

Makeup packet

Marjorie Ludwig  
Employee

10-30-19  
Date

B. Norstrom  
Program Coordinator

10-30-19  
Date

October 2019 Staff Meeting Makeup

Name: Maionie Judewy Date: 10-31-19

1. Watch *Catatonic Schizophrenia* 10:24  
What is your reaction to the video? Sad, but informative as to the behavior of a person with Catatonic Schizophrenia  
\_\_\_\_\_  
\_\_\_\_\_
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 3 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 allows people access to a provider even if there isn't one around locally.  
\_\_\_\_\_  
\_\_\_\_\_
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:

- Catatonia associated with another mental disorder
- Catatonia due to another mental disorder
- Unspecified Catatonia

12. List 4 diagnostic symptoms for catatonia:

- Stupor, Catalepsy
- Mutism
- Negativism
- Posturing

13. What are the 3 causes of catatonia:

- Neurodegenerative disease & encephalitis
- Severe Vit. B12 deficiency
- Autism

14. What are the 3 possible ways to treat catatonia:

- Benzo diazepam
- Antidepressants
- Muscle relaxers

#### **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
- Paresis
- Weakness or loss of feeling below opening

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 Ciarlo's Spina Bifida Story Look at Him Now 3:53

What is your reaction to the video? He is adorable! They have many ways to help someone with Spine Bifida both in utero and after Birth

21. Watch Sally Kohn: What we can do about the culture of hate 17:39

What is your reaction to the video? Makes one think about our own hates and gives an idea on how to overcome such hate.

**Read the Cultural Competency PowerPoint presentation**

22. List 4 things that are included in culture:

- a. Core Values
- b. language
- c. Religion
- d. Art

23. Culture includes the shared values, traditions, norms, customs, religion, arts, history, folklore, language and/or institutions of a specific group of people.

24. Cultural Sensitivity 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 Awareness

26. List 3 reasons to justify the need for cultural competence within the health care system:

- a. Diverse Belief systems
- b. individual preference
- c. Cultural influence

27. What are 5 barriers to achieving cultural competency?

- a. language
- b. Non Verbal Communication
- c. Stereotyping
- d. Racism
- e. Ethocentrism

28. Cultural Humility 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?

- a. Active listening
- b. reflecting
- c. reserving judgement
- d. 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 Cultural Humility Promotes.

31. Cultural Competence + Cultural Humility = Cultural responsiveness

32. Watch *Become an Upstander to Bullying* 1:39

What is your reaction to the video? we should not sit idly by when we see someone being bullied.

**Read stopbullying.gov fact sheet**

33. What are the 4 different roles of a bystander when it comes to bullying?

- a. Outsiders - witness
- b. Defenders -
- c. Reinforcers
- d. Assistants

34. What are the 4 reasons bystanders do not intervene?

- a. fear of retaliation
- b. fear of losing social status
- c. not friends with target
- d. believe adults will make it worse

35. What are 2 reasons why bystanders DO intervene?

- a. friends with target
- b. morally engaged

**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

- a. Cissy Randall yes for DAC unless cancelled W.
- b. Alex Mount yes for DAC unless cancelled
- c. TS Clement yes for DAC unless cancelled
- d. \_\_\_\_\_
- e. \_\_\_\_\_

37. What is considered proper dress for the weather? multiple layers, protect against dampness and wind, cover exposed skin - (head, ears, face without blocking vision) Boots and mittens

## ANNUAL DIRECT SUPPORT PROFESSIONAL EVALUATION

**Employee's Name:** Marjorie Ludwig

**Location:** 537

**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?  | NI  |
| 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?                       | Yes |
| 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?  | NI  |
| 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 have improved a great deal with not babying the clients as much and treating them as adults and holding them accountable for their actions. You are great about using the time clock punch system- very seldom does any type of adjustments need done. You pick up open shifts when you are able which is greatly appreciated. You come to work even when not feeling well. You complete the staff makeup packets usually within in a day or two of getting the packets. You do need to stay busy at work, if the clients don't want to do something then you need to find something else to do work related like cleaning. You need to make sure the client's bedrooms are getting cleaned on their cleaning days. You do a great job of

buddy check system, etc.) You do keep me informed of what has happened. You are great about admitting when you have done something wrong. Do make sure you are using the paperclip system on the MARS. You do not drive so you do not deal with the vehicle. All the clients seem to like you most of the time. You do not show favoritism to any of the clients and you listen to the clients about their concerns. You are fun to be around. You do need to make sure you are checking the clients' fingernails towards and cutting them as needed. If I have asked you do something, you do it and don't complain about it. I'm glad you are part of my team.

**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?

I love my job - can be challenging. Know what you are getting

2. What does the employee feel are their top 2 strengths?

Consistency  
Flexibility

3. What does the employee feel is an area that could use improvement? (goal for coming year)

different techniques to use for behaviors

4. What would you as an employee like to learn more about in your job?

Not Sure

5. Does the employee have any suggestions as to how to make the house run more efficiently?

more staff, clients that fit together

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: Marjorie Ludwig Date: 12-16-21

Supervisor's Signature: Brenda A. Pectney Date: 12-16-21

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

## ANNUAL DIRECT SUPPORT PROFESSIONAL EVALUATION

**Employee's Name:** Marjorie Ludwig

**Location:** 537

**Evaluation:** 2020

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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?                       | NI     |
| 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 are great on using the timeclock punch system; very seldom has any kind of adjustments been needed. There are no attendance concerns and you have been great about picking up open shifts which I cannot thank you enough for. You get the staff meeting packets done in a timely manner. While working you should be staying busy; if the people do not want to do anything, then you need to find something else to do like cleaning.

**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:**

You do fine writing out reports. Make sure everything is getting charted on the people's progress records for what happened during your shift, and make sure all goals are getting done as much as they are stated.

**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 great with the money, and have always counted the money on your shift.

**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                             | Yes |

- behavior changes?
- |  |     |
|--|-----|
| 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?        | NI  |
| 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:**

The client's all seem to like you. You have had a tendency in the past to do more for the client's than they need done especially the client downstairs. You always read the communication log and are excellent about listening to the client's about their concerns.

**General Knowledge****PC**

- |   |     |
|---|-----|
| 1. Does the employee complete the responsibilities expected of the shifts they work?  | NI  |
| 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 don't drive so you do not use the vehicle. You do need to improve on making sure the house is getting cleaned after the client's are in bed, and that the bedrooms are getting cleaned well on the days they need done. You have a great attitude and you are fun to be around. You are very honest and will even admit when you have done something wrong. There are not any concerns about med passing, but you do need to make sure you are using the paperclip system.

**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?

love my job - like working with DD population.

2. What does the employee feel are their top 2 strengths?

Putting clients 1st  
Even headedness.

3. What does the employee feel is an area that could use improvement? (goal for coming year)

letting them be more independent

4. What would you as an employee like to learn more about in your job?

more about the paperwork

5. Does the employee have any suggestions as to how to make the house run more efficiently?

more staff

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: Marjorie Ludwig Date: 12-29-20

Supervisor's Signature: Bonita Nowotny Date: 12-29-20

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

## 90 DAY DIRECT SUPPORT PROFESSIONAL EVALUATION

**Employee's Name:** Marjorie Ludwig

**Location:** 537

**Evaluation Date:** 6/22/2019

### 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

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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? Begin typing here	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? Begin typing here	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? Begin typing here	Yes		
4. Does the employee appear to fit in as a part of the house/location team? If NI or no, why not: Begin typing here	Yes		
5. Has the employee been able to work the hours/ shifts they were hired for? Hired for: <u>part time afternoons, then switched to full time</u> Working: <u>full time afternoons plus picking up many extra shifts</u>	Yes		<input type="checkbox"/>

If no, why not: Begin typing here			
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: Begin typing here	Yes		
9. Is the employee eligible to drive for the company if the position is considered a driving position?	No		<input type="checkbox"/>

**Supervisor Comments:**

Marjorie has completed all of the training for 537 and is a wonderful asset to that home. She joined 537 when it was lacking a supervisor and had clients who were in difficult transitions, yet she took everything in stride with a positive and helpful attitude.

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?	NI		
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?	Number		<input type="checkbox"/>
7. If tardies, did the employee provide notice for the tardies?	Select		
<u>Dates</u> <u>Reason Given</u>			
Date                              Begin typing here			
Date                              Begin typing here			
Date                              Begin typing here			
Date                              Begin typing here			
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

<u>Dates</u>	<u>Reason Given</u>	<u>Excused/Unexcused</u>
Date	Begin typing here	Select
Date	Begin typing here	Select
Date	Begin typing here	Select
Date	Begin typing here	Select

**Supervisor Comments:**

Marjorie comes to work on time and as scheduled. Marjorie does not drive herself, so it is difficult for her to arrange transportation during the day time hours when our meetings are held. Marjorie is working with communicating with other staff that may be able to help her with rides. Until recently, the house didn't have formal shift duties. Previously, Marjorie would complete the work that was necessary for the clients but the new expectation will be that she will complete the posted shift duties which include cleaning and household upkeep.

**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:**

Marjorie documents as necessary, but is receiving additional training from the PC regarding progress note documentation (being more thorough and detailed) and goal documentation (making sure goals are run and then documented thoroughly on).

**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:**

Marjorie follows the house and client guidelines when it comes to financial matters.

**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                | Yes |

Act?

**Supervisor Comments:**

Marjorie works with individuals who can be very challenging at times. Although this is true, she seems to always be very patient with trying to understand their point and view and then makes sure to explain to them why we must do things the way we are. Marjorie keeps up with the comm. log and staff email and is quick to reply to requests from the QDDP and/or Program Director.

**Knowledge Summary**

**Client Related Issues**

	PC	HR
1. Does employee know what is in each client's IAPP?	Yes	
2. Does employee provide the client with effective training?	Yes	
3. Does employee understand how to teach the client to be independent?	Yes	
4. Does employee respond the same to each client without showing favoritism?	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.?	Yes	
8. Employee accepts and offers compliments, criticism, and suggestions.	Yes	
9. Does the employee engage the clients and get them out in the community?	Yes	

**Supervisor Comments:**

Marjorie knows the clients and keeps up with the frequent changes in one client's programs. When she has had questions regarding the latest changes, she asks for clarification. In the very beginning, it seemed that Marjorie may have given in to one client when he would keep at her, but I have not seen that since she became more comfortable with him and his programs. I think that Marjorie is an excellent employee and a great team player- definitely a role model!

**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:**

Marjorie has always greeted me with a smile and friendly attitude, whether my visit was planned or unannounced. She keeps up with her work and makes sure that the home is clean and inviting. The home did not have a supervisor for quite some time, but Marjorie did a great job in making sure the Float PC, QDDP and Program Director were kept up to date with pertinent information. The current PC has informed me that the house did not have formal shift duties, so there were some "deep cleaning" things that were not being completed, but it wasn't something that was communicated to Marjorie that she should have been doing.

**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?  
*Begin Modeling clients as independent as possible for successful life*
2. What would you as an employee like to learn more about in your job?

help out with paperwork for future advancement.  
3. How could we use your talents and experience better?  
Begin typing here

asked at paperwork  
4. How can your supervisor help you in any of the areas discussed?  
Begin typing here

Keep answering your questions  
Additional areas that need to be worked on (completed by the supervisor):  
Begin typing here

\*\*\*\*\*

**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: Marjorie Ludwig Date: 1-23-20

Supervisor's Signature: Bonita Nostrom Date: 1-23-20

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