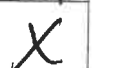


Name: Bernard Borash

Date of Hire 12/22/09 Date of first supervised direct contact 12/28/09
 Date of first unsupervised direct contact 12/31/09
 Date initial NET Study Sent 12/22/09 Date initial NET study cleared 12/23/09

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	30
Number of in-service hours completed	✓	✓	✓	✓
Employee Handbook: Sign and Date Acknowledgement Page (only needed at orientation and any year in which a new Handbook is issued)	3/2/18	10/14/19	2/24/20	✓
*Date attended mandatories or completed make-up		5/20/19	11/18/20	5/24/21
*Date attended TI or make-up packet	9/24/18	11/25/19	9/30/20	10/18/21
*VA Online certificate	2/11/18	6/29/19	2/4/20	1/23/21
*VARPP reviewed twice annually	1. 2.	1. 2.	1. ✓ 2.	1. 2.
Evaluation (date completed)	11/16/18	2/2/19	11/16/20	10/31/21
Medication Administration certificate in book (stays in book)	2/2/10	✓	✓	✓
Medication Admin Observation and Competency in book (stays in book)	2/10/10	✓	✓	✓
CPR Training Date _____ Annual Review date _____	6/21/18	9/23/19	COVID	3/12/21
CPR training certificate or copy of CPR card in book if applicable	_____	_____	_____	_____
First Aid Competency in book _____ Annual review date _____	6/21/18	9/23/19	COVID	3/12/21
First Aid training certificate or copy of first aid card in book if applicable	_____	_____	_____	_____
Person Supported Competencies List Consumer Initials and the Date Completed (Includes IPP/BIPP, CSSP-A, CSSP & IAPP-SMA)	1. PB 1/25/18 2. MD 1/25/18 3. KH 1/25/18 4. DK 1/25/18 5. 	1. PB 2/2/19 2. MD 2/2/19 3. KH 2/2/19 4. DK 2/2/19 5. 	1. PB 2/1/20 2. MD 2/1/20 3. KH 2/1/20 4. DK 2/1/20 5. JH 6/18/20	1. PB 1/25/21 2. MD 1/25/21 3. KH 1/25/21 4. JH 1/25/21 5. 

STAFF CHECK LIST	2018	2019	2020	2021
Orientation checklist completed. "Completed" means all areas dated and initialed by trainer and staff	✓	✓	✓	✓
Back page of orientation checklist completely filled out (all hours of training documented and all areas signed by trainer and staff)	✓	✓	✓	✓
Adaptive Equipment completed	7/23/18	5/6/19	7/23/20	7/26/21
PAPP Competency	2/24/18	8/26/19	8/24/20	8/23/21
Inservices Attended sheet completed and all back up materials included.	✓	✓	✓	✓

Bernie Borash 10/24/16

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

I, Bernie Borash have been provided with Version 2015.1 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 1-50 Personnel Policies specifically:
B. Pg 11 Misconduct and Corrective Action
C. Pg 42-47 Leaves of Absence
D. Pg 24 Dress Code
E. Pg 26 Visitors in the Workplace
F. Pg 39 Paid Time Off
G. Pg 38 Holidays and EILP
H. Pg 42-47 Family and Medical Leave
I. Pg 49-50 Pregnancy
J. Pg 3 Anti-Harassment
K. Pg 14 Workplace Bullying
L. Pg 13 Drug and Alcohol
M. Pg 20 Confidentiality
N. Pg 20 HIPAA
O. Pg 16 Tobacco Products

V. PERSONNEL POLICIES (continued)

P.	Pg 16	Safety Rules and Standard Operating Procedures
Q.	Pg 26	Employee Use of Company Equipment and Other Business Machines
R.	Pg 27	Cell Phone and Other Electronic Devices
S.	Pg 28	Computer, Internet and E-Mail Usage
T.	Pg 31-32	Social Media
U.	Pg 18	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 52	Plan for Transfer of Clients and Records Upon Closure

BACK POCKET – Employee Evaluations

I have reviewed these policies and procedures. I have received instruction on them and I understand my responsibilities on the implementation of these policies and procedures.

EMPLOYEE SIGNATURE Bernard Blush DATE 7/27/2015
Bernard Blush 10/24/16
Bernard Blush 9/7/17
Bernard Blush 10/14/18
Bernard Blush 10/14/19

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

I, Bernie Borash have been provided with Version 2014.1 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. POLICIES (available in Master Training Book at each location)

- | | | |
|----|----------|--|
| A. | Pg 1-50 | Personnel Policies specifically: |
| B. | Pg 7-9 | Misconduct and Corrective Action |
| C. | Pg 9-10 | Leaves of Absence |
| D. | Pg 16-17 | Dress Code |
| E. | Pg 17 | Visitors in the Workplace |
| F. | Pg 19-21 | Paid Time Off |
| G. | Pg 22 | Holidays and EILP |
| H. | Pg 23-26 | Family and Medical Leave |
| I. | Pg 27 | Pregnancy |
| J. | Pg 28-32 | Anti-Harassment |
| K. | Pg 33-34 | Workplace Bullying |
| L. | Pg 35-36 | Drug and Alcohol |
| M. | Pg 36 | Confidentiality |
| N. | Pg 37-39 | HIPAA |
| O. | Pg 40 | Tobacco Products |
| P. | Pg 41-42 | Safety Rules and Standard Operating Procedures |

V. POLICIES (continued)

Q.	Pg 43	Employee Use of Company Equipment and Other Business Machines
R.	Pg 44	Cell Phone and Other Electronic Devices
S.	Pg 45-47	Computer, Internet and E-Mail Usage
T.	Pg 48-49	Social Media
U.	Pg 50	Weapons

V.	Admission Criteria Policy
W.	Data Privacy Policy
X.	Incident Response, Reporting and Review Policy
Y.	Safe Transportation Policy
Z.	Emergency Use of Manual Restraint Policy (EUMR)
AA.	Grievance Policy
BB.	Temporary Service Suspension and Termination Policy (TSST)
CC.	Fiscal Policy and Procedures for Persons Receiving Services
DD.	Food Service Policy
EE.	Staff Orientation, Training and Mandatory Inservice Plan

BACK POCKET – Employee Evaluations

I have reviewed these policies and procedures. I have received instruction on them and I understand my responsibilities on the implementation of these policies and procedures.

EMPLOYEE SIGNATURE

Bernie Bolash
Bernie Bolash

DATE

2-3-14
2-23-2015

BB

OAKRIDGE HOMES EMPLOYEE POLICY MANUAL - Table of Contents

I, Bernie Borash have been provided with Version 2013.1 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

II. JOB RELATED FORMS

- A. Job Description

III. VULNERABLE ADULT and CONSUMER 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. Consumer Rights and Responsibilities

IV. PROFESSIONAL GROWTH

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

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

- | | | |
|----|----------|--|
| A. | Pg 1-16 | Personnel Policy (including PTO/Holiday, EILP) |
| B. | Pg 17-18 | Grievance Procedure Policies (staff) |
| C. | Pg 19-23 | Family Leave Policy |
| D. | Pg 24-28 | Harassment Policy and Procedure |
| E. | Pg 29-30 | Alcohol and Drug Use Policy |
| F. | Pg 31 | Smoking Policy |
| G. | Pg 31 | Confidentiality Policy |
| H. | Pg 32 | Employee Use of Company Equipment |
| I. | Pg 33-34 | Conduct Policy |
| J. | Pg 35-38 | HIPAA |
| K. | Pg 39-40 | Safety Rules and Standard Operating Procedure |
| L. | Pg 41 | Time Sheet Policy |
| M. | Pg 41 | Theft |
| N. | Pg 42 | Cell Phone Policy |
| O. | Pg 43-46 | Computer, Internet and E-Mail Usage Policy |
| P. | Pg 47 | Weapons Policy |

V. POLICIES (continued)

Q.	Behavior Management Policy
R.	Emergency Use of Behavior Management
S.	Grievance Procedure Policies (client)
T.	Consumer Fiscal Policies
U.	Staff Training and Mandatory Inservice Policy
V.	Sleep Policy
W.	Data Privacy
X.	Communicable Disease Policy
Y.	Policy and Procedure on Food Services
Z.	Client Transport Policy
AA.	Visitor Policy
BB.	Grease/Cooking Policy
CC.	Good Body Mechanics

BACK POCKET – Employee Evaluations

I have reviewed these policies and procedures. I have received instruction on them and I understand my responsibilities on the implementation of these policies and procedures.

EMPLOYEE SIGNATURE Bernie Booth DATE 3-18-2013

OAKRIDGE HOMES EMPLOYEE POLICY MANUAL - Table of Contents

I, Bernie Bolash have received or been provided with the following policies or statements:

FRONT POCKET

- A. Copy of Initial Background Study sent to the State or County (with initials and date sent)
- B. Original Background Study received back from the State or County

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

II. JOB RELATED FORMS

- A. Job Description
- B. Request for Reimbursement
- C. Shift Change/Leave Request
- D. Mileage Reimbursement

III. POLICIES

- | | |
|---|--|
| A. Personnel Policy | N. Memo on Theft |
| B. Grievance Procedure Policies (staff and client) | O. Data Privacy |
| C. Family Leave Policy (Pregnancy Procedure Form, FMLA Disclosure Form, Request for Family or Medical Leave, Physician Certification) | P. Communicable Disease Policy |
| D. Behavior Management Policy | Q. Conduct Policy |
| E. Emergency Use of Behavior Management | R. Policy and Procedure on Food Services |
| F. Sexual Harassment Policy and Procedure | S. Consumer Rights and Responsibilities |
| G. Consumer Fiscal Policies | T. Safety Rules |
| H. Mandatory Inservice Policy | U. Staff Training Plan |
| I. Alcohol and Drug Use Policy | V. Client Transport Policy |
| J. Smoking Policy | W. HIPAA |
| K. Sleep Policy | X. Time Sheet Policy |
| L. Confidentiality Policy | Y. Cell Phone Policy |
| M. Employee Use of Company Equipment | Z. Computer, Internet, E-Mail Usage Policy |
| | AA. Cell Phone Memo |
| | BB. Visitor Policy |
| | CC. Weapons Policy |

IV. VULNERABLE ADULT

- A. Vulnerable Adult Reporting Policy and Procedures
- B. Initial Written Report
- C. Internal Review Report
- D. Notice of Report of Suspected Maltreatment
- E. Reporting on Maltreatment of Minors (if applicable)

V. PROFESSIONAL GROWTH

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

BACK POCKET – Employee Evaluations

I have read these policies and I fully understand these policies.

EMPLOYEE SIGNATURE Bernie Bolash DATE 1-23-2012

REVIEW DATES and INITIALS:

_____	_____
_____	_____

Bernard Borash

OAKRIDGE WOODVIEW EMPLOYEE BOOK TABLE OF CONTENTS

Front Pocket

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

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

Personnel Policies

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

Job Related

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

Competencies

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

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

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

MH HOMES ONLY

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

Staff Meetings/Trainings

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

Back Cover or Folder

- ✓ Employee Evaluations

Name: Bernie Barash

Date of Hire 12.22.09 Date of first supervised direct contact 12.28.09
 Date of first unsupervised direct contact 12.31.09
 Date initial NET Study Sent 12.22.09 Date initial NET study cleared 12.23.09

STAFF CHECK LIST	2018	2019	2020	2021	2022
Copies of initial NET study and NET study confirmation sheet in front pocket of personnel book	✓	✓			
Number of in-service hours required	12	12			
Number of in-service hours completed	30				
Employee Handbook:					
Sign and Date Acknowledgement Page (only needed at orientation and any year in which a new Handbook is issued)	✓	✓			
Sign and Date Table of Contents (only needed at orientation and any year in which a new Handbook is issued)	✓	✓			
*Date attended mandatories or completed make-up	5.21.18	5.20.19			
*Date attended TI or make-up packet	9.24.18	11/25/19			
*VA Online certificate	2.11.18	6.29.19			
*VARPP reviewed twice annually	1.11.18 2.5.18	1.4.19 2.5.19	1. 2.	1. 2.	1. 2.
Evaluation (date completed)	11.16.18	12/2/19			
Medication Administration certificate in book (stays in book)	✓	✓			
Medication Admin Observation and Competency in book (stays in book)	✓	✓			
CPR					
Training Date _____ Annual Review date _____	6/21	3/25/19 refresher 9/23/19			
CPR training certificate or copy of CPR card in book if applicable	6/21	-			
First Aid					
Competency in book _____ Annual review date _____	6/21	3/25/19 refresher 9/23/19			
First Aid training certificate or copy of first aid card in book if applicable	6/21	✓			
Consumer's IPP					
List Consumer Initials and the Date Read	1. DK 3/26	1. DK 3/28/19	1.	1.	1.
	2. PB 3/26	2. PB 3/28/19	2.	2.	2.
	3. MD 3/26	3. MD 3/28/19	3.	3.	3.
	4. KH 3/26	4. KH 3/28/19	4.	4.	4.
	5. 	5. 	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	✓	✓			
Back page of orientation checklist completely filled out (all hours of training documented and all areas signed by trainer and staff)	✓	✓			
Adaptive Equipment completed	7-23-18	7-22-19			
PAPP Competency	2-21-18	8-26-19			
Inservices Attended sheet completed and all back up materials included.	✓	✓			

Employee Book Checklist

2019

Name:		Bernie Barash	
House:		809	
		Notes	Complete
1	Background check in front pocket		✓
2	Staff Checklist for the year-Current year completed with dates/or checkmarks		
3	Personnel Policies		
	Current Table of Contents signed		✓
	Current Policy Acknowledgement Signed		✓
	Orientation Checklist Completed with Employee and trainers signatures/Initials and dates		✓
	Medication Administration Class Test w/Score and RN Signature		✓
	3x Medication Administration pass Observations w/PC signature		✓
4	Job Related		
	Hired for Schedule		✓
	Call-In Policy- Signed and Dated	4-22-19	✓
	Job description with Employee signature		✓
	Competencies		
	Current IAPP Comps for all clients working with	7-25-19	✓
	Current CSSP-A Comps for all clients working with	1-28-19	✓
	Current CSSP Comps for all clients working with	6-26-19	✓
	Current IPP Comps for all clients working with	3-28-19	✓
	Current PAPP Comp for all houses work at	8-26-19	✓
	BIPP/ Psychotropic Med Monitoring	4-22-19	✓
	Mandatories	5-20-19	✓
	Prohibited Procedures	2019 TI	✓
	Know the House	2019	✓
	Adaptive Equipment (If Needed)	7-22-19	✓
	Person Centered	1/28, 2/25, 4/24, 5/23, 10/28	✓
	Cultural Competence		✓
	Medicare Fraud	HR Sept 1/19	✓
	Therapeutic Intervention	Nov 11/25/19	✓
6	VARPP		

Employee Book Checklist

	Current Year Purple Sheet- with all signature spots filled out and dates (2016 and Prior)		✓
	Printed Online Certificate of VA training		✓ 6-27-19
7	Personal Growth (staff Mtg/trainings)- 2 Years		
	Colored Inservices Attended Sheet- Completed with date, presenter, and employee initials for all staff mtgs, trainings, and comps.		✓
	Agenda's from all staff and house meetings attended over the year or make-up packets.		✓
	Agenda's or proof of any other trainings attended throughout the year.		✓
8	Back Cover Folder		
	Employee Evaluations- 90-day, Annual		✓
9	Service rights	1-28-19	✓
10			

Outstanding Items:		Completed
1		
2		
3		
4		
5		

12-10-19	Date 100% Completed
----------	---------------------

Signature: Mary Black, PC

Date of Hire 12-22-09 Date of first supervised direct contact 12-28-09
 Date of first unsupervised direct contact 12-31-09
 Date initial NET Study Sent 12/22/09 Date initial NET study cleared 12-23-09

<u>Bernie Borash</u> STAFF CHECK LIST	2015	2016	2017	2018	2019
Copies of initial NET study and NET study confirmation sheet in front pocket of personnel book	✓	✓	✓	✓	
Number of in-service hours required	12	12	12	12	
Number of in-service hours completed	33	36.25	88	33	
Sign and Date Acknowledgement Page for current yr.	✓	✓	✓	✓	
Sign and Date Table of Contents for current yr.	✓	✓	✓	✓	
*Date attended mandatories or completed make-up	5-18-15	5/23/16	5/23/17	5/24/18	
*Date attended TI or make-up packet	9-28-15	9/24/16	9/23/17	9/24/18	
*Purple VA checklist complete or Online certificate	✓	2/27/16	1/21/17	2/11/18	
*VARPP reviewed twice annually	1.1-26-15 2.5-18-15	1.1-25-16 2.5-23-16	1.1-23/17 2.5-24/17	1.2/11/18 2.5/21/18	1. 2.
*Date attended Person Centeredness (2hrs) /or makeup	10-26-15	✓	1/23/17 2/27/17	ongoing	
Evaluation (date completed)	10-23-15	11-4-16	10-8-17	11-16-18	
Medication Administration certificate in book <i>med review 7/15</i>	✓	8/2-16	✓	✓	
Medication Admin Observation and Competency in book	✓	✓	✓	✓	
Drivers License (on file with HR)	✓	✓	✓	✓	
Insurance (if applicable – on file with HR)	✓	✓	✓	✓	
CPR					
Expiration Date (for those who started before 1-14) <u>1-16-16</u>	✓	3-28-16	3/21/17	6/21/18	
Training Date (for those who started after 1-14) _____					
Annual Review date <u>6/22/15</u>					
CPR training certificate or copy of CPR card in book if applicable	✓	✓	✓	✓	
First Aid					
Expiration Date (for those who started before 1-14) <u>10-13-14</u>	✓	3-28-16	3/21/17	6/21/18	
Competency in book (for those who started after 1-14) _____					
Annual review date <u>3/23/15</u>					
First Aid training certificate or copy of first aid card in book if applicable	✓	✓	✓	✓	
Consumer IAPP - SMA's					
List Consumer Initials and the Date Read	DK MD PB KH	1. DK 1-7-15 2. MD 1-7-15 3. PB 1-7-15 4. KH 1-7-15 5. 1-7-15	1. DK 9-16-16 2. MD 9-16-16 3. PB 9-16-16 4. KH 9-16-16 5. 9-16-16	1. DK 1-30-17 2. MD 1-30-17 3. PB 1-30-17 4. KH 1-30-17 5. 1-30-17	1. 7/27 2. 3. 4. 5.
Copy if IAPP – SMA competency in book	✓	✓	✓	✓	
Consumer CSSP and CSSP Addendum	1.2-6-15 PB	1.11/16 PB	1.1-30-17 PB	1.7/10 1/25/18	1.

List Consumer Initials and the Date Read	2. DK 2-6-15	2. n/16 DK	2. DK 1-30-17	2.	2.
	3. KH 2-6-15	3. 1/11/16 KH	3. KH 1-30-17	3.	3.
	4. MD 2-6-15	4. 1/11/16 MD	4. MD 1-30-17	4.	4.
	5.	5.	5.	5.	5.
	✓	✓	✓	✓	
Copy of CSSP and CSSP Addendum competency in book	✓	✓	✓	✓	
Orientation checklist completed. "Completed" means all areas dated and initialed by trainer and staff	✓	✓	✓	✓	
Back page of orientation checklist completely filled out (all hours of training documented and all areas signed by trainer and staff)	✓	✓	✓	✓	
Adaptive Equipment completed	✓	D-3K-16		7/23/18	
*Positive Support Rule Training 8 hours				Jan, Feb June Sept.	

PAPP

IPP's

8-28-15 7/16 8/28/17 2-24-18
3-31-18

809

Date of Hire 12-22-09 Date of first supervised direct contact 12-28-14
 Date of first unsupervised direct contact 12/31/10 Date initial NET study cleared 12-23-09
 Date initial NET Study Sent 12-22-09

STAFF CHECK LIST	2014	2015	2016	2017	2018
Copies of initial NET study and NET study confirmation sheet in front pocket of personnel book	✓				
Number of inservice hours required	12				
Number of inservice hours completed	37				
Sign and Date Acknowledgement Page	2-3-14				
Sign and Date Table of Contents	2-3-14				
Date attended mandatories or completed make-up	5-19-14				
Purple VA checklist complete	1. 1/14 2. 5/14	1. 2.	1. 2.	1. 2.	1. 2.
VARPP reviewed twice annually					
Evaluation (date completed)	✓				
Medication Administration certificate in book	✓				
Medication Admin Observation and Competency in book					
Drivers License (on file with HR)					
Insurance (if applicable - on file with HR)					
CPR	✓				
Expiration Date (for those who started before 1-14) <u>1/14</u>					
Training Date (for those who started after 1-14) <u>1/14</u>	✓				
CPR training certificate or copy of CPR card in book	✓				
First Aid	✓				
Expiration Date (for those who started before 1-14) <u>10/14</u>					
Competency in book (for those who started after 1-14) <u>10/14</u>	✓				
First Aid training certificate or copy of first aid card in book	✓				
Consumer IAPP - SMA's	1. 1-7-14 PB	1.	1.	1.	1.
List Consumer Initials and the Date Read	2. 1-2-14 MD	2.	2.	2.	2.
	3. 1-7-14 KH	3.	3.	3.	3.
	4. 1-7-14 DK	4.	4.	4.	4.
Copy if IAPP - SMA competency in book	✓				
Consumer CSSP and CSSP Addendum	1. 2-12-14 PB	1.	1.	1.	1.
List Consumer Initials and the Date Read	2. 2-12-14 MD	2.	2.	2.	2.
	3. 2-12-14 KH	3.	3.	3.	3.
	4. 2-12-14 DK	4.	4.	4.	4.

Copy of CSSP and CSSP Addendum competency in book	✓				
Orientation checklist completed. "Completed" means all areas dated and initialed by trainer and staff	✓				
Back page of orientation checklist completely filled out (all hours of training documented and all areas signed by trainer and staff)	✓				

Bernie Borash

Date of Hire 12-22-09 Date Staff First Paid as an Employee 12-22-09
Date Staff First Provided Direct Contact Services 12-28-09

STAFF CHECK LIST	2013	2014	2015	2016	2017
1. 18 years of age	✓				
2. Criminal History					
Date Initial Study Sent <u>12-22-09</u> Date on Initial Study (when received) <u>12-23-09</u> Copies in Front Pocket of Personnel Book? <u>yes</u>	✓				
3. Inservice – ongoing (Completed according to Consolidated Standards Guideline)	31				
Review Policies and Procedures Re-sign and date: Acknowledgement Page Table of Contents Consumer Rights and Responsibilities	5-20-13				
Mandatory Inservices (OSHA (TI))	9-23-13				
Vulnerable Adult (at least twice per year) Re-sign and date VARPP 7-10-13 8-9-13	1-12-13 2-4-13 3-18-13 5-3-13 5-18-13 5-20-13				
Reporting of Maltreatment of Minors (if Applicable)					
4. Evaluation (yearly)	10/13				
Medication Administration Class Date	2/19/10				
Drivers License					
Insurance (if applicable)					
C.P.R. Expiration Date <u>2/14</u> Expiration Date _____ Expiration Date _____	n/a				
First Aid	exp 10/14				
Consumer RMP's	1. PB 7/13	1.	1.	1.	1.
List Consumer Initials and the Date Read	2. DL 9/13	2.	2.	2.	2.
	3. KH 6/13	3.	3.	3.	3.
	4. MD 5/13				

Date of Hire 12-22-09 Date Staff First Paid as an Employee 12-22-09
 Date Staff First Provided Direct Contact Services 12/28/09

STAFF CHECK LIST	2011	2012	2013	2014	2015
1. 18 years of age	✓				
2. Criminal History					
Date Initial Study Sent <u>12-22-09</u>	<u>2-23-11</u>				
Date on Initial Study (when received) <u>12-23-09</u>					
Copies in Front Pocket of Personnel Book? <u>yes</u>					
3. Inservice – ongoing (Completed according to Consolidated Standards Guideline)		✓			
Review Policies and Procedures Re-sign and date: Acknowledgement Page Table of Contents Harassment HIPAA Consumer Rights and Responsibilities Safety Rules Behavior Management Sleep Policy Confidentiality	<u>5/11</u>	<u>5/21/12</u>			
Bloodborne Pathogens	<u>5/11</u>	<u>5/21/12</u>			
Vulnerable Adult (at least twice per year) Re-sign and date VARPP	<u>2-14-11</u>	<u>5-21-12</u>			
Reporting of Maltreatment of Minors (If Applicable)					
4. Evaluation (yearly)	<u>10/11</u>	<u>10/12</u>			
Medication Administration Class Date					
Drivers License					
Insurance (if applicable)					
C.P.R. Expiration Date <u>2010-2012</u> Expiration Date <u>2/10/14</u> Expiration Date _____		<u>issued: 2/9/12</u>			
First Aid <u>Exp 10/2014</u>	<u>2011-2014</u>				
Consumer RMP's	1. DK <u>9-26-11</u>	1. DK <u>9/24/12</u>	1.	1.	1.
List Consumer Initials and the Date Read	2. MD <u>10/11</u>	2. MD <u>4-23</u>	2.	2.	2.
	3. PB <u>10/11</u>	3. PB <u>6/25</u>	3.	3.	3.
	4. KH <u>12-19-11</u>	4. KH <u>11/12</u>	4.	4.	4.



DEPARTMENT OF HUMAN SERVICES

50HS3941900642

BACKGROUND STUDY FINGERPRINT AND PHOTO AUTHORIZATION

You received this form because you applied for a position that requires a Minnesota Department of Human Services (DHS) background study. Fingerprints and a photograph are required to complete the background study.

Background Study Subject Information

First Name:	Bernard	Background Study ID:	2035623
Middle Name:	James	Date of Authorization:	11/13/2019
Last Name:	Borash	This Authorization	
Date of Birth:	07/26/1949	Will Expire on:	11/27/2019*
*Please note: If the entity cancels your background study request prior to expiration of this authorization, the authorization is no longer valid and you cannot be fingerprinted or photographed.			

What should I do before going to the fingerprint and photo location?

Verify the information in the "Background Study Subject Information" box above. Your full name and date of birth must match your driver's license, government-issued ID, or other acceptable identification. If the information does not match, you must contact the entity that requested the background study to have the information corrected *before* going to be fingerprinted and photographed.

Where do I go to be fingerprinted and photographed?

There are DHS-approved locations throughout the state. You can find a fingerprint and photo locations by going to:
<https://www.aps.gemalto.com/mn/Maps/MNFingerprintLocations.htm>

How long do I have to complete?

You must be fingerprinted and photographed by 11/27/2019. If your fingerprints and photo have not been taken by 11/27/2019, your background study request will be closed and the entity will be told to immediately remove you from your position because you failed to cooperate with this requirement.

What do I need to bring with me?

You must bring this form and a driver's license, government-issued identification, or other acceptable identification.

What is the cost?

The fee to be fingerprinted and photographed is \$9.10.

How can I pay?

Before going to location: You may pay online with a debit or credit card before going to the fingerprint and photo location at https://www.aps.gemalto.com/mn/index_MN.htm, click the "Pay by Agency Account, Credit or Debit Card" link under the "Background Study Subject Use" section and follow the instructions.

At location: At the fingerprint and photo location, you may pay by check or money order. Cash and debit or credit cards are *not* accepted at the location. You may use your smart phone to pay online with a debit or credit card at the location, at https://www.aps.gemalto.com/mn/index_MN.htm. Click the "Pay by Agency Account, Credit or Debit Card" link under the "Background Study Subject Use" section and follow the instructions. You may also call the 3M Cogent Call Center toll free at (844) 332-7671 to make a payment over the phone during normal business hours.

What happens next?

You and the entity that submitted the background study will receive a notice of your background study status. The notice will be mailed to you within three days of your fingerprints and photo being taken.

Where do I find more information?

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

What if I have questions?

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



Background Study Notice

Background Study No: 2035623

November 18, 2019

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

Bernard Borash
5061 Gull Lake Dam Rd
Brainerd, MN 56401

BACKGROUND STUDY CLEARANCE

What is this notice?

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

What information does the entity receive?

The entity will receive a copy of this notice.

What if I move?

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

What should I do with this notice?

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

What if I want more information?

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

What if I have questions?

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



State of Minnesota - Department of Human Services
Division of Licensing
Background Study Clearance
Non-Transferable

Mailer Type A
Agency ID 805736
Oakridge Homes SILS,
Inc.-Crow Wing Co.
Study 22471967
Study Date 02/23/2011
5 - 153

Bernard James Borash
5061 Gull Lake Dam Road
Brainerd, MN 56401

Oakridge Homes, SILS, Inc. Attn: Debby Felske
1021 Industrial Park Road
Brainerd, MN 56401

The individual named here
MAY PROVIDE
direct contact services for the agency named here.

What This Form Is: This is a notice of the result of a background study that was completed by the Minnesota Department of Human Services (DHS). The background study was completed on the individual named above at the request of a licensed program, and applies to the program named above. These background study requirements are found in Minnesota Statutes, Chapter 245C, section 241.021 and section 144.057.

What This Form Means: The individual named above may provide direct contact services for the program named above. "Direct contact services" is defined in Minnesota Statutes, section 245C.02, subdivision 11, as "providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by a program."

What To Do With This Form: The individual should keep this form for his/her records. The program, agency and license holder's notice, or a copy of it, must be available upon request for review by a licensing representative. If the individual named above is convicted of a disqualifying crime in the future, the corrections system will report the conviction to DHS. DHS will then contact both the individual, county agency and the agency listed above with further instructions.

Non-Transferability of This Clearance: This clearance is not transferable to any program, or license holder, other than the one identified above with the following three exceptions: 1. If the program listed above has multiple licenses, but maintains personnel records pertaining to background studies in a central location for all programs, and the background study contact person and mailing address are the same, this clearance applies to all of the programs DHS, Minnesota Department of Corrections, and Minnesota Department of Health (MDH) licenses. In this case, no additional study is required. 2. If the program listed above is licensed by MDH to provide home care services, this clearance also applies to any other licensed program in which this individual provides home care services under the control and direction of the program listed above. 3. If the agency listed above is a state-operated agency or service (or affiliated with one), the study applies to any direct-contact service provided by the individual listed above as long as the individual is providing the services under the directions and control of the state-operated services.



State of Minnesota - Department of Human Services
Division of Licensing
Background Study Clearance
Non-Transferable

Mailer Type A
Agency ID 805736
Oakridge Homes SILS,
Inc.-Crow Wing Co.
Study 22471967
Study Date 02/23/2011
4 - 153

Oakridge Homes, SILS, Inc. Attn: Debby Felske
1021 Industrial Park Road
Brainerd, MN 56401

Bernard James Borash
5061 Gull Lake Dam Road
Brainerd, MN 56401

The individual named here
MAY PROVIDE
direct contact services for the agency named here.

What This Form Is: This is a notice of the result of a background study that was completed by the Minnesota Department of Human Services (DHS). The background study was completed on the individual named above at the request of a licensed program, and applies to the program named above. These background study requirements are found in Minnesota Statutes, Chapter 245C, section 241.021 and section 144.057.

What This Form Means: The individual named above may provide direct contact services for the program named above. "Direct contact services" is defined in Minnesota Statutes, section 245C.02, subdivision 11, as "providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by a program."

What To Do With This Form: The individual should keep this form for his/her records. The program, agency and license holder's notice, or a copy of it, must be available upon request for review by a licensing representative. If the individual named above is convicted of a disqualifying crime in the future, the corrections system will report the conviction to DHS. DHS will then contact both the individual, county agency and the agency listed above with further instructions.

Non-Transferability of This Clearance: This clearance is not transferable to any program, or license holder, other than the one identified above with the following three exceptions: 1. If the program listed above has multiple licenses, but maintains personnel records pertaining to background studies in a central location for all programs, and the background study contact person and mailing address are the same, this clearance applies to all of the programs DHS, Minnesota Department of Corrections, and Minnesota Department of Health (MDH) licenses. In this case, no additional study is required. 2. If the program listed above is licensed by MDH to provide home care services, this clearance also applies to any other licensed program in which this individual provides home care services under the control and direction of the program listed above. 3. If the agency listed above is a state-operated agency or service (or affiliated with one), the study applies to any direct-contact service provided by the individual listed above as long as the individual is providing the services under the directions and control of the state-operated services.



State of Minnesota - Department of Human Services
Division of Licensing
Background Study Clearance
Non-Transferable

Mailer Type A
Agency ID 805736
Oakridge Homes SILS,
Inc.-Crow Wing Co.
Study 22159058
Study Date 12/23/2009
5 - 179

Bernard James Borash
5061 Gull Lake Dam Road
Brainerd, MN 56401

Oakridge Homes, SILS, Inc. Attn: Debby Felske
1021 Industrial Park Road
Brainerd, MN 56401

The individual named here
MAY PROVIDE
direct contact services for the agency named here.

What This Form Is: This is a notice of the result of a background study that was completed by the Minnesota Department of Human Services (DHS). The background study was completed on the individual named above at the request of a licensed program, and applies to the program named above. These background study requirements are found in Minnesota Statutes, Chapter 245C, section 241.021 and section 144.057.

What This Form Means: The individual named above may provide direct contact services for the program named above. "Direct contact services" is defined in Minnesota Statutes, section 245C.02, subdivision 11, as "providing face-to-face care, training, supervision, counseling, consultation, or medication assistance to persons served by a program."

What To Do With This Form: The individual should keep this form for his/her records. The program, agency and license holder's notice, or a copy of it, must be available upon request for review by a licensing representative. If the individual named above is convicted of a disqualifying crime in the future, the corrections system will report the conviction to DHS. DHS will then contact both the individual, county agency and the agency listed above with further instructions.

Non-Transferability of This Clearance: This clearance is not transferable to any program, or license holder, other than the one identified above with the following three exceptions: 1. If the program listed above has multiple licenses, but maintains personnel records pertaining to background studies in a central location for all programs, and the background study contact person and mailing address are the same, this clearance applies to all of the programs DHS, Minnesota Department of Corrections, and Minnesota Department of Health (MDH) licenses. In this case, no additional study is required. 2. If the program listed above is licensed by MDH to provide home care services, this clearance also applies to any other licensed program in which this individual provides home care services under the control and direction of the program listed above. 3. If the agency listed above is a state-operated agency or service (or affiliated with one), the study applies to any direct-contact service provided by the individual listed above as long as the individual is providing the services under the directions and control of the state-operated services.

Study Request Information

Request ID: 1415359

Study ID: 22471967

Facility ID: 805736 - Oakridge Homes SILS, Inc.-Crow Wing Co.

Created By: janis a young

Date Created: 2/22/2011 12:26 PM

Submitted By: janis a young

Date Submitted: 2/22/2011 12:29 PM

Results Status: Done-Passed

Results Date: 2/23/2011

Subject Name: Bernard James Borash

Gender: M

Date of Birth: 7/26/1949

Driver License / ID No: R518156559714

Race: White

SSN: ***-**-****

Phone: 2188288172

Address Line 1: 5061 Gull Lake Dam Road

City, State, Zip : Brainerd, MN, 56401

[No other first names for this study.]

[No other last names for this study.]

Study request submitted. Print this page for your records.

Request ID: 1105632

Facility ID: 805736 - Oakridge Homes SILS, Inc.-Crow Wing Co.

Created By: jayoung

Date Created: 12/22/2009 10:13 AM

Submitted By: jayoung

Date Submitted: 12/22/2009 10:15 AM

Subject Name: Bernard James Borash

Gender: M

Date of Birth: 7/26/1949

Driver License / ID No: R518156559714

Race: White

SSN: 476609175

Phone: 2188288172

Address Line 1: 5061 Gull Lake Dam Road

City, State, Zip : Brainerd, MN, 56401

[No other first names for this study.]

[No other last names for this study.]

6. ADDRESS

5001 GULL LAKE DAM RD

CITY

BRAINERD

ST

MN

ZIP CODE

56401

8. TELEPHONE*

218 828 8172

7. MN DRIVERS LICENSE / MN STATE ID (if any)

9. GENDER

☒ Male
☐ Female

10. RACE*

☐ Asian
☐ Pac. Islander
☐ African American
☐ Native American
☒ Caucasian
☐ Unk / Other

11. If this agency holds more than one license, identify which services (if any) the subject will be providing.

☐ hospital ☐ nursing home ☐ boarding care home ☐ home care



INSTRUCTIONS: Use a black ink blue ink pen or pencil. Photocopies and will be returned to the agency.

MN Department of Human Services

444 Lafayette Road North

St. Paul, MN 55155-3842

651-296-3971 / 651-282-6832 (TTY)

Your privacy rights are outlined in a separate notice entitled "Background Study Privacy Notice" (dated 09/01/2003). It is available from the agency who is initiating this study of you, or by calling 651-296-3971 (voice) or 651-282-6832 (TTY).

3971 (voice) or 651-282-6832 (TTY).

Use circle under each character you write. Do not use
and forms completed in pencil cannot be processed

OPTIONAL: Items marked with an asterisk (*) are optional. All other information is required.

BIRTHDATE: Enter date of birth in the format MMDDYYYY (ex. "Dec 31, 1970" would be "12311970").

DUAL NAMES: Separate dual names with a space (ex. "Mary Louise" or "Smith Johnson").

TITLES/INDICATORS: Do not include titles ("Dr.", "Sister", "Father"), or educational ("PhD", "MD", etc.), generational ("Jr.", "Sr.", "I", "IV", etc.) or professional indicators ("LCSW", "LP", etc.)

→

LAST NAME

CURRENT NAME

FIRST NAME

MIDDLE NAME

12/22/09

A 10x10 grid of characters. The characters are arranged in a repeating pattern of letters and numbers. Two diagonal lines, one solid and one dashed, cross the grid at the center. The solid line runs from the top-left to the bottom-right, and the dashed line runs from the top-right to the bottom-left. The characters are: Row 1: A, V, A, V, A, V, A, V, A, V; Row 2: V, A, V, A, V, A, V, A, V, A; Row 3: A, V, A, V, A, V, A, V, A, V; Row 4: V, A, V, A, V, A, V, A, V, A; Row 5: A, V, A, V, A, V, A, V, A, V; Row 6: V, A, V, A, V, A, V, A, V, A; Row 7: A, V, A, V, A, V, A, V, A, V; Row 8: V, A, V, A, V, A, V, A, V, A; Row 9: A, V, A, V, A, V, A, V, A, V; Row 10: V, A, V, A, V, A, V, A, V, A. The diagonal lines are: Solid line: (1,1) to (10,10); Dashed line: (1,10) to (10,1).

A 20x20 grid of circles, each containing a single character. The characters are arranged in a repeating pattern of letters and numbers. Two diagonal lines cross the grid from the top-left to the bottom-right.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W		

A large rectangular area filled with a dense grid of small circles. Each circle contains a single character from the alphabet or digits 0-9. The characters are arranged in a regular pattern across the entire page.

AGENCY NAME

Oakridge Homes SILS, Inc.

AGENCY ID #

AGENCY TYPE

RESULTS OF THIS STUDY WILL BE

MAILED TO THE SUBJECT AND TO:

Oakridge Homes Sils/sis Attn: Debby Felske
1021 Industrial Park Road

C

Brainerd

2188297599

MN 56401350

2188297599

2. OTHER FIRST NAMES YOU HAVE USED (please print)

3. OTHER LAST NAMES YOU HAVE USED (please print)

BIRTHDATE

HDATE
1 9 49

5. SOC SEC NUM*

1949

-60-9175

A 10x10 grid of circles, each containing a number from 0 to 9. The numbers are arranged in a repeating pattern: the first row is 0, 1, 2, 3, 4, 5, 6, 7, 8, 9; the second row is 1, 2, 3, 4, 5, 6, 7, 8, 9, 0; and so on. Diagonal lines cross the grid from the top-left to the bottom-right.

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 Bernie Black DSR DATE 1-24-2020

Version 2020

Bernie

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 Bernie Bolash DSP DATE 3-2-2018

Version 2018

Bernie Bolash DSP 10-14-19

Personnel Policy Acknowledgement Page

I have reviewed and received instruction on the implementation of the "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 will be 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 Bernard Borish

DATE 7/27/2015

Version 2015.1

Bernard Borish

10/24/16

Bernard Borish

9/7/17

Personnel Policy Acknowledgement Page

I have reviewed and received instruction on the implementation of the "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 will be 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 this handbook specifically revokes and rescinds any previous handbook and the provisions in previous handbooks 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 Bernie Borash

DATE 3-18-2013

REVIEW DATES:

INITIALS:

Personnel Policy Acknowledgement Page

I have received a copy of the "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 understand that the receipt of this handbook specifically revokes and rescinds any previous handbook and the provisions in previous handbooks 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 Bernard Bolath DATE 12-23-2009

REVIEW DATES:

INITIALS:

2-14-11

BB Bernard Bolath

1-23-2012

BB Bernie Bolath

OAKRIDGE HOMES

Orientation Checklist

1. Forms	
A. Application / MN Statute 245C Release	✓
B. Employee Health Statement (Mantoux at ICF)	✓
C. Driver's License Check	✓
D. Background Study	✓
E. County Foster Form (if applicable)	✓
F. Wage Agreement	✓
G. W4	✓
H. Time Sheet	✓
I. Direct Deposit Form	✓
J. Employment Eligibility (I-9) <i>Look at two forms of identification.</i>	✓
K. Economic Work Forms	✓
L. Orientation Schedule (sign schedule)	
M. HIPPA Forms	✓

2. Employee Perks	Staff Initials	Trainer Initials
A. Videos and Books for Leisure		
B. Movie Tickets		
C. Logo/Clothing		
D. "Why Do I Work Here?"		

3. Confidentiality	Staff Initials	Trainer Initials
A. Data Practice Module	12/22/09 BB	12/22/0993
B. Confidentiality	12/22/09 BB	12/22/0993
1. Video - <i>Complete Answer Sheet</i>	↓	↓
2. Confidentiality Policy - <i>Read, Sign and Date</i>		

4. Bloodborne Pathogens	Staff Initials	Trainer Initials
A. Perilous Pathogen Video OR Booklet <i>Complete Answer Sheet for booklet only</i>	12/22/09 BB	12/22/0993
B. Oakridge/Woodview Bloodborne Pathogens Policy	↓	↓
C. Infection Control Log (ICF Only)		

5. Site-Specific Orientation	Staff Initials	Trainer Initials
A. Building		
1. Address		
2. House Key		
3. Tour of Building		
4. Circuit Box		
5. Furnace(s)		
6. Thermostat(s)		
7. Washer(s) and Dryer(s)		
8. Cleaning Supplies and Storage		
9. Appliances		
10. Sprinkler System		
11. Fire Extinguishers / Fire Plan		
12. Smoke Detectors / Use and Location		
13. Carbon Monoxide Detectors (For gas/propane heating systems)		
14. Water Shut-Off Valve		
B. Financial – Clients		
1. Ledger Card / Receipts / Hand Written Receipts		
2. Bank Accounts – Deposits and Withdrawals		
3. Client Purchases		
a. Personal Needs (soap, deodorant, etc.)		
b. Clothing – Seasonal as needed or wanted		
4. Money Counting		
C. Financial – Program		
1. Use of Purchase Orders – household		
2. Billings		
3. Vendors Used		
4. Petty Cash RECEIPT REQUIRED FOR EACH PURCHASE		
D. Medical		
1. Appointments		
2. Medications		
3. Health Record		
E. Miscellaneous Client Procedures – Clothing (labeling, mending, laundry)		
F. Food Policies / Procedures		
1. Client Involvement		
2. Menu Planning		
3. Recipes		
4. Grocery Shopping		
5. Grocery Budget		
6. Grocery Bills		
G. File Cabinet – Contents / Storage		

Handwritten signature/initials

H.	Telephone Use		
1.	Answering "Hello (hi). This is _____."		
2.	Long Distance Log / Codes		
3.	On-Call Procedure		
4.	Answering Machine		
5.	How to take / Where to put a message		
6.	Personal Use		
7.	Employee Numbers (who can you give them to?)		
8.	Emergency Numbers		
I.	Housekeeping		
1.	Nights – weekly and daily		
2.	Days – weekly and daily		
J.	Administrative		
1.	Pay Day		
2.	Schedule		
3.	Importance of staff communication		
4.	Functioning as a team		
L.	Day Programming		
1.			
2.			

Cooper
October
Pacific

6.	Personnel Book (Read)	Staff Initials	Trainer Initials
A.	Consumer Bill of Rights	12-23-09 RB	12/23/09 JY
B.	Vulnerable Adult Report Policy and Procedures (VARPP)		
C.	Behavior Management (Rule 40 and Psychotropic Medication)		
D.	Emergency Use of Behavior Management		
E.	Reporting of Maltreatment of Minors (if applicable)	N/A	N/A
F.	Maltreatment of Minors Act (if applicable)		

7.	Emergency Preparedness	Staff Initials	Trainer Initials
A.	Plan to Get Out Alive (video and worksheet)	12-22-09 RB	12/22/09 JY
B.	Emergency and Incident Reporting Policies and Procedures	12-22-09 RB	12/23/09 JY
1.	Telephone Numbers		
2.	Fire		
3.	Health		
4.	Tornadoes / Severe Weather / Blizzards / Cold		
5.	Obscene Phone Calls		
6.	Missing Persons		
7.	Intruders in the Home		
8.	Auto Accidents		
9.	Death		
10.	Blanket Drop Procedure		
11.	Fire Drills		
12.	Bomb Threats		

13. Reporting and Record Keeping	12-23-09 BB	12/23/09 JY
14. Consumer to Consumer Physical Aggression		
15. Law Enforcement and/or Fire Department Involvement		
13. Sexual Activity between Consumer Involving Force or Coercion		
14. Incident Reporting		

8. Personnel Books – Policies / Procedures / Job Description	Staff Initials	Trainer Initials
A. Read and initial each page	12-23-09 BB	12/23/09 JY
B. Sign and Date Policies		
1. Smoking		
2. Alcohol		
3. Mandatory Inservice and Staff Meetings		
4. Use of Company Equipment		
5. Memo on Theft		
6. Sleep		
C. Workers Compensation Packet		
D. Table of Contents – Sign and Date Acknowledgement Page – Sign and Date		

9. Documentation	Staff Initials	Trainer Initials
A. Documentation Module Read and complete answer sheet	12-23-09 BB	12/23/09 JY
B. Oakridge Guidelines		
C. Sample Forms		

10. Harassment	Staff Initials	Trainer Initials
A. Sexual Harassment Video Complete Quiz #1 - #4	12-22-09 BB	12/22/09 JY
B. Harassment Policy – Read, Sign and Date		

11. Consumer Books	Staff Initials	Trainer Initials
A. Charting and Daily Books		
1. Activity Calendar		
2. Daily Schedules		
3. Oral / Personal Care Chart		
4. Informal Goals		
5. Program Record		
6. Individual Program Plans and Outcomes		
7. Data Collection		
8. Behavior Management (if applicable)		
B. Permanent Books		
1. Quarterly Report and Goal Summary		
2. Annual Reports		
3. Assessment		

4. Individual Support Plan (or IEP or IIIP)		
5. Psychological / Psychiatric Evaluation / Assessment		
6. Risk Management Plan		
Consumer _____		
Consumer _____		
Consumer _____		
Consumer _____		
7. Rule 40 (see Behavior Management Policy)		N/A
8. Psychotropic Management (see Behavior Management)		

12.	Staff Initials	Trainer Initials
A. EEO / Affirmative Action Plan	12-23-09 RB	12/23/09 JY
B. OSHA		
1. AWAIR Act (site specific)		
2. Right to Know		
3. Questions and Competency Eval on RTK		
C. Communicating with People with Disabilities	12-23-09 RB	12/23/09 JY
D. Developmental Disabilities Module (complete worksheet)		
OR		
Mental Retardation – A Description (video)		

13. Safety, History and Rules	Staff Initials	Trainer Initials
A. Safety Accident Prevention – Video (Complete Worksheet)	12-22-09 RB	12/22/09 JY
B. Safety Rules and Standard Operating Procedures In Personnel Book – Read Sign and Date		
C. Therapeutic Intervention Techniques Site Specific – audio / video / verbal	12-22-09 RB	12/22/09 JY
D. History of Oakridge		
1. Oakridge Brochure		
2. Corner to Corner		
E. Rules and Regulations		
1. ICF/MR Licensing (if applicable)		
2. Consolidated Standard		
3. Foster License		
4. Fire Codes		

5.	Case Management (monitoring)		
14.	Observation of Clients – at least one entire shift	Staff Initials	Trainer Initials
15.	Site-Specific Materials	Staff Initials	Trainer Initials
A.	Orientation Page on each Consumer (Need to Know)		
B.	Overriding Healthcare Needs (if applicable)		
C.	Alarm Systems and/or Shut Off Boxes		
1.	Demonstration		
2.	Initial information sheet attached to box		
D.	Other Site-Specific Orientation Materials		
1.			
2.			
3.			
4.			
16.	CPR Certification	Staff Initials	Trainer Initials
	1-12-10	BB	MB, PG
17.	First Aid	Staff Initials	Trainer Initials
18.	Just Like You and Me (video) Complete Answer Sheet	Staff Initials	Trainer Initials
		12-22-09 BB	12/22/09 JB
19.	Medication Administration	Staff Initials	Trainer Initials
A.	Training (Med Class)		
1.	Bloodborne Pathogens	2-2-10 BB	MB, PG
2.	Hepatitis		
B.	Written Test		
C.	Skills Assessment (site-specific)		
20.	Client Health Books	Staff Initials	Trainer Initials
21.	Active Treatment	Staff Initials	Trainer Initials
A.	Handout (Read)	12-23-09 BB	12/23/09 JB
B.	Video OR Module – Answer Worksheet		
22.		Staff Initials	Trainer Initials

* Please see attached site specific orientation checklist

Staff Supervision (site-specific)		
--	--	--

23. Forms	
A. Select Account Form	
B. Long Term Disability Form (if full time)	
C. Life and Dental	
D. 401K	

Orientation Day 12/22/09 6.5 Bernard Block Jonis Young
 Date Hours Employee Signature Trainer Signature

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

12/23/09 5.25 Bernard Block Jonis Young
 Date Hours Employee Signature Trainer Signature
1/11/10 3.0 Bernard Block Jonis Young
 Date Hours Employee Signature Trainer Signature

 Date Hours Employee Signature Trainer Signature

Observation Day 12/28/09 4.0 Bernard Block Jonis Young
 Date Hours Employee Signature Trainer Signature
per time sheet

Assistance Day 12/31/09 5.0 Bernard Block Jonis Young
 Date Hours Employee Signature Trainer Signature
 CPR 1-12-10 1.5 hrs. Bernard Block Jonis Young
1/14/10 4.0 Bernard Block Jonis Young
 Date Hours Employee Signature Trainer Signature
2/3/10 med class 8.0 Bernard Block Jonis Young

You must complete 15 hours of orientation prior to working alone. (8 hours if experienced.)
You must complete 30 hours total of orientation within 60 days (15 hours if experienced in Waiver, ICF or SILS)

Orientation Requirements	
Date of Hire	<u>12/22/09</u>
Date of Expected Completion	<u>2/22/10</u>
Total Hours of Orientation Needed	<u>30</u>

Actual Orientation Completed	
Total Hours	<u>37.25</u>
Date Orientation Completed By	<u>2/2/10</u>

Failure to meet the requirements for orientation and inservice each year may result in termination of employment.

Bernard Block
 Employee Signature (upon completion)

2-17-2010
 Date

Rev. 12/07, 9/08, 2/09, 4/09

Orientation Checklist

809 9th Ave. N.E. Specific

Employee Name Bernie Brown Program Coordinator M. O'Neil

The following checklist is to be completed following orientation at the Brainerd Office.

DAY ONE

Date: 12/28/09

Shift: 6p-10p (4)

PC/Employee Initials

Introduction to Consumers

MB | BB

1. Licensed for four

House tour

MB | BB

1. Address
2. House Key – Date Received
3. Circuit Box
4. Furnace/Gas shut off
5. Thermostat
6. Washer and Dryer (no laundry after 9P)
7. Appliances
8. Fire Extinguishers (3) Fire Plan
9. Smoke Detectors/Use and location
10. Carbon Monoxide Detector
11. Water/Gas shut off valve
12. List of House Rules located in LR
13. Heimlich Maneuver Chart
14. Chain of Command – Mary (PC), Jeff (QMRP), Rod (Owner)

MB | BB

Communication Log

MB / BB

1. Emergency Procedures (site Specific)
2. "Things to read"
3. Activities/Schedules
4. Ombudsman Info
5. Importance of initialing all entries

Payroll Book

MB / BB

1. Staff Schedule
2. Importance of functioning as a team
3. Employee Phone Numbers (please don't give out)
4. Payday
5. PTO list
6. Resident Occupancy Form
7. Payroll form-Sign right away, don't fill out ahead of time

Telephone Use

MB / BB

1. Employee Cell phone use
2. How to answer the house phone
3. Answering Machine
4. How to take a message and where to leave the message
5. Personal use
6. Emergency Numbers

House Office

MB / BB

1. Computer-Supervisor use only
2. First Aid Supplies
3. Med Administration Supplies
4. Resident Drawers/Contents
5. Psychotropic and Permanent Books

Medications

MB / BB

1. Med cabinet to be locked at all times
2. Location of med key
3. Standing Order Medications
4. Med Administration Record (MAR)
5. **Med class scheduled**
 - a. med policy
 - b. class handout

Financial Drawer

MB / BB

1. House Petty Cash Use/Documentation
2. Resident Petty Cash Use/Documentation
3. Receipts (**Required for all transactions**)
4. Bank Accounts-Deposits/Withdrawals
5. Client Purchases
 - a. Personal Needs (soap, deodorant, etc.)
 - b. Clothing (seasonal as needed)
 - c. Inventory all major purchases (electronics, CD's, PS2 games, etc.)

Financial-House

MB / BB

1. Vendors used –Triangle, Cub, S.A.V.E., Super One, KFC
2. Purchase Orders
3. Grocery/Plant Budgets

Van – Use

MB / BB

1. Seatbelts are a must! The van doesn't move until **all** seatbelts are on
2. Staff are responsible to clean the van, inside and out
3. Review mileage log and contents of log
4. Insurance card location
5. Accidents Happen!! Report anything unusual ex. Running over things in the road. Have the van checked before a major repair is needed.

DAY TWO

Date: 12/31/09
1/4/10

Shift: 9A-2p (5)
12p-4p (4)

Housekeeping (mainly to be addressed with overnight staff)

MB / BB

Nights-Weekly and Daily
Days-Weekly and Daily

Medical

MB / BB

1. Appointments/forms
2. Doctors/Clinics
3. Pharmacy
4. Medications
5. Health Record
6. Special Diets/Restrictions

Food Policies

MB / BB

1. Menu Planning
2. Client Involvement-Goals
3. Recipes
4. Grocery Shopping

Resident Books-Daily

MB / BB

KH ☒ PB ☒ DK ☒ MD ☒

1. Activity Calendar/Volunteer/Walking
2. Daily Schedules
3. Personal Hygiene chart
4. Informal Goals
5. Program Notes/Psychotropic Notes/Medical Notes
6. Data Collection-Depression, Anxiety
7. Behavior Plans
8. Individual "Need to Know"
9. Risk Management Plans
10. PCA documentation (if applicable)

Resident Permanent Books

MB 1BB

1. Face Sheet
2. HIPPA form/consent
3. Program Plans and Outcomes
4. Quarterly/Goal Summary
5. Annual
6. Assessment (Current)
7. Individual Support Plan (ISP)
8. Psychological
9. Rule 40*
10. Psychotropic Management*

I have had the opportunity to ask any questions about this orientation checklist.

Trainee Bernard B. B. Date 2-17-10

Trainer [Signature] Date 2-17-10

Staff mtg. 1-11-10 9A-12n (3)
CPR 1-12-10 4:30p-6p (1.5)
ned 2-2-10 9A-5p (8.0)
class

Note: Background Study must be initiated and sent prior to any direct and unsupervised contact with consumers.

Date the Background Study received back 12/23/09

OAKRIDGE HOMES

Medication Administration Orientation Documentation

Date: 2-2-2010

Course Provider: Dawn Tillson, RN

Length of Course: 8 hours

Staff Orientated: BERNARD BORASH
Print clearly

ORH/Woodview Facility working at: 809 9TH AVE NE, BRAINERD MN

The above staff has attended The Oakridge Homes Medication Administration Course. Achievement of a score of 85% is required to be able to pass medications in an Oakridge facility. The score is achieved as a combination of written test, demonstration of skills, class participation, appropriate dress and timeliness.

	Possible Score	Actual Score	Comments
Participation :	<u>6</u>	<u>6</u>	<u>helpful</u>
Appropriate Dress:	<u>4</u>	<u>4</u>	
Timeliness:	<u>4</u>	<u>4</u>	
Demonstration Score:	(Demonstration observed by presenter)		
Oral medications	<u>4</u>	<u>4</u>	
Ear drops	<u>4</u>	<u>4</u>	
Eye drops	<u>8</u>	<u>8</u>	
Topical medication	<u>4</u>	<u>4</u>	<u>Good Work!</u>
Other (house specific)		<u>34</u>	
Test score:	<u>66</u>	<u>61</u>	
Total:	<u>100</u>	<u>95</u>	

Dawn Tillson RN
Course Provider's Signature and Title

A copy of this completed form must be kept in this staff's individual Personnel Record as proof of medication training.

CHECKLIST FOR MEDICATION ADMINISTRATION

(to be completed 3 times as completion of medication training) or (to be used for an announced med pass evaluation).

House: 809

Staff: BERNIE BORASH

Date: 2-10-10

	Consumer Initials		HS KH		HS PB		HS MD			
	Y	N	Y	N	Y	N	Y	N	Y	N
Did the staff???										
1. Wash hands before beginning med pass	✓		✓		✓					
2. Unlock medication storage area	✓		✓		✓					
3. Open consumer's book to MAR (medication administration record)	✓		✓		✓					
4. Take one consumer's medication from storage area and checking the label(s) against the MAR comparing the consumer name, medication, dose and time of administration. First Check	✓		✓		✓					
5. Recheck the label against the MAR, comparing the consumer name, medication, dose and time of administration. Second Check and place the medication in the med cup.	✓		✓		✓					
6. Check that all the medications are out of the bubble pack or cassette.	✓		✓		✓					
7. Recheck the label against the MAR, Third Check , comparing the consumer name, medication, dose and time of administration, before returning the medication to the storage area.	✓		✓		✓					
8. Place their first initial in the appropriate date and time square for the medication.	✓		✓		✓					
9. Follow any special instructions , ie: crush, shake well, take pulse first.	N/A		N/A		N/A					
10. Pour any liquids at eye level	N/A		N/A		N/A					
11. Ask the consumer to come to the staff to receive their medications Speak to the consumer and use their name before administering their medications.	✓		✓		✓					
12. If the staff delivered the meds to the consumer, did they lock the medication storage area first?	N/A		N/A		N/A					
13. Document their last initial for all consumer's medications given as soon as the medications were taken.	✓		✓		✓					
14. Use skin cleanser or wash hands before moving on to the next consumer	✓		✓		✓					
15. Lock med storage area when finished all meds.	✓		✓		✓					

Comments: NO CONCERNS

Signature of Observer: [Signature]

Oakridge Homes- Woodview Support Services

GUIDELINES FOR CALLING IN

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

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

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

The following guidelines should be adhered to:

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

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

Bernie Borash

Employee Signature

Bernie Borash

Employee Printed Name

4/26/2021

Date

809

Work Location

Employment Status

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

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

Keys

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

Oakridge Homes- Woodview Support Services | 2019

Workweek

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

Oakridge Homes- Woodview Support Services

GUIDELINES FOR CALLING IN

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

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

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

The following guidelines should be adhered to:

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

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

Bernie Borash DSP

Employee Signature

4/22/2019

Date

Bernie Borash

Employee Printed Name

809

Work Location

20
Bernie Borash

809

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

Job Title: Resident Instructor
Department: Program
Reports To: Program Coordinator
FLSA Status: non-exempt
Approved Date:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Follow and work within all policies and protocol as directed.

Supervisory Responsibilities

This job has no supervisory responsibilities.

Competencies

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

Education and/or Experience

No prior experience or training.

Language Skills

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

Mathematical Skills

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

Reasoning Ability

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

Computer or Technology Related Skills

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

Certificates, Licenses, Registrations

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

Other Skills and Abilities

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

Other Qualifications

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

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

Bernie Bolash 2-3-2014

OAKRIDGE HOMES

Job Description

Resident Instructor (RI)

The role of the employee will be to provide an environment where each consumer in the program can realize his/her maximum physical and mental potential and achieve the highest level of self-sufficiency and social citizenship. Also, to make available the patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

The RI must be at least 18 years of age and willing to submit to a criminal background check and a driver's licensing check. Results may disqualify the individual from employment. This position may require that you drive.

She/he should have experience or training in working with people with developmental disabilities and should be knowledgeable in training and behavioral intervention techniques. The RI will be directly responsible to the Supervisor/Administrator/Program Director/Program Coordinator/QDDP and/or their designees.

The primary responsibility of the Resident Instructor is the direct care of the consumers 100% of the time. This is a 24-hour treatment facility and as such, calls for active treatment with training taking place at all times. This will be carried out by each shift in accordance with the treatment plan established for each consumer.

The following list of essential functions is not exhaustive and may be supplemented as necessary.

Essential Functions:

Orientation

1. Become fully acquainted with and adhere to the philosophy, policies, procedures and operation of Oakridge Homes. This is done through:
 - A. Conference with Administrator, Program Director, QDDP and Program Coordinator.
 - B. Orientation and inservice training.
 - C. Reference material provided by the program.
2. Become acquainted with each consumer's Risk Management Plan, Need to Know, all Protocols, Level Programs, background information and treatment plan. Understand the level of each consumer's ability.
3. To assure that no information pertaining to the program/consumers and staff be released without prior authorization.
4. Complete Time Sheets, Daily/Weekly Hours Sheet and Daily Recording pages accurately and in a timely manner. Fax Daily/Weekly Hours Sheer and Daily

Recording pages on a daily basis as directed by your supervisor.

Safety

5. To assure that a clean, attractive, safe, and healthy environment is kept for the people who live in the home.
6. Have a working knowledge of alarm systems, (including who to call, how to disarm and the procedure to follow). Know where the water shut-off valve is in case of emergencies. Take appropriate action in case of emergencies (according to the Emergency and Incident Reporting Policies and Procedures) and notify the proper personnel.
7. Follow quarterly scheduled fire drill procedures implemented to train consumers to evacuate.
8. Follow through with safe, healthy food-handling practices (includes not leaving food or supplies on counters).
9. Staff may be required to operate ORH vehicles to transport consumers or supplies safely.
10. Promptly report any problems with the physical plant, ground, or vehicle(s) to the Supervisor. Fill out the applicable form and submit in a timely manner.
11. Equipment –
 - a. Ensure that the van is cleaned monthly (inside and out) and filled with gas.
 - b. Know/learn how to use the telephone, answering machine, copy machine and fax machine. (Directions are posted by all machinery)

Consumer

12. Follow consumer objectives in providing active treatment with appropriate documentation on Progress Reports.
13. Represent the program/consumers in the community in a responsible and favorable manner.
14. Use approved behavioral modification techniques in working with consumers.
15. Follow bathing, toileting, all hygiene/grooming procedures and schedule if applicable as outlined. Perform or assist with cleaning of glasses, toothbrushes, etc.
16. Follow bedroom cleaning procedures (instruct/assist consumers as needed).
17. Ensure appropriate laundry procedures (instruct/assist consumers as needed). Perform or assist with ironing as needed.

18. Check and assist consumers with maintaining consumer supplies of personal needs items.
19. Make sure consumers are always well-groomed (all ADL's). Train the consumers in personal care and hygiene such as bathing, shaving, washing hair, dressing and undressing.
20. Make sure people living in the home are always appropriately dressed (check outerwear and wash as needed). Use Spray-and-Wash (or equivalent) on stains before doing consumer laundry. Check clothing for mending needs. Check outfits daily for coordination. Put on matching pajamas. Dress consumers appropriately for pictures, special occasions, church, etc.
21. Staff will closely monitor and have frequent contact with assigned consumers throughout their shift (every 15 minutes during awake hours). (Any exceptions to this 15 minute rule will be in each person's Risk Management Plan.) In case of accident or incident, the consumer or staff member must receive medical attention and/or first aid promptly. Report the accident/incident to the person listed in the Emergency Procedures in a timely manner and complete the Incident Report and any other documentation as directed by the PC and/or QDDP.
22. Follow current schedules, activity calendars and menus as written.
23. Staff will take the amount of time and precautions necessary to assist consumers with feeding skills. Check each consumer's diet as specified on the treatment plan and provide meals according to the posted menu. During the meal, the Resident Instructor will:
 - a. Follow established program for active treatment during mealtime (i.e. proper table manners, appropriate use of utensils, socialization, etc.);
 - b. See that consumers chew food appropriately and are not choking or having other problems; and
 - c. Supervise consumers while eating.
 - d. Family style meals and service will be emphasized. Staff should eat with the consumers (eating the same food consumers are eating) and be a positive role model. Staff will ensure food and supplies are put away in approved containers, marked and dated in a timely manner. Food and supplies will not be left unsupervised in any area where consumers are present.
24. Attend appointments with people living in the home and take forms required for their records and document as needed after appointments when indicated.
25. Provide input on quarterly and annual staffing reports.
26. Encourage people living in the home to make choices whenever possible.

27. Promote good relationship with the consumers and staff. Communicate with the oncoming shift anything of importance, behavioral/medical issues, the activities of the preceding shift both verbally and in writing in the staff communication log.
28. Follow-through with training rather than caretaking, allowing for participation according to the individual's ability. Training and active treatment will occur both inside and outside the home.
29. Initiate checking for community activities that are appropriate and would be of interest to the consumers and get them out in the community.
30. Initiate a variety of recreation/leisure activities in the home. (Note: sitting with consumers to watch television is not considered an activity for consumers and staff to do together).
31. Pass medications at the correct time and follow guidelines.
32. Function effectively with the consumers on a one-to-one basis and in groups.
33. Deal effectively with disciplinary problems that arise.
34. Take prompt/appropriate action in the event of emergencies (follow ORH Emergency and Incident Reporting Policies and Procedures). Complete appropriate forms.

Employment

35. Communicate with co-workers, nurse, QDDP, Program Coordinator to ensure the smooth, consistent delivery of services. Never assume someone else will communicate a given situation. If you are involved in any type of situation or are a witness to said situation, you are required to communicate it in a timely manner. Ideally, this communication would be in writing or in person.
36. Give full cooperation to the RN and other consultants of the home.
37. Attend Medication Administration Class when scheduled. Pass medications at designated times and using the correct procedure.
38. Be prompt and reliable rather than exhibiting tardiness and absences.
39. Respect the rights and integrity of co-workers, consumers and their families.
40. Positively accept suggestions and constructive criticism.
41. Positively offer suggestions and constructive criticisms (creativity, time saving, cost efficiency).
42. Be a positive role model by effectively communicating with others about consumer

issues in the home and the work sight.

43. Provide coverage as needed or requested.
44. Perform responsibilities in a professional manner. Complete these responsibilities so that you do not leave them for others to do.
45. Staff trained by consulting nurse will follow policies and procedures.
46. Attend and participate in all Staff Meetings and inservices. Attend all mandatory inservice training, including CPR, First Aid, Therapeutic Intervention and Annual Mandatories (i.e. vulnerable adult training, policies and procedures, etc.).
47. Locate frequently used forms in file cabinet. File as requested by your supervisor.
48. Run off copies of forms when supplies are low (careful to include all information - check first before running off many).
49. Follow correct procedures when starting a shift: Check calendar, your mailbox, Communication Log, and consumer records back to the last time worked, write down all the objectives for your group of consumers.
50. Display good time-management skills.
51. Initiate responsibilities without direct supervision.
52. Demonstrate enthusiasm, dedication, patience and consistency.
53. Be responsible in taking breaks as specified according to the hours of your shift.
54. Carry out any and all job related duties as assigned by the Administrator/Program Director/Program Coordinator or Supervisor.
55. Work effectively as part of a team by displaying adaptability and flexibility (do fair share and be willing to help out co-workers without being asked).
56. Give accurate follow-up information before leaving shift (written or verbal).
57. Attempt to work out differences with co-workers before involving others.
58. Follow lifting and transfer guidelines.

Documentation

59. Document objective/pertinent information in Progress Notes. Give a clear picture of each event.

60. Know how to implement consumers' programs (goals) using methodology procedure as a guide and document appropriately. Run goals as many times as stated (example – 5 times a day or twice per week).
61. Know how to and document correctly count/record prompts on consumer programs (goal charts).
62. Financial –
 - a. Accurately complete Purchase Orders and charges.
 - b. Always get receipts and sign them.
 - c. Count Consumer Petty Cash and report any discrepancies immediately.
63. Document on Med Sheets accurately. Call in med re-orders to pharmacy.
64. Replace pages in Charting Books when you fill them up.

Accountability:

Employees are required to satisfy the essential functions of their job description.

Physical Requirements (including lifting and pushing):

Employee must be able to lift/push a minimum of 50 pounds.

Equipment Used:

Normal household items and consumer related equipment (may vary at each sight).

Other duties may be assigned as deemed necessary by the Administrator, Program Coordinator, Program Director and/or their designees.

It is understood that this (or any other) job description is subject to change by Oakridge Homes, Inc. at any time, without prior notice, and that this (or any other) job description is not intended to create, nor is it to be construed to constitute, a contract, expressed or implied, between Oakridge Homes, Inc. or any of its employees.

I have read the above job description and I can perform the duties.

Signature

Date

H:\home\program\Policies\Job Descriptions\Resident Instructor.doc

Rev. 12/00, 6/09, 12/10

Proof of Competency



Adaptive Equipment Review

Name: Bernie Borash Work Location: 809

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

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

Signature: Bernie Borash DSP

Date: 7-26-2021

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

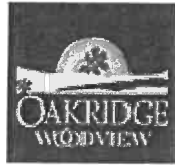
Printed Name Bernie Borash

Signature Bernie Borash

Work Location 809

Date 8/24/2020

PROOF OF COMPETENCY



Adaptive Equipment Review

Name: Bernie Borash Work Location: 809

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

☒ Glasses

☐ Contacts

☐ Dentures/Oral Prosthetics

☐ Walker

☐ Cane

☐ Hoyer Lift

☐ C-PAP

☐ Epi-Pen

☐ Glucometer and Lancets

☐ Wheelchair

☐ Gait Trainer

☐ Hearing Aid(s)

☐ Braces (arm, leg, back)

☐ TED Socks (Compression stockings)

☐ Prosthetics

☐ Oxygen Tank

☐ Oxygen Concentrator

☐ Helmet

☐ AFO

☐ Splints

☐ Shower Chair

☐ Nebulizer

☐ Reclining Lift Chair

☐ Stander

☐ VNS Device

☐ G-Tube

☐ Adaptive Utensils

☐ Oral Braces

☐ Gait Belt

☐ Incontinence Products

☐ Inhaler

☐ Insulin Pen

☐ Other: _____

☐ Other: _____

☐ Other: _____

☐ Other: _____

Signature: Bernie Borash DSP

Date: 7-24-2020

Proof of Competency



Adaptive Equipment Review

Name: Bernard & Borash Work Location: 809

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

☐ Glasses ELB Initial ELB Date 5-6-19

☐ Contacts Initial _____ Date _____

☐ Dentures/ Oral Prosthetics Initial _____ Date _____

☐ Walker Initial _____ Date _____

☐ Cane Initial _____ Date _____

☐ Hoyer Lift Initial _____ Date _____

☐ C-PAP Initial _____ Date _____

☐ Epi-Pen Initial _____ Date _____

☐ Glucometer and Lancets Initial _____ Date _____

☐ Wheelchair Initial _____ Date _____

☐ Gait Trainer Initial _____ Date _____

☐ Hearing Aid(s) Initial _____ Date _____

☐ Braces (arm, leg, back) Initial _____ Date _____

☐ Helmet Initial _____ Date _____

☐ Prosthetics Initial _____ Date _____

☐ Oxygen Tank Initial _____ Date _____

☐ Oxygen Concentrator Initial _____ Date _____

☐ TED Socks (compression stockings) Initial _____ Date _____

☐ AFO Initial _____ Date _____

☐ Splints Initial _____ Date _____

☐ Shower Chair Initial _____ Date _____

☐ Nebulizer Initial _____ Date _____

☐ Reclining Lift Chair Initial _____ Date _____

☐ Stander Initial _____ Date _____

☐ VNS Device Initial _____ Date _____

☐ G-Tube Initial _____ Date _____

☐ Inhaler Initial _____ Date _____

☐ Gait Belt Initial _____ Date _____

☐ Oral Braces Initial _____ Date _____

☐ Weighted Vest Initial _____ Date _____

☐ Incontinence Products Initial _____ Date _____

☐ Other: _____ Initial _____ Date _____

☐ Other: _____ Initial _____ Date _____

☐ Other: _____ Initial _____ Date _____

☐ Other: _____ Initial _____ Date _____

Signature: Bernard & Borash DSP

Date: 5-6-2019

Proof of Competency



Adaptive Equipment Review

Name: Bernie Borash DSP Work Location: 809

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

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

Signature: Bernie Borash DSP

Date: 7-22-19

PROOF OF COMPETENCY



Adaptive Equipment Review

Name: Bernie Bernish Work Location: SDA

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

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

Signature: Bernie Bernish DSP

Date: 7-23-18

Annual Oakridge/Woodview First Aid and CPR Review

Date: 3-22-2021

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

Staff Orientated: Bernard Bohash
Print clearly

ORH/Woodview Facility working at: 809

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

Patty Bernstetter RN-BC

Course Provider's Signature and Title

A copy of this completed form must be kept in this staff's individual Personnel Record as proof of First Aid and CPR review.

Oakridge/Woodview First Aid and CPR Class

Date: 9-23-19

Course Provider: Patty Bernstetter, RN-BC

Staff Orientated: Bernie Borash
Print clearly

ORH/Woodview Facility working at: 809

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

***A copy of this completed form must be kept in this staff's individual
Personnel Record as proof of First Aid and CPR class.***

SPH
Oakridge/Woodview First Aid and CPR Assessment

Date: 3-25-2019

Course Provider: Patty Bernstetter, RN-BC

Staff Orientated: Bernie Borash
Print clearly

ORH/Woodview Facility working at: 809

The above staff has attended The Oakridge Homes First Aid and CPR Course. A score of 85% is needed to pass this course. The score is achieved as a combination of written test, demonstration of skills, class participation, appropriate dress, and timeliness.

1 - Needs Improvement

2 - Meets Expectations

	1 or 2 Score	Comments
Demonstration:		
Epi Pen Demonstration	<u>2</u>	
Hands only CPR	<u>2</u>	
Heimlich maneuver	<u>2</u>	
Test Score (15)		
Demonstration (3)		
Total Score	<u>18</u>	

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

Patty Bernstetter RN-BC
Course Provider's Signature and Title

A copy of this completed form must be kept in this staff's individual Personnel Record as proof of First Aid and CPR class.

Oakridge/Woodview First Aid and CPR Assessment

Date: 6/21/2018

Course Provider: Patty Bernstetter, RN-BC

Length of Course: 2 hours

Staff Orientated: Bernie Borash
Print clearly

ORH/Woodview Facility working at: 809

The above staff has attended The Oakridge Homes First Aid and CPR Course. A score of 85% is needed to pass this course. The score is achieved as a combination of written test, demonstration of skills, class participation, appropriate dress, and timeliness.

1 - Needs Improvement

2 - Meets Expectations

	1 or 2 Score	Comments
Participation	<u>2</u>	
Appropriate Dress	<u>2</u>	
Timeliness	<u>2</u>	
Demonstration:		
Epi Pen Demonstration	<u>2</u>	
Hands only CPR	<u>2</u>	
Heimlich maneuver	<u>2</u>	
Test Score - 22 (Possible)	<u>22</u>	<u>Pass</u>
Demonstration - 15		
Total Score	<u>35</u>	

Patty Bernstetter RN-BC
Course Provider's Signature and Title

A copy of this completed form must be kept in this staff's individual Personnel Record as proof of Medication Administration training.

2010 CPR and AED Certification Card

Leonard Dorash

has successfully completed and competently performed the required knowledge and skill objectives for this program.

☒ Adult
☐ Child and Infant
☐ Adult, Child, and Infant

Card is valid if more than one box is checked.

AMERICAN SAFETY & HEALTH INSTITUTE

ASHI-Approved Certification Card

Diana Jenkins
Authorized Instructor (Print Name)

JAN 16 2014
Class Completion Date

JAN 16 2016
Expiration Date

218-963-7949
Training Center Phone No.

JENKINS
Training Center I.D.

This card certifies the holder has demonstrated the required knowledge and skill objectives to currently authorized ASHI instructor. Certification does not guarantee future performance, or imply licensure or credentialing. Course content conforms to the 2010 AHA Guidelines for CPR and ECC, and other evidence-based treatment recommendations. Certification period may not exceed 24 months from class completion date. More frequent reinforcement of skills is recommended.

809



ASHI-approved Certification Card
Dianna Jenkins

Authorized Instructor (Print Name)	
<u>Belmont & Borash</u>	
Cardholder's Signature	
<u>BERNARD J BORASH</u>	
Date Completed	OCT 13 2011
Renewal Date	OCT 13 2014
Training Center Phone No.	218-963-7949
Training Center I.D.	JENK13

Successful completion indicates cardholder has met required knowledge and skill objectives of the curriculum to the satisfaction of an ASHI-authorized instructor. Certification does not guarantee future performance, or imply state licensure or credentialing.



Cultural Competency 2018

Name Bernie Borash

Date 10/22/18

1. What is one thing you learned from the video "We Are All Different - and THAT'S AWESOME!"? Being yourself instead of trying to be something you are not is awesome
2. Culture includes the shared values, traditions, norms, customs, religion, arts, history, folklore, language and/or institutions of a specific group of people.
3. Cultural sensitivity ~~diversity~~ 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.
4. 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
5. What are 3 things that indicate someone is culturally competent?
 1. understanding cultural
 2. " cultural & more other than their own
 3. willingness to understand & accept
6. List 3 of 5 reasons to justify the need for cultural competence within the health care system:
 1. Diverse belief systems exist
 2. Cultural influence
 3. individual
7. What are 5 barriers to achieving cultural competency?
 1. Language
 2. Racism
 3. Stereotyping
 4. ethnic beliefs
 5. non verbal communication

8. What is one thing you took away from the video "I Am NOT Black, You are NOT White"? not appropriate to judge by culture

9. 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.

10. What are the 4 Key Cultural Humility Skills?

1. active listening

2. Reflecting

3. Reserving Judgment

4. Enter their world

11. 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.

12. Cultural Competence + Cultural Humility = Cultural Responsiveness

13. What is one thing that stands out to you from the video "Cracking the Codes—grocery store"? prejudice



Competency on Program Abuse Prevention Plan (PAPP)

Name Bernie Borash

Date 8/23/2021

Program Location 809

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? Private bedrooms, individuals always in eyesight, training & implementation of appropriate boundaries, close bedroom doors for privacy, wear appropriate clothing, close bathroom door when using.

2. Describe the need for specialized programs of care for the persons the program plans to serve: NONE, AS NOT NEEDED

3. Describe the need for specific staff training to meet individual service needs: NONE NEEDED

4. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services: NONE

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? 1

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 required to read & know IAPP, PAPP, & BIPP's for all living in the home. One individual has psychotropic meds administered by staff. Staff is trained in therapeutic intervention to include conflict resolution, de-escalation techniques, & negotiation skills.

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

Home has 2 levels so opposite level may be difficult to supervise.

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 are trained on keeping people safe, - First Aid, CPR, maltreatment, & take steps to prevent abuse, take corrective action & report it. Required to read & know IAPP, unsupervised time, PAPP, & BIPP's for all individuals in home. Police & medical care 1 minute away.

Types of grounds and terrain:

staff are trained to meet individual needs, preferences, and to ensure their health & safety when outside.

Signature Bernie Black DSP



Competency on Program Abuse Prevention Plan (PAPP)

Name Bernie B

Date 8-24-2020

Program Location 809

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?

*Private bedrooms w/ staff present,
trained staff & monthly training*

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

N/A

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

N/A

4. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services: *None*

5. Program's Staffing Patterns:

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

one at all times, 2 during busy times

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

one

Is overnight staff awake or sleep staff?

6. Physical and Emotional Health:

Do any of the consumers take medication to assist with their emotional well-being and mental health stability (Psychotropic Medications)? If so, how many? *one*

MD

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 required to know & review
each IAPP, PAPP, BIPP
annual TI training*

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

opposite level staff is on

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 must know IAPP, PAPP, BIPP
and trained in CPR, First Aid, VA*

Types of grounds and terrain:

*know each individuals needs and keep grounds
clear of foreign objects*

Signature *Bernie Bolash DSP*



Competency on Program Abuse Prevention Plan (PAPP)

Name Bernie Borach

Date 8-26-19

Program Location 809

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?

INFORMAL & FORMAL TRAINING TO STAY SAFE. BOUNDARIES.
RELATIONSHIPS, HEALTH ISSUES, ILLNESS SYMPTOMS, SAFE AT HOME & COMMUNITY
ANGER MGMT, STREET SAFETY, TRAINED STAFF ON VULNERABLE ACT.

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

N/A

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

NONE NEEDED

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

NO KNOWLEDGE

5. Program's Staffing Patterns:

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

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

Is overnight staff awake or sleep staff?

6. Physical and Emotional Health:

Do any of the consumers take medication to assist with their emotional well-being and mental health stability (Psychotropic Medications)? If so, how many?

2 / PK-VIT = mood

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 required to read & know IAPP, PAPP, BIPPS FOR all in home.
Staff administer psychotropic meds

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

lower level

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 know IAPP, First Aid & CPR

The neighborhood and community:

Types of grounds and terrain:

city lot Flat - library
attached garage & nice landscape

Signature

Belene Bauer DSP



Competency on Program Abuse Prevention Plan (PAPP)

Name Bernie Bolash

Date 2-24-2018

Program Location 809

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?

Private bedrooms. Full
Trained staff, Boundaries
Staff present in home when consumers present
appropriate clothing

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

NO need at this time

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

none

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

none

5. Program's Staffing Patterns:

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

1 during Day, 1 mid afternoon till overnight in.

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

Is overnight staff awake or sleep staff?

6. Physical and Emotional Health:

Do any of the consumers take medication to assist with their emotional well-being and mental health stability (Psychotropic Medications)? If so, how many? /

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 is trained in therapeutic intervention, conflict resolution, de-escalation techniques & negotiation skills

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

May be difficult if consumers are in different areas.
(Garage - upper & lower level)

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?

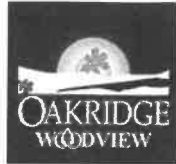
The neighborhood and community:

Staff trained to prevent abuse, keep people safe, CPR, & First aid.

Types of grounds and terrain:

Standard flat lot, attached garage, nice landscaping.
reading library kept up by 809 in front of house

Signature Bernie Brash DSP



Person Supported Competency

Person: Paul Berkner

Staff: Bernie B.

Location: 809

Date: 1-25-2021

1. What outcomes/goals does the person have?

Increase respectful behavior
Exercise Program
Preparing meals

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Morgan Hanebroaf

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

Who? Sharon & Duane Berkner

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 abusive situation
Inability to be assertive

6. Diagnoses: Learning Disability, NOS; Impulse Control Disorder;
mental Retardation, moderate

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 or PC

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

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

If yes, what were results? None suited for Paul

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?

Dress inappropriately
self injurious behavior
Inability to care for self help needs
Lack of self preservation skills-ignores 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? _____

1:1 help

Verbal

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? Rude/disrespect, Dishonest, stealing, Non-compliance, horseplay, interfere
What is desired alternate behavior? Supports to acquire, retain or improve skill
Do they have coping skills to utilize? Yes or No. What are they? 1:1 with staff, music, puzzles, movies

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? inability to recognize dangerous situations, "Victim" history ex, inappropriate interactions with others
Lack of community orientation skills

22. Who is responsible for providing household reports and documentation to the county? Parents - Duane & Sharon Berkner

23. What are person's medical needs? special dietary needs
chronic medical conditions, self admin of meds or treatment
Preventative screening, medical & dental appointments

24. What are person's safety needs? community survival skills
water safety skills

25. What technology does person use? TV, VCR, DVD player

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

Window & door sensors are used

After reading all identifying information about the person, please describe this person in your own words middle aged adult with 3rd grade intelligence.
Needs constant supervision to keep him safe.
Is willing to help out as needed, Likes to volunteer
walks, bike riding, swimming, hiking, tv, movies

Bernie Borash DSP

Staff Signature



Person Supported Competency

Person: Jace Hubbard Staff: Bernie Borash
Location: 809 Date: 1-25-2021

1. What outcomes/goals does the person have?
Increase independence
keep up with Hygiene
Be more social
Demonstrate independence in domestic skills
2. Documentation on goals is optional? True or False True
3. Who is the person's case manager? Brittany Czemy
4. Does the person have a guardian/legal representative? Yes or No
Who? TY & Sandra Hubbard
5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?
Lack of understanding of sexuality
6. Diagnoses: NOT sexually active & could become vulnerable to someone who is more advanced than he is
AUTISM
7. Team meetings are held:
Annually Semi-Annually Monthly As needed All of these
8. Documentation is for Oakridge records, no one else will see this. True or False False
9. Who administers person's medications? ORH (PC OR STAFF ON DUTY)
10. Oakridge opens and takes care of person's mail. True or False False
11. Has an integrated work place been explored for this person? Yes or No
If yes, what were results? was working at water park hotel but currently laid off due to covid.
He applied for several jobs
12. Does person need to be kept home from work if it is (-20)? Yes or No No
13. Who made the (-20) rule/recommendation to follow? Ombudsman
14. Is person at risk for self abuse? Yes or No. If yes, what are the risks?
may refuse to eat
may dress inappropriately
15. Does this person have any of their rights restricted? Yes or No. If yes, what are they?

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

Lacks understanding of Financial matters

17. How does person like their services provided?

Likes to be Talked to directly

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

19. What county is the person from? Itaska

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

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?

Inability to identify potential dangerous situations,
Lack of community orientation skills, inappropriate interactions with others.
Inability to deal with verbally/physically aggressive persons.

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

23. What are person's medical needs? Medical & dental appointments,

Preventative screening, self admin of meds

Health care directive

24. What are person's safety needs? Water safety skills,

Freezing Temp safety

Community survival skills

25. What technology does person use? Computer & phone

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

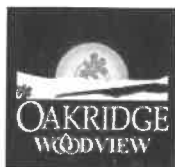
Call his Phone if he is away from house

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

Gets along with housemates & staff.
Eats meals when he wants & not when housemates eat. Very choosy about food. Stays in his room with his computer most of time & refuses most meals & activities with the house.

Bernie Blum DSP

Staff Signature



Person Supported Competency

Person: Ken Holst Staff: Bernie Borash
Location: 809 Date: 1-25-2021

1. What outcomes/goals does the person have?
Expand cooking repertoire
Live healthiest life possible
Improve relationships
2. Documentation on goals is optional? True or False
3. Who is the person's case manager? Laura Imdieke
4. Does the person have a guardian/legal representative? Yes or No
Who? Marilyn & Harold Holst
5. Does this person have a risk of sexual abuse? Yes or No. If yes, what risks?
Likely to seek or co-operate in abusive situation
Inability to be assertive
6. Diagnoses: May not defend himself in abusive ^{sexual} situation.
May seek to engage in inappropriate sexual behavior
MMR-code 317, Depressive Dis. NOS-code 311, Sexual Dis. NOS-code 302.9
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? pc or staff on duty (ORH)
10. Oakridge opens and takes care of person's mail. True or False
11. Has an integrated work place been explored for this person? Yes or No
If yes, what were results? works at Home Depot with a CTS
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? Ombudsman
14. Is person at risk for self abuse? Yes or No. If yes, what are the risks?
Inability to care for self help needs
Lack of self preservation skills (ignores personal safety)
Engages in self-injurious behaviors
15. Does this person have any of their rights restricted? Yes or No. If yes, what are they?
Freedom to unrestricted internet

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 & demonstrations

18. Does person have allergies? Yes or No. What are they? allergic to penicillin

19. What county is the person from? Cass

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

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? inability to identify potential dangerous situations, verbal/physical abuse, lack of community orientation skills, inappropriate interactions w/ot, inability to deal with verbally/physically aggressive persons

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

23. What are person's medical needs? med administration, Allergy Dental & medical appointments, dietary needs, chronic medical preventive health screening

24. What are person's safety needs? water safety skills community survival skills

25. What technology does person use? window & door sensors Land Line Phone, Flat Screen TV, DVD player, CD Player

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

Alarm sensor goes off when window or door opened (Bedroom)

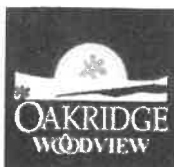
After reading all identifying information about the person, please describe this person in your own words middle aged healthy male

Helpful & gets along most of time

athletic. Hard to control himself from food

Bernie Blatz DSP

Staff Signature



Person Supported Competency

Person: Michael Dallmann

Staff: Bernie Borash

Location: 809

Date: 1-25-2021

1. What outcomes/goals does the person have?

Relaxation techniques, increase coping skills,
improve budgeting skills, cook one time per week,
money management, transportation skills,
medical & medication skills

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Kristian Gray

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

Who? Kassy Peterson

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

6. Diagnoses: FAS, ADHD, Depressive Disorder, mMR Learning Deficits
in writing, Verbal Comprehension and Math

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 (PC OR STAFF ON DUTY)

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? Employment at McDonalds

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?

Refuse to eat inability to care for self help needs
ignores safety, Neglect to take meds
Depression / suicidal

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, let help as needed
Likes alone time & walking

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

19. What county is the person from? CROW WING

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? Guilt feelings, Forgetfulness, worried, irritable, property mis-
What is desired alternate behavior? walks, reading, talk to someone, Activity, TV, Beverage
Do they have coping skills to utilize? Yes or No. What are they? Exercise
Warm beverage, music, talk to someone, activities
Watch TV, reading, Focus on positives

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? ORH / WSS

23. What are person's medical needs? allergies, medical & dental appointments
Preventative screening, admin meds,

24. What are person's safety needs? Water safety

25. What technology does person use? cell phone

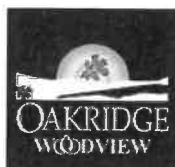
Can it be used for monitoring the person? Yes or No. If yes in what way?

calling him when not at home

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

Kind of nervous & easily agitated & irritable.
Wants to move out but is not capable at this time
Does not get along with past & current housemates
that lived on same floor.

Bernie Bolash DSP
Staff Signature



Person Supported Competency

Person: Jace Hubbard

Staff: Bernie Borash

Location: 809

Date: 6-8-2022

1. What outcomes/goals does the person have?

Increase his independence
Be respectful to staff by keeping them informed
Keep up with his hygiene
Be more social

2. Documentation on goals is optional? True or False

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

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

Who? Tyron & Sandra Hubbard

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

If yes, how much? 8 hours without being checked on

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

If yes, how much? 4 hours without checking in

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

Has had girlfriends in the past & he states all went well. Not sexually active & could be vulnerable to someone that is more advanced than him

8. Diagnoses: autism

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 False

11. Who administers the person's medications? Staff but none taken at present

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

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

If yes, what were results? employed at Arrowwood Lodge

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?

Very independent & can be alone without checking in with staff for 4 hours. Needs reminders
May refuse to eat if something he does not like

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? earns money on him

19. How does person like their services provided? He does well by talking directly to him

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

21. What county is the person from? Itaska

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? May not be able to fully defend himself against physical violence

24. Who is responsible for providing household reports and documentation to the county? Tyron & Sandra Hubbard

25. What are person's medical needs? none

26. What are person's safety needs? transportation in cold weather
staff required when Jace swims

27. What technology does person use? cell phone ; computer

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

He can call staff when not at home

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

Interaction & involvement with him

Staff Signature _____



Person Supported Competency

Person: Paul Berkner Staff: Bernie Borch
Location: 809 Date: 2-1-2020

1. What outcomes/goals does the person have?

PIPP - increase respectful behavior
improve self-care skills & hygiene
get more involved in exercise program
cooking

2. Documentation on goals is optional? True or ~~False~~

3. Who is the person's case manager? Deb Hatfield

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

Who? Sharon & Duane Berkner (Parents)

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

cannot handle relationships

6. Diagnoses: Learning Disability, NMR - moderate mental retardation
NO'S, impulse control

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? no placement suitable yet

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?

Self injury with cords & tape that he has
tied around his extremities

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? Does not know value of money to make any purchases or pay bills
17. How does person like their services provided? Verbal 1:1
18. Does person have allergies? Yes or No. What are they? _____
19. What county is the person from? Rowling
20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? non compliant, rude, disrespectful, dishonest
What is desired alternate behavior? respect others & himself
Do they have coping skills to utilize? Yes or No. What are they? Play music, activities with others
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Cannot defend himself
22. Who is responsible for providing household reports and documentation to the county? Parents
23. What are person's medical needs? administer his meds
Does not understand how to make or keep appointments
24. What are person's safety needs? Staff present 24/7
25. What technology does person use? DVD Player, TV, phone, Blue Ray, Stereos
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 _____

Requires supervision at all times

Staff Signature



Person Supported Competency

Person: Michael Dallman Staff: Bernie Borosh

Location: 809 Date: 2-1-2020

1. What outcomes/goals does the person have?

Behavior - increase coping skill to decrease target behavior.
Improve daily living skills to be able to live on his own.
Live more positive & focused life
Improve money management
Improve transportation skill

2. Documentation on goals is optional? True or False

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

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

Who? Kassy Pederson - sister

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

6. Diagnoses: ADHD, FAS, MMR, Depression, Verbal comprehension
math writing

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? works at McDonalds

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?

Has taken falls when walking & biking.
may forget to take medication on time

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? unable to manage money matters

17. How does person like their services provided? outdoors as much as possible, reading, gaming

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

19. What county is the person from? Crawling

20. Does this person have a behavior plan? Yes or No. If yes, what are the target behaviors? irritables, forgetfulness, guilt, irritable
What is desired alternate behavior? increase coping skills

Do they have coping skills to utilize? Yes or No. What are they? activities talk to someone, TV, reading, walking, coffee

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

22. Who is responsible for providing household reports and documentation to the county? resident program coordinator

23. What are person's medical needs? Forget to take meds, Forget appointments, Can get distracted

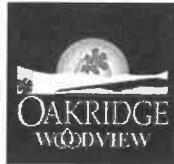
24. What are person's safety needs? Does not swim so keep away from deep water & wear life jacket

25. What technology does person use? cellphone, TV, Xbox, Stereo, Camera

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 wants to live on his own but needs to improve skills - Finance etc.

Bernie Brash DSP
Staff Signature



Person Supported Competency

Person: Ken Holst

Staff: Bonnie Borch

Location: 809

Date: 2-1-2020

1. What outcomes/goals does the person have?

improve relationships, respect
engage in adult pro-social behaviors in society

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Laurel Lindike

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

Who? Marilyn & Huck Holst (Parents)

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

want understand to protect self from abuse

6. Diagnoses: Depressive, MMR, Sexual Dysfunction

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? Job at Home Depot at Present P.F.

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

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

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

punching walls
cut himself

15. Does this person have any of their rights restricted? Yes or No. If yes, what are they? cannot be without staff at all times

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? Does not know true value of money

17. How does person like their services provided? prefer 1:1
wants to do things now - Does not like to wait
patient & accessible

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

19. What county is the person from? TODD

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

What is desired alternate behavior? None

Do they have coping skills to utilize? Yes or No. What are they? Reading, watch sports, exercise (walking, physical activities)

21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? may not know how to protect self from abuse

22. Who is responsible for providing household reports and documentation to the county? Residential program co-ordinator

23. What are person's medical needs? allergy to penicillin, overweight, food theft - would eat uncooked items.

24. What are person's safety needs? N/A

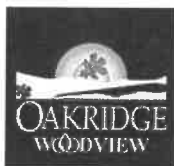
25. What technology does person use? phone, TV, DVD player

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

After reading all identifying information about the person, please describe this person in your own words Kens needs 24/7 staff supervision

He has been sexually assaulted & has been abused then.
willing to go on most activities

Bernie Brash DSP
Staff Signature



Person Supported Competency

Person: David Kimmes Staff: Bernie Borach
Location: 809 Date: 2-1-2020

1. What outcomes/goals does the person have?

create better atmosphere in home
improve anger management skills
earn more alone time in community
gain skills to move out on his own

2. Documentation on goals is optional? True or False

3. Who is the person's case manager? Angela Hanger

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

Who? Tim & Sarah Kimmes

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

6. Diagnoses: MILD MR

REACTIVE DETACHMENT 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? DK WORKS AT THE CENTER

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

13. Who made the (-20) rule/recommendation to follow? OFFICE OF OMBUDSMAN

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

CUTTING

TATTOOS

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? unable to manage his finances

will spend as soon as he gets

17. How does person like their services provided? _____

staff being ready to assist if he needs it

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

But Yellow & Red food dye affects him

19. What county is the person from? ANOKA

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

What is desired alternate behavior? N/A

Do they have coping skills to utilize? Yes or No. What are they? nap, alone time,

isolate out, hang out in his room

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

may not associate consequences with actions, stealing, horseplay, property misuse

22. Who is responsible for providing household reports and documentation to the county? Residential program Coordinator

23. What are person's medical needs? Should cut down on portions (Food),
won't receive vaccinations or dental filling

24. What are person's safety needs? survive in community

25. What technology does person use? cell phone, TV, P54, blue tooth

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

window alarms should be re-installed

After reading all identifying information about the person, please describe this person in your own words Does what he wants no matter what

is suggested

Bernie Borsch DSP

Staff Signature

Oakridge Homes/Woodview Support Services

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

Staff Name BERNIE BORASH Staff Signature Bernie Borash DSP Date 2-2-2019

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

Person Served: Michael Dallmann

Who is the case manager? Krisann Gray, Crawford Co

What is important to the person being served?

Family, alone time, his job, reading, walking

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

Healthy & independent in some areas, Friendly, likable, hard worker
Needs help w/ med management and decision making.

What are this person's outcomes/goals?

1. utilize his relaxation techniques
2. improve budgeting skills
3. improve cooking skills
4. live more positive & focused life

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

all medical

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

Tells us how to work with each individual

Person Served: Ken Holst

Who is the case manager? Laura Imbrie - Todd County

What is important to the person being served?

Family, food, outings, sports

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

outdoor activities, volunteer, hard working, supervision at all times (in eyesight)

What are this person's outcomes/goals?

1. expand cooking
2. live healthiest life possible
3. improve relationships
4.

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

all medical

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

Tells us how to work with each individual

Person Served: David Kimmes

Who is the case manager? Angela Hanger (Andover City)

What is important to the person being served?

live independently, family, money to buy things, friends

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

Healthy & very strong physically, can help others, art, good cook

What are this person's outcomes/goals?

1. Improve anger management skills
2. increase med independence
3. improve Quality of life with positive interaction w/ others
4. Qualify to move out (prove he can live alone)

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

all medical

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

tells us how to work w/ each individual

Person Served: Paul Berber

Who is the case manager? Debbie Hatfield, C.W. County

What is important to the person being served?

music, movies, outings, job, family, friends

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

Helpful but takes time to respond. Help w/ daily living

What are this person's outcomes/goals?

1. increase respectful behavior
2. " self care & Hygiene
3. exercise 3 times week
4. cook meal 1 time week

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

all medical

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

tells us how to work w/ each individual

Oakridge Homes

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

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

April 2019

What is a BIPP?
Behavior Individual Program Plan

What are Target Behaviors?
Maladaptive behavior that IDT determined presents a barrier to person's independence, safety & or quality of life

Why does our Data Collection need to be objective?
Objective data will be taken from multiple reporters and as close to truth as we can

Why do we have a BIPP?
If on psychotropic meds, training & coping techniques allow consumer to have lowest dose of psychotropic meds in future may not need psych meds in future

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

The following techniques **DO NOT COUNT** according to the Methodology in the BIPP's:
 ✓ Watching TV
 ✓ Sitting in a recliner or chair
 ✓ Taking a nap

Consumer Name	Diagnosis	Target Behaviors	SUPPORTS (methodology) to acquire, retain or improve skills: (Proactive and Reactive Strategies)	Psychotropic Med	Side Effects
MD	ADHD FAS MILD MR DEPRESSION	Feeling a bit forgetful worried + drunk	Remind him of relaxation techniques	Risperdal	Headaches, physical depression, agitation
				Wellbutrin	insomnia, nausea, constipation, agitation
				Clonazepam	Dizziness, blurry, unsteady, memory loss, difficulty speaking

[illegible]



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Bernd Bolash

Date: 6-26-19

1. Name of person served: Paul Berkner
2. Legal Representative: Sharon & Duane Berkner
3. Case manager: Debbie Hatfield
4. County of case management: Crow wing
5. Oakridge representative who created CSSP-A: Dennise Schweisthal

6. Outcomes Listed on CSSP-A:

- Outcome 1: increase respectful behavior
Outcome 2: improve self care skills & hygiene
Outcome 3: become involved in an exercise program
Outcome 4: be more involved in preparing meals
Outcome 5: _____

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

1:1 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: Sharon & Duane Berkner
Case manager: Debbie Hatfield
Day program: Sharon Stearns

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. Volunteering
- b. 24 hr. staff support
- c. supported employment
- 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: _____

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

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

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

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

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

If yes, which level? ☒ Medication administration ☐ Medication assistance

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

PRN medication(s): _____

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

26. Is this consumer prescribed psychotropic medications: ☐ Yes ☒ No

What are the interfering behaviors:

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

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

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

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

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

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

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

If yes, please specify what these requirements are:

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

34. Frequency of reports/meetings:

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

Staff Signature: Bernie Bolash DSP

Date: 6-26-19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Paul Bethner

Staff Name: Bernie Borash

Date: 3-28-19

1. What goals does the client have:

- a. Goal 1: Improve self-care skills & hygiene
- b. Goal 2: Exercise program
- c. Goal 3: prepare meals
- 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: 3 x week
- c. Goal 3: 1 x 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: Monitor & give prompts / observation
- b. Goal 2: verbal prompts, encouragement, praise
- c. Goal 3: Supervise & Demonstrate
- 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: *NA*

b. Goal 2: *may do with staff or peer at home or outside*

c. Goal 3: *one on one at residence*

d. Goal 4:

e. Goal 5:

f. Goal 6:

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

Verbal instruction

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

a. Goal 1: *number of prompts*

b. Goal 2: *+ or -*

c. Goal 3: *+ or -*

d. Goal 4

e. Goal 5:

f. Goal 6:

Staff Signature: *Bernie Brash DSP*

Date: *3-28-19*



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Paul Belkney Staff Name: Bernie Borash ^{DSP} Date: 7-25-19

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:

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?

eye sight

14. Does this person have any allergies? ☐ Yes ☒ No

If yes, please explain:

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

If yes, what are they?

need low cholesterol foods

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

If yes, what are they?

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: *Bernie Bolash DSP* Date: *7-25-19*



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Bernie Borash

Date: 6/25/19

1. Name of person served: Michael Dallmann

2. Legal Representative: Kassy Peterson

3. Case manager: Krisann Gray

4. County of case management: Crow Wing

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

6. Outcomes Listed on CSSP-A:

- Outcome 1: utilize his relaxation & increase coping skills
Outcome 2: Increase his independence by improving his budget skills
Outcome 3: Increase domestic independence skills by cooking 1 x week
Outcome 4: live a more positive & focused life
Outcome 5: _____

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

much time in nature
sunny weather
Reading, His Job, walking, Play & box, Relaxing

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: Kassy Peterson
Case manager: Krisann Gray
Day program: Shawn Stearns

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. Volunteers
- b. Church
- c. community employed
- d. 24 hr staff support

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

allotted 5 hrs combined

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: access to money

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

Items: _____

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

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

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

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

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

If yes, which level? ☐ Medication administration ☒ Medication assistance

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

PRN medication(s): _____

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

26. Is this consumer prescribed psychotropic medications: ☒ Yes ☐ No

What are the interfering behaviors:

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

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

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

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

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

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

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

If yes, please specify what these requirements are:

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

34. Frequency of reports/meetings:

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

Staff Signature: Bernie Barak DSR

Date: 6-26-19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Mitchell Dalmann Staff Name: Bernie Bolaf Date: 3-28-19

1. What goals does the client have:

- a. Goal 1: Cooking
- b. Goal 2: Live more positive & Focused life
- c. Goal 3: Budget skills
- d. Goal 4: relaxation techniques
- e. Goal 5: Transportation
- f. Goal 6:

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

- a. Goal 1: 1 X week
- b. Goal 2: 15% of time
- c. Goal 3: weekly
- d. Goal 4: Daily
- e. Goal 5: Daily
- f. Goal 6:

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

- a. Goal 1: prompt him to choose recipe & gather ingredient
- b. Goal 2: Reminders to remove himself from negative behavior area
- c. Goal 3: Reminders to make it last a week
- d. Goal 4: Reminders

e. Goal 5: *Reminders*

f. Goal 6:

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

a. Goal 1: *Cook MD Favorite foods*

b. Goal 2: *None*

c. Goal 3: ~~None~~ *prompting from staff*

d. Goal 4: *None*

e. Goal 5: *Be aware of weather*

f. Goal 6:

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

Verbal

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

a. Goal 1: *+ 01* —

b. Goal 2: *+ 01* —

c. Goal 3: *+ 01* —

d. Goal 4: *+ 01* —

e. Goal 5: *+ 01* —

f. Goal 6:

Staff Signature: *Bernie B. Smith* *DSP*

Date: *3-28-19*



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Michael Dallmann Staff Name: Bernie Bolach^{DSP} Date: 7-29-19

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: Has Diagnosis of Depression Disorder

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

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

5. Is this 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?

eye sight

14. Does this person have any allergies? ☒ Yes ☐ No

If yes, please explain:

Penicillin

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 *+ dental apt*
☐ 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: Bernie Brown DSP

Date: 7-25-19



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Bernie Bolash

Date: 6-26-19

1. Name of person served: Ken Holst
2. Legal Representative: Marilyn & Harold Holst
3. Case manager: Laura Imdieke
4. County of case management: Todd
5. Oakridge representative who created CSSP-A: Schärla Lievert

6. Outcomes Listed on CSSP-A:

- Outcome 1: expand cooking repertoire
Outcome 2: live healthiest life possible
Outcome 3: improve relationships, respect, positive feelings
Outcome 4: adult behavior
Outcome 5: _____

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

1 on 1 support
Verbally

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: Marilyn & Harold Holst
Case manager: Laura Imdieke
Day program: Chris Smith CTS

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. Volunteer
- b. Church
- c. community employed
- d. 24 hr staff support

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: alone time, internet, camera to watch

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

Items: _____

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

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

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

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

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

If yes, which level? ☒ Medication administration ☐ Medication assistance

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

PRN medication(s): _____

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

26. Is this consumer prescribed psychotropic medications: ☐ Yes ☒ No

What are the interfering behaviors:

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

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

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

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

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

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

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

If yes, please specify what these requirements are:

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

34. Frequency of reports/meetings:

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

Staff Signature: Bernie Bolash DSP

Date: 6-26-19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Ken Holst

Staff Name: Bernie Bolush

Date: 3-29-19

1. What goals does the client have:

- a. Goal 1: expand cooking
- b. Goal 2: live healthiest life possible
- c. Goal 3: target behavior
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

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

- a. Goal 1: cook a meal 4 x month
- b. Goal 2: exercise 3x week 20 minutes, 64 oz water daily
portion control
- c. Goal 3: Daily
- 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: Staff to give directions if necessary
- b. Goal 2: Help pick healthy recipes
- c. Goal 3: giving points
- 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: *N/A*

b. Goal 2: *not be around people that get larger portions*

c. Goal 3: *none*

d. Goal 4:

e. Goal 5:

f. Goal 6:

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

Verbally

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, item prepared, assistance required, manner*

b. Goal 2: *record # of oz water, portions, exercise + or -*

c. Goal 3: *Points & (+ or -)*

d. Goal 4

e. Goal 5:

f. Goal 6:

Staff Signature: Bernie Bolash DSP

Date: 3-29-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Ken Holst Staff Name: Bernie Brash^{DSP} Date: 7-25-19

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 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:

History of inappropriate touching & engaging in sexual behaviors

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:

Penicillin

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

If yes, what are they?

cholesterol & weight control

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

If yes, what are they?

High cholesterol & ^{other} weight control

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: Bennie Bask DSR

Date: 7-25-19



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Bernie Blush

Date: 6-26-19

1. Name of person served: David Kimmes
2. Legal Representative: Sarah & Tim Kimmes
3. Case manager: Angela Hanger
4. County of case management: Anoka Cty
5. Oakridge representative who created CSSP-A: Schäfer's Sievert

6. Outcomes Listed on CSSP-A:

- Outcome 1: improve anger management skills by reducing negative reactions to
Outcome 2: & increase coping skills, for less than 1X week
Outcome 3: increase independence w/ med & achieve self med administration
Outcome 4: have positive interaction w/ other 75% of all trials
Outcome 5: move out goals, menu planning, groceries, budget, transp

7. What is the consumer's preference for how services are provided:
provide assistance, verbal prompts needed, needs
needs verbal praise & good role modeling, hands on detail,

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: Sarah & Tim Kimmes
Case manager: Angela Hanger
Day program: none

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. Volunteer
- b. Community employed
- c. 24 Hour Staff Support
- 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: _____

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 *Guardian does not allow vaccinations*

26. Is this consumer prescribed psychotropic medications: ☐ Yes ☒ No

What are the interfering behaviors:

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

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

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

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

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

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

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

If yes, please specify what these requirements are:

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

34. Frequency of reports/meetings:

Reports: ☒ ^{Quarterly} Semi-Annually ☐ Annually ☐ Other: _____
Meetings: ☒ ^{Quarterly} Semi-Annually ☐ Annually ☐ Other: _____

Staff Signature: Bernie Brath DSR

Date: 6/24/19



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: David Kimmes

Staff Name: Bernie Borah

Date: 3-29-19

-
1. What goals does the client have:
 - a. Goal 1: *Independent transportation*
 - b. Goal 2: *Improve his anger management skills*
 - c. Goal 3: *Medication & medical appointment management*
 - d. Goal 4:
 - e. Goal 5:
 - f. Goal 6:
 2. How often is each goal supposed to be run:
 - a. Goal 1: *90% of the time*
 - b. Goal 2: *reduce negative reaction to less than 1 x per week*
 - c. Goal 3: *90% of time over 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: *Find out from DK when he needs rides*
 - b. Goal 2: *staff will remind David of anger mgmt when he is agitated*
 - c. Goal 3: *Help him practice setting up & taking med*
 - 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: *Staff needs to be available when DK Does not provide his own transportation*
- b. Goal 2: *allow DK time & space to calm & praise him when use coping skill*
- c. Goal 3: *make meds available to DK*
- d. Goal 4:
- e. Goal 5:
- f. Goal 6:

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

Verbally

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

- a. Goal 1: *+ 01 —*
- b. Goal 2: *tally # of times coping skills used*
- c. Goal 3: *+ 01 —*
- d. Goal 4
- e. Goal 5:
- f. Goal 6:

Staff Signature: _____

Bernie Boush DSP

Date: _____

3-29-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: David Kimmes Staff Name: Bernie Brown DSI Date: 7-25-19

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/physical 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: 0 minutes/hours
- ☐ Unsupervised in the community for: 1 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:

POLLIN
FOOD DYES

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

If yes, what are they?

Should not eat food with red or yellow dyes in them.
Monitor food intake

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: Bernie Bolash DSP Date: 7.25.19



Bernie

Oakridge Homes/Woodview Support Services

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

Staff Name Bernie Brash Staff Signature Bernie Brash Date 1/25/2018

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: Paul Berkner

Who is the case manager? Deb Hatfield

What is important to the person being served? volunteering, bike riding, swimming, golfing, movies, activities, meals, TV, music, time w/ sisters & parents, working at Casino

What are the strengths and needs of the person being served? Enjoys helping with chores & volunteering, Health needs for medical, dental, vision (make appointments & take him to apt. med administration, activities, Diet, Hygiene, & bathroom needs)

What are this person's outcomes/goals?

1. improve Hygiene
2. exercise 3 x week
3. increase respectful behavior
4. Help w/ meal prep

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

all medical

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

tells us how to work with each individual

Person Served: Ken Holst

Who is the case manager? Laura Imdieke

What is important to the person being served? work, bike riding - movies, swimming, boating, girlfriend, sisters, family, friends, sports, activities, volunteering, visiting w/ people

What are the strengths and needs of the person being served? Reading, sports, All health needs - (medical, dental, vision) (work transporting to), Diet, exercise, Positive re-inforcement

What are this person's outcomes/goals?

1. improve cooking skills by preparing meals 4 x month
2. improve writing skills
3. improve relationships
4. Reduce poor behavior

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

all medical

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

tells us how to work with each individual

Person Served: David Kimmes

Who is the case manager? Angela Hanger

What is important to the person being served? vacations, job, clothes, shoes, cooking, movies
alone time, phone time, PS 4 games & TV, friends & family

What are the strengths and needs of the person being served? can cook, clean,
staff assist with all medical needs, transporting, needs financial help, Diet needs.

What are this person's outcomes/goals?

1. improve anger mgmt skills
2. Self admin of med's & proper steps
3. co-operate w/ staff & housemates
4. _____

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

all medical

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

Tells us how to work with each individual

Person Served: micheel Dallmann

Who is the case manager? Krisonn Gray

What is important to the person being served? vacations, phone, movies, video games
alone time, time w/ friends & family, his job, time at library, visit w/ his
reading

What are the strengths and needs of the person being served? good reader, walks a lot,
appointment reminders, all medical appointments,
allergic to penicillin

What are this person's outcomes/goals?

1. improve budget skills
2. improve cooking skills
3. use Relaxation techniques
4. live more positive & focused life

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

all medical

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

Tells us how to work with each individual

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?

Name: Bernie Borash
Date: 4/23/2018

Location 809

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, 2018

What is a BIPP?

Behavior Individual Program Plan

What are Target Behaviors? ^{positive}
A behavior target for change

Why does our Data Collection need to be Objective?

*IN order to effectively plan & work toward the preferred future
of persons lifestyle, capabilities, strengths, & preferences*

Why do we have a BIPP (Behavior Individual Program Plan)?

*To prevent the occurrence of the behavior & teach alternative positive supports
to address the behavior.
Need it on psychotropic meds.*

**Use Initials – Who is prescribed Psychotropic Medication and has a written
Behavior Individual Program Plan (BIPP) at the location you work at?**

MD

The following techniques

DO NOT COUNT according to the Methodology in the BIPP's:

- ☹ **Watching TV**
- ☹ **Sitting in an ordinary recliner or chair**
- ☹ **Taking a nap**

Worksheet for BIPP, Psychotropic Medication and MH Certification Training April, 2017

Note: Please fill out only for consumers who are prescribed a psychotropic medication.

Consumer Name	Diagnosis	Target Behaviors	SUPPORTS (Methodology) to acquire, retain or improve skills: (Proactive and Reactive Strategies)
Michael Dallmann	FAS ADHD Depressive disorder	Guilt feelings Forgetfulness worried/Irritable	Walking, bike ride, watch TV warm beverage, music, Reading, Activities, Talk to someone

Psychotropic Med	Side Effects	Psychotropic Med	Side Effects
Wellbutrin	Drowsiness, Anxiety Dizziness, Frequent Urination Dry Mouth Weight Loss		
Risperdal	Dry skin, Dry mouth, Drowsiness, Dizziness, Anxiety, Agitation		
Gabapentin	Drowsiness, weakness, Dizziness, Vision, Anxiety, memory, dry mouth, strange thoughts		

Consumer Name	Diagnosis	Target Behaviors	SUPPORTS (Methodology) to acquire, retain or improve skills: (Proactive and Reactive Strategies)

Psychotropic Med	Side Effects	Psychotropic Med	Side Effects



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Client: PB Staff Name: Bernie Brash Date: 7-10-18

1. Name of person served: Paul Berkner
2. Legal Representative: Sharon & Duane Berkner
3. Case manager: Deb Hatfield
4. Oakridge representative who created CSSP-A: Schailis Siwert
5. County served: Crow wing
6. Outcomes Listed on CSSP-A:

Outcome 1: Increase respectful behavior

Outcome 2: Improve self-care skills & hygiene

Outcome 3: Be involved in exercise program

Outcome 4: More involved in preparing meals

Outcome 5: _____

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

1:1 help
Verbal

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

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

Legal Representative: Sharon & Duane Berberet
Case manager: Deb Hatfield
Day program: Amy Van Kewen

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

☐ Unsupervised at home for: _____ minutes/hours

☐ Unsupervised in the community for: _____ minutes/hours

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

☒ Yes

☐ No

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

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

Rights restrictions: _____

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

Items: _____

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

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

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

☒ Yes

☐ No

What type: ☐ Medication administration

☐ Medication assistance

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

PRN medication(s): _____

19. Is this client prescribed psychotropic medications: ☐ Yes ☒ No

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

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

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

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

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

☐ Yes ☒ No

24. Frequency of reports/meetings:

Reports: ☒ Semi-Annually

☐ Annually

☐ Other: _____

Meetings: ☒ Semi-Annual

☐ Annually

☐ Other: _____

Staff Signature: Beanie Brash DSP

Date:

2-10-18



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Paul Berkner

Staff Name: Bernie Botash

Date: 3-26-18

-
1. What goals does the client have:
 - a. Goal 1: Improve self-care skills & hygiene
 - b. Goal 2: Exercise program
 - c. Goal 3: more involved in preparing meals
 - 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: 3 x week
 - c. Goal 3: 1 x 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: Verbal Prompts
 - b. Goal 2: monitored by staff
 - c. Goal 3: Demonstrate & verbal prompts
 - 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: *N/A*

b. Goal 2: *may exercise with staff or peers at home or outside home*

c. Goal 3: *1 on 1 w/staff*

d. Goal 4:

e. Goal 5;

f. Goal 6:

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

Simplicity & Repetition

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

a. Goal 1: *Number of Prompts to complete*

b. Goal 2: *Amount of time exercised*

c. Goal 3: *Record meal in his data*

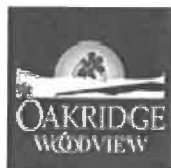
d. Goal 4

e. Goal 5:

f. Goal 6:

Staff Signature: Bernie B. B. DSP

Date: 3-26-18



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Client: Paul Berhner

Staff Name: Bernie Bowsh

Date: 7-27-18

1. Is this client susceptible to sexual abuse: ☒ Yes ☐ No If yes, in what areas?

- ☒ Lack of understanding of sexuality
- ☒ Likely to see or cooperate in an abusive situation
- ☒ Inability to be assertive
- ☐ Other: _____

2. Is this client susceptible to physical abuse: ☒ Yes ☐ No If yes, in what areas?

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

3. Is this client susceptible to self abuse: ☒ Yes ☐ No If yes, in what areas?

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

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

- ☐ Unsupervised at home for: 0 minutes/hours
- ☐ Unsupervised in the community for: 0 minutes/hours

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

☒ Inability to handle financial matters

☐ Other: _____

6. Does this person have a history or committing a violent crime or act of physical aggression towards others: ☐ Yes ☒ No

7. What interfering behaviors does this client demonstrate, if any:

☐ Verbal aggression

☐ Physical aggression

☒ Non-compliance

☒ Property abuse

☐ Manipulation

☐ Sexual behaviors

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

How: Easily influenced.

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

☐ Yes

☒ No If yes, please explain?

How: _____

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

☐ Yes

☒ No

11. Does this client have community orientation skills: ☐ Yes ☒ No If yes, please explain?

Community orientation skills:

12. What are self preservation skills for this client? None

13. Does this client have seizures: ☐ Yes ☒ No If yes, would what staff do?

Staff responsibilities:

14. Does this client have allergies: ☐ Yes ☒ No If yes, what are they?

Allergies: _____

15. Does this client have water safety skills: ☐ Yes ☒ No

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

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

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

Sensory disabilities:

eye sight - needs glasses

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

Special dietary needs:

Needs low cholesterol foods

19. Does this person have chronic medical conditions: ☒ Yes ☐ No If yes, what are they?

Chronic medical conditions:

High Cholesterol

20. What areas does this client need support in: (check all that apply)

Health and Medical Needs:

- ☐ Allergies
- ☐ Seizures
- ☐ Choking
- ☒ Special dietary needs
- ☒ Chronic medical conditions
- ☒ Self-administration of medications or treatments
- ☒ Preventative screening
- ☒ Medical appointments
- ☐ Other: _____

Personal Safety:

- ☐ Risk of falling
- ☐ Mobility
- ☐ Regulating water temperature
- ☒ Community survival skills
- ☒ Water safety skills
- ☒ Sensory disabilities
- ☐ Other: _____

Self-Management of Symptoms or Behaviors:

- ☒ Symptoms or behaviors that may otherwise result in an incident, suspension, or termination of services by the program
- ☐ Symptoms or behaviors that may jeopardize the health and safety of the person or others
- ☐ Other: _____

Staff Signature: Bernie Black DSP

Date: 7/27/2018



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Client: MD

Staff Name: Bonnie Borch

Date: 7-10-18

1. Name of person served: Michael Dalkmann
2. Legal Representative: Kassy Peterson
3. Case manager: Krissan Gray
4. Oakridge representative who created CSSP-A: Schailis Sierert
5. County served: Crow Wing
6. Outcomes Listed on CSSP-A:

Outcome 1: utilize his relaxation techniques & increase coping skills

Outcome 2: increase his independence by improving budgeting skills

Outcome 3: increase his domestic independence skills by cooking 1 x week

Outcome 4: Live a more positive & focused life

Outcome 5: _____

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

spend much time in nature

Sunny weather

Reading

Loves his Job, walking, X-Box, Relaxing

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

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

Legal Representative: Kassy Peterson
Case manager: Krissan Gray
Day program: Amy Van Keuren

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

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

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

☒ Yes ☐ No

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

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

Rights restrictions: Access to money

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

Items: _____

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

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

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

☒ Yes ☐ No

What type: ☐ Medication administration ☒ Medication assistance

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

PRN medication(s): _____

19. Is this client prescribed psychotropic medications: ☒ Yes ☐ No

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

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

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

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

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

☐ Yes ☒ No

24. Frequency of reports/meetings:

Reports: ☒ Semi-Annually ☐ Annually ☐ Other: _____
Meetings: ☒ Semi-Annual ☐ Annually ☐ Other: _____

Staff Signature: Bernie Beach DSP

Date: 7-10-18



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Michael Dallman

Staff Name: Bernie Borash

Date: 3-31-18

-
1. What goals does the client have:
 - a. Goal 1: *improve budgeting skills*
 - b. Goal 2: *increase independence by improving cooking skills*
 - c. Goal 3: *Live more positive & focused life*
 - d. Goal 4:
 - e. Goal 5:
 - f. Goal 6:
 2. How often is each goal supposed to be run:
 - a. Goal 1: *WEEKLY*
 - b. Goal 2: *At least once per week*
 - c. Goal 3: *75% of time*
 - 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: *SUPPLY MIKE WITH \$25 to last the week, more \$ for activities*
 - b. Goal 2: *take md grocery shopping at least monthly, pricing, ingredients*
 - c. Goal 3: *verbal requests with time to process*
 - 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: *incorporate some of MD's favorite foods*

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 changes that his weekly \$25 needs to last the week
Give him time to process requests*

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 amount ~~\$~~ given or if he makes goal*

b. Goal 2: *assist with verbal prompts if needed*

c. Goal 3: *Record in his data*

d. Goal 4

e. Goal 5:

f. Goal 6:

Staff Signature: Bernie Bork DSP

Date: 3-31-18



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Client: Michael Dollmann Staff Name: Bernie Bosh Date: 7-27-2018

1. Is this client susceptible to sexual abuse: ☐ Yes ☒ No If yes, in what areas?

- ☐ Lack of understanding of sexuality
- ☐ Likely to see or cooperate in an abusive situation
- ☐ Inability to be assertive
- ☐ Other: _____

2. Is this client susceptible to physical abuse: ☐ Yes ☒ No If yes, in what areas?

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

3. Is this client susceptible to self abuse: ☒ Yes ☐ No If yes, in what areas?

- ☐ Dresses inappropriately
- ☒ Refuses to eat
- ☒ Inability to care for self-help needs
- ☒ Lack of self-preservation skills (ignores personal safety)
- ☐ Engages in self-injurious behaviors
- ☒ Neglects or refuses to take medications
- ☒ Other: has diagnosis of depression disorder NOS & did have suicidal ideation

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

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

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

☒ Inability to handle financial matters

☐ Other: _____

6. Does this person have a history or committing a violent crime or act of physical aggression towards others: ☐ Yes ☒ No

7. What interfering behaviors does this client demonstrate, if any:

☐ Verbal aggression

☒ Physical aggression

☐ Non-compliance

☒ Property abuse

☐ Manipulation

☒ Sexual behaviors

8. Would this client seek or cooperate in an abusive situation: ☐ Yes ☒ No If yes, explain?

How: _____

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

☐ Yes ☒ No If yes, please explain?

How: _____

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

☐ Yes ☒ No

11. Does this client have community orientation skills: ☐ Yes ☒ No If yes, please explain?

Community orientation skills:

12. What are self preservation skills for this client? none

can regulate water temp

13. Does this client have seizures: ☐ Yes ☒ No If yes, would what staff do?

Staff responsibilities:

14. Does this client have allergies: ☒ Yes ☐ No If yes, what are they? →

Allergies: Penicillin

15. Does this client have water safety skills: ☐ Yes ☒ No

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

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

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

Sensory disabilities:

eyesight glasses

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

Special dietary needs:

19. Does this person have chronic medical conditions: ☐ Yes ☒ No If yes, what are they?

Chronic medical conditions:

20. What areas does this client need support in: (check all that apply)

Health and Medical Needs:

- ☒ Allergies
- ☐ Seizures
- ☐ Choking
- ☐ Special dietary needs
- ☐ Chronic medical conditions
- ☒ Self-administration of medications or treatments
- ☒ Preventative screening
- ☒ Medical appointments
- ☒ Other: Dental & Cole appointments

Personal Safety:

- ☐ Risk of falling
- ☒ Mobility *Bike Riding*
- ☐ Regulating water temperature
- ☐ Community survival skills
- ☒ Water safety skills
- ☒ Sensory disabilities
- ☒ Other: *Reminders of Freezing Temp. Safety*

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: *Bernie Bolser DSP*

Date: *7-27-2018*



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Client: K.H. Staff Name: Bernie Borash Date: 7-10-18

1. Name of person served: Ken Holst
2. Legal Representative: Marilyn & Harold Holst
3. Case manager: Laura Imdieke
4. Oakridge representative who created CSSP-A: Schuliz Sievert
5. County served: Todd
6. Outcomes Listed on CSSP-A:

Outcome 1: Expand his cooking repertoire

Outcome 2: Live healthiest life possible

Outcome 3: Improve relationships, respect

Outcome 4: Engage in pro-social behaviors expected from adults

Outcome 5: _____

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

1 on 1 support
verbally

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

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

Legal Representative: Marilyn & Harold Holst
Case manager: Laura Imbrieke
Day program: Chris Smith CTS

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

☐ Unsupervised at home for: _____ minutes/hours

☐ Unsupervised in the community for: _____ minutes/hours

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

☒ Yes

☐ No

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

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

Rights restrictions: _____

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

Items: _____

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

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

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

☒ Yes

☐ No

What type: ☒ Medication administration

☐ Medication assistance

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

PRN medication(s): _____

19. Is this client prescribed psychotropic medications: ☐ Yes ☒ No

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

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

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

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

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

☐ Yes ☒ No

24. Frequency of reports/meetings:

Reports: ☒ Semi-Annually

☐ Annually

☐ Other: _____

Meetings: ☒ Semi-Annual

☐ Annually

☐ Other: _____

Staff Signature: Bernie Bolash DSP

Date: 7-10-18



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: Ken Holst

Staff Name: Bernie Borash

Date: 3-31-18

-
1. What goals does the client have:
 - a. Goal 1: Expand cooking repertoire.
 - b. Goal 2: Live healthiest life possible
 - 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: 4 x month
 - b. Goal 2: Daily
 - 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: Verbal prompts & help with steps if needed
 - b. Goal 2: Verbal prompts & redirection if needed, verbal praise
 - 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: *N/A*

b. Goal 2: *best if Ken not surrounded by people with larger portions*

c. Goal 3:

d. Goal 4:

e. Goal 5;

f. Goal 6:

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

Verbal Prompts, redirection if needed, Verbal Praise

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

a. Goal 1: *Record date Prepared, assistance required, manners, staff Initials*

b. Goal 2: *Record items eaten & exercise performed*

c. Goal 3:

d. Goal 4

e. Goal 5:

f. Goal 6:

Staff Signature: Bernie Brath DSP

Date: 3-31-2018



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Client: Ken Holst Staff Name: Bernie Borash Date: 7-27-18

1. Is this client susceptible to sexual abuse: ☒ Yes ☐ No If yes, in what areas?

- ☐ Lack of understanding of sexuality
- ☒ Likely to see or cooperate in an abusive situation
- ☒ Inability to be assertive
- ☐ Other: _____

2. Is this client susceptible to physical abuse: ☒ Yes ☐ No If yes, in what areas?

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

3. Is this client susceptible to self abuse: ☒ Yes ☐ No If yes, in what areas?

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

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

- ☐ Unsupervised at home for: 0 minutes/hours
- ☐ Unsupervised in the community for 0 minutes/hours

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

☒ Inability to handle financial matters

☐ Other: _____

6. Does this person have a history or committing a violent crime or act of physical aggression towards others: ☐ Yes ☒ No

7. What interfering behaviors does this client demonstrate, if any:

☒ Verbal aggression

☒ Physical aggression

☒ Non-compliance

☒ Property abuse

☒ Manipulation

☒ Sexual behaviors

8. Would this client seek or cooperate in an abusive situation: ☒ Yes ☐ No If yes, explain?

How: *History of inappropriate Touching & engaging in sexual behavior*

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

☐ Yes ☒ No If yes, please explain?

How: _____

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

☐ Yes ☒ No

11. Does this client have community orientation skills: ☐ Yes ☒ No If yes, please explain?

Community orientation skills:

12. What are self preservation skills for this client? *none*

13. Does this client have seizures: ☐ Yes ☒ No If yes, would what staff do?

Staff responsibilities:

14. Does this client have allergies: ☒ Yes ☐ No If yes, what are they? *Penicillin*

Allergies: Penicillin

15. Does this client have water safety skills: ☐ Yes ☒ No

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

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

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

Sensory disabilities:

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

Special dietary needs:

needs low cholesterol foods
weight control

19. Does this person have chronic medical conditions: ☒ Yes ☐ No If yes, what are they?

Chronic medical conditions:

High cholesterol
overweight

20. What areas does this client need support in: (check all that apply)

Health and Medical Needs:

- ☒ Allergies
- ☐ Seizures
- ☐ Choking
- ☒ Special dietary needs
- ☒ Chronic medical conditions
- ☐ Self-administration of medications or treatments
- ☒ Preventative screening
- ☒ Medical appointments
- ☐ Other: _____

Personal Safety:

- ☐ Risk of falling
- ☐ Mobility
- ☐ Regulating water temperature
- ☒ Community survival skills
- ☒ Water safety skills
- ☐ Sensory disabilities
- ☐ Other: _____

Self-Management of Symptoms or Behaviors:

- ☒ Symptoms or behaviors that may otherwise result in an incident, suspension, or termination of services by the program
- ☒ Symptoms or behaviors that may jeopardize the health and safety of the person or others
- ☐ Other: _____

Staff Signature: Bernie Bowser DSP

Date: 7-27-2018



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Client: D.K.

Staff Name: Bernie Roth

Date: 7-10-18

1. Name of person served: David Kimmes
2. Legal Representative: Sarah & Tim Kimmes
3. Case manager: Angela Hanger
4. Oakridge representative who created CSSP-A: Schailis Sievert
5. County served: Anoka
6. Outcomes Listed on CSSP-A:

Outcome 1: Improve Anger management skills

Outcome 2: Increase medication independence

Outcome 3: _____

Outcome 4: _____

Outcome 5: _____

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

Responds well to staff being ready to provide assistance as needed verbal prompts, hands on detail, good role modeling and much verbal praise

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

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

Legal Representative: Tim & Sarah Kimmes
Case manager: Angela Hanger
Day program: None

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

☐ Unsupervised at home for: _____ minutes/hours
☒ Unsupervised in the community for: 1 minutes/hours

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

☒ Yes ☐ No

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

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

Rights restrictions: _____

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

Items: _____

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

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

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

☒ Yes ☐ No

What type: ☐ Medication administration ☐ Medication assistance

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

PRN medication(s): _____

19. Is this client prescribed psychotropic medications: ☐ Yes ☒ No

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

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

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

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

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

☐ Yes ☒ N

24. Frequency of reports/meetings:

Reports: ☒ Semi-Annually

☐ Annually

☐ Other: _____

Meetings: ☒ Semi-Annual

☐ Annually

☐ Other: _____

Staff Signature: Bernie Bolan PSL

Date: 7-10-18



Oakridge Homes/Woodview Support Services

Individual Program Plans Competency

Client: David Kimmes

Staff Name: Bernie Borash

Date: 3-31-18

-
1. What goals does the client have:
 - a. Goal 1: improve anger mgmt skills
 - b. Goal 2: Increase independence with his meds
 - c. Goal 3: improve financial independence
 - d. Goal 4: improve quality of life
 - e. Goal 5:
 - f. Goal 6:
 2. How often is each goal supposed to be run:
 - a. Goal 1: Reduce negative reactions to less than 1 x week
 - b. Goal 2: Daily
 - c. Goal 3: 1 x week
 - d. Goal 4: 75% of Time + attend psyc APT 12 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: Remind DK of anger mgmt when agitated
 - b. Goal 2: verbal cues, discussen + praise
 - c. Goal 3: PC will discuss money plans with DK
 - d. Goal 4: Have him look at positive side
Redirection
Do not push too much

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: Allow him time & space to calm down

b. Goal 2: make his meds available & supervise^{med} administration

c. Goal 3: PC set up time to budget with DK

d. Goal 4: Location of Psyc & counseling appointments

e. Goal 5;

f. Goal 6:

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

Verbal direction & praise if successful
step back when 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: Record # of times using coping skills

b. Goal 2: record his^{her} admin practices

c. Goal 3: record + or - whether he sticks to budget

d. Goal 4 # of times in his data

e. Goal 5:

f. Goal 6:

Staff Signature: Bernie Bolark DSP

Date: 3-31-18



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Client: David Kimmes Staff Name: Bernie Brash Date: 7-27-2018

1. Is this client susceptible to sexual abuse: ☐ Yes ☒ No If yes, in what areas?

- ☐ Lack of understanding of sexuality
- ☐ Likely to see or cooperate in an abusive situation
- ☐ Inability to be assertive
- ☐ Other: _____

2. Is this client susceptible to physical abuse: ☒ Yes ☐ No If yes, in what areas?

- ☒ Inability to identify potentially dangerous situations
- ☒ Lack of community orientation skills
- ☒ Inappropriate interactions with others
- ☐ Inability to deal with verbally/physically aggressive persons
- ☐ "Victim" history exists
- ☒ Other: verbal/physical abuse to others

3. Is this client susceptible to self abuse: ☒ Yes ☐ No If yes, in what areas?

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

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

- ☐ Unsupervised at home for: _____ minutes/hours
- ☒ Unsupervised in the community for 1 minutes/hours

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

☒ Inability to handle financial matters

☐ Other: _____

6. Does this person have a history or committing a violent crime or act of physical aggression towards others: ☒ Yes ☒ No

7. What interfering behaviors does this client demonstrate, if any: *Arson*

☒ Verbal aggression

☒ Physical aggression

☒ Non-compliance

☒ Property abuse

☒ Manipulation

☐ Sexual behaviors

8. Would this client seek or cooperate in an abusive situation: ☐ Yes ☒ No If yes, explain?

How: _____

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

☐ Yes

☒ No If yes, please explain?

How: _____

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

☐ Yes

☒ No

11. Does this client have community orientation skills: ☐ Yes ☒ No If yes, please explain?

Community orientation skills:

12. What are self preservation skills for this client? *none*

13. Does this client have seizures: ☐ Yes ☒ No If yes, would what staff do?

Staff responsibilities:

14. Does this client have allergies: ☒ Yes ☐ No If yes, what are they? 

Allergies:

Pollin / Food Dyes

15. Does this client have water safety skills: ☒ Yes ☐ No

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

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

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

Sensory disabilities:

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

Special dietary needs:

Should not eat foods with red or yellow dye in them.
Monitor food intake

19. Does this person have chronic medical conditions: ☐ Yes ☒ No If yes, what are they?

Chronic medical conditions:

NA

20. What areas does this client need support in: (check all that apply)

Health and Medical Needs:

- ☒ Allergies
☐ Seizures
☐ Choking
☒ Special dietary needs
☐ Chronic medical conditions
☒ Self-administration of medications or treatments
☒ Preventative screening
☒ Medical appointments
☐ Other: _____

Personal Safety:

- ☐ Risk of falling
- ☐ Mobility
- ☐ Regulating water temperature
- ☒ Community survival skills
- ☐ Water safety skills
- ☐ Sensory disabilities
- ☐ Other: _____

Self-Management of Symptoms or Behaviors:

- ☒ Symptoms or behaviors that may otherwise result in an incident, suspension, or termination of services by the program
- ☒ Symptoms or behaviors that may jeopardize the health and safety of the person or others
- ☐ Other: _____

Staff Signature: Bernie Brink DSP

Date: 7-27-2018

Know the House You Work In

Name Bernie Botash Date 3-22-2021 Location 809

Where do we keep...

Heimlich Maneuver Chart? Staff Closet

Forms for everyday use? Maroon binder folder

Face sheet for each consumer? INDIV BOOKS

What is a face sheet? Contact info, Dr. Personal

IAPP's? personal book INDIV Abuse PREVENTION Plan

What does the IAPP tell us? vulnerability of INDIV
Personal abuse prevention plan

PAPP? Location of home, # of housemate, Staff ratio

What does the PAPP tell us? 

Red OSHA Book? STaff closet

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

Menus? ON FRIDGE

Work Schedule? BULLETIN BOARD

Standing Med orders? INDIV 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? Glenwood house

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

A tornado/storm drill? Qtrly

Where are the smoke detectors located? each bedroom, Hallways

Where are the fire extinguishers located? Furnace room, Van, Kitchen

Where are the Carbon Monoxide detectors located? each level common area

Where is a copy of our emergency procedures? Bulletin board, (Office area)

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

What are the items to bring into the storm shelter? Battery radio, phone, flashlight
Blanket

Where do we get our supplies? CVS, Walmart

Where can we shop for food? CVS, Costco, Walmart

Where do we get gas? Speedway, Holiday

Know the House You Work In

Name Bernie Brown Date 5/20 Location 809

Where do we keep...

Heimlich Maneuver Chart? staff closet door

Forms for everyday use? master copy - book - bookshelf

Face sheet for each consumer? Individual books

What is a face sheet? Client's personal info

IAPP's? individual abuse prevention plan (in personal books)

What does the IAPP tell us? persons vulnerabilities

PAPP? on bulletin board in folder

What does the PAPP tell us? a program abuse prevention plan to reduce abuse potential

Red OSHA Book? Staff Closet

AWAIR Act? (A Workplace Accident and Injury Reduction Program) Red osha book

Menus? on Fridge

Work Schedule? bulletin board by desk

Standing Med orders? mar - med admin record

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? Glenwood House

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

A tornado/storm drill? Quarterly

Where are the smoke detectors located? bedrooms & hallways by bedroom

Where are the fire extinguishers located? kitchen, Van, 10

Where are the Carbon Monoxide detectors located? on wall outside of bathrooms

Where is a copy of our emergency procedures? bulletin board in office area

Where do we go in case of severe thunderstorm weather? basement bathroom

What are the items to bring into the storm shelter? Battery radio
cell or cordless phone

Where do we get our supplies? Cub foods, walmart, Costco

Where can we shop for food? Cub, walmart, Costco

Where do we get gas? speedway, Holiday

2019

Know the House You Work In

Name Bernie Bolath

Location 809

Where do we keep...

Heimlich Maneuver Chart?

Staff Closet

Forms for every day use?

Master Copy Books / Payroll Book

Face sheet for each consumer?

Medical in MAR APPT Books
Individual Books

What is a face sheet?

Clients technical info

IAPP?

Individual Books

What does the IAPP tell us?

Clients Vulnerability

Red OSHA Book?

Staff Closet

AWAIR Act?

(A Workplace Accident and
Injury Reduction Program)

Red Osha Book

Menu's?

Taped on Fridge

Work Schedule?

Bulletin Board

Standing Med orders?

Mar Book

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?

Glenwood House

How often is it

Required by licensing to run a
Fire drill?

A Tornado/Storm drill?

Quarterly
Quarterly

Where are the smoke detectors
Located?

All Bedrooms / hallway

Where are the fire extinguishers
Located?

Kitchen
Laundry Room
Van

Where are the Carbon Monoxide
Detectors located?

Between Bedrooms on wall
on

Where is a copy of our Emergency
Procedures?

On Bulletin Board in office area

Where do we go in case of
Severe thunderstorm weather?

Basement Bathroom

What are the items to bring into the
Storm shelter?

cordless radio
cell phone / carbon phone

Where do we get our supplies?

Walmart / cub / Costco

Where can we shop for food?

Cub / walmart / Costco

Where do we get gas?

SA
Holiday
(not Fleet Farm)

Who are the primary Physicians?

MD - Dr Gray
DK
KH
PB } Dr Anderson

Who are the Psychiatrists?

MD - Keola Johnson

Who are the Guardians?

MD - Sister - Kassy
DK
PB
KH } Parente

Who are the case managers?

MD - Krisann Gray
DK - Angela Hanger
KH - Laura Imdieke
PB - Deb Hatfield

What are P-B's Goals?

Exercise
Daily Hygiene
Cooking
Behavior

What are KH's Goals?

Food Groups - Portions
exercise
Behavior
Point system

What are MD's Goals?

Cooking
Positive & Focused life
Coping skills
Relaxation techniques

What are DA's Goals?

Budget skills
Transportation
Medication
Behavior
Negative reaction

What are the Pharmacies:

What meds does MD take?

Risperdal
Gabapentin
Wellbutrin
Multivitamin

What meds does PB take?

Vit D 2000 IU
atorvastatin 20mg

What meds does DK take?

Vit D 4000 IU

What meds does KH take?

- O -

What meds does _____ take?

Where do consumers bank?

~~KH~~ ~~MID~~ ~~MAL~~ ~~CR~~ ~~UNION~~
~~MD~~

DK - Deerwood Bank

PB - Wells Fargo

Dietary limits?

PB - LOW FAT
(consumer)

KH - LOW FAT
(consumer) PORTION CONTROL

 -
(consumer)

 -
(consumer)

 -
(consumer)

Know the House You Work In

3-26-18

Name Ally, Mary, Spencer,
Bernie, Gwen

Location 809

Where do we keep...

Heimlich Maneuver Chart?

Staff closet

Forms for every day use?

mask copy book
payroll book
MAR-medical
Individual Book-
Dpt. Book

Face sheet for each consumer?

Clients technical info

What is a face sheet?

IAPP?

Individual Books

What does the IAPP tell us?

Clients Vulnerability

Red OSHA Book?

Staff closet

AWAIR Act?

(A Workplace Accident and
Injury Reduction Program)

Red OSHA Book

Menu's?

topped on fridge
file drawer / menu

Work Schedule?

Bulletin Board

Standing Med orders?

Mar book

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?

Glenwood

How often is it

Required by licensing to run a
Fire drill?

A Tornado/Storm drill?

Quarterly for each

Where are the smoke detectors
Located?

bedrooms & in hallway
Outside of bedrooms

Where are the fire extinguishers
Located?

Kitchen
Laundry room
van

Where are the Carbon Monoxide
Detectors located?

Outside of
the 2 bathrooms
on the wall

Where is a copy of our Emergency
Procedures?

on the bulletin
board in office area

Where do we go in case of
Severe thunderstorm weather?

Basement bathroom

What are the items to bring into the
Storm shelter?

cell phone
cordless radio

Where do we get our supplies?

Walmart

Where can we shop for food?

Costco

Costco

Walmart

Cub Foods

Behavior

What are KH's Goals?

• Behavior
• Food groups / water / portion
exercise

What are MD's Goals?

Budget
Cooking
Guilt, worried, imitable
Proactive strat / coping skills

What are DK's Goals?

positive Interaction
Behavior
negative reaction
Budget
medication

What are the Pharmacies:

Safe Dose
Leahpans- Backup Pharm

What meds does MD take?

Bisoprolol
Gabapentin
Wellbutrin
Multivitamin

Where do we get gas?

SA
Holiday
not fleet farm

Who are the primary Physicians?

MD - Dr. Gray
DK - Dr. Anderson
PB - Dr. Anderson
KH - Dr. Anderson

Who are the Psychiatrists?

MD - Leola Johnson

Who are the Guardians?

MD - sister Kathy
DK - parents - Tim & Sarah
KH - parents - Marilyn & Huck
PB - parents - George & Dore

Who are the case managers?

MD - Krisann Gray
DK - Angela Hanger
KH - Laura Imbrie
PB - Deb Hatfield

What are Paul's 's Goals?

cooking
Exercise
morning routine

What meds does PB take?

Vitamin D
Doxycycline

What meds does KH take?

~~Q~~

What meds does DK take?

Vitamin D

What meds does _____ take?

Where do consumers bank?

KH- mid-minnesota
MD- mid-minnesota
PB- Wells Fargo
OK- DeaWood Bank

Dietary limits?

PB - low-fat
(consumer)

KH - low-fat
(consumer)

 -
(consumer)

 -
(consumer)

 -
(consumer)



**Oakridge
Woodview
2021 Mandatory
In-services**

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

Name Bernie Botash

Date 5-24-2021

Work Location 809

Mandatory In-service Topics Covered:

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

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

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

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

Vulnerable Adults (VARPP):

Reporting policy procedure

Service Recipient Rights:

House guidelines

Emergency Use of Manual Restraint:

*fill out incident report
Basket hold
~~escort~~ escort*

Incident Reports:

Staff involved now or in 24 hrs

Emergency and Reporting Policy and Procedures:

Flashlight, Robin Blanchard
incident report
911

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

Termination - 90 days

Safe Medication Administration:

Look away from label when pouring

Universal Precautions:

airborne can transmit infection

ORH/WSS Personnel Policies and Procedures:

30 hrs within 60 days upon ~~the~~ taking
workplace bullying
21⁺ smoking age
corrective actions

Oakridge Woodview Mandatory In-Service 2020

Make Up Packet

Employee Name Bernie B.

Location Worked 809

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

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

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

When is ORH/WSS responsible to provide information and training regarding hazardous chemicals to their employees?	At orientation, _____, and when there is a new chemical	Every year
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_____	Precautions
What is used to clean all blood/body fluid spills?	_____ and _____ solution diluted 1:10	Bleach, Water
What are some examples of Personal Protective Equipment as it refers to the ORH/WSS Bloodborne Pathogens Policy?	Gowns, gl_____, m_____, eye p_____, resuscitation bags, etc.	Gloves, mask, Protection
Where are gowns, gloves, masks, etc. kept?	B_____ s_____ kit	Blood spill
How often should the water/bleach solution in a bottle be changed?	_____	weekly
For how long should a contaminated area be treated with a bleach solution?	Minimum of _____ minutes	Two
What are the two primary body fluids through which AIDS is spread?	_____ and _____	Blood, Semen
What does OSHA stand for?		Occupational Safety & 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 & 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	A. Safe transportation policy and procedures
This policy is restricted to situations in which the safety of the person or others in the program is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others	H	B. Food Service Policy and Procedures
This policy ensures the persons served by ORH/WSS are transported safely and outlines guidelines for using ORH/WSS vehicles.	A	C. Fiscal Policies and Procedures for Persons Receiving Services
All ORH/WSS staff members can drive ORH/WSS vehicles. True or False	J K	D. Data privacy policy
It is ok to transport people who are not ORH/WSS persons served or staff. True or False	J K	E. Incident response, reporting and review policy and procedures
This policy provides persons served with good nutrition.	B	F. Medication policy
A policy to protect the well-being of individuals being served by ORH/WSS AND a way of documenting, reporting, reviewing and investigating.	E	G. Client Grievance Policy
This policy refers to protecting privacy, consumers seeing their own information, explains the needs for and the use of	D	H. Service Termination Policy

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

Emergency Use of Manual Restraint (EUMR) Policy and Procedures

Answer	Question
Emergency use of Manual Restraint (EUMR) Policy & Procedures	This policy is to promote the rights of persons served by ORH/WSS and to protect their health and safety when a person poses imminent risk of harm to self or others.
Positive Support Strategies	Per the Emergency Use of Manual Restraint (EUMR) Policy and Procedures the following _____ and techniques must be used to attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others: A. Verbal de-escalation B. empathetic listening C. paraverbals D. how to avoid power struggles E. nonverbal behavior (kinesics and proxemics)
Manual Restraint	ORH/WSS allows the following _____ procedures to be used on an emergency basis when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety: A. 1 person escort B. 2 person escort C. basket hold
No	Is it OK to manually restrain a person when it has been determined to be medically or psychologically contraindicated?
Prohibited Procedures	Chemical restraint, manual restraint, time out, seclusion, any aversive or deprivation procedure are all considered to be _____.
True	The following conditions, on their own, are NOT conditions for emergency use of manual restraint: A. the person is engaging in property destruction that does not cause imminent risk of physical harm;

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

Service Recipient Rights

Answer	Question
Abuse, Neglect	Consumers have the right to be free from _____, _____, or financial exploitation.
Services & Supports	The consumer has the right to have _____ and _____ provided to them in a way that respects and considers their preferences.
True	Consumers have the right to receive and send mail and emails and not have them opened by anyone else unless asked. True or False
Respect	Consumers have the right to be treated with dignity and _____.
CSSP Addendum 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.
Telephone	A consumer has the right to have free, daily, private access to and use of a _____ for local calls, and long-distance calls made collect or paid for by me.
Privacy	Consumers have the right to have personal _____. There is a lock on bedroom doors that they may lock if they desire to do so.
Friends	The consumer has the right to choose his/her own _____ and spend time with them.
Religion	Consumers have a right to be allowed to reasonably follow my cultural and ethnic practices and _____.
Records	The consumer has the right to have access to his/her _____ and recorded information that ORH/WSS has about them as allowed by state and federal law, regulation, or rule.
harassment	Consumers have a right to be free from prejudice and _____ regarding race, gender, age, disability, spirituality, or sexual orientation.
Retaliation from ORH/WSS	The consumer has the right to exercise their rights on their own or have a family member or another person help them exercise my rights without _____.
Staff	A consumer has the right to have _____ that are trained and qualified to meet his/her needs.

CPR and First Aid

Answer	Question
C	In the event of a consumer medical emergency, which do you do first? A. Remove the other consumers from the area B. Call the PC/Supervisor C. Take care of the consumer
False	If someone uses an Epi-Pen for an allergic reaction they do not need to seek medical treatment. True or False
D	Signs of low blood sugar include: A. Personality changes B. Weakness C. Excessive sweating D. All of the above
BCD	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
13	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
100 2	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?
F	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
T	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
F	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
T	Per the ORH/WSS Drug and Alcohol policy, ORH/WSS may require random drug or alcohol testing and/or reasonable suspicion testing. True or False
90 longer	All new employees shall be evaluated after ____ days of employment. The evaluation period may be _____ for supervisor or administrative positions.
Employee Code of conduct	_____ states (among other things) all employees are expected to be ethical, responsible, respectful, and show integrity and professionalism in the workplace at all times.
Human Resources Report	A person who feels they have been harassed, discriminated or retaliated against or has witnessed such behavior should file a written complaint with _____. Any supervisor that observes or is made aware that harassment or discrimination is occurring should _____ it to Human Resources immediately.
EQUAL EMPLOYMENT OPPORTUNITIES	ORH/WSS provides _____ (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, familial status, amnesty or status as a covered veteran or any other protected class in accordance with applicable federal, state and local laws.
Discrimination	According to ORH/WSS Diversity policy, anyone found to be engaging in unlawful _____ will be subject to disciplinary action, including termination of employment.

Americans with Disabilities ACT Reasonable	ORH/WSS, under the _____ (ADA) and the Americans with Disabilities Act Amendments Act (ADAAA), will make _____ accommodations for qualified individuals with known disabilities so that they may perform the essential job duties of the position; unless doing so causes a direct threat to these individuals or others in the workplace and the threat cannot be eliminated by reasonable accommodation and/or if the accommodation creates an undue hardship to the company.
Discrimination and harassment	According to ORH/WSS Anti-Harassment Policy the working environment shall be free of _____ and _____ and one where employees are treated with dignity, decency and respect.
Chemicals	Per Safety Rules and Operating Procedure, ORH/WSS uses _____ as directed on label. They are locked if necessary for the safety of the clients.
Workplace Bullying	ORH/WSS defines _____ as repeated mistreatment or inappropriate behavior towards one or more employees in the workplace and/or during the course of employment.
One Unsupervised	Per ORH/WSS Tobacco Products Policy, when there is only _____ employee supervising clients, the employee may not leave the clients _____ to smoke or use tobacco products.
Replacement	If you are not going to make your scheduled shift, it is your responsibility to find your own _____.
Precautions	It is expected that ORH/WSS employees will follow standard (universal) _____.
Sexual Sexual Sexual Sexual	_____ harassment includes unsolicited and unwelcome _____ advances, requests for _____ favors, or other verbal or physical conduct of a _____ nature, when such conduct: 1. Is made explicitly or implicitly a term or condition of employment. 2. Is used as a basis for an employment decision. 3. Unreasonably interferes with an employee's work performance or creates an intimidating, hostile or otherwise offensive environment.
False	Per the Weapons policy, Possession of a valid concealed weapons permit authorized by the State of Minnesota is an exemption under this policy. True or False
Tardiness	In the Attendance and Punctuality Policy, the first time _____ occurs the employee shall receive a coaching note.

True	A Late/No Show report will be completed for each time an employee is tardy. True or False
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	This policy minimizes accidents and injuries.
Protected leave for family & medical reasons	What is the purpose of Family and medical leave policy (FMLA)?
Client Confidentiality Policy	This policy provides that private information be shared between approved parties only.
Prohibited Fail	Employees are _____ from performing any "off-the-clock" work. "Off-the-clock" work means work you may perform but _____ to report in your time records.
Anti-harassment policy, Confidentiality Policy, HIPAA, Employee Code of Conduct Policy, 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 Products Policy	This policy contains the statement "no tobacco use or the use of smokeless tobacco products is allowed by staff when out in the public with clients"
True	Per Employee Use of Company Equipment and Other Business Machines Policy, ORH/WSS reserves the right to intercept and monitor all telephone and cellular phone communications, faxes, voice mail messages, electronic communications including email and text messaging, and internet use on its equipment for training, evaluation and supervision purposes. True or False



*Oakridge
Woodview
2019 Mandatory
In-services*

May 21, 2019 – Aitkin
May 20, 2019 – Brainerd
May 23, 2019 – Grand Rapids

Name Bernie Borash

Date 5-20-19

Work Location 809

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):

Posted in all locations

Burp

Emergency and Reporting Policy and Procedures:

24 hr to report VA County, HR, Q

Bloodborne Pathogens (Universal Precautions):

Treat all fluids as contaminated

AWAIR Act:

A workplace accident Injury Reduction act

Right to Know:

Staff *what hazards present*

Affirmative Action/EEO:

Report to HR if not PC

HIPAA: Health Insurance

Portability of Accountability Act

ORH/WSS Policies and Procedures:

Safe Transportation Policy

Service Recipient Rights:

To Amend their Plan

Emergency Use of Manual Restraint:

Staff who witness Fill out Report

Incident Reports:

Complete ASAP

Send to ORH

Data Privacy:

Protect Personal info

explain consumer rights & protection of their info



Minimizing the Risk of Sexual Violence Competency Questions

Name: Bernie Borash Date: 4/26/2021

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 or actions or words unwanted by them
2. In the past care providers were " protecting " people for their health and safety and not letting them take any risks. We now allow them to take risks.
3. What is bodily autonomy? The right for person to allow what happens to their body
4. The people we serve have a right to control what does and does not happen to their bodies. ☒ True or False
5. Why is it important for the people we serve to know the proper names for body parts, especially private parts? helps deter possible offenders + more likely to report
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. able to spend time alone
 - c. both partners consent
8. List 3 components of abusive relationships:
 - a. isolate from others
 - b. not involved in activities
 - c. abusive communication
9. List 2 things that are true about consent:
 - a. needs to be given each time
 - b. never assumed / no means no
10. Write your reaction to the Tea and Consent video: Billy but effective

Certificate of Training

Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

Awarded on 01/23/2021 to:

Bernard Borash

Certificate Number:
VAMR90921220210123

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:

mn DEPARTMENT OF
HUMAN SERVICES

Certificate of Training

Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

Awarded on 02/04/2020 to:

Bernard Borash

Certificate Number: VAMR82165920200204 **Course Objectives:**

Delivery Format: Online

Course offered by the
Minnesota Department of Human Services

- 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 06/29/2019 to:

Bernard Borash

Certificate Number: VAMR77488420190629 **Course Objectives:**

Delivery Format: Online

Course offered by the
Minnesota Department of Human Services

- 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:



Certificate of Training

Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

Awarded on 02/11/2018 to:

Bernard Borash

Certificate Number: VAMR66860020180211

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:



Certificate of Training

Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

Awarded on 01/21/2017 to:

Bernard Borash

Certificate Number: VAMR58442220170121

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:





VA AND RIGHTS CHECKLIST 2017

Employee Name: Bernie Bolash 809

***By signing below I certify that I have read, understand and have received training on the implementation of and my responsibility for the following information.

January Training	Signature	Date
*Oakridge Homes VARPP(1)	Bernie Bolash DSP	1-23-17
Service Recipient Rights	Bernie Bolash DSP	1-23-17
Maltreatment of Minors (if applicable)	Bernie Bolash DSP	1-23-17

May Training	Signature	Date
*Review of VARPP at Mandatory In-Services(2)	Bernie Bolash	5/22/17

October Training	Signature	Date
Memo on Money & Medication Count Protocol	Bernie Bolash	10-23-17

	Signature	Date
Online VA Training 1-22-17	Bernie Bolash DSP	1-21-17

*VARPP is reviewed twice per year.

Certificate of Training

Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

Awarded on 02/27/2016 to:

Bernard Borash

Certificate Number: VAMR51708920160227

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:





VA AND RIGHTS CHECKLIST 2016

Employee Name: Bernie Borash

***By signing below I certify that I have read, understand and have received training on the implementation of and my responsibility for the following information.

January Training	Signature	Date
*Oakridge Homes VARPP(1)	Bernie Borash	1-25-2016
Service Recipient Rights	Bernie Borash	1-25-2016
Maltreatment of Minors (if applicable)	NA	

May Training	Signature	Date
*Review of VARPP at Mandatory In-Services(2)	Bernie Borash R1	5-28-16

October Training	Signature	Date
Memo on Money & Medication Count Protocol	Bernie Borash R1	10/20/16

	Signature	Date
Online VA Training	Bernie Borash	2-27-2016

*VARPP is reviewed twice per year.

VA process 3/28/16
Definition 4/25/16
Neglect 6/27

Certificate of Training

Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

Awarded on 01/30/2015 to:

Bernard Borash

Certificate Number: VAMR43528020150130

Course Objectives:

Delivery Format: Online

Course offered by the
Minnesota Department of Human Services

- 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





VA AND RIGHTS CHECKLIST 2015

Employee Name: Bernie Bolash

***By signing below I certify that I have read, understand and have received training on the implementation of and my responsibility for the following information.

January Training	Signature	Date
Oakridge Homes VARPP	Bernie Bolash	1/26/15
Service Recipient Rights	Bernie Bolash	1/26/15
Maltreatment of Minors (if applicable)	N/A	

May Training	Signature	Date
Review of VARPP at Mandatory In-Services	Bernie Bolash	5-18-15

October Training	Signature	Date
Memo on Money & Medication Count Protocol	Bernie Bolash	10/26/15

	Signature	Date
Online VA Training	Bernie Bolash	1/28/15

1. MN STATUTE 245A.65
2. NEW REPORTING PROCESS FOR VA'S
3. MN STATUTE 626.557 REPORTING MALTRTMENT 8/24/15 BB

**Oakridge Homes/ Woodview Support Services
VA and Rights Training Worksheet
(To be done annually)
2014**

Employee Name: Bernie Bolash

By Signing below I certify that I have read, understand and have received training on the implementation of and my responsibility for the following information. Please do not work ahead as this training is needed annually.

Training	Signature	Date
Jan.-What is a VA?	Bernie Bolash	1-25-2014
Jan.-Oakridge Homes VARPP – Read / Discuss C*	Bernie Bolash	1-25-2014
Jan. - Service Recipient Rights C*	Bernie Bolash	1-25-2014
Jan. -Maltreatment of Minors (if applicable) C*	Bernie Bolash	1-21-2014
Feb. - What is a Mandated Reporter C*	Bernie Bolash	2-5-2014
March- What is the VA Process? C*	Bernie Bolash	3-8-2014
April-Minnesota Statute 626.5572 C* Definitions (for MN statute 626.557)	Bernie Bolash	4-12-2014
May-Review of VARPP at Mandatory In-services	Bernie Bolash	5-19-14
June-Definition of Neglect C*	Bernie Bolash	6-14-14
July-Minnesota Statute 245A.65 C* Maltreatment of Vulnerable Adults	Bernie Bolash	7-19-14
Aug.-Minnesota Statute 626.557 C* Reporting Maltreatment of Vulnerable Adults	Bernie Bolash	8-23-14
Oct.-What is Abuse? C*	Bernie Bolash	10-10-14
Nov.-What is Financial Exploitation? C*	Bernie Bolash	10-10-14
Nov.-Memo on Theft	Bernie Bolash	10-10-14

C* indicates that there is a competency test that must be done along with the reading.

Oakridge Homes/ Woodview Support Services
VA and Rights Training Worksheet
(To be done annually)
2014

Employee Name: Bernie Bolash

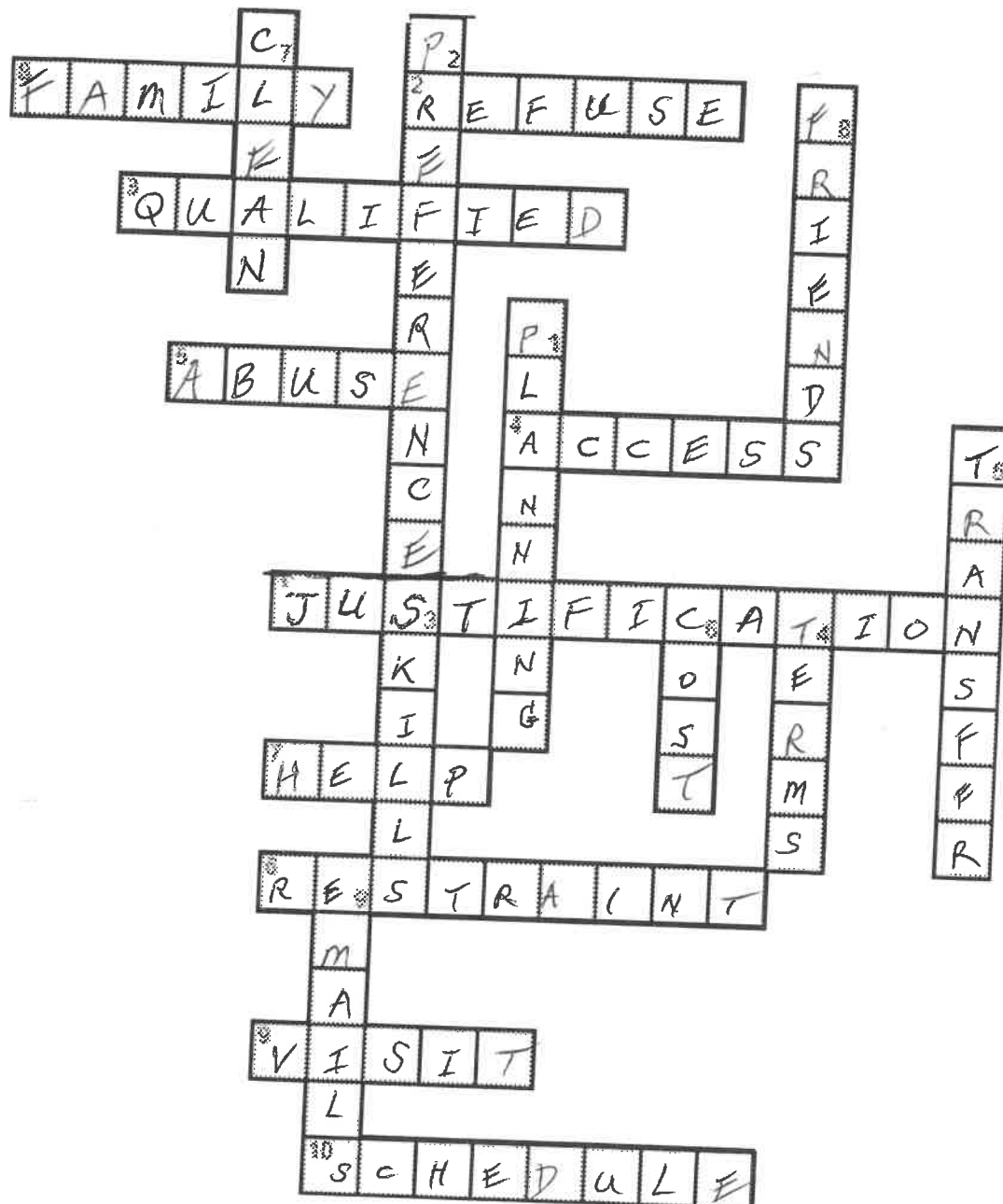
By Signing below I certify that I have read, understand and have received training on the implementation of and my responsibility for the following information. Please do not work ahead as this training is needed annually.

Training	Signature	Date
Jan.-What is a VA?	Bernie Bolash	1-25-14
Jan. -Oakridge Homes VARPP – Read / Discuss	Bernie Bolash	1-25-14
Jan. - Service Recipient Rights	Bernie Bolash	1-25-14
Jan. -Maltreatment of Minors (if applicable)	Bernie Bolash	1-21-14
Feb. - What is a Mandated Reporter	Bernie Bolash	2-5-2014
March- What is the VA Process?	Bernie Bolash	3-8-2014
April-Minnesota Statute 626.5572 Definitions (for MN statute 626.557)	Bernie Bolash	4-12-2014
May-Review of VARPP at Mandatory In-services	Bernie Bolash	5-19-14
June-Definition of Neglect	Bernie Bolash	6-14-14
July-Minnesota Statute 245A.65 Maltreatment of Vulnerable Adults	Bernie Bolash	7-19-14
Aug.-Minnesota Statute 626.557 Reporting Maltreatment of Vulnerable Adults	Bernie Bolash	8-23-14
Oct.-What is Abuse?	Bernie Bolash	10-10-14
Nov.-What is Financial Exploitation?	Bernie Bolash	10-10-14
Nov.-Memo on Theft	Bernie Bolash	10-10-14

Oakridge Homes / Woodview Support Services

Name: Bernie Brash Date: 1-29-2014 Location: 809

Service Recipient Rights - Proof of Competency #1



Service Recipient Rights- Proof of Competency #1

Across

- ✓ 1. must document reason or justification for rights restriction
- ✓ 2. Refuse or stop services
- ✓ 3. Staff trained and Qualified
- ✓ 4. Have access to my records
- ✓ 5. Free from abuse
- ✓ 6. Free from use of restraint to hold me
- ✓ 7. Know addresses and phone numbers of people who can help me
- ✓ 8. Have a family member help me
- ✓ 9. Visit alone with people
- ✓ 10. for rights restriction, must have schedule for review

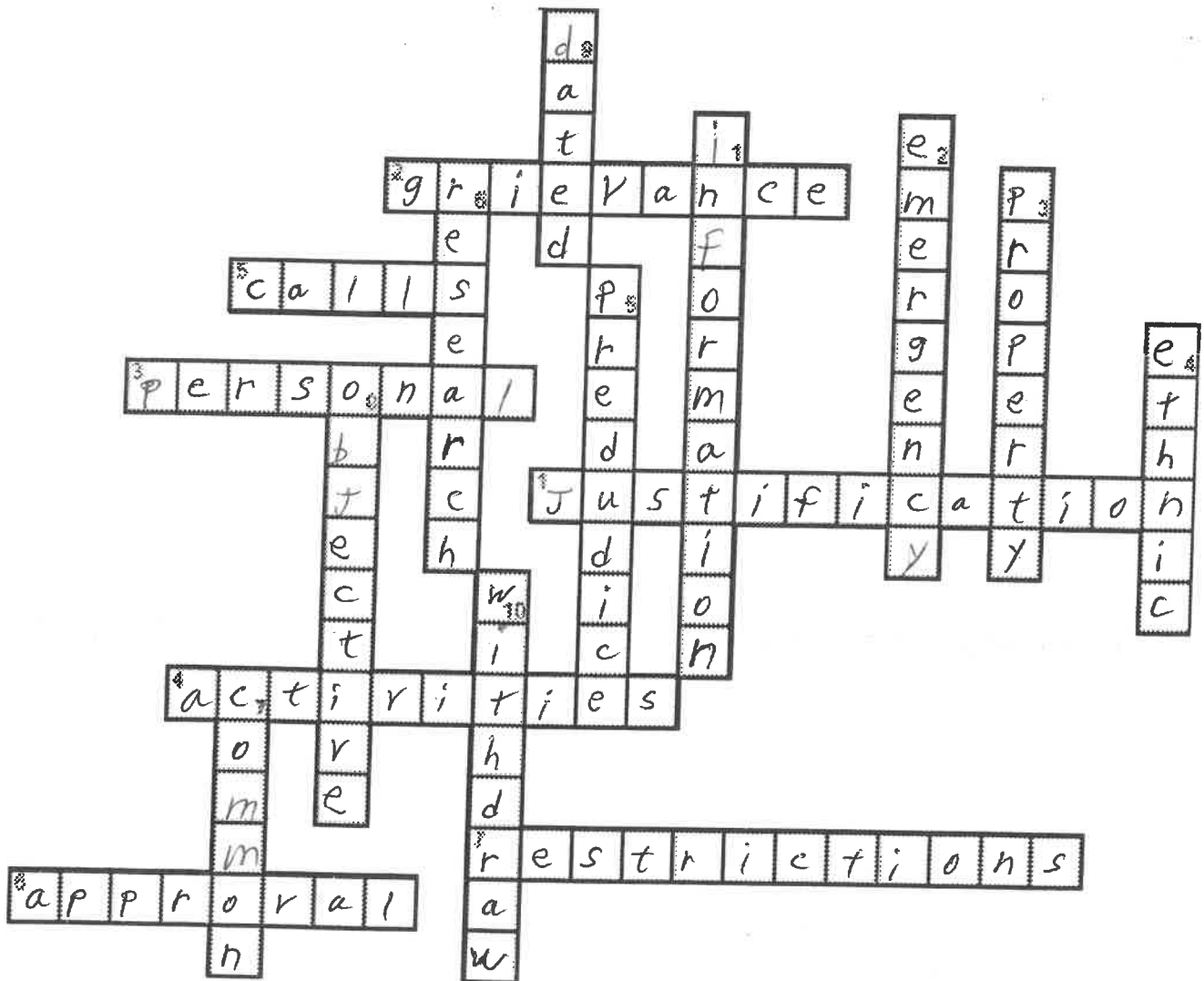
Down

- ✓ 1. Take part in Planning
- ✓ 2. Consider my preferences skills
- ✓ 3. ORH/WSS needs the skills
- ✓ 4. Know the conditions and terms
- ✓ 5. Coordinate my care if I transfer
- ✓ 6. Know services and cost
- ✓ 7. Learn and safe location
- ✓ 8. Choose my own friends
- ✓ 9. Receive and send mail and emails

Oakridge Homes / Woodview Support Services

Name: Bernie Borash Date: 1-25-2014 Location: 809

Service Recipient Rights - Proof of Competency #2



ORH/WSS Service Recipient Rights - Proof of Competency #2

Across

1. reason documented for a rights restriction *justification*
2. Told about ORH/WSS *grievance* policy
3. Have *personal* privacy
4. Take part in *activities* I choose
5. free, daily, private access to telephone for local *calls*
6. signed and dated *approval* documented for a rights restriction
7. ORH/WSS Service Recipient Rights *Restrictions* (document of a rights restriction)

Down

1. all *information* kept private
2. exception to using a restraint *emergency*
3. *properly* treated with respect
4. follow my cultural, *ethnic* practices and religion
5. free from *abuse* and harassment
6. permit/not permit to take part in *research*
7. free access to *common* areas
8. *objective* measures documented for a rights restriction
9. rights restriction can be implemented only *dated* approval
10. person may *withdraw* approval to a rights restriction

Bernie Bolash

1-21-2014

COMPETENCY QUESTIONS FOR MALTREATMENT OF MINORS MANDATED REPORTING POLICY

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

Oakridge Homes

What is a Mandated Reporter and What does a Mandated Reporter do?

Mandated reporter means: A professional or professional's delegate while engaged in social services, law enforcement, education, the care of vulnerable adults, an employee of a 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; and a person that performs the duties of the medical examiner or coroner.

All employees of Oakridge Homes, Inc. providing services to the agency are required to report maltreatment and must cooperate with investigative authorities during any investigation. A report is required of anyone who knows or believes a vulnerable adult is being or has been maltreated, or who knows that a vulnerable adult has sustained an injury (injury of unknown origin) which is not reasonably explained by the history of injuries documented by the caretaker.

An oral report must be made if maltreatment is suspected, by telephone or otherwise, immediately or within 24 hours of knowledge of the incident to the common entry point. The common entry point for each specific county is listed on the last page of this Policy and Procedure. 911 may be called if an immediate emergency.

A mandated reporter may make an oral report in 3 different ways: 1) The mandated reporter may call the common entry point at the County directly; 2) the mandated reporter may call ORH Administration (QDDP, Administrator, Human Resources Director, President and/or Vice President of ORH); 3) The mandated reporter may call both the common entry point AND ORH Administration.

Summary: We are all Mandated Reporters. We are all held accountable by the Vulnerable Adult Act and MUST report any suspected maltreatment within 24 hours of knowledge of the incident.

Bernie Bolash

Staff Signature

2-5-2014

Date

Bernie Bolash 2-25-14

COMPETENCY QUESTIONS FOR WHAT IS A MANDATED REPORTER AND WHAT DOES A MANDATED REPORTER DO?

1. We are all mandated reporters.
2. A mandated reporter may make an oral report in 3 different ways.
 - a) 2
 - b) 4
 - c) 3
3. The Vulnerable Adult Act states that we are required to report any suspected maltreatment within 24 hours of knowledge of the incident.
4. A mandated reporter must notify the ORH/WSS administrator immediately. True or ~~True~~ False ^{or 24 hrs} (immediately or 24 hrs)
5. An oral report must be made immediately or within 24 hours to the common entry point if maltreatment is suspected.

Bernie Bolash 3-8-14

ma.

The VA Process Oakridge Homes

Review: If a VA is suspected, we as Mandated Reporters need to report it within 24 hours. We have 3 choices of whom to report to:

1. Oakridge Homes Administration
2. Common entry point for County (back Page of VARPP)
3. Oakridge Homes Admin & Common entry point

A possible VA is turned into Oakridge Homes Administration. Now what happens?

1. Details gathered
2. Discussions held
3. Review of VARPP
4. Decision made whether to turn situation into common entry point.
(we always err on side of reporting vs. not reporting)

A possible VA has now been turned into the Common Entry Point (CEP). Now what happens?

1. Documentation kept on who reported what & when
2. Notice to Mandated Reporter filled out & sent to person turning in VA
3. Initial report filled out & sent,
4. Internal investigation done (including interviews)
5. Internal review reports filled out & sent,
6. The county turns the suspected VA into the Dept of Human Services (DHS)
7. A call is made by the DHS investigator to the Oakridge QDPP. The DHS investigator will decide to gather info over the phone or make a trip to do a full scale investigation

The possible VA has now been investigated. Now what happens?

DHS Investigator takes all the information gathered and runs this through many different scans to make a determination. Months after an investigation, we may receive calls from the DHS Investigator asking for more written information and documentation.

Eventually, there will be a determination made in writing and mailed to us. There can be 3 different determinations:

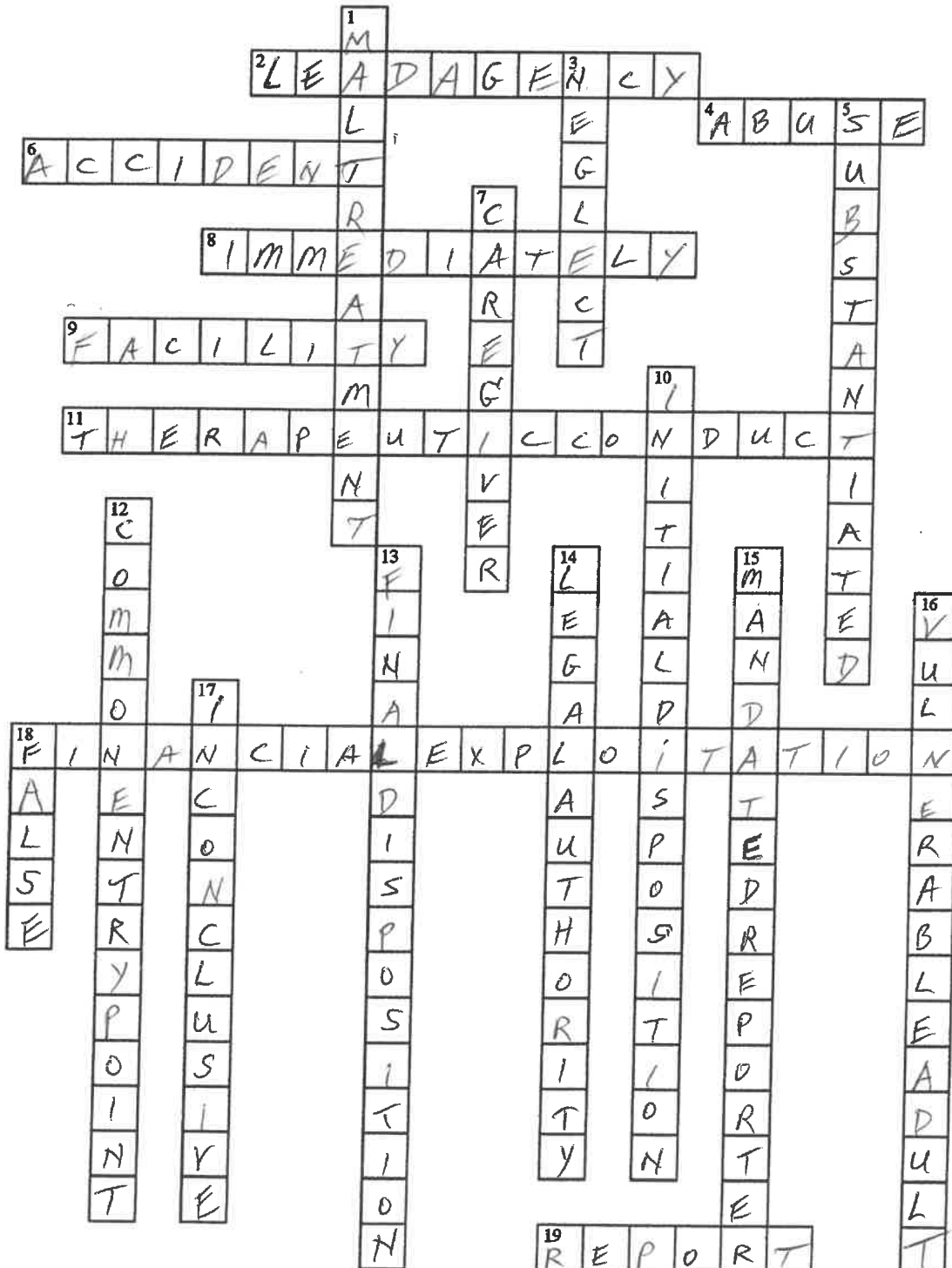
1. Substantiated
2. Unsubstantiated
3. False

Name: _____

Staff Meetings

Oakridge Homes VA Training

MN Statute 626.5572 - Definitions



ACROSS

2 Primary agency responsible for investigating reports **LEAD**

4 Conduct which is not an accident or therapeutic which could produce pain, injury or emotional distress **ABUSE**

6 Sudden, unforeseen and unexpected occurrence **ACCIDENT**

8 As soon as possible, but no longer than 24 hours from the time incident occurred **IMMEDIATELY**

9 Entity required to be licensed to serve adults under Minnesota Statutes **FACILITY**

11 Provision of program services done in good faith **THERAPEUTIC CONDUCT**

18 Breach of fiduciary obligation **FINANCIAL EXPLOITATION**

19 Statement concerning all circumstances surrounding alleged maltreatment of a vulnerable adult **REPORT**

DOWN

1 Abuse, neglect or financial exploitation **MALTREATMENT**

3 Failure or omission by a caregiver to supply a vulnerable adult with care or services **NEGLECT**

5 A preponderance of the evidence shows that an act that meets the definition of maltreatment occurred **SUBSTANTIATED**

7 Individual or facility having the responsibility for the care of a vulnerable adult **CAREGIVER**

10 County or DHS determination whether the VA report will be assigned for further investigation. **INITIAL DISPOSITION**

12 Place at each county to receive a VA report **COMMON ENTRY POINT**

13 Determination of a VA Investigation by a lead agency **FINAL DISPOSITION**

14 Fiduciary or contractual obligation or documented consent by a competent person **LEGAL AUTHORITY**

15 Person engaged in the care of a vulnerable adult **MANDATED REPORTER**

16 Any person 18 years of age or older who receives services from Oakridge **VULNERABLE ADULT**

17 There is less than a preponderance of evidence to show that maltreatment did or did not occur **INCONCLUSIVE**

18 A preponderance of the evidence shows that an act that meets the definition of maltreatment did not occur **FALSE**

Words and Phrases used in Crossword Puzzle:

ABUSE

ACCIDENT

CAREGIVER

COMMON ENTRY POINT

FACILITY

FALSE

FINAL DISPOSITION

FINANCIAL EXPLOITATION

IMMEDIATELY

INCONCLUSIVE

INITIAL DISPOSITION

LEAD AGENCY

LEGAL AUTHORITY

MALTREATMENT

MANDATED REPORTER

NEGLECT

REPORT

SUBSTANTIATED

THERAPEUTIC CONDUCT

VULNERABLE ADULT

June

COMPETENCY QUESTIONS FOR DEFINITION OF NEGLECT

1. One form of neglect is punching a client in the face. True or False
2. If a vulnerable adult depends upon spiritual means or prayer for treatment or care of disease or remedial care in lieu of medical care this is neglect. True or False
3. 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 is classified as neglect.
4. If a caregiver is not able to maintain the physical and mental health of the vulnerable adult that is neglect. True or False
5. Which of the following is NOT neglect:
 - a) withholding dinner from the client because he was not following directions
 - b) not allowing the client to go shopping every day
 - c) making the client go outside in the winter with bare feet

July

Oakridge Homes VA Training

Minnesota Statute 245A.65 Maltreatment of Vulnerable Adults

Subdivision 1 – License Holder Requirements

All License Holders serving vulnerable adults shall establish and enforce written policies and procedures related to suspected or alleged maltreatment and shall orient client and mandated reporter.

1. What does it mean that the ORH policies and procedures must allow, but not mandate the internal reporting of alleged or suspected maltreatment?
staff can report to ORH, but do not have to; staff can report to the county director.
2. Who is the primary position to whom internal reports can be made? QDDPs
3. Who is the secondary position to whom internal reports can be made? Human resource director
4. In the Oakridge Homes VARPP, it establishes that an internal review is completed and that corrective action is taken as necessary to protect the health and safety of vulnerable adults.
5. What is the difference between and internal and external report of alleged or suspected maltreatment?
the oakridge homes directly to county
6. Where can you quickly go to find a copy of the Oakridge Homes VARPP? posted in house by bulletin board
clients charting books & communication log
7. Where is the telephone number for the Common Entry Point located on each VARPP?
on last page of VARPP

Subdivision 2. Adult Prevention Plans

1. What is the ORH Adult Prevention Plan called? VARPP
2. What is the ORH Individual Abuse Prevention Plan called? RMP

3. The IDT documents the review of all RMP's at least annually using what 2 pieces of information/tools?
1. Risk MNGT Assessment - They verify having reviewed it by signing signature page
 2. At annual staffing - a paragraph discusses review of RMP

Review the ORH Internal Report now.

Subdivision 3. Orientation of Mandated Reporters

1. When do mandated reporters (ORH employees) need to receive VA orientation by?
- Within 72 hours of hire & annually*

ATTACHMENT B

**OAKRIDGE HOMES
Vulnerable Adult Reporting Policy and Procedure - Internal Review Report**

Name of Vulnerable Adult: _____

Date of Incident: _____ Time: _____

Individual(s) Involved: _____

Initial Verbal Report Made To: _____

Date: _____ Time: _____

Persons/Agencies notified in writing - Initial Written Report:

_____ Date: _____

_____ Date: _____

_____ Date: _____

Description of Incident: _____

Person(s) Interviewed: _____

Corrective Action Taken as necessary to protect the health and safety of vulnerable adults:

Conclusions: _____

Were internal policies and procedures followed? Yes ____ No ____

Comments: _____

Are internal policies and procedures adequate? Yes ____ No ____

Comments: _____

Is there a need for additional staff training? Yes ____ No ____

If so, what? _____

Is the reported event similar to past events with vulnerable adults or the services involved? Yes ____ No ____

If so, what? _____

ATTACHMENT B – PAGE 2

OAKRIDGE HOMES
Vulnerable Adult Reporting Policy and Procedure - **Internal Review Report**

Is there a need for corrective action by Oakridge Homes to protect the health and safety of ORH consumers? Yes _____
No _____

If so, what? _____

Based on the results of this Review, are there any current lapses in performance by the individual or Oakridge Homes?
Yes _____ No _____

If so, what? _____

If the answer to the above question is "Yes", what will be the Corrective Action Plan developed and designed to correct current lapses and prevent future lapses in performance by individuals or ORH?

If there is a need for a Corrective Action Plan, how will it be documented and implemented?

Name: _____ Date: _____

Oakridge Homes VA Training

Minnesota Statute 626.557

Reporting of Maltreatment of Vulnerable Adults

Name BERNIE BORASH

Date 8-21-2014

Subdivision 1 – Public Policy

The goal (or public policy) of this Statute is to protect adults who, because of PHYSICAL or MENTAL DISABILITY or DEPENDENCY on INSTITUTIONAL SERVICES, are particularly vulnerable to maltreatment. The goal also to assist in providing SAFE ENVIRONMENTS for vulnerable adults; and to provide safe institutional or residential services, community-based services, or living in environments for vulnerable adults who have been maltreated.

It is the policy of the State of Minnesota to require the REPORTING of SUSPECTED MALTREATMENT of vulnerable adults, to provide for the voluntary reporting of MALTREATMENT of vulnerable adults, to require the INVESTIGATION of reports, and to provide PROTECTIVE and COUNSELING SERVICES in appropriate cases.

Subdivision 3 – Timing of Report

(a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been MALTREATED, or who has KNOWLEDGE that a vulnerable adult has sustained a PHYSICAL INJURY which is not REASONABLY EXPLAINED shall

IMMEDIATELY report the information to the COMMON ENTRY POINT.

(c) Do you need to report if you know that someone else or another agency has made a report to the common entry point? NO

(d) If you choose to do so, can you also report to law enforcement? YES

- (e) A mandated reporter who knows or has reason to believe that an ERROR occurred, MUST STILL MAKE A REPORT.

Subdivision 3a – Report Not Required

You do not need to make a report:

- (2) When there is VERBAL or PHYSICAL AGGRESSION occurring between PATIENTS of a facility or SELF - ABUSIVE behavior.
- (3) ACCIDENT as defined in section 626.5572 Subd 3. which states:

"Accident" means a sudden, unforeseen, and unexpected occurrence or event which:

(1) is not likely to occur and which could not have been prevented by exercise of due care; and

(2) if occurring while a vulnerable adult is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event.

- (4) Events occurring in a facility that result from an individual's ERROR in the provision of THERAPEUTIC CONDUCT to a vulnerable adult.

Question referring to "accident" and "error" as stated up above. How do you know if something is considered an "accident" or "error"?

DISCUSS WITH OTHER PROFESSIONALS

Who should you call to discuss this? QDDP, MHP, ANYONE AT BRD OR CLARKESSA

When should you call to discuss this? ASAP

Subdivision 4 – Reporting

- (a) The mandated reporter shall IMMEDIATELY make an oral report to the common entry point.

Subdivision 4a – Internal Reporting of Maltreatment

- (a) Oakridge has established and enforces an ongoing written procedure to ensure that ALL cases of SUSPECTED MALTREATMENT are REPORTED. As Oakridge Homes DOES have an Internal Reporting Procedure, you may meet the reporting requirements by REPORTING INTERNALLY and do not necessarily need to call the COMMON ENTRY POINT.

Question: Where can you go to find the Oakridge Homes written procedure as mentioned above?

OAKRIDGE HOMES VARPP

- (b) When Oakridge receives an internal report by a mandated reporter, ORH gives the mandated reporter a WRITTEN NOTICE stating whether ORH turned the incident in to the common entry point or not. The written notice protects the CONFIDENTIALITY of the reporter.
- (c) The written notice to the mandated reporter notes that if the mandated reporter is not satisfied with the action taken by ORH, you may report to externally, or to the common entry point directly.
- (d) ORH may not PROHIBIT you from reporting externally. ORH is prohibited from RETALIATING against someone who reports an incident to the common entry point IN GOOD FAITH. The ORH written notice does include the above information.

Refer to Attachment C – Confidential Notice of Report of Suspected Maltreatment found in the ORH VARPP.

ATTACHMENT C

CONFIDENTIAL

**NOTICE OF REPORT OF
SUSPECTED MALTREATMENT**

To: _____ (mandated reporter)

From: _____

On _____, at _____, a report of suspected maltreatment
(date) (time)

was received from you. This report (was) (was not) forwarded to _____
(common entry point)

on _____ for further evaluation and investigation of the suspected maltreatment.
(date)

If you are not satisfied with the action taken by this agency, you may choose to contact the

_____ directly.
(common entry point)

As required by Minnesota Statutes, section 626.557, you are hereby notified that this facility may not prohibit you from choosing to report this or any other incident to an external agency. This facility may not take retaliatory action against any mandated reporter who reports an incident to the common entry point in good faith.

Minnesota Statutes, section 626.557, subdivision 17, states:

1. A facility or person shall not retaliate against any person who reports in good faith suspected maltreatment pursuant to this section, or against a vulnerable adult with respect to whom a report is made, because of the report.
2. In addition to any remedies allowed under sections 181.931 to 181.935, any facility or person which retaliates against any person because of a report of suspected maltreatment is liable to that person for actual damages, punitive damages up to \$10,000, and attorney's fees.
3. There shall be a rebuttal presumption that any adverse action, as defined below, within 90 days of a report, is retaliatory. For purposes of this clause, the term "adverse action" refers to action taken by a facility or person involved in a report against the person making the report or the person with respect to whom the report was made because of the report, and includes, but is not limited to:
 - a. Discharge of transfer from the facility;
 - b. Discharge from or termination of employment;
 - c. Demotion or reduction in remuneration for services;
 - d. Restriction or prohibition of access to the facility or its residents; or
 - e. Any restriction of rights set forth in section 144.651.

Subdivision 5 – Immunity; Protection for Reporters

(a) A person who makes a GOOD FAITH
REPORT is immune from any civil or criminal liability.

Subdivision 6 – Falsified Reports

A person or facility who INTENTIONALLY makes a FALSE
REPORT under the provisions of this sections shall be liable in a civil suit for any actual damages suffered by the reported facility, person or persons and for punitive damages up to \$10,000 and attorney fees.

Subdivision 7 – Failure to Report

A mandated reporter who

NEGLIGENTLY or
INTENTIONALLY FAILS
to report is LIABLE for
DAMAGES caused by the
failure.

Subdivision 9 – Common Entry Point Designation

The Common Entry Point is available 24 HOURS per DAY to take calls from reporters of suspected maltreatment.

Question: Who/where is the Common Entry Point in your County?

CWC SOCIAL SERVICE IF OPEN

SHERIFF ANYTIME

If you do not remember, where can you easily find this information?

VARPP BACK PAGE

Subdivision 9a – Evaluation and Referral of Reports Made to Common Entry Point

The Common Entry Point must SCREEN the reports of alleged or suspected maltreatment for IMMEDIATE RISK and make all necessary referrals.

Subdivision 9b – Response to Reports

Law Enforcement conducts investigations of an incident in which there is reason to believe a CRIME has been committed.

Subdivision 9c – Lead Agency; Notifications, Dispositions, Determinations

Upon conclusion of the investigation, Oakridge Homes receives a FINAL DISPOSITION as defined in section 626.5572, subdivision 8 (see below):

"Final disposition" is the determination of an investigation by a lead agency that a report of maltreatment under Laws 1995, chapter 229, is substantiated, inconclusive, false, or that no determination will be made. When a lead agency determination has substantiated maltreatment, the final disposition also identifies, if known, which individual or individuals were responsible for the substantiated maltreatment, and whether a facility was responsible for the substantiated maltreatment.

Subdivision 9d – Administrative Reconsideration; Review Panel

(a) Any individual or facility, or an interested person acting on behalf of the vulnerable adult, may request DHS to RECONSIDER its Final Disposition. The request for reconsideration must be submitted in WRITING to DHS within 15 CALENDAR DAYS of receipt of the Final Disposition.

Subdivision 9e – Education Requirements

DHS investigators receive education in appropriate techniques for INVESTIGATION of COMPLAINTS of MALTREATMENT. This education program is a joint program for MN DHS, MN Department of Health and Public Safety.

Subdivision 10 – Duties of County Social Service Agency

(a) Upon receipt of a report from the Common Entry Point, Social Services shall immediately ASSESS and offer EMERGENCY and CONTINUING protective social services for the purposes of PREVENTING further maltreatment and for SAFEGUARDING the welfare of the maltreated vulnerable adult.

In cases of suspected SEXUAL ABUSE, Social Services shall immediately arrange for and make available to the vulnerable adult appropriate MEDICAL EXAM and TREATMENT.

When necessary in order to protect the vulnerable adult from further HARM, Social Services shall seek authority to REMOVE the vulnerable adult from the situation in which the maltreatment occurred.

Subdivision 10b – Investigations; Guidelines

Social Services and DHS shall develop GUIDELINES for PRIORITIZING reports for investigation.

Subdivision 12b – Data Management

(a) and (b) DHS prepares an Investigative Memorandum for each report alleging maltreatment investigated. Data collected under this section are CONFIDENTIAL data on individuals or PROTECTED non-public data.

(c) After the assessment or investigation is complete the name of the REPORTER must be CONFIDENTIAL. The reporter's name may be disclosed only with the CONSENT of the reporter or upon a written finding that the report was FALSE and made in BAD FAITH.

Subdivision 12b further goes on to detail exactly what data is retained and for how long.

Subdivision 14 – Abuse Prevention Plans

(a) Oakridge Homes has established and enforces an ongoing written abuse prevention plan. The plan contains an assessment of the PHYSICAL PLANT, its ENVIRONMENT, and its POPULATION identifying factors which may encourage or permit ABUSE. The plan also includes a statement of specific measure to be taken to minimize the RISK of ABUSE.

Question: What is Oakridge Homes written abuse prevention plan called?

VARPP

(b) Oakridge Homes must develop an INDIVIDUAL ABUSE PREVENTION PLAN for each vulnerable adult residing in one of our homes or receiving services from us.

The plan shall contain an individualized assessment of:

- 1) the person's susceptibility to ABUSE by other INDIVIDUALS, including other VULNERABLE ADULTS.
- 2) the person's risk of ABUSING other vulnerable adults.
- 3) statements of the SPECIFIC MEASURES to be taken to minimize the risk of abuse to that person and other vulnerable adults.

(c) If Oakridge Homes knows that the vulnerable adult has committed a VIOLENT CRIME or an act of PHYSICAL AGGRESSION towards others, the individual abuse prevention plan must detail the measures to be taken to minimize the risk the person might reasonably pose to visitors and people outside Oakridge Homes, IF UNSUPERVISED. Oakridge Homes will know of such history if we receive this information from LAW ENFORCEMENT or through a MEDICAL RECORD prepared by another facility or health care provider, or Oakridge's ON GOING ASSESSMENTS of the vulnerable adult.

Question: What is the Oakridge Homes individual abuse prevention plan called?

IAPP

Subdivision 17 – Retaliation Prohibited

(a) Oakridge Homes or any person shall not RETALIATE against any person who reports in GOOD FAITH suspected maltreatment.

(b) Any facility or person which retaliates against any person because of a report of suspected maltreatment is LIABLE to that person for actual damages, punitive damages up to \$10,000 and attorney fees.

(c) Any ADVERSE ACTION, within 90 DAYS of a report, is retaliatory.

Question: Where can you find what the term "Adverse Action" refers to?

OAKRIDGE VARPP-ATTACHMENT C - CONFIDENTIAL NOTICE OF REPORT OF SUSPECTED MALTREATMENT.

Subdivision 18 – Outreach

DHS maintains an aggressive program to EDUCATE those required to report, as well as the GENERAL PUBLIC.

Subdivision 20 – Cause of Action for Financial Exploitation; Damages

(a) A vulnerable adult who is a victim of financial exploitation has a CAUSE of ACTION against a person who committed the financial exploitation. The vulnerable adult is entitled to recover damages equal to 3 TIMES the amount of compensatory damages or \$10,000, whichever is GREATER.

(b) In ADDITION to the above damages, the vulnerable adult is entitled to recover reasonable ATTORNEY FEES and COSTS, including reasonable fees for the services of a GUARDIAN or CONSERVATOR.

(c) An action may be brought regardless of whether there has been a report or FINAL DISPOSITION from DHS, a CRIMINAL COMPLAINT or CONVICTION related to the financial exploitation.

COMPETENCY QUESTIONS FOR MALTREATMENT OF VULNERABLE ADULTS REPORTING POLICY

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 is the COMMON ENTRY POINT or CEP.
3. Who is responsible for deciding whether a report is required and/or notifying the CEP if the ORH/WSS Administrator or Designated Coordinator is involved in the suspected maltreatment?
 - ☒ a) Human Resource Director
 - b) RN
 - c) Mental Health Professional
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.

Q2

ABUSE INCLUDES:

Behavior that is not:

1. an accident
2. therapeutic conduct

Behavior that does or could produce:

1. physical Pain
2. injury
3. emotional distress

Examples of physical abuse:

1. Hitting
2. Slapping
3. Kicking
4. Pinching
5. Biting
6. Corporal punishment



Definition: a punishment which involves the infliction of pain or harm to the body.

Examples of abuse using words or gestures (Can be written or spoken):

1. Disparaging - (showing or expressing disapproval or contempt)



2. Derogatory - (expressing criticism or a low opinion)



3. Humiliating - (to damage somebody's dignity or pride)



4. Harassing - (to persistently annoy, attack, or bother somebody)



5. Threatening - (to express an intention to do something that will cause harm.)



Abuse can also include:

1. The use of anything Aversive ^{Definition:} (dislike of something)

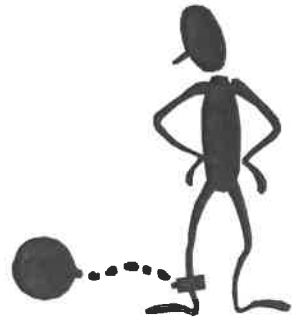
Definition: a consumer of something (the act of taking something away from somebody or preventing somebody from having something)

2. Depriving a Consumer of something

~~Definition:~~

3. Unreasonable confinement

4. Involuntary seclusion



Financial Exploitation Training for VA Discussion
Oakridge Homes

Bernie
11-25-2014
[Signature]

Excerpt from the Oakridge Homes Vulnerable Adult Reporting Policies and Procedures dated 3/12

Financial exploitation means:

1. In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501 a person:
 - a. engages in unauthorized expenditure of funds entrusted to the provider by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult.
 - b. fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.
2. In the absence of legal authority a person:
 - a. willfully uses, withholds, or disposes of funds or property of a vulnerable adult;
 - b. obtains for the provider or another the performance of services by a third person for the wrongful profit or advantage of the provider or another to the detriment of the vulnerable adult;
 - c. Acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
 - d. forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

Oakridge Homes, Inc.

Bernie B

VULNERABLE ADULT REPORTING POLICY and PROCEDURES (VARPP)
(Formerly called the Agency Abuse Prevention Plan)

Oakridge Homes, Inc. is licensed by the Minnesota Department of Human Services to provide residential and support services to developmentally disabled adults. Therefore, Oakridge Homes, Inc. is subject to the provisions of the 1995 and 2001 amendments to the Reporting of Maltreatment of Vulnerable Adults Act passed by the Minnesota Legislature. The intent of this reporting procedure is to protect the clients of Oakridge Homes, Inc., who, because of physical and/or mental disability are particularly vulnerable to maltreatment. This Policy and Procedures is intended to help ensure safe residential and support services by defining different types of maltreatment, giving information on who must report maltreatment, identifying factors which may encourage maltreatment and measures taken to minimize the risk of maltreatment.

Based on assessment, including training of staff, adjusting staffing patterns, or initiating new procedures or any needed modifications of the physical plant or environment that have been identified as a result of the assessment, a time table for the implementation of any identified corrective actions will be developed within three (3) days.

Definitions

Abuse means:

1. An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:
 - a. assault in the first through the fifth degrees as defined in sections 609.221 to 609.224;
 - b. the use of drugs to injure or facilitate crime as defined in section 609.235;
 - c. the solicitation, inducement, and promotion of prostitution as defined in section 609.322; and
 - d. criminal sexual conduct in the first through fifth degrees as defined in sections 609.342 to 609.3451.

A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

2. Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:
 - a. hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
 - b. use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be

- considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;
 - c. use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and
 - d. use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.
3. 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.
 4. 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.

Abuse does not mean:

5. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or section 253B.03 or 525.539 to 525.6199, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parentally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:
 - a. a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent or refuse consent for therapeutic conduct; or
 - b. a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.
6. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.
7. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:
 - a. a person, including a facility staff person, when a consensual personal relationship existed prior to the caregiving relationship; or

- b. a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship.

Neglect means:

1. 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 which is:
 - a. reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
 - b. which is not the result of an accident or therapeutic conduct.
2. The 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 the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

Neglect does not mean:

3. For purposes of this section, a vulnerable adult is not neglected for the sole reason that:
 - a. the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or section 253B.03, or 525.6199, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration parentally or through intubation; this paragraph does not enlarge or diminish rights otherwise held under law by: (i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or (ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or
 - b. the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;
 - c. the vulnerable adult, who is not impaired in judgment or capacity by mental or

emotional dysfunction or undue influence, engages in sexual contact with: (i) a person including a facility staff person when a consensual personal relationship existed prior to the caregiving relationship; or (ii) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship; or

- d. an individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician and: (i) the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adults; (ii) if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition; (iii) the error is not part of a pattern of errors by the individual; (iv) if in a facility, the error is immediately reported as required under section 626.557, and recorded internally; (v) if in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and (vi) if in a facility, the actions required under items (iv) and (v) are sufficiently documented to review and evaluation by the facility and any applicable licensing certification, and ombudsman agency.

Nothing in this definition requires a caregiver, if regulated, to provide services in excess of those required by the caregiver's license, certification, registration, or other regulation.

Accident means:

A sudden, unforeseen, and unexpected occurrence or event which:

1. is not likely to occur and which could not have been prevented by exercise of due care; and
2. if occurring while a vulnerable adult is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event.

Financial exploitation means:

1. In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501 a person:
 - a. engages in unauthorized expenditure of funds entrusted to the provider by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult.
 - b. fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

2. In the absence of legal authority a person:
 - a. willfully uses, withholds, or disposes of funds or property of a vulnerable adult;
 - b. obtains for the provider or another the performance of services by a third person for the wrongful profit or advantage of the provider or another to the detriment of the vulnerable adult;
 - c. acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
 - d. forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

Therapeutic conduct means:

The provision of program services, health care, or other personal care services done in good faith in the interests of the vulnerable adult by:

1. an individual, facility, or employee or person providing services in a facility under the rights, privileges and responsibilities conferred by state license, certification, or registration; or
2. a caregiver.

Vulnerable adult means:

any person 18 years of age or older who:

1. is a resident or inpatient of a facility;
2. receives services at or from a facility required to be licensed to serve adults under sections 245A.01 to 245A.15, except that a person receiving outpatient services for treatment of chemical dependency or mental illness, or one who is committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253B, is not considered a vulnerable adult unless the person meets the requirements of clause (4);
3. receives services from a home care provider required to be licensed under section 144A.46; or from a person or organization that exclusively offers, provides, or arranges for personal care assistant services; or
4. regardless of residence or whether any type of service is received, possesses a

physical or mental infirmity or other physical, mental, or emotional dysfunction:

- a. that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and
- b. because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment.

Determination of Vulnerable Adult Status: If Oakridge Homes is providing services to an adult who is excluded from the definition of a vulnerable adult under clause 2 of the above definition, ORH must determine whether the person is a vulnerable adult under clause 4 of the above definition. This determination must be made within 24 hours of:

1. admission to Oakridge Homes; and
2. any incident that:
 - a. was reported under the "Reporting of Maltreatment of Vulnerable Adults"
 - b. would have been required to be reported under "Reporting of Maltreatment of Vulnerable Adults", if one or more of the adults involved in the incident had been vulnerable adults.

Upon determining that a person receiving services is a vulnerable adult under clause 4 of the above definition, all requirements relative to the vulnerable adult will be met by Oakridge Homes.

False means:

A preponderance of the evidence shows that an act that meets the definition of maltreatment did not occur.

Final disposition means:

The determination of an investigation by a lead agency that a report of maltreatment under this act is substantiated, inconclusive, false, or that no determination will be made. When a lead agency determination has substantiated maltreatment, the final disposition also identifies, if known, which individual or individuals were responsible for the substantiated maltreatment, and whether the agency was responsible for the substantiated maltreatment.

Caregiver means:

An individual or facility who has responsibility for the care of a vulnerable adult as a result of a family relationship, or who has assumed responsibility for all or a portion of the care of a vulnerable adult voluntarily, by contract, or by agreement.

Common entry point means:

The entity designated by each county responsible for receiving reports under section 626.557.

Facility means:

A hospital or other entity required to be licensed under sections 144.50 to 144.58; a nursing home required to be licensed to serve adults under section 144A.02; a residential or nonresidential facility required to be licensed to serve adults under sections 245A.01 to 245A.16; a home care provider licensed or required to be licensed under section 144A.46; or a person or organization that exclusively offers, provides, or arranges for personal care assistant services under the medical assistance program as authorized under sections 256B.04, subdivision 16, 256B.0625, subdivision 19a, and 256B.0627.

Mandated reporter means:

A professional or professional's delegate while engaged in social services, law enforcement, education, the care of vulnerable adults, an employee of a 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; and a person that performs the duties of the medical examiner or coroner.

Initial disposition means:

The lead agency's determination of whether the report will be assigned for further investigation.

Lead agency means:

The primary administrative agency responsible for investigating reports made under section 626.557.

The Minnesota Department of Health is the lead agency for facilities licensed as hospitals, home care providers, nursing homes, residential care homes, and boarding care homes. The Minnesota Department of Human Services is the lead agency for facilities licensed as adult day care programs, adult foster care, programs for people with developmental disabilities, mental health programs, chemical health programs, and personal care provider organizations.

The county social service agency or its designee is the lead agency for all other reports.

All employees of Oakridge Homes, Inc. providing services to the agency are required to report maltreatment and must cooperate with investigative authorities during any investigation. A report is required of anyone who knows or believes a vulnerable adult is being or has been maltreated, or who knows that a vulnerable adult has sustained an injury (injury of unknown origin) which is not reasonably explained by the history of injuries documented by the caretaker.

An oral report must be made if maltreatment is suspected, by telephone or otherwise, immediately or within 24 hours of knowledge of the incident to the common entry point. The common entry point for each specific county is listed on the last page of this Policy and

Procedure. 911 may be called if an immediate emergency.

A mandated reporter may make an oral report in 3 different ways: 1) The mandated reporter may call the common entry point directly; 2) the mandated reporter may call the ORH Administrator/QMRP and the Human Resources Director; 3) The mandated reporter may call both the common entry point AND the ORH Administrator/QMRP and Human Resources Director.

Internal Reports may be made to the Administrator/QMRP and to the Human Resources Director. The Administrator/QMRP and Human Resources Director are responsible for all reports and duties henceforth, including forwarding Internal Reports to the CEP and ensuring that an Internal Review is completed. The Human Resources Director must be involved in all these reports, reviews and duties when there is reason to believe that the Administrator/QMRP was involved in the alleged or suspected maltreatment.

The Administrator will be immediately notified regarding allegations of abuse, neglect or an injury of unknown origin to a client. The Administrator's response will be documented on the Incident Report. Page 2 of the Incident Report will be followed to investigate incidents of unknown origin. The Administrator will be notified within 5 days of the results of the investigation.

The Administrator/QMRP and the Human Resources Director are responsible for forwarding internal reports to the common entry point (CEP) within 24 hours of receipt of the report. The Human Resources Director must be involved when there is reason to believe that the Administrator/QMRP was involved in the alleged or suspected maltreatment.

The Administrator, QMRP or Human Resources Director will inform the reporter in writing where and to whom reports of maltreatment have been forwarded within two working days of the forwarding. Documentation will be made in the client record if self-abuse or physical aggression between clients occurs. Reports of maltreatment may be reported by persons not currently mandated to report, also. The same procedure for reporting applies.

Reports are not required to be made if one of the following conditions exists:

- A. There is a circumstance where federal laws prohibit the disclosure of identifying information in connection with a report of suspected maltreatment without the consent of the person, the person's legal representative, or conservator that conforms to federal requirements. In these situations, the facility and/or the mandated reporter must immediately seek consent to make a report and document the outcome.
- B. There is verbal or physical aggression which occurs between clients, or self-abusive behaviors, UNLESS the behavior causes serious harm.

Documentation of these incidents of aggression and/or self-abusive behavior must be maintained for review by licensing agencies and county adult protection agencies.

- C. The circumstance is an "accident" as defined in Minnesota Statutes, section 626.5572, subdivision 3.

Documentation of how the individual or facility has determined that the incident meets the definition of accident must be maintained for review by licensing agencies and county adult protection agencies.

- D. There is a circumstance which is identified as a "single documented error" in the provision of therapeutic conduct.
If an incident is not reported because it is believed that an individual has made a single mistake in the provision of therapeutic conduct to a vulnerable adult, the facility must document how the following criteria are met:
1. the incident did not result in injury or harm which reasonably required the care of a physician or mental health professional, whether or not the care was sought;
 2. the incident was immediately reported internally by the employee or person providing services in the facility; and
 3. the incident was sufficiently documented for review and evaluation by the facility and any applicable licensing and certification agency.
- E. Nothing in this section shall be construed to require a report of financial exploitation solely on the basis of the transfer of money or property by gift or as compensation for services rendered.

If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:

1. the individual was admitted to the facility from another facility and the reporter has reason to believe that the vulnerable adult was maltreated in the previous facility; or
2. the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subd. 21, clause (4).

A reporter is also not precluded from reporting maltreatment to a law enforcement agency.

Internal Investigation

A verbal report must be made prior to an internal investigation being conducted. An internal investigation of maltreatment is the responsibility of the Administrator and/or QMRP of Oakridge Homes. The Human Resources Director must be involved when there is reason to believe that the Administrator/QMRP was involved in the alleged or suspected maltreatment. The Review will be done after the outside investigative authorities and owners of Oakridge Homes have been notified orally. The Administrator and/or QMRP will begin the investigation immediately to determine what, if any, measure should be taken to insure the health and safety of the person maltreated and that corrective action is taken as necessary to protect the health and safety of vulnerable adults. The Administrator and/or QMRP may designate

another staff person to complete the investigation. The internal investigation will include: a summary of the findings, the persons involved, persons interviewed, persons and investigating authorities notified, conclusions, action taken, and the date, signature, and identification of the person completing the investigation. The internal investigation will also address whether or not the proper procedures were followed; whether or not existing procedures are adequate; whether or not policy revision and employee re-training is necessary or a need for additional staff training; whether the reported event is similar to past events with vulnerable adults or the services involved; and whether there is a need for corrective action by ORH to protect the health and safety of vulnerable adults. Based on the results of this review, ORH will develop, document, and implement a corrective action plan designed to correct the current lapses and prevent future lapses in performance by individuals or ORH, if any.

The mandated reporter may disclose not public data as defined in Section 13.02, and medical records under section 144.335 to the extent necessary to comply with this subdivision. Oakridge Homes will document and make the Internal Review accessible to the commissioner upon the commissioner's request. Documentation provided to the commissioner by ORH may consist of a completed checklist that verifies completion of each of the requirements of the review.

Oakridge Homes will perform an Internal Review when we have reason to know that an internal or external report of alleged or suspected maltreatment has been made with regards to either vulnerable adults or maltreatment of minors.

Maltreatment of Minors: The Internal Review performed for Maltreatment of Minors will be consistent with the above standards set for vulnerable adults.

Protection for Reporters

Any person from Oakridge Homes, Inc. who does, in good faith, report a suspected maltreatment incident will have immunity from any civil or criminal liability that might otherwise result from making the report, or from participating in the investigation, or for failure to comply fully with the reporting obligations. Oakridge Homes, Inc. will not retaliate against any person for making a good faith report of suspected maltreatment by such conduct as discharge or transfer from the facility, discharge or termination of employment, demotion or reduction in remuneration for services, or restrict access to the facility or clients. The mandated reporter will receive a written notice stating that Oakridge has/has not reported the incident to the common entry point. This notice will be provided within 2 working days and will protect the confidentiality of the reporter, except as provided in subdivision 12b of the Vulnerable Adults Act, which states "the subject of the report may compel disclosure of the name of the reporter only with the consent of the reporter or upon a written finding by a court that the report was false and there is evidence that the report was made in bad faith". The notice will include a written response to the reporter that if he/she is not satisfied with the action taken by Oakridge Homes, Inc. on whether to report to the common entry point, he/she may report externally.

Failure to Report, False Reporting

A staff member who intentionally does not report an incident is liable for damages caused by the failure. Any person who does intentionally or negligently make a false report of

maltreatment may be liable in a civil suit for any actual damages suffered by the reported facility, person or persons reported and for any punitive damages set by the court or jury, up to \$10,000 and attorney fees. Oakridge Homes, Inc. will cooperate fully with the common entry point, law enforcement, or the lead agency (DHS or MDH) in the course of an investigation. All data maintained after an investigation which concluded the findings were false may be destroyed after two years. All data maintained after an investigation which concluded the findings unsubstantiated may be destroyed after four years. All data maintained after a substantiated investigation may be destroyed seven years after the finding was made. All investigation reports are kept in a locked file in the office where the internal review was completed. Any knowledge the agency has of past maltreatment of a client will be documented in the client's Risk Management Plan. Substantiated maltreatment by any employee of Oakridge Homes, Inc. will be cause for immediate termination of employment.

The risk of maltreatment at Oakridge Homes, Inc. is reduced by the following: upon admission, clients and their guardians are made aware of their rights by staff assisting them with the understanding of the Consumer Bill of Rights as distributed by ARRM or DHS.

Measures taken to prevent maltreatment and protect the clients:

1. Clients to be provided with communication skill training.
2. Clients to receive additional services (i.e. physical therapy, occupational therapy) if needed.
3. Staff awareness.
4. Staff passing medication will be trained in medication administration.
5. Oakridge Homes will provide a consulting nurse.
6. Staff will assist in personal hygiene of the client, if needed (documented).
7. Staff will assist in self help skills of the client, if required.
8. Staff training in position intervention if required.
9. Staff training in feeding techniques if required.
10. First Aid training and CPR training.
11. Staff training in therapeutic intervention.
12. Diets monitored by dietician if required.
13. Training provided to clients as determined by team.
14. Training on Maltreatment of Minors if Consumer is a minor.

ATTACHMENT A

OAKRIDGE HOMES
Vulnerable Adult Reporting Policy and Procedure (VARPP)
Initial Written Report

Date of Incident: _____ Time: _____

Date Verbal Report was Made: _____

Verbal Report Made By: _____ TO: _____

Name of Vulnerable Adult: _____
(First, Middle, Last)

Date of Birth: _____ Diagnosis: _____

Name of Alleged Perpetrator: _____
(First, Middle, Last)

Description of Incident (Described nature and extent of alleged abuse or neglect. Include specific dates and times of observations) *Attach additional pages if needed:*

Any other relevant information (include witnesses, statements the VA made regarding maltreatment, person's behavior, etc.). *Attach additional pages if needed:*

Immediate Action Taken:

History of Maltreatment (as it relates to the alleged perpetrator):

Name of Reporter: _____ Telephone Number: _____

Address: _____

Date Report Completed: _____

ATTACHMENT B

OAKRIDGE HOMES
Vulnerable Adult Reporting Policy and Procedure - **Internal Review Report**

Name of Vulnerable Adult: _____

Date of Incident: _____ Time: _____

Individual(s) Involved: _____

Initial Verbal Report Made To: _____

Date: _____ Time: _____

Persons/Agencies notified in writing - Initial Written Report:

_____ Date: _____

_____ Date: _____

_____ Date: _____

Description of Incident: _____

Person(s) Interviewed: _____

Corrective Action Taken as necessary to protect the health and safety of vulnerable adults:

Conclusions: _____

Were internal policies and procedures followed? Yes _____ No _____

Comments: _____

Are internal policies and procedures adequate? Yes _____ No _____

Comments: _____

Is there a need for additional staff training? Yes _____ No _____

If so, what? _____

Is the reported event similar to past events with vulnerable adults or the services involved? Yes _____ No _____

If so, what? _____

ATTACHMENT B – PAGE 2

OAKRIDGE HOMES
Vulnerable Adult Reporting Policy and Procedure - **Internal Review Report**

Is there a need for corrective action by Oakridge Homes to protect the health and safety of ORH consumers?
Yes _____ No _____

If so, what? _____

Based on the results of this Review, are there any current lapses in performance by the individual or Oakridge Homes? Yes _____ No _____

If so, what? _____

If the answer to the above question is "Yes", what will be the Corrective Action Plan developed and designed to correct current lapses and prevent future lapses in performance by individuals or ORH?

If there is a need for a Corrective Action Plan, how will it be documented and implemented?

Name: _____ Date: _____

ATTACHMENT C

CONFIDENTIAL

**NOTICE OF REPORT OF
SUSPECTED MALTREATMENT**

To: _____ (mandated reporter)

From: _____

On _____, at _____, a report of suspected maltreatment
(date) (time)

was received from you. This report (was) (was not) forwarded to _____
(common entry point)

on _____ for further evaluation and investigation of the suspected maltreatment.
(date)

If you are not satisfied with the action taken by this agency, you may choose to contact the

_____ directly.
(common entry point)

As required by Minnesota Statutes, section 626.557, you are hereby notified that this facility may not prohibit you from choosing to report this or any other incident to an external agency. This facility may not take retaliatory action against any mandated reporter who reports an incident to the common entry point in good faith.

Minnesota Statutes, section 626.557, subdivision 17, states:

1. A facility or person shall not retaliate against any person who reports in good faith suspected maltreatment pursuant to this section, or against a vulnerable adult with respect to whom a report is made, because of the report.
2. In addition to any remedies allowed under sections 181.931 to 181.935, any facility or person which retaliates against any person because of a report of suspected maltreatment is liable to that person for actual damages, punitive damages up to \$10,000, and attorney's fees.
3. There shall be a rebuttal presumption that any adverse action, as defined below, within 90 days of a report, is retaliatory. For purposes of this clause, the term "adverse action" refers to action taken by a facility or person involved in a report against the person making the report or the person with respect to whom the report was made because of the report, and includes, but is not limited to:
 - a. Discharge of transfer from the facility;
 - b. Discharge from or termination of employment;
 - c. Demotion or reduction in remuneration for services;
 - d. Restriction or prohibition of access to the facility or its residents; or
 - e. Any restriction of rights set forth in section 144.651.

Attachment D

1021 Industrial Park Road
Brainerd, MN 56401
218-829-7599
218-829-7498

**Oakridge Homes
SILS, Inc.**

Fax Cover Sheet for Suspected VA

To:	From:
_____ (VA Intake Worker)	_____
Agency:	Pages:
_____	_____
Fax Phone:	Date:
_____	_____
Re:	_____

ORH Contact Person: _____ Date: _____ Time: _____

Name of Vulnerable Adult: _____
(First, Middle, Last)

Date of Birth: _____ Diagnosis: _____

Address: _____

Telephone Number: _____ Social Security Number: *ORH Contact will provide verbally.*

Legal Representative: ☐ Own Guardian ☐ Guardian ☐ Conservator
☐ Health Care Power of Attorney ☐ Financial Power of Attorney

Legal Representative Name: _____
Note: ORH will work with VA Intake Worker to provide additional information if Legal Rep is the alleged perpetrator.

Name of Alleged Perpetrator: _____
(First, Middle, Last)

Relationship to Vulnerable Adult: _____

DOB: _____ Social Security Number: *ORH Contact will provide verbally.*

Date of Hire: _____ Telephone Number: _____

Address: _____

I have read the Oakridge Homes, Inc. Vulnerable Adult Reporting Policy and Procedure and understand its obligations to me as:

_____ an employee.
_____ parent/guardian.
_____ case manager.

Review Dates:

10-22-12

Bernard Baker
Name

Date

WHERE TO REPORT SUSPECTED MALTREATMENT

Common Entry Point:

CROW WING County Human Services

Name: BETH PFINGSTEN Phone: 218 824 1140
from 8 a.m. to 4 p.m. Monday - Friday, excluding holidays.

The CROW WING County Sheriff's
Department will serve as the common entry point at all other times.
Phone: 218 829 4749

AAPP Written and Approved: 9/27/89

AAPP Revised: 10/90, 2/91, 9/91, 4/92, 8/92, 11/92, 8/94, 2/96, 1/98, 8/00, 12/00, 10/01, 12/03, 8/06

Date VARPP Written: 12/06 Date Approved: 1/07

Dates VARPP Revised and Approved: 4/07, 9/07, 12/07, 3/12

OAKRIDGE HOMES

CONSUMER RIGHTS AND RESPONSIBILITIES

What is a right?

Something I am allowed to do or have all of the time.

What is a responsibility?

Something I agree to do to the best of my ability.



I HAVE THE RIGHT TO TERMINATE (STOP) OR REFUSE SERVICES.

I understand that I need to do the following as I exercise this right.

- To go to the "boss" and explain why I want to stop or refuse services.
- Remember that people may not agree with me because by doing so I may get sick or harmed.
- Remember that I could lose my services and not get them back easily.

I HAVE THE RIGHT TO KNOW SERVICE LIMITS.

I understand that I need to do the following as I exercise this right.

- To learn about what services I can and cannot get.
- To be willing to check out all of my options for services.
- To try to use the services I have to get the things I need.

I HAVE THE RIGHT TO KNOW INITIATION (START) AND TERMINATION (STOP) TERMS (INCLUDING THE POLICIES AND PROCEDURES).

I understand that I need to do the following as I exercise this right.

- Remember that initiation means "start" and termination means "stop."
- That I can't be kicked out without explanations begin given and understood.
- Need to listen to the reasons why services are being stopped.
- Need to learn about my appeal rights. I can question what they said or did.

I HAVE THE RIGHT TO KNOW SERVICES CHARGES.

I HAVE THE RIGHT TO KNOW FUNDING SOURCES.

I understand that I need to do the following as I exercise this right.

- To understand that means what the services cost and who pays.
- To know what I'm paying for.

I HAVE A RIGHT TO BE FREE FROM MALTREATMENT.

I understand that I need to do the following as I exercise this right.

- I need to know that maltreatment means “bad treatment.”
- I will treat people how I want them to treat me.

I HAVE A RIGHT TO BE TREATED WITH RESPECT.

I understand that I need to do the following as I exercise this right.

- I understand that people should treat me with respect.
- I don't think that they should talk about me without my permission.

I HAVE A RIGHT TO HAVE COMPLAINTS HEARD. I HAVE A RIGHT TO BE INFORMED OF THE OAKRIDGE HOMES GRIEVANCE POLICY AND PROCEDURES

I understand that I need to do the following as I exercise this right.

- I need to know who to tell and how to ask for help.
- I understand that no one will hurt me if I tell on them.
- To ask for help with budgeting and knowing what I am receiving.
- Remember I should not request services I don't need.
- I need to figure out where to keep my copy of the Oakridge Homes Grievance Policy and Procedure so that I know where it is.

I HAVE A RIGHT TO REASONABLE OBSERVANCE OF MY CULTURAL AND ETHNIC PRACTICES.

I understand that I need to do the following as I exercise this right.

- I understand that any practices need to be legal.
- I might need to explain to and show staff how to do some things.
- I know that these cannot go against the rights of another consumer and we all may need to make some compromises.

I HAVE A RIGHT TO BE FREE FROM HARASSMENT REGARDING MY RACE, GENDER, AGE, DISABILITY, SPIRITUALITY OR SEXUAL ORIENTATION.

I understand that I need to do the following as I exercise this right.

- I need to know who to tell if I am harassed.

I HAVE A RIGHT TO TRAINED AND COMPETENT STAFF.

I understand that I need to do/have the following as I exercise this right.

- To know that staff are trained to help and support me.
- To have understanding and helpful staff.

I HAVE A RIGHT TO PRIVATE RECORDS.

I HAVE A RIGHT TO SEE MY RECORDS.

I understand that I need to do the following as I exercise this right.

- I need to know what staff writes or puts in my records.
- I need to remember to return the records after reading them in the same shape that I got them in; can't tear them up if I don't like what they say.
- I can talk with an advocate, professional, friend, or family member.

I HAVE A RIGHT TO REFUSE TO PARTICIPATE IN AN EXPERIMENT.

I understand that I need to do the following as I exercise this right.

- I have the right to just say "no."
- Ask staff to inform me and define for me all the terms and conditions before I agree.
- Get good information before making a decision.

I HAVE THE RIGHT TO USE THE PHONE

I understand that I need to do the following as I exercise this right.

- Remember that sometimes I need to wait until a person is done before I can use the phone.
- Remember that I may have to share the phone if necessary.
- Remember that I need to pay my phone bill.

I HAVE THE RIGHT TO HAVE MY PROBLEMS RESOLVED.

I understand that I need to do the following as I exercise this right.

- I understand that I can call my parents and ask for help.
- I can go to my social worker.
- I can talk to the staff.
- I can call an advocate.

I HAVE A RIGHT TO ADDITIONAL ASSISTANCE. I HAVE THE RIGHT TO KNOW VARIOUS PIECE OF INFORMATION REGARDING PROTECTION AND ADVOCACY SERVICES.

I understand that I need to do the following as I exercise this right.

- I can call my social worker.
- I can call 911.
- I can take it to the court and appeal what they said or did.
- I can talk to another staff member.
- I can talk to the "boss" or the supervisor.
- I can sign up for seminars and talk to people from ARC and other groups that will teach me to advocate for myself.

I HAVE A RIGHT TO STAND UP FOR MY RIGHTS.

I understand that I need to do the following as I exercise this right.

- I can join a self-advocacy group.
- I can learn about my rights from another self-advocate.

I HAVE A RIGHT TO PRIVATE MAIL.

I understand that I need to do the following as I exercise this right.

- Give my permission for anyone else to read my mail but me.

I HAVE A RIGHT TO PRIVACY WHEN MARRIED.

I understand that I need to do the following as I exercise this right.

- When married people usually share things.
- Respect other people's privacy and not barge in.

I HAVE A RIGHT TO FRIENDS.

I understand that I need to do the following as I exercise this right.

- Learn the best ways to have a friend and be a friend.
- Know that staff can't tell me who my friends are or who I can be friends with.
- Remember that I have to be nice and flexible.
- I should reschedule if I forget to go somewhere with someone.

I HAVE A RIGHT TO PERSONAL PRIVACY.

I understand that I need to do the following as I exercise this right.

- I should tell people when I want to be alone.
- Close my door for privacy when I want to be alone.
- I can tell people to go away if I want to be alone.

I HAVE A RIGHT TO PLAN ACTIVITIES.

I understand that I need to do the following as I exercise this right.

- I have to let people know what I want to do.
- I have to save my money so I can afford to do things.
- I may have to ask people to help make arrangements for tickets and transportation.

I HAVE A RIGHT TO RECEIVE AND SEND ELECTRONIC CORRESPONDENCE OR COMMUNICATION

I understand that I need to do the following as I exercise this right.

- I have to correspond with people who will not take advantage of me.
- I have to use my own cell phone or computer, or make arrangements at the library.
- I have to follow the rules of the day program and home.

- I may have to ask people to help to make sure there are safeguards put in place on my computer and/or cell phone.

Has my IDT determined that there are any restrictions to my rights? YES _____ NO _____

Right(s) that is restricted:

Justification for the restriction?

Objective measure set to end the restriction:

Schedule for reviewing the need for the restriction (with a plan to end it):

Signed approvals are at the end of this Rights and Responsibilities Form.

I have received a copy of these rights and approve any Rights Restriction(s) as listed above.

Consumer or Legal Representative

Date

Individual Explaining Rights

Date



Annual Review of Rights and Approval of any Rights Restriction(s) as listed above.

SIGNATURE OF PERSON OR LEGAL
REPRESENTATIVE

DATE

SIGNATURE OF PERSON INFORMING PERSON OF
RIGHTS

DATE

SIGNATURE OF PERSON OR LEGAL
REPRESENTATIVE

DATE

SIGNATURE OF PERSON INFORMING PERSON OF
RIGHTS

DATE

SIGNATURE OF PERSON OR LEGAL
REPRESENTATIVE

DATE

SIGNATURE OF PERSON INFORMING PERSON OF
RIGHTS

DATE

SIGNATURE OF PERSON OR LEGAL
REPRESENTATIVE

DATE

SIGNATURE OF PERSON INFORMING PERSON OF
RIGHTS

DATE



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: Bernard Borash

By signing I acknowledge that I understand the above information: Bernard Borash

Date: 11-29-19

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

Bernie Brath DSP
Staff Name

10-18-2021
Date

2020 Therapeutic Intervention (TI) Agenda

Sept 22 – Long Prairie
Sept 28 – Brainerd

Sept 15 – Aitkin
Sept 24 – Grand Rapids

Sept 16 – Wadena/Staples

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

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

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

Video

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

Bernie Bolash DSP
Staff Name

9-30-2020
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.

Bernie Borash
Staff Name

Steve Rist
Mary Boucher
Course Instructor/Date

11-25-19

Mary Boucher

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: Bernie Boland DSP

Date: 11-25-19

Bernie
S
H
2

2018 Therapeutic Interventions Competency Questions

Staff name: Bernie Bolash Date: 9/24/18

Prohibited procedures:

1. "Time out" does not include a person voluntarily moving away from a situation or a social contact with others if the person chooses. True or False
2. EUMR may not be used for non-emergency conditions such as property damage that does not pose a risk of imminent harm, Verbal aggression with staff or others, or a person's refusal to participate in a treatment or program.
3. In all emergency situations that occur and if an emergency procedure needs to be implemented, the designated coordinator will be notified immediately and within 24 hours of use, the legal representative and Case manager must be notified.

De-escalation power point questions:

1. What are 3 ways you might identify an agitated person?
 - a) Yelling
 - b) crying
 - c) arguing
2. How many arm lengths should you stay away from an escalated person? 2
3. I should minimize my gesturing, Pacing, and fidgeting, as these are signs of nervousness and may increase agitation in others.
4. I should argue with our consumers. True or False
5. Moving to a safe place should be a priority for any escalated behavior in the home or out in the community.

6. List 3 tactics for verbal de-escalation:

- a) helpful choice
- b) limits
- c) listening

7. List 3 barriers to communication:

- a) argue
- b) criticize
- c) ordering

8. To be an empathetic listener I should re-state,
clarify, and repeat the message.

9. My body language tells people more about me than what my words are saying. True or False

10. I can "agree to disagree" in order to avoid a power
struggle.

Debriefing:

1. What qualifies as a critical event?

- a) prolonged
- b) sudden
- c) threatening
- d) overwhelming

2. Poor concentration, intense anger, increased alcohol, eye twitching and confusion can all be signs of critical incident stress. True or False

3. weight gain, sleep problems,
and depression can all be caused by prolonged stress.

Grappling Grandma Questions:

- 1) We force a consumer to do something if it's for their own good.
True or False
- 2) Based on what we have learned about dealing with a confrontation what did the security guard do that helped his understanding of the situation? He paused
- 3) What was the nurse doing that helped her de-escalate the situation the right way? observing
- 4) What is a good question to ask ourselves when trying to understand a stressful situation with our consumers?
 1. How it feels to be in their situation
- 5) What qualities did the nurse exhibit?
 1. confidence
 2. empowerment
 3. leadership
 4. Desire to shift to long term relationship

EmbracingCivility.com

How Self-Aware Are You?

Read the following statements. BE AS HONEST AS POSSIBLE and circle your answers according to this guide:

0 - Not true for me 1 - Somewhat true for me 2 - Very true for me

Points to Remember:

- Self-awareness is when you realize that, although you are not the center of the universe, everything you say and do can affect those around you.
- Self-awareness allows you to control your attitude, manage your moods and choose behaviors that do not negatively impact your life or those around you.

"He who knows others is wise. He who knows himself is enlightened."

~Lao Tzu



It's important for me to say exactly what's on my mind.	0	1	2
I have difficulty feeling and expressing anger, and then letting it go.	0	1	2
I don't feel it's important to praise the successes of others.	0	1	2
It's hard for me to communicate with people whose opinions and backgrounds are different from my own.	0	1	2
I know which people at work are weaker, slower and/or not as smart as I am and I am likely to use that information to get ahead.	0	1	2
I often find myself speaking without thinking, and sometimes say hurtful things.	0	1	2
I tend to respond to people who are angry by becoming angry myself.	0	1	2
I feel my co-workers benefit when I point out their errors or mistakes—it helps them to learn and do better.	0	1	2
Most people know that when I am mad they should stay out of my way.	0	1	2
I have strong opinions about most things and often find myself in disagreements or debates with others.	0	1	2
When you are finished, add together all the numbers you circled and check the results page for your score!	TOTAL SCORE		
			3

Read Your Results!

Civility requires self awareness. People who are self aware understand how their words and actions affect others. People who are self aware have a verbal and behavioral "edit button." They can predict how their words and behaviors will effect others and they are able to choose words and actions that "Do No Harm"—even while intense emotions are present. People with self-awareness are able to channel the energy of negative emotions into positive and productive outcomes.

SCORE 0-6

Wow! You have a keen sense of self-awareness. You clearly understand how your words and your actions affect others and you choose behaviors that are least likely to cause harm or unnecessary drama. You are a leader that others want to follow. If you don't already do so, consider becoming a mentor, preceptor or a workplace mediation specialist.

SCORE 7-13

You're doing okay but there's room for improvement. You know that your words and actions can have a negative impact on others, but you tend to have trouble editing yourself, especially when you are experiencing intense emotions. Read "The REAL Healthcare Reform," paying particular attention to the information and activities in chapters 2, 4 and 7. These chapters will help you learn how to manage your moods, set clear boundaries and resolve conflicts without causing harm to yourself or others.

SCORE 14+

Oops. This high score means you have trouble knowing how your words and your behaviors impact others. It's time to take a good long look in the mirror and decide whether your actions and attitudes are helping or harming your career, your reputation and your personal sense of satisfaction with life. Read "The REAL Healthcare Reform" and complete all of the activities found throughout the book. Then, take some time to practice your new-found self awareness. When you do this, you will notice that all of your relationships improve and both your personal and professional lives will become much more satisfying.

*"The test of a
civilized person
is first self-
awareness..."*

~Clarence Day

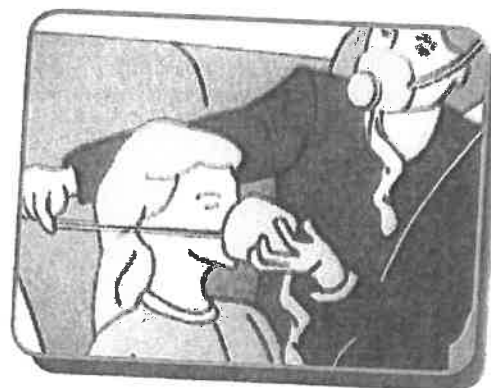


Surprise # 1

In order to be effective in a crisis situation, you have to first manage yourself before you can manage other people.

During an airline safety briefing you are instructed when the mask drops to first place it on yourself before assisting anyone else. Why? **You've got to take care of yourself before you can take care of anyone else.**

When medevac helicopter pilots are called to an emergency they are required to walk - not run- to the helicopter. People are dying and they are required to walk? Why? It is a known fact that running will elevate their blood pressure and impair their judgment right before they have to pilot the aircraft.



When hearing "remain in control of a situation", many assume that means that you control the situation by controlling the other person. The surprise here is that in order to manage others, you must first manage yourself. We cannot control others, we can only control ourselves. The way we remain in control of a situation is by controlling ourselves. The paradox here is that when you **change your own behavior**, you change the outcome of the situation.



Your Turn

What works for me? What helps me be present in a crisis situation?

PROOF OF COMPETENCY



SERVICE RECIPIENT RIGHTS COMPETENCY

(January Worksheet)

Name: Bernie Borash Date: 1-27-2020 Signature: Bernie Borash

Fill in the Blank

1. Right to have ORH/WSS help coordinate my care if I transfer to another provider to ensure continuity of care.
2. Right to have personal privacy.
3. Right to have free, daily, phone access to and use of a phone for local calls, and long distance calls made collect or paid for by me.
4. Right to take part in planning and evaluating the services that will be provided to me.
5. Right to refuse or stop services and be informed about what will happen if I refuse or stop services.
6. Right to know the 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 send and receive mail and emails and do not have them opened by anyone else unless I ask.
20. Right to have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
21. Right to know before I start to receive services from ORH/WSS, if ORH/WSS has the skills and ability to meet my need for services and support(s).
22. Right to ^{skills} choose my own friends and spend time with them.
23. Right to use and have free access to the common area (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.

PROOF OF COMPETENCY



SERVICE RECIPIENT RIGHTS COMPETENCY

(January Worksheet)

Name: Bernie Borash Date: 1-28-19 Signature: Bernie Borash

Fill in the Blank

1. Right to have ORH/WSS help coordinate my care if I transfer to another provider to ensure continuity of care.
2. Right to have personal privacy.
3. Right to have free, daily, private access to and use of a telephone for local calls, and long distance calls made collect or paid for by me.
4. Right to take part in Planning and evaluating the services that will be provided to me.
5. Right to refuse or stop services and be informed about what will happen if I refuse or stop services.
6. Right to know the conditions and terms governing the provision of services, including ORH/WSS's admission criteria and policies and procedures related to temporary service suspension and service termination.
7. Right to be free from abuse, neglect and financial exploitation by ORH/WSS or its staff.
8. Right to have staff that is well qualified and trained to meet my needs and support.
9. Right to have access to my records and recorded information that ORH/WSS has about me as allowed by state and federal law, regulation or rule.
10. Right to receive services in a clean and safe location.
11. Right to be allowed to reasonably follow my cultural and ethnic practices and religion.
12. Right to know the names and addresses and phone numbers of people who can help me, including the ombudsman, and to get given information on how to File a complaint with these offices.
13. Right to visit privately with my spouse, family, legal counsel, religious guide, or others allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09, including my bedroom.

14. Right to have services and support(s) provided to me in a way that respect me and considers my preferences
15. Right to know what Services ORH/WSS provides and how much they cost, regardless of who will be paying of the services, and to be notified if those charges change.
16. Right to be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or putting me in a time out or seclusion; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
17. Right to know before I start to receive services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
18. Right to take part in activities I choose.
19. Right to Receive and send mail and emails and do not have them opened by anyone else unless I ask.
20. Right to have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
21. Right to know before I start to receive services from ORH/WSS, if ORH/WSS has the ability and skills to meet my need for services and support(s).
22. Right to choose my own Friends and spend time with them.
23. Right to use and have free access to the common area (this includes the kitchen).
24. Right to be treated with signity respect 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 restricted alternative manner necessary to protect you and provide you support to reduce or eliminate the need for restriction in the most integrated setting and inclusive manner.

30. ORH/WSS can not restrict any right they choose. The only rights ORH/WSS may restrict, after documenting the need, include: the right to associate with other persons of your choice, right to have personal privacy, right to engage in activities that you choose, right to have daily, private access to and use of a non-coin operated telephone for all calls, right to receive and send without interference, uncensored, unopened mail or electronic correspondence or communication, right to have use of and free access to common areas in the residence, and right to privacy for visits with the person's spouse, next of kin, legal counsel, religious advisor, or others in accordance with section 363A.09 of the human rights Act, including privacy in the person's bedroom.

Oakridge Homes 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	Bernard Borash	Year	2021
Location	809	Position	DSP
Date of Employment	12/22/09		

Monthly Staff Meetings

Attach staff meeting agenda

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan	1/25	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	HJ
Feb	2/22	Staff & House Meeting P-C/Positive Support-It's About Relationships (.5) MH-Suicide Intervention (1)	make up packet	3	HJ
March	3/22	Staff & House Meeting CPR/First Aid MH-Schizoaffective Disorder (.5)	Tom	3	HJ
April	4/26	Staff & House Meeting Preventing Sexual Violence, MH-Psychotropic Meds & Side Effects (1)	Shawna	3	HJ
May	5/24	MANDATORIES: ORH-WSS Program Policies and Procedures, ORH-WSS Medical Policies and Procedures, ORH-WSS Personnel Policies and Procedures AWAIR Plan, Service Recipient Rights, First Aid/CPR	Shawna	3	HJ
June	6/28	Staff & House Meeting P-C/Positive Support-10 Ways to Respond to Meaning-full Behavior (1) MH-Reactive Attachment Disorder and Recovery from MI, Community Resources (1)	Tom	3	HJ
July	7/26	Staff & House Meeting Adaptive Equipment Competency, MH-Panic Disorder (.5)	Shawna	3	HJ
Aug	8/23	Staff & House Meeting PAPP Competency, Medicare Fraud, MH-Co-occurring SA & HC (1) CPR/First Aid Refresher	Shawna	3	HJ
Sept	9/27	Therapeutic Intervention P-C/Positive Support	Tom	3	HJ
Oct	10/18	Staff & House Meeting P-C/Positive Support-Cultural Competency, Harassment, MH-Narcissistic Personality Disorder, Treatment Options/EBP (.75)	make up Packet	3	HJ
Nov	11/9	Staff & House Meeting MH-PTSD (.75)	MUP	3	HJ

Required Trainings

Date	Inservice Topic	Presenter	Hours
	First Aid		
	CPR *only if required on client CSSP/CSP		
	Medication Administration		

Vulnerable Adult Review/Vulnerable Adult Policies and Procedures (VARPP)

Date: 1/23/21	Online VA Training
---------------	--------------------

Competencies

Write in Consumer initials in the 1-5 and write in date in appropriate box

Consumer	1. <u>PB</u>	2. <u>MD</u>	3. <u>KH</u>	4. <u>JH</u>	5. _____
Date	<u>1/25/21</u>	<u>1/25/21</u>	<u>1/25/21</u>	<u>1/25/21</u>	

Other Training

Attach back up Documentation

[illegible]



Brainerd Staff Meeting Agenda

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

Date: 11/22/2021

Time: 9:00am-12:00pm

Presenter: Shawna

Ice Breaker: If you could change your first name, what would you change it to?

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: Please make sure you have signed in

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:

Bernie
11/19/21

November 2021 Staff Meeting Makeup Questions

Name: Bernie Borash

Date: 11-9-2021

Watch How I Knew I Had PTSD Video.

Write your reaction to the video:

interesting how events can change the way you
live & try to adjust with daily living and
your friends.

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:

a. Reliving the event

b. avoiding situations that remind you of the event

c. Negative changes in beliefs & feelings

d. Feeling keyed up

Watch Prader-Willi Syndrome video.

Write your reaction to the video:

sad that there is no cure or medication with
all the scientific studies, maybe someday there will be
help

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. undivided attention

- b. listen carefully focusing on feelings & facts
- c. allow silence for reflection - processing time
- d. restate & paraphrase back to the person

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

Patterns
Investigate
Negotiate
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 your supervisor or QDDP
10. The afternoon/evening staff and the overnight staff must count and initial which two items? house cash count and client petty cash count sheets

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. consume immunity-boosting foods
- b. find workouts I love
- c. drink more water
- d. read daily
- e. make time for play

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: Bernie Blash

Date: 10-18-2021

Watch TI Video.

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

a. Behavior forces behavior
Stop behavior before it happens

b. Physical skills - safe, acceptable
personal space acceptable

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
b. mechanical
c. Manual
d. time out
e. seclusion
f. any aversive or deprivation procedure

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

a. The Designated coordinator which is on call at all times

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. Disective
c. Physical intervention
d. Therapeutic Rapport

Read Debriefing PowerPoint.

8. Give 3 examples of the purpose of debriefing:

- a. clears up misconceptions
- b. helps staff learn from experience
- c. it acknowledges the accomplishments

9. List 4 symptoms of critical incident stress:

- a. irritability
- b. anxiety
- c. moodiness
- d. Restlessness

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

communication

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



Bernie

Brainerd Staff Meeting Agenda

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

Date: 09/27/2021

Time: 9:00am-12:00pm

Presenter: Tom

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

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

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

Next Meeting: 10/25/2021

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

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

VA Review:

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

Nursing Notes: Patty/Ashley – New Med Policies

MH Training: Narcissistic Personality Disorder and Treatment (handout)

DD Diagnosis: Language/Speech Impairment (handouts)

TI: Staff Debriefing

New Business:

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

Hour 3- House Meeting:



BS

Brainerd Staff Meeting Agenda

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

Date: August 23, 2021

Time: 9:00am-12:00pm

Presenter: Shawna

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

Milestone Anniversaries: Sharon Eastlund-Westside-5 years

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

Next Meeting: 09/27/2021

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims:
 - * Staff was hit in jaw during client behavior – no treatment needed

VA Review:

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

Nursing Notes:

MH Training: Co-occurring Substance Abuse and Health Conditions

DD Diagnosis: Seizure Disorders/Epilepsy (2 videos)

TI: Decision Making

New Business:

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

Hour 3- House Meeting:

Berna



Brainerd Staff Meeting Agenda

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

Date: July 26, 2021

Time: 9:00am-12:00pm

Presenter: Shawna

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

Milestone Anniversaries: Jeanne Sadler-1016-5 years

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

Next Meeting: 08/23/2021

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims:
*Staff accidentally ran over left foot with client's electric wheelchair. Went to ER. No restrictions, continue ice and selfcare. No further appointments unless concerns.

VA Review:

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

Nursing Notes: review procedure for person returning to the home

MH Training: Panic Disorder (videos)

DD Diagnosis: Memory Impairment/Dementia (videos)

TI: Staff Fear and Anxiety

New Business:

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

Hour 3- House Meeting:

activities



Dennis

Brainerd Staff Meeting Agenda

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

Date: June 28, 2021

Time: 9:00am-12:00pm

Presenter: Tom

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

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

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

Next Meeting: 07/26/2021

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

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

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

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

VA Review: None

Nursing Notes: N/A

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

DD Diagnosis: Fetal Alcohol Spectrum Disorders

TI: Precipitating Factors, Rational Detachment, Integrated Experience

New Business:

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

our 3- House Meeting:

Bernie at 809



Brainerd Staff Meeting Agenda

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

Date: 04/26/2021

Time: 9:00am-12:00pm

Presenter: Shawna

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: 05/24/2021

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@orhvv.com

Hour 3- House Meeting:



Bernie

Brainerd Staff Meeting Agenda

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

Date: 03/22/2021

Time: 9:00am-12:00pm

Presenter: Tom

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

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

Welcome to new and returned staff:

Next Meeting: 04/26/2021

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims:
2/18/2021 Staff was helping load a small sofa into a truck. Reported pain and soreness in lower back. Incident only, no treatment needed.
2/27/2021 Staff was taking clients to the movies and slipped and fell on knee. Incident only, no treatment needed.

VA Review:

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

Nursing Notes: CPR and First Aid Training

MH Training: Schizoaffective Disorder (video)

DD Diagnosis: Autism Spectrum Disorder (video)

TI: Para verbal Communication

New Business:

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

Hour 3- House Meeting:

Park Sticker

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher, PC

Date: March 22nd, 2021

Monthly Newsletter –send article/pictures before the 5th of the month

- Please continue to take pictures at the activities that you support and either send them to me via your phone or directly to Amanda@orhvv.com.

1. Incident Reports & Discussion of : 0

2. Safety Concerns:

- **Drills:** *Quarterly requirement for Fire and Storm*

Designated place to go in case of fire: bottom of driveway

1st quarter –2/17/21	Storm- 2/18/21	Jan.-Mar
2 nd quarter –	Storm-	April-June
3 rd quarter –	Storm -	July-Sept
4 th quarter –	Storm-	Oct-Dec.

Completed forms are sent to Hannah, Emma and Tom.

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

Goal: To maintain wellness when out in the community and at the house/property.

4. House meetings for the individuals served :

January: -----

February: Summer trip

March -lack of helping with chores in the house, attitudes-moodiness

April

May

June

July:

August:

September:

October:

November:

5. Review IAPP and profile of:

Name: Micheal – Allergy to penicillin, vulnerable to financial exploitation. Vulnerable to self abuse-medications, self-preservation, diagnosis of depression and had suicide ideation. Micheal can be alone for 5 hours at the house or in the community. He has questionable pedestrian skills-looks down while walking even on busy streets, has had numerous biking accidents. **Vulnerable to health and medical needs-choking added.** Micheal doesn't swim. Micheal wears glasses. Has a **recent** history of punches walls, bookcases, bifold doors.

6. Volunteering ideas for 2021: *(Please remember to take pics at any volunteering).*

"On hold"

Micheal continues to go to Common Goods on Tuesdays via Dial-A-Ride

II. Old Business:

- **2020-2021 PTO use** –Bernie, Mary, Ally. I have a trip to Florida planned for April 5th-15th, Bernie has been taking hours as we go. Ally has 30 hours remaining.

- Please make sure you are editing your **progress notes** as you go. Spelling, etc. Remember, the notes have the potential to be seen by others.
- How has it been going with having some of the **knives** in the silverware drawer?

III. New Business:

- No "saving" of passwords on the computer.
- Please let the office (Amanda) know if you want your name to go in the hat for a refurbished hard drive with Windows 7 and a keyboard-*free*.
- ORH is launching an **Employee Recognition Program**, reward points

IV. Maintenance Needs: - *complete and submit the maintenance request form via Cory-email as needed*

- Van-Cory said he will get it sent in for repair
- Waiting for another garden area. If Brian or Gary show up, Ask them please.
- Deck will need staining

V. Upcoming events

- **House trip** has been approved for July 16-18th to the Taylors Falls area.
- **Easter**-So far, we know that Ken is leaving Saturday till Sunday. Jace says he is going home. Paul will for sure be going home and Micheal is still unknown-he thinks he will be working.
- Egg-travaganza coloring **contest** due March 30th. Ken and Micheal have completed theirs.

VI. DISCUSSION OF CONSUMERS:

✓ **Ken**
✓

✓ **Micheal**

- ✓ Safedose sent us ½ of Micheal's Risperdal to replace the one we "borrowed from the back of the box" when he dropped the tab on 2/26/21 into his water.
- ✓ Lots of forgetfulness-appts., volunteering

✓ **Paul**

- ✓ Currently, going to PA on Mondays, works at Casino on Wednesdays and Salvation Army on Thursdays

✓ **Jace**

- ✓ He has a team **meeting** March 25th.
- ✓ It appears that he is doing great at his job at **CUB**. Long hours, many days, good attitude.
- ✓ Jace has received his first **COVID vaccine** and will be getting his next dose in April.



Bernie B.
2/22/21

Brainerd Staff Meeting Agenda

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

Date: 02/22/2021

Time: 9:00am-12:00pm

Presenter: Shawna

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

Milestone Anniversaries: none

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

Next Meeting: 03/22/2021

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

1. Please complete your house monthly safety form

Worker's comp claims:

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

VA Review:

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

Nursing Notes: none

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

DD Diagnosis: Intellectual Disability/Learning Disorders

TI: Non-Verbal Communication

Person Centered/Positive Support: It's About Relationships

New Business:

- Expectations of staff when taking consumers on an outing
- Smoking
- Exercises to increase balance (handout & how-to video clips)
- Boundaries
- HIPAA
- Data Privacy
- Staff talents/strengths and how to use them working with clients
- Send Bethany ideas you have on how you would feel appreciated Bethany@orhvv.com
- 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:

February 2021 Staff Meeting Questions

Name: Bernie BorashDate: 2-22-2021

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

1. Low self esteem & writing in journals can be warning signs to watch for

Read Preventing Suicide and answer the following:

2. Nearly 45 thousand people died from suicide in 2016. That is approximately 1 death every 12 minutes.
3. Suicide affects all ages. True or False
4. Suicide is the second leading cause of death for people 10 to 34 years of age.
5. What is the telephone number for the National Suicide Prevention Lifeline?
1-800-273-8255
6. When people die by suicide, their family and 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?
look for signs & changes in behavior, activity involvement
10. What is one way you believe the community you live in could help prevent suicide?
monitor & discourage/stop bullying
11. List the 7 strategies that the CDC has found to help prevent suicide:
 - a. Strength & economic support
 - b. Strengthen access & delivery of care
 - c. Create protective environments
 - d. Promote connectedness
 - e. Teach coping & problem solving skills
 - f. Identify & support people at work
 - g. Lessen harm & prevent future risk

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

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

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

13. Specific learning disabilities include:

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

14. What is Dyslexia? understanding, accuracy & speed of what is being read

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

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

17. Behavior is a form of communicating.

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

Body language to get results you need

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

20. Why is supportive stance important? to be non-aggressive & balanced

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)?

To earn Their Trust

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 in many cases

They may have goals we can help them with while teaching them positive behaviors

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

it learns people to think for themselves and make a more normal life to lead, will have more self esteem.

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":

The person would be more interested & willing to better themselves & take care of themselves instead of having someone else do their thinking & making all decisions

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:

- CONFIDENTIALITY
- Proper dress of persons served (weather, event, etc)
clients aware of expectations

Smoking Policy

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

HIPAA

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

Data Privacy

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

Boundaries

33. Why are personal boundaries important? Limits & rules within
relationships

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

35. Or do you have a combination of the three types? maybe a little mix

36. Why do you think you have the boundaries you have? I respect others & don't overshare my private life

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

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

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

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

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

- a. Physical - respect personal space of others
- b. Intellectual - willing to listen & use ideas from others
- c. Emotional - only share what is necessary
- d. Sexual - I respect everyone's boundaries
- e. Material - respect others belongings
- f. Time - make time for family & friends, projects I don't let personal items interfere with work

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. flexible
- c. self-motivated
on time for work, appointments, willing to switch shifts & work as needed.
will do activities spur of the moment

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. problem solving
- b. situational intelligence
- c. divergent thinking
I can come up with creative ideas for crafts and activities
The persons served have many questions that I help them with answers.

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: BB

I.

INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher, PC

Date: February 22nd, 2021

Work anniversaries: Mary- 19 years 2/18

Gwen- 4 years 2/23

Reminder: Hannah requires the meeting packets to be completed **well before** the next month's meeting. The consequence of not having it done is you will be taken off the schedule until it is complete. Don't let that happen. Don't take the chance that COVID could stick its fingers into your life. The overnites have the challenge of being gone for a week also but the benefit of having quiet time.

Monthly Newsletter –send article/pictures before the 5th of the month

- Please continue to take pictures at the activities that you support and either send them to me via your phone or directly to Amanda@orhvv.com.

1. Incident Reports & Discussion of : 0

2. Safety Concerns:

- Drills: **Quarterly** requirement for Fire and Storm
Designated place to go in case of fire: bottom of driveway
1st quarter –2/17/21 Storm- 2/18/21 Jan.-Mar
2nd quarter - Storm- April-June
3rd quarter – Storm - July-Sept
4th quarter – Storm- Oct-Dec.

Completed forms are sent to Hannah, Emma and Tom.

Do we need to lock up the knives anymore?

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

Goal: To maintain wellness when out in the community and at the house/property.

4. House meetings for the individuals served :

January: -----

February: Summer trip

March

April

May

June

July:

August:

September:

October:

November:

5. Review IAPP and profile of:

Name: Paul; vulnerable to all abuses-has SIB, financial exploitation. Dietary needs-cholesterol, medical appts. - doesn't report medical info, lacks community skills and has minimum water safety skills, 0 alone time-requires staff supervision at all times, property destruction, med administration

6. Volunteering ideas for 2021: *(Please remember to take pics at any volunteering).*

On hold

Micheal continues to go to Common Goods on Tuesdays via Dial-A-Ride

II. Old Business:

- **Parking** during winter storms. Try and stay off the street during or after a storm, park to the right of the driveway or if you have a small vehicle, you may fit in the garage. We never know when the city plow will go through and it is easier to shovel the driveway instead of the street
- **2020-2021 PTO** use –Bernie, Mary, Ally. I have a trip to Florida planned for April 5th-15th. I also have time in August that I will need off. Let me know as soon as you can what you are thinking. I don't want any of us to lose hours like last year.
- Please make sure you are editing your **progress notes** as you go. Spelling, etc. Remember, the notes could be seen by others.
- **Shoveling**–Please have Ken run the shovel on the sidewalk as needed before he leaves in the a.m.

III. New Business:

- Starting in March, we will be resuming our staff meetings with Shawna. She is in the process of finding a new location.
- We received an email reminding us to wear a face mask in the house while working.
- We now have a new hard drive with **Windows 10**. You will see some slight changes with your computer routines. Rumor has it that they are cleaning up the computers that were replaced and will be offering them to staff at a undisclosed fee.
- KH has a 9 lb. gain. Encourage fruit for snacks. His preference is full bags of popcorn or crackers-encourage serving sizes which is written on the package. Also, be sure you are monitoring him more closely as we have been missing food from the pantry such as tortilla shells, chips, hot chocolate (which Ken would eat raw) He has also, In the past, stolen from a housemate's snack drawer and now the housemate doesn't "trust" the drawer.
- Be on the watch for **2020 tax forms** coming in the mail. Especially when the guys are getting the mail. I have the folders from the office for the info.
- Paul and Ken received their 2nd COVID **vaccine** on 2/18/21. Monitor for side effects, Ken had it in his Left arm and Paul in his Right arm.
- Please DO NOT remove items from our **First Aid** kit in the staff closet. It is a licensing mandatory item. If you use up the items put it on the shopping list. They are items that must be in the house. Mysteriously the tweezers disappeared.
This also goes for any supplies/groceries in the house. In fact, if you take the last of anything, write it on the shopping list.

IV. Maintenance Needs: - *complete and submit the maintenance request form via Cory-email as needed*

- Van-Cory said he will get it sent in for repair
- Brian was here and fixed the caulking along the counters in the kitchen-looks much better. Please do not harshly scrub the caulking, lightly wipe and monitor the guys with washing dishes.
- We have submitted a work order for the installation of 2 TV wall mounts- KH, MD

V. Upcoming events

- Camp-March 12th 9A-2P; RSVP has been sent into Hannah. PB, MD

VI. DISCUSSION OF CONSUMERS:

✓ Ken

- ✓ Ken and his VOICE supervisor would like Ken's team to consider letting him use Dial-A-Ride in the mornings and to have alone time when working. ORH is not in support of this but ultimately his Mom and VOICE will determine the decision (vocational). Emma is hoping that without the support of ORH, VOICE won't move forward. We have not heard from his case manager or Mom.

- ✓ Ken received the OK from Mom for him to purchase a new mattress and TV mount. Hopefully this will help him sleep better. His mattress is 12 years old. (There is a recommendation of 5 to 10 years for mattresses).

Thank you Bernie for assisting with that purchase. Gwen, it will be delivered on **Saturday 27th**. Mattress Firm will be disposing of the old mattress.

- ✓ Had a 9# weight gain this last month... Ideas? K-Pods of Green Tea, nuts, veggies, water
- ✓ I have notified Anita (VOICE) via Ken's book that Ken is always complaining about not getting any help lifting at work. Hopefully, we see some improvement. He is looking pretty haggard lately and he has periodically been stating that his back hurts.
- ✓ **Micheal**
 - ✓ Micheal has made arrangements to go to Kassy's on March 5th for the weekend.
 - ✓ Micheal's schedule has changed a bit but he still is working late nights half of the shifts. I have placed \$20.00 in his pouch to **ONLY** be used in case Micheal doesn't have a ride home at night.
- ✓ **Paul**
 - ✓ Please monitor the time that Paul is in the bathroom. This is not a new thing for Paul. Last week, he filled Ken's shampoo bottle with water.
 - ✓ Paul has started to attend the **day program at PA** only on **MONDAYS**. (9A to 230P). Overnites are responsible to get him there by 9A and the afternoon shift will pick him up.
 - ✓ He has started at the Casino on Wednesdays. Be sure he has a clean Casino shirt, his badge and has packed a lunch. Overnites are responsible to get him there by 845A, this will allow you to get back in time to clock out at 9A. Evening shift-be sure Paul puts his clean work clothes in the bathroom including socks and underwear before he goes to bed that night,
- ✓ **Jace**
 - ✓ Jace has been doing a great job looking for a job on his own, checking INDEED, filling out applications on line. This week he applied at Arby's and 5 Guys. He had an interview at Arby's. Give him lots of encouragement.
 - ✓ He has a team meeting March 25th.

Signature of those in attendance:



Brainerd Staff Meeting Agenda

Bernie B.
c 809
1/25/21

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@orhvw.com)

Hour 3- House Meeting:

January 2021 Staff Meeting Questions

Name: Bernard Borash

Date: 1-25-2021

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 Prebatal, or post natally.
3. CP is "Non-Progressive" which means it doesn't get worse.
4. Three types of CP:
 - a. Spastic
 - b. Dyskinetic
 - c. Ataxic
5. CP is permanent. It is not curable but it is treatable.

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

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

Vulnerable Adult (VA) Training (Video)

10. Name the different types of abuse

- a. Financial
- b. Physical
- c. PSYCHOLOGICAL
- d. SEXUAL
- e. DOMESTIC

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

12. People with disabilities are 4 to 10 times more likely to be victimized than people without disabilities.

VAARP – Vulnerable Adult Reporting Policies and Procedures – Read the VARPP
and answer the following questions:

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

- a. internal - oakridge
- b. external - law enforcement
- c. both

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. Mandated Reporter

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

Neglect

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

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

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

19. Our clients have the right to take part in Planning and evaluation the services that will be provided to them.
20. Our clients have the right to staff that is Trained and Qualified to meet their needs and support.
21. To have their personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
22. To be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving giving me medication I don't want to take or that isn't prescribed for me, or putting me in time out or seclusion; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
23. To be treated with courtesy and Dignity and Respect 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 Culture 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 nutritious meals and healthy snacks between meals. There will be food and water available to you at all times. If you choose to purchase snacks, ORH/WSS will provide a place for you to store these snacks in the kitchen area.

28. Restriction of your rights is allowed only if determined necessary to ensure your health, safety, and well-being. Any restriction of your rights must be documentated in your coordinated service and support plan or coordinated service and support plan addendum. The restriction must be implemented in the least restricted 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 may restrict any right they choose. The only rights ORH/WSS may restrict, after documenting the need, include: the right to associate with other persons of your choice, right to have personal privacy, right to engage in activities that you choose, right to have daily, private access to and use of a non-coin operated telephone for all calls, right to receive and send without interference, uncensored, unopened mail or electronic correspondence or communication, right to have use of and free access to common areas in the residence, and right to privacy for visits with the person's spouse, next of kin, legal counsel, religious advisor, or others in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom.
30. To demonstrate competency on the IPP/CSSP/CSSP-A, IAPP-SMA documentation for each client, please complete the Person Supported Competency Worksheets. You will need to complete **one worksheet for each client.**
31. Budgeted Hours: each house has a calculated number of hours to be used for each day. When staff come in early or leave late, it will adjust the hours for that day. Even though 15 minutes may not seem like a lot every now and then, when you look at the big picture for all of the Oakridge Staff across all of the houses, it adds up and makes a big impact. That's why it is very important that you work the hours you are scheduled for and be mindful not to punch in early or late. Initial once you've read this: BB
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: BB
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: BB

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: BB

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

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

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

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

38. Prevention is the key – avoid the need.

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

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

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

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

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

To help them make meaningful goals to their ability

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?

think in a more positive way they understand when communicating

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?

When they struggle & stumble, find a way to help them improve.

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?

Take more time to think about situation before responding

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 problem.

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?

Physical activities

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	Bernard Borash	Year	2020
Location	809	Position	DSP - FT
Date of Employment	12/22/09		

Monthly Staff Meetings

Attach staff meeting agenda

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan	1-27-20	Staff & House Meeting P-C/Positive Support-Primary diagnosis and impact that has on their program (.5) VARPP, Service Recipient Rights, Client Competencies, MH-Major Depressive Disorder (.5)	Shawna	3	BB
Feb	2/24	Staff & House Meeting P-C/Positive Support-Balancing important to and important for each individual (.5) MH-Suicide Intervention (1)	Shawna	3	BB
March	5/20	Staff & House Meeting CPR/First Aid MH-Schizophrenia (.5)	Self	3	BB
April	5/20	Staff & House Meeting MH-Psychotropic Meds & Side Effects (1)	Self	3	BB
May	11/20	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	Self - Patrick	3	BB
June	6-30	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)	Self	3	BB
July	7-22	Staff & House Meeting Adaptive Equipment Competency, MH-Bipolar Disorder (.5)	House	✓ 3	BB
Aug	8-24	Staff & House Meeting PAPP Competency, MH-Co-occurring SA & HC (1) CPR/First Aid Refresher		3	BB
Sept	9-30	Therapeutic Intervention P-C/Positive Support (V. 2000)		3	BB
Oct	10/26	Staff & House Meeting P-C/Positive Support-Cultural Competency, Harassment, Medicare Fraud MH-Borderline Personality Disorder, Treatment Options/EBP (.75)	House	3	BB
Nov	11/24	Staff & House Meeting MH-Body Integrity Identity Disorder, PTSD (.75)	Self	3	BB

Required Trainings

Date	Inservice Topic	Presenter	Hours
	First Aid		
	CPR *only if required on client CSSP/CSP		
	Medication Administration		

Vulnerable Adult Review/Vulnerable Adult Policies and Procedures (VARPP)

Date: 2/20	Online VA Training
------------	--------------------

Competencies

Write in Consumer initials in the 1-5 and write in date in appropriate box

Consumer	1. <u>MD</u>	2. <u>KH</u>	3. <u>PB</u>	4. <u>OK</u>	5. <u> </u>
Date	<u>2/20</u>	<u>2/20</u>	<u>2/20</u>	<u>2/20</u>	

JH 6/20

Other Training

Attach back up Documentation

[illegible]

BERNIE
1-27-2020

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 (C) external (MARC) Both

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

A: Accident

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

A: 5th Page

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

A: _____

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: Abuse Neglect

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

A: 24 hrs or immediately

11: What does VARPP stand for?

A: vulnerable adult reporting policies & procedure

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

A: _____

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

A: abuse

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

A: financial exploitation

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

A: _____

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

A: Neglect

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

A: misconduct Policy



Bernie B.
@ 809

Brainerd Staff Meeting Agenda

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

Date: 11/23/2020

Time: 9:00am-12:00pm

Presenter: Shawna

Ice Breaker: Pine Street

Milestone Anniversaries:

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

Next Meeting: 01/25/2021

Icebreaker:

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

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

VA Review: none

Nursing Notes: none

MH Training: Body Integrity Identity Disorder and PTSD

DD Diagnosis: Down Syndrome

New Business:

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

Hour 3- House Meeting:

November 2020 Staff Meeting Questions

Name: Bernie Borash

Date: 11-16-20

Read Body Integrity Identity Disorder

1. List 3 things you learned

- a. appears at very young age (8-12)
- b. desire to cut off healthy limbs
- c. think negative about their body

Read What Is Posttraumatic Stress Disorder

- 2. PTSD affects approximately 3.5 percent of U.S. adults every year, and an estimated one in 11 people will be diagnosed with PTSD in their lifetime.
- 3. Symptoms of PTSD fall into four categories. List them
 - a. intrusion
 - b. Avoidance
 - c. Alterations in cognition & mood
 - d. _____
- 4. For a person to be diagnosed with PTSD, symptoms must last for more than a month and must cause significant distress or problems in the individual's daily functioning.
- 5. Many individuals develop symptoms within 3 months of the trauma, but symptoms may appear later and often persist for months and sometimes _____.
- 6. List 4 treatment options for PTSD
 - a. Group Therapy
 - b. medication
 - c. Stress inoculation Therapy
 - d. Cognitive Processing Therapy

Read Facts About Down Syndrome

- 7. Down syndrome is a genetic condition that causes delays in physical and intellectual development. It occurs in 1 in every 792 live births.
- 8. Individuals with Down syndrome have 47 chromosomes instead of the usual 46.
True or False
- 9. List 3 types of challenges that a person with Down Syndrome may experience
 - a. speech
 - b. Health complications
 - c. Learning

Read Active Treatment and Active Support vs Active Treatment

10. Describe what Active Treatment means to you _____

Helping people we serve to achieve as many skills
that they are capable of

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

- a. Can learn & live FULfilling LIVES
- b. mental Health conditions affect the way their ability lets them relate to others
- c. Treatments Teach Them support helps them actively ENGAGE

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. 90% of ~~HIPP~~ fractures caused by falls
- b. Women fall more often than men & experience 3/4 of all Hipp fractures
- c. To do strength & balance exercise to keep healthy

15. List 3 things you do personally to stay healthy

- a. _____
- b. _____
- c. _____

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

- a. Biking
- b. walking & Hiking
- c. Exercise Program

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. _____

- Bell Ringing
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher, PC

Date: November 23rd, 2020

Gwen

Monthly Newsletter –send article/pictures before the 5th of the month

- o Please continue to take pictures at the activities that you support and either send them to me via your phone or to Frontdesk@orhvw.com (Amanda).

1. Incident Reports & Discussion of : 0

2. Safety Concerns:

- Drills: **Quarterly** requirement for Fire and Storm
- **Designated place to go in case of fire: bottom of driveway**

1 st quarter –1/24/20	Storm-1/26/20	Jan.-Mar
2 nd quarter - 4/13/20	Storm- 4/12/20	April-June
3 rd quarter – 7/12/20	Storm -7/8/20	July-Sept
4 th quarter –10/17/20	Storm- 10/24/20	Oct-Dec.

A step on the back, outside staircase, has been repaired along with a couple rails. Please keep an eye on them as Brian states they all are in need of repair or replacement by this next Spring. We will need to contact the landlord for this. Also, one of the decking boards on the deck itself will need replacing by then. Thank you Gwen for writing this up! ☺

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

Goal: To maintain wellness when out in the community and at the house/property.

4. House meetings for the individuals served :

January: Possible day trips, yummy meals we have made-any other suggestions? We want to have a garden – focusing on beans and tomatoes, for salsa, spaghetti sauce, etc. Rhubarb is automatic.

February: Talked about upcoming volunteer banquet, Art Walk, possible summer trip ideas, the fact that one of the housemates is leaving within the month.

July: Day trips, who's interested? where? Duluth to see the colors in Oct.

August: Recent behavior with JH, need for counseling MD, KH

September : House day trip to the North Shore

October: -----

November: -----

6. Review IAPP and profile of:

Name: Ken

Issues: Testing sessions

Volunteering ideas for 2020: (Please remember to take pics at any volunteering).

- We have signed up for 3 opportunities to ring bells for **Salvation Army**. This could change depending on COVID

II. Old Business:

- **PLEASE BE SURE THAT PAUL'S DOOR IS NEVER PULLED TIGHT INTO THE DOOR JAM. PER HIS IAPP**
- We have a **brand new dryer**. Please be watching the guys to be sure they are not overloading the machines when they are doing laundry. Also, the lint tray is on the top of the dryer. Please be checking periodically as the guys are not used to this style. It also has a buzzer when the load is done.

III. New Business:

- The office is again urging cutting back all unnecessary activities in the community.
- If we get sick-remember that you will be paid for 2 weeks so please do not come to work sick. If you have questions, Bethany would be the contact person in the office.
- Please watch comments that you are making in regards to Jace. I have witnessed both KH and MD trying to rewash the dishes that Jace is washing. I have checked Jace's dishes myself and they have been fine. MD had a tantrum one time yelling at me that it will be my fault when we get sick. Unacceptable. **Remember, the guys will follow your lead.**
- Starting in January, I would like to see the guys using calendars to mark their appts., days they work, family birthdays etc. Currently, Ken is writing down some of his stuff but let's make sure he steps it up. Again, we have been doing all their thinking for them.
- Another thing I would like us to get on board with is getting them to think more for themselves. We are doing all their thinking for them. Don't just repeat the answer, if you have talked about it recently, rephrase their question and say: "do you remember what we talked about?". Chances are they will know the answer but they have been in a bad habit of re-asking the same questions.

IV. Maintenance Needs: - complete and submit the maintenance request form via Cory-email as needed

- Van-Cory said he will get it sent in for repair

V. Upcoming events

- ✓ **Thanksgiving/ Christmas** -- When are they going home?
 - **Jace**-yes,
 - **Ken**-Parents, Thursday afternoon
 - **Paul**-Wednesday, 25th-30th
 - **Micheal**-probably with Julie and Mitch
- ✓ The guys will need help with purchasing gifts for their families.
- ✓ We will still be making holiday goodies but it is unlikely that we will be having a house Christmas party with outside friends, unless things lighten up with COVID.

*****REVIEW OF ALL DATA SHEETS*****

VI. DISCUSSION OF CONSUMERS:

✓ **Ken**

- ✓ Ken reports that he will be going home for Thanksgiving this year.
- ✓ Ken's semi-annual meeting –
 - **Work**-"he doesn't like correction or redirection of any kind".
 - "Still comes in without proper attire". It was suggested that he have a checklist. We already had one posted at the computer for staff and Ken to reference.
 - We talked about Ken taking DAR, only for the "to work". He would sit behind the driver. We talked about 10 minute check-ins at work but then about lengthening the line of sight for Ken. Talked about the store having cameras therefore he could experience a possible natural consequence if he were to steal something.
- ✓ **Home** -We took off the restrictions-no camera at work and access to internet as there has not been a use or a want for the internet
 - I have made a cheat sheet and taped it to the printer.
 - mask – **continues to not put his mask in the dirty clothes each day**
- ✓ I also have talked with him about not standing outside to wait for his ride in the a.m. He agreed to watch for his ride in the window.

✓ **Micheal**

- ✓ Micheal now has data to track the slamming of doors (Property misuse)
- ✓ Micheal no longer has a cell phone. Supposedly, his sister is working on something and did send him a phone but Verizon was unable to activate. Micheal made the comment that she did that on purpose.
- ✓ Micheal's closet doors have been replaced. I let Brian know to have it billed to Micheal.

✓ **Paul**

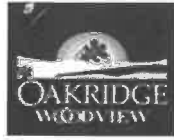
- ✓ Broke his bedroom blinds. This is the 2nd one since we have been in the house. Please, please, do not let him fiddle with the blinds in the common living areas. Be aware of his whereabouts. Numerous items of self injurious behavior were found in his dresser recently. This is why his door is not to be pulled up to the jam.

✓ **Jace**

- ✓ Jace refuses to get a new ID until his expires. (It still has his Glenwood address)
- ✓ Jace has been laid off till further notice. He went ahead and filled out his unemployment on line.
- ✓ Jace has a new data sheet –being more social, cleaning his room, the bathroom once a week, showering, maintaining employment
- ✓ Jace has been eating more of a variety of items, but ketchup is still his favorite 😊

Signature of those in attendance:

Bernie B.



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@orhvwcom)

Hour 3- House Meeting:

October 2020 Staff Meeting Questions

Name: Bernie B.

Date: 10-26-2020

Read DBT for Borderline Personality Disorder.

1. It is estimated that 1 to 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. Identity Disturbance
 - b. Impulsivity
 - c. affective instability
 - d. Feelings of emptiness
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 No
8. List four things that can be done to help treat DM:
 - a. Physical therapy
 - b. Routine physical activity
 - c. Educational & psychological interventions
 - d. Pacemakers & implantable defibrillators
9. Define Myalgia: muscle pain
10. Define Atrophy: a decrease in the size & mass of muscle tissue
11. Define Myotonia: the inability to relax muscles at will

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

Read Cyberbullying: Adults can be victims too.

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

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

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

15. Which of the people you serve can go to work when it is -20 or below? all of 809

16. List the components of proper dress for winter weather: proper shoes at boots, hat, gloves, warm coat

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 veteran

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

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

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

I am Father

I am American

I am health provider

I am mechanical

I am repair person

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? no

29. Which statements are most and least important to you? MOST-VETERAN LEAST health provider

30. How has your culture identity shifted over time?

some by learning new things

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

- c. Read about the general beliefs and values of the Mormon religion
d. Make plans with a Mormon client to attend a church service together
43. Studies show that social science research oversamples which populations?
a. People who live in industrialized countries
b. People who vote in most local elections
c. People who are middle-aged
d. People who serve in the military
44. Brittney, a psychologist, is treating Zande, who is Central African and recently immigrated to the U.S. What can Brittney do to practice cultural competency when assessing and diagnosing Zande?
a. Consider the potential for bias toward a Western worldview in the tools she uses
b. Search for assessment methods that incorporate Zande's cultural practices
c. Find out what populations informed the treatment protocols she uses
d. All of the above
45. According to the National Academies of Sciences, Engineering, and Medicine, which are three of the components of quality of care?
a. Patient-centered, effective, and close by
b. Affordable, equitable, and timely
c. Efficient, safe, and responsive
d. Safe, timely, and patient-centered

Watch Minimizing the Risk of Sexual Violence Power Point and Tea and Consent Video.

46. Write your reaction to the power point and video:

Did not realize that an American is sexually assaulted every 73 seconds - How awful

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809Program Coordinator: Mary Boucher, PCDate: October 26th, 2020**Monthly Newsletter** –send article/pictures before the 5th of the month

- Please continue to take pictures at the activities that you support and either send them to me via your phone or to Frontdesk@orhvv.com (Amanda).
 - KH and MD success at their jobs
 - Trip to Duluth

1. Incident Reports & Discussion of : 0**2. Safety Concerns:**

- Drills: **Quarterly** requirement for Fire and Storm
- **Designated place to go in case of fire: bottom of driveway**

1 st quarter –1/24/20	Storm-1/26/20	Jan.-Mar
2 nd quarter - 4/13/20	Storm- 4/12/20	April-June
3 rd quarter – 7/12/20	Storm -7/8/20	July-Sept
4 th quarter –10/17/20	Storm-	Oct-Dec.

3. House Goal or Challenge: (this may change as often as necessary)*Goal: To maintain wellness when out in the community and at the house/property.***4. House meetings for the individuals served :***January: Possible day trips, yummy meals we have made-any other suggestions? We want to have a garden – focusing on beans and tomatoes, for salsa, spaghetti sauce, etc. Rhubarb is automatic.**February: Talked about upcoming volunteer banquet, Art Walk, possible summer trip ideas, the fact that one of the housemates is leaving within the month.**July: Day trips, who's interested? where? Duluth to see the colors in Oct.**August: Recent behavior with JH, need for counseling MD, KH**September : House day trip to the North Shore**October:**November:***6. Review IAPP and profile of:**

Name: Jace

Issues: tone of voice, lack of participation in activities

Volunteering ideas for 2020: (Please remember to take pics at any volunteering).

- On hold

II. Old Business: weather:

- When there are storm warnings or advisories please do not travel.
- Remember to watch the gas tank, do not let go below ½.
- Shoveling, be sure the sidewalks are clear, lift appropriately

III. New Business:

- The office is again urging cutting back all unnecessary activities in the community.

IV. Maintenance Needs: - complete and submit the maintenance request form via Cory-email as needed

- **Pending**-fixing MD's closet door. Brian has been unable to order the door. Brian was by yesterday and he said he will check on it.
- Van-Cory said he will get it sent in for repair

V. Upcoming events

- bottle cap project
-

DISCUSSION OF CONSUMERS:

MD, KH are expecting sizeable tax returns, be on the watch per bank balances. Be aware of their resource limits.

- **Ken**
 - ✓ Ken will be having his first phone appointment for his **Neuro Psych Assessment**, planned with Nystroms in St. Cloud. **We have completed the forms on line for the appt.** I feel I/we have seen a lot of odd behavior from Ken recently. Ex. He seems very nosy, forgetful, tries to be a junior staff, watching neighbor children, moody
 - ✓ Ken reports that he will be going home for Thanksgiving this year.
 - ✓ Ken is now working 7A to 1P. Please keep an eye on his mood, physical appearance etc. He does a lot of labor at Home Depot and he won't let us know if it starts to be too much.
 - He needs to be dressed appropriately every day:
 - a clean mask
 - boots, hats, gloves (on Thursday he asked Ally if he should wear his boots)
- **Micheal**
 - ✓ **Micheal will be going to Kassy's 10/30 to 11/1. Via Jefferson bus lines and will be leaving from the Walmart parking lot – get him there early!!**
 - ✓ Micheal really needs to have us address him slamming the doors downstairs.
- **Paul**
 - ✓ Paul was taking naps a couple weeks ago. Maybe he wasn't feeling right but keep an eye on him.
 - ✓ New: Paul is evidently taking the clothes out of the washer before they are done. Starting now, we will need to supervise Paul. He has nothing but time and does not need to rush thru the process.
- **Jace**
 - ✓ Jace had his meeting last week. We didn't really learn much more. He is going to start looking for a job to supplement his job at Arrowwood. He is particular about the type of job he wants. He wants to be able to get there on his own which will limit his choices. He talked about his housemate across the hall and alluded to his not feeling safe at times. Continue to invite him to activities-his Mom really would like him to try things. We will be getting new paperwork soon from Emma on his new goals: bathroom cleaning-1X week, job search, social
 - ✓ Document, Document, Document
 - ✓ Needs a new ID
 - ✓ Needs to register to vote

Signature of those in attendance:

_____	_____
_____	_____
_____	_____

September 2020 Staff Meeting Questions

Name: Bernie Bofash

Date: 9-30-2020

Watch TI Video.

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

a. Managing Defensive behavior

b. proper ways to Deescalate

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 "

c. Manual "

d. Time out

e. Seclusion

f. 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 co-ordinators

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

a. legal representative

b. Case manager

Read Module 1: The CPI Crisis Development Model.

6. Name the 4 crisis development/behavior levels:

a. anxiety

b. Defensive

c. Risk behavior

d. Tension Reduction

7. Name the 4 staff attitudes/approaches:

a. Supportive

b. Directive

c. Physical intervention

d. Therapeutic Rapport

Read Debriefing PowerPoint.

8. Give 3 examples of the purpose of debriefing:

- a. it places events into logical order
- b. it clears up misconceptions
- c. it acknowledges the accomplishments

9. List 4 symptoms of critical incident stress:

- a. Restlessness
- b. Irritability
- c. Anxiety
- d. Depression

10. List 2 incidents that may require a debriefing:

- a. Death of consumer
- b. Physical assault

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher, PC

Date: September 30th, 2020

Denise

Monthly Newsletter –send article/pictures before the 5th of the month

- Please continue to take pictures at the activities that you support and either send them to me via your phone or to Frontdesk@orhvv.com (Amanda).
 - ORH day at Camp
 - Art Walk

1. **Incident Reports & Discussion of :** 1; 9/7/20 MD hit his hand on his bookcase due to his housemate "slamming the door". This is the 2nd time in recent time that he has hit something out of frustration. I have asked for formal data to track such behavior. Since MD's appts. are phone calls, I have encouraged Micheal to talk with Glynis about this but it is very similar behavior as when DK lived here and it was brought to her attention and the attitude continues.

2. Safety Concerns:

- Drills: **Quarterly** requirement for Fire and Storm
- **Designated place to go in case of fire: bottom of driveway**

1 st quarter –1/24/20	Storm-1/26/20	Jan.-Mar
2 nd quarter - 4/13/20	Storm- 4/12/20	April-June
3 rd quarter – 7/12/20	Storm -7/8/20	July-Sept
4 th quarter –	Storm-	Oct-Dec.

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

Goal: To maintain wellness when out in the community and at the house/property.

4. House meetings for the individuals served :

January: Possible day trips, yummy meals we have made-any other suggestions? We want to have a garden – focusing on beans and tomatoes, for salsa, spaghetti sauce, etc. Rhubarb is automatic.

February: Talked about upcoming volunteer banquet, Art Walk, possible summer trip ideas, the fact that one of the housemates is leaving within the month.

July: Day trips, who's interested? where? Duluth to see the colors in Oct.

August: Recent behavior with JH, need for counseling MD, KH

September: House day trip to the North Shore

October:

November:

6. Review IAPP and profile of:

Name: Micheal Dallmann

Issues: Quick to anger, moody

Volunteering ideas for 2020: (Please remember to take pics at any volunteering).

- The guys did an amazing job out at Camp Confidence assisting the camp staff with prepping for their 1st annual garage sale. It is typically an auction but the pandemic has changed things for them. It was all outside work and only a few others were involved and everyone wore masks.

II. Old Business:

- How is the Timeclock system going? Concerns?
- The guys continue to be very stubborn about washing their masks **DAILY**. They all have numerous masks. No, they cannot wash them in the sink.
- **Incident reports-Be sure you are reporting all incidents/injuries on an incident report, notify the Q on call: Do we all know how to do that? Also, call Me and you also have to send the form to the team members via e-mail.**

III. New Business:

- **TI review.** 1 hour video with question sheet. Located on my Desktop.
- **Wage confirmation**, review, sign and place in extra envelope. **CONFIDENTIAL**
- Review of updated **Med observation checklist** for new staff
- **New Program Policies (PP) document signature page.** To be located in the new PP binder in the bookcase. "It is your responsibility to know where this binder is located so that you can refer to it when needed."
- Be on the lookout for the **flu shot authorizations** for Micheal and Jace. Ken will be getting his shot at his annual physical on October 9th.
- What are we going to do to keep busy this winter????

IV. Maintenance Needs: - *complete and submit the maintenance request form via Cory-email as needed*

- **Pending-fixing MD's closet door.** Brian has been unable to order the door. Brian was by yesterday and he said he will check on it.
- **As soon as the bamboo gets pouty, Gary knows about coming and getting it and take it to the dump.** We will cut it down for him first. Also, who knows how to salvage the seeds from the Zinnias? Gary could take the flower carcasses also.
- Van-Cory said he will get it sent in for repair

V. Upcoming events

- We have started working on our bottle cap project.
- Day trip to the North Shore on October 4th. Approved per Ashley. Jace isn't going. He commented "I'm not going anywhere with you guys".

VI. DISCUSSION OF CONSUMERS:

- **Ken**
 - ✓ Ken is on a waiting list for a **Neuro Psych Assessment**, planned with Nystroms in St. Cloud. **We have completed the forms on line for the appt.** I feel I/we have seen a lot of odd behavior from Ken recently. Ex. He seems very nosy, forgetful, tries to be a junior staff, watching neighbor children, moody
 - ✓ Ken reports that he will be going home for Thanksgiving this year.
- **Micheal**
 - ✓ Micheal has been going to the library 1X a week to "catch up" on his Facebook.
 - ✓ Micheal is doing telemedicine calls with Glynis at CORE every 2 weeks. Times for the appointments may vary so please make sure he is ready for his call, no distractions. The calls are about 45 minutes long.
 - ✓ Micheal has started volunteering at Common Goods on Tuesdays 10A to 12n. Right now we are providing transportation.
 - ✓ **Micheal mailed his absentee ballot**
 - ✓ Before sending his excess funds to ABLE, Micheal would like to purchase some new clothes and he can also pay Octobers rent. His last paycheck was really hefty-nice job.
- **Paul**
 - ✓ I let Paul's Mom know that we do not have internet service at the house. He would have to pay for it himself. She is now rethinking it.
- **Jace**
 - ✓ **Did Jace take the note that I wrote up re: W2 form, to work this past weekend?**
 - ✓ Continue to redirect Jace if he is talking inappropriately or is sharing inappropriate material on his phone.
 - ✓ Be sure we are asking him what is upcoming schedule is so we can plan accordingly.
 - ✓ Document, Document, Document
 - ✓ Jace's work schedule has been varying greatly.
 - ✓ His debit card info for Spectrum has been changed
 - ✓ Jace was very nice yesterday, his birthday. Social with the guys. Very appropriate.

- ✓ Emma is going to pick him up from work on Sunday. We will get him there. We will need to leave the door unlocked also and make sure he has everyone's phone numbers.

Signature of those in attendance:



Bernie B

Brainerd Staff Meeting Agenda

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

Date: 08/24/2020

Time: 9:00am-12:00pm

Presenter: Shawna/Ashley

Ice Breaker: 1016

Milestone Anniversaries:

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

Next Meeting: 09/28/2020

Icebreaker: Westside

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

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

VA Review:

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

Nursing Notes: none

MH Training: Co-occurring Substance Abuse and Health Conditions

DD Diagnosis: Angelman Syndrome (video)

TI: Decision Making

New Business:

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

Hour 3- House Meeting:

August 2020 Staff Meeting Questions

Name: Bernie B

Date: 8-24-2020

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

1. List two examples of Moral Injury:

a: make decisions that affect survival of others

b: Experiencing betrayal by trusted others

2. During pandemics, some health care workers may feel like they must choose between caring for patients w/ contagious ^{disease} patients and keeping their family members safe.

3. Feelings resulting from morally injurious experiences can include guilt, shame, or distress.

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

a: changes in sleep

b: isolation

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:

That must have been incredibly hard, I can't imagine how I would feel in that situation.

8. Which symptoms require professional care:

- a. PTSD symptoms that do not resolve on their own
- b. Self-harming behaviors
- c. Self-handicapping behaviors
- d. Demoralization

DD Diagnosis: Angelman Syndrome (video)

- 1. You are born with Angelman Syndrome
- 2. Angelman Syndrome is contagious
- 3. Most people with Angelman also have epilepsy.
- 4. Angelman Syndrome is common and easily diagnosed

True or False

True or False

True or False

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 & wrists
 - b. Between fingers

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. not be able to taste food
2. cold food
3. live on the beach

Monthly Newsletter –send article/pictures before the 5th of the month

- Please continue to take pictures at the activities that you support and either send them to me via your phone or to Frontdesk@orhvv.com (Amanda).

- Incident Reports & Discussion of : 0
- Safety Concerns:
 - Drills: Quarterly requirement for Fire and Storm
 - Designated place to go in case of fire: bottom of driveway

1 st quarter –1/24/20	Storm-1/26/20	Jan.-Mar
2 nd quarter - 4/13/20	Storm- 4/12/20	April-June
3 rd quarter – 7/12/20	Storm -7/8/20	July-Sept
4 th quarter –	Storm-	Oct-Dec.

- House Goal or Challenge: (this may change as often as necessary)

Goal: To maintain wellness when out in the community and at the house/property.

- House meetings for the individuals served :

January: Possible day trips, yummy meals we have made-any other suggestions? We want to have a garden – focusing on beans and tomatoes, for salsa, spaghetti sauce, etc. Rhubarb is automatic.

February: Talked about upcoming volunteer banquet, Art Walk, possible summer trip ideas, the fact that one of the housemates is leaving within the month.

July: Day trips, who's interested? where? Duluth to see the colors in Oct.

August: Recent behavior with JH, need for counseling MD,KH

September

October:

November:

- Review IAPP and profile of:

Name:

Issues:

Volunteering ideas for 2020: (Please remember to take pics at any volunteering).

- Volunteering is on hold at this point. Ken did help a neighbor with tree cuttings

- Old Business:
 - Please take your time with documenting in the progress notes. Watch your spelling, punctuations, etc. Include your name and job title at the end of the line (_____MBoucher PC)
 - Please be sure that you are getting gas when it is at the ½ mark, especially important in the winter

- New Business:
 - The scheduling piece of the Timeclock. We will be starting this system on the 28th
 - Please be sure to remind the guys to be washing their masks very routinely.

- Maintenance Needs: - complete and submit the maintenance request form via Cory-email as needed
 - Pending-fixing MD's closet door. Brian has been unable to order the door. He will stay on it. Brian is strongly suggesting that the guys do not hang items on the doors themselves. It puts unnecessary weight on the hollow core doors.

- All activities are still on hold ex. Art Walk, some doctor appointments (KH-psych assessment), we are going slow with volunteering-MD-library book sale.
- We are in the planning stages of an outdoor activity with 1129.
- We have started working on our bottle cap project.

DISCUSSION OF CONSUMERS:

- Ken
 - ✓ Ken is on a waiting list for a Neuro Psych Assessment, planned with Nystroms in St. Cloud. I feel I/we have seen a lot of odd behavior from Ken recently. Ex. He seems very nosy, forgetful, tries to be a junior staff, watching neighbor children, moody
 - ✓ Jess is planning another visit Labor Day weekend. Again: Supervise completely, her staff cannot drop her off, in the driveway on chairs, no touching-kissing, holding hands, etc.
 - ✓ Ken needs to be the one who checks himself into Home Depot on the mornings he works.

- Micheal
 - ✓ Micheal has been going to the library 1X a week to "catch up" on his Facebook.
 - ✓ Micheal is doing telemedicine calls with Glynnis at CORE every 2 weeks. Times for the appointments may vary so please make sure he is ready for his call, no distractions. The calls are about 45 minutes long.

- Paul
 - ✓ Paul missed 2 weeks of work due to quarantining at his parents for the 2 weeks due to Dad being exposed to COVID.
 - ✓ Paul is working at Autism Matters each Friday

- Jace
 - ✓ Continue to redirect Jace if he is talking inappropriately or is sharing inappropriate material on his phone.
 - ✓ Be sure we are asking him what is upcoming schedule is so we can plan accordingly.
 - ✓ Document, Document, Document
 - ✓ Jace's work schedule has been varying greatly.
 - ✓ Be on the lookout for his Debit card in the mail. Mom is also talking about changing Jace's bank to Deerwood Bank.
 - ✓ His Spectrum bill is an auto pay at the end of each month.

- Review Employee schedule portal info
- Review the August staff meeting video as a group, complete questions in packet.
- Packet completion if there is time otherwise, 1 week to complete

Signature of those in attendance:

_____	_____
_____	_____
_____	_____



Bernie

Brainerd Staff Meeting Agenda

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

Date: 07/27/2020

Time: 9:00am-12:00pm

Presenter: Shawna/Ashley

Ice Breaker: 811

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

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

Next Meeting: 08/24/2020

Icebreaker: Westside

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

1. Please complete your house monthly safety form

2. Worker's comp claims:

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

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

VA Review:

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

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

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

Nursing Notes: none

MH Training: Bipolar Disorder

DD Diagnosis: Tourette's Syndrome

TI: Staff fear and anxiety

New Business:

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

Hour 3- House Meeting:

July 2020 Staff Meeting Questions

Name: Bernie Borash

Date: 7-22-20

MH Training: Bipolar Disorder

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

Can live a normal life when you & others understand this disorder and respond positively

DD Diagnosis: Tourette Syndrome

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

People need to learn more about Tourette to help accept ones that have it.

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

Ken made spaghetti for supper with 2 prompts. also prepared a salad. Attended his eye appointment with no issues. worked 10AM - 3 PM & walked both ways. asked for his meds on time & know what each med was for, performed our group exercise program including a one hour bike ride. Played corn hole game with housemate after supper. Watched TV in living room till bedtime. Bernie Borash 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 had been working for Oakridge only a few days, we visited another home & a person served fell on pavement & skinned his knee up. I thought accident report would be more difficult but not as bad as I thought for first time.

- ✓ 5. Why are only "authorized" visitors allowed in the group home? *to provide for the safety & security of employees, clients, visitors, & the facilities at ORH-WSS*
- ✓ 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.

- provide a vegetarian meal at least once a week.*
- Make physical activity a fun event (Bicycling, swimming, a hike in the Park.)*
- Limit foods high in calories & try to burn more calories than you take in.*

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher

Date: July 22nd, 2020 – 9A-11A

A heavy heart-Gail Benson's passing ☹️, Thank you to all who helped with covering for Ally.

Monthly Newsletter –send article/pictures before the 5th of the month

- Please continue to take pictures at the activities that you support and either send them to me via your phone or to Frontdesk@orhvv.com (Amanda).

1. Incident Reports & Discussion of :

- i. Ken-elopement (**New Elopement Protocol**) –Review-**Ken has 0 alone time**...at his home or in the community.... 0 alone time...period. He cannot wander anywhere from the home without staff....period. He knows this-hold him accountable. This is an area of VA potential.....period. **VERY IMPORTANT!!!!!!**

2. Safety Concerns: *Goal: To maintain wellness when out in the community and at the house/property.*

- Drills: **Quarterly** requirement for Fire and Storm
- **Designated place to go in case of fire: bottom of driveway**

1 st quarter –1/24/20	Storm-1/26/20	Jan.-Mar
2 nd quarter - 4/13/20	Storm- 4/12/20	April-June
3 rd quarter – 7/12/20	Storm -7/8/20	July-Sept
4 th quarter –	Storm-	Oct-Dec.

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

A new goal that isn't weather related: "To maintain safety when out in the community"

4. House meetings for the individuals served :

January: Possible day trips, yummy meals we have made-any other suggestions? We want to have a garden – focusing on beans and tomatoes, for salsa, spaghetti sauce, etc. Rhubarb is automatic.

February: Talked about upcoming volunteer banquet, Art Walk, possible summer trip ideas, the fact that one of the housemates is leaving within the month.

July: Day trips, who's interested? where? Duluth to see the colors in Oct.

August:

October:

November:

6. Review IAPP and profile of:

Name: Jace Hubbard- all staff have completed competencies

Issues: Rudeness, eating whenever-whatever-picky eater, not wanting to go on activities

Volunteering ideas for 2020: (Please remember to take pics at any volunteering).

- Deb suggested that we volunteer next year at Bentleyville (Duluth), she personally knows someone and will write herself a note as a reminder
- We may have new opportunities for the Pequot area. My husband is a Park Board member.

II. Old Business:

- **Communication Book** –Be sure you are signing each entry in the comm. book. It is different than the progress notes. The communication log goes to the office at the end of each month. All correspondence from the office, Safe Dose, coworkers, etc. should be in this book. Include your ideas as to why something may be happening vs. the progress notes which is just the facts.
- **House Guidelines – Review;** know them and where to find them
- **Your schedule**-you must stick to your schedule. The office is in it's trial for attaching our schedule to the Timeclock. This is a must!!

- **Housekeeping** –Do you have a schedule for yourself? **The cleaning still needs to be done**, but you now have the 5 hours to do your cleaning. Please be sure to clean the sinks and counters daily to cut down on the ants.
 - Areas to be cleaned frequently: bathrooms, kitchen counters, microwave, fridge cleaned out-wiped out, living room floor swept, dusting – **5 hours**
- **Sleep shift vs. an Awake shift.** How is it going with the overnight staff who are now sleep staff? Do you have yourself on a schedule?
- Are you all checking the **staff email**? If not, please do so.

III. **New Business:**

- Thank you for completing the June staff meeting **makeup packets**
- We have a new LPN-Laura-Of course her jobs will be very fluid but some of her tasks will be helping the homes that have more medical needs or where there are no PC's, popping in for surprise med checks, etc.
- Please be sure you are fully aware of the location of the guys when you are maybe in the bathroom or in the kitchen. We had a theft out of the guys snack cabinet. Remember, when there is opportunity for one he will take it.

IV. **Maintenance Needs:** - complete and submit the maintenance request form as needed

V. **Upcoming events**

- All activities are still on hold ex. Art Walk, some doctor appointments (KH-psych assessment, MD-dental), we are going slow with volunteering-MD-library book sale

VI. **DISCUSSION OF CONSUMERS:**

- **Ken** - Ken is on a waiting list for a **Neuro Psych Assessment**, planned with Nystroms in St. Cloud. I feel I/we have seen a lot of odd behavior from Ken recently. He seems very nosy, forgetful, tries to be a junior staff, watching neighbor children
 - ✓ Ken has agreed to do the **garden watering 2X a day**. Please be sure he does that and don't distract him, I feel he is doing plenty of gossiping with staff. Ken is paying too close attention still to the goings on of his housemates. Keep good boundaries.
 - ✓ His family is not having a family reunion in June BUT might move it to August.
- **Micheal** - Cooking goal is to be done on **Saturdays** now. Please familiarize yourself with his goal and data. **It is very detailed.**
- **Paul** – Paul has a **new position cleaning** at the Autism Matters office. Friday evenings only right now.
- **Jace** – Jace is back to work. Do not discourage him from riding his bike to work, but do watch the weather and let him know what you know. Continue to encourage participation with activities but don't hound. There is a fine line. I want to gather info and then present to Emma for guidance. We have learned a lot about the Person-Centered system from our times with David. **The most important thing for us is to do is document, document, document!!!! However, please curb all rudeness from him immediately. This is not Person Centered!**

Jace received a room key. He wasn't sure why he would need one, "no one would come in his room".

- **Review Autism info**

Signature of those in attendance:

_____	_____
_____	_____
_____	_____



Bernie B

Brainerd Staff Meeting Agenda

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

Date: 06/22/2020

Time: 9:00am-12:00pm

Presenter: Shawna

Ice Breaker: Riverwood

Milestone Anniversaries: none

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

Next Meeting: 07/27/2020

Icebreaker: 811

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims: none

VA Review:

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

Nursing Notes: N/A

MH Training: Recovery from MI and Community Resources

DD Diagnosis: Fetal Alcohol Spectrum Disorders

TI: Precipitating Factors, Rational Detachment, Integrated Experience

New Business:

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

Hour 3- House Meeting:

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) Deal with loss of brother

2) leave abusive relationship

- 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: a job he's passionate about & his hobbies

Jerome: painting artwork & his job

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. _____

a small head, weighs less than other babies, has distinctive facial features

- 2) List 3 possible behavioral/intellectual disabilities. learning, memory,

hyperactive, speech

- 3) What causes FASD?

mother drinking alcohol during pregnancy

- 4) True or False: There is no cure for FASD.

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

precipitating — life experiences that are hard to get through & leave behind

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? *WITHIN 24 hours*
- 3) How long from the time of the event does the staff member who used the manual restraint have to turn in a written report outlining the events to the DC/QDDP?
within 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.

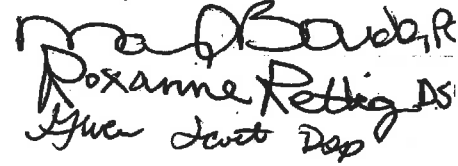
Dental Care: Dental care is extremely important- an oral infection can quickly become a systemic one that can be deadly. For those who are unable to brush their own teeth, staff should make sure to complete this task at least twice a day. If staff are caring for dentures, line the sink with a clean washcloth 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!! 😊

3/10



25



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



Bernie

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 Wegsheid-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: Bernie Borash

Date: 5-11-2020

MH Training: Psychotropic Medication and Side Effects

Read *Common Side Effects of Psychiatric Medications*

1. What are the 3 things a doctor may do to try to minimize or reduce the side effects:
 - a. change dosage
 - b. change time
 - c. how med is taken
2. What are the 3 common side effects not commonly talked about:
 - a. taste changes
 - b. memory issues
 - c. frequent urination
3. Different patients have different treatment responses and side effects to various psychiatric drugs — there is no single recipe or dosage that works for everyone.
4. It is important to talk to your doctor if any concerns arise or you feel the drug isn't working or isn't working as well as it used to.
5. Antipsychotic medications are commonly prescribed for psychosis or schizophrenia.
6. List 3 side effects of antipsychotics:
 - a. drowsiness
 - b. restlessness
 - c. muscle spasms
7. Tardive Dyskinesia (TD) is a disorder characterized by involuntary movements most often affecting the mouth, lips and tongue, and sometimes the trunk or other parts of the body such as arms and legs.
8. There are typical and atypical antipsychotic medications and both are used for treating psychosis and schizophrenia.
9. List 3 side effects of atypical antipsychotics:
 - a. dry mouth
 - b. blurred vision
 - c. dizziness
10. What medications are often prescribed for anxiety disorders, panic attacks, and phobias? Benzodiazepines
11. List 3 side effects of benzodiazepines:
 - a. drowsiness
 - b. memory impaired
 - c. dry mouth
12. Name 2 brand names of benzodiazepines:
 - a. Valium
 - b. Ativan
13. BuSpar 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. insomnia
16. Name 2 brand names of selective serotonin reuptake inhibitors (SSRIs):
 - a. Prozac Papil

- b. Celebra
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:
- Concerta
 - Strattera
 - Focalin
20. What is the term for "older antidepressants"? Tricyclic antidepressants
21. Side effects for tricyclic antidepressants include a drop in blood pressure when standing, sedation, dry mouth, constipation, urinary retention, blurred vision, dizziness, weight gain.
22. Brand names of tricyclic antidepressants include Anafranil, Pamelor, and Tofranil.
23. Effexor is a nerve pain medication and is also used to treat Depression, generalized anxiety disorder, Panic disorder, and social anxiety disorder.
24. List 3 side effects of Effexor:
- nausea
 - constipation
 - Dizziness

DD Diagnosis: Brain Injury

25. Watch The Little Bird Who Forgot how to Fly (6:29) Write your reaction to the video
- interesting that it is leading cause of disability in children in U.S.
Heartbreaking for people that know & love the child

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
 - Reasonable
 - Enforceable

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

35. What are 3 examples of limit setting?

- a. interrupt - helps consider alternative behavior
- b. when & then - puts positives first
- c. if & when - helps person reflect on current behavior

36. List 3 examples of empathic listening:

- a. undivided attention
- b. non-judgmental
- c. allow silence for reflection

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. Fidgeting
- e. Shaking

39. Effective de-escalation techniques feel abnormal.

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

- a. non-verbal
- b. verbal

41. It is said that approximately 65 percent of communication consists of non-verbal behaviors. Of the remaining 35 percent, inflection, pitch, and loudness account for more than 25 percent, while less than 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. healthy foods
- c. Don't smoke or drink alcohol

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 w/o weapon
- b. any sexual
- c. emotional

d. Neglect

Severe Weather

Read the section taken from Emergency Reporting Policies and Procedures

Dealing with Conflict in the Workplace

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

Don't let them stress you out as that will
hurt you over time.
Help them be more positive & have boundaries

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

try to keep under control & consider the source.
can be various reasons.
Don't let it get to you as they may have problems
in their life.
Think of one good thing about them.

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

- Don't die in the fight
- Focus on solutions not on problem
- Squash negative talk
- get enough sleep
- use your support system

DSP Code of Ethics

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

To be vigilant & treat people as I would want to be treated



Brainerd Staff Meeting Agenda

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

Date: 03/23/2020

Time: 9:00am - 12:00pm

Presenter: Shawna

Ice Breaker: 923

Milestone Anniversaries: none

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

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

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

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

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

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

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

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

VA Review:

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

Nursing Notes: First Aid & CPR

MH Training: Schizophrenia (video)

DD Diagnosis: Selective Mutism

TI: Paraverbal Communication

New Business:

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

Hour 3- House Meeting:

March 2020 Staff Meeting Makeup Packet

Name: Bernie Borash

Date: 5-11-2020

MH Training: Schizophrenia

1. Watch *Life with Schizophrenia: The Voices in Your Head*. 9:44 Write your reaction to the video Living in a nightmare, confusing to person affected, treated with meds often to help cope with

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 (signals, small sentences)
 - b. have child sit in room with someone they talk to & gradually more people in
 - c. accommodate in classroom & encourage social settings
9. If you know anyone who might be living with selective mutism, here are a few tips to communicate with them:
 - a. gestures, images, e-mail, texting
 - b. let person know what's coming so they can prepare
 - c. choose activities done w/o speech
 - d. know their coping skills
 - e. _____
10. What is your reaction to the "comments" left by others experiencing selective mutism?
average person would not recognize & be hard to treat.
even person affected is confused.
a rare disorder sometimes confused with shyness

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:
- Your tone
 - Your Volume
 - 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. Given PRN psychotropic meds
 2. Reportable incidents, behavior incidents
 3. Work-camp staff incidents
 4. Emergencies
 5. missing client
 6. Medication concerns
 7. possible VA
 8. Car accident w/client
 9. suspect intoxicated employee
 10. Police responding
 11. case mgmt or guardian calls w/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?

NO

Nutrition

27. Watch #MyPlateMyWins at Breakfast. If you make a simple switch one time you save 650 mg of sodium; do this every day for a year and save over 237,250mg of sodium! That is about 980 packets of salt!
28. Watch #MyPlateMyWins at Lunch. If you make a simple switch one time you save 7 g of saturated fat; do this once a week for a year and save over 2554 g of saturated fat! That's about 44 sticks of butter!
29. Watch #MyPlateMyWins at Dinner. If you make a simple switch one time you save 25 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? foods with low amounts of sugars, salt, & saturated fats
-
-



Brainerd Staff Meeting Agenda

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

Date: 02/24/2020

Time: 9:00am - 12:00pm

Presenter: Shawna

Ice Breaker: Glenwood

Milestone Anniversaries: Beth Sumpter-Office-20 years

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

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

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

1. Please complete your house monthly safety form – hand out on back safety/shoveling
2. Worker's comp claims:
 - *Staff slipped and fell on ice in driveway. Was on no work restriction for a few days for back injury. Now has been released back to work without restrictions.

A Review:

- Reported former staff for emotional abuse to Oakridge client
- *Money missing when client/staff returned home from a 1:1
- *Staff neglected to provide nutrition to client with a g-tube

Nursing Notes:

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

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

TI: Non-Verbal Communication

New Business:

- 1. 2020 Employee Handbooks / Policy changes
- 2. Expectations of staff when taking consumers on an outing
- 3. Smoking
- 4. Exercises to increase balance
- 5. Boundaries
- 6. HIPAA (video 2:13)
- 7. Data Privacy
- 8. Staff talents/strengths and how to use them working with clients
- 9. Person-Centered/Positive Support: 30 minutes- Balancing important to and important for for each individual (video 13:00)
- 10. Turn in the Know the person you work with worksheet
- 11. Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

Hour 3- House Meeting:

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher Date: February, 2020

Happy Anniversary Mary !!! 18 years
Happy Anniversary Gwen!!! 3 years
.....and MANY more!!

Monthly Newsletter –send article/pictures before the 1st of the month

- Please continue to take pictures at the activities that you support and either send them to me via your phone or to Frontdesk@orhvw.com (Amanda). If they are volunteer pics we will also have to include sending them to Toni.

1. **Incident Reports & Discussion of :** none

2. **Safety Concerns:** *Goal: To maintain wellness when out in the community and at the house.*

- Drills: **Quarterly** need Fire and Storm
- **Designated place to go in case of fire: bottom of driveway**

1 st quarter –1/24/20	Storm-1/26/20	Jan.-Mar
2 nd quarter -	Storm-	April-June
3 rd quarter -	Storm -	July-Sept
4 th quarter –	Storm-	Oct-Dec.

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

A new goal that isn't weather related:

Healing after DK moves out and getting back on track.

4. **House meetings for the individuals served :**

January: Possible day trips, yummy meals we have made-any other suggestions? We want to have a garden – focusing on beans and tomatoes, for salsa, spaghetti sauce, etc. Rhubarb is automatic.

February: Talked about upcoming volunteer banquet, Art Walk, possible summer trip ideas, the fact that one of the housemates is leaving within the month.

March:

April:

June:

July:

August:

October:

November:

6. **Review IAPP and profile of: (All completed the new competencies this month). Awesome job!!**

Name:

Issues:

Volunteering ideas for 2020: *(Please remember to take pics at any volunteering).*

- *Adopt a highway: Katie (SILS) said they would also be interested in joining us*
- *Deb suggested that we volunteer next year at Bentleyville (Duluth), she personally knows someone and will write herself a note as a reminder*
- *We may have new opportunities for the Pequot area. My husband is a Park Board member.*

PTO/Vacation needs:

Mary April 3-15th, April 30th-2nd

Bernie May 3rd-10th

Gwen May 3rd, 4th

Ally

II. Old Business:

- **Communication Book** –Be sure you are signing each entry in the comm. book. It is different than the progress notes. All correspondence from the office, Safe Dose, coworkers, etc. should be in this book. Include your ideas as to why something may be happening vs. the progress notes which is just the facts.

III. New Business:

- David has a **new med.** Blood pressure med. We received permission from Mom. So far he is taking it without issue. Please be sure you are signing the med change sheet (PINK). We received the med from Walgreens and Safe Dose has the order.
- **Sheila** is now part time.
- Emma is buying the **bench**. Getting it picked up is posing an issue with her.
- **Sheila said that since we have a tentative date for David that she will be planning a house tour. Please be sure you are keeping the house neat and tidy all day long: dishes washed, sweeping, bathrooms cleaned, etc.**

Maintenance Needs:

- None; **however**, please keep an eye on the front sidewalk. We have cones out now until the roof of the garage is completely melted off, the sidewalk will continue to be underwater and at night it ices over. Enter the house through the garage for safety sake. Also, the back deck gets wet during the day and icy at night.

Upcoming events

- **Art Walk** – April 25th. Ken and Paul have been very helpful.
- **SOBB** tournament April 15th in Staples

V. DISCUSSION OF CONSUMERS:

- **David**
 - We were told by Mom that the new provider said that David's bedroom will be ready March 9th. He is going to give his 2 weeks notice on Monday. **His going away party at The Center is this Friday. DeAnn wants all of us to come-1P**
 - Be sure you are documenting with clear detail, everything on David, mood, threats, elopements, etc.
 - I have started a list of items that he no longer is wanting to take with. It is hanging on the bulletin board. Please add to the list as needed. Any clothing, we can take to soup kitchen
- **Ken**
 - Be sure that Ken is properly dressed in the a.m. He must have a long sleeved jacket on under his coat. Also, gloves, hat and boots.
 - He has been complaining of a sore back the last couple days. He has been getting Tylenol but please be sure he has the lighter coat with him so that his muscles stay warm. Ken overdoes everything he does and he just needs to slow down.
- **Micheal**
 - Micheal has been very generous with his efforts and has provided moving boxes for DK ☺
 - Micheal has decided to participate in SOBB!! He will need the paperwork completed when we get it.
- **Paul**
 - Let's talk about Paul....what are we seeing?



Brainerd Staff Meeting Agenda

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

Date: 01/27/2020

Time: 9:00am - 12:00pm

Presenter: Shawna

Ice Breaker: 811

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

Welcome to new and returned staff:

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

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

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

Review:

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

Nursing Notes:

MH Training: Major Depressive Disorder (video)

DD Diagnosis: Cerebral Palsy (video)

TI: Care, Welfare, Safety and Security

New Business:

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

Hour 3- House Meeting:

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher

Date: January, 2020

Happy Anniversary Bernie!!! 10 years in December
Happy Anniversary to Ally!!! 3 years in December
.....and MANY more!!

Gwen and Bernie had perfect staff meeting attendance in 2019!! Thank you very much!!

Monthly Newsletter –send article/pictures before the 1st of the month

- Please continue to take pictures at the activities that you support and either send them to me via your phone or to Frontdesk@orhvv.com (Amanda)
- We will no longer be receiving an email with the newsletter attached. They will be putting a copy in our mailbox at the office.

1. Incident Reports & Discussion of :

- David has been leaving whenever he feels like it. Document, Document, Document. When he is “due back” and he isn’t. Call or text him and then document your attempts.

2. Safety Concerns: *Goal: To maintain wellness when out in the community and at the house.*

- Drills: **Quarterly** need Fire and Storm
- **Designated place to go in case of fire: bottom of driveway**
1st quarter –1/24/20 Storm-1/26/20
2nd quarter - Storm-
3rd quarter - Storm -
4th quarter – Storm-

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

A new goal that isn’t weather related: “Food choices”, being creative –We cooked Hungarian this month. Maybe Romanian for next month. ☺

4. House meetings for the individuals served :

January: Possible day trips, yummy meals we have made-any other suggestions? We want to have a garden – focusing on beans and tomatoes, for salsa, spaghetti sauce, etc. Rhubarb is automatic.

February:

March:

April:

June:

July:

August:

October:

November:

6. Review IAPP and profile of:

Name: Paul

Issues: extremely easily agitated, importance of staff consistency-can’t stress enough,

Volunteering ideas for 2020: *(Please remember to take pics at the volunteering, Terri would like all new for the current year.)*

- *Adopt a highway: I asked Deb.....*
- *Include Wyatt from B-SILS – we would either bring along a SILS staff or we can read his info and then we would change our time to SILS vs. 809*
- *Deb suggested that we volunteer next year at Bentleyville, she personally knows someone and will write herself a note as a reminder*
- *We may have new opportunities for the Pequot area. My husband is now a Park Board member.*

Old Business:

- **Tobacco Products policy** — No use of tobacco products is allowed by staff when out in the public with persons receiving services
Smokers are responsible to clean up discarded tobacco products
Each home will establish a designated smoking area-**809 is the back deck.** No smoking in the garage or at the front of the house.
- Please make sure that on weekends that PB works that he is watching for his ride. Also, Ken each morning needs to watch for his ride. Neither of their staff should have to call the house to let us know they are in the driveway.
- **Communication Book** – A must!! Be sure you are signing each entry in the comm. book. It is different than the progress notes. All correspondence from the office, safe dose, coworkers, etc. should be in this book. Include your ideas as to why something may be happening vs. the progress notes which is just the facts. It is not to be used to criticize each other, etc.
- Patty has been doing surprise visits and checking at med times. Know the med admin process.
- Be sure to stick to your schedule. They have been previously sent into the office for approval and anything that ends up different **MUST** be put on the deviation sheet.
- Phone times 9a to 9P, the phone is needed for house business, guardians, staff calling in, etc.

III. New Business

- **New Competencies** – one competency that covers 4 of the previous competencies.
- **New DC** for us-Emma Driscoll
- Each month, take a look at the nails on the guys to be sure all is well
- Our annual **OSHA summary** of work related injuries for 2019
- Be watching for the guy's tax info in the mail and put in the appropriate file.
- We are expecting a call from Charter. They will be setting up an appt. to switch out cable boxes and unfortunately, they will only do so through me. So....if you will please text me when they call so that I will answer their call, I don't usually answer a call when I don't recognize the number.
- ORH has had fraud charges on their account so it has been hit or miss when using the card.

Maintenance Needs:

- Steve was very impressed after the November storm, that we had no shoveling/snow issues. Nice job everyone with being conscientious and keeping your vehicle off the street until the plows have been around, we had the snow removal guy widen the driveway on the north so that should also help. Also, if you are working the overnight and a sizeable amount of snow is in the forecast, please park in the garage so that the plow can clear all of the driveway.

Upcoming events

SOBB-starting February 5th, 6PM at the high school. DK said he's not interested and MD said he might give it a try.

ORH winter day at camp February 7th 9A-3P, Bernie and I will be supporting. We are waiting to hear from David whether or not he will be attending

Volunteer banquet - February 22nd, Bernie and I will be supporting

V. DISCUSSION OF CONSUMERS:

○ David

- **We are still waiting.....**

- Be sure you are documenting with clear detail, everything on David, mood, threats, elopements, etc.
- I have started a list of items that he no longer is wanting to take with. It is hanging on the bulletin board. Please add to the list as needed. Any clothing, we can take to soup kitchen
- We have completed the Dr.'s request of tracking his BP for 10 days. Gwen and Bernie, please get the fax or email # for Essentia-Baxter and get it sent off to Dr. Anderson.

○ Ken

- Be sure that Ken is properly dressed in the a.m. He must have a long sleeved jacket on under his coat. Also, gloves, hat and boots.

○ Micheal

- Reminder that he cannot be out and about on his own during storm warnings or advisories
- Definitely needs to be reminded to take out garbage and pick up his room before he goes anywhere
- PLEASE remind MD to slow down when eating and not talk when chewing. Consistency will be helpful with this.
- Be watching the mail, Micheal is expecting a check from his ABLE account in the amount of \$1000.00.

○ Paul

- Reminder: One of PB's goals is to suggest 3 meals and put together a list of needed ingredients.
- Boots - Please discourage Paul from wearing his heavy Sorel boots all day. He is to take them off at the bottom of the stairs and leave them in the closet there.
- Laundry-if a holiday or a HV falls on a Tuesday, please reassure him and his parents that he can get his laundry done another time so that he DOESN'T bring his laundry home with him.
- Please be paying attention to phone calls that he may receive. Per Mom he is to have "friends only". Historically, he has not handled "relationships" well. he has a tendency to have increase anxiety which has lead to BM issues, increased talking to self.

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	Bernie Borch	Year	2019
Location	809	Position	FT DSP
Date of Employment	12/22/09	Inservice Hours Required	12 33

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

Monthly Staff Meetings

Attach staff meeting agenda

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan	1/28	Staff & House Meeting P-C/Positive Support-Technology and independence (.5) VARPP, Service Recipient Rights, CSSP Competencies, MH-Major Depressive Disorder (.5)	Shawn's Shawna	3	MB
Feb	2/15	Staff & House Meeting P-C/Positive Support-Share Talents/Strengths (.5) MH-Suicide Intervention (1)	Shawna	3	BB
March	3/25	Staff & House Meeting IPP Competencies, MH-Delusional Disorder (.5)	Shawna	3	MB
April	4/22	Staff & House Meeting BIPP & Psych Med Competency, MH-Psychotropic Meds & Side Effects (1)	Shawna	3	MB
May	5/20	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	Terri, Meghan	3	MB
June	6/24	Staff & House Meeting P-C/Positive Support-Quality of Life (.5) CSSP-A Competencies, MH-Recovery from MI, Community Resources (1)	Shawna	3	MB
July	7/22	Staff & House Meeting IAPP Competencies, Adaptive Equipment Competency, MH-Substance/Medication-Induced Psychotic Disorder (.5)	Shawna	3	MB
Aug	8/26	Staff & House Meeting PAPP Competency, MH-Co-occurring SA & HC (1)	Shawna	3	MB
Sept	9/23	Therapeutic Intervention P-C/Positive Support	Shawna	3	MB
Oct	10/28	Staff & House Meeting P-C/Positive Support-Cultural Competency, Harassment, Medicare Fraud MH-Catatonic Disorder, Treatment Options/EBP (.75)	Shawna	3	BB
Nov	11/25	Staff & House Meeting MH-Factitious Disorder, PTSD (.75)	Shawna/Mary	3	MB

Required Trainings

Date	Inservice Topic	Presenter	Hours	Compet
3/25	First Aid	Patty		
3/25	CPR	Patty		
	Medication Administration			

Vulnerable Adult Review/Vulnerable Adult Policies and Procedures (VARPP)

Date: 4/27/19	Online VA Training
---------------	--------------------

Consumer IAPP Competencies

Date	Consumer Initials	Date	Consumer Initials
7/25	DK	7/25	MD
7/25	KH		
7/25	PB		

Consumer ISP/CSSP and CSSP Addendum Competencies

Date	Consumer Initials	Date	Consumer Initials
1/18	CSSP - DK, MD, KH, PB	6/26	CSSP - DK, MD, KH, PB

Other Training

Attach back up Documentation

Month	Date	Training	Initials

Total hours for 2019

(page 1 and 2 combined)



Brainerd Staff Meeting Agenda

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

Date: 1/28/19

Time: 9:00am - 12:00pm

Presenter: Schailis

Snacks/Icebreaker: Glenwood Thank you!

Milestone Anniversaries for the year: none

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

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

Sign attendance page: Please make sure you have signed in

VA Review:

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

Safety Agenda:

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

Nursing Notes:

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

MH Training: Major Depressive Disorder

DD Diagnosis: Social (Pragmatic) Communication Disorder

New Business:

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

Hour 3- House Meeting:

Snow shoveling safety- Staff

1. What percentages of shoveling back injuries happen at home?

96

2. Common injuries result from a slip and Fall.

3. The most important thing is to protect your head.

4. Top of the list for snow shoveling related injuries:

a. sprains

b. Strains

c. Fractures

5. These are most often caused by slipping,
Twisting and overexertion.

6. Other factors to be aware of are

a. Dehydration

b. Heart attacks

c. Back problems

7. The best way to shovel snow is in a light and
moderate manner.

8. Shoveling puts you at increased risk for Lower Back
injuries.

9. Dress properly to prevent hypothermia. To do this, dress in
layers.

10. Take frequent breaks and have proper footwear
to prevent slipping.

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

1. What types of content in normal conversation would a person with this disorder have trouble catching?
 - a. not understand humor
 - b. reading faces
 - c. social mistakes
 - d. emotions of others
2. They will have more friends than the average person. T or (F)
3. They may make enormous social mistakes which can hinder their job promotion.
4. A person with SCD may seem "weird". (T) or F
5. Understanding reading can be difficult.
6. They tend to be fact oriented people.

VARPP (Jan, 2019)

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: PC (in apt. county) mail 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 all with a suspected VA?

A: Back on 5th page (last page of VARPP)

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

A: _____

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

A: IAPP

7: Person engaged in the care of a VA

A: caretaker (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 hr

11: What does VARPP stand for?

A: Vulnerable Adult Reporting Policy Procedures

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

A: _____

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

A: verbal 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

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher

Date: January 28th, 2019

Bernie just completed his 9th year at Oakridge Homes, December 22nd. Yahoo!! Thanks for all you do...We couldn't do it without you!!

Ally celebrated her 1 year anniversary on December 14th!! Thanks Ally, your position can be very difficult and you have had great attendance!!

Monthly Newsletter—send article/pictures to Brandy (brandy@orhwy.com) before the 1st of the month

*SOBB-Wednesday evenings

*MD-Common Goods

*KH-Creative Cookers

*PB-volunteer with Dad at Fishing extravaganza

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

DK-self injurious behavior-self tattooing—"it's my body" – DK is well aware of the risks of his stick and poke tattoos. He turned in his pens to me and they are in the office supply drawer.

• *Weather Advisory Report Also*

2. Safety Concerns: Goal: To maintain wellness when out in the community and at the house. Shoveling, use of ice melt, proper footwear.

- Drills: quarterly need Fire and Storm

- Designated place to go in case of fire: bottom of driveway

1st quarter -

Storm-

2nd quarter -

Storm-

3rd quarter -

Storm -

4th quarter -

Storm-

Discussion of last fire drill led by staff –

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

A new goal that isn't weather related:

Introduce a vegetarian meal each week; continue watching portions and exercising as a house

4. House meetings for clients :

January: discuss/assist w/ using their appropriate behavior, discussing for the weather, activities and get being able to be out and about, possible summer house trips, upcoming activities

February:

March:

April:

May:

June:

July:

August:

September:

October:

November:

6. Review IAPP and Client Profile of one client.

Name: PB; team meeting was 1/15/19

Issues: SIB items continue to be found in his room

May is the only person.

II. Old Business:

- Please be sure you are doing the data AS IT OCCURS, don't wait for the end of the night. You will forget stuff. This is important, especially for DK. I have included adding in the amount of hours of L1 time and what was done during that time. DOCUMENT, DOCUMENT
- You cannot drive with any of the clients UNLESS you have your vehicle approved by the office.
- If you are on shift and we receive Safe Dose medications, please check them in and initial the invoice and scan and email to Christen right away.
- Always make sure you are watching that the consumers go into the building when you are dropping them off.
- Please re-familiarize yourself with the wind chill chart-posted on the bulletin board

III. New Business

- All medical paperwork, now **only** goes to Dana, Schailis and Patty
- New Daily checklist for shifts
- Salads on basketball nights please
- Fire/storm drills now go to Schailis
- We have a new Safe Dose rep, her name is Christen Wells – I have her email address taped to the computer.
- CONSISTENCY IS NECESSARY IN ORDER FOR THE GUYS TO BE THEIR BEST specifically PB. He needs to stay on schedule so that he is not rushed. PB has an extensive history of self injurious behavior (bag). Know where he is, what he is doing. Ex. If you leave him in the bathroom too long, he will water down the soap. We don't want watered down soap!! Ramen noodles have been found in his drawers.

Story-tape

PB – watching portions, bathroom time, room time, laundry process – to include house towels. He complains in getting him to participate in what you are doing. It's how you phrase things. Ex. He can be a great helper, let him know that you will need his help in 10 minutes and then have him involved in what you are doing. Ex. While at a home visit, your co-worker, Paul taped his body around and ghost to upper thigh then removed the tape-ban and all.

KH-Phone time-hold him accountable to his 12 minutes. No calls after 9P. Hold him accountable for when he is teasing and rude with PB. Document accordingly-data

MD-please remind him to slow down when eating-enjoy his food, less fingers, etc. He needs to stop overreacting when DK is around

Upcoming events

- Appreciation Celebration/Common Goods-MD and a guest
- Camp Confidence-ORH day at camp – Feb. 1 - DK, PB, KH
- Removal of wreaths/Camp Ripley or Pequot Lakes – Feb. 2
- Volunteer Banquet – will include a meal – Feb. 23rd
- Art Class – March 9th, B & L (prep for the Art Walk)
- I'm on PTO April 2nd-10th
- Art Walk – April 27th – *our project is a secret*
- House trip – July 18th-20th Taylors Falls, also looking at Savannah Portage in the Fall
- Ken's family reunion July 20th
- Operation Sandwich sign up - May

V. DISCUSSION OF CONSUMERS:

○ David

- Incident reports – numerous stick and poke tattoos, cold weather
- Please be sure to document on the menu what/how much DK eats each day
- Be sure you try to discourage MD and DK from leaving the home during wind chill advisories, storm warnings, etc. If they leave anyways, it is a Behavior report that needs to be written.

○ Ken

- Ken is playing SOBB each week – he is on a half court team
- Ken still needs to be woke up around 2A each night to use the bathroom
- Ken will be attending Creative Cookers on the 3rd Tuesday each month

○ Micheal

- PA has chosen to showcase his success at McD on their YouTube site-check it out
- Micheal is volunteering at Common Goods on Tuesdays 10A to 1145A
- Gwen, please take a pic of MD at Common Goods for the Volunteer banquet

○ Paul

- Even if PB gets up on his own, prior to 2AM, you will still want to get him up later on.
- PB is now bringing deodorant to work with him, please be sure when you are assisting him, that he is well lathered when you go in to give him his shampoo. Important!!
- Show and tell-bag of contraband from PB's room
- PB's parents will be gone for approx. the month of February. I have included Paul's parent's cell phone and his sister Jackie's phone # on his face sheet. Also, a family friend, Connie, will be picking Paul up periodically to take him places and a possible overnight with her.
- PB is on the 2nd half court team for SOBB

Signature of those in attendance:

Shirley Mung DSP

Maureen B. R

Gwen Salt

Bernie B. DSP

Angie B. DSP

Julie J. DSP



Brainerd Staff Meeting Agenda

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

Date: 2/25/19

Time: 9:00am - 12:00pm

Presenter: Shawna

Snacks/Icebreaker: 809 Thank you!

Milestone Anniversaries: none

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

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

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

Sign attendance page: Please make sure you have signed in

VA Review:

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

Safety Agenda:

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

Nursing Notes:

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

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

and cause of young
DD Diagnosis: Autism Spectrum Disorder (video)

New Business:

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

Hour 3- House Meeting:

INDIVIDUAL HOUSE STAFF MEETING

HOUSE: 809

Program Coordinator: Mary Boucher

Date: February 25th, 2019

Anniversaries: February: I just completed 17 years with Oakridge, Spencer completed 4 years, Gwen completed 2 years. Yahoo!!!

We were relicensed on the 13th, the new license has been hung (downstairs) and we are good now till 2/28/21. Julee, you did great with the very thorough deep cleaning. Thank you!!

Monthly Newsletter –send article/pictures to Brandy (brandy@orhvv.com) before the 1st of the month

- *Wreath removal at Pequot Lakes
- * ORH Day at Camp
- *MD-volunteer appreciation for Common Goods (great pic Gwen!)
- *MD being showcased on UTube for PA

1. Incident Reports & Discussion of :

DK-self injurious behavior-self tattooing-“it’s my body” – DK is well aware of the risks of his stick and poke tattoos. He purchased more pens and then tattooed his wrist. At his meeting on the 12th, Schailis asked him to please stop. He claims “it replaces his cutting”.

2. Safety Concerns: *Goal: To maintain wellness when out in the community and at the house. Shoveling, use of ice melt, proper footwear. We need to keep our exits free of snow so PLEASE be careful clearing the snow off the back deck steps.*

- Drills: quarterly need Fire and Storm
- **Designated place to go in case of fire: bottom of driveway**

1st quarter – 2/15/19	Storm-2/15/19; all the guys responded great!!
2 nd quarter -	Storm-
3 rd quarter -	Storm -
4 th quarter –	Storm-

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

A new goal that isn't weather related:

- *Introduce a vegetarian meal each week; continue watching portions and exercising as a house-you all have been doing great with this.*

4. House meetings for clients :

January: discussion of using their appropriate bathroom, dressing for the weather, advisories and not being able to be out and about, possible summer house trips, upcoming activities

February: the importance of keeping areas shoveled, not tying up the bathroom,

March:

April:

May:

June:

July:

August:

September:

October:

November:

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

Name: DK

Issues: tattooing, not following house guidelines, not completing goals

Volunteering ideas for 2019: The guys all attended the volunteer celebration on Saturday and they were all recognized for their volunteer hours. It was also mentioned that they all exceeded 2017 hours.

- Women's Shelter
- Adopt a highway
- Cookies for Habitat, Police, Fire
- Dog biscuits for H.A.R.T. or Babinski
- Garrison Animal Hospital
- Build a house with Habitat
- Pequot Lakes opportunities
- Memorial Day flags at Camp Ripley

II. Old Business:

- *Awesome job documenting!*
- *Ken needs to only use the bathroom upstairs*
- *Only staff should be moving laundry from one machine to the next IF the guys are intersecting with their laundry which should be minimal since they all have designated days*

III. New Business

- How is the punch in/out **Time clock** system going?
 - Please remind each other to punch in or out as we cross paths w/our shifts
 - Be sure to write up an adjustment form for changes to punches
 - Be sure to stick to your schedule as close as possible, plan your shift. The time clock system will soon be tied to a schedule so the fewer discrepancies the better.
 - Continue to do paper timesheets until all the kinks have been worked out-complete at the same time as punching out so that both agree with each other.
 - They will be moving our week cut off to Thursdays at midnight starting March 1st
This should only affect the overnight schedules
- We will have to watch closely WHEN/IF the **snow** starts to melt. Up front, the snow is right at the basement window, we should move it as soon as we can so that when it melts it doesn't run into the basement
- Mary, Bernie and Ally all have **PTO** to use before July 1st. Any ideas?
Mary (153.25)-1st week of April and May
Bernie-(160.0)
Ally - (22.0)

Upcoming events

- Art Class – March 9th, B & L (prep for the Art Walk)
- I'm on PTO April 2nd-10th (approved)
- Art Walk – April 27th – *our projects are a secret*
- House trip – July 18th-20th Taylors Falls, also looking at Savannah Portage in the Fall
- Ken's family reunion July 20th
- Operation Sandwich sign up - May

V. DISCUSSION OF CONSUMERS:

○ David

- David had his semi-annual meeting on the 12th. I had sent a list of concerns that Bernie and I compiled to Schailis prior to the meeting. She asked DK about each of them. It was decided:
 - Yes, **HOUSE GUIDELINES DO INCLUDE HIM** and he is expected to follow them
 - Instead of 5 goals, he will concentrate on 2 **plus** his behavior goal. Schailis will be rewriting the goals and will have a meeting with DK and I to go over the new approach. He will be working on budgeting and transportation. (plus behavior)
 - Regarding transportation, he is to be asking staff for rides, each day or to cover the week. Once the weather improves than he needs to find another means of getting around (ex. biking, walking). **Be sure to document daily**
 - He has again been asked to stop eating and drinking in his room, continue documenting as applicable. "This is a rule set by Cory and DK is no exception to the rule"-per Dana.
 - He has been asked to stop allowing his friend Trevor over in the late night hours to "trade" items through his window. He has been told that Trevor can come to the door before 9P if he needs to bring something to DK.
 - David's Mom would like David to *informally* look at apartments to see what is available and what money is needed if he were to move out on his own.
 - His team would like David to "interview" a prospective counselor.

○ Ken

- Ken has scheduled a date with Jess on March 5th, 5PM at Applebees. Per his team, the suggestion is go out to eat in a restaurant and sit across from each other.
- Ken is eagerly waiting to hear from Home Depot for a job. Evidently, they are willing to allow a staff to be with him at work. His funds are dwindling.

○ Micheal

- I have been communicating with Kassy to see what she is seeing with Micheal since his med increase of Risperdal. I let her know that he is extremely quick to anger, doesn't accept redirection well. I have asked her if she thinks that we may have to reduce his Risperdal and ask Leola if there is something else we can try. I reminded her that we tried the increase prior to 2014 and had to take him off due to increase anger. Micheal's next appointment with Leola is March 5th. She is also noticing that he is very abrupt with her when she says something that he doesn't agree with. His annual meeting is April 1st.

○ Paul

- Paul's parents have returned from their vacation
- Please watch the amount of fluids he has in the evenings.

Signature of those in attendance:



Brainerd Staff Meeting Agenda

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

Date: 3/25/19

Time: 9:00am - 12:00pm

Presenter: Shawna

Snacks/Icebreaker: Westside Thank you!

Milestone Anniversaries: none in Brainerd area

Welcome to new staff:

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

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

Sign attendance page: Please make sure you have signed in

VA Review:

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

Safety Agenda:

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

Nursing Notes:

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

MH Training: Delusional Disorder (Video)

DD Diagnosis: ADHD (Video)

New Business:

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

Hour 3- House Meeting:

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher

Date: March 25th, 2019

Anniversaries: March 27th : Julee 1 year!!

Monthly Newsletter –send article/pictures to Brandy (brandy@orhvv.com) before the 1st of the month

*David and Ken and afternoon at the Arb-snowshoeing (pic)

*Crafts class/lunch at the B & L (PB, MD, KH)

1. Incident Reports & Discussion of :

None

2. Safety Concerns: *Goal: To maintain wellness when out in the community and at the house. Now that we are into Spring time, please be careful out and about, please don't go to a river's edge to "check things out". The water is going to be high as things begin to melt. Be a good role model.*

- Drills: quarterly need Fire and Storm
- **Designated place to go in case of fire: bottom of driveway**

1st quarter – 2/15/19	Storm-2/15/19; all the guys responded great!!
2 nd quarter -	Storm-
3 rd quarter -	Storm -
4 th quarter –	Storm-

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

A new goal that isn't weather related: "Food choices"

- *Introduce a vegetarian meal each week; continue watching portions and exercising as a house-you all have been doing great with this.*
- *Implement-"no can openers or microwave use" ??We're looking at more garden areas, canning in the fall, picking strawberries-canning jams. What other ideas do you have?*

4. House meetings for clients :

January: discussion of using their appropriate bathroom, dressing for the weather, advisories and not being able to be out and about, possible summer house trips, upcoming activities

February: the importance of keeping areas shoveled, not tying up the bathroom,

March: Keeping sidewalks cleared, being kinder to each other, plans for the Art Walk

April:

May:

June:

July:

August:

September:

October:

November:

6. Review IAPP and Client Profile of one client.

Name: MD

Issues: Moodiness, quick to anger

Volunteering ideas for 2019: *(Please remember to take pics at the volunteering, Terri would like all new for the current year.)*

- Women's Shelter
- Adopt a highway
- Cookies for Habitat, Police, Fire
- Dog biscuits for H.A.R.T. or Babinski
- Garrison Animal Hospital
- Build a house with Habitat
- Pequot Lakes opportunities
- Memorial Day flags at Camp Ripley

II. Old Business:

- *Please plan to park your cars in the street now that the weather is nice. There is some oil leaking going on and the guys shoot baskets in the driveway. We don't want them tracking any oil onto the floors*

III. New Business

- **There seems to be some issue with who supports what activity. Since we have two staff on most days, and there are activities scheduled, have the client pick a number and then the two staff will guess a number and whoever is closest will be the one to support the activity.**
- How is the punch in/out **Time clock** system going?
 - Please remind each other to punch in or out as we cross paths w/our shifts
 - Be sure to write up an adjustment form for changes to punches
 - **Continue to do paper timesheets until all the kinks have been worked out**-complete at the same time as punching out so that both agree with each other.
- We have a new receptionist at the office, her name is Molly Schlosser. Please send her the daily \$ counts. Her email address is in the system.
- Mary, Bernie and Ally all have **PTO** to use before July 1st. Any ideas?
 - Mary (153.25)-1st week of April and May*
 - I'm on PTO April 2nd-10th (approved)*
 - May 1st-4th*
 - Gwen - June 12th-19th*
 - Bernie - (160.0)*
 - Ally - (20.75)*

Upcoming events

- Art Walk – April 27th – *our projects are a secret!!*
- House trip – July 18th-20th Taylors Falls, also looking at Savannah Portage in the Fall
- Ken's family reunion July 20th
- Operation Sandwich sign up – May

V. DISCUSSION OF CONSUMERS:

○ David

- Ally- Are you still interested in taking DK to look at apartments to see what is available and what money is needed if he were to move out on his own?
- David asked me the other day about moving out and “if he does and can’t do it”, can he move back into a group home? I told him there wouldn’t be any guarantee that he could move back into 809, he said “that’s fine”.

Ken

- Ken is eagerly waiting to hear from Home Depot for a job. He had to reapply and had an interview on Friday. He also received a check from the county so the pressure is off of him, he’s not as broke as he was.
- It appears that Ken has some allergies going on. We will need to monitor. He is now trying a generic Claritin and he says that is helping.

○ Micheal

- It was decided at MD’s last appt. with Leola that we are going to hold off with any med changes to see if the weather is a culprit to his moodiness. He also has a lot of frustration with his living situation which could be another factor. With certain supports and independence skills, Leola believes that MD could live in the community and that he should start now with mastering them such as using public transportation, checking on waiting lists for HUD housing
- *Micheal shared with me, in a very fragmented sentence, that he was at the Dollar Tree and walked out of the store, forgetting that he had a bag of chips in his hand. A clerk caught him and he went back in and paid for it. I told him that he was lucky that she didn’t call the police.*

○ Paul

- Please watch the amount of fluids he has in the evenings. This week I found a dresser drawer full of urine smelling clothes. If he smells of urine but is dry, it is because he has already changed clothes. He needs to shower and change his bedding so he doesn’t have skin breakdown.
- Overnights, please watch PB in the morning when he shaves, this weekend, he had shaved up onto the sides of his head. ☹
- Over the weekend, I literally watched PB wipe the crumbs off a pan and then stick it in the cupboard. I asked him if he washed it and he said no, I asked him to take it out and asked him if he was going to wash it and he said “no”. Please be sure you are paying attention to what he is doing. More and more I have been taking dirty dishes out of the cupboards. This might explain why.
- Please make sure he is showering at the SAME TIME each day. Garbage and recycling are to be done daily. His routine is very important. He must be ready by 730AM. He then eats breakfast when he gets back from taking DK to work.
- Paul had a couple of his bars stolen out of his drawer. I have removed the stick from the keys and put on a wrist bungee so staff can keep the keys on them. Remember that we have a couple of very opportunistic men in the house. Pay attention. The house will have to purchase a couple bars for him to replace the ones stolen.



Brainerd Staff Meeting Agenda

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

Date: 4/22/19

Time: 9:00am - 12:00pm

Presenter: Shawna

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

Milestone Anniversaries:

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

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

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

Sign attendance page: Please make sure you have signed in

VA Review:

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

Safety Agenda:

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

Nursing Notes:

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

MH Training: Psychotropic Medications and Side Effects

DD Diagnosis: Stereotypic Movement Disorder

New Business:

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

Hour 3- House Meeting:

April Staff Meeting Worksheet

Name: Bernie Borash DSP House: 809

Patient Shares Journey with Movement Disorder

Monica is being treated at UC San Diego for Dystonia.

Monica had a surgery called DBS.

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

Complex Motor Stereotypies

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

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

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

Managing Conflict

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

Ask Questions – what do you think went wrong?

Use a neutral tone. Stay calm.

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

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

Why There's So Much Conflict at Work

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

5 Steps:

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

Habits:

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

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

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

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

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher

Date: April 22nd, 2019

Monthly Newsletter –send article/pictures to Molly (molly@orhvv.com) before the 1st of the month

- Ken's new job
- Concert in Nisswa
- "Stepping Out" play MD, KH
- KH-Staples Hall of Fame

1. Incident Reports & Discussion of :

DK-5 new tattoos

DK-1 new tattoo-(this weekend)

2. Safety Concerns: *Goal: To maintain wellness when out in the community and at the house. Now that we are into Spring time, please be careful out and about, please don't go to a river's edge to "check things out". The water is going to be high as things begin to melt. Be a good role model.*

- Drills: quarterly need Fire and Storm
- **Designated place to go in case of fire: bottom of driveway**
 - 1st quarter – 2/15/19 Storm-2/15/19; all the guys responded great!!
 - 2nd quarter - 4/2/19 Storm-4/2/19; great cooperation
 - 3rd quarter - Storm -
 - 4th quarter – Storm-

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

A new goal that isn't weather related: "Food choices"

- *Introduce a vegetarian meal each week; continue watching portions and exercising as a house-you all have been doing great with this.*
- *Implement-"no can openers or microwave use" ??We're looking at more garden areas, canning in the fall, picking strawberries-canning jams. What other ideas do you have?*

4. House meetings for clients :

January: discussion of using their appropriate bathroom, dressing for the weather, advisories and not being able to be out and about, possible summer house trips, upcoming activities

February: the importance of keeping areas shoveled, not tying up the bathroom,

March: Keeping sidewalks cleared, being kinder to each other, plans for the Art Walk

April: Art projects, upcoming trip, tax returns

May:

June:

July:

August:

September:

October:

November:

6. Review IAPP and Client Profile of one client.

Name: KH (meeting May 15th)

Issues: Moodiness, quick to anger

Volunteering ideas for 2019: *(Please remember to take pics at the volunteering, Terri would like all new for the current year.)*

- I will be calling Karen Skarolid , Habitat, to confirm that it will be OK for us (residential) to support Ken on his days off, to volunteer there. She is on vacation till 22nd.
- Women's Shelter
- Adopt a highway
- Cookies for Habitat, Police, Fire
- Dog biscuits for H.A.R.T. or Babinski
- Garrison Animal Hospital
- Build a house with Habitat
- Pequot Lakes opportunities – Community Action has my number
- Memorial Day flags at Camp Ripley

II. Old Business:

- *Please plan to park your cars on the street now that the weather is nice. There is some oil leaking going on and the guys shoot baskets in the driveway. We don't want them tracking any oil onto the floors*
- *Please be sure that the lunches they are packing for themselves are healthy. **Portion sizes.** Well balanced, etc.*
- *If you are bringing items to the house, please put your name on it, wrap it in a bag if it goes in the fridge. We have had numerous food items stolen.*

III. New Business

- *Tis the season for curb appeal. Please make sure the house/yard are kept up. We will again be having a garden so there will be weeding that needs to be kept up on.*
- **Time clock system**
 - **Please remind each other to punch in or out as we cross paths w/our shifts**
 - Be sure to write up an adjustment form for changes to punches
 - **Continue to do paper timesheets until all the kinks have been worked out-complete** at the same time as punching out so that both agree with each other.
- Mary, Bernie and Ally all have PTO to use before July 1st. Any ideas?
 - Mary (116.25)*
 - May 1st-4th (approved)*
 - Gwen - June 12th-22nd*
 - Bernie - (146.0)*
 - Ally – (10.75)*

Tax returns will be showing up in a couple of weeks. Micheal is going to make a deposit to his ABLE acct.

Upcoming events

- Art Walk – April 27th – *The guys did a great job this year with their projects.*
- House trip – July 18th-20th Taylors Falls, also looking at Savannah Portage in the Fall
- Ken's family reunion July 20th
- Operation Sandwich sign up – May

V. **DISCUSSION OF CONSUMERS:**

○ **David**

- Ally- When can you take DK to look at apartments to see what is available and what money is needed if he were to move out on his own?

Ken

- He is still waiting for a check from the county so the pressure is off of him, he's not as broke as he was. I have an email in to his case manager.
- Ken is now working at Home Depot. We will need open communication with CTS to set up the days that he isn't working at Home Dept. He will be staying home. They will be sending us updated schedules.
- Ken's meeting was scheduled for the 15th, now it's the 8th.

○ **Micheal**

- MD is volunteering at the library book sale. It is being held at the mall, on the same day as the Art Walk. He is thinking he can spend time at both activities.
- Micheal had his meeting this month and he is starting the process of "moving out". He has set a goal for 2 years and Kassy appears to be on board with the plans. He is also planning on taking two trips with Search and Beyond, one of them in country and one international.

○ **Paul**

- Please make sure he is showering at the SAME TIME each day. Garbage and recycling are to be done daily. His routine is very important. He must be ready by 730AM. He then eats breakfast when he gets back from taking DK to work. He has been rather difficult in the a.m.'s. Julie found that he required another shower after a shower, he was even lathered when she checked on him. He has had a drawer full of incontinent clothing. Please be aware of his actions.
- Paul should not be bringing any personal items to work

Signature of those in attendance:



Brainerd Staff Meeting Agenda

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

Date: 6/24/19

Time: 9:00am - 12:00pm

Presenter: Shawna

Snacks & Icebreaker: Riverwood Thank you!

Milestone Anniversaries: Larry Lang-1016-5 years

Welcome to new staff: Sheila Gibson-Program Director-Brainerd Office; Eva Braley-Westside; Toby Berg-809; Jazlyn Lenarz-923; Travis Reinhart-710; Lexi Roby- Glenwood

Next Meeting: 7/22/19 Snacks & Icebreaker – 811

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

Sign attendance page: Please make sure you have signed in

VA Review: *Two VA's filed on 2 different community members in regards to a client. The county is investigating. *VA filed for missing underwear. *VA filed against client because he moved out against case manager and guardian advice. *VA filed for staff enticing client-staff was terminated. *VA filed for staff yelling/swearing at clients-Staff has quit. *VA filed for staff leaving clients unattended in vehicle while staff went into the store.

Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims:
 - Staff injured back, shoulder and arm while transferring a client from their wheelchair. Treated, no restrictions.

Nursing Notes: none

MH Training: Recovery from MI and Community Resources (2 videos)

DD Diagnosis: Fetal Alcohol Spectrum Disorders (2 videos)

New Business:

- Anyone want to acknowledge a staff for going the extra mile?
- Getting house ready for summer – Curb Appeal
- Summer Ombudsman Alerts/Emergency Procedures for summer
- Person-Centered/Positive Support: What does quality of life mean to each individual (2 videos & worksheet to do as a house team during house meeting)
- EUMR/BIRF, Prohibited Procedures & why not effective
- CSSP-Addendum Competencies
- Dress Code
- Dental Care
- Informal Goals
- Please let Molly know of any successes by consumers/staff to celebrate and acknowledge in the Newsletter

Hour 3- House Meeting:

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher Date: June 24th 2019

Our PT overnight hire didn't work out so Ally, Bernie and I will be covering the overnights until HR finds someone. Hopefully soon.

Monthly Newsletter –send article/pictures to Molly (molly@orhvv.com) before the 1st of the month

- Any ideas?

1. Incident Reports & Discussion of :

- I have created a binder for our incident reports, it also contains the tracking form, the blank report forms and instructions on how to complete a form.
- 0 incidents so far for June

2. Safety Concerns: Goal: To maintain wellness when out in the community and at the house.

- Drills: quarterly need Fire and Storm
- **Designated place to go in case of fire: bottom of driveway**

1 st quarter – 2/15/19	Storm-2/15/19; all the guys responded great!!
2 nd quarter - 4/2/19	Storm-4/2/19; great cooperation
3 rd quarter -	Storm -
4 th quarter –	Storm-

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

A new goal that isn't weather related: "Food choices"

- *Introduce a vegetarian meal each week; continue watching portions and exercising as a house-you all have been doing great with this.*
- *Implement-"no can openers or microwave use" ??We're looking at more garden areas, canning in the fall, picking strawberries-canning jams. What other ideas do you have?*

4. House meetings for clients :

January: discussion of using their appropriate bathroom, dressing for the weather, advisories and not being able to be out and about, possible summer house trips, upcoming activities

February: the importance of keeping areas shoveled, not tying up the bathroom,

March: Keeping sidewalks cleared, being kinder to each other, plans for the Art Walk

April: Art projects, upcoming trip, tax returns

May: summer safety, KH-use of sunscreen, lifting properly when at work

June: Upcoming house trip, summer yard work, making more benches, laundry days

July:

August:

September:

October:

November:

6. Review IAPP and Client Profile of one client.

Name: PB (meeting July 23rd)

Issues: Moodiness

* **Volunteering ideas for 2019:** *(Please remember to take pics at the volunteering, Terri would like all new for the current year.)*

- Ken has been volunteering at The Center on Thursday afternoons. Whoever supports him, be sure he is thorough and doesn't race through the chores. He is to mop the kitchen floor, do any dishes, and to wipe down the tables and all the chairs in the Great room.
- We also have a request already from The Center to help with their annual garage sale in September.
- Dar is also wanting our help with her church garage sale at the end of September.

Old Business:

- Tis the season for curb appeal. Please make sure the house/yard are kept up. Weeding in the garden and flower beds. Mowing. Please bring in the chair cushions if the forecast is rain.
- **Time clock system**
 - Be sure to write up an adjustment form for changes to punches but PLEASE keep to a minimum
 - We are done with paper timesheets so it is extremely important that you are documenting your time appropriately. If a shift is missed by the both of us, you WILL NOT be paid until the following payday. No exceptions. Also, stick to the schedule as close as possible.
- Mary, Bernie and Ally all have PTO to use before July 1st. Mary and Bernie have submitted a letter to the board of directors after the PT overnight that was hired didn't work out.
 - Mary (35.75)
 - Bernie - (30+)
 - Ally - (.75)

III. New Business

- Kathy in the office will be going part time starting in August.
- The grill must be cleaned after each use. It was very dirty this week when we used it. We will also be purchasing new flame covers due to the ones on it are falling apart.
- Please make sure the guys put away their outdoor items when not in use, ex. balls, frisbees

Maintenance Needs:

*Carpet on the stairs HAVE been replaced and look great.
David's window screen has been repaired, still waiting for a bill for him to pay
Micheal received a new house key-he broke his, will be paying the \$5.
Refrigerator shelving
Flooring in the bedrooms, particularly Ken's*

Upcoming events

- July 9th-We have reservations for Fishing at Camp Confidence from 5:30P-730P. Only 4 can attend. **No more than 4.**
- July 9th, PB, MD have their annual PA picnic at Lum Park. If MD plans to attend he will need to let Common Goods know.
- House trip – July 18th-20th Taylors Falls, also looking at a trip to Duluth. Debby got me a new 2019 book for Duluth and recommended a few new things for us to try.
- Ken has 2 family reunions – June 29th and July 20th.

V. **DISCUSSION OF CONSUMERS:**

- **David** – Sheila is looking into the possibility of getting DK's paycheck deposited to ORH and then the rent would come out and he would receive the difference or he would have to "earn" the difference.
If and when David goes for an extended period of time, approved by Mom and the rest of his housemates take advantage of that time and leave on an outing. David will be informed not to come back early because neither will the housemates. Before leaving the home, check to be sure all windows downstairs are locked, including his bedroom. Patio door has the stick in the frame and doors are locked. ORH will make a police report for breaking and entering if he were to come in thru any means.

- **Ken** - Ken has been doing very well at Home Depot. He is reminded to lift with his legs. One of his goals is to be sure to practice Home Depots safety policies.
Reminder that we do not accept phone calls before 9A and after 9PM. This would be very unsettling for the phone to ring at those times.

- **Micheal** – we have started the ball rolling with Micheal taking a trip to the Glacier National Park. He has completed the application. Kassy has to sign the guardian form and then I need to call Search and Beyond to let them know that we have someone interested in the trip.

Micheal needs to start practicing the use of public transportation.

- **Paul** - Please make sure he is completing his daily routine every day. That is what is recommended by Dr. Tinius per assessment years ago.

Signature of those in attendance:



Brainerd Staff Meeting Agenda

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

Date: 7/22/19

Time: 9:00am - 12:00pm

Presenter: Shawna

Snacks/Drinks: 811 **Icebreaker:** 811 **Thank you!**

Milestone Anniversaries: None

Welcome to new staff:

Next Meeting: 8/26/19

Snacks/Drinks: 1016 **Icebreaker:** 1016

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

Sign attendance page: Please make sure you have signed in and complete your In-service sheet

VA Review: None

Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims:
 - Client upset in kitchen, took spatula and hit staff on shoulder when sitting at table charting.

Nursing Notes: none

MH Training: Substance/Medication-Induced Psychotic Disorder (video)

DD Diagnosis: Tourette's Disorder (video)

New Business:

- Anyone want to acknowledge a staff for going the extra mile?
- Individual Abuse Prevention Plan (IAPP) Competencies
- Adaptive Equipment Competency
- Visitor Policy (staff-employee handbook, clients – house guidelines)
- Documentation and Charting Guidelines
- Nutrition, Portions, Healthy Food
- Company Picnic – August 22nd, 11a-4p, Safari North Zoo (between Brainerd and Little Falls) *T HOURS*
- Timeworks – leaving staff do not punch out before arriving staff punches in, no gap in time
 - PC – Payroll summary form, due to Jamie by noon on payroll Friday
- PC's – what type of calls are you receiving after work hours?
 - What things do you want to be called for when not at work?
- Please let Molly know of any successes by consumers/staff to celebrate and acknowledge in the Newsletter

Aug 1 Noon Tom Glenwood Died 210N LUTH

Hour 3- House Meeting:

July Staff Meeting Worksheet

Name: Bernie Borash

House: 809

Kids Meet a Woman with Tourette's

Tourette's Syndrome is a neurological disorder that causes people to have TICS and body MOVEMENTS that they can't control.

True or False: Taking deep breaths helped relieve the tics.

True or False: Most people with Tourette's do not blurt words out.

Janelle describes her tics as similar to trying not to SNEEZE.

Tourette's is not always present at BIRTH. Janelle says hers started to show around age 5 and her mom thought her tics were HABIT and that she could stop.

Even her EYES have tics.

There are MEDICINES available but they don't work for everyone.

Empathy means having an UNDERSTANDING

What is psychosis?

People with psychosis lose TOUCH with what's going on around them.

Psychosis can happen with lots of different mental illnesses and usually lasts a SHORT time; this is called a psychotic EPISODE.

If someone has a lot of psychotic episodes, they might be DIAGNOSED with schizophrenia.

The person is not making this up to be MEAN or on PURPOSE.

Psychosis is a mental illness. For some it is a result of DRAMA.

The big difference between daydreaming and psychosis is that you know that the daydreams are not REAL and that other people cannot SEE or HEAR them.

True or False: Hallucinations are seeing or hearing things that are not happening.

Believing in stuff that isn't actually happening is called DELUSIONS.

Remember: Not everyone experiences psychosis in the SAME WAY.

Report Key:

M = (medical- Use RED ink) any medical issue, ie: Dr's visit, lab, ER visit, medication changes sick, hospital, medical prn and follow-up, incident report.

P = (program – Use BLACK ink) any program issue, ie: behavior (good/bad), activity, visitors, behavior report. Include Who, What, Where, When and Why.

PM = (psychotropic med issue – Use BLUE ink), ie: visit to psychiatrist, any monitoring (DISCUS, MOSES, PMR), behaviors that speak to the need for the psychotropic medication, change in Psychotropic medication or dose changes.

[illegible]

CLIENT NAME: _____

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher

Date: July 22nd, 2019

Welcome to Roxanne Rettig, our new PT overnight staff.

Monthly Newsletter –send article/pictures to Molly (molly@orhvv.com) before the 1st of the month

- Sylvan Lake fishing
- PA picnic –MD, PB
- **House Trip - pending**
- **PB-1:1 fishing with “Let’s Go Fishing” - pending**

1. Incident Reports & Discussion of :

I have created a binder for our incident reports, it also contains the tracking form, the blank report forms and instructions on how to complete a form.

2. Safety Concerns: Goal: To maintain wellness when out in the community and at the house.

- Drills: quarterly need Fire and Storm
- **Designated place to go in case of fire: bottom of driveway**

1 st quarter – 2/15/19	Storm-2/15/19; all the guys responded great!!
2 nd quarter - 4/2/19	Storm-4/2/19; great cooperation
3 rd quarter -	Storm -7/14/19; Actual storm; great cooperation
4 th quarter --	Storm-

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

A new goal that isn't weather related: “Food choices”

- *Introduce a vegetarian meal each week; continue watching portions and exercising as a house-you all have been doing great with this.*
- *Implement-“no can openers or microwave use” ??We’re looking at more garden areas, canning in the fall, picking strawberries-canning jams. What other ideas do you have?*

4. House meetings for clients :

January: discussion of using their appropriate bathroom, dressing for the weather, advisories and not being able to be out and about, possible summer house trips, upcoming activities

February: the importance of keeping areas shoveled, not tying up the bathroom,

March: Keeping sidewalks cleared, being kinder to each other, plans for the Art Walk

April: Art projects, upcoming trip, tax returns

May: summer safety, KH-use of sunscreen, lifting properly when at work

June: Upcoming house trip, summer yard work, making more benches, laundry days

July: House trip, stealing, weeding, Lawn mowing, AC use,

August:

September:

October:

November:

6. Review IAPP and Client Profile of one client.

Name: DK (meeting Aug. 13th)

Issues: Sheila has lots to talk about: non-compliance-food in room, vaping in room, not paying rent on time

Volunteering ideas for 2019: *(Please remember to take pics at the volunteering, Terri would like all new for the current year.)*

- We also have a request already from The Center to help with their annual garage sale in September.
- Dar is also wanting our help with her church garage sale at the end of September.
- August 3rd, cleanup in Pequot, 930P after street dance

Old Business:

- Watch Ken-theft-when in stores
- Be sure to get receipts and sign. Don't rely on a house receipt. Receipt plus cash must equal total cash started with.

III. New Business

- *Kathy in the office will be going part time starting in August.*
- *The grill must be cleaned after each use. It was very dirty this week when we used it. We will also be purchasing new flame covers due to the ones on it are falling apart.*
- *The guys are wondering about the possibility of going to Valley Fair. Anyone interested in supporting? Spencer, Gwen?*

Maintenance Needs:

Refrigerator shelving

Flooring in the bedrooms, particularly Ken's – Arlys is reluctant to replace-Cory said that if we are granted permission ORH will replace KH's

Upcoming events

- House trip – July 18th-20th Taylors Falls, also looking at a trip to Duluth. Debby got me a new 2019 book for Duluth and recommended a few new things for us to try.
- Ken has a family reunion July 20th, Gwen will support.
- July 30th - PB has a 1:1 fishing morning at Pelican Lake-Gwen supporting.
- August 10th-Harmons Hearts at the Twins game. Bernie is supporting PB, MD and KH-it's an all day event. There is a chance that MD would be going home with his sister for the weekend and would leave from the game.
- Fishing Has No Boundaries - August 23rd, 24th – KH, DK – Gwen or Bernie
- Paul Bunyan Land – TBA
- ORH Summer day at Camp –TBA
- Sept. 26th, Fishing on Sylvan Lake-4 people only
- October 25th-Stage North Production –KH and MD have season passes-Dr. Jekyll and Mr. Hyde
- Formal Dance-Nov. 16th
- December 13th-Stage North Production – KH, MD season passes –The Snow Queen

V. DISCUSSION OF CONSUMERS:

- **David** – Sheila is looking into the possibility of getting DK's paycheck deposited to ORH and then the rent would come out and he would receive the difference or he would have to "earn" the difference. If and when David goes for an extended period of time, approved by Mom and the rest of his housemates take advantage of that time and leave on an outing. David will be informed not to come back early because neither will the housemates. Before leaving the home, check to be sure all windows downstairs are locked, including his bedroom. Patio door has the stick in the frame and doors are locked. ORH will make a police report for breaking and entering if he were to come in thru any means.

- **Ken** - Ken has been doing very well at Home Depot. He is reminded to lift with his legs. One of his goals is to be sure to practice Home Depots safety policies. It sounds like Ken will have a change in his position and hours. Therefore, our hours may change as needed.
Reminder that we do not accept phone calls before 9A and after 9PM. This would be very unsettling for the phone to ring at those times. Please be consistent with this.
 - Encourage Ken to bring an extra water to work instead of wanting \$ for pop.
 - Kens mood is very poor when he returns home from work. Is the job too much? too many hours?
 - Seems to have to nap afterwards, seems to have more of a hunch to his posture
 - Carpet has been replaced by the landlord – please keep a nose to the ground and bring to the attention of me if the smell returns.
- **Micheal** – we have started the ball rolling with Micheal taking a trip to the Glacier National Park. He has completed the application. Kassy has signed the guardian form.
Micheal is practicing the use of public transportation. He has taken Dial A Ride the last couple of weeks and it is going well.
- **Paul** - Please make sure he is completing his daily routine every day. That is what is recommended by Dr. Tinius per assessment years ago.

Signature of those in attendance:

_____	_____
_____	_____
_____	_____



Brainerd Staff Meeting Agenda

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

Date: 8/26/19

Time: 9:00am - 12:00pm

Presenter: Shawna

Snacks/Drinks: 1016 **Icebreaker:** 1016 **Thank you!**

Milestone Anniversaries: 20 years – Nancy Mohar, 1016

Welcome to new staff: Terry Hollerman & Sabin Gaire - Riverwood

Next Meeting: 9/23/19 Snacks/Drinks: Westside Icebreaker: Westside
(TI training will NOT be in September, it's being moved to our November Meeting)

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

Sign attendance page: Please make sure you have signed in and complete your In-service sheet

VA Review:

- Client left home alone with no alone time x2 (two different staff, two different days)
- Client reported staff sleeping on awake overnight and picking on him and nagging him

Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims: none

Nursing Notes: none

MH Training: Co-occurring Substance Abuse and Health Conditions (2 videos)

DD Diagnosis: Childhood Disintegrative Disorder/Heller's Syndrome (video)

New Business:

- Anyone want to acknowledge a staff for going the extra mile?
- PAPP competency
- House Team Building Exercise – “would you rather.....or.....”
- Back Safety
- Come to work with a plan – cleanliness of the home
- Hand Washing and Disease Prevention
- Company Picnic – August 22nd 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: Bernie Brown DSP House: 809

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.

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher Date: August 26th, 2019

Monthly Newsletter –send article/pictures to ?? before the 1st of the month

- *Harmon's Hearts Twins Game
- *Fishing has No boundaries -pending
- *Valley Fair-pending
- *Paul Bunyan Land-pending
- *Backyard Bash at Camp Confidence

1. Incident Reports & Discussion of :

I have created a binder for our incident reports, it also contains the tracking form, the blank report forms and instructions on how to complete a form.

**MD-dog bite/3day observation form completed. No ill results.*

2. Safety Concerns: Goal: To maintain wellness when out in the community and at the house.

- Drills: quarterly need Fire and Storm
- **Designated place to go in case of fire: bottom of driveway**

1 st quarter – 2/15/19	Storm-2/15/19; all the guys responded great!!
2 nd quarter - 4/2/19	Storm-4/2/19; great cooperation
3 rd quarter -8/7/19	Storm -7/14/19; Actual storm; great cooperation
4 th quarter – Oct.	Storm-

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

A new goal that isn't weather related: "Food choices"

- *Introduce a vegetarian meal each week; continue watching portions and exercising as a house-you all have been doing great with this.*
- *Implement-"no can openers or microwave use" ??We're looking at more garden areas, canning in the fall, picking strawberries-canning jams. What other ideas do you have?*

4. House meetings for clients :

January: discussion of using their appropriate bathroom, dressing for the weather, advisories and not being able to be out and about, possible summer house trips, upcoming activities

February: the importance of keeping areas shoveled, not tying up the bathroom,

March: Keeping sidewalks cleared, being kinder to each other, plans for the Art Walk

April: Art projects, upcoming trip, tax returns

May: summer safety, KH-use of sunscreen, lifting properly when at work

June: Upcoming house trip, summer yard work, making more benches, laundry days

July: House trip, stealing, weeding, Lawn mowing, AC use,

August: Sooo busy in August-expected behavior at activities, Stealing,

September:

October:

November:

6. Review IAPP and Client Profile of one client.

Name: Micheal Dallmann

Issues: Not speaking in an audible tone, moodiness, trip

Volunteering ideas for 2019: *(Please remember to take pics at the volunteering, Terri would like all new for the current year.)*

- We have a request from The Center to help with their annual garage sale September 5th-6th. (Ken is off on the 5th plus he has a physical.)
- We are signed up for September 28th, at 12:30P at Church in Nisswa for cleanup after their garage sale

Old Business:

- Be sure to include **our house number** on all Cub Food receipts next to your signature.
- **Be sure you are clocking in and out as close to your scheduled time as possible. Then we will be in good practice once they attach our schedules to the Timeclock system.**
- **Can't stress enough-You must make sure that the money that they start with = the cost of the item (receipt) and the change**

III. New Business

- After last med review-Patty wants everyone to be sure that when/if you purchase over the counter medication that you are buying **EXACTLY** what is on the standing orders form. Same or generic med name, same dose, etc. Then, when writing it on the MAR, write the **EXACT** info from the standing orders onto the MAR, don't take shortcuts.
- **I'm on vacation from Sept. 5th-16th. If you need anything big, please don't hesitate to call me.**

Maintenance Needs:

- Light fixture above dining room table needs to be replaced completely. Gary came over on Friday to take a look at it. Cory has asked that we contact the landlord. Bernie will do so on Tuesday.
- We can store the AC units as soon as the weather cools down

Upcoming events

- Paul Bunyan Land – August 26th, 2019 **TODAY!!** Mary and Gwen supporting
- ORH Summer day at Camp –September 6th
- Sept. 26th, Fishing on Sylvan Lake-**4 people only-staff, MD, KH, DK**
- October 25th-Stage North Production –KH and MD have season passes-Dr. Jekyll and Mr. Hyde
- Formal Dance-Nov. 16th
- December 13th-Stage North Production – KH, MD season passes –The Snow Queen

V. DISCUSSION OF CONSUMERS:

- **David**
 - **new Data sheets VERY IMPORTANT. 3 +'s = an additional hour of alone time. Once he uses it, then he starts over. The most he can get is 2 total hours. Daily documenting is crucial with his goals**
- **Ken**
 - Encourage Ken to bring an extra water to work instead of wanting \$ for pop.
 - Seems to have to nap afterwards, seems to have more of a hunch to his posture
 - I have suggested to Ken, on the days that he is off at noon, to only bring a snack, not a lunch. If not, he returns and thinks he needs the 2nd lunch and can't make it to supper. Just a thought!!

- **Micheal**

- Micheal is leaving on the 8th 1:20A, Bernie will be supporting. He returns the 12th at 4:14 a.m. Bernie supporting.
- It's MD's birthday today!!

- **Paul**

- Paul's work schedule changed, effective Sept. 1st- flipping the weekends

Please make sure he is completing his daily routine every day. That is what is recommended by Dr. Tinius per assessment years ago.

Signature of those in attendance:

_____	_____
_____	_____
_____	_____



Brainerd Staff Meeting Agenda

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

Date: 9/23/19

Time: 9:00am - 12:00pm

Presenter: Shawna/Sheila

Snacks/Icebreaker: Westside *Thank you!*

Milestone Anniversaries: 30 Years: Cindy Gilbert - 1129 5 Years: Nitasha Karst - 710

Welcome to new staff:

Next Meeting: October 28th, 2019 **Snacks/Icebreaker:** 809

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims:
 - Client was agitated from the morning and was standing near the door, when staff arrived on duty she walked in the door and was punched in the ribs. While turning away from client, she twisted her bad knee, resulting in medical evaluation being needed. Released on light duty.

VA Review:

- No new VA's

Nursing Notes:

- CPR/First Aid Review

New Business:

1. **Active Treatment**
2. Staff Guide on money in the home (receipts, funds and property form, theft, fiscal policy, heightened awareness during the holiday season).
3. HR Review: **Fraud and Abuse Training**
4. Reminder- Please let Amanda (at the front desk) know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter.

Hour 3- House Meeting:

I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher

Date: September 23rd, 2019

Monthly Newsletter –send article/pictures to ?? before the 1st of the month
ORH Day at Camp (pending)
MD's trip (pending)

1. Incident Reports & Discussion of :

I have created a binder for our incident reports, it also contains the tracking form, observation forms, the blank report forms and instructions on how to complete a form.

KH-scratch on arm from at work + observation form

DK-tattoo on upper forearm + observation form

2. Safety Concerns: Goal: To maintain wellness when out in the community and at the house.

- Drills: quarterly need Fire and Storm
- **Designated place to go in case of fire: bottom of driveway**

1 st quarter – 2/15/19	Storm-2/15/19; all the guys responded great!!
2 nd quarter - 4/2/19	Storm-4/2/19; great cooperation
3 rd quarter -8/7/19	Storm -7/14/19; Actual storm; great cooperation
4 th quarter – Oct.	Storm-

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

A new goal that isn't weather related: "Food choices"

- *Introduce a vegetarian meal each week; continue watching portions and exercising as a house-you all have been doing great with this.*
- *Implement-"no can openers or microwave use" ??We're looking at more garden areas, canning in the fall, picking strawberries-canning jams. What other ideas do you have?*

4. House meetings for clients :

January: discussion of using their appropriate bathroom, dressing for the weather, advisories and not being able to be out and about, possible summer house trips, upcoming activities

February: the importance of keeping areas shoveled, not tying up the bathroom,

March: Keeping sidewalks cleared, being kinder to each other, plans for the Art Walk

April: Art projects, upcoming trip, tax returns

May: summer safety, KH-use of sunscreen, lifting properly when at work

June: Upcoming house trip, summer yard work, making more benches, laundry days

July: House trip, stealing, weeding, Lawn mowing, AC use,

August: Sooo busy in August-expected behavior at activities, Stealing,

September: Activities planned, volunteering planned

October:

November:

6. Review IAPP and profile of:

Name: Micheal Dallmann

Issues: Not speaking in an audible tone, moodiness, trip

Volunteering ideas for 2019: *(Please remember to take pics at the volunteering, Terri would like all new for the current year.)*

- We are signed up (volunteering) for September 28th, at 12:30P at Church in Nisswa for cleanup after their garage sale, I will be supporting.

Old Business:

- **Be sure you are clocking in and out as close to your scheduled time as possible.**
- **Can't stress enough-You must make sure that the money that they start with = the cost of the item (receipt) and the change**
- Just a reminder that **Walgreens** is our backup pharmacy. Do not assume that the clinic has it in their records.
- Safe Dose shipping sheets are to be scanned back to Christen right after you have verified all the counts for the meds ordered. Then file it in the comm. log.
- Be on the watch for mail coming in from the guardians. We are waiting for the flu shot sheets

III. New Business

- Alley is on PTO this week.
- **Person Centered Language**-let's start "practicing" person centered language. It will be a gradual transition. Try not to use the terms client, consumer--- the correct would be person served or their name.
- A crisis plan will be developed per house

Maintenance Needs:

- Kitchen faucet ?? Basement bathroom toilet-chain broke-it's fixed for now.

Upcoming events

- Bingo tonite, money has been set out.
- Sept. 26th, Fishing on Sylvan Lake-4 people only inc. staff, PB, KH, DK - MD is volunteering with the library that night-book sale
- October 25th-Stage North Production -KH and MD have season passes-Dr. Jekyll and Mr. Hyde
- Formal Dance-Nov. 16th
- December 13th-Stage North Production - KH, MD season passes -The Snow Queen

V. DISCUSSION OF CONSUMERS:

○ David

- New Data sheets VERY IMPORTANT. 3 +'s = an additional hour of alone time. Once he uses it, then he starts over. The most he can get is 2 total hours. Daily documenting is crucial with his goals.
- Up to now, he has not shown any effort to achieve any more alone time.
- David is getting excited to be on the scare team for Paul Bunyan Land. I think this will have to be approved by his team since he has strict rules regarding his alone time.
- *New tattoo-this one is colored in, on his left forearm*

○ Ken

- **Reminder that Ken is off on Tuesday.**
- Ken is suspect for taking \$100.00 from a staff's purse. He vehemently denies any involvement
- **He also got caught chewing tobacco on Friday and his job coach reminded him that use of tobacco while working is not allowed, per company policy. I let his worker know that he would never have any money on him so if there is something suspicious to please let us know.**
- I let Sheila know that we would like to add church to the list of unapproved "dates" due to Jess' inappropriate church behaviors.

○ **Micheal**

- Micheal had a great trip with Search Beyond Adventures to Glacier Park and is looking at an international trip next fall.
- Micheal's semi annual meeting is on the 7th.
- Another schedule change: working Fridays, off Sundays

○ **Paul**

- Paul's work schedule changed, effective Sept. 1st- flipping the weekends
- Paul's routine is very important FOR him. He needs to be up by 630A, shave and shower by 7AM. This is the time that Ken gets up and will need to use the bathroom to get ready for work. Ken is not to use the bathroom downstairs. This causes huge conflict with David. Also, please be sure to leave with Paul for work at 8:30A, keep him on his schedule. Overnites, that will enable you to get back by 9A
- Paul's bedroom door is not ever to be pulled tight to the jam. We are to be listening for movement- Paul has an extensive history of self-injurious behavior-wrapping items around his extremities
- There was a smaller, female's knit shirt tucked into one of Paul's nightstand drawers. He said he snuck it home in a pocket. It had a very rank, hideous smell on it. When asked about it, he said he found it by the dumpster when at work but doesn't know why it was smelly. ☹

Please make sure he is completing his daily routine every day. That is what is recommended by Dr. Tinius per assessment years ago.

Signature of those in attendance:

Alley Benson-PTO



Bernie

Brainerd Staff Meeting Agenda

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

Date: 10/28/19

Time: 9:00am - 12:00pm

Presenter: Shawna/Sheila

Snacks/Icebreaker: 809 Thank you!

Milestone Anniversaries: 15 Years: Connie Cooley - 1016 5 Years: Angela Swengel – PC Float

Welcome to new staff: Hunter Gibson and K'Yon Oates-Glenwood; Miryah Herron-923

Next Meeting: November 25th, 2019 **Snacks/Icebreaker:** Pine Street

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

Sign attendance page: Please make sure you have signed in

Safety Agenda:

1. Please complete your house monthly safety form
2. Worker's comp claims: staff was putting client on a wheelchair swing and both tipped off the swing. Staff was bruised but did not treat.

VA Review:

- Staff found sleeping on an awake overnight
- Client got dropped off from home, no staff home, left unsupervised for 5-7 minutes, no alone time
- Guardian reported when visiting her son she observed a staff person pushing and talking loud to client
- Someone reported us for a client having a bruise

Nursing Notes:

MH Training: Catatonic Disorder (video 10:24) and Treatment Options/Evidence-Based Practices

DD Diagnosis: Spina Bifida (video 3:53)

New Business:

1. HR: Employee evaluations of PC's
2. Person-Centered/Positive Support: Cultural Competency (video 17:39 & powerpoint)
3. Harassment/Bullying/Social Media Bullying (video 1:39)
4. Review Emergency Procedures for cold, blizzard, wind chill, etc.
Which clients can go to work when it's -20 or below?
5. Proper dress for the weather
6. Reminder- Please let Amanda (at the front desk) know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter.

Hour 3- House Meeting:



I. INDIVIDUAL HOUSE STAFF MEETING HOUSE: 809

Program Coordinator: Mary Boucher

Date: October 28th, 2019

Monthly Newsletter –send article/pictures before the 1st of the month

- Day trip to the North Shore-pics
- Operation Gratitude shopping-pic
- DK scare team
- PB, KH, MD-Haunted Hollows-Staples-pic

1. Incident Reports & Discussion of :

I have created a binder for our incident reports, it also contains the tracking form, observation forms, the blank report forms and instructions on how to complete a form.

2. Safety Concerns: Goal: To maintain wellness when out in the community and at the house.

- Drills: quarterly need Fire and Storm
- Designated place to go in case of fire: bottom of driveway

1 st quarter – 2/15/19	Storm-2/15/19; all the guys responded great!!
2 nd quarter - 4/2/19	Storm-4/2/19; great cooperation
3 rd quarter -8/7/19	Storm -7/14/19; Actual storm; great cooperation
4 th quarter – Oct.	Storm-

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

A new goal that isn't weather related: "Food choices"

- *Introduce a vegetarian meal each week; continue watching portions and exercising as a house-you all have been doing great with this.*
- *Implement-"no can openers or microwave use" ??We're looking at more garden areas, canning in the fall, picking strawberries-canning jams. What other ideas do you have?*

4. House meetings for clients :

January: discussion of using their appropriate bathroom, dressing for the weather, advisories and not being able to be out and about, possible summer house trips, upcoming activities

February: the importance of keeping areas shoveled, not tying up the bathroom,

March: Keeping sidewalks cleared, being kinder to each other, plans for the Art Walk

April: Art projects, upcoming trip, tax returns

May: summer safety, KH-use of sunscreen, lifting properly when at work

June: Upcoming house trip, summer yard work, making more benches, laundry days

July: House trip, stealing, weeding, Lawn mowing, AC use,

August: Sooo busy in August-expected behavior at activities, Stealing,

September: Activities planned, volunteering planned

October:bathroom cleaning, van seats,

November:

6. Review IAPP and profile of:

Name: Ken

Issues: GF, job-book, moodiness

Volunteering ideas for 2019: *(Please remember to take pics at the volunteering, Terri would like all new for the current year.)*

- I sent a pic of PB and KH at the Lutheran Church of the Cross to Terri
- Bell Ringing for Salvation Army. Paul is behind on last year's total of volunteering so he will probably be doing quite a bit of bell ringing this season.
- We are also thinking of volunteering in Pequot again when it comes time for the wreathes on the graves of the fallen soldiers.

Old Business:]

Everyone (except DK) has received their annual flu shot, nurse has been notified.

III. New Business

- We have some newer pieces of furniture for the house

Maintenance Needs:

- The next time we have the oil changed, we need them to move the NEW tires to the front for the best traction. Help remember this!!
- Maintenance replaced the batteries in the smoke detectors 10/25/19

Upcoming events

- I will be in TI training all next week.
- Halloween-Bernie is working.
- Formal Dance-Nov. 16th
- December 13th-Stage North Production – KH, MD season passes –The Snow Queen

✓. DISCUSSION OF CONSUMERS:

- **David**
 - Sheila is working on some "options" for DK. **I have forwarded his 2019 progress notes and Incident Reports to her already per her request.**
- **Ken**
 - Ken's work team has asked that we pass a small notebook back and forth at the end of Ken's day. He was having some issues at work. Please be sure you are doing this. We didn't start out very good.
 - Jess is moving to the Bemidji area on the 31st. He hasn't said too much. He seems to think things between them will carry on as normal and says that she will still be coming to the dances each month. ???
- **Micheal**
 - Is looking to go on another trip. He is frustrated that the New Orleans Spring trip in March has already sold out. He has an interest in going to Yellowstone Park in July.
 - Micheal is planning a trip to see his Mom in Staples with his Aunt on Nov. 5th. He has already notified his transportation for the day.
- **Paul**
 - **We will be supporting Paul to his WIOA meeting on the 29th at 3:15P**
 - Encourage PB to be brushing along his gumline and to be sure he is using his flossers. He had quite a bit of plaque present. His eye prescription has remained the same. I changed the head on his toothbrush. Be sure we are doing this every 3 months.
 - Mom and Dad will be out of town from Nov. 2nd to the 9th to Kansas City, MO

ANNUAL DIRECT SUPPORT PROFESSIONAL EVALUATION

Employee's Name: Bernie Borash

Location: 809

Evaluation: 2021

STEPS for the Annual Review Process

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

INSTRUCTIONS for completing the Annual Evaluation Form:

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

COMPETENCIES**PC**

- | | |
|--|-----|
| 1. Does the employee make good use of their time at work? | Yes |
| 2. Does the employee use the timeclock punch system as expected? | Yes |
| 3. Does the employee have any tardiness or attendance concerns? | No |
| 4. If a staff meeting was missed, was the makeup packet completed in a timely manner? | N/A |
| 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? | Yes |
| 19. Does the employee know, understand and support ORH policies and procedures? | Yes |
| 20. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc? | Yes |
| 21. Is the employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc? | Yes |
| 22. Are there concerns with medication passing? | No |
| 23. Are there any concerns relating to safety, property or use of vehicles? | No |
| 24. Did the employee have any disciplines over the last year? | No |
| a. If yes, provide in the comments section what the discipline was related to and have these concerns improved? | |

Overall Supervisor Comments:

There are no concerns with Bernie as an employee. He is great at getting the guys out on activities, treats them all with respect. He is a great employee. Always on shift when he needs to be, on time, dressed appropriate. He takes his knowledge of the policies and procedures seriously. He is respected by staff and client and is a valued employee.

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

1. Does the employee enjoy their position and being a part of the house team? Why or why not?
yes; Longevity is a plus. Being Instrumental in the clients successes.
2. What does the employee feel are their top 2 strengths?
Being a long term employee, I know the clients weaknesses & strengths. Being creative & keeping them active.
3. What does the employee feel is an area that could use improvement? (goal for coming year)
I am where I want to be w/ this job.
4. What would you as an employee like to learn more about in your job?
How the clients are financed w/ waivers, etc.
5. Does the employee have any suggestions as to how to make the house run more efficiently?
Staff consistency
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: Bernie Borash DSP Date: 10-31-21

Supervisor's Signature: [Signature] Date: 10-31-21

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

ANNUAL DIRECT SUPPORT PROFESSIONAL EVALUATION

Employee's Name: Bernie Borash

Location: 809

Evaluation: 2020

STEPS for the Annual Review Process

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

INSTRUCTIONS for completing the Annual Evaluation Form:

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

Time and Attendance

PC

- | | |
|---|--------|
| 1. Does the employee show up for work and is ready to begin the shift on time? | Yes |
| 2. Does the employee make good use of their time at work? | Yes |
| 3. Does the employee use the timeclock punch system as expected? | Yes |
| 4. Does the employee have any tardiness or attendance concerns? | No |
| 5. If yes or NI to #4, have they been previously discussed with employee? | Select |
| 6. Does the employee follow replacement policy when they cannot work a shift? | Yes |
| 7. Monthly staff meetings are mandatory- is employee an active participant? | Yes |
| 8. If a meeting was missed, was the makeup packet completed in a timely manner? | Yes |

Supervisor Comments:

As soon as we were able to start having house meetings, 809 has been having a meeting each month. Bernie is always in attendance and an active participant. He completes all paperwork in a timely manner.

Documentation

PC

- | | |
|--|-----|
| 1. When completing documentation; is it objective, does it provide a clear picture of the event and does it document goal progress accurately? | Yes |
| 2. Does employee show competency in completing incident and behavior reports? | Yes |

Supervisor Comments:

Bernie does a great job with his documentation. All necessary information is included and complete.

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:

Money and shopping are areas that Bernie exceeds in. Very conscientious and every penny is accounted for.

Knowledge and Client Related Issues

PC

- | | |
|--|-----|
| 1. Has the employee completed the annual competencies for the homes they work in and in a timely manner? | Yes |
| 2. Does the employee understand each IAPP for each person served and able to locate them in the homes? | Yes |
| 3. Does employee listen to the clients about their concerns? | Yes |
| 4. Does employee stay informed by reading the communication log, new goal or behavior changes? | Yes |
| 5. Does the employee seem to understand the difference between punishment and consequences? | Yes |
| 6. Is the employee careful about confidentiality such as which information can and | Yes |

cannot be released to others?

- | | |
|---|-----|
| 7. Does the employee work within the scope of the Vulnerable Adult Act? | Yes |
| 8. Does the employee understand how to teach the client to be independent and provide effective training? | Yes |
| 9. Does the employee respond the same to each client without showing favoritism? | Yes |
| 10. Does the employee know the client's rights and advocate for them? | Yes |
| 11. Does the employee show competency in de-escalation techniques? | Yes |
| 12. Does the employee show competency in person centeredness? | Yes |

Supervisor Comments:

Bernie is a long term employee 10+ years. The consumers enjoy him and trust him completely. Bernie takes his job seriously and is a role model for other employees.

General Knowledge

PC

- | | |
|---|-----|
| 1. Does the employee complete the responsibilities expected of the shifts they work? | Yes |
| 2. Does the employee know, understand and support ORH policies and procedures? | Yes |
| 3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc? | Yes |
| 4. Is the employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc? | Yes |
| 5. Are there concerns with medication passing? | No |
| 6. Are there any concerns relating to safety, property or use of vehicles? | No |
| 7. Did the employee have any disciplines over the last year? | No |
| a. If yes, provide in the comments section what the discipline was related to and have these concerns improved? | |

Supervisor Comments:

Bernie is busy during his shifts working on house projects with the clients, cooking, etc. Bernie is conscientious of the medications in the house, although few, and is extremely knowledgeable regarding general maintenance and the vehicle needs.

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

- Does the employee enjoy their position and being a part of the house team? Why or why not?
Yes, trying to create a positive lifestyle for them
- What does the employee feel are their top 2 strengths?
*• Knowing the clients strengths
• Reliability*
- What does the employee feel is an area that could use improvement? (goal for coming year)
- What would you as an employee like to learn more about in your job?
Learn more about the diagnosis's
- Does the employee have any suggestions as to how to make the house run more efficiently?
Yes; staff consistency needs improvement

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: Bernie Borash DSP Date: 11-16-20

Supervisor's Signature: [Signature] Date: 11-16-20

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

ANNUAL DIRECT SUPPORT PROFESSIONAL EVALUATION

Employee's Name: Bernard Borash

Location: 809

Evaluation: 2019

STEPS for the Annual Review Process

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

INSTRUCTIONS for completing the Annual Evaluation Form:

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

Time and Attendance**PC**

- | | |
|---|-----|
| 1. Does the employee show up for work and is ready to begin the shift on time? | Yes |
| 2. Does the employee make good use of their time at work? | Yes |
| 3. Does the employee use the timeclock punch system as expected? | Yes |
| 4. Does the employee have any tardiness or attendance concerns? | No |
| 5. If yes or NI to #4, have they been previously discussed with employee? | |
| 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? | N/A |

Supervisor Comments:

There are no issues with Bernie and attendance or tardiness. Bernie ALWAYS is willing to help out to fill a shift. On shift, he is busy all the time, involving the clients with activities, appointments, cooking, etc. There are no concerns with him and the Timeclock punch system. He is consistent in having perfect attendance at the monthly staff meetings.

Documentation**PC**

- | | |
|--|-----|
| 1. When completing documentation; is it objective, does it provide a clear picture of the event and does it document goal progress accurately? | Yes |
| 2. Does employee show competency in completing incident and behavior reports? | Yes |

Supervisor Comments:

Bernie does a great job with consistently documenting the daily information.

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:

Bernie is very dependable when it comes to money and understanding the process of receipts, assisting the clients with making purchases. Bernie does a majority of the charging of groceries and supplies for the house that he works in.

Knowledge and Client Related Issues**PC**

- | | |
|--|-----|
| 1. Has the employee completed the annual competencies for the homes they work in and in a timely manner? | Yes |
| 2. Does the employee understand each IAPP for each person served and able to locate them in the homes? | Yes |
| 3. Does employee listen to the clients about their concerns? | Yes |
| 4. Does employee stay informed by reading the communication log, new goal or behavior changes? | Yes |

- | | |
|--|-----|
| 5. Does the employee seem to understand the difference between punishment and consequences? | Yes |
| 6. Is the employee careful about confidentiality such as which information can and cannot be released to others? | Yes |
| 7. Does the employee work within the scope of the Vulnerable Adult Act? | Yes |
| 8. Does the employee understand how to teach the client to be independent and provide effective training? | Yes |
| 9. Does the employee respond the same to each client without showing favoritism? | Yes |
| 10. Does the employee know the client's rights and advocate for them? | Yes |
| 11. Does the employee show competency in de-escalation techniques? | Yes |
| 12. Does the employee show competency in person centeredness? | Yes |

Supervisor Comments:

Bernie was successful in completing all of the competencies this year. He achieved perfect attendance at the monthly staff meetings which is very much appreciated.

General Knowledge**PC**

- | | |
|---|-----|
| 1. Does the employee complete the responsibilities expected of the shifts they work? | Yes |
| 2. Does the employee know, understand and support ORH policies and procedures? | Yes |
| 3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc? | Yes |
| 4. Is the employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc? | Yes |
| 5. Are there concerns with medication passing? | No |
| 6. Are there any concerns relating to safety, property or use of vehicles? | No |
| 7. Did the employee have any disciplines over the last year? | No |
| a. If yes, provide in the comments section what the discipline was related to and have these concerns improved? | |

Supervisor Comments:

Bernie is a great role model and has a great rapport with each of his coworkers. He has seniority and they look to him for guidance as needed.

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

- Does the employee enjoy their position and being a part of the house team? Why or why not?
yes, being a part of helping / assisting others
- What does the employee feel are their top 2 strengths?
Dependable, Conscientious Hard Worker
- What does the employee feel is an area that could use improvement? (goal for coming year)
n/a
- What would you as an employee like to learn more about in your job?
Diagnosis

5. Does the employee have any suggestions as to how to make the house run more efficiently?

to promote consistency w/ all staff when dealing with the individuals.

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: Bernad Black Date: 12-2-19

Supervisor's Signature: [Signature] Date: 12-2-19

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

2018

Time and Attendance	PC	HR
1. Does the employee show up for work and is ready to begin the shift on time?	Yes	
2. Does the employee make good use of their time at work?	Yes	
3. Does the employee arrive at meetings and in-services on time?	Yes	
4. Does the employee complete their time card and time analysis on time and accurately?	Yes	
5. Does the employee have any tardiness concerns?	No	
6. If yes, have they been previously discussed with the employee? If yes, in what format? (please check all that apply)		
☐ Discussion ☐ Coaching Note ☐ Verbal Warning ☐ Written Warning		
7. Does the employee have any absenteeism concerns?	No	
8. If yes, have they been previously discussed with the employee? If yes, in what format? (please check all that apply)		
☐ Discussion ☐ Coaching Note ☐ Verbal Warning ☐ Written Warning		
9. Does the employee follow replacement policy when they cannot work a shift?	Yes	
10. Does the employee give proper notice when a shift was missed?	Yes	
11. Does the employee follow protocol for requesting time off?	Yes	
12. Does the employee pick up shifts when available or needed?	Always	

Supervisor Comments:

Bernie is a great staff. There has never been any concerns with attendance.

Time and Attendance Summary

☐

Documentation	PC	HR
1. When completing documentation, is it objective?	Yes	
2. Does it give a clear picture of the event?	Yes	
3. Does it document goal progress accurately?	Yes	
4. Employee shows competency in completing incident and behavior reports?	Yes	

Supervisor Comments:

Bernie is a long term employee he has great knowledge of the importance of documenting and how the info is used in client reports.

Documentation Summary

☐

Financial	PC	HR
1. When using (client or house) money, or charging, does the employee always gets a receipt?	Yes	
2. Does employee accurately complete receipts for any money used (client or house)?	Yes	
3. When charging, employee makes sure that the receipt is given to the right person?	Yes	
4. When using (client or house) money, employee counts it at the beginning and end of their shift?	Yes	

Supervisor Comments:

Bernie is very responsible with the funds of the clients and the charging process for the house.

Financial Summary

☐

Knowledge and Client Related Issues	PC	HR
1. Does employee listen to the clients about their concerns?	Yes	
2. Does employee stay informed by reading the communication log and new goal/behavior changes?	Yes	
3. Does employee understand the difference between punishment and consequences?	Yes	
4. Does employee know, understand and support ORH policies and procedures?	Yes	
5. Is the employee careful about confidentiality?	Yes	
6. Does employee know which information can and cannot be released to others?	Yes	
7. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?	Yes	
8. Are there any concerns with medication passing?	No	
9. Does employee complete the responsibilities expected of the shifts they work? If no or needs improvement, please explain:	Yes	
10. Does employee know what is in each client's IAPP?	Yes	
11. Does employee provide the client with effective training?	Yes	
12. Does employee understand how to teach the client to be independent?	Yes	
13. Does employee respond the same to each client without showing favoritism?	Yes	
14. Is employee flexible in response to different clients and situations?	Yes	
15. Does employee know the client's rights, and advocate for them?	Yes	
16. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.?	Yes	
17. Employee accepts and offers compliments, criticism, and suggestions.	Yes	
18. Does employee show competency in de-escalation techniques?	Yes	
19. Does employee show competency in person-centeredness?	Yes	

Supervisor Comments:

Bernie has a great rapport with clients and the other staff of the house. He is a long term employee and has a total understanding of policy and procedures. *He actually studies policy & proc. for the*

Knowledge and Client Related Issues Summary



MDU training.

Safety/Property/Vehicle	PC	HR
1. Does the employee contribute to providing a warm and cozy atmosphere for the clients' home?	Yes	
2. Does the employee alert the supervisor or office of things that need attention, repair or of things needed to be purchased?	Yes	
3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc.?	Yes	
4. Does the employee work in a driving position? a. If yes, does the employee drive? If no to 4a, why not?	Yes Yes	
5. If a driver: a. Does the employee contribute to care and cleanliness of the vehicle? b. Does the employee follow all safety policies and state law when operating a motor vehicle to ensure the safety of other staff and clients in the vehicle? If no, explain:	Yes Yes	

Supervisor Comments:

Bernie is very helpful to the PC with maintaining the home and agency vehicle, sometimes even fixing the item himself.

Safety/Property/Vehicle Summary

☐

General	PC	HR
1. Does the employee appear to enjoy their position? If no, what type of behavior does the employee display to give this impression?	Yes	
2. Does the employee appear to get along with co-workers? If no, what appears to be the issue preventing this?	Yes	
3. Does the employee appear to fit in as a part of the house/location team? If no, what appears to be the reason?	Yes	
4. Is the employee working the shifts they were hired for or are scheduled for? Hired/scheduled for: FT hours Working: FT hours If no, why not:	Yes	
5. Has the employee had any disciplines over the last year? a. If yes, what form did they take? (please check all that apply) ☐ Discussion ☐ Coaching Note ☐ Verbal Warning ☐ Written Warning b. What did the discipline relate to? c. Have these concerns improved since review with the employee?	No	
6. What is the greatest contribution that this employee makes to the position? Dependability		

Supervisor Comments:

Bernie is an amazing staff and we can all learn from his professionalism, experience. He is an asset to this home.

General Summary

☐

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

- What do you as an employee see as the most important part of your job?
• safety of clients
- What would you as an employee like to learn more about in your job?
• continuing education on the MRI diagnosis
- How could we use your talents and experience better?
• Bernie is a part of every aspect of the home including training of new staff
- How can your supervisor help you in any of the areas discussed?
offer any new opportunities as they present

Goals for next year (Supervisor and employee develop a goal together for the upcoming year.):

- To continue employment
- To improve the interactions between the individual.

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: Bernard F Borash DSP Date: 11-16-18

Supervisor's Signature: [Signature] Date: 11-16-18

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

2017 ANNUAL DIRECT SUPPORT PROFESSIONAL LEAD EVALUATION

Name: Bernard Borash

Location: 809

Supervisors:

1. Please review the sections in the evaluation and circle the best answer of Yes, No or Needs Improvement. Please note in some cases the NI may be replaced with an NA (not applicable).
2. Please comment under Supervisor comments responding to each area, explaining why you chose the answers you did.
3. Once you have completed the review, please return the evaluation to Human Resources
4. HR will review the evaluation and return it to you so that you may meet with the employee to review the evaluation together. At that time, you and the employee can develop any action plans that are necessary.

Time and Attendance

PC

1. Does the employee show up for work and is ready to begin the shift on time? Yes/No/NI
2. Does the employee make good use of their time at work? Yes/No/NI
3. Does the employee arrive at meetings and in-services on time? Yes/No/NI
4. Does the employee complete their time card and time analysis on time and accurately? Yes/No/NI
5. Does the employee have any tardiness concerns? Yes/No
6. If yes, have they been previously discussed with employee?
In what format? (please circle all that apply)

Discussion Coaching Note Verbal Warning Written Warning

7. Does the employee have any absenteeism concerns? Yes/No
8. If yes, have they been previously discussed with employee?
In what format? (please circle all that apply)

Discussion Coaching Note Verbal Warning Written Warning

9. Does employee follow replacement policy when they cannot work a shift? Yes/No/NI
10. Does employee give proper notice when a shift was missed? Yes/No/NI
11. Does employee follow protocol for requesting time off? Yes/No/NI
12. Does employee pick up shifts when available or needed? Always/Often/Sometimes/Never

Supervisor Comments:

Bernie is amazing as an employee. Extremely conscientious and is necessary to me as a PC of two homes. He is an asset to ORH.

Documentation**PC**

1. When completing documentation, is it objective?
2. Does it give a clear picture of the event?
3. Does it document goal progress accurately?
4. Does the employee make sure there is enough space for the next staff to document or does the employee leave the pages filled?
5. Employee shows competency in completing incident and behavior reports?

Yes/No/NI
Yes/No/NI
Yes/No/NI
Yes/No/NI
Yes/No/NI

Supervisor Comments:

Bernie does great in the area of communicating either in comm. log, progress notes or verbally - w/ me.

Financial**PC**

1. When using (client or house) money, the employee always gets a receipt.
2. Does employee accurately complete receipts for any money used (client or house)?
3. When using (client or house) money, employee consistently counts it at the beginning and end of their shift?
4. Does the employee follow all financial guidelines and expectations?

Yes/No/NI
Yes/No/NI
Yes/No/NI
Yes/No/NI

Supervisor Comments:

Bernie excels in this area. Very conscientious.

Knowledge and Client Related Issues**PC**

1. Does employee listen to the clients about their concerns?
2. Does employee stay informed by reading the relay book and new goal/behavior changes?
3. Does employee understand the difference between punishment and consequences?
4. Does employee know, understand and support ORH policies and procedures?
5. Is the employee careful about confidentiality?
6. Does employee know which information can and cannot be released to others?
7. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?
8. Are there any concerns with medication passing?
9. Does employee complete the responsibilities expected of the shifts they work?
 - a. If no or needs improvement, please explain:

Yes/No/NI
Yes/No/NI
Yes/No/NI
Yes/No/NI
Yes/No/NI
Yes/No/NI
Yes/No/NI
Yes/No/NI
Yes/No/NI

Bernie does above & beyond when he is working.

- | | |
|--|--|
| 10. Does employee know what is in each client's IAPP ? | ☒ Yes/ ☐ No/ ☐ NI |
| 11. Does employee provide the client with effective training? | ☒ Yes/ ☐ No/ ☐ NI |
| 12. Does employee understand how to teach the client to be independent? | ☒ Yes/ ☐ No/ ☐ NI |
| 13. Does employee respond the same to each client without showing favoritism? | ☒ Yes/ ☐ No/ ☐ NI |
| 14. Is employee flexible in response to different clients and situations? | ☒ Yes/ ☐ No/ ☐ NI |
| 15. Does employee know the client's rights, and advocate for them? | ☒ Yes/ ☐ No/ ☐ NI |
| 16. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.? | ☒ Yes/ ☐ No/ ☐ NI |
| 17. Employee accepts and offers compliments, criticism, and suggestions. | ☒ Yes/ ☐ No/ ☐ NI |
| 18. Does employee show competency in de-escalation techniques? | ☒ Yes/ ☐ No/ ☐ NI |
| 19. Does employee show competency in person centeredness? | ☒ Yes/ ☐ No/ ☐ NI |

Supervisor Comments:

Bernie has a great rapport w/ the guys, they respect him as a staff and having an older male in the home is a huge benefit to them.

Safety/Property/Vehicle

PC

- | | |
|---|--|
| 1. Does the employee work within all safety guidelines and report concerns to the PC? | ☒ Yes/ ☐ No/ ☐ NI |
| 2. Does the employee alert the supervisor or office of things that need attention, repair or of things needed to be purchased? | ☒ Yes/ ☐ No/ ☐ NI |
| 3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc? | ☒ Yes/ ☐ No/ ☐ NI |
| 4. Does the employee work in a driving position? | ☒ Yes/ ☐ No |
| a. If yes, does the employee drive? | ☒ Yes/ ☐ No/NA |
| i. If no to 5a, why not? | |
| 5. If a driver, | |
| a. Does the employee contribute to care and cleanliness of the vehicle? | ☒ Yes/ ☐ No |
| b. Does the employee follow all safety policies and state law when operating a motor vehicle to ensure the safety of other staff and clients in the vehicle? | ☒ Yes/ ☐ No |
| i. If no, explain. | |

Supervisor Comments: Bernie has been so helpful w/ the vehicle & home w/ maintenance issues. He recently, repaired the clothes dryer, which saves time & \$.

1. What additional responsibilities have been delegated to this lead staff?

Bernie is extremely helpful w/ the schedule of the home. He also works well w/ the other staff and is a great resource to them. He does all Grocery / supply shopping

2. Have these responsibilities been helpful to the Program Coordinator?

a. If no, why not and how should this change?

Extremely.

3. Does the lead staff appear to have the respect of co-workers?

a. If no, what appears to be the issue preventing this?

Yes/No

4. Is the employee working the shifts they were hired for or are scheduled for?

Hired/scheduled for: _____

Working: _____

If no, why not:

It is necessary for Bernie & myself to be extremely flexible due to there being 2 hours involved.

5. Has the employee has any disciplines over the last year? Yes/No

a. If yes, what form did they take? (circle all that apply)

Verbal Discussion Coaching Note Verbal Warning Written Warning

b. What did the discipline relate to?

c. Have these concerns improved since review with the employee?

Yes/No

6. What is the greatest contribution that this employee makes to the position?

Dependability, Experience, flexibility, sense of humor, reliable

Questions to be asked to employee and discussed during the review (supervisor should record):

What do you as an employee see as the most important part of your job as a lead staff?

Safety is managing the behaviors

What would you as an employee like to learn more about in your job?

mental health diagnosis

How could we use your talents and experience better?

Creativity, energy level.

How can your supervisor help you in any of the areas discussed?

Provide opportunities as available.

GOALS for next year- (Supervisor and Employee develop a goal together for the upcoming year)

To continue employment in the lead position

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: Bernie Black Date: 10/8/17

Supervisor's Signature: [Signature] Date: 10-8-17

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

2016 ANNUAL DIRECT SUPPORT PROFESSIONAL LEAD EVALUATION

Name: Bernard Burash

Location: 809

Supervisors:

1. Please review the sections in the evaluation and circle the best answer of Yes, No or Needs Improvement. Please note in some cases the NI may be replaced with an NA (not applicable).
2. Please comment under Supervisor comments responding to each area, explaining why you chose the answers you did.
3. Once you have completed the review, please return the evaluation to Human Resources
4. HR will review the evaluation and return it to you so that you may meet with the employee to review the evaluation together. At that time, you and the employee can develop any action plans that are necessary.

Time and Attendance

PC

1. Does the employee show up for work and is ready to begin the shift on time? Yes/No/NI
2. Does the employee make good use of their time at work? Yes/No/NI
3. Does the employee arrive at meetings and in-services on time? Yes/No/NI
4. Does the employee complete their time card and time analysis on time and accurately? Yes/No/NI
5. Does the employee have any tardiness concerns? Yes/No
6. If yes, have they been previously discussed with employee?
In what format? (please circle all that apply)

Discussion Coaching Note Verbal Warning Written Warning

7. Does the employee have any absenteeism concerns? Yes/No
8. If yes, have they been previously discussed with employee?
In what format? (please circle all that apply)

Discussion Coaching Note Verbal Warning Written Warning

9. Does employee follow replacement policy when they cannot work a shift? Yes/No/NI
10. Does employee give proper notice when a shift was missed? Yes/No/NI
11. Does employee follow protocol for requesting time off? Yes/No/NI
12. Does employee pick up shifts when available or needed? Always/Often/Sometimes/Never

Supervisor Comments:

Bernie is amazing w/ attendance, attending meetings covering anything that is needed.

Documentation**PC**

1. When completing documentation, is it objective?
2. Does it give a clear picture of the event?
3. Does it document goal progress accurately?
4. Does the employee make sure there is enough space for the next staff to document or does the employee leave the pages filled?
5. Employee shows competency in completing incident and behavior reports?

☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI**Supervisor Comments:**

Bernie has full understanding of the information needed for documenting

Financial**PC**

1. When using (client or house) money, the employee always gets a receipt.
2. Does employee accurately complete receipts for any money used (client or house)?
3. When using (client or house) money, employee consistently counts it at the beginning and end of their shift?
4. Does the employee follow all financial guidelines and expectations?

☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI**Supervisor Comments:**

I reconcile receipts & \$ w/ Bernie all the time. He assists other staff w any questions they may have

Knowledge and Client Related Issues**PC**

1. Does employee listen to the clients about their concerns?
2. Does employee stay informed by reading the relay book and new goal/behavior changes?
3. Does employee understand the difference between punishment and consequences?
4. Does employee know, understand and support ORH policies and procedures?
5. Is the employee careful about confidentiality?
6. Does employee know which information can and cannot be released to others?
7. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?
8. Are there any concerns with medication passing?
9. Does employee complete the responsibilities expected of the shifts they work?
 - a. If no or needs improvement, please explain:

☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI

Bernie does above & beyond for the consumers & house. He has a great rapport w/ staff & consumers

10. Does employee know what is in each client's IAPP ? Yes/No/NI
11. Does employee provide the client with effective training? Yes/No/NI
12. Does employee understand how to teach the client to be independent? Yes/No/NI
13. Does employee respond the same to each client without showing favoritism? Yes/No/NI
14. Is employee flexible in response to different clients and situations? Yes/No/NI
15. Does employee know the client's rights, and advocate for them? Yes/No/NI
16. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.? Yes/No/NI
17. Employee accepts and offers compliments, criticism, and suggestions. Yes/No/NI
18. Does employee show competency in de-escalation techniques? Yes/No/NI
19. Does employee show competency in person centeredness? Yes/No/NI

Supervisor Comments:

Bernie does great w/ all of the above

Safety/Property/Vehicle

PC

1. Does the employee work within all safety guidelines and report concerns to the PC? Yes/No/NI
2. Does the employee alert the supervisor or office of things that need attention, repair or of things needed to be purchased? Yes/No/NI
3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc? Yes/No/NI
4. Does the employee work in a driving position? Yes/No
 - a. If yes, does the employee drive? Yes/No/NA
 - i. If no to 5a, why not?
5. If a driver, Yes/No
 - a. Does the employee contribute to care and cleanliness of the vehicle? Yes/No
 - b. Does the employee follow all safety policies and state law when operating a motor vehicle to ensure the safety of other staff and clients in the vehicle? Yes/No
 - i. If no, explain.

Supervisor Comments:

Bernie is very conscientious of the maintenance & safety of the home & vehicle & will repair the minor needs himself.

General

PC

1. What additional responsibilities have been delegated to this lead staff?

Scheduling, resident ledgers, use of computer, Grocery & supply shopping

2. Have these responsibilities been helpful to the Program Coordinator?

Yes/No

- a. If no, why not and how should this change?

I couldn't manage 2 homes w/out him. He is an asset to the house & ORH

3. Does the lead staff appear to have the respect of co-workers?

Yes/No

- a. If no, what appears to be the issue preventing this?

Barnie is respected by his coworkers & consumers

4. Is the employee working the shifts they were hired for or are scheduled for?

Yes/No

Hired/scheduled for: PT afternoons, 2/3 weeks

Working: FT lead staff

If no, why not:

Barnie was offered FT status which later developed into a lead staff position

5. Has the employee has any disciplines over the last year? Yes/No

- a. If yes, what form did they take? (circle all that apply)

Verbal Discussion Coaching Note Verbal Warning Written Warning

- b. What did the discipline relate to?

- c. Have these concerns improved since review with the employee?

Yes/No

6. What is the greatest contribution that this employee makes to the position?

Enthusiasm, willingness, attention to detail

Questions to be asked to employee and discussed during the review (supervisor should record):

What do you as an employee see as the most important part of your job as a lead staff?

teaching the guys.

"Everything is a teaching moment"

What would you as an employee like to learn more about in your job?

Mental Health

How could we use your talents and experience better?

We need to have more time w/ House
Info. Bernie is a long term employee.

How can your supervisor help you in any of the areas discussed?

Provide any opportunities.

SUMMARY

Additional Comments (completed by supervisor)

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

Employee Signature: Bernie Borath **Date:** 12-2-16

Supervisor's Signature: [Signature] **Date:** 12-2-16

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

2015 ANNUAL RESIDENT INSTRUCTOR EVALUATION

Name: Bernard Borash

Location: 809

Supervisors:

1. Please review the sections in the evaluation and circle the best answer of Yes, No or Needs Improvement. Please note in some cases the NI may be replaced with an NA (not applicable).
2. Please comment under Supervisor comments responding to each area, explaining why you chose the answers you did.
3. Once you have completed the review, please return the evaluation to Human Resources
4. HR will review the evaluation and return it to you so that you may meet with the employee to review the evaluation together. At that time, you and the employee can develop any action plans that are necessary.

Time and Attendance

PC

1. Does the employee show up for work and is ready to begin the shift on time?
2. Does the employee make good use of their time at work?
3. Does the employee arrive at meetings and in-services on time?
4. Does the employee complete their time card and time analysis on time and accurately?
5. Does the employee have any tardiness concerns?
6. If yes, have they been previously discussed with employee?
In what format? (please circle all that apply)

☒ Yes/No/NI

☒ Yes/No/NI

☒ Yes/No/NI

☒ Yes/No/NI

☒ Yes/No

☒ Yes/No

Discussion Coaching Note Verbal Warning Written Warning

7. Does the employee have any absenteeism concerns?
8. If yes, have they been previously discussed with employee?
In what format? (please circle all that apply)

☒ Yes/No

☒ Yes/No

Discussion Coaching Note Verbal Warning Written Warning

9. Does employee follow replacement policy when they cannot work a shift?
10. Does employee give proper notice when a shift was missed?
11. Does employee pick up shifts when available or needed?

☒ Yes/No

☒ Yes/No/NI

☒ Always/Often/Sometimes/Never

Supervisor Comments:

Bernie has no issues in the above areas. He is extremely dependable and is very flexible - picking up shifts when able.

Documentation

PC

1. When completing documentation, is it objective?
2. Does it give a clear picture of the event?
3. Does it document goal progress accurately?
4. Does the employee make sure there is enough space for the next staff to document or does the employee leave the pages filled?

Yes/No/NI

Yes/No/NI

Yes/No/NI

Yes/No/NI

Supervisor Comments:

Bernie does a very thorough job of noting all information necessary and in a timely manner

Financial

PC

1. When using (client or house) money, the employee always gets a receipt.
2. Does employee accurately complete receipts for any money used (client or house)?
3. When charging, employee makes sure that the receipt is given to the right person?
4. When using (client or house) money, employee counts it at the beginning and end of their shift?

Yes/No/NI

Yes/No/NI

Yes/No/NI

Yes/No/NI

Supervisor Comments:

Bernie is exceptional w/ how he handles all finances - client or house \$.

Knowledge

PC

1. Does employee listen to the clients about their concerns?
2. Does employee stay informed by reading the relay book and new goal/behavior changes?
3. Does employee understand the difference between punishment and consequences?
4. Does employee know, understand and support ORH policies and procedures?
5. Is the employee careful about confidentiality?
6. Does employee know which information can and cannot be released to others?
7. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?
8. Are there any concerns with medication passing?
9. Does employee complete the responsibilities expected of the shifts they work?
 - a. If no or needs improvement, please explain:

Yes/No/NI

Yes/No/NI

Yes/No/NI

Yes/No/NI

Yes/No/NI

Yes/No/NI

Yes/No/NI

Yes/No/NI

Yes/No/NI

Supervisor Comments:

Bernie has a great rapport w/ the clients. He is well informed w/ policies & procedures. There are no concerns w/ medications & has a clear understanding of the importance of medications even though he deals w/ very few.

Client Related Issues**PC**

1. Does employee know what is in each client's Risk Management Plan? ☒ Yes/No/NI
2. Does employee provide the client with effective training? ☒ Yes/No/NI
3. Does employee understand how to teach the client to be independent? ☒ Yes/No/NI
4. Does employee respond the same to each client without showing favoritism? ☒ Yes/No/NI
5. Is employee flexible in response to different clients and situations? ☒ Yes/No/NI
6. Does employee know the client's rights, and advocate for them? ☒ Yes/No/NI
7. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.? ☒ Yes/No/NI
8. Employee accepts and offers compliments, criticism, and suggestions. ☒ Yes/No/NI

Supervisor Comments:

Bernie is a great role model for his peers/coworkers.

Safety/Property/Vehicle**PC**

1. Does the employee contribute to providing a warm and cozy atmosphere for the clients home? ☒ Yes/No/NI
2. Does the employee alert the supervisor or office of things that need attention, repair or of things needed to be purchased? ☒ Yes/No/NI
3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc? ☒ Yes/No/NI
4. Does the employee work in a driving position?
a. If yes, does the employee drive? ☒ Yes/No
i. If no to 5a, why not? ☒ Yes/No/NA
5. If a driver,
a. Does the employee contribute to care and cleanliness of the vehicle? ☒ Yes/No
b. Does the employee follow all safety policies and state law when operating a motor vehicle to ensure the safety of other staff and clients in the vehicle? ☒ Yes/No
i. If no, explain.

Supervisor Comments:

Bernie is very helpful w/ assisting w/ the care of the van - maintenance, etc.

General

PC

1. Does the employee appear to enjoy their position?
a. If no, what type of behavior does the employee display to give this impression?

Yes/No

2. Does the employee appear to get along with co-workers?
a. If no, what appears to be the issue preventing this?

Yes/No

Bernie is very well liked by his coworkers and the office personnel.

4. Does the employee appear to fit in as a part of the house/location team?
a. If no, why appears to be the reason?

Yes/No

He is well respected.

5. Is the employee working the shifts they were hired for or are scheduled for?

Yes/No

Hired/scheduled for: 40 hrs. weekly.

Working:

If no, why not:

6. Has the employee has any disciplines over the last year? Yes/No

- a. If yes, what form did they take? (circle all that apply)

Verbal Discussion Coaching Note Verbal Warning Written Warning

- b. What did the discipline relate to?

- c. Have these concerns improved since review with the employee?

Yes/No

7. What is the greatest contribution that this employee makes to the position?

maturity, consistency

Questions to be asked to employee and discussed during the review (supervisor should record):

What do you as an employee see as the most important part of your job?

maintaining a safe environment
for the clients.

What would you as an employee like to learn more about in your job?

Diagnosis
Client funding

How could we use your talents and experience better?

We use Bernie in every capacity
already. He is always willing to take
on new duties.

How can your supervisor help you in any of the areas discussed?

offer any and all opportunity for
Interviews.

SUMMARY

Additional Comments (completed by supervisor)

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

Employee Signature: Bernard Bolath Date: 10/23/2015

Supervisor's Signature: [Signature] Date: 10/23/15

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

2014 ANNUAL RESIDENT INSTRUCTOR EVALUATION

Name: Bernie Borash

Date: 12-20-14 Location: 809

Supervisors:

1. Please review the sections in the evaluation and circle the best answer of Yes, No or Needs Improvement. Please note in some cases the NI may be replaced with an NA (not applicable).
2. Please comment under Supervisor comments responding to each area, explaining why you chose the answers you did.
3. Once you have completed the review, please return the evaluation to Human Resources at the November staff meeting.
4. HR will review the evaluation and return it to you so that you may meet with the employee to review the evaluation together. At that time, you and the employee can develop any action plans that are necessary. Reviews must be completed by January 15, 2014.

Time and Attendance

PC

1. Does the employee show up for work and is ready to begin the shift on time?
2. Does the employee make good use of their time at work?
3. Does the employee arrive at meetings and in-services on time?
4. Does the employee complete their time card and time analysis on time and accurately?
5. Does the employee have any tardiness concerns?
6. If yes, have they been previously discussed with employee?
In what format? (please circle all that apply)

Yes/No/NI
Yes/No/NI
Yes/No/NI
Yes/No/NI

Amazing

Yes/No
Yes/No

Discussion Coaching Note Verbal Warning Written Warning

7. Does the employee have any absenteeism concerns?
8. If yes, have they been previously discussed with employee?
In what format? (please circle all that apply)

Yes/No
Yes/No

Discussion Coaching Note Verbal Warning Written Warning

9. Does employee follow replacement policy when they cannot work a shift?
10. Does employee give proper notice when a shift was missed?
11. Does employee pick up shifts when available or needed?

Yes/No
Yes/No/NI

Always/Often/Sometimes/Never

Supervisor Comments:

Bernie is an amazing asset to me as a PC 809 & ORH. He is very flexible & understands the needs of the job.

Documentation**PC**

1. When completing documentation, is it objective?
2. Does it give a clear picture of the event?
3. Does it document goal progress accurately?
4. Does the employee make sure there is enough space for the next staff to document or does the employee leave the pages filled?

☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI

Supervisor Comments:

There are no concerns in this area.

Financial**PC**

1. When using (client or house) money, the employee always gets a receipt.
2. Does employee accurately complete receipts for any money used (client or house)?
3. When charging, employee makes sure that the receipt is given to the right person?
4. When using (client or house) money, employee counts it at the beginning and end of their shift?

☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI

Supervisor Comments:

Bernie & I are the only ones who have access to the \$ for house & client.

Knowledge**PC**

1. Does employee listen to the clients about their concerns?
2. Does employee stay informed by reading the relay book and new goal/behavior changes?
3. Does employee understand the difference between punishment and consequences?
4. Does employee know, understand and support ORH policies and procedures?
5. Is the employee careful about confidentiality?
6. Does employee know which information can and cannot be released to others?
7. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?
8. Are there any concerns with medication passing?
9. Does employee complete the responsibilities expected of the shifts they work?
 - a. If no or needs improvement, please explain:

☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI☒ Yes/No/NI

Bernie has been w/ the company 5+ years and takes the responsibility of a staff seriously. He has a great rapport

Supervisor Comments:

Client Related Issues

PC

1. Does employee know what is in each client's Risk Management Plan?
2. Does employee provide the client with effective training?
3. Does employee understand how to teach the client to be independent?
4. Does employee respond the same to each client without showing favoritism?
5. Is employee flexible in response to different clients and situations?
6. Does employee know the client's rights, and advocate for them?
7. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.?
8. Employee accepts and offers compliments, criticism, and suggestions.

☒ Yes/No/NI
☒ Yes/No/NI
☒ Yes/No/NI
☒ Yes/No/NI
☒ Yes/No/NI
☒ Yes/No/NI
☒ Yes/No/NI
☒ Yes/No/NI

Amazing

Supervisor Comments:

The clients & coworkers respect Bernie a great deal, and see him as a leader

Safety/Property/Vehicle

PC

1. Does the employee contribute to providing a warm and cozy atmosphere for the clients home?
2. Does the employee alert the supervisor or office of things that need attention, repair or of things needed to be purchased?
3. Does the employee contribute to ensuring the safety of other staff and clients by following safety policies and doing safety related responsibilities such as shoveling, use of ice melt, cleaning, etc?
4. Does the employee work in a driving position?
 - a. If yes, does the employee drive?
 - i. If no to 5a, why not?
5. If a driver,
 - a. Does the employee contribute to care and cleanliness of the vehicle?
 - b. Does the employee follow all safety policies and state law when operating a motor vehicle to ensure the safety of other staff and clients in the vehicle?
 - i. If no, explain.

☒ Yes/No/NI
☒ Yes/No/NI
☒ Yes/No/NI
☒ Yes/No
☒ Yes/No/NA

☒ Yes/No

☒ Yes/No

Supervisor Comments:

Bernie has been known to take care of the minor repair needs of the home.

General

PC

1. Does the employee appear to enjoy their position?

Yes/No

a. If no, what type of behavior does the employee display to give this impression?

2. Does the employee appear to get along with co-workers?

Yes/No

a. If no, what appears to be the issue preventing this?

4. Does the employee appear to fit in as a part of the house/location team?

Yes/No

a. If no, why appears to be the reason?

5. Is the employee working the shifts they were hired for or are scheduled for?

Yes/No

Hired/scheduled for: FT - RI position - Schedule varies

Working: _____

If no, why not:

6. Has the employee has any disciplines over the last year? Yes/No

a. If yes, what form did they take? (circle all that apply)

Verbal Discussion Coaching Note Verbal Warning Written Warning

b. What did the discipline relate to?

c. Have these concerns improved since review with the employee?

Yes/No

7. What is the greatest contribution that this employee makes to the position?

Dedication & amazing work ethic that everyone notices.

Questions to be asked to employee and discussed during the review (supervisor should record):

What do you as an employee see as the most important part of your job?

• teaching clients living and behavior skills.

What would you as an employee like to learn more about in your job?

There's always room to learn more about Different Diagnosis's

How could we use your talents and experience better?

Be more involved w/ training new employees.

How can your supervisor help you in any of the areas discussed?

to provide all opportunities for Inservices or training.

SUMMARY

Additional Comments (completed by supervisor)

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

Employee Signature: Bernie Bush Date: 12-20-14

Supervisor's Signature: [Signature] Date: 12-20-14

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

2013 Annual Employee Evaluation – Resident Instructor

Name: Bernie Borach Date: 9-28-13 Location: 809

Please review the sections in the evaluation and give yourself a score according to the following:

- 1 poor, much improvement needed
- 2 poor, but improvement is being made
- 3 often does well in this area and meets job requirements
- 4 does well and occasionally exceeds job requirements in this area
- 5 always does well and exceeds job requirements

Please write a paragraph responding to each area, explaining why you chose the score you did, and how you will improve, if needed. Go through the evaluation independently. After you have completed it, give it to your supervisor and your supervisor will then complete a score for you and write comments. Once your supervisor has completed it, you will meet with your supervisor to review your evaluation together. At that time, you can develop any action plans that are necessary.

Time

1. Do I show up for work and am ready to begin my shift on time?
2. Do I make good use of my time at work?
3. Do I arrive at meetings and in-services on time?
4. Do I complete my time card and time analysis on time and accurately?

SELF	PC
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
Score	20

How can I improve in this area, if needed?

Self Comments:

I am on time for shifts & get clients to appointments on time. While at work I think of ways to improve morale and take clients walking, hiking, volunteering, ball games and swimming.

Supervisor Comments:

Bernie is as dependable & flexible as you could find. He has attended all mtgs. Is willing to help out the company working in any location.

Documentation

1. When completing documentation, is it objective?
2. Does it give a clear picture of the event?
3. Does it document goal progress accurately?
4. Do I make sure there is enough space for the next staff to document or do I leave the pages filled?

SELF	PC
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
Score	20

How can I improve in this area, if needed?

Self Comments:

I document while every thing is fresh on my mind & make copies of document pages when getting low.

Supervisor Comments:

Bernie does a great job making sure all areas of communication are complete & clear. Incident reports are written w/ full detail. No concerns.

Financial

1. When using (client or house) money, I always get a receipt.
2. Do I accurately complete receipts for any money used (client or house)?
3. When charging, I make sure that the receipt is given to the right person.
4. When using (client or house) money, I count it at the beginning and end of my shift.

SELF	PC
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>20</u>	<u>20</u>

Score

How can I improve in this area, if needed?

Self Comments:

I make sure clients give back receipts & money to account for the amount they took.

Supervisor Comments:

Only Bernie and myself have access to the consumer money. Purchases are accounted for, Bernie does supply & Grocery shopping and we have never had a missing receipt.

Cleanliness/Appearance

1. Do I make sure that the house and vehicles are kept clean inside and out?
2. Do I check the van each time I drive it?
3. Do I make sure the next person has adequate gas or do I leave it empty?
4. Am I creative about providing a warm and cozy atmosphere in the location I work in?
5. Do I check to be sure the location is secure?
6. Do I alert the supervisor of things that need attention, repair, or of things needed to be purchased?

SELF	PC
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>30</u>	<u>30</u>

Score

How can I improve in this area, as needed?

Self Comments:

Have clients clean house more times per week & try to keep van above half mark & check van each time & ask for cleanliness. House & garage are locked when house is vacant.

Supervisor Comments:

Bernie pays close attention to the needs of the whole, house maintenance and is willing to take care of the minor things that come up. We are always looking for projects that the group can be a part of and to make the home welcoming.

Role Model

1. Am I a good role model for the clients and other staff by my attitude, dress, work ethic, honesty, enthusiasm, etc.?
2. Do I work as part of the team?
3. I accept and offer compliments, criticism, and suggestions.

SELF	PC
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>15</u>	<u>15</u>

Score

How can I improve in this area, as needed?

Self Comments:

I am always open to suggestions & constructive criticism & try to keep staff informed so clients don't have opportunities to play staff.

Supervisor Comments:

All the staff look to Bernie for suggestions or Guidance. He has a great rapport w both staff and Consumers.

Knowledge

1. Am I familiar with client's current concerns?
2. Do I listen to the clients about their concerns?
3. Do I stay informed by reading the relay book and new goal/behavior changes?
4. Do I know the difference between punishment and consequences?
5. Do I know, understand and support ORH policies and procedures?
6. Am I careful about confidentiality?
7. Do I know which information can and cannot be released to others?
8. Do I understand and implement the Data Privacy and Vulnerable Adult Act?

SELF	PC
<u>3</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>40</u>	<u>40</u>

Score

How can I improve in this area, as needed?

Self Comments:

Keep updated on all policies, each client has different concerns and to help clients in their areas at their level.

Supervisor Comments:

Bernie is very patient and listens to all issues of the consumers offering realistic help as needed. Bernie attends all training and is comfortable asking questions as needed.

Client Related Issues

1. Do I know what is in each client's Risk Management Plan?
2. Do I provide the client with effective training?
3. Do I help the client to teach the client to be independent or dependent?
4. Do I demonstrate a skill to be learned?
5. Do I plan activities in or outside the home that are appropriate, effective, and supervised according to clients needs?
6. Do I respond the same to each client without showing favoritism?
7. Am I flexible in response to different clients and situations?
8. Do I know the client's rights, and do I advocate for them?

SELF	PC
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>40</u>	<u>40</u>

Score

How can I improve in this area, as needed?

Self Comments: the clients are very active & like doing physical activities, so I keep them busy & active as that helps tremendously with behavior.

Supervisor Comments:

Very rarely do the guys just sit. Berni is instrumental in getting them out; about even if its just for a walk. He is energetic and willing to instruct any time its needed. He does great in the kitchen encouraging the consumers to be involved in meal prep.

EMPLOYEES STOP HERE

SUMMARY

SELF

PC

Overall Score

185185

Score Assessments (please check supervisor score category):

- ☐ 37-56 Not meeting expectations of the position- Serious improvement is needed
☐ 57-93 Needs improvement
☐ 94-130 Meets job requirement and expectations of position
☐ 131-167 Meets and occasionally exceeds job requirements and expectations of position
☒ 167+ Outstanding- Exceeds job requirements of position

Areas that need to be worked on: (completed by supervisor)

Longevity. 809 needs Bernie to remain here as long as possible. He is truly an asset to Oakridge Homes!

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

What one skill if developed and done in an excellent fashion would have the greatest positive impact on your career?

Communication

What would you as an employee like to learn more about in your job?

Anything medical

How can your supervisor help you in any of the areas discussed?

Offer any insurance as they are presented.

If there is a difference between the self score and the supervisor score, what do you attribute to the difference?

n/a

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: Bernie Brash Date: 10-1-13

Supervisor's Signature: [Signature] Date: 10-1-13

When this is complete, it is placed in the back pocket of the personnel book and a copy is given to Human Resources.

STAFF EVALUATION – 2012

Name: Bernie Borash

Date: 9/12

Location: 809

Please review the sections in the evaluation and give yourself a score according to the following:

- 1 poor, much improvement needed
- 2 poor, but improvement is being made
- 3 often does well in this area and meets job requirements
- 4 does well and occasionally exceeds job requirements in this area
- 5 always does well and exceeds job requirements

Please write a paragraph responding to each area, explaining why you chose the score you did, and how you will improve, if needed. Go through the evaluation independently. After you have completed it, give it to your supervisor and your supervisor will then complete a score for you and write comments. Once your supervisor has completed it, you will meet with your supervisor to review your evaluation together. At that time, you can develop any action plans that are necessary.

Time

1. Do I show up for work and am ready to begin my shift on time?
2. Do I make good use of my time at work?
3. Do I arrive at meetings and in-services on time?
4. Do I complete my time card and time analysis on time and accurately?

SELF	PC
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
Score	<u>20</u>

How can I improve in this area, if needed?

Self Comments:

Supervisor Comments:

No improvement needed. Bernie is an awesome employee and is very productive while on shift. He attends all mtgs. as scheduled.

Documentation

1. When completing documentation, is it objective?
2. Does it give a clear picture of the event?
3. Does it document goal progress accurately?
4. Do I make sure there is enough space for the next staff to document or do I leave the pages filled?

SELF	PC
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
Score	<u>20</u>

How can I improve in this area, if needed?

Self Comments:

Supervisor Comments:

Bernie is consistent w/ his documenting being sure to capture the day events.

Financial

1. When using (client or house) money, I always get a receipt.
2. Do I accurately complete receipts for any money used (client or house)?
3. When charging, I make sure that the receipt is given to the right person.
4. When using (client or house) money, I count it at the beginning and end of my shift.

SELF	PC
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
Score	<u>20</u>

How can I improve in this area, if needed?

Self Comments:

Supervisor Comments:

Bernie is extremely conscientious w/ the consumer's \$. He has been involved in many spend downs and he is sure to account for all spending w/ receipts

Cleanliness/Appearance

1. Do I make sure that the house and vehicles are kept clean inside and out?
2. Do I check the van each time I drive it?
3. Do I make sure the next person has adequate gas or do I leave it empty?
4. Am I creative about providing a warm and cozy atmosphere in the location I work in?
5. Do I check to be sure the location is secure?
6. Do I alert the supervisor of things that need attention, repair, or of things needed to be purchased?

SELF	PC
<u>4</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
Score	<u>29</u>

How can I improve in this area, as needed?

Self Comments:

Supervisor Comments:

Bernie is efficient in all the areas above. He has been great about refurbishing items for the home.

Role Model

1. Am I a good role model for the clients and other staff by my attitude, dress, work ethic, honesty, enthusiasm, etc.?
2. Do I work as part of the team?
3. I accept and offer compliments, criticism, and suggestions.

SELF	PC
<u>4</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
Score	<u>14</u>

How can I improve in this area, as needed?

Self Comments:

Supervisor Comments:

All staff look to Bernie for advice, wisdom. He has a great sense of humor and a definite rapport w/ staff & consumers. Definitely, a team player.

Knowledge

1. Am I familiar with client's current concerns?
2. Do I listen to the clients about their concerns?
3. Do I stay informed by reading the relay book and new goal/behavior changes?
4. Do I know the difference between punishment and consequences?
5. Do I know, understand and support ORH policies and procedures?
6. Am I careful about confidentiality?
7. Do I know which information can and cannot be released to others?
8. Do I understand and implement the Data Privacy and Vulnerable Adult Act?

SELF	PC
5	5
5	5
5	5
5	5
4	4
5	5
5	5
5	5

Score

39 39

How can I improve in this area, as needed?

Self Comments:

Supervisor Comments:

I think the area of policy & procedures is an area of learning them over the years.

Client Related Issues

1. Do I know what is in each client's Risk Management Plan?
2. Do I provide the client with effective training?
3. Do I help the client to teach the client to be independent or dependent?
4. Do I demonstrate a skill to be learned?
5. Do I plan activities in or outside the home that are appropriate, effective, and supervised according to clients needs?
6. Do I respond the same to each client without showing favoritism?
7. Am I flexible in response to different clients and situations?
8. Do I know the client's rights, and do I advocate for them?

SELF	PC
4	4
5	5
5	5
5	5
5	5
5	5
5	5
5	5

Score

39 39

How can I improve in this area, as needed?

Self Comments:

Supervisor Comments:

RMP is another area that is hard to memorize but Bernie definitely knows the high points. He is very knowledgeable in the kitchen and has passed on a lot of helpful hints to the guys.

EMPLOYEES STOP HERE

SUMMARY

SELF

PC

Overall Score

180

183

Score Assessments (please check supervisor score category):

- ☐ 37-56 Not meeting expectations of the position- Serious improvement is needed
☐ 57-93 Needs improvement
☐ 94-130 Meets job requirement and expectations of position
☐ 131-167 Meets and occasionally exceeds job requirements and expectations of position
☒ 167 + Outstanding- Exceeds job requirements of position

Areas that need to be worked on: (completed by supervisor)

none needed.

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

What do you as an employee see as the most important part of your job?

provide safe environment while helping achieve highest level of self sufficiently.

What would you as an employee like to learn more about in your job?

supervisory skills.

How can your supervisor help you in any of the areas discussed?

If there is a difference between the self score and the supervisor score, what do you attribute to the difference?

modesty

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: Bernard Bolash Date: 9-24-12

Supervisor's Signature: [Signature] Date: 9-24-12

When this is complete, it is placed in the back pocket of the personnel book and a copy is given to Human Resources.

OAKRIDGE HOMES

Job Description

Resident Instructor (RI)

The role of the employee will be to provide an environment where each consumer in the program can realize his/her maximum physical and mental potential and achieve the highest level of self-sufficiency and social citizenship. Also, to make available the patterns and conditions of everyday life that are as close as possible to the norms and patterns of mainstream society.

The RI must be at least 18 years of age and willing to submit to a criminal background check and a driver's licensing check. Results may disqualify the individual from employment. This position may require that you drive.

She/he should have experience or training in working with people with developmental disabilities and should be knowledgeable in training and behavioral intervention techniques. The RI will be directly responsible to the Supervisor/Administrator/Program Director/Program Coordinator/QDDP and/or their designees.

The primary responsibility of the Resident Instructor is the direct care of the consumers 100% of the time. This is a 24-hour treatment facility and as such, calls for active treatment with training taking place at all times. This will be carried out by each shift in accordance with the treatment plan established for each consumer.

The following list of essential functions is not exhaustive and may be supplemented as necessary.

Essential Functions:

Orientation and Ongoing Training

1. Become fully acquainted with and adhere to the philosophy, policies, procedures and operation of Oakridge Homes. This is done through:
 - A. Conference with Administrator, Program Director, QDDP and Program Coordinator.
 - B. Orientation and in-service training.
 - C. Reference material provided by Oakridge Homes.
2. Become acquainted with each consumer's Risk Management Plan, Need to Know, all Protocols, Level Programs, background information and treatment plan. Understand the level of each consumer's ability.
3. Assure that no information that pertains to the program/consumers and staff be released without prior authorization.
4. Complete Time Sheets, Daily/Weekly Hours Sheet and Daily Recording Pages (if applicable) accurately and in a timely manner. Fax Daily/Weekly Hours Sheet on a daily basis as directed by your supervisor.
5. Learn Shift Responsibilities.

Safety

6. To assure that a clean, attractive, safe and healthy environment is kept for the people who live in the home.
7. Be responsible for and make sure that walkways are clear and safe for consumer use. This includes removing all obstacles that could cause tripping and shoveling to make sure sidewalks and driveways are clear of snow.
8. Have a good working knowledge of alarm systems including who to call, how to disarm and the procedure to follow. Know where the water shut-off valve is in case of emergencies. Take appropriate action in case of emergencies, according to the Emergency and Incident Reporting Policies and Procedures, and notify the proper personnel.
9. Follow scheduled fire drill procedures implemented to train consumers to evacuate.
10. Follow through with safe, healthy food-handling practices including not leaving food or supplies on counters.
11. Staff may be required to operate ORH vehicles to transport consumers or supplies safely.
12. Promptly report any problems with the physical plant, ground, or vehicle(s) to the Supervisor. Fill out the applicable form and submit in a timely manner.
13. Equipment-
 - A. Ensure that the van is cleaned on at least a monthly basis (inside and out) and filled with gas.
 - B. Know/learn how to use the telephone, answering machine, fax machine and copier.

Consumer

14. Follow consumer objectives in providing active treatment with appropriate documentation on Progress Reports and Goal Charts.
15. Represent the program/consumers in the community in a responsible and favorable manner.
16. Use approved behavioral modification techniques in working with consumers.
17. Follow bathing, toileting, all hygiene/grooming procedures and schedule if applicable as outlined. Perform or assist with cleaning glasses, toothbrushes, etc.
18. Follow bedroom cleaning procedures and instruct/assist consumers as needed.
19. Ensure appropriate laundry procedures and instruct/assist consumers as needed. Perform or assist with ironing as needed.
20. Check and assist consumers with maintaining consumer supplies of personal needs items.

21. Make sure all consumers are always well-groomed (all ADL's). Train the consumers in personal care and hygiene such as bathing, shaving, washing hair, dressing and undressing.
22. Make sure people living in the home are always appropriately dressed. Check outerwear and wash as needed. Use Spray-and-Wash, or an equivalent stain remover, on stains before doing consumer laundry. Check clothing for mending needs. Check outfits daily for coordination. Put on matching pajamas. Dress consumers appropriately for pictures, special occasions, church, etc.
23. Staff will closely monitor and have frequent contact with assigned consumers throughout their shift. This will be every 15 minutes during awake-time hours. Any exceptions to this 15 minute rule will be in each person's Risk Management Plan. In case of accident or incident, the consumer or staff member must receive medical attention and/or first aid promptly. Report said incident to the person listed in the Emergency Procedures in a timely manner and complete the Incident Report and any other documentation as directed by the PC and/or QDDP.
24. Follow current schedules, activity calendars and menus as written.
25. Staff will take the amount of time and precautions necessary to assist consumers with feeding skills. Check each consumer's diet as specified on the treatment plan and provide meals according to the posted menu. During the meal, the Resident Instructor will:
 - A. Follow established program for active treatment during mealtime (i.e. proper table manners, appropriate use of utensils, socialization, etc);
 - B. See that consumers chew food appropriately and are not choking or having other problems; and
 - C. Supervise consumers while eating.
 - D. Family style meals and service will be emphasized. Staff should eat with the consumers (eating the same food consumers are eating) and be a positive role model. Staff will ensure food and supplies are put away in approved marked and dated containers in a timely manner. Food and supplies will not be left unsupervised in any area where consumers are present.
26. Attend appointments with people living in the home and take forms required for their records and document as needed after appointments when indicated.
27. Provide input on quarterly and annual staffing reports.
28. Encourage people living in the home to make choices whenever possible.
29. Promote good relationship with the consumers and staff. Communicate with the oncoming shift anything of importance, behavioral/medical issues, and the activities of the preceding shift both verbally and in writing. (Staff Communication Book)
30. Follow through with training rather than caretaking, allowing for participation according to the individual's ability. Training and active treatment will occur both inside and outside the home.

31. Initiate checking for community activities that are appropriate and would be of interest to the consumers and get them out in the community.
32. Initiate a variety of recreation/leisure activities in the home. (Note: sitting with consumers to watch television is not considered an activity for consumers and staff to do together).
33. Pass medications at the correct time and follow guidelines.
34. Function effectively with the consumers on a one-to-one basis and in groups.
35. Deal effectively with disciplinary problems that arise.
36. Take prompt/appropriate action in the event of emergencies (follow ORH Emergency and Incident Reporting Policies and Procedures). Complete appropriate forms.

Employment

37. Communicate with co-workers, nurse, QDDP, Program Coordinator, to ensure the smooth and consistent delivery of services. Never assume someone else will communicate a given situation. If you are involved in any type of situation or are witness to said situation, you are required to communicate it in a timely manner. Ideally, this communication would be in writing or in person.
38. Give full cooperation to the RN and other consultants of the home.
39. Attend Medication Administration Class when scheduled. Pass medication at designated times and using the correct procedure.
40. Be prompt and reliable rather than exhibiting tardiness and absences.
41. Respect the rights and integrity of co-workers, consumers and their families.
42. Positively accept suggestions and constructive criticism.
43. Positively offer suggestions and constructive criticisms (creativity, time saving, cost efficiency).
44. Be a positive role model by effectively communicating with others about consumer issues in the home and the work site.
45. Provide coverage as needed or requested.
46. Perform responsibilities in a professional manner. Complete these responsibilities so that you do not leave them for others to do.

47. Staff trained by consulting nurse will follow policies and procedures.
48. Attend and participate in all Staff Meetings and in-services. Attend all mandatory in-service training including: CPR, First Aid, Therapeutic Intervention and Annual Mandatory's (i.e. vulnerable adult training, policies and procedures, etc.).
49. Locate frequently used forms in file cabinet. File as requested by your supervisor.
50. Make copies of forms when supplies are low being careful to include all information and not being wasteful.
51. Follow correct procedures when starting a shift: Check calendar, your mailbox, Communication Log, and consumer records dating back to the last time you worked. Write down all the objectives for your group of consumers. **Count the money.**
52. Display good time-management skills.
53. Initiate responsibilities without direct supervision.
54. Demonstrate enthusiasm, dedication, patience and consistency.
55. Be responsible in taking breaks as specified according to the hours of your shift.
56. Carry out any and all job related duties as assigned by the Administrator/Program Director/Program Coordinator or Supervisor.
57. Work effectively as part of a team by displaying adaptability and flexibility. Do your fair share of work and be willing to help co-workers without having to be asked.
58. Give accurate follow-up information before leaving shift either in writing or verbally.
59. Attempt to work out differences with co-workers before involving others.
60. Follow lifting and transfer guidelines.

Documentation

61. Document objective/patient information in Progress notes. Give a clear picture of each event.
62. Know how to implement consumers' programs (goals) using methodology procedure as a guide and document appropriately. Run goals as many times as stated.
(Example – 5 times a day or twice per week)
63. Know how to correctly document count/record prompts on consumer programs (goal charts).

^
how to

64. Financial-

- A. Accurately complete Purchase Orders and charges.
- B. ALWAYS get receipts.
- C. Count Consumer Petty Cash and report any discrepancies immediately.

65. Document on Medication Administration Records (MARS) accurately. Call in med re-orders to pharmacy.

66. Replace pages in Charting Books when you fill them up.

Accountability

Employees are required to satisfy the essential functions of their job description.

Physical Requirements (Including lifting and pushing):

Employee must be able to lift/push a minimum of 50 pounds.

Equipment Used:

Normal household items and consumer-related equipment (this may vary at each site).

Other duties may be assigned when deemed necessary by the Administrator. Program Coordinator, Program Director, and/or their designees.

It is understood that this, or any other, job description is subject to change by Oakridge Homes, Inc. at any time, without prior notice, and that this, or any other, job description is not intended to create, nor is it to be construed to constitute, a contract, expressed or implied, between Oakridge Homes, Inc. or any of its employees.

I have read the above job description and I can perform the duties.

STAFF EVALUATION – 2011

Name: Bernie Borach

Date: 10-10-11

Location: 809

Please review the sections in the evaluation and give yourself a score according to the following:

- 1 poor, much improvement needed
- 2 poor, but I have improved from last year
- 3 some of the time I do well in this area
- 4 most of the time I do well in this area
- 5 this is a definite strength of mine

The score will allow you to see your growth from year to year.

Please write a paragraph responding to each area, explaining why you chose the score you did, and how you will improve, if needed. Go through the evaluation independently. After you have completed it, give it to your supervisor to write comments on. Once your supervisor has completed it, you will meet with your supervisor to review your evaluation together. At that time, you can develop any action plans that are necessary.

Time

1. Do I show up for work at least 5 minutes before my shift begins?
2. Do I make good use of my time at work?
3. Do I arrive at meetings and in-services on time?
4. Do I complete my time card and time analysis on time and accurately?

5	5
5	5
5	5
5	5
20	20

Score

How can I improve in this area, as needed?

plan more activities & ^{do} more spontaneous things

Agree;

Bernie not only keeps himself busy, he keeps everyone busy.

Documentation

1. When completing documentation, is it objective?
2. Does it give a clear picture of the event?
3. Does it document goal progress accurately?
4. Do I make sure there is enough space for the next staff to document Or do I leave the pages filled?

5	5
5	5
5	5
5	5
20	20

Score

How can I improve in this are, as needed?

Explain documentation in more detail.

Agree;

Bernie is very thorough w/ documenting the current events of the day.

Financial

1. When using (client or house) money, I get a receipt if possible.
2. Do I accurately complete receipts for any money used (client or house)?
3. When charging, I make sure that the receipt is given to the right person.
4. When using (client or house) money, I count it before and after
For accuracy

<u>5</u>	5
<u>5</u>	5
<u>5</u>	5
<u>5</u>	5
<u>20</u>	20

Score

How can I improve in this area, as needed?

ensure client gets receipt as they occasionally forget.

Bernie does a nice job making sure money & receipts are accounted for. If there isn't a receipt he is prompt to make a house receipt.

Cleanliness/Appearance

1. Do I make sure that the house and the vans are kept clean inside and out?
2. Do I check the van each time I drive it?
3. Do I make sure the next person has adequate gas or do I leave it empty?
4. Am I creative about providing a warm and cozy atmosphere in the
Home I work in?
5. Do I check to be sure the home is secure?
6. Do I alert the supervisor of things that need attention or repair,
Or of things needed to be purchased?

<u>5</u>	5
<u>5</u>	5
<u>5</u>	5
<u>5</u>	5
<u>5</u>	5
<u>5</u>	5
<u>30</u>	30

Score

How can I improve in this area, as needed?

Do a more intense inspection after clients clean house of rooms.

No complaints. Bernie is a very conscientious employee.

Role Model

1. Am I a good role model for the clients and other staff by my attitude, dress, work ethic, honesty, enthusiasm, etc.?
2. Do I work as part of the team?
3. I accept and offer compliments, criticism, and suggestions.

Score

5	5
5	5
5	5
<u>15</u>	<u>15</u>

How can I improve in this area, as needed?

offer more compliments when deserved.

Bernie is definitely a team player. He always is looking for fun, appropriate activities.

Knowledge

1. Am I familiar with client's current concerns?
2. Do I listen to the clients about their concerns?
3. Do I stay informed by reading the relay book and new goal/behavior changes?
4. Do I know the difference between punishment and consequences?
5. Do I know, understand and support ORH policies and procedures?
6. Am I careful about confidentiality?
7. Do I know which information can and cannot be released to others?
8. Do I understand and implement the Data Privacy and Vulnerable Adult Act?

Score

5	5
5	5
4	5
5	5
5	5
5	5
5	5
5	5
<u>39</u>	<u>40</u>

How can I improve in this area, as needed?

More hands on with clients & time.

Bernie has a nice rapport w/ each of the guys. They are comfortable bringing up issues w/ Bernie and take in consideration his advice.

Client Related Issues

1. Do I know what is in each client's Risk Management Plan?
2. Do I provide the client with effective training?
3. Do I help the client to teach the client to be independent or dependent?
4. Do I demonstrate a skill to be learned?
5. Do I plan activities in or outside the home that are appropriate, effective, and supervised according to clients needs?
6. Do I respond the same to each client without showing favoritism?
7. Am I flexible in response to different clients and situations?
8. Do I know the client's rights, and do I advocate for them?

4	4
5	5
5	5
5	5
5	5
5	5
5	5
5	5
39	40

Score

How can I improve in this area, as needed?

Read clients RMP more frequently.

Bernie does a nice job treating everyone individually. Bernie hates to do nothing, so he is always offering suggestions.

Total Score

183

What do you see as the most important part of your job?

Listening to & treating clients with respect while ensuring they have a safe & healthy environment. Motivate & allow clients to learn living skills to the best of their ability.

What would you like to learn more about in your job?

More of the PC duties & reports so I could help out in absence of PC.

How can I as a supervisor help you in any of the areas discussed?

*Make me Fulltime **

Comments:

*I inquired w/ Janis about Bernie
being FT, On 10/21/11.*

When you are finished, give to your supervisor to make comments also.

Signature: Bernie Blush Date: 10-23-2011

Supervisor's Signature: [Signature] Date: 10-23-11

When this is complete, it is placed in the back pocket of the personnel book.