

## Conversation with Maxine Martinez

6/16/2022; 3:00pm (phone call)

On 6/15: DC helped Maxine reset her password for STAR training, she reset it and there is no reason the online training should not be getting completed now, she stated she would begin to work on the trainings.

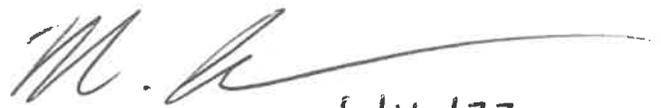
On 6/16:

DC called Maxine at 3:00pm regarding in person first aid/CPR training. Maxine works a full-time job with a different company (no available PTO) on top of meeting with her one consumer through ORH. She has been with this same consumer 20+ years. From my understanding in her whole time with ORH she has not completed any in-person trainings.

Conversation:

DC called at 3:02pm and Maxine was just leaving her full-time job, she asked if DC could call her back in 5-10 minutes and DC said they would call back about 3:15pm.

3:15pm: DC explained to Maxine that with most trainings now being online, the only in person training is First Aid/ CPR. DC explained that this is not just an ORH policy but the state of MN requires this training to be done for companies like ours. Her current employer is offering CPR/First Aid classes, she wants to check in with her current employer on 6/17 if she can get a hold of them because that is how she previously got her certification. Going through her current full-time employer would be the best route for her considering she lives over an hour from Brainerd/ 40 min from Aitkin. She stated that if she cannot get a hold of the person in charge of that training she would contact her right away Monday (6/20). She also said if she cannot sign up for a class through them Patty and herself will need to work out something so she can complete this. Maxine said she would get a hold of DC as soon as she heard back from other job, and she would coordinate with Patty if that is the route she needs to go.



6/16/22

SILS Designated Coordinator

Name: Maxine Martinez

Date of Hire 6/11/97 Date of first supervised direct contact 6/22/97  
 Date of first unsupervised direct contact 6/29/97  
 Date initial NET Study Sent 6/23/97 Date initial NET study cleared 7/23/97, 1/2/08

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	6	6	6	6
Number of in-service hours completed	12			
<b>Employee Handbook:</b> Sign and Date Acknowledgement Page (only needed at orientation and any year in which a new Handbook is issued)	3/28/18	✓	✓	✓
*Date attended mandatories or completed make-up	NA	8/25/19	1/2/21	9/27/21
*Date attended TI or make-up packet	11/15/18	NA	NA	12/26/21
*VA Online certificate	12/31/18	NA	NA	5/23/21
*VARPP reviewed twice annually	1. 3/28/18 2. 12/31/18	1. 3/13/19 2. 8/25/19	1. 1/17/21 2. 1/2/21	1. 4/24/21 2. 9/27/21
Evaluation (date completed)	12/12/18	NA	No Date	12/31/21
Medication Administration certificate in book (stays in book)	6/22/97	✓	✓	✓
Medication Admin Observation and Competency in book (stays in book)	3/6/14	✓	✓	✓
<b>CPR</b> Training Date _____ Annual Review date _____	NA	NA	4/8/20	Valid for 2 years
CPR training certificate or copy of CPR card in book if applicable	NA	NA	4/8/20	✓
<b>First Aid</b> Competency in book _____ Annual review date _____	NA	NA	4/8/20	Valid for 2 years
First Aid training certificate or copy of first aid card in book if applicable	NA	NA	✓	✓
<b>Person Supported Competencies</b>	1. NA	1. JP 12/27/19	1. NA	1. JS 5/2/21
List Consumer Initials and the Date Completed (Includes IPP/BIPP, CSSP-A, CSSP & IAPP-SMA)	2. 	2. 	2. 	2. 
	3. 	3. 	3. 	3. 
	4. 	4. 	4. 	4. 
	5. 	5. 	5. 	5. 

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

Date of Hire 6.11.97 Date of first supervised direct contact 6.22.97  
 Date of first unsupervised direct contact 6.29.97  
 Date initial NET Study Sent 6.23.97 Date initial NET study cleared 7.23.97/1.2.08

<u>Maxime Martinez</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	6	6		
Number of in-service hours completed	36	27	14		
Sign and Date Acknowledgement Page for current yr.	✓ 7.23.15	NA	NA		
Sign and Date Table of Contents for current yr.	✓ ↓	NA	NA		
*Date attended mandatories or completed make-up	5.28.15	5/26/16	12/27/17		
*Date attended TI or make-up packet	9.10.15	9.22.16	12/26/17		
*Purple VA checklist complete or Online certificate	✓	✓	✓		
*VARPP reviewed twice annually	1. 2.23.15 2. 5.28.15	1.2/23/16 2.5/26/16	1.3/31/17 2.	1. 2.	1. 2.
*Date attended Person Centeredness (2hrs) /or makeup	10.22.15	6/23/16	12/27/17		
Evaluation (date completed)	10.28.15	12/9/16	12/12/17		
Medication Administration certificate in book	✓	✓	NA		
Medication Admin Observation and Competency in book	✓	✓	NA		
Drivers License (on file with HR)	✓	✓	✓		
Insurance (if applicable – on file with HR)	✓	✓	✓		
<b>CPR</b>					
Expiration Date (for those who started before 1-14) <u>May 2015</u>					
Training Date (for those who started after 1-14) _____					
Annual Review date <u>4/23/15</u>	✓	✓	✓		
CPR training certificate or copy of CPR card in book if applicable	✓	✓	✓		
<b>First Aid</b>					
Expiration Date (for those who started before 1-14) _____					
Competency in book (for those who started after 1-14) _____					
Annual review date <u>3/26/15</u>	✓	✓	✓		
First Aid training certificate or copy of first aid card in book if applicable	✓	✓	✓		
Consumer IAPP - SMA's	1. CB 3.17.15	1.	1. JS	1.	1.
List Consumer Initials and the Date Read	2. JC 3.16.15	2.	2.	2.	2.
	3. SO 3.18.15	3.	3.	3.	3.
	4. VS 3.25.15	4.	4.	4.	4.
	5.	5.	5.	5.	5.
Copy if IAPP – SMA competency in book	✓		✓		10/9/19
Consumer CSSP and CSSP Addendum	1. CB 3.29.15	1.	1. JS	1.	1.

List Consumer Initials and the Date Read	2. JC 3-26-15	2.	2.	2.	2.
	3. SO 3-29-15	3.	3.	3.	3.
	4. VS 3-30-15	4.	4.	4.	4.
	5.	5.	5.	5.	5.
Copy of CSSP and CSSP Addendum competency in book	✓	✓	✓		10/19/19 CSSP-A
Orientation checklist completed. "Completed" means all areas dated and initialed by trainer and staff	✓	✓	✓		
Back page of orientation checklist completely filled out (all hours of training documented and all areas signed by trainer and staff)	✓	✓	✓		
Adaptive Equipment completed	✓	✓	✓		
*Positive Support Rule Training 8 hours	✓	✓	✓		

Return this  
packet

# Updates and Revisions to the 2018 Employee Handbook

**Please review the sections listed below in the handbook.**

**Pg 10 Promotions:** Added language that states

*Management reserves the right to fill positions at their discretion, however when possible full time position openings will be posted internally for a period of at least one week, allowing all interested current employees the opportunity to apply.*

**Pg 10 Resignation or Request for Status Change:** Added language that discusses a Request for a Status Change specifically:

*Employees requesting a status change but not resigning must do so by completing a Request for Status Change form and may not be given consideration if a two week notice of the change request is not given*

**Pg 11 Employee Code of Conduct:** This section was previously titled Misconduct. The entire section has been revised to focus on the type of conduct that Oakridge expects from its employees. It also addresses types of behavior that will be considered misconduct. Please read through the entire section.

**Pg 15 Drug and Alcohol Testing Policy:** Oakridge has adopted a new testing policy for drug and alcohol use. Previously Oakridge did not have a testing policy. Please read through entire section.

**Pg 29 Tardiness:** Added language that states

*A Late/No Show report will be completed for each time an employee is tardy. The employee will be given a coaching note for the first instance of tardiness.*

This has not been consistently happening throughout the company and it will be expected that this protocol will be followed at each location.

**Pg 29 Attendance:** Added language that states

*Employees are expected to be reliable and dependable to cover their scheduled shifts. If an employee is unable to work their scheduled shift, the employee is expected to follow the guidelines for calling in. And...*

*Good attendance is highly valued and a requirement of every position within ORH-WSS. A pattern of poor attendance of either unexcused absences or excessive excused absences may result in disciplinary action.*

**Pg 29 Work Schedule:** Added language that states

*In the event of a no show to a shift, the employee waiting to be relieved may be required to stay and cover the shift until a replacement can be found.*

**Pg 32 Pets in the Workplace:** Added this section so that it is clear that under no circumstances are pets allowed in the workplace without approval from the President or Vice President

Pg 33 Employee Use of Company Equipment and Other Business Machines: Added tablets to the list of devices

Pg 33 Cell Phone and Other Electronic Devices Policy: Added tablets to the list of devices

Pg 37 Social Media Policy: Added Instagram and Snapchat to the list of popular apps and websites however please know that the list is far from inclusive of all social media websites. In addition to this, the Workplace Bullying policy was also added as a policy that employees should keep in mind when they post to social media. There have been far too many incidents of bullying co-workers on social media sites over the last year. Before creating content, please remember that if any of your conduct adversely affects your job performance or the performance of fellow employees, disciplinary action may result. Please familiarize yourself with this policy to avoid potential issues.

Pg 39 Workweek: This section was added to clarify what constitutes a workweek at ORH-WSS.

Pg 43 Transportation Expense: Added language that states

*Each program may have distinct mileage and drive time reimbursement protocols. Please see the mileage protocol for the specific program you need.*

Pg 44 Holidays: Added language that states

*Full Time employees are given PTO at the beginning of the plan year which includes time off for holidays. And also Part time employees do not have access to PTO and therefore shall receive pay at the rate of one and one-half time for the holidays listed above.*

This language was added to explain why Part time employees receive holiday pay and Full time employees do not.

Pg 47 Paid Time Off (PTO): When referring to the section of this policy that states

*If there are extenuating circumstances that prevent an employee from utilizing their PTO within the year, that employee may submit a written request to the Board of Directors for consideration of unused PTO.*

Language was added to state: *This request must be made prior to the end of the plan year or it will not be considered.*

The plan year begins on July 1 and ends on June 30.

Pg 48 Leave of Absence: FMLA and Non-FMLA : Added language that states

*Requests for all LOA's must be made by completing a LOA Request form and submitting it to the Human Resources Department.*

This statement requires the form be completed and given to HR. If you are a PC that is informed of the need of an employee for a potential LOA, HR must be notified as soon as you are.

## Questions regarding the 2018 Employee Handbook

### 1. Please read through the anti-harassment policy on pages 3-5.

#### 1. What are two examples of harassment?

Discrimination on any basis  
unflattering or unwelcome comments

#### 2. What are two examples of behavior that could be considered sexual harassment?

unsolicited and unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature.  
Sexual innuendoes

### 2. Please read through the Employee Code of Conduct on pages 11-12.

#### 1. What are 3 examples of expectations of all employees?

to be ethical and responsible when dealing with company clients, finances, products, partnerships, and public image

to read and follow company policies

to be open for communication with their colleagues, supervisors or team members

### 3. Please read the Drug and Alcohol testing policy on pages 15-21.

#### 1. What are the 5 situations where employees/ applicants may be subject to drug testing?

1. job applicants or transferees may be tested for drugs upon receiving a conditional transfer, or offer of employment

2. routine physical exam testing

3. random testing

4. reasonable suspicion testing

5. treatment program testing

### 4. Please read the Workplace Bullying policy on pages 21-22.

#### 1. How does Oakridge define workplace bullying? verbal bullying - slandering, ridiculing, or

• maligning a person, physical bullying a person - pushing, shoving, hitting, poking.

• gesture bullying - nonverbal threatening gestures, glances which can convey threatening messages

• exclusion - socially or physically disregarding someone in work related activities

• yelling, shouting, and screaming

• constant and unfair criticism

5. Please refer to the tobacco products policy on page 22-23.

1. Is vaping or the use of electronic products designed to simulate smoking allowed in the home because they do not contain tobacco smoke?

No, it is not allowed.

6. True or False

1. T Employees are expected to be reliable and dependable to cover their scheduled shifts.
2. T Good attendance is highly valued and a requirement of every position
3. F Flip flop shoes are allowed in the homes during the summer
4. F Pets are allowed in the workplace if my PC says it is ok
5. T Employees can be disciplined for bullying other employees on social media websites

7. Please read through the Timekeeping and Compensation policy on pages 39-41.

1. Employees are expected to record the times that they are working. If an employee is scheduled from 3:00 pm to 11:00 pm but arrives and begins working at 2:50 pm and works until 11:07 pm.

i. What time should their start time be recorded as: 2:50 p

ii. What time should their ending time be recorded as: 11:05 p

8. If the cell phone policy (page 33-34) states that personal use of a cell phone or other device while working with consumers is prohibited, can an employee be using their cell phone while they are working? no

9. Where should cell phones or devices be kept when you are working? out of sight

10. Cell phones should be turned off or on vibrate while you are working.

11. Name three types of leaves available to employees? (pages 48-54)

1. FMLA
2. Non FMLA
3. Family medical leave

Please use a LATE/NO SHOW report to document how each of the following situations should look if a report was filled out the incident below.

#### Scenario 1

Joe is working the overnight shift from 11p-9a. Dolly is scheduled to work the 9a-3p shift. Dolly calls at 8:30 am and is running late because her alarm did not go off. She does not arrive until 9:07 am.

#### Scenario 2

Joe is working the overnight shift from 11p-9a. Dolly is scheduled to work the 9a-3p shift. Dolly calls in at 6 am and states that she is ill and not feeling well. She has contacted Fred to come in to work her shift. Fred arrives at 9:00 am to work Dolly's shift.

scenario 1



### LATE / NO SHOW REPORT

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

Employee Name: Dolly

Schedule Shift: 9 AM - 3 pm

Did employee arrive to shift:  yes or no If yes, what time? 9:07 pm

Did employee call prior to scheduled shift?  yes or no

Did absent employee find own replacement? yes no N/A (arrived late)

If yes, name of replacement: \_\_\_\_\_

Explanation for being late/not showing to shift:

Dolly was late because her alarm didn't go off.

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Employee Completing Report: Joe

Signature of Late Employee: Dolly

PC Signature & Date: \_\_\_\_\_

scenario 2



### LATE / NO SHOW REPORT

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

Employee Name: Dolly

Schedule Shift: 9 AM to 3 pm

Did employee arrive to shift: yes or  no If yes, what time? \_\_\_\_\_

Did employee call prior to scheduled shift?  yes or no

Did absent employee find own replacement?  yes no N/A (arrived late)

If yes, name of replacement: Fred

Explanation for being late/not showing to shift:

Dolly was ill.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Completing Report: Fred

Signature of Late Employee: Dolly

PC Signature & Date: \_\_\_\_\_

## Driving Eligibility for Oakridge

Every employee is asked at their new hire orientation to submit to a driver's license verification. License status and driving history are reviewed. A copy of your auto insurance is also required. Our insurance company does not allow us to have employees drive who have had any of the following in the last five years:

- Under the age of 19
- DUI/ DWI in the last 5 years
- Speeding tickets over 80 mph
- At fault accidents
- Moving violations
- Combinations of at fault accidents or moving violations

If it is determined that any of these situations apply, you may be deemed ineligible to drive for Oakridge. If you have a valid driver's license and no other issues but do not have acceptable insurance on your vehicle you may be deemed ineligible to drive your own vehicle. What does all this mean?

1. If you are determined to be a non-driver due to license status or any of the previously mentioned situations, you will be asked to sign a non-driving agreement during your orientation. You will not be allowed to drive for Oakridge in any capacity in any vehicle. This means that you cannot do any type of driving in any capacity for Oakridge. This includes running errands such as to the grocery store for milk. You also may not transport clients under any circumstances. You will remain a non-driver until HR determines that you may drive again.
2. If you have a valid license and the previously mentioned situation do not apply to you but you do not have or cannot provide a copy of your insurance of your personal vehicle, you may only drive Oakridge vehicles. You cannot drive your personal vehicle or any other personal vehicles to conduct Oakridge business.
3. If you have valid insurance coverage and provide us with a copy of it, you may be eligible to drive a personal vehicle for Oakridge business. You may only drive the vehicle that you present us the insurance for. You may not drive another personal vehicle or another person's vehicle for company business if you do not provide us with the insurance for that vehicle. For example, if your vehicle is in for repairs and you are driving a friend or parent's vehicle, you may not use that vehicle for Oakridge business because we do not have proof of insurance card for it on file.

Oakridge encourages the use of company vehicles at all times. Please know that you must get approval from an office to drive your own vehicle for company business. This applies to everyone. For example, if you have a large van at a house as a company vehicle, you must get approval from the office to use your own vehicle to go get groceries if you do not want to take the van.

If there are any questions regarding this protocol, please contact HR at 218-829-7599.

## Driving Eligibility for Oakridge Questions

1. Name the 6 situations that may affect your ability to drive an Oakridge vehicle:
  1. under age 19
  2. DUI or DWI in the last five years.
  3. Speeding tickets over 80 miles per hour
  4. at fault accidents
  5. moving violations
  6. combination of at fault accident or moving violation
2. If Oakridge has you sign a non-driving agreement, are you able to drive for Oakridge? Yes or  No
3. Who should you contact if you have any questions about your driving status with Oakridge?  
The Human Resources department of Oakridge Homes.



## How to stay positive:

1. What are 2 questions to ask yourself when it seems like you are in a negative situation?

a) What is one thing that is positive or good about this situation?

b) What is one opportunity within this situation?

2. If I think, talk, eat and move around in my world Slowly, things will be better for me.

3. When negative thoughts well up and I feel like my personal power decreases,

stress builds up.

4. When you lose perspective because you are stressed and going too fast, you can

make a mountain out of

a mole hill.

5. How do I handle situations so they don't get out of hand?

a) stop

b) breath

c) re-focus

6. When learning to take criticism in a healthy way we need to:

a) Don't reply right away. Calm down before you reply.

b) Really listen to the criticism - How can it help you?

c) Remember the criticism isn't always about you.

d) Reply or let go.

7. It is much easier to access positive emotions and stay practical about what you can actually do when you stay in the present moment.

8. How self aware are you? see it, hear it, smell it



# ***Behavior is a form of communication***

## **Crisis: communication in action**

1. Behavior is a Valid form of communication.
  
2. What do we need to do to understand what a person is communicating?
  - a) Listen to their words
  - b) Listen to their behaviors and body language.
  
3. What 2 fundamental questions help us understand behavior?
  - a) what is this person trying to gain?
  - b) what is this person trying to avoid?
  
4. What must we all do to figure out what an individual is trying to tell us? We must not only listen to their words, but to their behaviors and body language.



## Self awareness quiz

1. From your score, pinpoint 1 area that you can improve.

My score was 3.

I'm not sure what ~~to~~ to do to improve it.

2. What steps will you take to make this improvement?

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## What Is Body Language?

1. What reveals our true feelings and emotions and speaks volumes about us?
  - a) gestures
  - b) facial expressions
  - c) posture
2. It is an advantage to be able to "read" the signs.
3. Adjusting our body language makes us appear more
  - a) positive
  - b) engaging
  - c) approachable
4. Folded arms, tense facial expression, body turned away from you, and poor eye contact are all part of negative  
body language.
5. You should stand with your hands on your hips because you look open and relaxed. True or False
6. Maintaining good eye contact will show that you are sincere and engaged.
7. What are 3 things you can do to build rapport with your consumers?
  - a) relax your body
  - b) avoid fidgeting
  - c) look interested



## 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 backed away.

3) What was the nurse doing that helped her de-escalate the situation the right way? Observing that the family was making progress with grandma

4) What is a good question to ask ourselves when trying to understand a stressful situation with our consumers?

1. How would we want to be treated if we were in the consumers place?

5) What qualities did the nurse exhibit?

1. Confidence

2. empowerment

3. leadership

4. desire to work toward long-term relationships.

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

I. Maife Martez have been provided with Version 2015.1 of the following policies or statements:

<b>FRONT POCKET</b>
A. Copy of Initial Background Study (NET Study) sent to the State
B. Original Background Study (NET Study) received back from the State

<b>I. PERSONNEL INFORMATION</b>
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

<b>II. JOB RELATED FORMS</b>
A. Job Description

<b>III. VULNERABLE ADULT and SERVICE RECIPIENT RIGHTS</b>
<b>A. Vulnerable Adult Reporting Policy and Procedures</b>
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

<b>IV. PROFESSIONAL GROWTH</b>
A. Inservice List
B. Inservice Back Up Documentation

<b>V. PERSONNEL POLICIES (available in Master Training Book at each location)</b>
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 Maize Mathis DATE 7-23-15



## **Background Study Notice**

Background Study No: 1067732

December 02, 2019

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

Maxine Martinez  
14358 Us Hwy 169  
Hill City, MN 55748

## **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?**

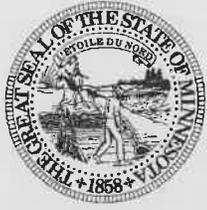
You should keep a copy of this notice for your records.

### **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 806030  
Oakridge Home SILS/SLS Allen  
Study 21634369  
Study Date 01/02/2008  
31 - 134

Maxine Sherlene Martinez  
14358 U.s. Hwy 169  
Hill City, MN 55748

Oakridge Homes Sils/sls 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.

Jeffrey S. Olds MSW,  
LICSW  
Licensor

818 2<sup>nd</sup> Ave. SE  
Grand Rapids, MN  
55744

Phone: 218-999-5345  
Fax: (pending)  
[xena7080@aol.com](mailto:xena7080@aol.com)

## Itasca County

### Adult Foster Care Licensing

DATE: November 20, 2007

TO: Oakridge Homes  
204 Willow Lane  
Grand Rapids, MN 55744

RE: Background check:  
Individual(s) studied

Maxine Martinez DOB: 07-22-1962

Judith Rasley DOB: 07-14-1948

FROM: Itasca County Adult Foster Care  
Jeffrey S. Olds  
AFC Licensor  
(218) 999 -5345

Based on the completed background study, the individual(s) named above is **NOT** disqualified from providing direct contact services and **MAY PROVIDE SERVICES** for the license holder/applicant named above. The background study requirements are found in Minnesota Statutes section 245A.04, subs. 3-3d (Supp. 1997) and Minnesota Rules, part 9543.0040, subpart 3.

You must keep this notice in your records. A background study is required at least upon application for an initial license and is required for re-application for a license. A new study may be initiated by the agency if the agency has reasonable cause to believe that there is new information regarding a subject's background study status.

If you have questions regarding this background study clearance, please contact the licensing agency contact person named above.

Study request submitted. Print this page for your records.

Request ID: 600913

Facility ID: 806030 - Oakridge Home SILS/SLS Allen

Date Submitted: 12/27/2007 11:08 AM

Subject Name: Maxine Sherlene Martinez

Gender: F

Date of Birth: 7/22/1962

Driver License / ID No: V182293956811

Race: White

SSN: 476927054

Phone:

Address Line 1: 14358 U.S. Hwy 169

City, State, Zip : Hill City, MN, 55748

[No first name aliases for this study.]

Alias Last Names

1. Diede

Harriet Evans

Licenser

47386 Jims Lane  
Deer River, MN 56636

Phone: 218-246-2484  
Fax: 218-246-2484  
harriete@paulbunyan.net

# Itasca County

Adult Foster Care  
Licensing

October 12, 2002

TO: Oakridge Homes  
706 Allen Drive  
Grand Rapids, MN 55744

RE: Background check:  
Individual(s) studied

Stacie Beach  
Warren Presley  
Maxine Martinez  
Theodore Mason

FROM: Itasca County Adult Foster Care  
Harriet Evans *Harriet Evans*  
AFC Licenser  
(218) 246-2484

Based on the completed background study, the individual(s) named above is NOT disqualified from providing direct contact services and MAY PROVIDE SERVICES for the license holder/applicant named above. The background study requirements are found in Minnesota Statutes section 245A.04, subs. 3-3d (Supp. 1997) and Minnesota Rules , part 9543.0040, subpart 3.

You must keep this notice in your records. A background study is required at least upon application for an initial license and is required for re-application for a license. A new study may be initiated by the agency if the agency has reasonable cause to believe that there is new information regarding a subject's background study status.

If you have questions regarding this background study clearance,  
please contact the licensing agency contact person named above.

Executive Director  
Barbara C. Dorry  
218-327-6701

Main Office  
Itasca Resource Center  
1213 SE 2<sup>nd</sup> Avenue  
Grand Rapids, MN  
55744-3984  
218-327-2941  
1-800-422-0312  
Fax: 218-327-6733

Koochiching County  
2232 E 2<sup>nd</sup> Avenue  
P.O. Box 44  
International Falls, MN  
56649  
218-283-9491  
1-800-559-9491  
Fax: 218-283-9855

Visit us at  
[www.kootasca.org](http://www.kootasca.org)

TDD: 1-800-627-3529  
Access through MN  
Relay System



December 8, 2000

TO: Oakridge Homes  
706 Allen Drive  
Grand Rapids, MN 55744

RE: Background check:  
Individual(s) studied  
Patricia Cook  
Wanda Harris O'Melia  
Melissa Bjork  
Eloise Bobrowski  
Cathelene Fox  
Jamie Fox  
Maxine Martinez  
Donna Nelson  
~~Jennifer Olson~~  
Judith Rasley

FROM: Itasca County Adult Foster Care  
Harriet Evans  
AFC Licenser  
(218) 326-1073

Based on the completed background study, the individual(s) named above is NOT disqualified from providing direct contact services and MAY PROVIDE SERVICES for the license holder/applicant named above. The background study requirements are found in Minnesota Statutes section 245A.04, subs. 3-3d (Supp. 1997) and Minnesota Rules, part 9543.0040, subpart 3.

You must keep this notice in your records. A background study is required at least upon application for an initial license and is required for re-application for a license. A new study may be initiated by the agency if the agency has reasonable cause to believe that there is new information regarding a subject's background study status.

If you have questions regarding this background study clearance, please contact the licensing agency contact person named above.

Harriet Evans  
Licensor

47386 Jims Lane  
Deer River, MN 56636

Phone: 218-246-2484  
Fax: 218-246-2484  
harriete@paulbunyan.net

# Itasca County

Adult Foster Care  
Licensing

October 27, 2004

TO: Oakridge Homes  
706 Allen Drive  
Grand Rapids, MN 55744

RE: Background check:  
Individual(s) studied

Maxine Martinez  
Patricia Cook  
Katie Anne Jacobson

FROM: Itasca County Adult Foster Care  
Harriet Evans  
AFC Licensor  
(218) 246-2484

Based on the completed background study, the individual(s) named above is NOT disqualified from providing direct contact services and MAY PROVIDE SERVICES for the license holder/applicant named above. The background study requirements are found in Minnesota Statutes section 245A.04, subs. 3-3d (Supp. 1997) and Minnesota Rules , part 9543.0040, subpart 3.

You must keep this notice in your records. A background study is required at least upon application for an initial license and is required for re-application for a license. A new study may be initiated by the agency if the agency has reasonable cause to believe that there is new information regarding a subject's background study status.

If you have questions regarding this background study clearance, please contact the licensing agency contact person named above.

Oakridge Homes  
706 Allen Drive  
Grand Rapids, MN 55744

Willow *swt of 1-04*

NAME OF APPLICANT/LICENSE HOLDER OR CORPORATION NAME:

NAME OF PERSON COMPLETING FORM (Applicant, Backup Provider, Employee, Volunteer or other person living in the household): [please print in ink]

Martinez Maxine  
LAST NAME FIRST

Sherlene

FULL MIDDLE

MAIDEN NAME, if any

PREVIOUS MARRIED NAME, if any

14358 US Hwy 169 Hill City  
CURRENT STREET ADDRESS CITY

MN  
STATE

Itasca  
COUNTY

ZIP CODE

55748

DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER: M 635 593 765 577

DATE OF BIRTH: 7-22-62

GENDER: M  (Please Circle) Race: W

Social Security Number [optional pursuant to Minn. Stat. 245A.04 Subd. 3(e)]: 476 92 7054  
SSN is requested for identification purposes but is not required. It may enhance the speed and accuracy of the background study.)

YES  NO I have continuously resided at the above address for 5 or more years.  
If no, please list every address, city, county, and state where you maintained residence during the last five years.

Street Address	City	County	State	Date residing at this address
Street Address	City	County	State	Date residing at this address
Street Address	City	County	State	Date residing at this address
Street Address	City	County	State	Date residing at this address
Street Address	City	County	State	Date residing at this address

SIGNATURE OF PERSON COMPLETING FORM: Maxine & Martine DATE: 9-1-04

Law Enforcement (Sheriff, Police, BCA):	Court Administration Records:	Human Services-Child abuse/Vulnerable Adult Records:
Initials: _____ Date: _____	Initials: _____ Date: _____	Initials: _____ Date: _____

NAME OF APPLICANT/LICENSE HOLDER OR CORPORATION NAME: \_\_\_\_\_  
NAME OF PERSON COMPLETING FORM (Applicant, Backup Provider, Employee, Volunteer or other person living in the household): [please print in ink]

Martinez Maxine Sherlene Dede  
LAST NAME FIRST FULL MIDDLE MAIDEN NAME, if any PREVIOUS MARRIED NAME, if any

14358 U.S. Hwy. 169 Hill City MN 55748 Itasca  
CURRENT STREET ADDRESS CITY STATE ZIP CODE COUNTY

DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER: VL82293956811

DATE OF BIRTH: 7-22-62 GENDER: M  (Please Circle) RACE: Caucasian

Social Security Number [optional pursuant to Minn. Stat. 245A.04 Subd. 3(e)]: 476-92-7054  
(SSN is requested for identification purposes but is not required. It may enhance the speed and accuracy of the background study.)

YES  NO I have continuously resided at the above address for 5 or more years.  
If no, please list every address, city, county, and state where you maintained residence during the last 5 years.

Street Address	City	County	State	Date residing at this address
Street Address	City	County	State	Date residing at this address
Street Address	City	County	State	Date residing at this address
Street Address	City	County	State	Date residing at this address
Street Address	City	County	State	Date residing at this address

SIGNATURE OF PERSON COMPLETING FORM: Maxine Martinez DATE: \_\_\_\_\_

Law Enforcement (Sheriff, Police, BCA):	Court Administration Records:	Human Services-Child abuse/Vulnerable Adult Records:
Initials:	Initials:	Initials:
Date:	Date:	Date:
Public Assistance Fraud:	Public Assistance Fraud:	
Initials:	Initials:	
Date:	Date:	

**ADULT FOSTER CARE/RESPIRE CARE BACKGROUND STUDY NOTICE AND FORM**

Itasca County Adult Foster Care Licensing  
680 Elizabeth Avenue  
Grand Rapids, MN 55744

Persons who must complete a copy of this form include: (1) the applicant; (2) persons 13 or older living in the household where the license program be provided; (3) current employees or contractors of the applicant who will have direct contact with persons served by the program; and (4) volunt who have direct contact with persons served by the program, if the contact is not directly supervised by the individuals listed in (1) or (3) above

**Each person falling within categories (1) through (4) listed above, including children age 13 or older living in the household, must complete a copy of the Background Study form.** (Foster care residents living in the household do not complete this form.)

\*\*\*\*\*

The Human Services Licensing Act requires that a background study be completed by reviewing relevant records. Information on this form will be used to conduct your background study.

**NOTICE:** You are hereby notified that, in accordance with Minn. Stat. 245A.04, Subd. 3, and Minn. R. part 9543.3060, records of the Minnesota Bureau of Criminal Apprehension, county attorneys, county sheriffs, courts, county agencies such as corrections departments and social service agencies, local police, the national record repository, criminal records of other states, and applicable juvenile court records will be reviewed in order to conduct your background study.

Minn. Stat. 245A.04, Subd. 3(e) requires each individual to provide sufficient information to ensure an accurate background study. (Only the information marked optional may be left blank.) Information provided may be shared with the agencies listed and with the Minnesota Department of Human Services and others within the welfare system whose jobs require access to this information.

In accordance with Minn. Stat. 245.04, Subd. 3(g), failure or refusal to cooperate by completing all necessary copies of this form or providing information required constitutes reasonable cause to deny an application or revoke or suspend a license. A disqualification may result if any person found to have a history with the particular characteristics set forth in Minn. R. part 9543.3070.

You must sign on the signature line as the person completing the form. By signing, you are acknowledging receipt of this notice that the background study will be done in accordance with Minn. Stat. 245.04. You are also agreeing to the conduct of the background study and release of information, conviction, adjudication, maltreatment reports, or any investigative records by the agencies listed. If you are determined to be disqualified, applicant/license holder will be told that you are disqualified but will not be told the information that caused your disqualification.

OVER

EMPLOYEE HEALTH SUMMARY

Martinez  
Last Name

Maxine  
First Name

14358 U.S. Hwy. 169 Hill City, MN 55748  
Address

7-22-62  
Birthdate

Relationship to Provider

1. Do you have a history of a serious operation or injury, physical or mental illness which in your opinion would hinder you in the care of children and/or adults?  Yes  No

If yes please explain: \_\_\_\_\_

2. Do you have any communicable diseases?  Yes  No

If yes please explain: \_\_\_\_\_

3. Are you taking any medication which may affect your ability to provide care?  Yes  No

If yes please explain: \_\_\_\_\_

4. Do you have a history of chemical abuse/dependency?  Yes  No

If yes please explain: \_\_\_\_\_

5. In your opinion, is your health suitable to provide care?  Yes  No

If no please explain: \_\_\_\_\_

Maxine Martinez  
Employee Signature

10-8-07  
Date

Applicant Mafine Martinez

**EMPLOYEE SCREENING  
ITASCA COUNTY ADULT FOSTER CARE**

In order to insure that individuals applying for employment in an adult foster care home are in compliance with Department of Human Services Rule 203 (part 9555.6125, subp 4), we need to have the following information. A yes answer does not automatically disqualify an applicant, but the details surrounding the incident do need to be looked into.

*no arrest, conviction, or  
criminal history*  
Yes\_\_ No\_\_

1. Are you willing to disclose your arrest, conviction and criminal history?
2. Do you have a possible problem with alcohol or drugs, or do you abuse prescription drugs or alcohol to the extent that it would interfere with the health, safety and rights of the residents of the adult foster home?

Yes\_\_ No\_\_

If you have been identified as chemically dependent, are you currently chemical free?

*not chemically dependent*  
Yes\_\_ No\_\_

3. Do you have a conviction of, or are you awaiting trial for, or do you admit to any of the following crimes:

Yes No

Possession, use, sale, manufacture and distribution of illegal drugs and/or simulated illegal drugs.

\_\_

Murder, manslaughter, criminal vehicular homicide & injury, aiding a person in a suicide or attempted suicide.

\_\_

Assault, mistreatment of persons confined, mistreatment of residents or patients, had a protective order authorized.

\_\_

Use of drugs to injure or facilitate crime, robbery, kidnapping, false imprisonment, depriving another of custodial or parental rights, abduction or disorderly house.

\_\_

Coercion, attempt to coerce, conspiracy, infringement on privacy, letter/package opening, or obscene/harassing phone calls.

\_\_

Criminal sexual conduct, prostitution, incest, or obscene materials.

\_\_

Theft, possession of shoplifting gear, bringing stolen goods into the state receiving stolen property, or embezzlement of public funds.

\_\_

Arson, burglary, or possession of burglary tools.

\_\_

Forgery or aggravated forgery, obtaining signature by false pretenses.      ✓

Participation in a riot or terroristic threats.      ✓

4. Have you ever been convicted of, charged with, or the subject of an investigation for, or do you admit to abusing or neglecting an adult or child? Yes      No ✓

5. Have you had your parental rights involuntarily terminated within the past five years? Yes      No ✓

6. Do you have a diagnosis of mental retardation and are you receiving home and community-based services under the Medical Assistance waiver? Yes      No ✓

7. Do you have a mental illness or related condition? no Yes      No ✓  
If so, explain. \_\_\_\_\_  
\_\_\_\_\_

Please note: At any time during the licensed term of the adult foster home, a physical, mental health, chemical dependency, or criminal history evaluation of the operator or caregiver may be required if there is reasonable cause to believe the qualification requirements have not been met or that the operator or caregiver cannot care for a resident.

9. Have you lived in Itasca County for the past five years? If not, please list where you have lived.

	<u>Address</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>Date</u>
1.	_____	_____	_____	_____	From _____ To _____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

I hereby affirm that the above statements are accurate, complete, and true to the best of my knowledge. I understand that if I knowingly give false information, I may not be a caregiver in a licensed adult foster home.

Applicant signature Mafine Martone

Date 10-8-07

Employer Oakridge Homes

**AUTHORIZATION FOR RELEASE OF INFORMATION  
APPLICANT BACKGROUND STUDY**

I hereby authorize the Bureau of Criminal Apprehension, Law Enforcement Agency and/or Court Administrator to release the information identified in connection with the evaluation of my application for licensure of, or continued licensure of one or more of the following: (Check as appropriate)

Adult Foster Care                       Family/Group Family Day Care  
 Rule 42 Provider                       Child Foster Care                       Respite Care  
 Other \_\_\_\_\_

A Photocopy of this form shall be accepted in place of the original.

The information may be released to the Minnesota Department of Human Services, Itasca County Human Services, and :

Carter Pettersen  
Adult Foster Care  
925 County Hime Road  
Grand Rapids, MN 55744

**NATURE OF INFORMATION TO BE DISCLOSED**

Minnesota Statutes, Section 245.783, subdivision 3 authorizes disclosure of all criminal convictions, arrest information, reports, regarding abuse or neglect and investigation results available from local, state and national criminal history record repositories on all individuals connected with the application for or renewal of a license. The disclosure of information is authorized only after notice is given to the subject of the data. The information disclosed will minimally include criminal history data for the following offenses as referred to in the Criminal cod of 1963, as amended, Minnesota Statutes, Section 609.01 et. seq., homicides, crimes against the person, crimes of compulsion (coercion), sexual criminal conduct, incest, theft, burglary, arson, obscene telephone calls, harassment, and illicit drug or alcohol usage.

Mafine Martine  
(Signature)

June 11, 1997  
(Signature of Parent/Guardian if appropriate)

June 11, 1997  
(Date)

\_\_\_\_\_  
(Date)

The expiration date of this authorization shall be one year from the signature date.

**IDENTIFYING INFORMATION**

Name of individual on whom information is requested:

Martinez Maxine Sherlene Diede Sept 2, 1982  
(Last) (First) (Full Middle) (Maiden) (Date married)

11058 Hwy. 169 Hill City Minnesota 55748  
(Street Address) (City) (State & Zip)

Date of Birth: July 22 1962  
(Month) (Day) (Year)

Race: (Check one)

Other Names Known By:  
(ie. Previous Married Name(s) or any alias)

- White (includes Hispanic)
- Native American
- African American
- Asian
- All Others

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

Name of facility or agency requesting licensure:

Itasca County Human Services

(Name of agency or facility)

123 NE 4th St.

Grand Raoids

MN 55744

(Street Address)

(City)

(State & Zip)

Check one:

New Applicant

Renewal

Allen

Willow

Birchcourt

**INFORMATION REQUESTED AS FOLLOWS:**

This section is to be completed by Bureau of Criminal Apprehension, Law Enforcement Agency and/or Court Administrator

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

Maime Martig has been given a copy of the house key for Willow on 2-3-12, with the understanding that the key will be returned to an ORH supervisor at the end of the employment. If the key is lost the employee must report this to a supervisor and the employee will pay for the replacement key.

Maime Martig  
Employee Signature

1-3-12  
Date

Kate Feltz  
Supervisor Signature

1/3/12  
Date



State of Minnesota - Department of Human Services  
Division of Licensing

Background Study Clearance  
Non-Transferable

10834791

Date of Study: 07/23/97

806030

MARTINEZ, MAXINE SHERLENE  
11058 HWY 169  
HILL CITY, MN 55748-0000

OAKRIDGE HOMES SILS/SLS  
DEBBY FELSKA  
710 6TH STREET SOUTH  
BRAINERD, MN 56401-0000

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 agency, and applies to the agency named above. This form has been mailed to both parties named above. These background study requirements are found in Minnesota Statutes, section 245A.04 and section 144.057, and Minnesota Rules, parts 9543.3000 to 9543.3090 (Rule 11 - the Background Study Rule) and parts 4668.0002 to 4668.0240 (the Home Care Licensure Rule).

**What This Form Means:** The individual named above is not disqualified from providing direct contact services for the agency named above. "Direct contact services" is defined in Minnesota Statutes, section 245A.04, subdivision 3, 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 agency'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 and the agency listed above with further instructions.

**Non-Transferability of This Clearance:** This clearance is not transferable to any agency other than the one identified above with the following two exceptions: 1. If the agency listed above has multiple licenses, but maintains personnel records pertaining to background studies in a central location for all facilities/programs, this clearance applies to all of the agency's DHS and Minnesota Department of Health (MDH) licenses. In this case, no additional study is required. 2. If the agency listed above is licensed by MDH to provide home care services, this clearance also applies to any other licensed facility in which this individual provides home care services under the control and direction of the agency listed above.

**For Further Information:** call the Background Study unit at (612) 296-3971 or write to the Minnesota Department of Human Services, Division of Licensing, Background Study Unit, 444 Lafayette Road, St. Paul, MN 55155-3842.





**AUTHORIZATION FOR RELEASE OF INFORMATION  
APPLICANT BACKGROUND STUDY**

*Maxine Martinez*

I hereby authorize the Bureau of Criminal Apprehension, Law Enforcement Agency and/or Court Administrator to release the information identified in connection with the evaluation of my application for licensure of, or continued licensure of one or more of the following: (Check as appropriate)

Adult Foster Care                       Family/Group Family Day Care  
 Rule 42 Provider                       Child Foster Care                       Respite Care  
 Other \_\_\_\_\_

*Sent  
6-11-97*

A Photocopy of this form shall be accepted in place of the original.

The information may be released to the Minnesota Department of Human Services, Itasca County Human Services, and :

Carter Pettersen  
Itasca County Human Services  
1209 SE 2nd Ave  
Grand Rapids, MN 55744

**NATURE OF INFORMATION TO BE DISCLOSED**

Minnesota Statutes, Section 245.783, subdivision 3 authorizes disclosure of all criminal convictions, arrest information, reports, regarding abuse or neglect and investigation results available from local, state and national criminal history record repositories on all individuals connected with the application for or renewal of a license. The disclosure of information is authorized only after notice is given to the subject of the data. The information disclosed will minimally include criminal history data for the following offenses as referred to in the Criminal code of 1963, as amended, Minnesota Statutes, Section 609.01 et. seq., homicides, crimes against the person, crimes of compulsion (coercion), sexual criminal conduct, incest, theft, burglary, arson, obscene telephone calls, harassment, and illicit drug or alcohol usage.

*Maxine Martinez*  
(Signature)

\_\_\_\_\_  
(Signature of Parent/Guardian if appropriate)

*7/27/98*  
(Date)

\_\_\_\_\_  
(Date)

The expiration date of this authorization shall be one year from the signature date.

**IDENTIFYING INFORMATION**

Name of individual on whom information is requested:

Martinez Maxine Sherlene Dieke Sept. 4, 1982  
(Last) (First) (Full Middle) (Maiden) (Date married)

11058 Hwy. 169 Hill City MN 55748  
(Street Address) (City) (State & Zip)

Date of Birth: 7 22 62  
(Month) (Day) (Year)

Race: (Check one)

Other Names Known By:  
(ie. Previous Married Name(s) or any alias)

- White (includes Hispanic)
- Native American
- African American
- Asian
- All Others

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

Name of facility or agency requesting licensure:

Itasca County Human Services (Homes Plus)

(Name of agency or facility)

1209 SE 2nd Ave

Grand Rapids

MN 55744

(Street Address)

(City)

(State & Zip)

Check one:

New Applicant

Renewal

Dakridge Homes

Willow

**INFORMATION REQUESTED AS FOLLOWS:**

This section is to be completed by Bureau of Criminal Apprehension, Law Enforcement Agency and/or Court Administrator

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

# OAKRIDGE HOMES

## Medication Administration Orientation Documentation

Date: 4-5-11

Course Provider: Dawn Tillson, RN

Length of Course: 8 hours

Staff Orientated: Maxine Martinez  
*Print clearly*

ORH/Woodview Facility working at: Willow

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.

	<i>Possible Score</i>	<i>Actual Score</i>	<i>Comments</i>
<u>Participation :</u>	<u>6</u>	<u>6</u>	
<u>Appropriate Dress:</u>	<u>4</u>	<u>4</u>	<u>Very helpful to another staff</u>
<u>Timeliness:</u>	<u>4</u>	<u>4</u>	
<u>Demonstration Score:</u>	<i>(Demonstration observed by presenter)</i>		
Oral medications	<u>8</u>	<u>8</u>	
Ear drops	<u>4</u>	<u>4</u>	<u>Great job!</u>
Eye drops	<u>8</u>	<u>8</u>	
Topical medication	<u>-</u>	<u>-</u>	
		<u>34</u>	
<u>Test score:</u>	<u>66</u>	<u>61</u>	
<u>Total:</u>	<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.**

NAME OF APPLICANT/LICENSE HOLDER OR CORPORATION NAME: \_\_\_\_\_  
NAME OF PERSON COMPLETING FORM (Applicant, Backup Provider, Employee, Volunteer or other person living in the household): [Please print in ink]

LAST NAME Mathner FIRST Maxine FULL MIDDLE Shelene MAIDEN NAME, if any Dieck PREVIOUS MARRIED NAME, if any \_\_\_\_\_

CURRENT STREET ADDRESS 14358 U.S. Hwy. 169 CITY Hill City STATE MN ZIP CODE 55748 COUNTY Itasca

DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER: V182293956811

DATE OF BIRTH: 7-22-62 GENDER: M (F) (Please Circle) RACE: Caucasian

Social Security Number [optional pursuant to Minn. Stat. 245A.04 Subd 3(e)]. 476-92-7054  
(SSN is required for identification purposes but is not required. It may enhance the speed and accuracy of the background study.)

YES  NO I have continuously resided at the above address for 5 or more years.  
If no, please list every address, city, county, and state where you maintained residence during the last 5 years.

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date residing at this address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date residing at this address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date residing at this address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date residing at this address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Date residing at this address \_\_\_\_\_

SIGNATURE OF PERSON COMPLETING FORM: Maxine Mathner DATE: 10-5-07

Law Enforcement (Sheriff, Police, BCA):	Court Administration Records:	Human Services—Child abuse/Vulnerable Adult Records:
Initials: _____ Date: _____	Initials: _____ Date: _____	Initials: _____ Date: _____
Public Assistance Fraud:		
Initials: _____ Date: _____		

**ADULT FOSTER CARE/RESPIRE CARE BACKGROUND STUDY NOTICE AND FORM**

Itasca County Adult Foster Care Licensing  
680 Elizabeth Avenue  
Grand Rapids, MN 55744

Persons who must complete a copy of this form include: (1) the applicant; (2) persons 13 or older living in the household where the license program be provided; (3) current employees or contractors of the applicant who will have direct contact with persons served by the program; and (4) volunteer who have direct contact with persons served by the program, if the contact is not directly supervised by the individuals listed in (1) or (3) above

Each person falling within categories (1) through (4) listed above, including children age 13 or older living in the household, must complete a copy of the Background Study form. (Foster care residents living in the household do not complete this form.)

\*\*\*\*\*

The Human Services Licensing Act requires that a background study be completed by reviewing relevant records. Information on this form will be used to conduct your background study.

**NOTICE:** You are hereby notified that, in accordance with Minn. Stat. 245A.04, Subd. 3, and Minn. R. part 9543.3060, records of the Minnesota Bureau of Criminal Apprehension, county attorneys, county sheriffs, courts, county agencies such as corrections departments and social service agencies, local police, the national record repository, criminal records of other states, and applicable juvenile court records will be reviewed in order to conduct your background study.

Minn. Stat. 245A.04, Subd. 3(e) requires each individual to provide sufficient information to ensure an accurate background study. (Only the information marked optional may be left blank.) Information provided may be shared with the agencies listed and with the Minnesota Department of Human Services and others within the welfare system whose jobs require access to this information.

In accordance with Minn. Stat. 245.04, Subd. 3(g), failure or refusal to cooperate by completing all necessary copies of this form or providing information required constitutes reasonable cause to deny an application or revoke or suspend a license. A disqualification may result if any person found to have a history with the particular characteristics set forth in Minn. R. part 9543.3070.

You must sign on the signature line as the person completing the form. By signing, you are acknowledging receipt of this notice that the background study will be done in accordance with Minn. Stat. 245.04. You are also agreeing to the conduct of the background study and release of information, conviction, adjudication, maltreatment reports, or any investigative records by the agencies listed. If you are determined to be disqualified, applicant/license holder will be told that you are disqualified but will not be told the information that caused your disqualification.

OVER

EMPLOYEE HEALTH SUMMARY

Martinez  
Last Name

Maxine  
First Name

14358 U.S. Hwy. 169 Hill City, MN 55748  
Address

7-22-62  
Birthdate

Relationship to Provider

1. Do you have a history of a serious operation or injury, physical or mental illness which in your opinion would hinder you in the care of children and/or adults?

Yes  No

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Do you have any communicable diseases? Yes  No

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_

3. Are you taking any medication which may affect your ability to provide care? Yes  No

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Do you have a history of chemical abuse/dependency? Yes  No

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_

5. In your opinion, is your health suitable to provide care?  Yes  No

If no please explain: \_\_\_\_\_  
\_\_\_\_\_

Maxine Martine  
Employee Signature

10-8-07  
Date

Applicant Mafine Martinez

**EMPLOYEE SCREENING  
ITASCA COUNTY ADULT FOSTER CARE**

In order to insure that individuals applying for employment in an adult foster care home are in compliance with Department of Human Services Rule 203 (part 9555.6125, subp 4), we need to have the following information. A yes answer does not automatically disqualify an applicant, but the details surrounding the incident do need to be looked into.

*No arrest, conviction, or  
criminal history*  
Yes\_\_ No\_\_

1. Are you willing to disclose your arrest, conviction and criminal history?

2. Do you have a possible problem with alcohol or drugs, or do you abuse prescription drugs or alcohol to the extent that it would interfere with the health, safety and rights of the residents of the adult foster home?

Yes\_\_ No\_\_   
*not chemically dependent*  
Yes\_\_ No\_\_

If you have been identified as chemically dependent, are you currently chemical free?

3. Do you have a conviction of, or are you awaiting trial for, or do you admit to any of the following crimes:

Yes No

Possession, use, sale, manufacture and distribution of illegal drugs and/or simulated illegal drugs.

—

Murder, manslaughter, criminal vehicular homicide & injury, aiding a person in a suicide or attempted suicide.

—

Assault, mistreatment of persons confined, mistreatment of residents or patients, had a protective order authorized.

—

Use of drugs to injure or facilitate crime, robbery, kidnapping, false imprisonment, depriving another of custodial or parental rights, abduction or disorderly house.

—

Coercion, attempt to coerce, conspiracy, infringement on privacy, letter/package opening, or obscene/harassing phone calls.

—

Criminal sexual conduct, prostitution, incest, or obscene materials.

—

Theft, possession of shoplifting gear, bringing stolen goods into the state receiving stolen property, or embezzlement of public funds.

—

Arson, burglary, or possession of burglary tools.

—

Forgery or aggravated forgery, obtaining signature by false pretenses.      ✓

Participation in a riot or terroristic threats.      ✓

4. Have you ever been convicted of, charged with, or the subject of an investigation for, or do you admit to abusing or neglecting an adult or child? Yes      No ✓

5. Have you had your parental rights involuntarily terminated within the past five years? Yes      No ✓

6. Do you have a diagnosis of mental retardation and are you receiving home and community-based services under the Medical Assistance waiver? Yes      No ✓

7. Do you have a mental illness or related condition? no Yes      No ✓  
If so, explain. \_\_\_\_\_

Please note: At any time during the licensed term of the adult foster home, a physical, mental health, chemical dependency, or criminal history evaluation of the operator or caregiver may be required if there is reasonable cause to believe the qualification requirements have not been met or that the operator or caregiver cannot care for a resident.

9. Have you lived in Itasca County for the past five years? If not, please list where you have lived.

	<u>Address</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>Date</u>
1.	_____	_____	_____	_____	From _____ To _____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

I hereby affirm that the above statements are accurate, complete, and true to the best of my knowledge. I understand that if I knowingly give false information, I may not be a caregiver in a licensed adult foster home.

Applicant signature Mafine Martens

Date 10-8-07

Employer Oakridge Homes

### 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 Mafine Marting

DATE 3/28/18

**Version 2018**

## 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.

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

EMPLOYEE SIGNATURE Mahe Martz

DATE 7-23-15

**Version 2015.1**

OAKRIDGE HOMES  
Orientation Checklist

mm-12-20-98

m.m. 2-16-99

Maxine Martinez

mm 2-8-00 mm

mm 12-29-04

mm 1-11-05

mm 5-16-05

mm 2-9-10

HOURS

1. Forms
- A. Application
  - B. Rule 11 Release
  - C. Mantoux / Physical
  - D. Driver's License Check
  - E. Background Study
  - F. Sexual Contact
  - G. County Foster Form (if applicable)
  - H. Wage Agreement
  - I. W4
  - J. Time Sheet
  - K. Employment Eligibility
  - L. Copy of Driver's License
  - M. Copy of Social Security Card
  - NA N. Select Account Form  
*View Select Account Video*
  - NA O. Long Term Disability Form (if full time)

2. Data Practice Module  
Read and Complete Answer Sheet

3. A. Perilous Pathogen Video,  
*Read and Complete Answer Sheet*
- B. Bloodborne Policy  
*Read in Personnel Manual  
Initial Upon Completion*
- C. Bloodborne Checklist  
*Complete*
- D. Infection Control Log (ICF Only)

	Allen House Initial Orientation Date & Initial 1997	Willow House 1997 Review	Review 12-20-98	Review 2-16-99
2. Data Practice Module	6/11/97	m&m	—	—
3. A.	m&m 6/11/97	m&m	—	—
3. B.	m&m 6/25/97	m&m	—	—
3. C.	—	m&m	—	—
3. D.	—	m&m	—	—

Initial  
Orientation  
Date & Initial    Review    Review    Review

12/20/98  
2/16/99

4. Site-Specific Orientation

No residents present

	Initial Date & Initial	Review	Review	Review
<b>A. Building</b>				
1. Address	6/22/97 M.S.M.	M.S.M.		
2. House Key	6/22/97 M.S.M.	M.S.M.		
3. Tour of Building	6/22/97 M.S.M.	M.S.M.		
4. Circuit Box	6/22/97 M.S.M.	M.S.M.		
5. Furnace(s)				
6. Thermostat(s)				
7. Washer(s) / Dryer(s)				
8. Cleaning Supplies / Storage				
9. Appliances				
10. Sprinkler System				
11. Fire Extinguishers / Fire Plan				
12. Smoke Detectors / Use and Location				
13. Water Shut-Off Valve				
<b>B. Financial - Residents</b>				
1. Ledger Card / Receipts				
2. Bank Accounts - Deposits and Withdrawals				
3. Resident Purchases				
a. Personal Needs (soap, deodorant, etc.)				
b. Clothing - Seasonal as needed or wanted				
<b>C. Medical</b>				
1. Appointments				
2. Medications				
3. Health Record				
<b>D. Miscellaneous Resident Procedures - Clothing (labeling, mending, laundry)</b>				
<b>E. Food Policies / Procedures</b>				
1. Menu Planning				
2. Recipes				
3. Grocery Shopping				
4. Meal Calendar				
5. Grocery Budget				
6. Grocery Bills				
<b>F. File Cabinet - Contents / Storage</b>				
<b>G. Financial - Program</b>				
1. Use of Purchase Orders - household				
2. Billings				
3. Vendors Used				
4. Petty Cash				
<b>Receipt required for each purchase</b>	↓	↓	↓	↓

		Initial Orientation Date & Initial	Review	Review	Review
H.	Telephone Use				
	1. Long Distance Log	6/21/97 msm	m&m	1-11-05	2-16-98
	2. On-Call Procedure				2-8-00
	3. Answering Machine				12-29-03
I.	Housekeeping				
	1. Nights - weekly and daily				
	2. Days - weekly and daily				
J.	Administrative				
	1. Pay Day				
	2. Problems with check				
	3. Schedule				
	4. Importance of staff communication				
	5. Functioning as a team				
L.	Day Programming				
	1. _____				
	2. _____				
5.	A. Read Personnel Book <i>Including Beh. Mgmt. &amp; EU BM (Rule 40)</i>				
	1. Resident Rights / Home Health Care				
	2. Agency Abuse Prevention Plan				
	B. Vulnerable Adult Bulletin #95-50-5				
6.	A. Plan to Get Out Alive (video)				
	B. Emergency Procedures				
	1. Telephone Numbers				
	2. Medical				
	3. Tornados / Severe Weather				
	4. Obscene Phone Calls				
	5. Missing Persons				
	6. Break-Ins				
	7. Property Damage				
	8. Physical Plant Emergencies				
	9. Auto Accidents				
	10. Death				
	11. Blanket Drop Procedure				
	12. Fire Drills				



	Initial Orientation Date & Initial	Review	Review	Review
C. Clipboard				
1. Daily Schedule	6/22/97 MSM	m8m	12-20-98	2-16-99 12-29-04
2. Behavior Program / Collection Sheets	6/22/97 MSM			
3. Goals	6/22/97 MSM			
13. A. OSHA				
1. Right to Know	6/27/97			
2. AWAIR Act	↓			
B. Developmental Disabilities (video or module) Complete questionnaire	6/27/97			
14. A. Safety Accident Prevention (video)	6/11/97 MSM			
B. Safety Guidelines	↓			
C. Therapeutic Intervention Techniques Site-specific audio / video	↓			
D. History of Oakridge	6/21/97 MSM			
E. Rules and Regulations				
1. SLF Licensing				
2. Health Department				
3. Rule 34				
4. Fire Codes				
15. A. Observation of Residents				
16. B. Sight-Specific Materials Orientation Page on Each Client				
C. Other Sight-Specific Orientation Materials				
	6/27/97 MTA	m8m		
	↓	↓	↓	↓

mm 5-16-05

mm 2-28-06

mm 1-11-05

		Initial Orientation Date & Initial	Review	Review	Review
17.	<b>CPR</b>				
	A. Video	6/25/97	m8m.	12-20-98	2-16-99
	B. Certification	_____	_____	_____	12-29-04
18.	<b>Med Training (Book)</b>	6/21/97 m8m	m8m.		
19.					
20.	<b>Just Like You and Me (Video)</b>	6/21/97 m8m	m8m		
21.	<b>Med Training</b>				
22.	A. Discussion with professional				
	1. Bloodborne Pathogens	↓	m8m		
	2. Hepatitis	↓	m8m		
	B. Med Certification	6-22-97	_____		
23.	<b>Resident Health Books</b>	6/26, 27/97	m8m		
24.	<b>What is an IPP?</b>	6/23/97 m8m	m8m		
	<b>What is an IDT?</b>	↓	m8m		
25.	<b>Staff Supervision - Active Treatment Video or Module</b>	6/23/97 m8m	m8m		
26.					
27 -	<b>Resident Files Reviewed</b>	6/27/97	m8m.		
32.	<b>Permanent Files</b>				
	A. History	6/27/97	m8m		
	B. Psychological	↓	↓		
	C. Financial	↓	↓		
	D. Assessment	↓	↓	⊗	⊗

1-11-05 5 Maxine Martinez

Orientation Day

6-22-97 11  
Date Hours

Maxine Martinez  
Employee Signature

Dana Fox RW  
Trainer Signature

6-26-97 6  
Date Hours

Maxine Martinez  
Employee Signature

Jennifer Olson T.L.  
Trainer Signature

6-27-97 4  
Date Hours

Maxine Martinez  
Employee Signature

Jennifer Olson T.L.  
Trainer Signature

6-29-97 8  
Date Hours

Maxine Martinez  
Employee Signature

Jennifer Olson T.L.  
Trainer Signature

6-30-97 4  
Date Hours

\* Assistance Shift  
Maxine Martinez  
\* Employee Signature

Jennifer Olson T.L.  
Trainer Signature

Observation Day

6-21-97 10  
Date Hours

Maxine Martinez  
Employee Signature

Dana Fox RW  
Trainer Signature

Staff Supervision (Must complete 8 hours of orientation prior to this)

Assistance Day

6-29-97 8  
Date Hours

\* Maxine Martinez  
Employee Signature

Trainer Signature

6-30-97 4  
Date Hours

\* Maxine Martinez  
Employee Signature

Trainer Signature

You must complete 20 hours of orientation prior to working alone. (15 hours if experienced.)

Date of Hire

June 16, 1997

Date of Expected Completion

8-11-97

Total Hours of Orientation

48 / 65 hrs.

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

Maxine Martinez  
Employee Signature (upon completion)

6-24-97  
Date

mm 5-16-05

mm 2/27/07

2-8-00

mm

mm 2-21-04

mm 1-11-05

OAKRIDGE/WOODVIEW

PAID TIME OFF REQUEST FORM

CHANGE OF SHIFT REQUEST FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

REQUEST FOR:  Use PTO (# of hours: \_\_\_\_\_)

Cash PTO (# of hours: \_\_\_\_\_)

Change of Shift

DATE OF CHANGE(S): \_\_\_\_\_

NUMBER OF WORK DAYS: \_\_\_\_\_

NAME OF RELIEF: \_\_\_\_\_  
Signature

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

\_\_\_\_\_ APPROVED

\_\_\_\_\_ DISAPPROVED

\_\_\_\_\_  
Administrator/Program Director

Non-approved Schedule Changes will not be paid!

Non-compliance with policy change requests will be cause for  
termination!



DO NOT REMOVE

OAKRIDGE HOMES

Medication Administration Inservice Form

Date: 6-22-97

Course Provider: ORH

Length of Course: 6 hours

Staff Attended: Maxine Martinez

The above staff have attended the medication administration course given by myself. I feel they have demonstrated the ability to safely administer medications prescribed by a physician to a resident of Oakridge Homes.

Dana Fox RW  
Course Provider's Signature & Title

A copy of this inservice form must be kept at the Oakridge Homes in which each of the above people pass medications.

# WELCOME TO THE GRAND RAPIDS MED REFRESHER COURSE

May 15, 2002

Presenter: Shirley Scharrer, RN

Grand Rapids Area Library

8:30 AM - 3:30PM

OMG

NOTES:

Syno

Carbamazepine:

secretol:  $\phi$  aspirin just Tylenol

• HS med - 7:30P-10:30P.M. just routine med.

— Redo clients books. w/ med ~~stat~~ presc. side effects etc. in back of med things.

• Depakote - seizure med to help control behaviors.

• If same med for SA + SP 500mg for both  $\phi$  really an error if punch out wrong X.

• If vomited up  $\phi$  error - if spit out med error.

• If in fridge locked suppositories small tackle box

•  $\checkmark$  co-pay on Medica - will only pay for 30 tabs that's why I pd \$30 on it.

• Error  $\#$

• fill out inspection form when they go by themselves. w/ family or friends

• Put in RMP about Hill's pressure gets. + bump on head.

— BP 1x/mo.



## 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 Willow Staff Name Maxine Martinez Date 3/6/14 →

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

Signature of Supervisor: Stephanie Henry

Revised 3/2012

# Oakridge Homes- Woodview Support Services

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## GUIDELINES FOR CALLING IN

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

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

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

The following guidelines should be adhered to:

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

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

Maxine Martinez  
Employee Signature

6/6/21  
Date

Maxine Martinez  
Employee Printed Name

Aitkin Sils (Jane Spod's home)  
Work Location

**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.

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

Maxine Martinez  
Employee Signature

4-2-14  
Date

Maxine Martinez  
Employee Printed Name

**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.

OAKRIDGE HOMES

Job Description

Resident Instructor (RI)

The role of the employee will be to provide an environment where each client 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 Coordinator/QMRP and/or their designees.

The primary responsibility of the Resident Instructor is the direct care of the clients 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 client.

*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 and Program Coordinator.
  - B. Orientation and inservice training.
  - C. Reference material provided by the program.
2. Become acquainted with the clients' background information and treatment plan. Understand the level of each client's ability.
3. To assure that no information pertaining to the program/clients and staff be released without prior authorization.
4. Complete time sheets/time analysis accurately in a timely manner.

mm 5-16-05

mm 1-11-05

Mm 2/27/07

2-8-00 mm 2-9-10 M.M.  
MM 12-21-04

Safety

5. To assure that a clean, attractive, safe, and healthy environment is kept for the people who live in the home.
6. Take appropriate action in case of emergencies and notify the proper personnel.
7. Follow scheduled fire drill procedures implemented to train clients to evacuate.
8. Follow through with safe, healthy food-handling practices.
9. Be responsible for transporting clients safely.
10. Promptly report maintenance problems. Fill out the applicable form and submit in a timely manner.

Client

11. Represent the program/clients in the community in a responsible and favorable manner.
12. Use approved behavioral modification techniques in working with clients.
13. Follow bathing procedures and schedule if applicable as outlined.
14. Follow bedroom cleaning procedures (instruct/assist clients as needed).
15. Ensure appropriate laundry procedures (instruct/assist clients as needed).
16. Check and assist clients with maintaining client supplies of personal needs items.
17. Make sure clients are always well-groomed. Train and assist in all ADL's.
18. 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 client laundry. Check clothing for mending needs. Check outfits daily for coordination. Put on matching pajamas. Dress clients appropriately for pictures, special occasions, church, etc.
19. Staff will closely monitor and have frequent contact with assigned clients throughout their shift (every 15 minutes).
20. Follow current schedules, activity calendars and menus as written.

mm 5-16-05

mm 2/27/07

1-11-05

2-9-10 mm

2.8.00 mm

mm 2-21-04

21. Staff will take the amount of time and precautions necessary to assist clients with feeding skills.
22. Attend appointments with people living in the home and take forms required for their records and document as needed after appointments when indicated.
23. Provide input on quarterly and annual staffing reports.
24. Encourage people living in the home to make choices whenever possible.
25. Promote good relationship with the clients and staff.
26. Follow-through with training rather than caretaking, allowing for participation according to the individual's ability.
27. Initiate checking for community activities that are appropriate and would be of interest to the clients.
28. Initiate a variety of recreation/leisure activities in the home.
29. Function effectively with the clients on a one-to-one basis and in groups.
30. Deal effectively with disciplinary problems that arise.
31. Take prompt/appropriate action in the event of emergencies. Complete appropriate forms.

#### Employment

32. Communicate with co-workers, nurse, Program Coordinator to ensure the smooth, consistent delivery of services.
33. Give full cooperation to consultants of the home.
34. Be prompt and reliable rather than exhibiting tardiness and absences.
35. Respect the rights and integrity of co-workers, clients and their families.
36. Positively accept suggestions and constructive criticism.
37. Positively offer suggestions and constructive criticisms (creativity, time saving, cost efficiency).
38. Be a positive role model by effectively communicating with others about client issues in the home and the work sight.
39. Provide coverage as needed or requested.

mm 5-16-05

mm 2/27/07

mm 1-11-05

mm 12-21-04

2-9-08 mm

40. Perform responsibilities in a professional manner.
41. Staff trained by consulting nurse will follow policies and procedures.
42. Attend and participate in staff meetings and inservices when indicated.
43. Locate frequently used forms in file cabinet.
44. Run off copies of forms when supplies are low (careful to include all information - check first before running off many).
45. Follow correct procedures when starting a shift: Read the relay book or client records back to the last time worked, write down all the objectives for your group of clients.
46. Display good time-management skills.
47. Initiate responsibilities without direct supervision.
48. Demonstrate enthusiasm, dedication, patience and consistency.
49. Be responsible in taking breaks as specified according to the hours of your shift.
50. Carry out any and all job related duties as assigned by the Administrator/Program Coordinator or Supervisor.
51. 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).
52. Give accurate follow-up information before leaving shift (written or verbal).
53. Attempt to work out differences with co-workers before involving others.
54. Follow lifting and transfer guidelines.

#### Documentation

55. Document objective/pertinent information in program and health record.
56. Know how to implement clients' programs using methodology procedure as a guide and document appropriately.
57. Know how to correctly count/record prompts on client programs.
58. Accurately complete Purchase Orders and charges.

2-9-10 mm  
2-8-00 mm  
mm 12-21-04  
mm 1-11-05  
mm 2/27/07

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 client related equipment (may vary at each sight).

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.

mm 5-16-05  
mm 2/27/07

Location \_\_\_\_\_

mm 1-11-05  
2-8-06 mm.  
mm/2-21-04  
m.

**EMPLOYEE REQUEST FOR REIMBURSEMENT**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

PURPOSE \_\_\_\_\_

AMOUNT \_\_\_\_\_

INVOICE(S) ATTACHED:

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

CHECK NO. \_\_\_\_\_

PAID TIME OFF REQUEST FORM  
VACATION REQUEST FORM  
CHANGE OF SHIFT REQUEST FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

REQUEST FOR:  Use PTO (# of hours: \_\_\_\_\_, # of hours available: \_\_\_\_\_)

Cash PTO (# of hours: \_\_\_\_\_, # of hours available: \_\_\_\_\_)

Change of Shift

Time Off

DATE/TIME OF CHANGE(S): \_\_\_\_\_ SIGNATURE OF RELIEF: \_\_\_\_\_  
(Change of shift may not result in OT, does this? Yes or NO)

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

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

NUMBER OF WORK DAYS: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

\_\_\_\_\_  
APPROVED

\_\_\_\_\_  
NOT APPROVED

\_\_\_\_\_  
Administrator/QMRP's signature

\_\_\_\_\_  
Date

Non-compliance with policy change requests may be cause for disciplinary  
action.

# Proof of Competency



## Adaptive Equipment Review

Name: Maxine Martinez Work Location: Willow

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Glasses Initial <u>mm</u> Date <u>11/15/15</u>                           | <input checked="" type="checkbox"/> AFO Initial <u>mm</u> Date <u>11/15/15</u>                   |
| <input type="checkbox"/> Contacts Initial <u>mm</u> Date <u>11/15/15</u>                                     | <input type="checkbox"/> Splints Initial _____ Date _____  |
| <input type="checkbox"/> Dentures/ Oral Prosthetics Initial _____ Date _____                                 | <input checked="" type="checkbox"/> Shower Chair Initial <u>mm</u> Date <u>11/15/15</u>          |
| <input checked="" type="checkbox"/> Walker Initial <u>mm</u> Date <u>11/15/15</u>                            | <input checked="" type="checkbox"/> Nebulizer Initial <u>mm</u> Date <u>11/15/15</u>             |
| <input checked="" type="checkbox"/> Cane Initial <u>mm</u> Date <u>11/15/15</u>                              | <input checked="" type="checkbox"/> Reclining Lift Chair Initial <u>mm</u> Date <u>11/15/15</u>  |
| <input checked="" type="checkbox"/> Hoyer Lift Initial <u>mm</u> Date <u>11/15/15</u>                        | <input checked="" type="checkbox"/> Stander Initial <u>mm</u> Date <u>11/15/15</u>               |
| <input type="checkbox"/> C-PAP Initial <u>mm</u> Date <u>11/15/15</u>  | <input type="checkbox"/> VNS Device Initial _____ Date _____                                     |
| <input type="checkbox"/> Epi-Pen Initial _____ Date _____  | <input type="checkbox"/> G-Tube Initial _____ Date _____   |
| <input checked="" type="checkbox"/> Glucometer and Lancets Initial <u>mm</u> Date <u>11/15/15</u>            | <input type="checkbox"/> Inhaler Initial _____ Date _____  |
| <input checked="" type="checkbox"/> Wheelchair Initial <u>mm</u> Date <u>11/15/15</u>                        | <input checked="" type="checkbox"/> Gait Bel. Initial <u>mm</u> Date <u>11/15/15</u>             |
| <input type="checkbox"/> Gait Trainer Initial _____ Date _____   | <input type="checkbox"/> Oral Braces Initial _____ Date _____                                    |
| <input checked="" type="checkbox"/> Hearing Aid(s) Initial <u>mm</u> Date <u>11/15/15</u>                    | <input type="checkbox"/> Weighted Vest Initial _____ Date _____                                  |
| <input checked="" type="checkbox"/> Braces (arm, leg, back) Initial <u>mm</u> Date <u>11/15/15</u>           | <input checked="" type="checkbox"/> Incontinence Products Initial <u>mm</u> Date <u>11/15/15</u> |
| <input type="checkbox"/> Helmet Initial _____ Date _____   | <input type="checkbox"/> Other: _____ Initial _____ Date _____                                   |
| <input type="checkbox"/> Prosthetics Initial _____ Date _____  | <input type="checkbox"/> Other: _____ Initial _____ Date _____                                   |
| <input checked="" type="checkbox"/> Oxygen Tank Initial <u>mm</u> Date <u>11/15/15</u>                       | <input type="checkbox"/> Other: _____ Initial _____ Date _____                                   |
| <input checked="" type="checkbox"/> Oxygen Concentrator Initial <u>mm</u> Date <u>11/15/15</u>               | <input type="checkbox"/> Other: _____ Initial _____ Date _____                                   |
| <input checked="" type="checkbox"/> TED Socks (compression stockings) Initial <u>mm</u> Date <u>11/15/15</u> |  |

Signature:

Date: 11.15.15

# Certificate

OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:  
**CPR / AED / First-Aid**  
(Adult / Child / Infant / Choking)  
AED / Injury & Universal Precautions

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

**Maxine Martinez**

The above mentioned Student is now certified in the above mentioned course by demonstrating proficiency in the subject by passing the examination in accordance with the Terms & Conditions of National CPR Foundation. - Valid for 2 years. Course administered in accordance with the **2015** ECC/ILCOR and AHA® guidelines. ID#: **258F85**

Completion: **April 8, 2020**  
Instructor: **Paul J. Scruton**

Signature:



COURSE PROVIDED BY:  
**National CPR Foundation**



Maxine - Staff Book

**Terri**

---

**From:** Debby  
**Sent:** Thursday, October 17, 2019 2:14 PM  
**To:** Patty  
**Cc:** Sheila; Terri  
**Subject:** Maxine

The rule states that an employee does not need CPR training unless the CSSP specifically requests training. I looked in Jane Spoo's CSSP and there is no mention. Therefore, you are off the hook for Maxine and CPR training

Debby Felske  
Program support Specialist / QIDP  
218.829.7599-office  
218.820.0362-cell



## First Aid and CPR Quiz

Name: Maxine Martinez Date: 3-24-16 House: Willow

1. 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

2. It is ok to leave a consumer displaying Heart attack or stroke symptoms alone once you've called 911.

- A. True
- B. False

3. When attempting to stop bleeding, you should always:

- A. Remove the dressing you are using to apply pressure every 5 minutes to see if it has stopped.
- B. Use a tourniquet
- C. Apply direct pressure and continue to add gauze or padding to the site as it becomes soaked with blood.

4. Shock is a life threatening condition experienced when the body is unable to circulate oxygen to the body adequately.

- A. True
- B. False

5. It is ok to move a victim with a suspected spinal injury.

- A. True
- B. False

6. What are signs of heat exhaustion? Circle all that apply.

- A. Moist clammy skin
- B. Dizziness, lightheadedness
- C. Nausea and vomiting

7. What are interventions for treating heat exhaustion? Circle all that apply

- A. Move victim to a cooler environment
- B. Offer water if the victim is able to drink
- C. Remove unnecessary clothing

8. The first thing to do when treating a burn is to stop the burning.

- A. True
- B. False

9. You should cover both eyes in the event of an eye injury to prevent further injury.

- A. True
- B. False

10. How do you treat frostbite? Circle all that apply

- A. Rub the affected area
- B. Rewarm with warm water
- C. Seek professional medical attention

11. Signs of hypothermia include: (Circle all that apply)

- A. Shivering
- B. Slurred speech
- C. Slow pulse and breathing

12. If someone uses an Epi-Pen for an allergic reaction they do not need to seek medical treatment.

- A. True
- B. False

13. Signs of low blood sugar include:

- A. Personality changes
- B. Weakness
- C. Excessive sweating
- D. All of the above

14. You should always call 911 when a consumer has a grand mal seizure.

- A. True
- B. False

16. Agonal respirations are characterized as occasional gasps for breath.

- A. True
- B. False

15. What does CPR mean?

- A. Cardiopulmonary resuscitation
- B. Coronary preparation reaction
- C. Cardiac Pulse Ratio

17. How do you check for responsiveness?

- A. Tap and shout are you ok?
- B. Douse them with ice water
- C. Shake them

18. How deep should your compressions be?

- A. 1 inch
- B. 2 inches
- C. 3 inches

19. Where do you place your hands on the victim to perform compressions?

- A. Middle of the chest between the nipples
- B. Just above the xiphoid process
- C. Just above the naval

20. What are the links in the survival chain?

- A. Early Activation of EMS, Early CPR, Early Defibrillation, Early advanced care
- B. Effective care, Early recognition, Effective breaths, Early advance care
- C. Early defibrillation, effective CPR, Effective advanced care, Early transport to hospital

Score: 20/20

Demonstration: ✓

Maxine Martinez  has not successfully completed the annual First Aid/CPR refresher on 3/24/16.

RN Signature John May RN

## First Aid Quiz

Name: Maxine Martinez Date: 3/26/15 House: Willows

- In the event of a consumer medical emergency, which do you do first?
  - Remove the other consumers from the area
  - Call the PC/Supervisor
  - Take care of the consumer
- It is ok to leave a consumer displaying Heart attack or stroke symptoms alone once you've called 911.
  - True
  - False
- If the choking victim is too large to get your arms around their waist, what do you do?
  - Place your arms around the victim just under their arms and perform chest thrusts.
  - Slap the victim on the back.
  - Wait for the victim to pass out and then perform CPR
- When attempting to stop bleeding, you should always:
  - Remove the dressing you are using to apply pressure every 5 minutes to see if it has stopped.
  - Use a tourniquet
  - Apply direct pressure and continue to add gauze or padding to the site as it becomes soaked with blood.
- Shock is a life threatening condition experienced when the body is unable to circulate oxygen to the body adequately.
  - True
  - False
- It is ok to move a victim with a suspected spinal injury.
  - True
  - False
- What are signs of heat exhaustion? Circle all that apply.
  - Moist clammy skin
  - Dizziness, lightheadedness
  - Nausea and vomiting

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- A. True
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- B. False

14. Signs of low blood sugar include:

- A. Personality changes
- B. Weakness
- C. Excessive sweating
- D. All of the above

15. You should always call 911 when a consumer has a grand mal seizure.

- A. True
- B. False



### Cultural Competency 2018

Name Maxine Martinez

Date 12/27/18

1. What is one thing you learned from the video "We Are All Different - and THAT'S AWESOME!"? It's ok to be different.

Don't try to be someone else. Be who you are!

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 awareness 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 competency sensitivity

5. What are 3 things that indicate someone is culturally competent?

- 1. They have skills that enable them to increase their understanding and appreciation of
- 2. they understand and appreciate of cultures other than their own.
- 3. They value the importance of culture in delivery of services to all segments of the population.

6. List 3 of 5 reasons to justify the need for cultural competence within the health care system:

- 1. diverse belief systems exist related to health, mental health, healing, and well being.
- 2. culture influences help-seeking behaviors and attitudes toward health care providers.
- 3. Clients must overcome personal experiences of biases within health care systems.

7. What are 5 barriers to achieving cultural competency?

- 1. language
- 2. non verbal communication
- 3. stereotyping
- 4. racism
- 5. ethnocentrism

Cultural differences and similarities.

8. What is one thing you took away from the video "I Am NOT Black, You are NOT White"? Color is just a label  
who we truly are is not skin deep.

9. Cultural Diversity 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. Respects our cultural complexity as intersectional individuals,
2. Draws attention to unique and complex array of differences individuals bring.
3. Honors the individual's own cultural perspective (their world view).
4. Challenges us to be open and learn from others. To reserve judgement, have an attitude and behavior that invites new perspectives on an on-going basis.

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 awareness.

13. What is one thing that stands out to you from the video "Cracking the Codes—grocery store"? The difference between how the "perceived" white person and the black person were treated by the grocery store clerk, and the difference it made when the "perceived" white person stood up for the black person.

## 2017 Cultural Competency

Name: Maxine Martinez Date: 12/27/17 House: L.S.T.

1. Cultural Competence is the key to thriving in culturally diverse world - and it can be learned, practiced, and institutionalized to better serve diverse individuals, their families, and their communities.
2. If you complete a day of training, take a class, or read a book you will become culturally competent. YES or NO
3. We all have a culture that shapes us personally and professionally.
4. Culture is the sum total of experiences, Knowledge, skills, beliefs, values, and interests represented by the diversity of people in our world.
5. Culture is as much, or as little, as the everyday experiences, people, events, smells, sounds, and habits of behavior that characterize people's lives.
6. Culture Shapes a person's sense of who he or she is and where he or she fits in the family, community, and society.
7. Understanding our Culture is important so that we understand how we interact with individuals from cultures that are different from ours.
8. What are the five basic cultural competence skill areas?
  - a. Valuing diversity
  - b. being culturally self-aware
  - c. Dynamics of difference
  - d. Knowledge of clients' culture
  - e. institutionalizing cultural knowledge and adapting to diversity
9. Culturally responsive is defined as using the cultural Knowledge, prior experiences, and performance styles of diverse individuals to make learning more appropriate and effective for them; it teaches to and through their Strengths.



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

Name Maxine Martinez

Date 8-27-15

Location Willow

1. What specific measures has the program taken to minimize the risk of abuse to people as related to the gender of people receiving services? Each person has their own bedroom

2. Describe the need for specific staff training to meet individual service needs: staff receive informal and formal training, not needed at this location

3. Describe the need for specialized programs of care for the persons the program plans to serve: not needed at this location

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

5. Staff ratio for prime-programming hours: 2 to 4  
Staff ratio for non-prime programming hours: 1 to 4  
Staff ratio for overnight: 1 to 4  
Is overnight staff awake or sleep staff? awake

6. How many consumers are prescribed psychotropic medications and administered by us?

All our clients are prescribed psychotropic medications.

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?

We need to read and know the IAPPS and BIPPS, and be trained TII.

8. Are there any areas that are difficult to supervise? the laundry room, furnace room

9. Are there any specific things we do at this home to reduce the potential of abuse and/or harm to people living there with regards to:

The neighborhood and community? Reduce the amount of time the client (Virgil) may be out in the community alone

Types of grounds and terrain? grassy, muddy, slippery areas

Signature Mahe Mathy



### Person Supported Competency

Person: Jane Spoo Staff: Maxine Martinez

Location: Jane's home - Hill City, MN Date: 5/2/21

1. What outcomes/goals does the person have?  
Problem solved with staff  
Discussed current events  
Researched something new

2. Documentation on goals is optional? True or False

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

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

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

6. Diagnoses: mild MR, Atypical Personality Disorder

7. Team meetings are held: \_\_\_\_\_ Quarterly  
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? Jane

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? N/A Jane no longer works.  
She has retired.

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

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

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

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

16. Does this person have a risk of financial exploitation? Yes or No. If yes, what risks? She may purchase something for an unreasonable amount of money, since she has some trouble understanding the value of money.
17. How does person like their services provided? Jane likes to work one to one with her life skills trainer. She also depends on her case manager to coordinate her services.
18. Does person have allergies? Yes or No. What are they? Jane says she is allergic to dust, and bees, but has no medical confirmation
19. What county is the person from? Aitkin
20. Does this person have a behavior plan? Yes or No If yes, what are the target behaviors? \_\_\_\_\_  
 What is desired alternate behavior? \_\_\_\_\_  
 Do they have coping skills to utilize? Yes or No. What are they? Jane is quite self sufficient. She utilizes supports when necessary.
21. Does this person have a risk of physical abuse? Yes or No. If yes, what risks? Jane would not be likely to be able to defend herself well if she was physically attacked, due to her small stature.
22. Who is responsible for providing household reports and documentation to the county? Jane
23. What are person's medical needs? Jane takes medication, she needs to get on-going refills. She gets annual medical check ups
24. What are person's safety needs? She needs to be careful not to overdo herself physically, since she has a back problem. She should avoid spicy foods to not aggravate her ulcer.
25. What technology does person use? Jane has a life Alert system, a landline phone, and a tv.  
 Can it be used for monitoring the person? Yes or No. If yes in what way? If Jane has an emergency, or medical need, she can access help by phone, or the life alert system.

After reading all identifying information about the person, please describe this person in your own words Jane is an active independent lady who lives in her own home. She is active in her church. She has friends, and enjoys participating in community events. She is generous with her time, and talents. She often knits items for friends, or community members who have a need. She generally does well with supports from programs such as meals on wheels, food benefits, her case manager, and life skills trainer.

Mahe Martin  
 Staff Signature



# Person Supported Competency

Person: Jane Spoo Staff: Maxine Martinez

Location: Aitkin SFLS (lives at home) DATE: 12-27-19

1. What Goals does the person have?

Improve Problem solving skills by holding discussions with staff.  
Researching topics of interest to her.

2. Documentation on Goals is optional?

True

False

3. Who is the person's case manager? Ani Chinuand

4. Does the person have a legal representative?  Who?

5. Is the person at risk of sexual abuse?

6. Diagnosis are?

7. Team meetings are held?

a. Annually

b. Semi-annually

c. Monthly

d. As needed

e. All of these

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

True

False

9. Who administers person's medications? N/A

10. Does person have target behaviors? N/A if yes, What are they?

11. Oakridge opens and takes care of person's mail.

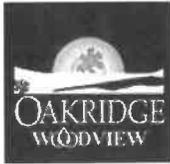
True

False

12. Has an integrated work place been explored for this person? N/A

If yes, what were results?

13. Does person need to be kept home from work if it is (-20). N/A



- Who made the rule/recommendation to follow? \_\_\_\_\_
14. Is person at risk for self abuse? NO If yes, what are the risks? \_\_\_\_\_  
~~Inability to handle financial matters.~~
15. Does this person have any of their rights restricted? NO If yes, what are they?  
 \_\_\_\_\_
16. Does this person have a risk of financial exploitation? Yes If yes, what risks? \_\_\_\_\_  
Inability to handle financial matters Do they carry money on their person? yes
17. How does person like their services provided? \_\_\_\_\_
18. Does person have allergies? possibly What are they? Jane has (claims) allergy to bee stings
19. What county is the consumer from? Aitkin
20. Does this person have a behavior plan? N/A If yes, what is the behavior? \_\_\_\_\_  
 What is desired alternate behavior? N/A Do they have coping skills to utilize?  
 What are they? \_\_\_\_\_
21. Who is responsible for providing household reports and documentation to the county? N/A
22. What are person's medical needs? \_\_\_\_\_
23. What are person's safety needs? \_\_\_\_\_
24. What technology does person use? phone, tv Can it be used for monitoring the person? \_\_\_\_\_ If yes in what way? \_\_\_\_\_

(unconfirmed by Dr.)

After reading all identifying information about the person, please state in your own words the answer to the following question: CAN YOU DESCRIBE THIS PERSON? Jane Spoo

Jane is a 77 year old developmentally disabled lady who lives in her own home. She prides herself on her independence. She does well living alone with the support services she receives.

maire martig  
 (staff Signature)



Oakridge Homes/Woodview Support Services

CSSP-Addendum Competency

Staff Name: Maxine Martinez

Date: 10-19-19

1. Name of person served: Jane Spoo

2. Legal Representative: own guardian

3. Case manager: Ann chouinard

4. County of case management: Aitkin

5. Oakridge representative who created CSSP-A: \_\_\_\_\_

6. Outcomes Listed on CSSP-A:

- Outcome 1: Improve problem solving skills
- Outcome 2: Broaden her horizons
- Outcome 3: \_\_\_\_\_
- Outcome 4: \_\_\_\_\_
- Outcome 5: \_\_\_\_\_

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

Jane currently works with one staff she has worked with many years. Jane prefers not to have her medical information reported on. ORH will respect Jane's wishes to not include certain information in quarterly reports.

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: own guardian  
 Case manager: Ann chouinard  
 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. ORH assists with transportation for shopping and P.N.S.  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_

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

Yes  No

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

Yes  No She is retired.

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

- Unsupervised at home for: 24 minutes/hours  
 Unsupervised in the community for: 24 minutes/hours

14. Is monitoring technology being used?

Yes  No  N/A  
Life Alert

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

Jane receives assistance from her case manager, and if necessary, she will ask ORH staff to assist her.

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

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

If yes, which level?  Medication administration  Medication assistance

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

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

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

26. Is this consumer prescribed psychotropic medications:  Yes  No

What are the interfering behaviors:

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

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

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

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

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

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

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

*All staff are trained in CPR and First Aid*

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: quarterly  
Meetings:  Semi-Annually  Annually  Other: \_\_\_\_\_

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Staff Signature: Makina Marting

Date: 10-19-19



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Consumer: Jane Spod Staff Name: Maxine Date: 10-19-19

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: Might not report

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: ~~Might not report~~ error

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

- Unsupervised at home for: 24 minutes/hours lives alone
- Unsupervised in the community for 24 minutes/hours

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

Inability to handle financial matters

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

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

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

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

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

If yes, explain:

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

Yes  No

If yes, please explain:

*Jane may be unable to deal with verbally/physically aggressive persons.*

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

Yes  No

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

If yes, please explain:

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

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

13. Does this person have sensory disabilities:  Yes  No

If yes, what are they?

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14. Does this person have any allergies?  Yes  No

*Jane claims to have an allergy to bees.*

If yes, please explain:

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

If yes, what are they?

She is not supposed to eat spicy or acidic foods.

---

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

If yes, what are they?

Chronic back problem  
ulcer

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17. What areas does this consumer need support in: (check all that apply)

**Health and Medical Needs:**

- Allergies
- Seizures
- Choking
- Special dietary needs
- Chronic medical conditions
- Self-administration of medications or treatments orders
- Preventative screening
- Medical appointments
- DNR/DNI/Healthcare Directive
- Other: \_\_\_\_\_

**Personal Safety:**

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

**Self-Management of Symptoms or Behaviors:**

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

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Staff Signature: Magne Martz

Date: 10-19-19

**Oakridge Homes/Woodview Support Services  
Proof of Competency – CSSP's**

Name Jane (Caroline) Spoo Date 3/31/17 Location Jane's home

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.

Answer the following questions for each person served:

<p>Person Served:</p> <p>Who is the case manager? <u>Kim Larsen</u></p> <p>What are ORH/WSS's responsibilities for reporting: Incidents: Progress Reviews: Other:</p> <p>What are this person's outcomes/goals? 1. <u>research goal</u> 2. <u>problem solving goal</u> 3. 4.</p> <p>What is ORH/WSS responsible for as far as medical issues are concerned? <u>encourage her to see a Dr if necessary, bring her to medical appointments.</u></p> <p>How does the information in this CSSP apply to my job at ORH/WSS? <u>It helps me know how to meet her needs.</u></p>	<p>Person Served:</p> <p>Who is the case manager?</p> <p>What are ORH/WSS's responsibilities for reporting: Incidents: Progress Reviews: Other:</p> <p>What are this person's outcomes/goals? 1. 2. 3. 4.</p> <p>What is ORH/WSS responsible for as far as medical issues are concerned?</p> <p>How does the information in this CSSP apply to my job at ORH/WSS?</p>
<p>Person Served:</p> <p>Who is the case manager?</p> <p>What are ORH/WSS's responsibilities for reporting: Incidents: Progress Reviews: Other:</p> <p>What are this person's outcomes/goals? 1. 2. 3. 4.</p> <p>What is ORH/WSS responsible for as far as medical issues are concerned?</p> <p>How does the information in this CSSP apply to my job at ORH/WSS?</p>	<p>Person Served:</p> <p>Who is the case manager?</p> <p>What are ORH/WSS's responsibilities for reporting: Incidents: Progress Reviews: Other:</p> <p>What are this person's outcomes/goals? 1. 2. 3. 4.</p> <p>What is ORH/WSS responsible for as far as medical issues are concerned?</p> <p>How does the information in this CSSP apply to my job at ORH/WSS?</p>



Oakridge Homes/Woodview Support Services

Individual Abuse Prevention Plan (IAPP) Competency

Client: Jane Spoo Staff Name: Maxine Martine Date: 3/31/17

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: may not report

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: she is small, and has back problems

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?

- lives in her home alone
- Unsupervised at home for: \_\_\_\_\_ minutes/hours
- Unsupervised in the community for \_\_\_\_\_ minutes/hours

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

Inability to handle financial matters

Other: may not understand certain financial matters

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

7. What interfering behaviors does this client demonstrate, if any: none

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: she is small, and has back problems. She is unable to deal with physically aggressive people.

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

for the most part

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? She tries to stay away from people and places in which potentially abusive or problem situations may arise.

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?

She says she sneezes from dust. she says she is allergic to bees, and long haired animals.

Allergies: possible allergies to dust, bees, and long haired animals.

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:**

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

**Special dietary needs:**

She says she has an ulcer, so she trys not to eat spicy foods. If she does, she takes rolaids or prescription medication

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

**Chronic medical conditions:**

back problem, ulcer, had a breast removed due to breast cancer

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 *wears glasses*
- Other: \_\_\_\_\_

**Self-Management of Symptoms or Behaviors:**

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

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Staff Signature: *mahe marth*

Date: *3/30/17*

**Oakridge Homes/Woodview Support Services  
Proof of Competency – CSSP's**

Name Maxine Martinez Date 3/31/15 Location Willow

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.

Answer the following questions for each person served:

<p>Person Served: <u>Clarence Billock</u></p> <p>Who is the case manager? <u>Amy Bestland</u></p> <p>What are ORH/WSS's responsibilities for reporting: Incidents: <u>within 24 hours of occurrence</u> Progress Reviews: <u>Semi-annually</u> Other:</p> <p>What are this person's outcomes/goals? 1. <u>entree goal</u> 2. <u>hygiene goal - washing his hands, showering daily</u> 3. <u>behavior goal - increase coping skills, reduce</u> 4. <u>volunteering goal - giving back behaviors to the community includes a variety of activities</u></p> <p>What is ORH/WSS responsible for as far as medical issues are concerned? <u>to be sure Sonny gets all necessary and preventive care (all aspects)</u></p> <p>How does the information in this CSSP apply to my job at ORH/WSS? <u>Applies to all aspects of my job. It helps me to better teach and serve our clients.</u></p>	<p>Person Served: <u>James Collins</u></p> <p>Who is the case manager? <u>Linda Lorentz</u></p> <p>What are ORH/WSS's responsibilities for reporting: Incidents: <u>within 24 hours of occurrence</u> Progress Reviews: <u>Semi-annually</u> Other:</p> <p>What are this person's outcomes/goals? 1. <u>Communication through cards, letters</u> 2. <u>Cooking - help prepare an item</u> 3. <u>leisure activities - increase recreational/leisure skills</u> 4. <u>behavior goal - decrease target behaviors</u></p> <p>What is ORH/WSS responsible for as far as medical issues are concerned? <u>All aspects of medical care (necessary/preventive care) getting him to all medical appointments</u></p> <p>How does the information in this CSSP apply to my job at ORH/WSS? <u>It helps me know how to better teach/serve our clients.</u></p>
<p>Person Served: <u>Sue O'Donnell</u></p> <p>Who is the case manager? <u>Linda Lorentz</u></p> <p>What are ORH/WSS's responsibilities for reporting: Incidents: <u>within 24 hours of occurrence</u> Progress Reviews: <u>Semi-annually</u> Other:</p> <p>What are this person's outcomes/goals? 1. <u>communication - visits, phone calls, letters</u> 2. <u>cooking goal - (food item) ice cream, cake pops etc.</u> 3. <u>special outing - 1 on 1 with staff</u> 4. <u>behavior goal - reduce maladaptive behavior</u></p> <p>What is ORH/WSS responsible for as far as medical issues are concerned? <u>all aspects of medical care - getting him to all medical appointments</u></p> <p>How does the information in this CSSP apply to my job at ORH/WSS? <u>It helps me know how to better serve and teach him,</u></p>	<p>Person Served: <u>Virgil Schultz</u></p> <p>Who is the case manager? <u>Audra Olson</u></p> <p>What are ORH/WSS's responsibilities for reporting: Incidents: <u>within 24 hours of occurrence</u> Progress Reviews: <u>Semi-annually</u> Other:</p> <p>What are this person's outcomes/goals? <u>none are currently listed/developed</u></p> <p>1. 2. 3. 4.</p> <p>What is ORH/WSS responsible for as far as medical issues are concerned? <u>coordinating, or making appointments, transportation (possibly) use bus. annual physical, all other necessary medical care</u></p> <p>How does the information in this CSSP apply to my job at ORH/WSS? <u>It applies to all aspects of my job.</u></p>

**Oakridge Homes/ Woodview Support Services**  
**Individual Abuse Prevention Plan (IAPP) Competency**

Client Name: Clarence Billock

Staff Name: Maxine Martinez

Date: 3/17/15

1. Is this person susceptible to sexual abuse?  Yes or No  
If yes, why? He has a limited understanding of sexuality,
2. Would they seek or cooperate in an abusive situation? Yes or  No  
If yes, explain:
3. Is this person able to defend themselves against physically or abusive individuals? Yes or  No  
If no, explain: Since Sonny has dementia, he may not be able to understand that what is happening may be sexual in nature.
4. Is this person able to identify potentially dangerous situations? Yes or  No  
If no, explain: He has ~~health~~ and memory issues that make him unable to identify dangerous situations. He lacks this skill due to his disability,
5. Does this person lack community orientation skills?  Yes or No  
If yes, what supports do they have in the community? Sonny will be with a staff when he is out in the community.
6. Is this person verbally or physically abusive to others?  Yes or No  
If yes, explain: He is sometimes verbally abusive since his diagnosis of dementia.
7. Is this person susceptible to self abuse?  Yes or No dresses inappropriately (may dress too warmly for the weather),  
If yes, explain: inability to care for self help needs, lack of self preservation skills, engages in self injurious behaviors.
8. What are self-preservation skills? Skills that allow a person to be safe in their environment/ community.
9. Does this person lack self-preservation skills?  Yes or No  
He may bite his hand if he gets upset. He may dress too warmly during the summer.
10. How many hours/minutes can this person be left alone at home? 15 in day time, check him every two hours during the night.
11. How many hours/minutes can this person be left alone in the community? 0
12. Is this person vulnerable to financial exploitation?  Yes or No  
If yes, why? He is unable to manage his own finances. He doesn't understand the value of money.
13. Is this program aware of this person committing a violent crime or act of physical aggression toward others? Yes or  No
14. Does this person have allergies?  Yes or No He shouldn't take medications containing benadryl or diphenhydramine.  
If yes, what are they? ↑
15. Does this person have seizures? Yes or  No  
If yes, what would a staff do if the person had a seizure?

16. Does this person have special dietary needs?  Yes or No

If yes, what are those needs? He needs to watch his caloric intake. He also has a tendency to eat fast, and choke

17. Does this person have chronic medical conditions?  Yes or No

If yes, what are they? He has had esophageal cancer. He aspirates thin liquids, so staff puts "thick it" in his fluids to minimize his risk of aspiration.

18. Does this person need support for water safety?  Yes or No

If yes, explain: Sonny can't swim. He must wear a life jacket around water, and have a staff with him.

19. Does this person have sensory disabilities?  Yes or ~~No~~

If yes, what are they? He has vision problems and needs to wear glasses. He has a high pain tolerance, staff may need to adjust water temperature.

20. Does this person have symptoms or behaviors that may jeopardize the health and safety of the person or others?  Yes or No

If yes, explain: He tends to eat too fast, and is at risk of choking. May not be able to relate his personal information. He has alzheimers / dementia.

Staff Signature: mahe martez

# PROOF OF COMPETENCY



## CSSP-Addendum COMPETENCY

Name: Clarence Billock Date: 3/29/15 Signature: Mahe marting

1. Included in the first box of the CSSP – A is: Check all that apply:

- A. Name of person served
- B. Legal Representative
- C. Case manager
- D. Who completed CSSP-A \_\_\_\_\_
- E. County served \_\_\_\_\_

2. List the Outcomes that are on the CSSP-A.

- sonny will take pride in what he does by cooking on a regular basis.
- will improve his personal hygiene skills by washing his hands and showering.
- will increase his interpersonal skills and coping skills, thus reducing his maladaptive behavior.

3. Does the CSSP – Addendum mention the service setting? Y  N \_\_\_\_\_

4. Does this person have any rights restriction? Y \_\_\_\_\_ N  If yes what are they?

5. Can the person use dangerous equipment? Y \_\_\_\_\_ N

6. Describe the target behaviors that this person has if any.  
self injurious behaviors, such as biting his wrist when agitated.

7. What is this person's preference for how services and supports are provided?  
He prefers his current setting.

8. The CSSP-A needs to be signed only at the Annual meeting? T  F \_\_\_\_\_

**Oakridge Homes/ Woodview Support Services**  
**Individual Abuse Prevention Plan (IAPP) Competency**

Client Name: James Collins

Staff Name: Maxine Martinez

Date: 3/16/15

1. Is this person susceptible to sexual abuse?  Yes or No  
If yes, why?
2. Would they seek or cooperate in an abusive situation?  Yes  No  
If yes, explain: James lacks an understanding of sexuality.
3. Is this person able to defend themselves against physically or abusive individuals? Yes or  No  
If no, explain: he is unlikely to understand or report sexual abuse.
4. Is this person able to identify potentially dangerous situations? Yes or  No  
If no, explain: he would be unable to understand the risk he was exposed to in a potentially dangerous situation.
5. Does this person lack community orientation skills? Yes or  No  
If yes, what supports do they have in the community?
6. Is this person verbally or physically abusive to others?  Yes or No  
If yes, explain: James has a history of verbal and physical aggression towards others. He may bite or hit, pinch etc.
7. Is this person susceptible to self abuse?  Yes or No  
If yes, explain: if he becomes agitated, he may bite himself (wrist)
8. What are self-preservation skills? skills that allow a person to be safe in his environment.
9. Does this person lack self-preservation skills?  Yes or No he ignores personal safety.
10. How many hours/minutes can this person be left alone at home? 15
11. How many hours/minutes can this person be left alone in the community? 0
12. Is this person vulnerable to financial exploitation?  Yes or No  
If yes, why? James is unable to handle financial matters.
13. Is this program aware of this person committing a violent crime or act of physical aggression toward others?  Yes or No  
when agitated, he may intentionally bite, hit or ram others with his wheelchair.
14. Does this person have allergies?  Yes or No He is allergic to Doxanex.  
It appears to turn his face red  
If yes, what are they? ↑
15. Does this person have seizures?  Yes or No James has had several possible seizures,  
If yes, what would a staff do if the person had a seizure? Staff would make sure James was in a safe place, and get medical help if necessary.

16. Does this person have special dietary needs?  Yes or  No

If yes, what are those needs? He has had problems with aspirating food, so staff purees his food. He should take sips of water after eating bites of food.

17. Does this person have chronic medical conditions? Yes or  No

If yes, what are they?

18. Does this person need support for water safety?  Yes or  No

If yes, explain: He is at risk in and around exterior bodies of water. Staff will always be around him near water, and be sure he wears a life jacket

19. Does this person have sensory disabilities?  Yes or  No

If yes, what are they? Community survival skills, unable to adjust water temperature, astigmatism in both eyes -

20. Does this person have symptoms or behaviors that may jeopardize the health and safety of the person or others?  Yes or  No

If yes, explain:

Staff Signature: Mayer Mayer

# PROOF OF COMPETENCY



## CSSP-Addendum COMPETENCY

Name: James Collins Date: 3/26/15 Signature: Mahe Martig

1. Included in the first box of the CSSP – A is: Check all that apply:
  - A. Name of person served
  - B. Legal Representative
  - C. Case manager
  - D. Who completed CSSP-A
  - E. County served
  
2. List the Outcomes that are on the CSSP-A.
  - James will improve his communication skills
  - James will increase his independence in his home by cooking
  - James will increase his leisure skills
  
3. Does the CSSP – Addendum mention the service setting? Y  N
  
4. Does this person have any rights restriction? Y  N  If yes what are they?
  
5. Can the person use dangerous equipment? Y  N
  
6. Describe the target behaviors that this person has if any.  
verbal and physical aggression, S.I.B.S., intentional ramming with his wheelchair, uncontrollable anger
  
7. What is this person's preference for how services and supports are provided?  
James likes to be given choices, and time to choose.  
He loves to take walks as often as he can,
  
8. The CSSP-A needs to be signed only at the Annual meeting? T  F   
annually and semi-annually

**Oakridge Homes/ Woodview Support Services**  
**Individual Abuse Prevention Plan (IAPP) Competency**

Client Name: Susan O'Donnell

Staff Name: Maxine Martinez

Date: 3/18/15

1. Is this person susceptible to sexual abuse?  Yes or No  
If yes, why? lacks understanding of sexuality, and inability to be assertive.
2. Would they seek or cooperate in an abusive situation?  Yes or No  
If yes, explain: She would be unable to deal with verbally / physically aggressive persons, due to her small size
3. Is this person able to defend themselves against physically or abusive individuals? Yes or  No  
If no, explain: She lacks understanding of how to defend herself against an abusive person.
4. Is this person able to identify potentially dangerous situations? Yes or  No  
If no, explain: Due to her disability, she may be unable to recognize a potentially dangerous situation
5. Does this person lack community orientation skills?  Yes or No  
If yes, what supports do they have in the community? She is unable to be alone in the community. Staff will be with her at all times when she is in the community to insure her safety.
6. Is this person verbally or physically abusive to others?  Yes or No  
If yes, explain:
7. Is this person susceptible to self abuse?  Yes or No  
If yes, explain: She may dress inappropriately, is unable to care for self help needs, ignores personal safety. She would be unable to administer her own medications.
8. What are self-preservation skills? personal safety skills
9. Does this person lack self-preservation skills?  Yes or No
10. How many hours/minutes can this person be left alone at home? 0
11. How many hours/minutes can this person be left alone in the community? 0
12. Is this person vulnerable to financial exploitation?  Yes or No  
If yes, why? She lacks understanding of financial matters.
13. Is this program aware of this person committing a violent crime or act of physical aggression toward others? Yes or  No
14. Does this person have allergies?  Yes or No has an adverse reaction to donepezil.  
If yes, what are they? 
15. Does this person have seizures? Yes or  No  
If yes, what would a staff do if the person had a seizure?

16. Does this person have special dietary needs?  Yes or No

If yes, what are those needs? she needs to eat soft or pureed foods, and needs to be reminded to take small bites, chew well, and eat slowly.

17. Does this person have chronic medical conditions?  Yes or No

If yes, what are they? she has a thyroid condition, has had frequent yeast infections, has acid reflux disease, and takes medication for it.

18. Does this person need support for water safety?  Yes or No

If yes, explain:

19. Does this person have sensory disabilities?  Yes or No

If yes, what are they? she has vision problems and needs glasses. she is unable to properly regulate water temperature.

20. Does this person have symptoms or behaviors that may jeopardize the health and safety of the person or others? Yes or  No

If yes, explain:

Staff Signature: Maile Martney

# PROOF OF COMPETENCY



## CSSP-Addendum COMPETENCY

Name: Susan O'Donnell Date: 3-29-15 Signature: Maayne Matheys

1. Included in the first box of the CSSP – A is: Check all that apply:
  - A. Name of person served
  - B. Legal Representative
  - C. Case manager
  - D. Who completed CSSP-A
  - E. County served \_\_\_\_\_
2. List the Outcomes that are on the CSSP-A.
  1. She will have relationships that are important to her by communicating with friends and family through visits, phone calls, and letters (at least once per week) - average
  2. She will engage in special outings (participating in fun and meaningful activities/events) in her community.
  3. Will increase her satisfaction in life by learning to make a special food item in her home at least once per month (Frozen yogurt, cake pops, ice cream, etc.)
3. Does the CSSP – Addendum mention the service setting? Y  N
4. Does this person have any rights restriction? Y \_\_\_\_\_ N  If yes what are they?
5. Can the person use dangerous equipment? Y \_\_\_\_\_ N
6. Describe the target behaviors that this person has if any. physical aggression-hitting, kicking, slapping another person, property damage including, kicking, pounding, slamming an object. Verbal aggression, yelling, name calling, crying, tearful weeping
7. What is this person's preference for how services and supports are provided?  
She prefers quiet time, and following her schedule, doesn't like a lot of household noise, she likes her day program at the YMCA. She likes to do her leisure activities such as coloring and beading etc.
8. The CSSP-A needs to be signed only at the Annual meeting? T  F \_\_\_\_\_

**Oakridge Homes/ Woodview Support Services**  
**Individual Abuse Prevention Plan (IAPP) Competency**

Client Name: Virgil Schultz

Staff Name: Maxine Martinez

Date: 3/25/15

1. Is this person susceptible to sexual abuse? Yes or  No  
If yes, why?
2. Would they seek or cooperate in an abusive situation? Yes or  No  
If yes, explain:
3. Is this person able to defend themselves against physically or abusive individuals?  Yes or No  
If no, explain:
4. Is this person able to identify potentially dangerous situations?  Yes or No  
If no, explain:
5. Does this person lack community orientation skills? Yes or  No  
If yes, what supports do they have in the community?
6. Is this person verbally or physically abusive to others? Yes or  No  
If yes, explain:
7. Is this person susceptible to self abuse?  Yes or No He may dress inappropriate for the weather.  
If yes, explain: He doesn't care for self help needs. He over eats to illness.
8. What are self-preservation skills? Skills that allow a person to be safe in their community
9. Does this person lack self-preservation skills? Yes or  No
10. How many hours/minutes can this person be left alone at home? 2-4 hours
11. How many hours/minutes can this person be left alone in the community? 2-4 hours
12. Is this person vulnerable to financial exploitation?  Yes or No  
If yes, why? Virgil has an inability to handle financial matters. He spends money as soon as he gets it. He is unable to save it.
13. Is this program aware of this person committing a violent crime or act of physical aggression toward others? Yes or  No
14. Does this person have allergies? Yes or  No  
If yes, what are they?
15. Does this person have seizures? Yes or  No  
If yes, what would a staff do if the person had a seizure?

16. Does this person have special dietary needs?  Yes or  No He is a diabetic, and is on  
If yes, what are those needs?  
a low carb, low sugar diet.
17. Does this person have chronic medical conditions?  Yes or  No  
If yes, what are they?
18. Does this person need support for water safety? Yes or  No  
If yes, explain:
19. Does this person have sensory disabilities? Yes or  No  
If yes, what are they?
20. Does this person have symptoms or behaviors that may jeopardize the health and safety of the person or others? Yes or  No  
If yes, explain:

Staff Signature: Mahe Marting

# PROOF OF COMPETENCY



## CSSP-Addendum COMPETENCY

Name: Virgil Schultz Date: 3-30-15 Signature: marfe marfe

1. Included in the first box of the CSSP – A is: Check all that apply:

- A. Name of person served
- B. Legal Representative
- C. Case manager
- D. Who completed CSSP-A
- E. County served

2. List the Outcomes that are on the CSSP-A.

*They are not listed.*

3. Does the CSSP – Addendum mention the service setting? Y  N  *current service setting*

4. Does this person have any rights restriction? Y  N  If yes what are they?

5. Can the person use dangerous equipment? Y  N

6. Describe the target behaviors that this person has if any. *trouble sleeping, swearing, anxiety when in trouble or when stressed, can lead to throwing himself into a A-fib heart attack*

7. What is this person's preference for how services and supports are provided?

*This is not listed.*

8. The CSSP-A needs to be signed only at the Annual meeting? T  F

# Oakridge Woodview Mandatory In-Service 2021

## Make Up Packet

Employee Name Maxine Martinez

Location Worked ASILS

Date: 9/27/21



**3 In-Service Hours**

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

# Oakridge Woodview Program Policies

Please print the answer in the box.

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

# Oakridge Woodview Program Policies

Please print the answer in the box

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

# Oakridge Woodview Program Policies

Please print the answer in the blank

## Incident Reporting

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

## Emergency Use of Manual Restraint

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

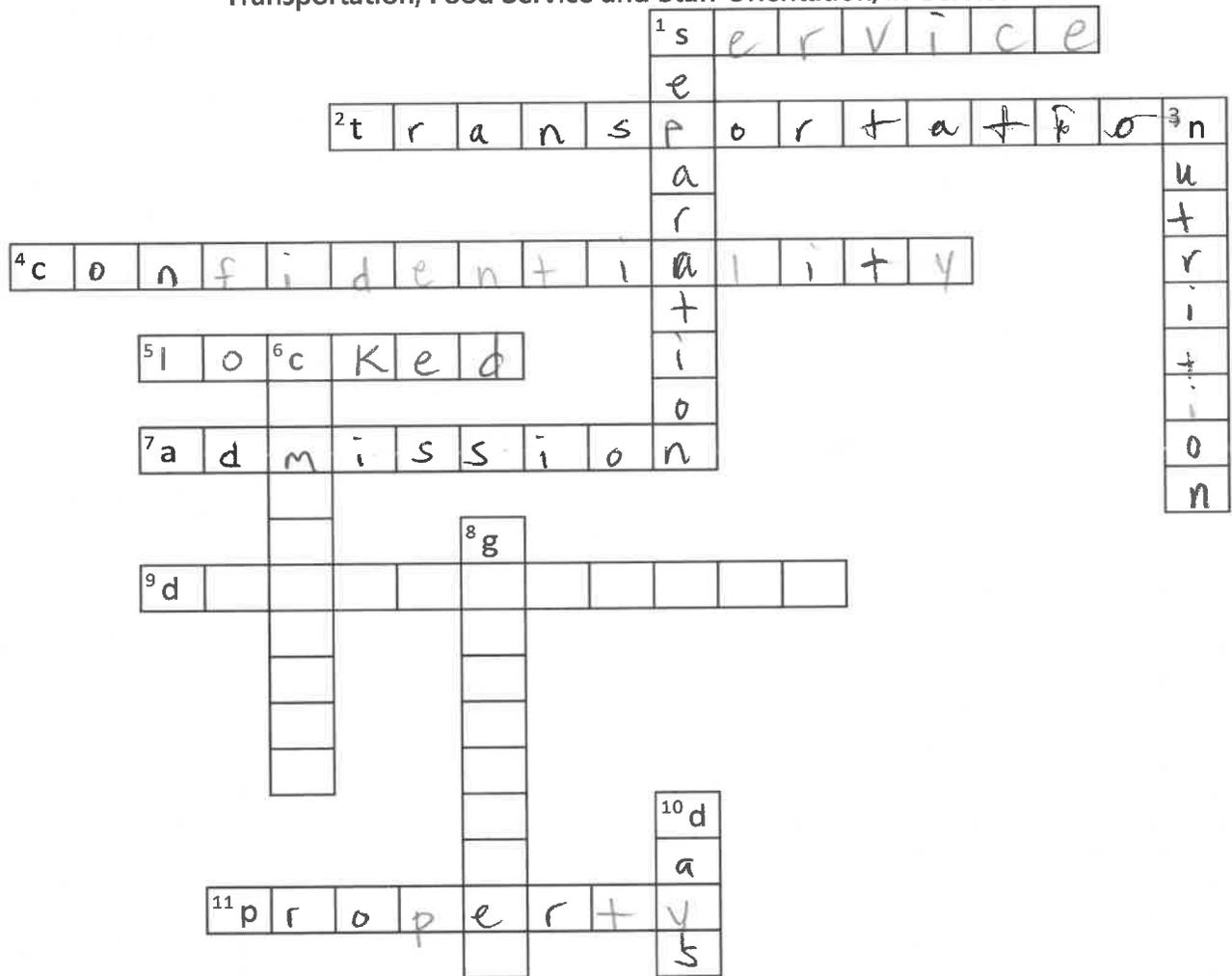
# Oakridge Woodview Program Policies

## Emergency and Reporting Policy and Procedures

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

# Oakridge Woodview Program Policies

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



## ACROSS

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

DOWN

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

## Oakridge Woodview Personnel Policies

Please print the answer in the box.

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

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

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

Diversity & Employment	Diversity & Employment	Diversity & Employment
<p>What policy states that an ORH/WSS working environment shall be free of discrimination and harassment and one where employees are treated with dignity, decency and respect?</p> <p>Anti Harassment Policy</p>	<p>All employees should be able to meet the qualifications and complete the responsibilities listed in the _____ for the position they are hired for.</p> <p>employee handbook</p>	<p>Corrective action is progressive. The usual sequence of corrective action is what?</p> <p>Coaching, verbal warning Written warning suspension, termination</p>
<p>ORH-WSS provides _____ to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, familial status, amnesty or status as a covered veteran or any other protected class in accordance with applicable federal, state and local laws</p> <p>equal Opportunity employment</p>	<p>Employees who terminate employment without providing at least a minimum of a full two week notice or do not fully complete a two week notice may not be eligible for _____ for at least one year from the date of termination</p> <p>employment</p>	<p>Showing integrity and professionalism in the workplace at all times, following the dress code, being open for communication with their colleagues, supervisors or team members and reading and following company policies are a few expectations of ORH/WSS employee code of _____</p> <p>conduct</p>

## Oakridge Woodview Medical Policies

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

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

# Oakridge Woodview Mandatory In-Service 2020

## Make Up Packet

Employee Name Maxine Martinez

Location Worked SILS

Date: 1-2-21



**3 In-Service Hours**

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

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

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

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

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

When is ORH/WSS responsible to provide information and training regarding hazardous chemicals to their employees?	At orientation, _____, and when there is a new chemical	
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	injury, reduction
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, masks, eye protection
Where are gowns, gloves, masks, etc. kept?	B_____ s_____ kit	N/A
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	30
What are the two primary body fluids through which AIDS is spread?	_____ and _____	Semen, blood
What does OSHA stand for?	Occupational Safety and Health	Administration
What is Hepatitis?	Inflammation of the _____	Kidney
Who, oftentimes, never has symptoms of their disease?	People infected with the Hepatitis _____ virus	HIV

## 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)	County, DHS
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	3
The failure or omission by a caregiver to supply a VA with care or services	N _____	neglect
Unauthorized expenditure of consumer funds.	_____ exploitation	Fiscal
The program shall ensure that each new mandated reporter received orientation within ___ hours of first providing direct contact services to a VA and _____ thereafter.	About 3 days and then another word for every year	annually
Words or gestures to the VA that are disparaging, derogatory, humiliating, harassing or threatening.	A _____	abuse
Person engaged in the care of a VA	M _____ R _____	mandated reporter
What does VARPP stand for?	Vulnerable Adult Reporting _____ and _____	Policy / 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 <del>adult</del> 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. internally 2. externally 3. Both

ORH/WSS people you can call a suspected VA in to.	Q_____, P_____, D_____ D_____, C_____ _____, A_____ ** Pick two	
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 _____	

### 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	E	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	False	D. Data privacy policy
It is ok to transport people who are not ORH/WSS persons served or staff. True or False	False	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.	G	G. Client Grievance Policy
This policy refers to protecting privacy, consumers seeing their own information, explains the needs for and the use of	D	H. Service Termination Policy

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

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

Answer	Question
Emergency use of Manual Restraints Policy	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 and Techniques	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
	Is it OK to manually restrain a person when it has been determined to be medically or psychologically contraindicated?
Prohibited Procedures	Chemical restraint, manual restraint, time out, seclusion, any aversive or deprivation procedure are all considered to be _____.
True	The following conditions, on their own, are NOT conditions for emergency use of manual restraint: A. the person is engaging in property destruction that does not cause imminent risk of physical harm;

True

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

### Service Recipient Rights

Answer	Question
abuse, neglect	Consumers have the right to be free from _____, _____, or financial exploitation.
information, 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 _____.
	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 discrimination	Consumers have a right to be free from prejudice and _____ regarding race, gender, age, disability, spirituality, or sexual orientation.
retaliation	The consumer has the right to exercise their rights on their own or have a family member or another person help them exercise my rights without _____.
Staff	A consumer has the right to have _____ that are trained and qualified to meet his/her needs.

## CPR and First Aid

Answer	Question
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 <u>False</u>
D - all of the above	Signs of low blood sugar include: A. Personality changes B. Weakness C. Excessive sweating D. All of the above
B, C, D	What are the signs of hyperglycemia (high blood sugar)? (Circle all that apply) A. Inability to urinate B. Increased thirst C. Confusion D. Frequent urination
B	How many chest compressions are to be done in 1 minute? A. 200-220 B. 100-120 C. 80-90 D. 40-50
events	The earlier the 4 steps in the chain of _____ take place, the better the chance of a patient's survival. The steps are: 1. Early recognition and activation of EMS 2. Early CPR 3. Early Defibrillation 4. Early Advanced Care
2 inches, 100 per min.	Hands only CPR Procedure: Check the scene Check the patient Activate EMS Start compressions Compressions should be at least _____ inches deep at a rate of _____ beats per minute.
A	How do you check for responsiveness? A. Tap or shake them and ask "are you okay" B. Douse them with ice water C. Tickle their feet

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

Answer	Question
Health Insurance Portability, and Accountability Act	What does HIPAA stand for?
False	If someone asks for PHI and has a release of information/authorization it is OK to give them everything in the individual's book. True or False
True	A health provider can disclose an individual's PHI without the person's authorization if the disclosure deals with treatment, payment, and operations or if law mandates the information. Otherwise for most other uses, the person will need to authorize the provider to make the disclosure. True or False
False	Per the ORH/WSS Drug and Alcohol policy, it is OK to be under the influence of prescription medications that impair your ability to provide services or care. True or False
True	Per the ORH/WSS Drug and Alcohol policy, ORH/WSS may require random drug or alcohol testing and/or reasonable suspicion testing. True or False
	All new employees shall be evaluated after _____ days of employment. The evaluation period may be _____ for supervisor or administrative positions.
	_____ states (among other things) all employees are expected to be ethical, responsible, respectful, and show integrity and professionalism in the workplace at all times.
	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.
	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.
	According to ORH/WSS Diversity policy, anyone found to be engaging in unlawful _____ will be subject to disciplinary action, including termination of employment.

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

	A Late/No Show report will be completed for each time an employee is tardy. True or False
	This policy ensures that staff's appearance represents consumers and ORH/WSS well and provides for the safety of staff.
	This policy minimizes accidents and injuries.
	What is the purpose of Family and medical leave policy (FMLA)?
	This policy provides that private information be shared between approved parties only.
	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.
	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
	Per ORH/WSS Cell Phone and Other Electronic Devices Policy, are you allowed to be on your cell phone while working?
	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"
	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 Mandatory In-Service 2019

## Make Up Questionnaire Packet

Employee Name Maxine Martinez

Location Worked with Life Skills Client

Jane  
Spoo

Date: August 25, 2019



3 In-Service Hours

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

## Emergency and Reporting Policy and Procedures Points to Cover

Answer	Question
Emergency and Reporting policies and Procedures	Document that provides for a safe and hazard-free environment
4 times per year (16 times per year in ILCF)	How often does a fire drill need to be done in each home?
Heimlich Manuever chart	Chart that is posted in the house in the event of choking
Severe cold	A scenario when consumers should be kept home from work and outings (except for clients who are preapproved to go to work).
An <sup>(inner)</sup> inside room away from windows	During a tornado, this is USUALLY where consumers should go.
Obscene call	A telephone call that staff should hang up on immediately.
Behavior Incident Report	Document to fill out if there is consumer to consumer physical aggression.
Stop, drop and roll (Blanket Drop)	Procedure to get some people out of a building in the event of a fire.
911	Phone number in case a consumer needs emergency treatment.
ombudsman, Department of Human Services	Two agencies to be notified in the event of death or serious illness/injury.
Pull, Aim, Squeeze, Sweep	To operate a fire extinguisher, what does P-A-S-S (or pass) stand for?
Wind chill marker	Marker when it is so cold, everyone stays indoors (except people approved to go to work).
weather radio <sup>battery operated</sup> radio	What type of radio is needed during tornado season?
Blinds	These are drawn to retain heat in the event of a blizzard
Move persons away from immediate danger - call 911 Move persons out of the building	Staff do this FIRST and SECOND in the event of a fire.
4 times per year	How often do we have to do tornado/severe storm drills?
HELP sign	Sign to put up if you become stranded during travel.

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

Answer	Question
minimize accidents and injuries at the work site, and ensure a safe and hazard free environment.	What is the responsibility of the Safety Committee?
all employees	Who is the Safety Committee?
when hired and annually-	When is ORH/WSS responsible to provide information and training regarding hazardous chemicals to their employees?
no one - never	Who can use unlabeled containers of chemicals and when should they be used?
flash point	What is the word that means the minimum temperature at which a liquid gives off a vapor in sufficient concentration to ignite?
Health insurance portability and accountability	What does HIPAA stand for?
two A's	Are there 2 "P's" or 2 "A's" in HIPAA?
Protected health information	What information is protected by HIPAA?
Knowledge or consent	HIPAA ensures that health information will not be used without the individual's _____ ?
immediately if possible	When is the best time to report harassment?
a member of oakridge's administration	To whom should you report harassment to if you are uncomfortable with your supervisor?
Conditions <del>under</del> <sup>for</sup> which discrimination should not occur	Race, color, national origin, age, religion, disability status, gender, sexual orientation, gender identity, genetic information, marital status, familial status or any other protected status are all what?
important steps	ORH/WSS takes _____ to ensure all employment practices are free of discrimination.
	EEO stands for what?
A workplace accident and injury Reduction	What does AWAIR Act stand for?
N/A to working with my life SKILLS client at her residential home	Where can you find the Right to Know, AWAIR Act and Bloodborne Pathogens Policies in your location?
Safety rules and operating Procedures	Compliance to which rules are required to help prevent injuries and/or prevent property damage?
red tag the item	Employees are encouraged to report potential hazards and unsafe conditions to their supervisor AND do what to the item?
universal precautions	What is provided for all tasks that present risks which cannot be reasonably controlled with modifications or procedures?

two working days	If you have reported internally, you must receive, within ___ working days a written notice that tells you whether or not your report has been forwarded to MAARC.
neglect	The failure or omission by a caregiver to supply a VA with care or services
Financial Exploitation	Unauthorized expenditure of consumer funds.
within 72 hours, and annually thereafter	The program shall ensure that each new mandated reporter received orientation within ___ hours of first providing direct contact services to a VA and _____ thereafter.
Abuse	Words or gestures to the VA that are disparaging, derogatory, humiliation, harassing or threatening.
mandated reporter	Person engaged in the care of a VA
Individual Abuse Prevention Plan	Specific plan of action to keep individual consumers safe.
page 5	Where in the VARPP is the phone number you can call with a suspected VA?
Vulnerable Adult Reporting Policies and Procedures	What does VARPP stand for?
accident	A sudden, unforeseen and unexpected occurrence or event
Prominent location Each location	The VARPP should be posted at _____ location and be made available upon request.
Vulnerable adult	Any person over the age of 18 who is a resident or inpatient of a facility
Therapeutic conduct	Program services done in good faith in the interests of the VA
internally (ORH) MAARC - externally or both	Three ways you can report a suspected VA
Cory Felske, Debby Felske	ORH/WSS people you can call a suspected VA in to.

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

Answer	Question
hazards that threaten the person's health or safety.	Consumers have the right to be free from _____
services and supports	The consumer has the right to have _____ and _____ provided to them in a way that respects and considers their preferences.
mail and emails,	I have the right to receive and send _____.
respect	Consumers have the right to be treated with _____

Staff Training Policy	This addresses the scope, schedule and content of ongoing education for staff.
Drug and Alcohol policy	This policy states that "being under the influence of a controlled substance, alcohol, or illegal drugs in any manner that impairs or could impair an employee's ability to provide care or services to persons receiving services is prohibited and will result in corrective action up to and including termination"
Anti Harassment Policy Confidentiality Policy HIPAA Misconduct Policy Workplace Bullying Policy	Per the Social Media Policy, employees should exercise care and good judgment in the use of social networking sites specifically knowing and following these other ORH/WSS policies
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"
I don't <sup>have</sup> access to my personnel book, since I don't get to the Brainerd office, and don't work in a group home.	This document is in your Personnel Book and addresses the use of telephones, fax machines, computers, and other machines for business purposes owned and maintained by ORH/WSS.
Fiduciary Policy	This addresses what will happen in the event of theft or mishandling of client funds or property.
ORH Confidentiality Policy	This document refers to protecting privacy, consumers seeing their own information, explains the needs for and the use of information, and explains consumer rights regarding information.
I don't have access to my employee book, since I only work with a SITS client, and not in a group home.	This is at the front of the Employee Book and needs to be signed and dated on an annual basis.
Medication Policy	This policy addresses who may administer medications and what medications may be administered.
Service Recipient Rights	This policy is to promote the rights of persons served by ORH/WSS and to protect their health and safety when a person poses imminent risk of harm to self or others.
Psychotropic Medication Policy	This policy incorporates the use of an extensive checklist to monitor the administration of any medications considered mood altering.
Employee Sleep Policy	This policy addresses when, if at all, an employee can sleep.
	This is where all employees should be able to find all the policies and procedures on anything non-medical.

inservices and trainings	Because these are so important and oftentimes mandated by state and/or federal regulations, ORH/WSS has a policy to attend
having a drivers license.	ORH/WSS added on to their Mandatory Inservice Policy to make these a condition of employment.
Fiduciary Policy	This policy explains how to use consumer's funds.
a late or no-show report is made	In the Attendance and Punctuality Policy, if _____ occurs the employee shall receive a coaching note.
Dress code	This policy ensures that staff's appearance represents consumers and ORH/WSS well and provides for the safety of staff.
Agency Abuse and Prevention Plan	This policy minimizes accidents and injuries.
VA Policy	This policy addresses any substantiated physical, emotional or verbal abuse toward consumers or employees.
Family Leave Policy	This policy states that employees may request leave for: the birth of a child; the placement of a child through adoption or foster care; to care for a spouse, child, or parent who has a serious health condition; a serious health condition that makes the employee unable to perform the essential functions of his/her job; any qualifying exigency arising out of the fact that the employee's spouse, son, daughter or parent is a covered military member on "covered active duty;" and to care for a covered service member with a serious injury or illness.
Emergency use of Controlled 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
ORH Transport Policy	This policy assures the consumers are safe in vehicles and outlines guidelines for using ORH/WSS vehicles.
Nutrition Policy	This policy provides consumers with good nutrition.
VARPP	A policy to protect the well-being of individuals being served by ORH/WSS <b>AND</b> a way of documenting, reporting, reviewing and investigating.
Client Confidentiality	This policy provides that private information be shared between approved parties only.

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

I'm not sure I received all the information for the make up packet.

I got two sets of the Minnesota statutes regarding the Emergency use of Manual Restraints, so maybe one of them was switched with something else?

# **Oakridge Woodview Mandatory In-Service 2017**

## **Make Up Questionnaire Packet**

**Employee Name** Maxine Martinez

**Location Worked** L.S.T.  
Hill City - Jane Spoo

**Date:** 12/27/17

**3 In-Service Hours**



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

## Emergency and Reporting Policy and Procedures Points to Cover

Answer	Question
Emergency and Reporting Policy and procedures	Document that provides for a safe and hazard-free environment
Quarterly	How often does a fire drill need to be done in each home?
Heimlich Manuever or Choking poster	Chart that is posted in the house in the event of choking
blizzard or -20 degrees winchill or below	A scenario when consumers should be kept home from work and outings (except for clients who are preapproved to go to work).
center of basement	During a tornado, this is USUALLY where consumers should go.
obscene call	A telephone call that staff should hang up on immediately.
incident report	Document to fill out if there is consumer to consumer physical aggression.
blanket drop	Procedure to get some people out of a building in the event of a fire.
9-11	Phone number in case a consumer needs emergency treatment.
Ombudsman and D.H.s.	Two agencies to be notified in the event of death or serious illness/injury.
P - pull (the pin) A - Aim (low) squeeze lever (slowly & evenly) Sweep	To operate a fire extinguisher, what does P-A-S-S (or pass) stand for?
wind chill temperature chart	Marker when it is so cold, everyone stays indoors (except people approved to go to work).
battery operated or hand cranked	What type of radio is needed during tornado season?
curtains and shades	These are drawn to retain heat in the event of a blizzard
1) remove all consumers from immediate danger 2) call fire department (911)	Staff do this FIRST and SECOND in the event of a fire.
The crisis Line / Mobil crisis 218-828-4357 or 1-800-462-5525	If staff believe that a person is experiencing a mental health crisis, they will call 9-1-1 <u>or</u> call _____?
Quarterly	How often do we have to do tornado/severe storm drills?
HELP sign	Sign to put up if you become stranded during travel.

## Affirmative Action/EEO and HIPAA – Points to Cover

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

	is rather caused by a series of actions, steps or failures?
Each staff meeting	At a minimum, when is safety discussed?
Prevention	What is the most effective control of exposure to Bloodborne Pathogens?
Universal Precautions	Which concept treats all human blood and certain body fluids as if they are known to be infectious for Bloodborne Pathogens?
Bleach and water solution diluted 1:10	What is used to clean all blood/body fluid spills?
gowns, masks, gloves, eye protection, resuscitation bags etc.	What are some examples of Personal Protective Equipment as it refers to the ORH/WSS Bloodborne Pathogens Policy?
Blood spill kit	Where are gowns, gloves, masks, etc. kept?
Contaminated laundry	What should be bagged and labeled "Biohazard"?
weekly	How often should the water/bleach solution in a bottle be changed?
minimum of two minutes	For how long should a contaminated area be treated with a bleach solution?
blood and semen	What are the two primary body fluids through which AIDS is spread?
sexual contact, sharing needles, contaminated blood products	How is AIDS transmitted?
ways AIDS is NOT transmitted	In regards to AIDS, What are the following? Casual contact, touching hands, eating food prepared by, drinking fountains, telephones, toilets, other surfaces.
occupational Safety and Health Administration	What does OSHA stand for?
inflammation of the liver	What is Hepatitis?
people infected with the Hepatitis B virus	Who, oftentimes, never has symptoms of their disease?

### VARPP – Points to Cover

Answer	Question
Vulnerable Adult	What does VA stand for?
Minnesota Adult Abuse Reporting Center (MAARC)	Who do you call in a VA to if you choose not to report internally?
24 hours	How much time do you have to report a suspected VA?
neglect	Absence or likelihood of absence of care or services including but not limited to food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of a vulnerable adult
two	If you have reported internally, you must receive, within ___ working days a written

	notice that tells you whether or not your report has been forwarded to MAARC.
Neglect	The failure or omission by a caregiver to supply a VA with care or services
financial exploitation	Unauthorized expenditure of consumer funds.
72 hours and annually	The program shall ensure that each new mandated reporter received orientation within ___ hours of first providing direct contact services to a VA and _____ thereafter.
Abuse	Words or gestures to the VA that are disparaging, derogatory, humiliation, harassing or threatening.
Mandated Reporter	Person engaged in the care of a VA
Individual Abuse Prevention Plan (IAPP)	Specific plan of action to keep individual consumers safe.
5th page	Where in the VARPP is the phone number you can call with a suspected VA?
Vulnerable Adult Reporting Policies and Procedures	What does VARPP stand for?
Accident	A sudden, unforeseen and unexpected occurrence or event
Each	The VARPP should be posted at _____ location and be made available upon request.
Vulnerable Adult	Any person over the age of 18 who is a resident or inpatient of a facility
Therapeutic conduct	Program services done in good faith in the interests of the VA
Internal (ORH/WSS), External MAARC or both	Three ways you can report a suspected VA
designated coordinator	ORH/WSS people you can call a suspected VA in to.

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

Answer	Question
abuse, neglect, or financial exploitation	Consumers have the right to be free from _____
Services and supports	The consumer has the right to have _____ and _____ provided to them in a way that respects and considers their preferences.
Services and supports	I have the right to receive and send _____.
Respect	Consumers have the right to be treated with _____
CSSP Addendum and Service recipient Rights Restriction form	If there is a limit on rights, this is where it will be documented _____

Personal Property	A consumer has the right to use his or her own _____
Problems	The right to have _____ resolved
Complaints	The right to have _____ heard.
telephone	A consumer has the right to talk on the _____
Privacy	The consumer has the right to _____ when he/she wants to be alone.
Friends	The right to see his/her _____.
experiment	The right to refuse to participate in an _____.
Cultural and ethnic practices	I have a right to reasonable observance of my _____
Mail	A right to receive and read my private _____.
records	The consumer has the right to see his /her or her own _____.
race, gender, age, disability, spirituality and sexual orientation	I have a right to be free from harassment regarding my _____
retaliation from ORH/WSS	The consumer has the right to exercise their rights on their own or have a family member or another person help them exercise my rights without _____
trained and qualified	This is the kind of staff a consumer has the right to _____
Giving me medication I don't want to take or that isn't prescribed for me, OR putting me in time out or seclusion	The consumer has the right to be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, _____, or _____; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
Workplace Bullying	ORH/WSS defines _____ as repeated mistreatment or inappropriate behavior towards one or more employees in the workplace and/or during the course of employment.
Replacement	If you are not going to make your scheduled shift, it is your responsibility to find your own _____.
Acknowledgement Page	This is at the front of the Staff Training Book and acknowledges that staff has received instruction on and reviewed the implementation of the "Personnel Policies for Non-Contractual Employees" of ORH/WSS.
Communicable disease policy	This is the policy to protect others from infection or illness.
mandatory inservices	Because these are so important and oftentimes mandated by state and/or _____

	federal regulations, ORH/WSS has a policy to attend _____.
staff meetings	ORH/WSS added on to their Mandatory Inservice Policy to make these a condition of employment.
Consumer fiscal Policy	This policy explains how to use consumer's funds.
tardiness	In the Attendance and Punctuality Policy, if _____ occurs the employee shall receive a coaching note.
dress code	This policy ensures that staff's appearance represents consumers and ORH/WSS well and provides for the safety of staff.
Safety rules and standard operating procedures	This policy minimizes accidents and injuries.
Misconduct	This policy addresses any substantiated physical, emotional or verbal abuse toward consumers or employees.
Family and medical leave Policy (FMLA)	This policy states that employees may request leave for: the birth of a child; the placement of a child through adoption or foster care; to care for a spouse, child, or parent who has a serious health condition; a serious health condition that makes the employee unable to perform the essential functions of his/her job; any qualifying exigency arising out of the fact that the employee's spouse, son, daughter or parent is a covered military member on "covered active duty;" and to care for a covered service member with a serious injury or illness.
Service termination Policy	This policy is restricted to situations in which the safety of the person or others in the program is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others
Safe transportation Policy	This policy assures the consumers are safe in vehicles and outlines guidelines for using ORH/WSS vehicles.
Policy on food services	This policy provides consumers with good nutrition.
Incident Reporting Policy	A policy to protect the well-being of individuals being served by ORH/WSS <b>AND</b> a way of documenting, reporting, reviewing and investigating.
Confidentiality Policy	This policy provides that private information be shared between approved parties only.
Staff training Plan	This addresses the scope, schedule and content of ongoing education for staff.

Drug and Alcohol Policy	This policy states that "being under the influence of a controlled substance, alcohol, or illegal drugs in any manner that impairs or could impair an employee's ability to provide care or services to persons receiving services is prohibited and will result in corrective action up to and including termination"
Anti-Harassment Policy, Confidentiality Policy HIPAA, and Misconduct Policy	Per the Social Media Policy, employees should exercise care and good judgment in the use of social networking sites specifically knowing and following these other ORH/WSS policies
Tobacco Products Policy	This policy contains the statement "no tobacco use or the use of smokeless tobacco products is allowed by staff when out in the public with clients"
Employee use of Company Equipment Policy	This document is in your Personnel Book and addresses the use of telephones, fax machines, computers, and other machines for business purposes owned and maintained by ORH/WSS.
Memo on Theft	This addresses what will happen in the event of theft or mishandling of client funds or property.
Data Privacy policy	This document refers to protecting privacy, consumers seeing their own information, explains the needs for and the use of information, and explains consumer rights regarding information.
Table of Contents	This is at the front of the Employee Book and needs to be signed and dated on an annual basis.
Medication Policy	This policy addresses who may administer medications and what medications may be administered.
Emergency use of Manual Restraint (EUMR)	This policy is to promote the rights of persons served by ORH/WSS and to protect their health and safety when a person poses imminent risk of harm to self or others.
Psychotropic medication Policy	This policy incorporates the use of an extensive checklist to monitor the administration of any medications considered mood altering.
Sleep policy	This policy addresses when, if at all, an employee can sleep.
Staff training book	This is where all employees should be able to find all the policies and procedures on anything non-medical.
Emergency Use of Manual Restraint (EUMR)	This can be used during emergency situations to protect the person or others

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



## May 2017 Mandatory Training

### Questions/Topics for Discussion

1. What different kinds of licenses does Oakridge hold and who are we licensed by?  
Home and Community-based Services (HCBS)  
Community Residential setting (CRS)  
We are licensed by the Department of human services (DHS)
2. What rule are we licensed under for our Program?  
245 D  
299.F (state fire code)  
Minnesota Rules, parts 2520.0500 to 9520.0690 (Residential Facilities for adults with MI) Adult Rehabilitative Mental Health Services (ARMHS)
3. What do we mean when we talk about a "Waiver"? The disability waiver rate system (DWRs) determines individualized payment rates for the following medical Assistance Home and community based services for persons with disabilities: Community Access for Disability Inclusion (CADII), Brain Injury (BI), Community Alternative Care (CAC) and Developmental Disability (DD) waivers. After the needs assessment and support planning have occurred, the Disability waiver Rate system will be used to price individual services and provide the amount to authorize individual services.
4. Why is my own personal hygiene, proper dress and the use of PUG's (proper under garments) important to the female consumers I might work with?  
we are teachers and role models for the clients we serve, and want to set a positive example for the clients.
5. Why is it important to the male consumers I might work with?  
we are teachers and role models for the clients we serve, and want to set a positive example for the clients.

## Incident Reports – Points to Cover

Can I put the names of other consumers on a consumer's Incident Report? Why or why not?

No - data privacy, Confidentiality, HIPPA

Who should fill out the Incident Report or Behavior Incident Report?

The staff involved in the incident,

What is a Reportable Incident?

Everything that's on the top of the report except for minor injuries.

What should I do when an Incident occurs? Who should I call and when?

once the incident is resolved call P.C. and, or D.C. Make sure you don't just leave a message, but actually talk to a live person.

## EUMR – Points to Cover

If I use an Emergency Use of Manual Restraints, who should fill out the Behavior Incident Report?

Who should fill out the Behavior Incident Reporting Form (BIRF)?

The staff who used or witnessed the EUMR would fill out the behavior incident report, and the designated coordinator would fill out the BIRF.

Can I hold someone by their wrists? Why or why not?

No - this isn't an ORH/WSS approved TI technique, and isn't taught in our Therapeutic intervention inservices.

Maxine Martinez  
6/6/21

## Minimizing the Risk of Sexual Violence Competency Questions

Read the Power Point and answer the following questions.

1. What is the definition of sexual violence according to MN Statute 245D?

The use of sexual actions, or words that are unwanted or harmful to another person.

2. In the past care providers were "protecting" people for their health and safety and not letting them take any risks. We now allow them to take risks.

3. What is bodily autonomy? Knowing proper names for body parts is very important. Having the knowledge of that helps deter possible offenders.

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?

They will be more likely to report, if they know the proper term.

6. Per US Dept of Justice, Bureau of Justice Statistics, Crime Against Persons with Disabilities, 2009-2015 Statistics which of the following perpetrates against people with disabilities the most?

- a. Intimate partner
- b. Other relatives
- c. Well known/casual acquaintances
- d. Strangers
- e. Unknown

7. List 3 components of healthy relationships:

- a. Good communication
- b. Supportive and encouraging
- c. Able to spend time alone - not always together

8. List 3 components of abusive relationships:

- a. Isolated from others
- b. No longer involved in activities or hobbies
- c. Person is not allowed to have alone time.

9. List 2 things that are true about consent:

- a. Consent needs to be given each time
- b. No means No

10. Write your reaction to the Tea and Consent video:

Consent is Everything  
Just because they wanted it earlier, doesn't mean they want it now.  
If they say they don't want tea, don't make them tea.

# Certificate of Training

## Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

*Awarded on 12/31/2018 to:*

**Maxine Martinez**

**Certificate Number:** VAMR73571220181231

**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:**



Minnesota Department of Human Services

# Certificate of Training

## Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

*Awarded on 05/23/2021 to:*

**Maxine Martinez**

**Certificate Number:**  
VAMR93785920210523

**Delivery Format:** Online

Course offered by the  
Minnesota Department of Human Services

**This certificate means:**

- Become familiar with Minnesota's Vulnerable Adults Act
- Understand the definition of maltreatment
- Learn the reporting requirements for mandated reporters
- Know how to make a maltreatment report to the Common Entry Point

**License Number:**

**m** DEPARTMENT OF  
HUMAN SERVICES

# Certificate of Training

## Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

*Awarded on 04/06/2017 to:*

**Maxine Martinez**

**Certificate Number:** VAMR60133320170406 **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:**





VA AND RIGHTS CHECKLIST 2017

Employee Name: Maxine Martinez

\*\*\*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)	<i>maxine martinez</i>	3/31/17
Service Recipient Rights	<i>maxine martinez</i>	3/30/17
Maltreatment of Minors (if applicable)	_____	_____

May Training	Signature	Date
*Review of VARPP at Mandatory In-Services(2)	<i>maxine martinez</i>	12/27/17

October Training	Signature	Date
Memo on Money & Medication Count Protocol	NA	_____

Online VA Training	Signature	Date
Online VA Training	<i>maxine martinez</i>	4/6/17

\*VARPP is reviewed twice per year.

mafee marting 3/31/17



**Oakridge Homes/Woodview Support Services  
Maltreatment of Vulnerable Adults Reporting Policy and Procedures (VARPP)  
(Agency Abuse Prevention Plan)**

**I. Policy**

It is the policy of this DHS licensed provider, Oakridge Homes/Woodview Support Services to protect the adults served by this program who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults.

**II. 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 524.5-313, 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 parenterally 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.

**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; or
  - 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.

**Maltreatment means:** abuse as defined in subdivision 2, neglect as defined in subdivision 17, or financial exploitation as defined in subdivision 9.

**Mandated reporter means:** a professional or professional's delegate while engaged in: (1) social services; (2) law enforcement; (3) education; (4) the care of vulnerable adults; (5) any of the occupations referred to in section 214.01, subdivision 2; (6) an employee of a rehabilitation facility certified by the commissioner of jobs and training for vocational rehabilitation; (7) an employee or person providing services in a facility as defined in subdivision 6; or (8) a person that performs the duties of the medical examiner or coroner. \*\*All ORH/WSS employees\*\*

**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 ORH/WSS is providing services to an adult who is excluded from the definition of a vulnerable adult under clause 2 of the above definition, ORH/WSS 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/Woodview Support Services; 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 ORH/WSS.

### III. Procedures

#### A. Who Should Report Suspected Maltreatment of a Vulnerable Adult:

As a mandated reporter, if you know or suspect that a vulnerable adult has been maltreated, you must report it immediately. Immediately means as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.

#### B. Where to Report - You can make an external or an internal report.

1. You may make an external report to the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574 or [www.mn.gov/dhs/reportadultabuse/](http://www.mn.gov/dhs/reportadultabuse/)
2. You may make an internal report to the ORH/WSS Administrator or Designated Coordinator. If the ORH/WSS Administrator or Designated Coordinator is involved in the alleged or suspected maltreatment, you must report to a different Administrator or Designated Coordinator. If they are not available, you can report to the Vice President.

#### C. Internal Report

1. When an internal report is received, the ORH/WSS Administrator or Designated Coordinator is responsible for deciding if a report to the MAARC is required. If the ORH/WSS Administrator or Designated Coordinator is involved in the suspected maltreatment, the other Administrator, Designated Coordinator, or Vice President will assume responsibility for deciding if the report must be forwarded to the MAARC.

2. The report to the MAARC must be as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.
3. If you have reported internally, you must receive, within two working days, a written notice that tells you whether or not your report has been forwarded to the MAARC. The written notice must be given to you in a manner that protects your confidentiality as a reporter. It shall inform you that if you are not satisfied with the action taken by the facility, you may still make an external report to the MAARC. It must also inform you that you are protected against retaliation by the program if you make a good faith report to the MAARC.

#### D. What to Report

1. Definitions of maltreatment of vulnerable adults are contained in Minnesota Statutes, section 626.5572. Current definitions are attached to this policy.
2. An external or internal report should contain enough information to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment.

#### E. Failure to Report

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.

#### F. Internal Review

1. When the program has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the program must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of vulnerable adults.
2. The internal review must include an evaluation of whether:
  - a. related policies and procedures were followed;
  - b. the policies and procedures were adequate;
  - c. there is a need for additional staff training;
  - d. the reported event is similar to past events with the vulnerable adults or the services involved; and
  - e. there is a need for corrective action by the program to protect the health and safety of vulnerable adults.

#### G. Primary and Secondary Person or Position to Ensure Internal Reviews are Completed

The internal review will be completed by the ORH/WSS Administrator or Designated Coordinator.

#### H. Documentation of the Internal Review

The program must document completion of the internal review and provide documentation of the review to the DHS upon the commissioner's request.

#### I. Corrective Action Plan

Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the program, if any.

#### J. Staff Training

The program shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporter of the reporting requirements and definitions under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the program's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services.

The program must document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

**THIS REPORTING POLICY SHALL BE POSTED IN A PROMINENT LOCATION AND BE MADE AVAILABLE UPON REQUEST.**

**ATTACHMENT A**

**(this is not necessary when printing the MAARC; it is only needed if the report is called in)**

OAKRIDGE HOMES/WOODVIEW SUPPORT SERVICES  
Maltreatment of Vulnerable Adults Reporting Policy  
**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/WOODVIEW SUPPORT SERVICES  
Maltreatment of Vulnerable Adults Reporting Policy  
**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/WOODVIEW SUPPORT SERVICES  
Maltreatment of Vulnerable Adults Reporting Policy  
Internal Review Report**

Is there a need for corrective action by Oakridge Homes/Woodview Support Services to protect the health and safety of ORH/WSS 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/Woodview Support Services? 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/WSS?

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 the Minnesota Adult Abuse Reporting Center (MAARC) 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 MAARC directly at 844-880-1574 or [www.mn.gov/dhs/reportadultabuse/](http://www.mn.gov/dhs/reportadultabuse/)

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 Minnesota Adult Abuse Reporting Center (MAARC) 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.

**Oakridge Homes/Woodview Support Services  
MALTREATMENT OF VULNERABLE ADULTS REPORTING POLICY**

I have read the Oakridge Homes/Woodview Support Services Maltreatment of Vulnerable Adults Reporting Policy and understand its obligations.

Signature	Date	
<i>Mayne Mathy</i>	3/30/17	Person Receiving Services
		Legal Representative
		Case Manager

Revised: 12/1/15

mayne marthy 3/30/17

## Oakridge Homes/Woodview Support Services

### Service Recipient Rights

Person name: Jane Spoo

Location name: her home

*Oakridge Homes/Woodview Support Services (ORH/WSS) is licensed under Minnesota Statutes, Chapter 245D. It must help you exercise and protect your rights identified in Minnesota Statutes, section 245D.04.*

When receiving services and supports from ORH/WSS, I have the right to:

1. Take part in planning and evaluating the services that will be provided to me.
2. Have services and supports provided to me in way that respects me and considers my preferences.
3. Refuse or stop services and be informed about what will happen if I refuse or stop services.
4. 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 supports.
5. Know the conditions and terms governing the provision of services, including ORH/WSS's admission criteria and policies and procedures related to temporary service suspension and service termination.
6. Have ORH/WSS help coordinate my care if I transfer to another provider to ensure continuity of care.
7. Know what services ORH/WSS provides and how much they cost, regardless of who will be paying for the services, and to be notified if those charges changes.

8. Know, before I start to receive services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
9. To have staff that is trained and qualified to meet my needs and support.
10. Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
11. Have access to my records and recorded information that ORH/WSS has about me as allowed by state and federal law, regulation, or rule.
12. Be free from abuse, neglect or financial exploitation by ORH/WSS or its staff.
13. 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.
14. Receive services in a clean and safe location.
15. Be treated with courtesy and respect and have my property treated with respect.
16. Be allowed to reasonably follow my cultural and ethnic practices and religion.
17. Be free from prejudice and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.
18. Be told about and to use ORH/WSS's grievance policy and procedures, including knowing how to contact persons responsible for helping me to get my problems with ORH/WSS fixed and how to file a social services appeal under the law.
19. Know the names, addresses and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.

20. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from ORH/WSS.
21. Give or not give written informed consent to take part in any research or experimental treatment.
22. Choose my own friends and spend time with them.
23. Have personal privacy.
24. Take part in activities that I choose.

*RESIDENTIAL SERVICES AND SUPPORTS (meaning out-of-home crisis respite, supported living services, foster care services in a foster care home or a community residential setting) MUST INCLUDE THESE ADDITIONAL RIGHTS:*

25. Have free, daily, private access to and use of a telephone for local calls, and long-distance calls made collect or paid for by me.
26. Receive and send mail and emails and not have them opened by anyone else unless I ask.
27. Use of and have free access to common areas (this includes the kitchen).
28. 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.

## **RIGHTS RESTRICTIONS**

### **CAN MY RIGHTS BE RESTRICTED?**

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 the restriction in the most integrated setting and inclusive manner.

### **WHAT IS ORH/WSS REQUIRED TO DO IF MY RIGHTS WILL BE RESTRICTED?**

Before ORH/WSS may restrict your rights in way ORH/WSS must document the following information:

1. the justification (meaning the reason) for the restriction based on an assessment of what makes you vulnerable to harm or maltreatment if you were allowed to exercise the right without a restriction;
2. the objective measures set as conditions for ending the restriction (meaning ORH/WSS must clearly identify when everyone will know the restriction is no longer needed and it has to end);
3. a schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and case manager (meaning that at least every six months, more often if you want, ORH/WSS must review with you and your authorized representative or legal representative and case manager, why the restriction is still needed and how the restriction should change to allow you as much freedom as possible to exercise the right being restricted); and
4. signed and dated approval for the restriction from you or your legal representative, if any.

### **CAN ORH/WSS RESTRICT ALL OF MY RIGHTS?**

ORH/WSS cannot restrict any right they choose. The only rights ORH/WSS may restrict, after documenting the need, include:

1. Your right to associate with other persons of your choice;
2. Your right to have personal privacy; and
3. Your right to engage in activities that you choose.
4. Your right to have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person;
5. Your right to receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication; and
6. Your right to have use of and free access to common areas in the residence; and
7. Your 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.

**WHAT IF I DON'T GIVE MY APPROVAL?**

A restriction of your rights may be implemented only after you have given your approval.

**WHAT IF I WANT TO END MY APPROVAL?**

You may withdraw your approval of the restriction of your right at any time. If you do withdraw your approval, the right must be immediately and fully restored.

**Date services were started:** \_\_\_\_\_ **Date I received this information:** \_\_\_\_\_

This packet contains information regarding your rights while receiving services and supports from ORH/WSS, information on restriction of your rights, and information of where you can go if you have questions or need additional information related to your rights.

I received the following information within five working days of when I started to receive services and every year after that.

- 1. A copy of my rights under the law, Minnesota Statutes, section 245D.04.
- 2. An explanation of what my rights are and that I am free to exercise my rights; and that ORH/WSS must help me exercise my rights and help protect my rights.

This information was provided to me in a way that I understand. If I needed the information in another format or language, it was given to me in that format or language.

If my rights are or will be restricted in any way to protect my health, safety, and well-being, the restriction has been explained to me and I understand ORH/WSS must document and implement the restriction as required by law to make sure I get my rights back as soon as possible.

Are there any restrictions placed on my rights?

Yes (if yes, see rights restriction document)  No

I understand that I may contact the agencies below if I need help to exercise or protect my rights:

Office of the Ombudsman for Mental Health  
and Developmental Disabilities  
121 7th Place E, Suite 420  
Metro Square Building  
St. Paul, MN 55101  
Phone: (651) 7567-1800 or 1(800) 657-3506  
Fax: (651) 797-1950  
Website: [www.ombudmhdd.state.mn.us](http://www.ombudmhdd.state.mn.us)

Minnesota Disability Law Center  
430 1st Ave N, Suite 300  
Minneapolis, MN 55401  
Email: [mndlc@mylegalaid.org](mailto:mndlc@mylegalaid.org)  
Website: <http://www.mndlc.org/>

I want \_\_\_\_\_ to help me exercise my rights.  
insert name of my authorized representative/ legal representative/ family member

ORH/WSS has this person's contact information in my record.

By signing this document I am agreeing that I have read and understand the boxes I checked above.

Signature	Print Name	Title	Date
		Person	
		Legal Representative	
		Case Manager	
		Legal Representative	
		Case Manager	
		Legal Representative	
		Case Manager	
		Legal Representative	
		Case Manager	

# Certificate of Training

## Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

*Awarded on 03/06/2016 to:*

**Maxine Martinez**

**Certificate Number:** VAMR51853420160306

**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:**



Minnesota Department of Human Services



### VA AND RIGHTS CHECKLIST 2016

Employee Name: Maxine Martinez

\*\*\*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)		3/6/16
Service Recipient Rights		2/23/16
Maltreatment of Minors (if applicable)	NA	

May Training	Signature	Date
*Review of VARPP at Mandatory In-Services(2)		5/26/16

October Training	Signature	Date
Memo on Money & Medication Count Protocol	NA	1

	Signature	Date
Online VA Training		3/6/16

\*VARPP is reviewed twice per year.

# Certificate of Training

## Vulnerable Adult Mandated Reporter Training

Certificate of Successful Completion

*Awarded on 02/23/2015 to:*

**Maxine Martinez**

**Certificate Number:** VAMR43956020150223

**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





### VA AND RIGHTS CHECKLIST 2015

Employee Name: Maxine Martinez

\*\*\*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	<i>maxine martinez</i>	1/29/15
Service Recipient Rights	<i>maxine martinez</i>	1/29/15
Maltreatment of Minors (if applicable)	NA	

May Training	Signature	Date
Review of VARPP at Mandatory In-Services	<i>maxine martinez</i>	5/28/15

October Training	Signature	Date
Memo on Money & Medication Count Protocol	<i>maxine martinez</i>	11/12/15

	Signature	Date
Online VA Training	<i>maxine martinez</i>	1/29/15

**Oakridge Homes/ Woodview Support Services  
VA and Rights Training Worksheet  
(To be done annually)  
2014**

Employee Name: Maxine Martinez

**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?	maxine martinez	2-25-14
Jan. -Oakridge Homes VARPP – Read / Discuss C*	maxine martinez	2-25-14
Jan. - Service Recipient Rights C*	maxine martinez	2-25-14
Jan. -Maltreatment of Minors (if applicable) C*	maxine martinez	2-25-14
Feb. - What is a Mandated Reporter C*	maxine martinez	2-25-14
March- What is the VA Process? C*	maxine martinez	6/25-14
April-Minnesota Statute 626.5572 C* Definitions (for MN statute 626.557)	maxine martinez	6/11/14
May-Review of VARPP at Mandatory In-services	maxine martinez	5.22.14
June-Definition of Neglect C*	maxine martinez	7-23-14
July-Minnesota Statute 245A.65 C* Maltreatment of Vulnerable Adults	maxine martinez	7-24-14
Aug.-Minnesota Statute 626.557 C* Reporting Maltreatment of Vulnerable Adults	maxine martinez	10/21/14
Oct.-What is Abuse? C*	maxine martinez	10/21/14
Nov.-What is Financial Exploitation? C*	maxine martinez	10/21/14
Nov.-Memo on Theft	maxine martinez	10/21/14

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: \_\_\_\_\_

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?		
Jan. -Oakridge Homes VARPP – Read / Discuss		
Jan. - Service Recipient Rights		
Jan. -Maltreatment of Minors (if applicable)		
Feb. - What is a Mandated Reporter		
March- What is the VA Process?	<i>Mahe Martz</i>	<i>3/12/14</i>
April-Minnesota Statute 626.5572 Definitions (for MN statute 626.557)		
May-Review of VARPP at Mandatory In-services	<i>Mahe Martz</i>	<i>5/22/14</i>
June-Definition of Neglect	<i>Mahe Martz</i>	<i>6/13/14</i>
July-Minnesota Statute 245A.65 Maltreatment of Vulnerable Adults		
Aug.-Minnesota Statute 626.557 Reporting Maltreatment of Vulnerable Adults	<i>Mahe Martz</i>	<i>8-12-14</i>
Oct.-What is Abuse?	<i>Mahe Martz</i>	<i>10/21/14</i>
Nov.-What is Financial Exploitation?	<i>Mahe Martz</i>	<i>10/21/14</i>
Nov.-Memo on Theft		

**Oakridge Homes  
VA Training Worksheet  
(To be done annually)  
2013**

Employee Name: Maxine Martinez

**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.**

**VA Training**

<u>Training</u>	<u>Signature</u>	<u>Date</u>
<u>Oakridge Homes VARPP – Read / Discuss</u>	<u>Maxine Martinez</u>	<u>1-30-13</u>
<u>Oakridge Homes Conduct Policy</u>	<u>Maxine Martinez</u>	<u>4-25-13</u>
<u>What is a Mandated Reporter</u>	<u>Maxine Martinez</u>	<u>2-5-13</u>
<u>What is the VA Process?</u>	<u>Maxine Martinez</u>	<u>4-25-13</u>
<u>Minnesota Statute 626.5572</u> <u>Definitions (for MN statute 626.557</u>	<u>maxine martinez</u>	<u>9-25-13</u>
<u>Review of VARPP at Mandatory Inservices (May)</u>	<u>maxine martinez</u>	<u>9-25-13</u>
<u>Definition of Neglect</u>	<u>maxine martinez</u>	<u>10-2-13</u>
<u>Minnesota Statute 245A.65</u> <u>Maltreatment of Vulnerable Adults</u>	<u>maxine martinez</u>	<u>10-2-13</u>
<u>Minnesota Statute 626.557</u> <u>Reporting Maltreatment of Vulnerable Adults</u>	<u>maxine martinez</u>	<u>9-26-13</u>
<u>What is Abuse?</u>	<u>maxine martinez</u>	<u>2-15-13</u>
<u>What is Financial Exploitation?</u>	<u>maxine martinez</u>	<u>2-5-13</u>
<u>Memo on Theft</u>	<u>maxine martinez</u>	<u>10-2-13</u>

**Oakridge Homes  
VA Training Worksheet  
(To be done Annually)**

	2012
Employee Name <i>Maxine Martinez</i>	Year

**VA Training**

Training	Date
Oakridge Homes VARPP – Read, Discuss, Sign and Date	
Oakridge Homes Conduct Policy	<i>1-25-12</i> <i>3-28-12</i>
What is a Mandated Reporter?	<i>10/24/12</i>
What is the VA Process? <i>626.5572</i>	<i>3-28-12</i>
Minnesota Statute 626.5572 Definitions (for MN Statute 626.557)	<i>4-25-12</i>
Review of VARPP at Mandatory Inservices (May)	<i>Make up 8-26-12</i> <del><i>5-23-12</i></del>
Definition of Neglect	<i>6-27-12</i>
Minnesota Statute 245A.65 Maltreatment of Vulnerable Adults	<i>8-22-12</i>
Minnesota Statute 626.557 Reporting of Maltreatment of Vulnerable Adults	<i>9-26-12</i> <i>4-25-12</i>
What is Abuse?	<i>10/24/12</i>
What is Financial Exploitation?	<i>2-22-12</i>
Memo on Theft	<i>2-22-12 11/28/12</i>

**Rule 40 Training (2012 Only)**

Training	Date
Minnesota Rules, parts 9525.2700 to 9525.2810 (commonly referred to as Rule 40)	<i>3-28-12</i> <i>4-2-12</i>

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:

Mahe Marie  
Name

10/24/12  
Date

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

WHERE TO REPORT SUSPECTED MALTREATMENT

**Common Entry Point:**

Itasca County Human Services

Name: VA Intake Phone: 218-327-2941  
from 8 a.m. to 4 p.m. Monday - Friday, excluding holidays.

The Itasca County Sheriff's  
Department will serve as the common entry point at all other times.  
Phone: 218-327-3477

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

3-11-09 mm

**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.

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:

mafine martinez  
Name  
mafine martinez  
1-8-08  
Date  
11-17-09 mafine martinez

11-18-08 mafine martinez  
2-9-10 mafine martinez  
3-8-11 mafine martinez  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHERE TO REPORT SUSPECTED MALTREATMENT

**Common Entry Point:**

327-2941  
Itasca County - Willow Aitkin <sup>Jane Spoo</sup> County Human Services  
Itasca County Sheriff Dept. 326-3477  
Name: VA Intake Worker Phone: (218) 927-3744  
from 8 a.m. to 4 p.m. Monday - Friday, excluding holidays. 1-800-328-3744

The Aitkin County Sheriff's  
Department will serve as the common entry point at all other times.  
Phone: (218) 927-2138 1-888-900-2138

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 ✓

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10/24/12 *mafe maito*

Oakridge Homes, Inc.

11-18-08

3-8-11

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## VULNERABLE ADULT REPORTING POLICY and PRODECURES (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

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:

Marilyn Marting  
Name

3-8-11 Marilyn Marting

5/22/07  
Date

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

WHERE TO REPORT SUSPECTED MALTREATMENT

**Common Entry Point:**

\_\_\_\_\_ County Human Services

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
from 8 a.m. to 4 p.m. Monday - Friday, excluding holidays.

The \_\_\_\_\_ County Sheriff's  
Department will serve as the common entry point at all other times.  
Phone: \_\_\_\_\_

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: 4/07

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.

Name \_\_\_\_\_

Date \_\_\_\_\_

See Front of  
VARPP for  
Signatures

Review Dates:

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

→ Attached Page

WHERE TO REPORT SUSPECTED MALTREATMENT

**Common Entry Point:**

Itasca \_\_\_\_\_ County Human Services

Name: VA Intake Phone: 218-327-2941  
from 8 a.m. to 4 p.m. Monday - Friday, excluding holidays.

The Itasca \_\_\_\_\_ County Sheriff's  
Department will serve as the common entry point at all other times.

Phone: 218-326-3477

maybe Martha 10-10-11

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

**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

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(common entry point)

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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.

**VULNERABLE ADULT REPORTING POLICY and PRODECURES (VARPP)**

(Formerly called the Agency Abuse Prevention Plan) *Maifre Martins 3-8-*

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

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  - 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

Mayne matz 10-11-11

- 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.
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**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

mm 2/27/07  
mm 5-16-05  
mm 12-29-04  
mm 11-1-07

ATTACHMENT G

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  
\_\_\_\_\_ on \_\_\_\_\_ for further  
(common entry point) (date)

evaluation and investigation of the suspected maltreatment.

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.

Mafine Martin 11-1-07

Mafine Martin 10/20/06  
Mafine Martin 5-16-05

Mafine Martin 12-29-04

Mafine Martin 2/27/07

Oakridge Homes - Willow  
Abuse Prevention Plan - Page 20

I have read the Oakridge Homes, Inc. Agency Abuse Prevention Plan and understand its obligations to me as:

- \_\_\_\_\_ an employee.
- \_\_\_\_\_ parent/guardian.
- \_\_\_\_\_ case manager.

Review Dates:

5-23-06  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mafine Martin  
Name

3/22/04  
Date

WHERE TO REPORT SUSPECTED MALTREATMENT

**Common Entry Point:**

Itasca County Human Services

Name: Laurie Petermeier (Intake Worker)

Phone: (218) 327-2941

24 hours a day

Have there have been any substantiated incidents of maltreatment of a client in this home? YES NO 11/1/96 (t.e. substantiated)

- Date Approved 9/27/89
- Date Revised 10/1/90
- Date Revised 2/14/91
- Date Revised 9/02/91
- Date Revised 4/14/92
- Date Revised 8/3/92
- Date Revised 11/03/92
- Date Revised 8/5/94
- Date Revised 2/6/96
- Date Revised 1/3/98
- Date Revised 2/11/99
- Date Revised 8/9/00
- Date Revised 12/26/00
- Date Revised 8/27/02
- Date Revised 3/1/04

Mafine marte 1-25-12  
Mafine marte 5-16-05  
Mafine marte 12-29-04  
Mafine marte 2/27/07

I have read the Oakridge Homes, Inc. Agency Abuse Prevention Plan and understand its obligations to me as:

- an employee.
- parent/guardian.
- case manager.

Review Dates:

X Mafine marte  
Name \_\_\_\_\_

12-21-98  
Date \_\_\_\_\_

1-13-04 mm

2-16-99

2-28-00

6-12-01

11-26-02

5-27-03

WHERE TO REPORT SUSPECTED MALTREATMENT

**Common Entry Point:**

Itasca \_\_\_\_\_ County Human Services

Name: Laurie Petermeier (Intake Worker)  
Phone: (218) 327-2941  
24 hours a day

Have there have been any substantiated incidents of maltreatment of a client in this home? YES NO 11/1/96 (t.e. substantiated)

Date Approved 9/27/89  
 Date Revised 10/1/90  
 Date Revised 2/14/91  
 Date Revised 9/02/91  
 Date Approved 9/12/91  
 Date Revised 4/14/92  
 Date Approved 4/15/92  
 Date Revised 8/3/92  
 Date Approved 8/7/92  
 Date Revised 11/03/92  
 Date Approved 11/10/92  
 Date Revised 8/5/94  
 Date Revised 2/6/96  
 Date Approved 2/19/96  
 Date Revised 1/3/98  
 Date Revised 2/11/99  
 Date Revised 8/9/00  
 Date Revised 12/26/00

Mayne martha 8/22/12

## **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 being 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

## Financial Exploitation Training for VA Discussion Oakridge Homes

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 disposes of funds uses, withholds, 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

### 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.***

make martin  
Staff Signature

2/25/14  
Date

# 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. ORH administration
2. common entry point
3. ORH, and common entry point

**A possible VA is turned into Oakridge Homes Administration. Now what happens?**

1. details are gathered
2. discussions are held
3. VARPP is reviewed
4. decision is made whether it should be turned into common entry point

**A possible VA has now been turned into the Common Entry Point (CEP). Now what happens?**

1. documentation is kept about who reported it, and when
2. notice to mandated reporter filled out, sent to person who turned VA in
3. ~~initial report turned in and sent~~ internal investigation done (interviews)
4. internal review reports ~~turned~~ filled out and sent
5. the county will turn the suspected VA in to DHS.
6. Call is made by DHS to ORH & DDP. The DHS investigator will decide to gather
7. information by 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: Maxine Martinez

### Staff Meetings

# Oakridge Homes VA Training

## MN Statute 626.5572 - Definitions

1 M

2 lead agency

3 abuse

4 accident

5 immediately

6 facility

7 therapeutic

8 conduct

9 office

10 information

11 financial exploitation

12 victim

13 perpetrator

14 assault

15 mandatory

16 vulnerable

17 independent

18 safety

19 report

**ACROSS**

- 2 Primary agency responsible for investigating reports
- 4 Conduct which is not an accident or therapeutic which could produce pain, injury or emotional distress
- 6 Sudden, unforeseen and unexpected occurrence
- 8 As soon as possible, but no longer than 24 hours from the time incident occurred
- 9 Entity required to be licensed to serve adults under Minnesota Statutes
- 11 Provision of program services done in good faith
- 18 Breach of fiduciary obligation
- 19 Statement concerning all circumstances surrounding alleged maltreatment of a vulnerable adult

**DOWN**

- 1 Abuse, neglect or financial exploitation
- 3 Failure or omission by a caregiver to supply a vulnerable adult with care or services
- 5 A preponderance of the evidence shows that an act that meets the definition of maltreatment occurred
- 7 Individual or facility having the responsibility for the care of a vulnerable adult
- 10 County or DHS determination whether the VA report will be assigned for further investigation.
- 12 Place at each county to receive a VA report
- 13 Determination of a VA Investigation by a lead agency
- 14 Fiduciary or contractual obligation or documented consent by a competent person
- 15 Person engaged in the care of a vulnerable adult
- 16 Any person 18 years of age or older who receives services from Oakridge
- 17 There is less than a preponderance of evidence to show that maltreatment did or did not occur
- 18 A preponderance of the evidence shows that an act that meets the definition of maltreatment did not occur

**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

## 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? A Suspected VA can be reported to ORH, but doesn't have to. It can be reported directly to the county.
2. Who is the primary position to whom internal reports can be made? Q DPP'S
3. Who is the secondary position to whom internal reports can be made? The Human Resources 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 an internal and external report of alleged or suspected maltreatment?  
internal - ORH  
external - directly to County
6. Where can you quickly go to find a copy of the Oakridge Homes VARPP?  
on the bulletin board, and in the clients permanent books.
7. Where is the telephone number for the Common Entry Point located on each VARPP?  
on the last page

#### 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?  
Risk management Assessment - verify by signing  
annual meeting (paragraph to discuss)

***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 as well  
as 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: Mahe Mahe Date: 7-24-14

Oakridge Homes VA Training

Minnesota Statute 626.557

Reporting of Maltreatment of Vulnerable Adults

Name Maxine Martinez

Date 7-23-14

**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 \_\_\_\_\_ 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 Brainerd or Clarissa office

**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? ORH 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 retaliate 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 or 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  
to report is liable for  
damages caused by the  
failure.

**Subdivision 9 – Common Entry Point Designation**

The Common Entry Point is available 24 hrs. per day to take calls from reporters of suspected maltreatment.

Question: Who/where is the Common Entry Point in your County?

Itasca Cty. Human Services

If you do not remember, where can you easily find this information?

back page of VARPP

**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 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 examination 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 ~~environment~~, its population, and its environment 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 ongoing assessments of the vulnerable adult.

Question: What is the Oakridge Homes individual abuse prevention plan called?

R.M.P.

### **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?

ORH 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 three 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 attorneys 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.

## ABUSE INCLUDES:

### Behavior that is not:

1. an accident
2. therapeutic conduct

### Behavior that does or could produce:

1. Physical pain
2. injury
3. physical 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 low opinion



3. Humiliating - to damage someone's dignity or pride



4. Harassing - to persistently annoy, attack, or bother somebody.



5. Threatening - to express intention to do something that will cause harm.



**Abuse can also include:**

1. The use of anything Aversive

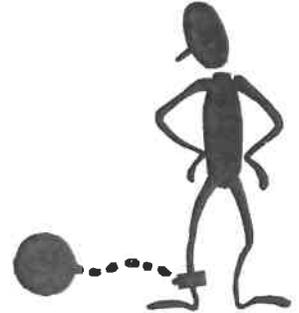
Definition: dislike of something

2. Depriving a Consumer of something - the act of taking something

Definition: away from someone or preventing somebody from having someone something.

3. unreasonable confinement

4. involuntary seclusion



## 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

## COMPETENCY QUESTIONS FOR DEFINITION OF NEGLECT

1. One form of neglect is punching a client in the face. True or ~~False~~ (abuse)
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

## 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 Department of Human Resources 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 knowingly or intentionally fails to report suspected maltreatment of a vulnerable adult is liable for damages caused by the failure to report.

5. A mandated reporter can make an external or an internal report.

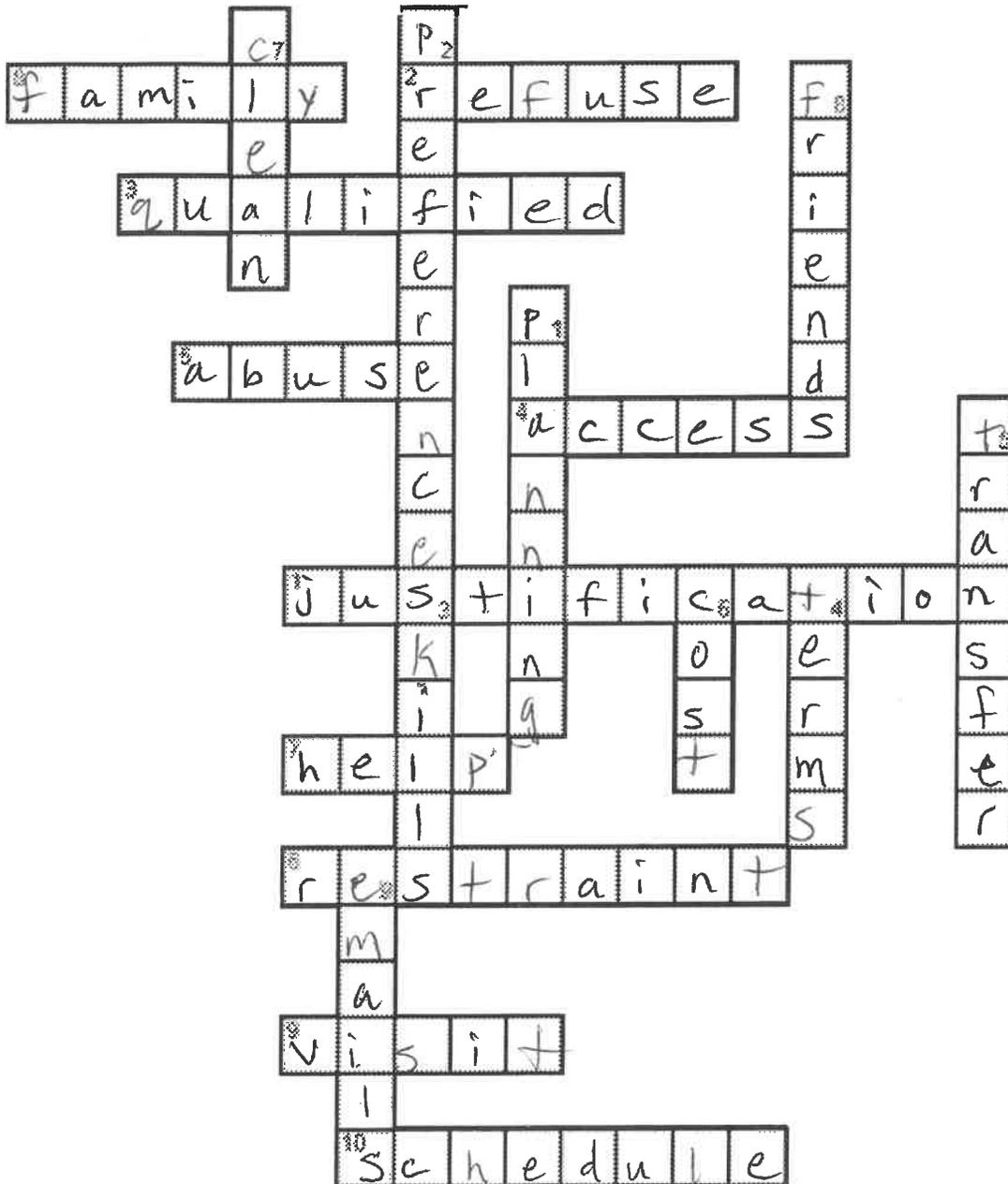
## COMPETENCY QUESTIONS FOR WHAT IS A MANDATED REPORTER AND WHAT DOES A MANDATED REPORTER DO?

1. We are all mandated reporters.
2. A mandated reporter may make an oral report in \_\_\_ different ways.
  - a) 2
  - b) 4
  - c) 3
3. The VARPP 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 False
5. An report must be made immediately or within 24 hours to the common entry point if maltreatment is suspected.

# Oakridge Homes / Woodview Support Services

Name: Maxine Martinez Date: 10/29/14 Location: Willow

## Service Recipient Rights - Proof of Competency #1



# Service Recipient Rights- Proof of Competency #1

## Across

1. must document reason or \_\_\_\_\_ for rights restriction
2. \_\_\_\_\_ or stop services
3. Staff trained and \_\_\_\_\_
4. Have \_\_\_\_\_ to my records
5. Free from \_\_\_\_\_
6. Free from use of \_\_\_\_\_ to hold me
7. Know addresses and phone numbers of people who can \_\_\_\_\_ me
8. Have a \_\_\_\_\_ member help me
9. \_\_\_\_\_ alone with people
10. for rights restriction, must have \_\_\_\_\_ for review

## Down

1. Take part in \_\_\_\_\_
2. Consider my \_\_\_\_\_
3. ORH/WSS needs the \_\_\_\_\_
4. Know the conditions and \_\_\_\_\_
5. Coordinate my care if I \_\_\_\_\_
6. Know services and \_\_\_\_\_
7. \_\_\_\_\_ and safe location
8. Choose my own \_\_\_\_\_
9. Receive and send mail and \_\_\_\_\_



# ORH/WSS Service Recipient Rights - Proof of Competency #.2

## Across

1. reason documented for a rights restriction
2. Told about ORH/WSS \_\_\_\_\_ policy
3. Have \_\_\_\_\_ privacy
4. Take part in \_\_\_\_\_ I choose
5. free, daily, private access to telephone for local
6. signed and dated \_\_\_\_\_ documented for a rights restriction
7. ORH/WSS Service Recipient Rights \_\_\_\_\_  
(document of a rights restriction)

## Down

1. all \_\_\_\_\_ kept private
2. exception to using a restraint
3. \_\_\_\_\_ treated with respect
4. follow my cultural, \_\_\_\_\_ practices and religion
5. free from \_\_\_\_\_ and harassment
6. permit/not permit to take part in \_\_\_\_\_
7. free access to \_\_\_\_\_ areas
8. \_\_\_\_\_ measures documented for a rights restriction
9. rights restriction can be implemented only \_\_\_\_\_ approval
10. person may \_\_\_\_\_ approval to a rights restriction

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

Printed Name Maxine Martinez

Signature maxine martinez

Work Location I work with a life skills client who lives  
in Hill City MN,

Date 1-2-21



## 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: Maife Marking

By signing I acknowledge that I understand the above information: Maife Marking

Date: 3/26/15



## Things that Staff May NOT Do:

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Name: Maxine Martinez

By signing I acknowledge that I understand the above information: Maxine Martinez

Date: 11-

## 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

Majane Martin  
Staff Name

12/26/21  
Date

## 2020 Therapeutic Intervention (TI) Agenda

Sept 22 – Long Prairie  
Sept 28 – Brainerd

Sept 15 – Aitkin  
Sept 24 – Grand Rapids

Sept 16 – Wadena/Staples

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

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

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

Staff Name

Mahine Matz

Date

1-2-21



## 2018 Therapeutic Intervention (TI) Agenda

Sept. 18 – Long Prairie  
Sept. 25 – Brainerd

Sept. 18 – Aitkin  
Sept. 27 – Grand Rapids

Sept. 29 – 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: The course focus is on the importance of the individual staff in the creation of effective, understanding treatment. The intent is to have a safe, therapeutic working environment. Understanding the dynamics of client behavior, including aggressive behavior, that will assist the staff in the interventions.

**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 to 10:30

Welcome – Due Care for Participants

Taking care of yourself-/self-awareness quiz  
How to stay positive  
Awareness Spectrum  
How to deal with a stressful situation  
De-escalation, Body language, verbal strategies  
Grappling Grandma  
Behavior is a form of communication  
Prevention

10:30-11:20

Interventions- Physical training

11:20-11:50

Prohibited Procedures -EUMR

\*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

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

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

11:50 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.

Name



Course Instructor/Date





## 2018 Therapeutic Interventions Competency Questions

Staff name: Maxine Martinez

Date: <sup>11/15/2018</sup> ~~11-2018~~

### 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 destruction 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) crying
  - b) yelling
  - c) arguing
2. How many arm lengths should you stay away from an escalated person? 2 arm lengths
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 safer 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) Simply listening
- b) empathizing with other person
- c) Giving helpful choices

7. List 3 barriers to communication:

- a) pre-judging
- b) not listening
- c) arguing

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) an assault
- b) threats
- c) severe injury
- d) death

2. Poor concentration, intense anger, increased alcohol, eye twitching and confusion can all be signs of critical incident stress. True or

False They are all symptoms except eye twitching

3. Anxiety, depression, digestive problems  
and heart disease can all be caused by prolonged stress.



*Please Read Carefully*

## **Due Care for Participants**

The goal of *Nonviolent Crisis Intervention*® is to provide the best care, welfare, safety, and security, at any given moment, to the individuals in your charge. The program has been designed to provide the same care, welfare, safety, and security to you as you learn both the verbal and physical skills and techniques taught during the training.

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

- I will respect each other as peers.
- I am responsible for the safety of others with regard to my actions.
- I am responsible to gauge for myself any past/current injuries and my comfort level. If I have any concerns, I will see the instructor on break.
- I will report all injuries immediately.
- I will not engage in horseplay.
- I will take time to warm up prior to physical activity and I will drink plenty of fluids throughout the day.
- I will be conscious of the space around me and always consider safety while practicing physical techniques.
- During practice of physical techniques...if my partner asks to stop the activity I will take the request seriously and immediately discontinue the exercise.
- Teaching of other techniques will not be tolerated.
- In all role-plays/techniques, I will act only on my Instructor's direction.
- I will cooperate, not compete.
- Before participating in physical techniques, I will remove any jewelry/accessories which might cause pain/injury to me or others.

Signed: Mafine Martinez

Date: 11 -

## 2016 Therapeutic Intervention Competency Questions

Name: Maxine Martinez Date: 12/26/17

### Prohibited Procedures:

1. If a person is on a token program, it is ok to take away tokens that have already been earned. True or False
2. 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.
3. Staff may never use devices, materials, or equipment to restrict freedom of movement as an intervention in a person's behavior. This is called mechanical restraint and is a prohibited procedure.

### De-escalation, Prevention, & Crisis Intervention Strategies:

1. Name two goals of verbal de-escalation. open communication, build trust
2. Your ability to engage a consumer in conversation and successfully resolve a conflict often depends not only on the words you choose but also on how you say the words.
3. Name two barriers to effective communication. pre-judging, criticizing.
4. The symptoms of a behavioral crisis include extreme agitation, threatening to harm self or others, yelling or screaming, lashing out, irrational thoughts, throwing objects and other volatile behavior.
5. Behaviors are typically a result of a need not being met. Name two of these needs. hunger/thirst, attention
6. Crisis Intervention is emotional first aid which is designed to assist the person in crisis to return to baseline functioning.
7. During de-escalation you should: speak in a calm, slow, clear voice, and be patient, and allow the consumer to vent.
8. What are 3 steps to use to stay in control during an incident? develop plan, use positive self talk, and recognize your limits

### When to call 911:

1. In response to an imminent risk of harm to the Consumer or staff.

### Debriefing:

1. Debriefing allows those involved with the incident to process the event and reflect on its impact.
2. Name three symptoms of critical incident stress. restlessness, irritability, anxiety
3. Name two incidents that may require a debriefing. death of consumer, physical assault

The following is directly from our EUMR policy. Please write in the correct name for each procedure using the following: time out, aversive procedure, mechanical restraint, chemical restraint, deprivation procedure, manual restraint, seclusion,

Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, is prohibited by this program:

1. Chemical restraint means the administration of a drug or medication to control the person's behavior or restrict the person's freedom of movement and is not a standard treatment or dosage for the person's medical or psychological condition.

2. Except for devices worn by the person that trigger electronic alarms to warn staff that a person is leaving a room or area, which do not, in and of themselves, restrict freedom of movement, or the use of adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition, Mechanical restraint means the use of devices, materials, or equipment attached or adjacent to the person's body, or the use of practices that are intended to restrict freedom of movement or normal access to one's body or body parts, or limits a person's voluntary movement or holds a person immobile as an intervention precipitated by a person's behavior. The term applies to the use of mechanical restraint (same as above) used to prevent injury with persons who engage in self-injurious behaviors, such as head-banging, gouging, or other actions resulting in tissue damage that have caused or could cause medical problems resulting from the self-injury.

3. Manual restraint means physical intervention intended to hold a person immobile or limit a person's voluntary movement by using body contact as the only source of physical restraint.

4. time out means removing a person involuntarily from an ongoing activity to a room, either locked or unlocked or otherwise separating a person from others in a way that prevents social contact and prevents the person from leaving the situation if the person chooses. For the purpose of this chapter, time out (same as above) does not mean voluntary removal or self-removal for the purpose of calming, prevention of escalation, or de-escalation of behavior for a period of up to 15 minutes. time out (same as above) does not include a person voluntarily moving from an ongoing activity to an unlocked room or otherwise separating from a situation or social contact with others if the person chooses. For the purposes of this definition, "voluntarily" means without being forced, compelled, or coerced.

5. Seclusion means the placement of a person alone in a room from which exit is prohibited by a staff person or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the person from leaving the room.

6. Aversive procedure means the application of an unfavorable stimulus contingent upon the occurrence of a behavior for the purposes of reducing or eliminating the behavior.

7. Deprivation procedure the removal of a positive reinforcer following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response. Oftentimes the positive reinforcer available is goods, services, or activities to which the person is normally entitled. The removal is often in the form of a delay or postponement of the positive reinforcer.

**Permitted Actions and procedures:**

1. Can you hold someone to calm them if they give you no resistance? *yes*
2. Can you protect a person known to be at risk or injury due to frequent falls? *yes*
3. Can you restrain and person at a Dr. or Dentist appointment? *yes*
4. Can you restrain to assist in safe evacuation or redirection in the event of an emergency and the person is at imminent risk of harm? *yes*
5. Can you use physical contact to facilitate the person's completion of a task or response when the person does not resist? *yes*
6. Can you briefly block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others? *yes*

Please Read Carefully

## Due Care for Participants

The goal of *Nonviolent Crisis Intervention*® is to provide the best care, welfare, safety, and security, at any given moment, to the individuals in your charge. The program has been designed to provide the same care, welfare, safety, and security to you as you learn both the verbal and physical skills and techniques taught during the training.

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- I am responsible for the safety of others with regard to my actions.
- I am responsible to gauge for myself any past/current injuries and my comfort level. If I have any concerns, I will see the instructor on break.
- I will report all injuries immediately.
- I will not engage in horseplay
- I will take time to warm up prior to physical activity and I will drink plenty of fluids throughout the day.
- I will be conscious of the space around me and always consider safety while practicing physical techniques.
- During practice of physical techniques ....if my partner asks to stop the activity I will take the request seriously and immediately discontinue the exercise.
- Teaching of other techniques will not be tolerated.
- In all role-playing/techniques I will act only on my instructor's direction.
- I will cooperate, not compete.
- Before participating in physical techniques, I will remove any jewelry/accessories which might cause pain/injury to me or others.

Signed: Martha Martinez

Date: 9-10-15



# PROOF OF COMPETENCY



## SERVICE RECIPIENT RIGHTS COMPETENCY

(January Worksheet)

Name: Maxine Martinez Date: \_\_\_\_\_ Signature: Maxine Martinez

\*\*\*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 possessions
3. Right to have free, daily, private access to and use of a phone for local calls, and long distance calls made collect or paid for by me.
4. Right to take part in planning and evaluating the services that will be provided to me.
5. Right to refuse or stop services and be informed about what will happen if I refuse or stop services.
6. Right to know the conditions and terms governing the provision of services, including ORH/WSS's admission criteria and policies and procedures related to temporary service suspension and service termination.
7. Right to be free from abuse, neglect, and financial exploitation by ORH/WSS or its staff.
8. Right to have staff that is trained and qualified to meet my needs and support.
9. Right to have access to my records and recorded information that ORH/WSS has about me as allowed by state and federal law, regulation or rule.
10. Right to receive services in a clean and safe location.
11. Right to be allowed to reasonably follow my cultural and ethnic practices and religion.
12. Right to know the names and addresses and phone numbers of people who can help me, including the ombudsman, and to get given information on how to file a Complaint with these offices.
13. Right to visit alone with my spouse, family, legal counsel, religious guide, or others allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09, including my bedroom.

14. Right to have services and support(s) provided to me in a way that respects me and considers my preferences.
15. Right to know what services ORH/WSS provides and how much they cost, regardless of who will be paying of the services, and to be notified if those charges change.
16. Right to be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or putting me in a time out or seclusion; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
17. Right to know before I start to receive services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
18. Right to take part in activities I choose.
19. Right to receive and 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 confidential and be notified if these records have been shared.
21. Right to know before I start to receive services from ORH/WSS, if ORH/WSS has the skills and ability to meet my need for services and support(s).
22. Right to choose my own friends and spend time with them.
23. Right to use and have free access to the common - areas (this includes the kitchen).
24. Right to be treated with dignity and respect and have my property be treated with respect.
25. Right to be free from prejudice and harrasment 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.

Oakridge Homes Woodview Residential Services

Core Competency Quiz

Name Maxine Martinez

Date 3/29/14

House name/number 1872 B - willow

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

- a. to promote cleanliness by removing dirt, perspiration, and body odors.
- b. to promote circulation with warm water and light stroking of the skin.
- c. to provide mild exercise for the consumer with body movement.
- d. all of the above are goals of skin care during bathing.

2. What areas of the body are most likely to develop pressure ulcers?

- a. stomach, cheeks, and breasts
- b. waist, thighs, and forehead
- c. ears, hips, and tailbone areas
- d. arms, toes, and abdomen

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

- a. True
- b. False

4. Pericare should be completed for consumers requiring assistance

- a. once daily
- b. only after a bowel movement
- c. with bathing, after elimination, and whenever needed.

5. Oral hygiene includes care of the:

- a. teeth
- b. gums
- c. mouth
- d. all of the above

6. An important part of providing personal care for the consumer is to always:

- a. do things in the same order at the same time.
- b. have someone help you so you have someone to talk to.
- c. observe the consumer for any changes and report them to the PC.
- d. do everything yourself so you can finish all the consumers as quickly as possible.

7. Activities of daily living (ADLs) may be described as:

- a. the activities a person does as part of his/her job
- b. activities necessary for people to daily complete basic needs such as hygiene.
- c. what a person does as part of their day such as work and family activities.

8. Range of motion exercises should be completed:

- a. every shift
- b. when the consumer requests
- c. only by a Physical Therapist
- d. according to orders

9. The process by which the body removes waste products form the body is called:

- a. evacuation
- b. elimination
- c. elevation
- c. evaluation

10. Standard pericare includes:

- a. washing from front to back or from opening away from opening.
- b. using the same area of the wash cloth so only one part is dirty.
- c. completing the procedure only at morning and bedtime cares.

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

a. True

b. False

12. A healthy eating plan includes:

a. emphasis on fruits, vegetable, whole grains, and fat-free or low-fat milk and milk products

b. lean meats, poultry, fish beans, eggs, and nuts.

c. staying within your daily calorie needs

d. all of the above

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

a. True

b. False

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

a. True

b. False

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

a. True

b. False

16. What should happen after nails are cut?

- a. nothing       b. filed      c. polished      d. soaked

17. It is not important for the client to have regular haircut and trim. True  False

18. What is the first thing you should do when helping a client with a bath?

- a. check water temperature    b. clean tub    c. start with the arms     d. shut the door

19. It is OK for the clients tooth brushes to be stored together.    True  False

20. Mouth wash should be used instead of toothpaste. True  False

21. Dentures do not have to be brushed, just soaked. True  False

# 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	Maxine Martinez	Year	2021
Location	ASLS	Position	LST
Date of Employment	6/11/97		

### Monthly Staff Meetings

*Attach staff meeting agenda*

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan	4/24	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	MS
Feb	5/2	Staff & House Meeting P-C/Positive Support-It's About Relationships (.5) MH-Suicide Intervention (1)	make up Packet	3	MS
March	5/23	Staff & House Meeting CPR/First Aid MH-Schizoaffective Disorder (.5)	make up packet	3	MS
April	6/6	Staff & House Meeting Preventing Sexual Violence, MH-Psychotropic Meds & Side Effects (1)	Make up packet	3	MS
May	9/27	MANDATORIES: ORH-WSS Program Policies and Procedures, ORH-WSS Medical Policies and Procedures, ORH-WSS Personnel Policies and Procedures AWAIR Plan, Service Recipient Rights, First Aid/CPR	make up packet	3	MS
June	10/3	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)	MUP	3	MS
July	12/20	Staff & House Meeting Adaptive Equipment Competency, MH-Panic Disorder (.5)	MUP	3	MS
Aug	9/1/21	Staff & House Meeting PAPP Competency, Medicare Fraud, MH-Co-occurring SA & HC (1) CPR/First Aid Refresher	MUP	3	MS
Sept	12/20	Therapeutic Intervention P-C/Positive Support	MUP	3	MS
Oct	12/20	Staff & House Meeting P-C/Positive Support-Cultural Competency, Harassment, MH-Narcissistic Personality Disorder, Treatment Options/EBP (.75)	MUP	3	MS
Nov	12/31	Staff & House Meeting MH-PTSD (.75)	MUP	3	MS





## Staff Meeting Agenda

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

**Date:** Make Up Packet

**Time:** Make Up Packet

**Presenter:** Make Up Packet

**Ice Breaker:** None

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

**Welcome to new and returned staff:**

**Next Meeting:** 01/24/2022

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

**Sign attendance page:** None

### **Safety Agenda:**

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

### **VA Review:**

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

### **Nursing Notes:**

**MH Training:** PTSD (video)

**DD Diagnosis:** Prader Willi Syndrome (video)

**TI:** Person Served Debriefing

### **New Business:**

- Active Treatment
- Staff Guide to Money in the Home (receipts, theft, fiscal policy, heightened awareness during holidays)
- Falls Prevention, Getting Up from Falls
- Workplace Wellness
- Sofa workouts, sneaking activity into your day
- Volunteering; Connecting with the Community
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter

**Hour 3- House Meeting:**

## November 2021 Staff Meeting Makeup Questions

Name: Maxine Martinez Date: 12-31-21

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

Write your reaction to the video: It helped me understand that PTSD can be very debilitating, and it can make life uncertain for those who experience it. At any time, something may occur that will trigger a flashback. The person can feel like they are reliving the same experience.

### Read PTSD: National Center for PTSD

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

P Post  
T traumatic  
S stress  
D Disorder

2. What are the four types of PTSD symptoms:

a. Feeling on guard  
b. Avoidance  
c. Feeling worse about the world and yourself  
d. Reminders of event

### Watch Prader-Willi Syndrome video.

Write your reaction to the video: That it has a genetic cause that manifests itself with symptoms such as poor feeding, and low muscle tone in infancy. In childhood it causes intellectual disability, overeating, and low sex hormones.

### 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:

C Control  
O orient  
P patterns  
I investigation  
N Negotiate  
G Give

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

a. Non-judgmental

- b. undivided attention
- c. listen carefully focusing on feelings and facts
- d. Allow silence for reflection - processing time

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

- P Patterns
- I investigate
- N negotiate
- G Give

**Read Active Treatment**

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

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

7. Which money book is the staff responsible for on a daily basis- count book or budget book? Count 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? Your supervisor or QDDP
10. The afternoon/evening staff and the overnight staff must count and initial which two items? count book and Safe book

**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. Explore nature
- b. Get your sleep
- c. wash your hands
- d. Consume immunity boosting foods
- e. Reduce your sit time

**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: Maxine M. Date: 12/26/21

### Watch TI Video.

1. List two helpful messages you took away from the video.
  - a. Building trust with your clients is very important. Don't promise something you can't carry out. Follow through is very important.
  - b. Know Your Clients. Fear can be a good thing, or a bad thing, depending on how you handle things.

### Read EUMR Policy.

2. Does property damage, verbal aggression, or a person's refusal to receive or participate in treatment or programming on their own constitute a reason for emergency use of manual restraint? Yes or (No)
3. List 6 prohibited procedures that we as staff are not allowed to do.
  - a. Chemical restraint
  - b. Mechanical restraint
  - c. Manual restraint
  - d. Time out
  - e. Seclusion
  - f. Any aversive or deprivation procedure
4. Who within Oakridge Woodview do you have to call immediately if an emergency controlled procedure needs to be implemented?
  - a. The on call QDPP
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. The legal rep
  - b. Case manager

### Read Module 1: The CPI Crisis Development Model.

6. Name the 4 crisis development/behavior levels:
  - a. Anxiety - change in behavior - pacing, withdrawal
  - b. Defensive - beginning to lose rationality - refusal, shouting
  - c. Tension reduction - decrease in physical and emotional energy
  - d. Risk behavior - behaviors that may present risk to self or others
7. Name the 4 staff attitudes/approaches:
  - a. Supportive - empathic, non-judgmental approach - listen, allow time
  - b. Directive - decelerating an escalating behavior
  - c. Physical Intervention - disengagement and/or holding skills to manage behavior
  - d. Therapeutic Rapport - establish communication - listen carefully.

**Read Debriefing PowerPoint.**

8. Give 3 examples of the purpose of debriefing:

- a. places events into logical order
- b. clears up misconceptions
- c. acknowledges accomplishments

9. List 4 symptoms of critical incident stress:

- a. Restlessness
- b. Irritability
- c. Excessive Fatigue
- d. Sleep disturbances

10. List 2 incidents that may require a debriefing:

- a. Death of a consumer
- b. physical assault

*When you focus on Care, Welfare, Safety and Security as central values, you will have a solid base for making decisions*

Unit 1            CRISIS DEVELOPMENT MODEL

*There are Four Levels of Behavior with 4 accompanying staff approaches*

11. Please match the word to the definition by drawing a line between them:

- |                   |   |
|-------------------|---|
| Anxiety           | "the person begins to lose rationality"                     |
| Risk Behavior     | "change in behavior"  |
| Defensive         | "behaviors that may present a risk to themselves or others" |
| Tension Reduction | "physical intervention"                                     |

12. Match the level to the approach by drawing a line between them:

- |                   |  |
|-------------------|--|
| Anxiety           | "Physical Intervention"                          |
| Defensive         | "Therapeutic Rapport-Re-establish communication" |
| Risk Behavior     | "Directive-Offer choices, limit setting"         |
| Tension Reduction | "Supportive-empathic, non-judgmental"            |

Unit 2            NON-VERBAL COMMUNICATION

13. People are always communicating.... verbal or non-verbal.... behavior is a form of

communicating

14. Personal Space (Proxemics)- Your personal space can change, person to person, situation to situation and environment to environment T or F

15. Body Language (Kinesics)- A body position that appears challenging or confrontational can increase anxiety when approaching an individual T or F

16. Touch (Haptics)- touch is a non-verbal form of communication T or F

Unit 3 PARAVERBAL AND VERBAL COMMUNICATION

Paraverbal - the vocal part of speech, excluding the actual words that one uses

17. Please match the word to the definition by drawing a line between them:

Tone "loudness or intensity"  
Cadence "Quality and pitch (sarcasm, impatience)"  
Volume "Rhythm and rate of speech"

Unit 4 VERBAL INTERVENTION

Keys to Limit setting – by setting limits you are offering the person choices as well as stating the result of the choices (more desirable vs. Less desirable) You cannot force a person to act appropriately

Simple and Clear – Keep your statement short and simple-speak in a calm voice

Reasonable - Don't expect too much from the person

Enforceable – Ensure you can make the limit you set happen

18. Empathic Listening can help you identify why a person is engaging in challenging behavior  
 T or F

Unit 5 PRECIPITATING FACTORS, RATIONAL DETACHMENT, INTEGRATED EXPERIENCE

You as staff have little or no control over what could cause an individual's behavior to escalate. Staff want to avoid being a precipitating factor!!

19. Please match the word to the definition by drawing a line between them:

Precipitating Factors "behaviors influence behaviors"  
Rational Detachment "possible reasons why behaviors occur"  
Integrated Experience "the ability to manage your own behavior"

Unit 6 STAFF FEAR AND ANXIETY

20. Fear results from a lack of knowledge and understanding  T or F

21. Fear and Anxiety are not examples of human emotions T or  F

22. Fear and anxiety may also be referred to as the fight or flight response  T or F

Unit 7 DECISION MAKING

Everyday life involves some degree of risk

23. Please match the variable to the definition by drawing a line between them:

Likelihood "The level of harm that may occur"  
Severity "The chance that a behavior could happen"



## Grand Rapids Staff Meeting Agenda

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

**Date:** 09/23/2021

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

**Presenter:** Briana

**Ice Breaker:** If you could have any animal for a pet, what would you choose?

**Milestone Anniversaries:**

**Welcome to new and returned staff:**

**Next Meeting:** 10/28/2021

**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:**

## September 2021 Staff Meeting Makeup Questions

Name: Maxine Martinez

Date: 12-26-21

### Read Narcissistic Personality Disorder (NPD).

1. A person diagnosed with NPD has their life affected in every area – list 3 ways:
  - a. problematic and unstable relationships
  - b. struggle to find satisfying and enduring careers
  - c. inner turmoil because of their delusions of greatness and unrealistic approach to life
2. Approximately one in every 16 adults demonstrate enough narcissistic traits to be diagnosed with narcissistic personality disorder.
3. Between 60 and 65 percent of these individuals are men.
4. Among the environmental causes of NPD, the impact of what stands out? parenting
5. What are the 4 things that a person with NPD must demonstrate to receive a NPD diagnosis?
  - a. impairments in personality function relating to either identity or self direction
  - b. impairments in interpersonal function revealed through problems with intimacy,
  - c. possession of pathological personality traits
  - d. consistency of symptoms over time with no reason to suspect other causes
6. Personality disorders, including NPD, do respond to medication TRUE or **FALSE**
7. Narcissistic personality disorder is a stable condition that will not change or evolve over time without treatment **TRUE** or FALSE

### Read Language Disorders in Adults and What to know about Speech Impairment.

8. A communication disorder is an impairment in the processes of speech language or communication
9. How many individuals in the US are affected by a language disorder? between 6 and 8 million
10. Signs of a language disorder in adults may be what? reduced vocabulary, limited sentence structure, impairments in discourse
11. List the common symptoms of language disorder:
  - a. word finding problems
  - b. minimal verbal vocabulary
  - c. poor understanding of synonyms, multiple meanings, or word play.
  - d. problems remembering new words and sentences
  - e. difficulty remembering verbal information
12. A language disorder is not treatable. TRUE or **FALSE**

13. List the 3 general categories of speech impairment:

- a. Aphasia
- b. Dysarthria
- c. voice disturbances

14. A common fluency disorder that affect 3 million Americans is Stuttering

15. Name the types of speech impairments:

- a. orofacial myofunctional disorder
- b. speech sound disorders
- c. Stuttering
- d. Stuttering
- e. voice
- f. \_\_\_\_\_

16. It's important to be patient and understanding when communicating with someone who has a speech impairment.

#### Read TI Review – Staff Debriefing

17. What is Debriefing? It allows those involved with the incident to process the incident, and reflect on its impact.

18. Name 4 incidents that require a debriefing?

- a. Death of a consumer
- b. physical assault
- c. being involved in a bad car accident
- d. witnessing someone be badly injured by an accident, assault or SFI

19. A debriefing is usually carried out within 24 hours TRUE or **FALSE**

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

20. What policy states that an ORH/WSS working environment shall be free of discrimination and harassment and one where employees are treated with dignity, decency and respect? Harassment Policy

21. What ORH/WSS policy states that the expectation of every employee is that they exercise care and good judgment in the use of social networking sites and/or social media? Social Media Policy

22. What policy defines this as repeated mistreatment or inappropriate behavior towards one or more employees in the workplace and/or during the course of employment? Workplace Bullying Policy

**Read Emergency Procedures for cold, blizzard, wind chill, etc. and Proper Dress for the Weather**

23. Refer to each client's CSSP-A to see if they can go to work when it is -20 or below?

Client Initials                      YES or NO

_____	N/A	_____
_____	to my	_____
_____	client	_____
_____		_____

24. What is the best tip for dressing in cold weather? Dress in layers.

**Read Implementing Evidence Based Positive Support Practices in Applied Settings**

25. Positive - Support Strategies place the person at the center of important decisions that impact his or her life.

26. Name 4 examples of cultural differences:

- a. Age
- b. religion
- c. Abilities
- d. beliefs

27. Name one example of positive behavior support strategies under each:

Primary Prevention: person centered thinking

Secondary Prevention: Independence and community involvement encouraged.

Tertiary Prevention: Individualized integrated plans

28. What involves reaching out to staff, listening to people express their feelings and beliefs and working together with a group to identify solutions that will eliminate resistance to implementing a positive support? \_\_\_\_\_

**Watch Cultural Diversity – the Sum of our Parts Video.**

Write your reaction to the video: \_\_\_\_\_

There are many things you wouldn't know about a person by the way they look on the outside.

**Watch How to go beyond Diversity and Inclusion to Community and Belonging video.**

Write your reaction to the video: we should look beyond

what people look like on the outside, we should move beyond strengths, and weaknesses.



## Aitkin Staff Meeting Agenda

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

**Date:** August 17, 2021

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

**Presenter:** Briana

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

**Welcome to new and returned staff!**

**Next Meeting:** 09/21/2021

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

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

### **Safety Agenda:**

1. Please complete your house monthly safety form
2. Worker's comp claims:
  - \* Staff was hit in jaw during client behavior – no treatment needed

### **VA Review:**

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

### **Nursing Notes:**

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

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

**TI:** Decision Making

### **New Business:**

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

**Hour 3- House Meeting:**

August 2021 Staff Meeting Makeup Packet

Name: Maxine Martinez Date: Set 1, 2021

**MH Training: Co-Occurring Substance Abuse and Health Conditions – Dual Diagnosis (handout)**

1. Dual Diagnosis is when a person is diagnosed with a substance use disorder (SUD) and also suffer from a co-occurring mental health or behavioral disorder.

2. How many percent of people with an addiction have a co-occurring mental health disorder? 45%

3. Name 6 of the 9 common MH disorders linked to substance abuse

- ADHD Disorder
- Depression
- Bipolar Disorder
- Eating Disorders
- Borderline Personality Disorder
- Generalized Anxiety Disorder

4. How many times more likely is a person diagnosed with a mental health condition as the general population to suffer from a substance use disorder? twice

5. Name some symptoms of a person with a dual diagnosis

- sudden change in general behavior
- difficulty managing tasks and responsibilities
- Avoiding events or activities once enjoyed
- Disillusioned thinking or cognitive impairments
- neglecting health and hygiene
- Refusal to seek or comply with treatments

6. What is one of the most common issues surrounding dual diagnosis? Self-Medication

7. The best form of treatment for someone with a dual diagnosis is in a safe and structured inpatient rehab center.

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

- 1. 65 million people have Epilepsy True or False
- 2. Epilepsy only affects children True or False
- 3. 1 in 26 people in the US will develop epilepsy at some point True or False
- 4. 1 out 10: # of people with epilepsy where the cause is unknown True or False

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

**Watch the videos – “What is a seizure?” and “Michael’s basketball team learns Seizure 1st Aid”.** Write your reaction or one thing for learned from the videos. It

was interesting and informative. I didn't know that after an EEG to test for seizures, that the person is asked to blow on a pin wheel

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

1. Key Themes to Decision Making:

- a. Duty of Care
- b. Best interests of the individual need to be considered
- c. Reasonable and proportionate
- d. Last resort and least restrictive
- e. The risk of doing something and the risk of doing nothing
- f. Human rights

2. Every day life involves some degree of risk.

3. 2 variables to consider:

- a. Likelihood – the chance that a behavior could happen
- b. Severity – the level of harm that may occur

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

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

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

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

1. A safe, straight and protected spine
2. Build a bridge; reduce the load.
3. perform back exercises

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

1. Regular handwashing is one of the most important ways to avoid getting sick. True or False
2. You should wash your hands with soap and water for at least 20 seconds.
3. What are the 5 steps to wash your hands?

- a. wet your hands with clean running water
- b. lather your hands
- c. scrub your hands for at least 20 seconds
- d. Rinse your hands well
- e. Dry your hands

4. If soap and water are not available, using a hand sanitizer with at least 60 % alcohol can help you avoid getting sick and spreading germs.

5. What is the most important thing you can do to prevent food poisoning? hand washing

6. What are some "key times" when germs can spread?

before, during, after preparing food, before eating  
After handling uncooked meat <sup>or</sup> seafood after touching garbage  
before and after using gloves After wiping counters or other surfaces

7. Sanitizers get rid of all types of germs

True or False

8. Rub hand sanitizer over all surfaces of your hands and fingers

True or False

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

1. Warm or cold water? warm or cold is fine
2. Bar Soap or liquid soap? liquid or bar soap is fine
3. Towel or air dry? towel dry or air dry is ok,

4. Clean under your fingernails? yes

5. What if you don't have soap or water? use a hand sanitizer too  
*alcohol based*

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

1. Write one reason why we should use gloves? Reduce the risk of  
contaminating yourself or the person you're caring for

2. You should wear gloves when coming into contact with what? blood or body fluids

3. Before putting on gloves you should wash hands

4. You should remove the first glove by turning it inside out  True or False

5. Insert all of your fingers into the 2<sup>nd</sup> glove to remove it  True or False

6. You can use the same pair of gloves more than once  True or  False

7. There is no need to wash your hands after you remove gloves  True or  False

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



## Aitkin Staff Meeting Agenda

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

**Date:** July 20, 2021

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

**Presenter:** Briana Anderson

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

**Next Meeting:** 8/17/2021

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

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

### **Safety Agenda:**

1. Please complete your house monthly safety form
2. Worker's comp claims:  
\*Staff accidently ran over left foot with client's electric wheelchair. Went to ER. No restrictions, continue ice and selfcare. No further appointments unless concerns.

### **VA Review:**

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

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

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

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

**TI:** Staff Fear and Anxiety

### **New Business:**

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

**Hour 3- House Meeting:**

## July 2021 Staff Meeting Packet

Name: Maxine Martinez Date: 12/26/21

### MH Training (videos *Signs of a Panic Attack & Health Tips: Panic Attacks*)

- List 5 signs of a panic attack:
  - tunnel vision
  - tight chest
  - pounding heart
  - light headedness
  - feeling tingly
- What is panic disorder? A psychiatric <sup>anxiety</sup> disorder in which a person has extreme anxiety, fear that may cause physical symptoms.
- What is agoraphobia? intense fear of leaving your home or being out in public
- What are some medications used to treat panic attacks/disorder? Fluoxetine, Sertraline, Peroxetine

### Memory Impairment / Dementia (videos *Caregiver Training Agitation and Anxiety, Repetitive Questions, Sundowning & handout*)

- List 5 symptoms of dementia:
  - agitation
  - irritability
  - resistance to help
  - 
  -
- List 5 tips on how to respond to agitation and anxiety:
  - allow ample time to complete tasks
  - don't rush the person
  - gentle tone of voice
  - calming gestures
  - gentle touch
- Repetitive questions are a common behavior for people with dementia.
- Repetitive questions are often triggered by anxiety caused by memory loss.
- As the disease progresses people with dementia lose the ability to remember what they have just said or done.
- The date and a schedule on a dry erase board may be helpful to someone with dementia. True or False
- People with dementia are sometimes unable to verbally express their needs.
- You should avoid mentioning an upcoming event or appointment until it is time to get ready for it. True or False
- It is extremely important to be patient when working with someone with dementia. True or False
- People with dementia's behavior tends to get better when the sun goes down. True or False
- Sundowning is characterized by confusion, anxiety, aggression, agitation, or ignoring directions directions. It can also lead to pacing or wandering.

12. As dementia progresses, it damages areas in the brain that regulate the internal clock. This can disrupt the sleep and wake cycle.
13. List 5 tips on responding to sundowning:
- change environment to provide more light
  - close drapes, blinds
  - create calm environment
  - be patient
  - try to provide activities to keep them busy
14. Communication and how a person communicates with people who have dementia is vital to patient care outcomes. Sometimes we do not realize what we say or how we say things that can trigger distress behaviors, which makes it even more difficult to give quality care to a person living with dementia.
15. Asking one question at a time and giving them more to answer may also help to avoid the person with dementia from becoming frustrated.

### TI Review Staff Fear and Anxiety

1. Fill in the table below:

Productive Response	Unproductive Response
increased speed and strength (adrenaline) Fright	freeze - inability to react
increased alertness physically	Respond inappropriately - verbally or overreact - perceiving a situation is worse than it is
understand what makes you afraid, and what is driving your decisions Learn to keep yourself safe	

2. List 2 ways to maximize productive responses:
- Learn how to keep the individual in crisis safe
  - Use a team approach

### Communication

1. If you could not communicate, what would life be like? Life would be lonely if you couldn't communicate with others.
- 
2. Communication can be defined as the process of understanding and Sharing meaning.
3. We all share a fundamental drive to communicate. True or False
4. Your communication skills help you to understand others. True or False

Please complete the adaptive equipment competency.

Please read the visitor policy.

## The Importance of Documentation and Charting Guidelines

1. List 3 reasons for the importance of documentation:

- to give an accurate account of events
- to prove what did or didn't happen
- enhances the quality of services provided

2. Documentation is a great tool in protecting against lawsuits and complaints.

3. Read *Eye on Ethics* and discuss what you learned from the story: It is easier to prove actual events that occurred if you have the documentation to support what you say.

4. List 5 things that should be recorded as progress notes:

- diminishing interest in social activities
- Reactions from medications
- sudden change in health
- confrontations with peers
- Results of therapeutic interventions

5. Ask yourself the following questions as a prompt to include all the required information:

- Who was involved?
- What happened?
- Where did it happen?
- When did it happen?
- What did they say, what did you hear?
- What did they do, what did you see?
- What did you do, what did you say?

6. List 5 types of active support:

- verbal cues
- visual cues
- step-by-step-instructions
- sign and gesture
- physical assistance

7. Read Oakridge Charting / Documentation Guidelines and be sure you are following them at all times.

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

## Responding to and reporting behaviors of concern

1. The misinterpretation of attention seeking behavior could also be interpreted as:

- The person follows staff or family members around the house
- Touches others inappropriately
- Teases or interrupts others

2. The misinterpretation of self-stimulating behavior could also be interpreted as:

- The person rocks, twists, or plays with their fingers or toes
- slaps their face or legs persistently
- twirls around, pokes their eyes

3. The misinterpretation of self-injuring behavior could also be interpreted as:
  - a. the person picks their skin
  - b. Cuts themselves with sharp objects
  - c. pulls their hair out, eats, or drinks to excess
4. The misinterpretation of non-compliant behavior could also be interpreted as:
  - a. The person doesn't do what they're asked to do
  - b. They don't do things when they're asked
  - c. The person doesn't finish things they start
5. The misinterpretation of disruptive behavior could also be interpreted as:
  - a. The person talks or makes noises at inappropriate times
  - b. teases others
  - c. interrupts others
6. The misinterpretation of aggressive behavior could also be interpreted as:
  - a. The person throws objects
  - b. The person hits out at others
  - c. \_\_\_\_\_

### Visual Cues for Portion Control

Food Group	What a serving size looks like
Fruits	about the size of a tennis ball a small apple equals one serving also <sup>one</sup> orange is a serving
Vegetables	one vegetable serving is about the size of a baseball. Half a cup of cooked carrots equals one serving, or about 25 calories.
Carbohydrates	one carb serving is about the size of a hockey puck half a cup of cooked pasta is one serving
Proteins	one protein serving is no bigger than a deck of cards. a piece of cooked skinless chicken is one serving or about 110 calories.
Fats	one serving is about the size of a pair of dice 2 teaspoons of reg. mayo equals one fat serving.

Read Using MyPlate as a Guide to Support Healthy Dietary Patterns and Customizing the Dietary Guidelines Framework.



## Brainerd Staff Meeting Agenda

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

**Date:** June 28, 2021

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

**Presenter:** Tom

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

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

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

**Next Meeting:** 07/26/2021

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

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

### **Safety Agenda:**

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

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

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

**VA Review:** None

**Nursing Notes:** N/A

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

**DD Diagnosis:** Fetal Alcohol Spectrum Disorders

**TI:** Precipitating Factors, Rational Detachment, Integrated Experience

### **New Business:**

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

**Hour 3- House Meeting:**

## June 2020 Staff Meeting Packet

Name: Maxine Martinez

Date: 10/3/21

### MH Training:

A. Read the 5 Common Factors that Foster Recovery from Mental Illness. List the five factors.

1. Clinical Recovery
2. Existential Recovery
3. Functional Recovery
4. Physical Recovery
5. Social Recovery

B. Read What is an attachment disorder. A condition in which young children don't establish healthy attachments with parents or caregivers

1. List the two types of attachment disorders
  - a. Reactive Attachment Disorder
  - b. Disinhibited Social Engagement Disorder

C. List 5 of the symptoms of attachment disorder.

Not engaging in social interactions, no interest in toys or playing games  
Lack of smile, bullying or hurting others  
fear, sadness, or withdrawal

Therapy for attachment disorder involves identifying problem areas and reducing problematic behaviors

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

- 1) List the 3 expected physical characteristics of a baby born with FASD. Difficulty with learning or memory, difficulty with attention
- 2) List 3 possible behavioral/intellectual disabilities. Difficulty with learning or memory, difficulty with attention, speech and language delays
- 3) What causes FASD?  
A woman drinking alcohol during pregnancy.
- 4) True or False: There is no cure for FASD.

Watch the video Living with FASD and write your reaction:

It helped me understand what it would be like in every day life when living with FASD.

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

Rational Detachment

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

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

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

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

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

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

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

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



Printed Name: Maxine Martinez

Signature: Maxine Martinez

House: Aitkin Sils (Jane Spoo's home)

### Grand Rapids Staff Meeting Agenda

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

**Date:** 04/22/2021

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

**Presenter:** Emma

**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:** 05/27/2021

**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:
  - \*Slipped and fell on an outing. Incident only. No treatment at this time.
  - \*Injured back helping client out of bus after the wheelchair lift stopped working. No restrictions at this time, scheduling a follow-up appointment with doctor as still very sore.

#### VA Review:

\*Staff did not check on two clients during the overnight resulting in both having urine-soaked beds

#### Nursing Notes:

**MH Training:** Psychotropic Medication and Side Effects (videos)

**DD Diagnosis:** Congenital Brain Injury (video)

**TI:** Verbal Intervention & Limit Setting

#### New Business:

- Preventing Sexual Violence – power point, worksheet & video
- De-escalation, Confrontation Avoidance Techniques
- Disability and Healthy Living
- Severe Weather
- Dealing with Conflict in the Workplace
- Time Simplicity – dropping and picking up shifts
- Call-in Guidelines
- Reminder- please let Amanda know of any successes by consumer/staff to celebrate and acknowledge in the Newsletter Amanda@orhvw.com

#### Hour 3- House Meeting:

For office to fill out:

Attended Meeting [  ]

Completed Make Up Packet: [  ]

## April 2021 Staff Meeting Makeup Packet

Name: Maxine Martinez

Date: 6/6/21

### MH Training: Psychotropic Medication and Side Effects

Watch *What Antipsychotic Medications is like*

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

Watch *My Experience changing psychiatric medications*

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

Watch *How Psychotropic Medications work*

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

## DD Diagnosis: Brain Injury

Watch *What is a Brain Injury*

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

## TI: Verbal Intervention & Limit Setting

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

29. What are 3 examples of limit setting?

- a. Interrupt
- b. When and then
- c. If and then

30. List 3 examples of empathic listening:

- a. Non-judgmental
- b. Undivided attention
- c. Listen carefully focusing on feelings and facts

### De-escalation, Confrontation Avoidance Techniques

Read De-escalation Techniques

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

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

- a. Raised voice
- b. High pitched voice
- c. Rapid speech
- d. pacing
- e. Excessive sweating

33. Effective de-escalation techniques feel \_\_\_\_\_.

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

- a. Non-verbal Deescalation
- b. Verbal De-escalation

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

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

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

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

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

39. Exercise can be used to

Reduce anxiety  
Reduce feelings of stress

Encourage clearer thinking  
increase self esteem

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

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

### **Severe Weather**

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

### **Dealing with Conflict in the Workplace**

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



Maxine Martinez  
ASILS

## Aitkin Staff Meeting Agenda

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

**Date:** 3/16/21

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

**Presenter:** Briana Anderson

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

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

**Welcome to new and returned staff:**

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

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

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

### **Safety Agenda:**

1. Please complete your house monthly safety form
2. Worker's comp claims:  
2/18/2021 Staff was helping load a small sofa into a truck. Reported pain and soreness in lower back. Incident only, no treatment needed.  
2/27/2021 Staff was taking clients to the movies and slipped and fell on knee. Incident only, no treatment needed.

### **VA Review:**

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

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

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

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

**TI:** Para verbal Communication

### **New Business:**

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

**Hour 3- House Meeting:**

## March 2021 Staff Meeting Makeup

Name: Maxine Martinez

Date: 5/23/21

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

1. What is schizoaffective Disorder

A psychotic disorder with features of a mood disorder.  
with symptoms of depressive disorder, borderline personality  
disorder

2. List the three phases of psychosis:

a. hallucinations Prodrome - depression - early signs of psychosis  
b. Acute - delusions - hearing voices, confused thinking  
c. Recovery - with proper intervention and treatment isolated feelings

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

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

a. difficulties social interaction  
b. difficulties with communication  
c. difficulties with behavior

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

1. The concept that “\_\_\_\_\_ we say \_\_\_\_\_ we say” or the sound of your words is equally, if not more, \_\_\_\_\_ than the words you use.

2. The three parts of Para verbal communication are:

Your pitch

Your speed or cadence

Your tone

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

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

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

Filling out the report:

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

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

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

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

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

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

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

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

1. The serving size now appears in larger, bold font, and some serving sizes have been updated.
2. Calories are now displayed in larger, bolder font.
3. Daily values have been updated.
4. Added sugars, Vitamin D, and Potassium are listed. Manufacturers must now declare the amount in addition. Daily Value for vitamins and minerals.

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

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



## Brainerd Staff Meeting Agenda

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

**Date:** 02/22/2021

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

**Presenter:** Shawna

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

**Milestone Anniversaries:** none

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

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

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

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

### **Safety Agenda:**

1. Please complete your house monthly safety form

Worker's comp claims:

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

### **VA Review:**

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

**Nursing Notes:** none

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

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

**TI:** Non-Verbal Communication

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

### **New Business:**

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

**Hour 3- House Meeting:**

## February 2021 Staff Meeting Questions

Name: Maxine Martinez

Date: 5/2/21

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

1. I was surprised that although their daughter seemed to have open communication with her parents, there weren't recognizable signs that she was so hopeless, and unhappy that she committed suicide.

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

2. Nearly 45,000 thousand people died from suicide in 2016. That is approximately one death every 12 minutes.

3. Suicide affects all ages. True or False

4. Suicide is the 2nd leading cause of death for people 10 to 34 years of age.

5. What is the telephone number for the National Suicide Prevention Lifeline?

1-800-273-TALK (8255)

6. When people die by suicide, their family and friends often experience shock, anger, guilt, and depression.

7. Suicides and suicide attempts cost the nation approximately 70 billion per year in lifetime medical and work-loss costs alone.

8. Being a survivor or someone with lived experience increases one's risk of suicide.

True or False

9. What is one way that you personally believe you can help prevent suicide?

By being a good listener, and being there for people who are struggling, or going through difficult circumstances.

10. What is one way you believe the community you live in could help prevent suicide?

By raising awareness about risks, and warning signs of possible suicides.  
Community programs to prevent suicide.

11. List the 7 strategies that the CDC has found to help prevent suicide:

- Strengthen economic supports
- Strengthen access and delivery of suicide care
- create protective environments
- Promote connectedness
- Teach coping and problem solving skills
- Identify and support people at risk
- Lessen harms and prevent future risk.

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

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

- Basic psychological processes that involve:
- understanding and using language
- the ability to receive
- process information
- recall information
- and then communicate that information

13. Specific learning disabilities include:

- Reading (dyslexia)
- writing (Dysgraphia)
- Spelling
- math (Dyscalculia)
- Auditory verbally
- visual processing
- Sensory- motor information,
- Social emotional, social functions, manual dexterity

14. What is Dyslexia? \_\_\_\_\_

15. Self- Confidence is very important.

16. Learning disabilities are not the result of poor vision or hearing. They are also not the same as children who have difficulties on the autistic spectrum. They are not the same as intellectual disabilities. They are not consistent with or the same as emotional disturbance or mental health issues. Learning disabilities are not the result of being disadvantaged (cultural, environmental, economic) are not the causes of a learning disability.

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

17. Behavior is a form of communication.

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

a body position that appears challenging or confrontational may increase anxiety when approaching an individual.

19. Gestures, stance, and movement all make up body \_\_\_\_\_.

20. Why is supportive stance important? Because it communicates respect, it's non-threatening, non-challenging, and you are able to maintain your personal safety.

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

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

Relationships help people be more open to guidance, which

can promote positive change in behavior patterns.  
A relationship with a person promotes more adaptive, functional, and satisfying responses.

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

Yes I do. I practice this approach with all the people I support. I have been seeing positive results.

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

When people feel empowered, they are more likely to have positive behavior.

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

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

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

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

It builds the person up. In this way the person is more likely to feel more comfortable. It fosters positive behaviors.

### 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

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

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

- a. No tobacco use smokeless products is allowed when in public with client
- b. visitors must observe the smoking policy

**Smoking Policy**

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

**HIPAA**

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

**Data Privacy**

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

**Boundaries**

33. Why are personal boundaries important? They are important in maintaining healthy relationships

34. Do you have more rigid, porous, or healthy boundaries? It depends on the setting

35. Or do you have a combination of the three types? yes

36. Why do you think you have the boundaries you have? It's based on my upbringing and experiences.

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

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

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

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

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

a. Physical boundaries I respect other people's space, and physical touch. I know what's appropriate.

b. Intellectual boundaries I respect others ideas and opinions.

c. Emotional boundaries

- d. Sexual boundaries
- e. Material boundaries - I respect other people's possessions, and expect them to respect mine.
- f. Time boundaries - I try to set aside time for each part of my life.

### 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. Self motivated
- c. Optimistic.

A. I get to work on time. If I make a plan with someone, I stick to it. If for some reason it has to change, I work it out with them. B. I can work without constant supervision. C. I always try to display a positive attitude.

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

- a. Communication
- b. Attention to detail
- c. Building relationship

A. I try to maintain good communication. I feel it's important in relationships.  
 B. I try to pay attention to detail when working with people. It shows that I care about what's important to them.  
 C. I believe in building relationships with people. It makes it easier to work with them, and guide them.

### 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: mm



## Brainerd Staff Meeting Agenda

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

**Date:** 01/25/2021

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

**Presenter:** Shawna

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

**Milestone Anniversaries:** none

**Welcome to new and returned staff:**

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

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

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

**Safety Agenda:**

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

**VA Review:**

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

**Nursing Notes:** none

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

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

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

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

**New Business:**

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

**Hour 3- House Meeting:**

## January 2021 Staff Meeting Questions

Name: Maxine Martinez

Date: 4/24/21

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

1. Cerebral Palsy means: brain disease causing paralysis
2. CP can happen before birth which is called pre natally, or post natally.
3. CP is "Non-Progressive" which means it \_\_\_\_\_.
4. Three types of CP:
  - a. spastic
  - b. dyskinetic
  - c. Ataxic
5. CP is permanent. It is not curable but it is treatable

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

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

## Vulnerable Adult (VA) Training (Video)

10. Name the different types of abuse

- a. financial
- b. physical
- c. psychological
- d. sexual
- e. domestic

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

12. People with disabilities are 4 to 10 times more likely to be victimized than people without disabilities.

**VAARP – Vulnerable Adult Reporting Policies and Procedures** – Read the VARPP and answer the following questions:

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

- a. internally
- b. externally to MAARC system
- c. both internally and externally

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

- a. Individual Abuse Prevention Plan (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 evaluating the services that will be provided to them.
20. Our clients have the right to staff that is trained and qualified to meet their needs and support.
21. To have their personal, financial, Service health, and medical information kept private and be notified if these records have been shared.
22. To be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or putting me in time out or seclusion; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
23. To be treated with courtesy and dignity and have my property treated with respect. I will have access to my personal property at all times. If this property is not within my bedroom and I have stored it somewhere else in the house, I can ask staff for help in accessing my property.
24. Be allowed to reasonably follow my cultural and ethnic practices and religion.
25. To choose my own friends and spend time with them.
26. Have personal privacy. I will have a lock on my bedroom door that I may lock if I desire to do so. I will be responsible for the key. The landlord/provider may enter for health and safety reasons at any time. If I am in my room, staff will knock and ask permission to enter. I will have the freedom to furnish and decorate my bedroom or living unit.
27. Use of and have free access to common areas including the Kitchen. You will have access to 3 nutritious meals and healthy snacks between meals. There will be food and water available to you at all times. If you choose to purchase snacks, ORH/WSS will provide a place for you to store these snacks in the kitchen area.

28. Restriction of your rights is allowed only if determined necessary to ensure your health, safety, and well-being. Any restriction of your rights must be documented in your coordinated service and support plan or coordinated service and support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect you and provide you support to reduce or eliminate the need for restriction in the most integrated setting and inclusive manner.
29. ORH/WSS 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: N/A
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: N/A
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: N/A

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: \_\_\_\_\_

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

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

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

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

38. Prevention is the key – avoid the need.

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

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

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

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

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

To support the individual in living their desired lifestyle, not our own.

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?

To propose interventions that would be something that you would accept in your own life.

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?

By trying to determine what the person is trying to communicate, and express our interest in "hearing" the message.

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? yes

I feel that the goals my client Jane currently has are appropriate for her at this time.

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?

Individual support

## 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	Maxine Martinez	Year	2020
Location	ASLS	Position	LST
Date of Employment	6/11/97		

### Monthly Staff Meetings

*Attach staff meeting agenda*

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan	1/17/21	Staff & House Meeting P-C/Positive Support- Primary diagnosis and impact that has on their program (.5) VARPP, Service Recipient Rights, Client Competencies, MH-Major Depressive Disorder (.5)	make up packet	3	HS
Feb		Staff & House Meeting P-C/Positive Support- Balancing important to and important for each individual (.5) MH-Suicide Intervention (1)		3	
March	1/14/21	Staff & House Meeting CPR/First Aid MH- Schizophrenia (.5)	make up packet	3	HS
April	1/14/21	Staff & House Meeting MH-Psychotropic Meds & Side Effects (1)	make up packet	3	HS
May	1/2/21	MANDATORIES: Universal Precautions, Sanitary Practices, Bloodborne Pathogens, AWAIR Act, Right to Know, Affirmative Action Plan/EEO, HIPAA, Data Privacy, VARPP, Emergency and Reporting Policies and Procedures, Personnel Policies, Service Recipient Rights, First Aid/CPR	make up packet	3	HS
June	no date	Staff & House Meeting P-C/Positive Support- five accomplishments provide a guide for the development of a personal vision (.5) MH-Recovery from MI, Community Resources (1)	make up packet	3	HS
July		Staff & House Meeting Adaptive Equipment Competency, MH-Bipolar Disorder (.5)		3	
Aug	1/2/21	Staff & House Meeting PAPP Competency, MH- Co-occurring SA & HC (1) CPR/First Aid Refresher	make up packet	3	
Sept		Therapeutic Intervention P-C/Positive Support		3	
Oct	1/2/21	Staff & House Meeting P-C/Positive Support- Cultural Competency, Harassment, Medicare Fraud MH-Borderline Personality Disorder, Treatment Options/EBP (.75)	make up packet	3	HS
Nov	1/23/21	Staff & House Meeting MH-Body Integrity Identity Disorder, PTSD (.75)	make up packet	3	HS



## VARPP (Jan, 2020)

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

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

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

A: internally (externally, MAARC system) both

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

A: accident

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

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

5: 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: Individual Abuse Prevention Plan

7: Person engaged in the care of a VA

A: mandated reporter

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

A: Vulnerable adult

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

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

A: neglect

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

A: 24 hrs.

11: What does VARPP stand for?

A: Vulnerable Adult Reporting Policies and 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: abusive

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

A: financial exploitation

15: If you have reported internally, you must receive, within 5 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: Vulnerable Adult Policy VARPP



Maxine M.

## 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:

\*\*staff was loading the van when the backseat came unlatched and fell across her nose and face. Went to Urgent Care, had a mild contusion on nose and mild concussion. The doctor advised to take the rest of the day off to rest. Went in for a follow up, no further treatment needed.

\*\*staff was at an activity when she fell hitting her face and straining her shoulder. She is working but seeking chiropractic treatment for headaches and neck pain.

**VA Review:** none

**Nursing Notes:** none

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

**DD Diagnosis:** Down Syndrome

### **New Business:**

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

**Hour 3- House Meeting:**

## November 2020 Staff Meeting Questions

Name: Maxine Martinez Date: 1-2-21

### Read Body Integrity Identity Disorder

- List 3 things you learned
  - It's an extremely rare phenomenon.
  - Patients decide to go for an amputation in search of their true selves.
  - This condition in which subjects think of their bodies negatively, and it hampers their quality of life. It's linked with anorexia nervosa.

### Read What Is Posttraumatic Stress Disorder

- PTSD affects approximately 3.5 percent of U.S. adults every year, and an estimated one in 11 people will be diagnosed with PTSD in their lifetime.
- Symptoms of PTSD fall into four categories. List them
  - Intrusion - Intrusive thoughts such as repeated involuntary memories
  - Avoidance - avoiding reminders of the traumatic event, flashbacks
  - Alterations in cognition and mood:
  - Alterations in arousal, and reactivity - having angry outbursts
- For a person to be diagnosed with PTSD, symptoms must last for more than a month and must cause significant distress or problems in the individual's daily functioning.
- Many individuals develop symptoms within three months of the trauma, but symptoms may appear later and often persist for months and sometimes years.
- List 4 treatment options for PTSD
  - Cognitive Processing Therapy
  - Prolonged Exposure Therapy
  - Stress Inoculation Therapy
  - Group Therapy

### Read Facts About Down Syndrome

- Down syndrome is a genetic condition that causes delays in physical and intellectual development. It occurs in 1 in every 792 live births.
- Individuals with Down syndrome have 47 chromosomes instead of the usual 46.  
True or False
- List 3 types of challenges that a person with Down Syndrome may experience
  - developmental delays
  - congenital heart defects, higher incidence of infections
  - respiratory, vision, hearing problems, thyroid problems

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

- Describe what Active Treatment means to you Helping the person with daily activities, interacting with others, helping them structure their leisure time, but mostly helping them get the most out of their lives - living their lives to their fullest potential.

11. List the 3 most interesting things that you learned regarding the difference between Active Support and Active Treatment
- Active treatment deals more with the medical side, and Active Support deals more with person centered activities, and Support needs.
  - People are involved with functional activities as determined by current functioning and disability-related needs.
  - Active Treatment is more intense than active support.

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

- The information on Body Integrity Dysphoria. I had never heard of this condition.
- 
- 

15. List 3 things you do personally to stay healthy

- I walk on my treadmill
- I take vitamins.
- I try to eat healthy.

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

- My life skills client is quite independent, I leave
- it up to her to determine what exercise she needs, she has
- back pain, so she feels the need to stay moving as much as possible, so she doesn't get stiff.

#### Volunteering

17. Oakridge Woodview thinks giving back to ones community is very important and valuable for the people that we support. If your house is one that participates in volunteering, list some ideas and/or examples that your clients do. If your clients do not currently volunteer in some way, list some creative ways that you could continue to encourage them to give back to their community. I don't work in a group home, however my client Jane personally does things to help people in her community such as knitting items like hats, scarves, mittens, afghans, etc. and giving them to those in need. I assist her by taking her to buy the yarn she needs for those projects.



Maxine M

## 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@orhvwvcom)

**Hour 3- House Meeting:**

## October 2020 Staff Meeting Questions

Name: Maxine Martinez

Date: 1-2-21

### Read DBT for Borderline Personality Disorder.

1. It is estimated that 1-2 percent of the population is living with borderline personality disorder (BPD).
2. People living with BPD often suffer from an extreme and chronic fear of abandonment.
3. List 4 of the 9 traits for possible BPD diagnosis:
  - a. Fear of Abandonment
  - b. unstable, dramatic, interpersonal relationships
  - c. Identity Disturbance
  - d. Impulsivity
4. What are the 4 areas of focus for DBT?
  - a. Distress Tolerance
  - b. Emotion Regulation
  - c. Mindfulness
  - d. Interpersonal Effectiveness
5. What are the 4 treatment components that come together in DBT for Borderline Personality Disorder?
  - a. Skills Training Group
  - b. Individual Psychotherapy
  - c. Para Suicidal Behavior
  - d. Therapy-Interfering Behaviors

### Read What is Myotonic Dystrophy.

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

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

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

12. What is cyberbullying? 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 records 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? N/A  
My client decides for herself at what temperature she will go out at.
16. List the components of proper dress for winter weather: layered clothing, and hat, scarf, mittens, gloves, etc.

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

17. Culture determines how we see the world, or our worldview. It is a way to make meaning of things. This means you could interpret the same thing differently than someone else depending upon your cultural lenses.
18. We each have our own unique Cultural Identity. Our cultural identity is a combination of multiple, interlocking social identities such as race, ethnicity, religion, socioeconomic status, sexual orientation, and more.
19. Can your cultural identity change over time? Yes or No
20. Take a moment to get to know your cultural identity. Fill in the blank in the statement below with just one word or phrase that describes your background or identity, such as: *woman, elder, father, behavioral health provider, veteran, middle-class, lesbian, person with a disability, American, immigrant, etc.*

I am a woman with children and grand children.

24. Was it difficult to find one word that describes who you are? yes

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

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

I am a mother

I am a grand mother

I am a daughter

I am a sister

I am a friend

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? those that connect me with family

30. How has your culture identity shifted over time? yes, a little.

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

32. Intersectionality refers to the multiple social identities that intersect at the individual level to reflect interlocking systems of privilege and oppression at the societal level (e.g., racism, sexism, heterosexism, and classism).
33. List 2 things that cultural competency is not:
- Treating everyone the same without acknowledging their unique cultural identity
  - Ignoring differences between you and your client
34. Cultural competency means maintaining a stance that is open to others, including the aspects of their cultural identity that are most important to them.
35. List 2 things that cultural humility emphasizes:
- A continuous process of self reflection examining one's biases and stereotypes
  - Acknowledging one's limitations
36. Which term refers to the way we see the world and make meaning of things?
- Ethos
  - Culture
  - Social identity
  - Cultural identity
37. Michael, a licensed clinical social worker, meets a new client, Alex, who is seeking therapy as they come out as transgender. Alex is 20 years old, recently moved to a Midwestern city from the rural area where they grew up, and has a low socioeconomic status (SES). How can Michael best take intersectionality into account when treating Alex?
- Ignore Alex's socioeconomic status since it's probably not relevant to their treatment
  - Try to understand Alex's transgender identity, rural upbringing, and SES together
  - Focus on Alex's gender identity because it is the issue that brings Alex to therapy
  - Wait for Alex to bring up the identities that they want to talk about
38. Which of the following is NOT an effective way for a psychiatrist to engage with a client whose values conflict with the best practices they've learned in their training?
- Learn more about how the client understands their condition
  - Take additional time to provide the client with information on their condition
  - Have an open conversation with the client about a variety of treatment options
  - Give them the preferred course of treatment as you would for any other client
39. Our cultural identity is a combination of multiple, interlocking social identities. It may change over one's lifetime. True or False
40. Which of the following is a benefit of practicing cultural competency?
- It helps providers address clients' unique needs
  - It helps make the therapeutic relationship more friendly
  - It makes treatment go faster
  - It helps clients understand the provider's worldview
41. Which of the following actions best characterizes cultural humility?
- Acknowledging that the provider's beliefs don't matter much
  - Prioritizing the client's values and worldview
  - Realizing that a provider should trust their instincts
  - Memorizing everything possible about a client's culture
42. Karen, a substance abuse counselor, recently moved to a new town. Several of her new clients are Mormon, and she has never before worked with someone who identifies as Mormon. What is one way Karen can demonstrate cultural competency with her new clients?
- Interact with her new clients in the same way she would interact with anyone else
  - Focus conversations with her new clients on their religious identity



## September 2020 Staff Meeting Questions

Name: Maxine M

Date: Jan. 2, 2021

### Watch TI Video.

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

a. I didn't have access to the TI video.

b. \_\_\_\_\_

### Read EUMR Policy.

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

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

a. Chemical restraint

b. mechanical restraint

c. time-out

d. Seclusion

e. aversive procedure

f. deprivation procedure

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

a. your Supervisor, QDP

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

a. legal representative

b. case manager

### Read Module 1: The CPI Crisis Development Model.

6. Name the 4 crisis development/behavior levels:

a. Anxiety

b. Defensive

c. Risk Behavior

d. tension Reduction

7. Name the 4 staff attitudes/approaches:

a. Supportive

b. Directive

c. Physical Intervention

d. Therapeutic Rapport

**Read Debriefing PowerPoint.**

8. Give 3 examples of the purpose of debriefing:

- a. places events in logical order
- b. clears up misconceptions
- c. provides staff to share emotions and reactions  
time for

9. List 4 symptoms of critical incident stress:

- a. Restlessness
- b. excessive fatigue
- c. startle reactions
- d. depression

10. List 2 incidents that may require a debriefing:

- a. death of a consumer
- b. physical assault



Maxine M

## Aitkin Staff Meeting Agenda

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

**Date:** 08/18/2020

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

**Presenter:** Ashley

**Ice Breaker:** Ripple River

**Milestone Anniversaries:**

**Welcome to new and returned staff:**

**Next Meeting:** 09/15/2020

**Icebreaker:** 537

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

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

**Safety Agenda:**

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

**VA Review:**

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

**Nursing Notes:** none

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

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

**TI:** Decision Making

**New Business:**

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

**Hour 3- House Meeting:**

## August 2020 Staff Meeting Questions

Name: Maxine Martinez Date: 1-2-21

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

1. List two examples of Moral Injury:

a: Doing something that goes against your beliefs (act of commission)

b: Failing to do something in line with your beliefs (act of omission).

2. During pandemics, some health care workers may feel like they must decide between caring for infectious ~~contagious~~ patients and keeping their family members safe.

3. Feelings resulting from morally injurious experiences can include guilt, shame, or anger.

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

a: PTSD symptoms that don't resolve on their own.

b: Self harming behaviors

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:

You did the best you could given the circumstances.

8. Which symptoms require professional care:

- a. PTSD symptoms that do not resolve on their own
- b. Self-injurious behaviors
- c. Self-harming behaviors
- d. Demoralization

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

- 1. You are born with Angelman Syndrome True or False
- 2. Angelman Syndrome is contagious True or False
- 3. Most people with Angelman also have epilepsy. True or False
- 4. Angelman Syndrome is common and easily diagnosed True or False

Do you know any clients that have Angelman Syndrome? No

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

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

- 1. Key Themes to Decision Making:
  - a. Duty of Care
  - b. Best interests of the individual need to be considered
  - c. Reasonable and proportionate
  - d. Last resort and least restrictive
  - e. The risk of doing something and the risk of doing nothing
  - f. Human rights
- 2. Every day life involves some degree of risk.
- 3. 2 variables to consider:
  - a. likelihood – the chance that a behavior could happen
  - b. Severity – the level of harm that may occur

**Back Safety (MY BACK Handout)**

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

2. Carry the load close to your body.

### Hand Washing Instructions (poster)

1. Rub your hands and arms vigorously for 20 seconds

2. List 2 surfaces you should be sure to wash:

a. hands

b. arms

### 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 soiled.

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

1. N/A

2. \_\_\_\_\_

3. \_\_\_\_\_



Maxine M.

## Brainerd Staff Meeting Agenda

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

**Date:** 06/22/2020

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

**Presenter:** Shawna

**Ice Breaker:** Riverwood

**Milestone Anniversaries:** none

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

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

**Icebreaker:** 811

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

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

### **Safety Agenda:**

1. Please complete your house monthly safety form
2. Worker's comp claims: none

### **VA Review:**

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

**Nursing Notes:** N/A

**MH Training:** Recovery from MI and Community Resources

**DD Diagnosis:** Fetal Alcohol Spectrum Disorders

**TI:** Precipitating Factors, Rational Detachment, Integrated Experience

### **New Business:**

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

**Hour 3- House Meeting:**

## June 2020 Staff Meeting Packet

### 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) I didn't have access to this video.

2) \_\_\_\_\_

- 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: working at a meaningful job, and volunteering

Jerome: Inspiration and supports he gets from his wife, and the fulfillment he gets from his art

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

- 1) List the 3 expected physical characteristics of a baby born with FASD. a small

head, weighs less than other babies, distinctive physical features

- 2) List 3 possible behavioral/intellectual disabilities. Difficulty with learning

or memory

- 3) What causes FASD?

If a mother drinks 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.

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**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, and basket hold.
- 2) If a manual restraint is used, the DC/QDDP must be notified immediately. How long from the time of the event does the DC/QDDP have to report to the case manager and guardian? 24 hrs
- 3) How long from the time of the event does the staff member who used the manual restraint have to turn in a written report outlining the events to the DC/QDDP?  
3 calendar days
- 4) Note: A BIRF (Behavior Intervention Report Form) is a DHS reporting form that must be filed within 24 hours of certain events. Some of these events include: anytime the police are called, if a prn medication is given to control behaviors, or if a EUMR were to be used. The DC/QDDP is responsible for making the report, but the staff members must make sure they are notifying the DC/QDDP as soon as possible so they have adequate time to make the reports.

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

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

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

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

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

I didn't have the informational handout, or video required to complete this.

### Community Presence

How can we increase the presence of a person in local community life?

1)

2)

3)

4)

5)

6)

7)

## Community Participation

How can we expand and deepen people's friendships?

1)

2)

3)

4)

5)

6)

7)

## Encouraging Valued Social Roles

How can we enhance the reputation people have and increase the number of valued ways people can contribute?

1)

2)

3)

4)

5)

6)

7)

## Promoting Choice

How can we help people have more control and choice in life?

1)

2)

3)

4)

5)

6)

7)

## Supporting Contribution

How can we assist people to develop more competencies?

1)

2)

3)

4)

5)

6)

7)



Maxine M.

## Brainerd Staff Meeting Agenda

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

**Date:** 04/27/2020

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

**Presenter:** Shawna

**Ice Breaker:** 1129

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

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

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

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

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

### **Safety Agenda:**

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

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

### **VA Review:**

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

;)The following 3 VA's were all part of one incident with one staff:

\*Staff spending client money on food for the staff

\*Staff leaving another client home beyond his alone time

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

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

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

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

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

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

**TI:** Verbal Intervention & Limit Setting

### **New Business:**

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

**Hour 3- House Meeting:**

## April 2020 Staff Meeting Makeup Packet

Name: Maxine Martinez

Date: 1-14-21

### MH Training: Psychotropic Medication and Side Effects

Read *Common Side Effects of Psychiatric Medications*

1. What are the 3 things a doctor may do to try to minimize or reduce the side effects:
  - a. Changing dosage
  - b. Change time you take the medication
  - c. change how you take the medication
2. What are the 3 common side effects not commonly talked about:
  - a. taste changes
  - b. memory issues
  - c. frequent urination
3. Different patients have different treatment responses and side effects to various psychiatric drugs — there is no single recipe or dosage that works for everyone.
4. It is important to talk to your doctor if any concerns arise or you feel the drug isn't working or isn't working as well as it used to.
5. Antipsychotic medications are commonly prescribed for psychosis or schizophrenia.
6. List 3 side effects of antipsychotics:
  - a. drowsiness
  - b. restlessness
  - c. muscle spasms
7. Tardive Dyskinesia (TD) is a disorder characterized by involuntary movements most often affecting the mouth, lips and tongue, and sometimes the trunk or other parts of the body such as arms and \_\_\_\_\_.
8. There are typical and atypical antipsychotic medications and both are used for treating psychosis and schizophrenia.
9. List 3 side effects of atypical antipsychotics:
  - a. dry mouth
  - b. blurred vision
  - c. constipation
10. What medications are often prescribed for anxiety disorders, panic attacks, and phobias? Benzodiazepines
11. List 3 side effects of benzodiazepines:
  - a. drowsiness
  - b. impaired coordination
  - c. memory impairment
12. Name 2 brand names of benzodiazepines:
  - a. Xanax
  - b. Klonopin
13. Buspirone is an anxiolytic that can also be used to treat anxiety. Side effects include dizziness, nausea, headache, nervousness, and dysphoria.
14. Selective 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. Celexa, prozac, paxil

- b. \_\_\_\_\_
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:
- Ritalin
  - Dexedrine
  - vyvanse
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 Azafranil, 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:
- dry mouth
  - dizziness
  - sweating

#### DD Diagnosis: Brain Injury

25. Watch *The Little Bird Who Forgot how to Fly* (6:29) Write your reaction to the video  
I didn't have access to the video.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### 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 and clear
  - reasonable
  - enforceable

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

35. What are 3 examples of limit setting?

- interrupt
- Reasonable
- Enforceable

36. List 3 examples of empathic listening:

- non-judgmental
- undivided attention
- Listen carefully, focusing on feelings and facts

### De-escalation, Confrontation Avoidance Techniques

Read De-escalation Techniques

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

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

- raised voice
- high pitched voice
- rapid speech
- pacing
- excessive sweating

39. Effective de-escalation techniques feel abnormal.

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

- Non-verbal de-escalation
- verbal de-escalation

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

- Be physically active every day.
- Eat healthy foods in healthy portions
- Don't get too much sun

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

46. Regular aerobic physical activity increases heart and lung functions; 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:

- physical violence
- sexual violence of any kind, including rape
- emotional abuse

d. Neglect of personal needs for daily life

### 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

Whatever their reason for being difficult, they create unnecessary stress to those around them. Stress can have a lasting negative on the brain. When stress gets out of control, your brain and your performance suffer.

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

I didn't have access to the video.

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

- a. They set limits
- b. They rise above
- c. They stay aware of their emotions.
- d. They establish boundaries
- e. They don't die in the fight

### DSP Code of Ethics

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

Too often the very social policies and service systems designed to help, can create additional barriers that prevent many people with disabilities from enjoying a rich and fulfilling life.



Maxine M.

## Aitkin Staff Meeting Agenda

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

**Date:** 03/17/2020

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

**Presenter:** Ashley

**Ice Breaker:** 195

**Milestone Anniversaries:** none

**Welcome to new and returned staff:** Brian Amy-Maintenance Lead

**Next Meeting:** 04/21/2020 Ice Breaker: Hwy 47

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

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

### **Safety Agenda:**

1. Please complete your house monthly safety form – hand out on back safety/shoveling
2. Worker's comp claims:

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

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

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

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

### **VA Review:**

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

**Nursing Notes:** First Aid & CPR

**MH Training:** Schizophrenia (video)

**DD Diagnosis:** Selective Mutism

**TI:** Paraverbal Communication

### **New Business:**

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

**Hour 3- House Meeting:**

March 2020 Staff Meeting Makeup Packet

Name: Maxine Martinez

Date: 1-14-21

**MH Training: Schizophrenia** - You must watch video!

1. Watch *Life with Schizophrenia: The Voices in Your Head*. 9:44 Write your reaction to the video

I didn't have access to the video.

**DD Diagnosis: Selective Mutism**

2. Selective mutism is considered a rare disorder.
3. The typical range of onset is children under age five.
4. Most often, symptoms become apparent when a child 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 refusal to speak.
7. Selective mutism is often accompanied by a social anxiety disorder. True or False
8. Treatment for those living with selective mutism might include any (or all) of the following:
- a. Encourage progressive communication
  - b. Have the child sit in a room, gradually bring others into the room
  - c. Make accommodations in the classroom
9. If you know anyone who might be living with selective mutism, here are a few tips to communicate with them:
- a. use gestures, images, or texting
  - b. Let the person know what's coming so they can prepare
  - c. Choose activities that can be done without speech
  - d. Know their coping skills
  - e. Don't call attention to their disorder in public
10. What is your reaction to the "comments" left by others experiencing selective mutism?

It can be overcome.

Those with selective mutism can benefit by knowing they're not alone, there are others who suffer from it, and there is help for it.

### TI: Paraverbal Communication

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

**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 incident, the behavior itself, and any post behavior is described.

### Know the House Competency

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

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

24. Read the hand out on when to call the on-call QDDP outside of business hours. List the 11 scenarios given as appropriate times to call the on-call person:
  1. Giving PRN PSYCHOTROPIC meds
  2. Reportable incidents
  3. Staff incidents requiring work comp form.
  4. Emergencies - fires, flood, loss of power or heat in winter
  5. missing Client
  6. medication concerns
  7. possible VA
  8. car accident in ORH vehicle
  9. suspected intoxicated employee
  10. police responding to house or client
  11. If case manager calls with questions or concerns - or guardian

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?

my Life Skills Client doesn't have a PRN Protocol.  
She administers her own meds.

**Nutrition**

I didn't have access to this video.

27. Watch *#MyPlateMyWins at Breakfast*. If you make a simple switch one time you save \_\_\_\_\_ mg of sodium; do this every day for a year and save over 237,250mg of \_\_\_\_\_! That is about \_\_\_\_\_ packets of salt!

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

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



Maxine M.  
@ ASILS

## Brainerd Staff Meeting Agenda

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

**Date:** 01/27/2020

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

**Presenter:** Shawna

**Ice Breaker:** 811

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

**Welcome to new and returned staff:**

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

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

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

### **Safety Agenda:**

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

### **A 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:**



## Makeup Packet for January 2020 Staff Meeting

Name Maxine Martinez

Date 1-17-21

1. Person-Centered/Positive Support: Primary diagnosis and impact that has on their program. Complete the Individualized Programming Based on Diagnosis worksheet for one client in your house by reading the examples of mental health challenges.
2. Complete worksheet on VARPP. Also complete Online VA test.
3. Complete Service Receipts Rights worksheet.
4. Winter Ombudsman:
  - a. Frostbite – what to look for
    - i. 'pins and needles feeling,' followed by numbness
    - ii. hard, pale, cold skin that's been exposed to the cold for too long
  - b. Hypothermia – common causes
    - i. being outside without enough protective clothing in winter
    - ii. falling into cold water of lake, river, or other body of water
5. TI monthly review – what does:
  - a. Care - demonstrating respect, dignity, empathy, providing support in non-judgmental way.
  - b. Welfare - emotional and physical support, acting in person's best interest.
  - c. Safety - protecting rights, safeguarding vulnerable people, reducing or managing risk
  - d. Security - maintaining safe, effective, harmonious, and therapeutic relationships.
  - e. When you focus on Care, Welfare, Safety and Security as the common central values, you will have a solid base for making decisions.
  - f. This is not a one size fits all approach.
  - g. Remember you cannot control how someone escalates or de-escalated You can control your own responses and making sure that your responses reflects Care, Welfare, Safety and Security.
6. Watch videos and answer the following questions:
7. Cerebral Palsy video:
  - a. Cerebral Palsy means: brain disease causing damage
  - b. CP can happen before birth, during, or post natal.
  - c. Most CP cases happen from:
    - i. Radiation

I can't answer these questions, since I didn't have access to the video.

ii. \_\_\_\_\_

iii. \_\_\_\_\_

iv. \_\_\_\_\_

d. CP in "Non-Progressive", which means it

doesn't get worse over time.

e. Spastic CP means: stiff, spasticity muscles

f. Dyskinetic CP leads to: uncontrollable movements

g. Ataxic CP means: shaky or abrupt movements

h. CP is permanent. It is not \_\_\_\_\_ but it is \_\_\_\_\_.

8. Major Depressive Disorder (2<sup>nd</sup> video)

a. MDD is very serious and often interferes \_\_\_\_\_.

b. Potential cause for MDD is a combination of:

i. Genetics

ii. \_\_\_\_\_

iii. \_\_\_\_\_

iv. \_\_\_\_\_

c. Monoamine Deficiency Theory suggests that the body might be low on serotonin, \_\_\_\_\_ or \_\_\_\_\_.

d. Diagnosis for MDD:

i. 5 of 9 symptoms

ii. Significant \_\_\_\_\_ to daily life

iii. NOT a \_\_\_\_\_ or \_\_\_\_\_ condition

iv. NOT better explained by other \_\_\_\_\_

v. No \_\_\_\_\_ or hypomanic episodes

e. Treatment for MDD:

i. Non-pharmacologic

ii. \_\_\_\_\_

9. Read all other handouts!

**INDIVIDUALIZED PROGRAMMING BASED ON DIAGNOSIS**  
**January 2020**

STAFF NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PROGRAM PLANNING – PHYSICAL DISABILITIES**

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

[Type text]

## PROGRAM PLANNING – MENTAL HEALTH

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

[Type text]

# PROOF OF COMPETENCY



## SERVICE RECIPIENT RIGHTS COMPETENCY

(January Worksheet)

Name: Maxine Martinez Date: 2-15 Signature: Maxine Martinez

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

1. Right to have ORH/WSS help coordinate my care if I transfer to another provider to ensure continuity of services.
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 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 choose my own friends and spend time with them.
23. Right to use and have free access to the common areas (this includes the kitchen).
24. Right to be treated with dignity and respect and have my property be treated with respect.
25. Right to be free from prejudice and harassment regarding my race, gender, age, disability spirituality and sexual orientation.
26. Right to exercise my rights on my own or have a family member or another person to help me exercise my rights, without retaliation from ORH/WSS.
27. Right to be told about and use the ORH/WSS grievance policy and procedures, including knowing the contact persons responsible for helping me get my problems with ORH/WSS fixed and how to file a social services appeal under the law.
28. Right to give or not give informed consent to take part in any research or experimental treatment.
29. Restriction of your rights is allowed only if determined necessary to ensure your health, safety, and well-being. Any restriction of your rights must be restricted 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.

# 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	Maxine Martinez	Year	2019
Location	ASILS	Position	LST
Date of Employment	6/11/197	Inservice Hours Required	6

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

### Monthly Staff Meetings

*Attach staff meeting agenda*

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

*Jan  
Feb  
March  
April  
May*

*Jan  
Feb*

*1st meeting  
make up done  
3/31/19*

*sent make up  
(mailed)  
8/25/2019*

*makeup 10/19/19  
done 12/27/19*

*sent make up pk  
by 1st and 2nd  
make up*

*need makeup / nothing sent*

### Required Trainings

Date	Inservice Topic	Presenter	Hours	Completed
	First Aid			
	CPR			
	Medication Administration			

### Vulnerable Adult Review/Vulnerable Adult Policies and Procedures (VARPP)

Date:	Online VA Training
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### Consumer IAPP Competencies

Date	Consumer Initials	Date	Consumer Initials
10/19	JS		

### Consumer ISP/CSSP and CSSP Addendum Competencies

Date	Consumer Initials	Date	Consumer Initials
10/19	JS		

### Other Training

*Attach back up Documentation*

Month	Date	Training	Initials
2	2019	LSI Makeup Packet	

Total hours for 2019 (page 1 and 2 combined)	
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## Makeup Packet for February 2019 LST Meeting

Name Maxine Martinez

Date 3/31/19

### Person-Centeredness Handouts (Talents/Skills)

1. Person-Centered/Positive Support: Clients' talents/strengths and how to share them with others. Complete the Client Strengths and Qualities worksheets for each client in your house (you will have to talk with the clients for this). These get shared with the house staff and a copy sent to the office.
2. Staff talents/strengths and how to use them working with clients. Complete the Staff Interests, Values, and Strengths worksheet for yourself and share with your PC and a copy gets sent to the office.
3. Read handouts on skills and strengths. List 4 examples of communication skills
  1. be clear
  2. be concise
  3. be articulate
  4. be strategic
4. List 4 examples of interpersonal skills
  1. Community building
  2. conflict resolution
  3. disability awareness
  4. diversity awareness
5. List 4 examples of leadership skills
  1. Assertiveness
  2. instruction
  3. mentoring
  4. team building
6. List 4 examples of accountability strengths
  1. Committed
  2. dedicated
  3. dependable
  4. disciplined
7. List 4 examples of intellectual strengths
  1. empathetic
  2. analytical thinker
  3. evaluative
  4. inquiring
8. List 4 examples of personality strengths
  1. confident
  2. enthusiasm
  3. patient
  4. positive

### Suicide Prevention

9. Read suicide prevention/intervention handouts. What does FACTS stand for?

• Feelings you see them showing • Actions you see them taking • changes in their

- behavior or personality, Threats of Suicide • Situations they're in that might be stressful
10. What does CARE stand for?  
Connect, ask, refer, encourage
11. Why is suicide prevention, intervention, and response important to you?  
To prevent unnecessary deaths from suicide
12. What is the National Suicide Prevention Line #? \_\_\_\_\_
13. What is the National Suicide Prevention Line text #? \_\_\_\_\_

#### HIPAA

14. Read *What does the HIPAA Privacy Rule Do*. What are 2 things the HIPAA Privacy Rule does?  
1. Gives patients more control over their health information.  
2. sets boundaries on use and release of health records

#### Data Privacy

15. Read the *Data Privacy Policy*. Private data includes all information
16. on persons that has been gathered by this program or from other sources for program purposes as contained in an individual data file, including their presence and status in this program.
17. Staff persons do not automatically have access to private data about the persons served by ORH/WSS or about other staff or agency personnel. Staff persons must have a specific work function need for the information. Private data about persons are available only to those program employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.

#### Ombudsman Weather Alert

18. Individuals or their legal representatives have a right to access and review the individual record. True or False
19. Be aware of the temperature including the wind chill factor.
20. What parts of the body are most prone to frostbite?  
hands, feet, nose, ears
21. A person with frostbite may also be subject to hypothermia.
22. Do not rub or massage the frostbitten area.
23. What occurs when the body's core temperature drops below 95 degrees Fahrenheit and can occur in either indoor or outdoor situations?  
Hypothermia
24. As a person develops hypothermia, they slowly lose the ability to think and move.
25. Symptoms of hypothermia include:  
a. weakness and loss of coordination  
b. pale and cold skin  
c. confusion  
d. uncontrolled shivering
26. Hypothermia can be fatal. True or False
27. Anytime you suspect someone has hypothermia, call 911. True or False

June 2019 Staff Meeting Makeup

Name: Maxine Martinez Date: 10-19-19

1. List 4 things you can do for curb appeal

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

2. An air quality index of 101 to 150 is unhealthy for "sensitive groups"

3. If using a grill, what are 3 things you should do according to the Ombudsman Summer Alerts?

- A. Keep an eye on your grill or fire pit etc. Never leave them unattended
- B. Place coals from grill in metal can with lid after they're cooled.
- C. Build campfires at least 3 feet away from tent walls.

4. When traveling in the heat, plan rest stops for necessary fluid intake

5. When should you apply insect repellent on our consumers? before going outside

6. Ticks take several hours to attach themselves to the skin.

7. Some medications, such as neuroleptics and antibiotics, put clients at higher risk for sunburn.

8. List 3 tips for applying sunscreen

- A. Apply a golf-ball sized amount evenly to all uncovered skin.
- B. Apply sunscreen 15 minutes before going out into the sun.
- C. Apply sunscreen older than 6 months every time they go out.

9. What document should you review prior to taking clients in or around bodies of water?

Water safety Alert

10. What is the minimum number of times a fire drill needs to be conducted per year in the group home? \_\_\_\_\_

11. What are the steps to the procedure for a fire emergency?

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

12. What does PASS stand for?

- P: \_\_\_\_\_
- A: \_\_\_\_\_
- S: \_\_\_\_\_
- S: \_\_\_\_\_

13. When would you need to use the blanket drop? \_\_\_\_\_

14. Where do you go in case of a tornado or severe weather warning? \_\_\_\_\_

15. What do you bring with you? \_\_\_\_\_

16. Watch *The Quality of Life (Documentary about Intellectual Disability)* (2015)

<https://www.youtube.com/watch?v=XWNixFvKiaU> 34:16

WARNING: This video is harsh towards group homes and certainly is not a reflection of the care we at Oakridge provide (or most group homes for that matter), but is an excellent example of how quality of life can change

What is your reaction to the video? \_\_\_\_\_

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

17. Watch *How to Create a HIGH Quality of Life*

<https://www.youtube.com/watch?v=lzJNlJOfqtE> 3:16

What is your reaction to the video? \_\_\_\_\_

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

18. It was not until the 1980s that most people could identify with the idea of a life of quality and began to see that \_\_\_\_\_, regardless of their ability or disability, may have similar desires and needs.

19. What are two things in your life that you put a value to/important to you/for you?

A. \_\_\_\_\_

B. \_\_\_\_\_

20. Would you classify these things as important to our clients as well? \_\_\_\_\_

21. Do you think quality of life factors are unique for each individual? \_\_\_\_\_

22. What are some of your clients' life goals?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

23. What makes them happy?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

24. What are 3 prohibited procedures?

A. \_\_\_\_\_

B. \_\_\_\_\_  
C. \_\_\_\_\_

25. Is it ok to use manual restraint if someone is destroying property? No,

26. Is it ok to use manual restraint if someone is verbally threatening you? No,

27. What is the acronym for the form that has to be reported to DHS when a manual restraint has been used? EUMR form BIRP

28. Escalation time is not teaching time.

29. A powerful de-escalation tool is silence.

30. What are two things that silence does when it comes to de-escalation?

A. allows responder to listen to escalated person and assess her goals.

B. By saying nothing, it gives no further fuel for a fire

31. Prevent the likelihood of known problems from occurring by \_\_\_\_\_  
managing the environment.

32. For undesired, maladaptive, or dangerous behavior, use positive  
approaches to reinforce desired behavior.

33. What are the three guiding principles that will help you in any situation?

A. Prevention

B. Be proactive

C. Be positive, not negative.

34. Complete CSSP-A competencies for all clients in the locations you work before the next staff meeting.

35. What are three components of the Oakridge Woodview Dress Code?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

36. Research shows that more than 90% of all systemic diseases have oral manifestations including swollen \_\_\_\_\_, mouth \_\_\_\_\_, dry \_\_\_\_\_, and excessive \_\_\_\_\_ problems. Such diseases include:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

F. \_\_\_\_\_

37. If you don't take care of your \_\_\_\_\_ and \_\_\_\_\_, your poor oral hygiene can actually lead to other health problems including:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

38. What is the website to find mental health resources in Region 5+? \_\_\_\_\_

\_\_\_\_\_

39. Watch *How to Set Realistic Expectations for Mental Health Recovery*

<https://www.youtube.com/watch?v=RQ0NHq5UyW4> 3:26

What is your reaction to the video? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

40. Watch *Amy's Mental Health Recovery Story* <https://www.youtube.com/watch?v=e-S5-yS3uTM> 4:41

What is your reaction to the video? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

41. Watch *NOFAS responds to "What Would You Do?"*

<https://www.youtube.com/watch?v=V8rdrQJSD8Y&list=PLiFZcDuldDA5DxeUvfFkD94jwhfAEESqH&index=3> 2:22

What is your reaction to the video? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

42. Watch *Dr. Larry Burd - Four generations of FASD*

<https://www.youtube.com/watch?v=pbOWPOy2sTo&list=PLiFZcDuldDA5DxeUvfFkD94jwhfAEESqH&index=7> 1:47

What is your reaction to the video? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

July 2019 Staff Meeting Makeup

Name: Maxine Martinez

Date: 10-19-19

1. According to Oakridge's Employee Handbook –Visitors in the Workplace: To provide for the safety and security of employees, clients, visitors, and the facilities at ORH-WSS, only \_\_\_\_\_ are allowed in the workplace.
2. In non-office worksites, employees are not allowed visitors at the worksite while on duty. This includes (who):
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
3. What form needs to be filled out and signed by an Administrator/QDDP, the clients' guardians and sometimes case managers prior to allowing visitors in the home?  
\_\_\_\_\_
4. The House \_\_\_\_\_ should be used to reference the agreement that the housemates have made regarding visitors in their home.
5. When you are charting, think of answering the following questions:
  - a. Who?
  - b. What?
  - c. When?
  - d. Where?
  - e. Why?
6. Only use black pen, or black ink to document. Never pencil.
7. Always chart as soon as possible, do not leave blank spots for someone else to chart.
8. Consumer records are strictly Confidential.
9. True or False: When you make a mistake while charting, just use white out to fix it.
10. Never chart for someone else unless you're using the 3rd person, then write "According to ....."
11. True or ~~False~~: It is okay to use names (house mates and staff) on documentation as long as you only use their first name.

12. When charting, document facts only. Do not state your opinion or what you think may have happened.

13. True or False: Client progress notes are legal documents.

14. List any 6 of the 12 items that you should be charting:

- Acute illness
- Injuries and what was done
- Medication changes
- Behavior changes
- Treatments, whether they are a nursing or doctor's order
- Seizures

15. When documenting, should the information be subjective or objective? (circle one)

16. Does that mean you cannot write about emotion? No. But first, you need to explain in your report what was said and what you did. Then you can say, "I interpreted this to mean..."

17. Re-write this sentence to be more detailed:

*The person was hot, and had a high temperature in the afternoon.*

The person's face was red, he was perspiring, and had a high temperature in the afternoon.

18. What is a good comparison for 1 serving (1 cup) of vegetables? one fist

19. Serving size is based on the amount of food that is customarily eaten at one time and is not a recommendation of how much to eat.

20. Servings per container shows the total number of servings in the entire package.

21. As a guide: 100 calories per serving of an individual food are considered a moderate amount and 400 calories or more is considered high in calories.

22. Nutrients to get less of:

- Saturated fat
- sodium
- added sugars
- trans fat

23. Nutrients to get more of:

- a. dietary fiber
- b. vitamin D
- c. calcium
- d. iron
- e. potassium

~~24. Watch *Kids Meet a Woman with Tourettes* (2018)~~

~~<https://www.youtube.com/watch?v=54qoxmF-GOw> 7:24~~

~~Complete the portion of the July Staff Meeting Worksheet that goes with this video~~

~~25. Watch *What is Psychosis?* (2015)~~

~~[https://www.youtube.com/watch?v=WvpE8y\\_S6xA](https://www.youtube.com/watch?v=WvpE8y_S6xA) 5:42~~

~~Complete the portion of the July Staff Meeting Worksheet that goes with this video~~

~~26. Watch *Anderson Cooper tries a schizophrenia simulator* (2014)~~

~~<https://www.youtube.com/watch?v=yL9UJvtgPZY> 5:03~~

~~What is your reaction to the video?~~

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

# LST Meeting

8/27/19  
9:00am-12:00pm  
Oakridge Office (Aitkin)  
Mariah Prokott QDDP/DC

*Marlene M  
did not  
attend*

## 1. Safety Agenda

## 2. Welcome New Staff- Virginia Williams

## 3. VA's:

- a. Two VA's filed on 2 different community members in regards to a client. The county is investigating.
- b. VA filed for missing underwear.
- c. VA filed against client because he moved out against case manager and guardian advice.
- d. VA filed for staff enticing client-staff was terminated.
- e. VA filed for staff yelling/swearing at clients-Staff has quit.
- f. VA filed for staff leaving clients unattended in vehicle while staff went into the store.
- g. Client left home alone with no alone time x2 (two different staff, two different days)
- h. Client reported staff sleeping on awake overnight and picking on him and nagging him

## 4. Boundaries

- a. Appropriate Boundaries
- b. Goals- what is my part?

## 5. Documentation

- a. Level of active support
- b. What to document

## 6. Prohibited Procedures & why not effective

## 7. Nutrition:

- a. Portions, serving size, measuring, weighing, visual measurements

## 8. Videos

- a. Person-Centered/Positive Support
- b. Schizophrenia Stimulator
- c. Co-occurring Substance Abuse and Health Conditions

## 9. EUMR/BIRF

## 10. Questions/Concerns?

11. Next LST Meeting: 11/26/19; 9:00am-12:00pm at the Aitkin Office

# Thank You!!

August 2019 Staff Meeting Makeup

Name: Maxine Martinez Date: 10-19-19

1. Keeping hands clean through improved hand hygiene is one of the most important steps we can take to: avoid getting sick and spreading germs.
2. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60 % alcohol.
3. List 5 of the 10 times listed when you should wash your hands:
  - a. Before, during and after preparing food
  - b. After eating
  - c. Before and after caring for a sick person
  - d. Before and after treating a cut or wound
  - e. After using the toilet
4. List the middle 3 steps to washing your hands:
  - a. Wet hands with clean, running water, turn off tap, and apply soap
  - b. Wet hands - rub together with soap
  - c. Scrub hands for at least 20 seconds
  - d. Rinse your hands well under clean, running water
  - e. Dry hands using clean towel, or air dry them.
5. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands, but sanitizers do not eliminate all types of germs and may not remove harmful chemicals.
6. When handwashing, rub your hands and arms vigorously for 20 seconds.
7. Proper lifting mechanics for your back. Use the acronym M Y B A C K
8. Make sure you plan the lift, clear the path, assess if load is too heavy.  
If the load is too heavy, seek assistance.  
Your feet should be shoulder width apart. Get a firm footing close to the load.

Be sure to lift smoothly using a suitable lifting technique.

A: Suitable firm grip should be maintained throughout the lift.

Carry the load close to your body.

Always move your feet when turning.

Keep your spine aligned with natural curves

Maintain the S shaped curve in your back

9. Complete the RAPP Competency for your house.

10. Watch *Childhood Disintegrative Disorder*  
<https://www.youtube.com/watch?v=nhMI0dTKpfA> (4:49)

Complete the portion of the August Staff Meeting Worksheet that goes with this video

11. Watch *What Are Co-Occurring Disorders?*  
<https://www.youtube.com/watch?v=8RW/SctVevIM> (1:14)

Complete the portion of the August Staff Meeting Worksheet that goes with this video

12. Watch *What is Integrated Treatment?*  
<https://www.youtube.com/watch?v=2kwtcADn-yM> (2:24)

Complete the portion of the August Staff Meeting Worksheet that goes with this video

August 2019 Staff Meeting Makeup

Name: Maxine Martinez Date: 12-27-19

1. Keeping hands clean through improved hand hygiene is one of the most important steps we can take to: take care of ourselves and prevent illness.
2. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60 % alcohol.
3. List 5 of the 10 times listed when you should wash your hands:
  - a. before and after handling food
  - b. before eating food
  - c. after using the toilet
  - d. after blowing your nose, coughing, or sneezing
  - e. after touching garbage
4. List the middle 3 steps to washing your hands:
  - a. Wet
  - b. lather
  - c. scrub
  - d. rinse
  - e. Dry
5. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands, but sanitizers do not eliminate norovirus (a stomach bug) and may not remove harmful chemicals.
6. When handwashing, rub your hands and arms vigorously for 20 seconds.
7. Proper lifting mechanics for your back. Use the acronym M Y B A C K
8. M: Make sure you plan the lift. Your feet should be shoulder width apart. Be sure to lift smoothly using a suitable  
Y: lifting technique. A suitable firm grip should be maintained  
throughout the lift. Carry the load close to your body. Keep your spine aligned with natural curves,

B: \_\_\_\_\_  
\_\_\_\_\_  
A: \_\_\_\_\_  
\_\_\_\_\_  
C: \_\_\_\_\_  
\_\_\_\_\_  
K: \_\_\_\_\_  
\_\_\_\_\_

9. Complete the PAPP Competency for your house.

10. Watch *Childhood Disintegrative Disorder*  
<https://www.youtube.com/watch?v=nhMI0dTKpfA> (4:49)

Complete the portion of the August Staff Meeting Worksheet that goes with this video

11. Watch *What Are Co-Occurring Disorders?*  
<https://www.youtube.com/watch?v=8RWSctVevIM> (1:14)

Complete the portion of the August Staff Meeting Worksheet that goes with this video

12. Watch *What is Integrated Treatment?*  
<https://www.youtube.com/watch?v=2kwtcADn-yM> (2:24)

Complete the portion of the August Staff Meeting Worksheet that goes with this video

August 2019 Staff Meeting Makeup ANSWERS

Name: Maxine Martinez Date: 12-27-19

13. Keeping hands clean through improved hand hygiene is one of the most important steps we can take to: Kill germs and \_\_\_\_\_ (avoid getting sick; spreading germs to others)

14. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60 % alcohol. (60)

15. List 5 of the 10 times listed when you should wash your hands:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

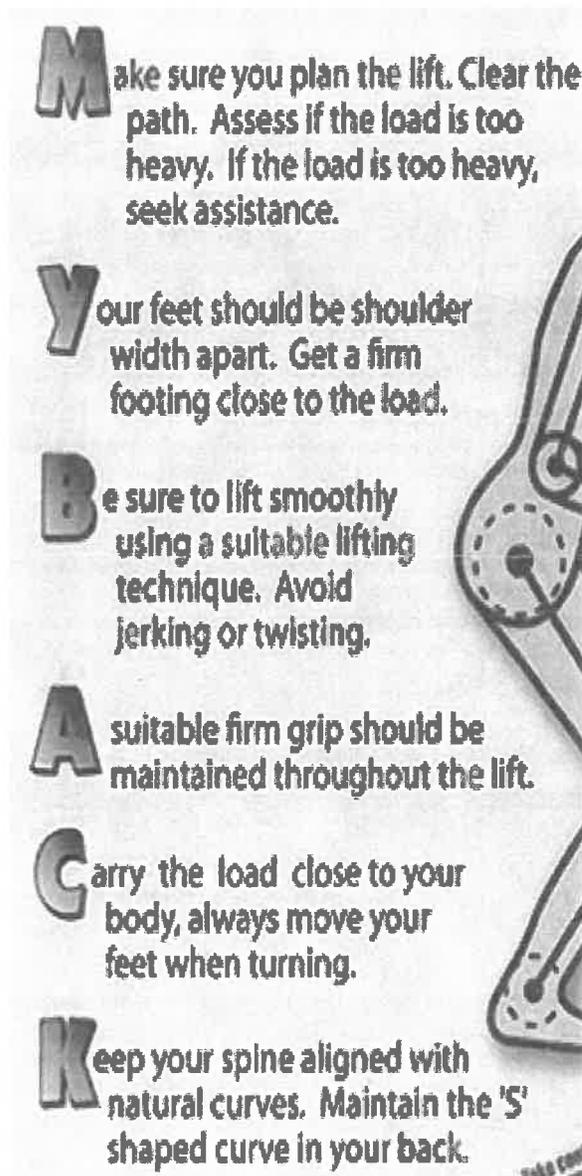
16. List the middle 3 steps to washing your hands:

- a. Wet
- b. LATHER
- c. SCRUB
- d. RINSE
- e. Dry

17. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands, but sanitizers do not eliminate stomach bug called Norovirus and may not Kill \_\_\_\_\_ (all types of germs; remove harmful chemicals)

18. When handwashing, rub your hands and arms vigorously for 20 seconds. (20)

19. Proper lifting mechanics for your back. Use the acronym M Y B A C K (MYBACK)



20. Complete the PAPP Competency for your house.

21. Watch *Childhood Disintegrative Disorder*  
<https://www.youtube.com/watch?v=nhMI0dTKpfA> (4:49)

Complete the portion of the August Staff Meeting Worksheet that goes with this video

22. Watch *What Are Co-Occurring Disorders?*  
<https://www.youtube.com/watch?v=8RWSctVevIM> (1:14)

Complete the portion of the August Staff Meeting Worksheet that goes with this video

23. Watch *What is Integrated Treatment?*  
<https://www.youtube.com/watch?v=2kwtcADn-yM> (2:24)

Complete the portion of the August Staff Meeting Worksheet that goes with this video

**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	Maxine Martinez	Year	2018
Location	SILS	Position	LST
Date of Employment	6/11/97	Inservice Hours Required	6

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

**Monthly Staff Meetings**

*Attach staff meeting agenda*

Month	Date	Inservice Topic	Presenter	Hours	Initials
Jan		Staff & House Meeting Positive Support-Domains of meaningful life (.5) VARPP, Service Recipient Rights, CSSP Competencies, MH-Major Depressive Disorder (.5)		3	
Feb		Staff & House Meeting Positive Support (.5) MH-Suicide Intervention (1)		3	
March		Staff & House Meeting IPP Competencies, MH-Schizophrenia (.5)		3	
April		Staff & House Meeting BIPP & Psych Med Competency, MH-Psychotropic Meds & Side Effects (1)		3	
May		MANDATORIES: Bloodborne Pathogens, AWAIR Act, Right to Know, Affirmative Action Plan/EEO, HIPAA, Data Privacy, VARPP, Emergency and Reporting Policies and Procedures, Personnel Policies, Service Recipient Rights		3	
June		Staff & House Meeting Positive Support PCP (.5) CSSP-A Competencies, MH-Recovery from MI, Community Resources (1)		3	
July		Staff & House Meeting IAPP Competencies, Adaptive Equipment Competency, MH-Bipolar Disorder (.5)		3	
Aug		Staff & House Meeting PAPP Competency, MH-Co-occurring SA & HC (1)		3	
Sept	11/15	Therapeutic Intervention Positive Support	Make-up Packet	3	
Oct		Staff & House Meeting Cultural Competency, Harassment, Medicare Fraud MH-Obsessive Compulsive Disorder, Treatment Options/EBP (.75)		3	
Nov		Staff & House Meeting MH-Anxiety Disorder, PTSD (.75)		3	

### Required Certifications

Date	Inservice Topic	Presenter	Hours	Compete.
	First Aid			
	CPR			
	Medication Administration			

### Vulnerable Adult Review/Vulnerable Adult Policies and Procedures (VARPP)

Date: <i>12/31/18</i>	Online VA Training
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### Consumer IAPP Competencies

Date	Consumer Initials	Date	Consumer Initials

### Consumer ISP/CSSP and CSSP Addendum Competencies

Date	Consumer Initials	Date	Consumer Initials

### Other Training

*Attach back up Documentation*

Month	Date	Training	Initials
<i>Mar</i>	<i>28</i>	<i>LST Meeting Make-up</i>	
<i>Oct</i>	<i>10</i>	<i>LST Meeting Make-up</i>	
<i>Dec</i>	<i>27</i>	<i>Oct. <sup>error</sup> Nov. LST meeting makeup</i>	

Total hours for 2018 (page 1 and 2 combined)	
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# VARPP (Jan, 2018)

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: externally - MAARC system, internally - ORH Administrator or Coordinator

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

or both  
internal and external

A: accident

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

A: Page 5

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: Individual Abuse Prevention Plan

7: Person engaged in the care of a VA

A: mandated reporter

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

A: vulnerable adult

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

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

A: Neglect

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

A: No longer than 24 hours from the time the event occurred.

11: What does VARPP stand for?

A: Vulnerable Adults Reporting Policy and Procedures

12: The VARPP should be posted at a prominent 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 two 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: policy against maltreatment

Return this page

Make Up for February, 2018 LST Meeting

Name: Maxine Martinez Date: 3/28/18

1. List two professionals whom are mandated reporters
  - a. police
  - b. paramedic
2. How do you know if your client is a vulnerable adult?  
If they live in a group home, or receive ORH/WSS support services
3. Hitting, slapping, kicking, pinching, biting, or corporal punishment is the definition of what?  
physical abuse
4. A mandated reporter can make an internal or an external report.
5. A caregiver is not able to maintain the physical and mental health of the vulnerable adult, which is neglect. (True) or False
6. It is the policy of the DHS licensed provider, Oakridge Homes/Woodview Support Services to protect the adults served by this program who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults.
7. Read Service Recipient Rights. Name 5 Rights.
  - a. Take part in planning and evaluating services that will be provided to me.
  - b. Have services and supports provided to me in a way that respects me, and considers my preferences
  - c. Refuse or stop services, and be informed what will happen if I refuse or stop services
  - d. Know before I start services from ORH/WSS if they have the ability to meet my need for service supports
  - e. Know conditions and terms governing the provision of services including ORH/WSS admission criteria, policies, procedures related to temporary service suspension and service termination
8. What is required if one of the rights is going to be restricted?
9. ORH/WSS cannot restrict any rights they choose.
10. Before ORH/WSS may restrict rights in any way, ORH/WSS must document the following information (list two of them):
  - a. Your right to associate with other persons of your choice
  - b. Your right to engage in activities that you choose.

11. Williams Syndrome (WS) is a genetic condition that is present at birth and can affect anyone.
12. Williams Syndrome effects 1 in 10,000 people worldwide.
13. List two common features of Williams Syndrome:
- Cardiovascular disease ; characteristic facial appearance
  - developmental delays ; heart and blood vessel problems
14. Minnesota Department of Human Services Values:
- Community membership
  - Health, wellness, safety
  - own place to live
  - Important long-term relationships
15. What is the purpose of the HIPAA form? to help ensure the privacy and ease of access of your medical records: A document that allows an appointed person or party to share health information with another person or group.
16. What is the purpose of the Data Privacy form? A genetic disorder that prevents normal development in various parts of the body. There may be unusual facial characteristics, short stature, heart defects, other physical problems and possible developmental delays
17. What is Noonan Syndrome?  
 Purpose of Data Privacy form  
 To protect personal and private information from unauthorized persons.
18. List 5 symptoms of Noonan Syndrome:
- Eyes are wide set and down slanting with droopy lids. Irises are pale blue or green
  - Ears are low set and rotated backward
  - Nose is depressed at the top with a wide base and bulbous tip
  - facial features may appear coarse, but appear sharper with age
  - Head may appear large with prominent forehead and low hairline on back of head
19. A parent with Noonan Syndrome has a 50 % chance of passing the defective gene on to his or her child.
20. Read entire employee handbook. Sign form indicating you have received it.

\* Please return this worksheet to me.  
- Meghan

Makeup Packet Questions for August, 2018 LST Meeting

Name: Maxine Martinez

Date: 10/10/18

1. What is FASDs? Fetal Alcohol Spectrum Disorders - A group of conditions that can occur in a person whose mother drank alcohol during pregnancy.
2. List 3 of the behavioral or intellectual disabilities of people with FASDs:
  - a. Difficulty with learning or memory.
  - b. Difficulty with attention
  - c. speech and language delays.
3. When a woman drinks alcohol so does her baby.
4. A diagnosis for FAS requires the presence of all three of the following findings:
  - a. abnormal facial features
  - b. growth problems
  - c. central nervous system problems
5. Deep and meaningful relationships play a vital role in overall well-being.
6. Individuals with supportive and rewarding relationships have lower rates of morbidity and mentality.
7. Supportive relationships help people thrive by enabling them to embrace and pursue opportunities that enhance positive well-being broaden and build resources, and foster a sense of purpose and meaning in life.
8. Supportive relationships are an important part of our mental health.
9. Mental health is your overall physical and mental state and well-being, which includes both positive and negative elements.
10. Studies show that people with health relationships:
  - a. Heal more quickly
  - b. Have lower blood pressure
  - c. Are less likely to experience a depression relapse
  - d. Are less anxious
11. List 2 ways social relationships foster mental health:
  - a. They provide people with purpose and meaning
  - b. Friends and family might encourage positive health behaviors.
12. Name 1 transportation barrier and 1 solution:
  - a. Barrier: People with disabilities may not know how to use transportation services.
  - b. Solution: Improve and broaden training on public transportation.
13. Name 1 money barrier and 1 solution:
  - a. Barrier: Those living in congregate care often lack easy access to, or awareness of their money
  - b. Solution: Give people with disabilities access to, and control over their money.

14. Name 1 parent/guardian barrier and 1 solution:  
 a. Barrier: Parents/guardians may limit the ability of people with disabilities to do community activities because they're fearful of dangers/risks.  
 b. Solution: Provide group meet ups prior to activity to ease fears of family/guardians.
15. Name 1 people with disabilities barrier and 1 solution:  
 a. Barrier: Choice ~~in~~ experience difficulty making choices including choosing activity,  
 b. Solution: Increase opportunities for choice, different places, activities more than once.
16. Social inclusion can be described as not only being present in a community but also having meaningful social connections, and participated in fulfilling social activities.
17. Many of the determinants of chronic illness for people with intellectual disability are fully Modifiable
18. List 2 things friendship provides:  
 a. Companionship  
 b. Emotional support
19. More community participation = strengthened social networks; stronger interpersonal relationships = increased access to and involvement in the community.
20. What does BIRF stand for? Behavior Intervention Reporting Form
21. List 3 things a BIRF is completed for:  
 a. Various forms of restraint  
 b. time out methods  
 c. seclusion and punitive consequences
22. List 3 Prohibited Procedures:  
 a. Deprivation procedures  
 b. Seclusion  
 c. Chemical restraint
23. Why does Oakridge Woodview have a dress code for staff? Because we are teachers and role models for the clients we serve.
24. List 3 of the dress code rules:  
 a. Clothes will be neat and clean and in good condition no holes in shirts or jeans.  
 b. no bare feet or flip flops  
 c. ball underwear will be covered by outerwear
25. Soto Syndrome is a condition characterized by a distinctive facial appearance overgrowth in childhood, and learning disabilities or delayed development.
26. Soto syndrome is a genetic disorder that has advanced bone age in approximately 75 to 85 % of patients.

TRUE (FALSE) 76-86%

27. SIGNS AND SYMPTOMS- Soto syndrome main clinical finding is prenatal or post natal growth.

TRUE (FALSE)

28. CAUSES - Soto syndrome is caused by mutations in the NSD1 gene. True →

TRUE  FALSE

29. In non-office settings, Oakridge Employee are not allowed visitors at the worksite while on duty.

TRUE  FALSE

30. According to the "Attestation guide book for Residential Settings, Clients can have visitors at any time?

TRUE  FALSE

31. According to the Service Recipient Rights, clients have a right to visit alone with my spouse, family, legal counsel, religious guide, including in my bedroom.

TRUE  FALSE

32. According to Oakridge Homes Charting/ Documentation Guidelines, it is ok to erase an entry that was written in a client's chart?

TRUE  FALSE

33. It is OK to use a pencil when charting?

TRUE  FALSE

34. It is a good idea to use professional jargon and personal opinion when charting?

TRUE  FALSE

35. Never write another consumer's name in any record that goes into a permanent file.

TRUE  FALSE

36. If it is not Documented, It was not DONE!!!

37. Name 3 things that you should chart on when you are on your shift:

- a. injuries and what was done
- b. medication changes
- c. seizures

38. IAPP stands for \_\_\_\_\_



## November LST Meeting Make-Up

Name: Maxine Martinez

Date: 12/27/18

**\*\*This make-up packet MUST be completed before December 28<sup>th</sup>. Also, please remember to bill your time under "training."**

1. Read the Medicare Fraud & Abuse PowerPoint and sign and date acknowledgement sheet indicating that you have read it.

2. Watch the harassment/bullying videos and list 4 things you learned

a. Workplace Bullying <https://www.youtube.com/watch?v=-bhrqQ5zNmc> (2:45)

b. Adult Cyber Bullying <https://www.youtube.com/watch?v=53CHR94sdXg> (2:27)

c. Bullys have a need to control.

d. Bullys try to paralyze their target.

e. constant criticism is a bullying tactic.

f. Cyberbullying is one or a group of people using electronic means to threaten

3. Read the Cultural Competency PowerPoint and watch all 4 videos and complete Cultural Competency 2018 Worksheet humiliates or target another person.

a. <https://www.youtube.com/watch?v=sQuM5e0QGLg> "We Are All Different - and THAT'S AWESOME!" (4:39)

b. <https://www.youtube.com/watch?v=3KvvlMJefR4> "Imagine a World Without Hate" (1:19)

c. <https://www.youtube.com/watch?v=q0qD2K2RWkc> "I Am NOT Black, You are NOT White" (4:35)

d. <https://www.youtube.com/watch?v=GTvU7uUgjUI> "Cracking the Codes—grocery store" (3:56)

4. Read Emergency Procedures re: winter.

5. List the items your clients need to be wearing to be appropriately dressed for winter weather. I Couldn't find this info. in the packet, talked to Terri, she said "wearing it!"

a. Hat

b. boots

c. mitten or gloves

d. Scarf

e. thick socks

f. long Johns

g. hand warmers

6. It is recommended that you get a flu shot every year.

7. True or False: I have read over the list of volunteer ideas, and I will let my supervisor know if I have any fun and exciting new ideas to share.

Make up Packet Questions for Oakridge November 2017 Staff Meeting

1) Having a social phobia where everyday interactions cause significant anxiety, fear, self-consciousness and embarrassment because you fear being judged by others is called

Social anxiety disorder

2) Social Anxiety Disorder usually starts during a person's early to mid teens but can start earlier or later in life.

3) Name 2 Physical symptoms of Social anxiety blushing sweating

4) Name two possible causes of Social Anxiety Disorder: A inherited traits

B environment

5) What does PTSD stand for? post traumatic stress disorder

6) When is PTSD most likely to begin after a traumatic event? within three months

7) Name 3 of the 4 main categories of PTSD: A reliving B avoiding

C increased arousal

8) About 5.2 million adult Americans suffer from PTSD during the course of a year.

9) Name two ways PTSD is treated medication psychotherapy

10) What is Social Communication Disorder? It is having difficulty with *pragmatics* the *unspoken* subtle rules of the *spoken language* that allow people to connect.

11) What is one theory of what causes Social Communication disorder? *neurodevelopmental brain disorder* in the *brains*. *Right hemisphere*.

12) Name a symptom of Social Communication disorder. Your child may say inappropriate or *unrelated things* during a conversation.

13) Name 3 things that describe active treatment. *A consistent B aggressive continuous*

~~NA~~ 14) What 3 things are contained in the count book in each house? A \_\_\_\_\_

B \_\_\_\_\_ C \_\_\_\_\_

~~NA~~ 15) If the money and receipts does not match the amount on the top of the form, what do you do?

16) It is everyone's responsibility to keep a work area safe and clean? **TRUE** FALSE

17) Name three things that cause imbalance? Decreased strength Decreased vision

c aging balance system

18) Getting a flu shot cause you to get the flu? TRUE FALSE

19) What months are the best to get the flu shot? A October B November

20) Name 3 times you should be washing your hands. A before eating food

B after using the toilet C after touching garbage

21) How long should we be scrubbing our hands for when washing? 20 seconds.

22) Name one way to get stress under control. Look for ways to reduce

the amount of stress in your life

23) Name three ways to lower stress. A learn better time management

B take good care of yourself C speak up

24) Name two common symptoms of stress that affect the body:

A headaches

B upset stomach

25) Name 5 volunteering ideas that clients in your home could do. A baked goods - bring to Habitat for Humanity etc.

B. Shoebox present

C. art projects for nursing homes

26) Who should you let know about the successes by consumers and staff in your house to celebrate and acknowledge in the Oakridge Newsletter? \_\_\_\_\_ (Hint: she works at the front desk in the Brainerd office).

## ANNUAL STAFF EVALUATION - Life Skills Trainer (LST)

**Employee's Name:** Maxine Martinez

**Location:** Aitkin SILS

**Evaluation:** 2020

### STEPS for the Annual Review Process

1. PC completes the Annual Evaluation Form
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.

<b>Time and Attendance</b>	<b>PC</b>	<b>HR</b>
1. Does the employee show up for work and ready to begin with the client on time?	Yes	
2. Does the employee make good use of time when with the client?	Yes	
3. Is the employee able to rearrange their schedule and use time efficiently when a client cancels?	NI	
4. Does the employee arrive at meetings and in-services on time?	NI	
5. Does the employee use the timeclock punch system as expected?	Yes	
6. Does the employee make good use of the client's allowable hours?	Yes	
7. Does the employee have any tardiness or attendance concerns?	No	
8. Did employee give proper notice for cancellation and promptly reschedule?	NA	

**Supervisor Comments:**

Maxine has always done well with attendance. She has repeatedly shown up when she was supposed to and uses the time clock system appropriately. I've never had issues with Maxine in this area.

<b>Documentation</b>	<b>PC</b>	<b>HR</b>
1. When completing documentation, is it objective, does it give a clear picture of the event and does it document goal progress accurately?	Yes	
2. Does the employee complete or turn in documentation (billing sheets and timesheets) in a timely manner?	Yes	

**Supervisor Comments:**

Maxine has always provided on time, clear, and concise documentation. I have no concerns regarding Maxine in this area.

<b>Knowledge</b>	<b>PC</b>	<b>HR</b>
1. Does employee listen to the clients about their concerns?	Yes	
2. Does employee ask supervisor questions when unsure of a client situation?	Yes	
3. Does employee know, understand and support ORH policies and procedures?	Yes	
4. Is the employee careful about confidentiality such as which information can and cannot be released to others?	Yes	
5. Does employee exhibit sound accurate judgment?	Yes	
6. Does employee communicate effectively with team and clients?	Yes	

**Supervisor Comments:**

Maxine only works with one client. She knows this client very well and has always followed Oakridge procedures and policies. Maxine has come to me with any questions.

<b>Client Related Issues</b>	<b>PC</b>	<b>HR</b>
1. Does employee know what is in each client's IAPP?	Yes	
2. Does employee understand how to work with the client to meet the objectives of their plan?	Yes	
3. Does employee know and effectively use the community resources available to each client?	Yes	
4. Does employee respond the same to each client without showing favoritism?	NI	
5. Is the employee flexible in response to different clients and situations?	Yes	
6. Does employee know the client's rights, and advocate for them?	Yes	
7. Is employee a good role model for the clients and other staff by attitude, dress,	Yes	

work ethic, honesty, enthusiasm, etc.?

Supervisor Comments:

As stated earlier in this review Maxine only works with one client. Given this fact I am not in a position to evaluate her use of favoritism. She has excellent knowledge of her client's needs and wants. She has done an excellent job of catering to the client's goals.

General	PC	HR
1. Does the employee know, understand and support ORH policies and procedures?	Yes	
2. Are there any concerns relating to safety, property or use of vehicles to transfer clients? If yes, please indicate what those concerns are in the comments below.	No	
3. Does the employee appear to fit in as a part of the SILS team? If no, what appears to be the reason? Maxine only works with one client and doesn't regularly interact with other Oakridge employees. But I have seen nothing that would be of concern.	Yes	
4. Is the employee working the shifts they were hired for? Hired/scheduled for: part time SILs Working: part time SILS If no, why not: NA	Yes	
5. Did the employee have any disciplines over the last year? If yes, provide in the comments that the discipline was related to and have these concerns improved?	No	

Supervisor Comments:

Maxine has always done an excellent job. I do not interact with her on a regular basis but she has never given me anything to be concerned about.

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

1. What does the employee feel are their top 2 strengths?
2. What does the employee feel is an area that could use improvement? (goal for coming year)
3. What would you as an employee like to learn more about in your job?
4. Is there an area that the employee feels has not been addressed?

\*\*\*\*\*

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

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

## ANNUAL STAFF EVALUATION - Life Skills Trainer (LST)

**Employee's Name:** Maxine Martinez

**Location:** Aitkin SILS

**Evaluation:** 2018

### STEPS for the Annual Review Process

1. PC completes the Annual Evaluation Form
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	HR
1. Does the employee show up for work and ready to begin with the client on time?		Yes	
2. Does the employee make good use of time when with the client?		Yes	
3. Is the employee able to rearrange their schedule and use time efficiently when a client cancels?		Yes	
4. Does the employee arrive at meetings and in-services on time?		Yes	
5. Does the employee complete time card and documentation sheets on time and accurately?		Yes	
6. Does the employee make good use of the client's allowable hours?		Yes	
7. How many times has the employee been tardy in the last 90 days?		0 - 1	
8. If tardies, did the employee provide notice for the tardies?		No	
	<u>Dates</u>	<u>Reason Given</u>	
	Date		

- 9. How many times has the employee been absent in the last 90 days? 0 - 1
- 10. Did employee give proper notice for cancellation and promptly reschedule? NA

Supervisor Comments:

There have been no tardies to the QDDP's knowledge. Maxine is great about getting her doc sheets and timesheets in on time.

**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 or client information accurately?		Yes	
4. Does the employee complete or turn in documentation (billing sheets and timesheets) in a timely manner?		Yes	

Supervisor Comments:

Maxine provides a clean picture of the events that took place. No concerns in this area.

**Documentation Summary**

Knowledge		PC	HR
1. Does employee listen to the clients about their concerns?		Yes	
2. Does employee ask supervisor questions when unsure of a client situation?		Yes	
3. Does employee know, understand and support ORH policies and procedures?		Yes	
4. Is the employee careful about confidentiality?		Yes	
5. Does employee know which information can and cannot be released to others?		Yes	
6. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?		Yes	
7. Does employee exhibit sound accurate judgment?		Yes	
8. Does employee communicate effective with team and clients?		Yes	

Supervisor Comments:

Maxine has worked for Oakridge for over 10 years; she is well aware of our policies.

**Knowledge Summary**

Client Related Issues		PC	HR
1. Does employee know what is in each client's IAPP?		Yes	
2. Does employee understand how to work with the client to meet the objectives of their plan?		Yes	
3. Does employee know and effectively use the community resources available to each client?		Yes	
4. Does employee respond the same to each client without showing favoritism?		Yes	
5. Is the employee flexible in response to different clients and situations?		Yes	
6. Does employee know the client's rights, and advocate for them?		Yes	
7. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.?		Yes	
8. Does employee accept and offer compliments, criticism, and suggestions?		Yes	

Supervisor Comments:

Maxine has not only worked for Oakridge for over 10 years, she has also been working with JS for over 10 years. She knows JS probably better than anyone else.

**Client Related Issues 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 SILS 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: SILS Hours Working: SILS 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) <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Coaching/Note <input type="checkbox"/> Verbal Warning <input type="checkbox"/> Written Warning b. What did the discipline relate to?  c. Have these concerns improved since review with the employee?		No	Select

6. What is the greatest contribution that this employee makes to the position?  
Maxine has been a constant support and ally to JS for more than a decade. JS knows she can go to Maxine with/for anything.

Supervisor Comments:

Even though Maxine is not able to attend any inservices due to another job, there is no concern about her not completing her work. Maxine returns make-up packets and sends in reports/doc sheets in a timely manner. Maxine is entirely reliable.

**General Summary**

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

1. What do you as an employee see as the most important part of your job?  
 "Helping my client be the most independent that she can. Giving her guidance when she needs it."
2. What would you as an employee like to learn more about in your job?  
 "I really can't think of anything at the moment, honestly."
3. How could we use your talents and experience better?  
 "I don't know the answer to that on either especially being that I only have one client."
4. How can your supervisor help you in any of the areas discussed?  
 "Can't think of anything off hand because nothing much really changes. JS is pretty steady."

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

\*\*\*\*\*

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

Employee Signature: Maxine Martinez Date: 12/12/18

Supervisor's Signature: [Signature] Date: 12/12/18

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

**2017 ANNUAL STAFF EVALUATION – Life Skills Trainer (LST)**

Name: Maxine martinez Date: 12/12/17 Location: SILS

**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**

- |   |  |
|---|--|
|   | <b>PC</b>                                  |
| 1. Does employee show up for work and ready to begin shift with the client on time?             | <input checked="" type="radio"/> Yes/No/NI |
| 2. Does employee make good use of time when with the client?                                    | <input checked="" type="radio"/> Yes/No/NI |
| 3. Is employee able to rearrange their schedule and use time efficiently when a client cancels? | <input checked="" type="radio"/> Yes/No/NI |
| 4. Does employee arrive at meetings and in-services on time?                                    | <input checked="" type="radio"/> Yes/No/NI |
| 5. Does employee complete time card and documentation on time and accurately?                   | <input checked="" type="radio"/> Yes/No/NI |
| 6. Does employee make good use of the client's allowable hours?                                 | <input checked="" type="radio"/> Yes/No/NI |
| 7. How many times has the employee been tardy in the last 90 days?                              | <input checked="" type="radio"/> 0-1 / 2+  |
| 8. If tardies, did the employee provide notice for the tardies?                                 | Yes/No<br>NA                               |
| <u>Dates</u> <u>Reason Given</u>  |  |
| 9. How many times have the employee cancelled or been absent in the last 90 days?               | <input checked="" type="radio"/> 0-1 / 2+  |
| 10. Did the employee give proper notice for cancellation and promptly reschedule?               | Yes/No<br>NA                               |

**Supervisor Comments:**

#4. Maxine has a day job and is sent the make-up materials. sv does very well at turning them in on time  
 #5. Maxine needs to remember to record the exact start/end times when working/recording on timesheet.

**Documentation**

- |   |  |
|---|--|
|   | <b>PC</b>                                  |
| 1. When completing documentation, is it objective?  | <input checked="" type="radio"/> Yes/No/NI |
| 2. Does it give a clear picture of the event?   | <input checked="" type="radio"/> Yes/No/NI |
| 3. Does it document goal progress or client information accurately?                                 | <input checked="" type="radio"/> Yes/No/NI |
| 4. Does employee complete or turn in documentation (billing sheets, timesheets) in a timely manner? | <input checked="" type="radio"/> Yes/No/NI |

Supervisor Comments: Maxine has always turned in her documents in a timely manner & will even call to make sure they were received ☺

**Knowledge**

PC

- 1. Does employee listen to the clients about their concerns?  Yes/No/NI
- 2. Does employee ask supervisor questions when unsure of a client situation?  Yes/No/NI
- 3. Does employee know, understand and support ORH policies and procedures?  Yes/No/NI
- 4. Is employee careful about confidentiality?  Yes/No/NI
- 5. Does employee know which information can and cannot be released to others?  Yes/No/NI
- 6. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?  Yes/No/NI
- 7. Does employee exhibit sound and accurate judgment?  Yes/No/NI
- 8. Does employee communicate effectively with team and clients?  Yes/No/NI

Supervisor Comments: Maxine is kind of the "lone wolf" out there in Grand Rapids/Hill City; however, she does very well at relaying information about the consumer she works with. Maxine does not share any information that the consumer doesn't want her to.

**Client Related Issues**

PC

- 1. Does employee know what is in each client's Individual Abuse Prevention Plan?  Yes/No/NI
- 2. Does employee understand how to work with the client to meet the objectives of their plan?  Yes/No/NI
- 3. Does employee know and effectively use the community resources available to each client?  Yes/No/NI
- 4. Does employee respond the same to each client without showing favoritism?  Yes/No/NI
- 5. Is the 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 their attitude, dress, work ethic, honesty, enthusiasm, etc.?  Yes/No/NI
- 8. Does employee accept and offer compliments, criticism, and suggestions.  Yes/No/NI

**Supervisor Comments:**

Maxine has been a great help when the consumer was having medical problems over the past year. She also uses community resources (ie. library) to fulfill the objectives in the consumer's plan.

**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 SILS 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: SILS - Flexible Hours  
Working: SILS - Flexible Hours  
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?  
Maxime provides steady assistance, care, advocacy, and is a sort of lifeline to the consumer she works with. Maxime has worked with the same consumer for many years and, with that, has extensive knowledge about the consumer and their history. Thank you for all your years of service! ☺

\*\*\*\*\*

**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?

"spending time with the consumer."

What would you as an employee like to learn more about in your job?

"Not at the moment"

How could we use your talents and experience better?

"I can't think of anything."

How can your supervisor help you in any of the areas discussed?

"Be sure I'm documenting it correctly."

\*\*\*\*\*

**GOALS for next year-** (Supervisor and Employee develop a goal together for the upcoming year):

"Help 'consumer' find what she needs for the home, like a TV."

\*\*\*\*\*

**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: Maire Marie Date: 12-12-17

Supervisor's Signature: [Signature] Date: 12/12/17

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

2016 ANNUAL STAFF EVALUATION – Life Skills Trainer (LST)

Name: Maxine Martinez Date: 2016 Location: ASICS

**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 employee show up for work and ready to begin shift or time with the client on time?                   | <input checked="" type="radio"/> Yes/No/NI |
| 2. Does employee make good use of time when with the client?  | <input checked="" type="radio"/> Yes/No/NI |
| 3. Is employee able to rearrange their schedule and use time efficiently when a client cancels?               | <input checked="" type="radio"/> Yes/No/NI |
| 4. Does employee arrive at meetings and in-services on time?  | <input checked="" type="radio"/> Yes/No/NI |
| 5. Does employee complete time card and documentation on time and accurately?                                 | <input checked="" type="radio"/> Yes/No/NI |
| 6. Does employee make good use of the client's allowable hours?   | <input checked="" type="radio"/> Yes/No/NI |
| 7. How many times has the employee been tardy in the last 90 days?  | <input checked="" type="radio"/> 0-1 / 2+  |
| 8. If tardies, did the employee provide notice for the tardies?   | Yes/No <u>NA</u>                           |
| <u>Dates</u> <u>Reason Given</u>  |  |
| 9. How many times have the employee cancelled or been absent in the last 90 days?                             | <input checked="" type="radio"/> 0-1 / 2+  |
| 10. Did the employee give proper notice for cancellation or follow the replacement policy for a missed shift? | Yes/No <u>NA</u>                           |

**Supervisor Comments:**

Maxine has always been great at getting her paperwork in on time; same with meetings.

**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 or client information accurately?
- 4. Does employee complete or turn in documentation (billing sheets, timesheets) in a timely manner?

Yes/No/NI

Yes/No/NI

Yes/No/NI

Yes/No/NI

Supervisor Comments:

*No concerns with documentation. It is always in great condition.*

**Knowledge**

PC

- 1. Does employee listen to the clients about their concerns?
- 2. Does employee ask supervisor questions when unsure of a client situation?
- 3. Does employee know, understand and support ORH policies and procedures?
- 4. Is employee careful about confidentiality?
- 5. Does employee know which information can and cannot be released to others?
- 6. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?
- 7. Does employee exhibit sound and accurate judgment?
- 8. Does employee communicate effectively with team and clients?

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:

*Maxine knows + understands ORH policies.*

**Client Related Issues**

PC

- 1. Does employee know what is in each client's Individual Abuse Prevention Plan/ Risk Management Plan?
- 2. Does employee understand how to work with the client to meet the objectives of their plan?
- 3. Does employee know and effectively use the community resources available to each client?
- 4. Does employee respond the same to each client without showing favoritism?
- 5. Is the 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 their attitude, dress, work ethic, honesty, enthusiasm, etc.?
- 8. Does employee accept and offer compliments, criticism, and suggestions.

Yes/No/NI

Supervisor Comments:

*Maxine works with one consumer and knows a lot about her, especially after 10 years!*

\*\*\*\*\*

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 SILS 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: Flexible shifts  
Working: Flexible shifts  
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?  
*Maxine is a great help to the consumer she sees. Maxine gives her advice and supports her in many ways.*

\*\*\*\*\*

**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?

"knowing JS's needs & concerns and working with her accordingly."

What would you as an employee like to learn more about in your job?

"Supports regarding cancer and that process."

How could we use your talents and experience better?

"I don't know, I only work with JS."

How can your supervisor help you in any of the areas discussed?

Getting wrong timesheets (dates).

\*\*\*\*\*

**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: Mahe Martinez Date: 12/12/16

Supervisor's Signature: [Signature] Date: 12/9/16

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

## 2015 ANNUAL RESIDENT INSTRUCTOR EVALUATION

Name: Maxine Martinez Location: Willow

### 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
10. Does employee give proper notice when a shift was missed?  Yes/No/NI
11. Does employee pick up shifts when available or needed? Always/ Often/Sometimes/Never

### Supervisor Comments:

- Willing to stay if needed or pick up shifts when needed.
- Sometimes here late - work on charting earlier.

**Documentation**

PC

- 1. When completing documentation, is it objective?  Yes/No/NI
- 2. Does it give a clear picture of the event?  Yes/No/NI
- 3. Does it document goal progress accurately?  Yes/No/NI
- 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

Supervisor Comments:

• Great at documenting!

**Financial**

PC

- 1. When using (client or house) money, the employee always gets a receipt.  Yes/No/NI
- 2. Does employee accurately complete receipts for any money used (client or house)?  Yes/No/NI
- 3. When charging, employee makes sure that the receipt is given to the right person?  Yes/No/NI
- 4. When using (client or house) money, employee counts it at the beginning and end of their shift?  Yes/No/NI

NA

Supervisor Comments:

- Always counts money!
- Does not use clients money on overnights

**Knowledge**

PC

- 1. Does employee listen to the clients about their concerns?  Yes/No/NI
- 2. Does employee stay informed by reading the relay book and new goal/behavior changes?  Yes/No/NI
- 3. Does employee understand the difference between punishment and consequences?  Yes/No/NI
- 4. Does employee know, understand and support ORH policies and procedures?  Yes/No/NI
- 5. Is the employee careful about confidentiality?  Yes/No/NI
- 6. Does employee know which information can and cannot be released to others?  Yes/No/NI
- 7. Does employee understand and implement the Data Privacy and Vulnerable Adult Act?  Yes/No/NI
- 8. Are there any concerns with medication passing?  Yes/No/NI
- 9. Does employee complete the responsibilities expected of the shifts they work?  Yes/No/NI
  - a. If no or needs improvement, please explain:

Supervisor Comments: Work on using 3 check system!

**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:

• Great with all clients + teaching them on helping with morning routines!

**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/NI
  - i. If no to 5a, why not? **OVERNIGHT STAFF**
- 5. If a driver,
  - a. Does the employee contribute to care and cleanliness of the vehicle?  Yes/No/NI
  - 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/NI
  - i. If no, explain: **Does Not Use Vehicles**

N/A

Supervisor Comments:

• Great at keeping house clean!

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 overnights  
Working: FT overnights  
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?  
med errors  
c. Have these concerns improved since review with the employee?  Yes/No  
Buddy system helping but needs work on 3 check system

7. What is the greatest contribution that this employee makes to the position?  
Great at helping clients dress appropriately + watching weather!

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?

Best Quality care For clients

What would you as an employee like to learn more about in your job?

AFTERNOON + EVENING ROUTINES

How could we use your talents and experience better?

KEEP USING ME

How can your supervisor help you in any of the areas discussed?

KEEPING INFORMED ON NEW/CLIENT CHANGES

\*\*\*\*\*

SUMMARY

Additional Comments (completed by supervisor)

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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: Mafine Martey Date: 10/28/15

Supervisor's Signature: Supervisor's Name Date: 10.28.15

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

## 2013 Annual Employee Evaluation – Resident Instructor

Name: Maxine Martinez      Date: 10/13      Location: Willow

Please review the sections in the evaluation and give yourself a score according to the following:

- 1 poor, much improvement needed
- 2 poor, but improvement is being made
- 3 often does well in this area and meets job requirements
- 4 does well and occasionally exceeds job requirements in this area
- 5 always does well and exceeds job requirements

Please write a paragraph responding to each area, explaining why you chose the score you did, and how you will improve, if needed. Go through the evaluation independently. After you have completed it, give it to your supervisor and your supervisor will then complete a score for you and write comments. Once your supervisor has completed it, you will meet with your supervisor to review your evaluation together. At that time, you can develop any action plans that are necessary.

Time	SELF	PC
1. Do I show up for work and am ready to begin my shift on time?	<u>5</u>	<u>5</u>
2. Do I make good use of my time at work?	<u>5</u>	<u>3</u>
3. Do I arrive at meetings and in-services on time?	<u>5</u>	<u>5</u>
4. Do I complete my time card and time analysis on time and accurately?	<u>4</u>	<u>4</u>
<b>Score</b>	<u>19</u>	<u>17</u>

**How can I improve in this area, if needed?**

Self Comments: *I occasionally make a mistake on my time sheet. I can be sure to look it over to be sure it is done correctly before the end of each pay period.*

Supervisor Comments:

*+ lately lots of mistakes on time card lately!  
+ Work on getting cleaning list done early in shift so you have more time to chart.  
+ Great at showing up on time for work + meetings*

Documentation	SELF	PC
1. When completing documentation, is it objective?	<u>5</u>	<u>3</u>
2. Does it give a clear picture of the event?	<u>5</u>	<u>5</u>
3. Does it document goal progress accurately?	<u>5</u>	<u>5</u>
4. Do I make sure there is enough space for the next staff to document or do I leave the pages filled?	<u>5</u>	<u>5</u>
<b>Score</b>	<u>40</u> 20	<u>18</u>

**How can I improve in this area, if needed?**

Self Comments:

Supervisor Comments:

- \* Use words that are objective, Not words like seemed or I think.
- \* Use Abbreviations a lot - Don't use.
- \* Forgetting to Document

**Financial**

	SELF	PC
1. When using (client or house) money, I always get a receipt.	<u>N/A</u>	<u>N/A</u>
2. Do I accurately complete receipts for any money used (client or house)?	<u>N/A</u>	<u>N/A</u>
3. When charging, I make sure that the receipt is given to the right person.	<u>N/A</u>	<u>N/A</u>
4. When using (client or house) money, I count it at the beginning and end of my shift.	<u>N/A</u>	<u>5</u>
	<u>5</u>	<u>5</u>

Score

**How can I improve in this area, if needed?**

Self Comments: Since I work full time night shift, I don't make purchases with client or house money, however I do count the client and house monies on each shift.

Supervisor Comments:

\* You do count money nightly

**Cleanliness/Appearance**

	SELF	PC
1. Do I make sure that the house and vehicles are kept clean inside and out?	<u>5</u>	<u>3</u>
2. Do I check the van each time I drive it?	<u>N/A</u>	<u>N/A</u>
3. Do I make sure the next person has adequate gas or do I leave it empty?	<u>N/A</u>	<u>N/A</u>
4. Am I creative about providing a warm and cozy atmosphere in the location I work in?	<u>5</u>	<u>5</u>
5. Do I check to be sure the location is secure?	<u>5</u>	<u>4</u>
6. Do I alert the supervisor of things that need attention, repair, or of things needed to be purchased?	<u>5</u>	<u>5</u>
	<u>20</u>	<u>17</u>

Score

**How can I improve in this area, as needed?**

Self Comments:

Supervisor Comments:

\* Don't check vehicles

\* Don't Drive

**Role Model**

	SELF	PC
1. Am I a good role model for the clients and other staff by my attitude, dress, work ethic, honesty, enthusiasm, etc.?	<u>5</u>	<u>3</u>
2. Do I work as part of the team?	<u>5</u>	<u>3</u>
3. I accept and offer compliments, criticism, and suggestions.	<u>5</u>	<u>2</u>
	<u>15</u>	<u>8</u>

Score

**How can I improve in this area, as needed?**

Self Comments:

\* Speak to other staff how you would want to be talked to. (Role mo  
 \* Don't expect night staff to be able to start cleaning.  
 \* Listen to staff/PC if they have suggestions.

Supervisor Comments:

**Knowledge**

	SELF	PC
1. Am I familiar with client's current concerns?	<u>5</u>	<u>5</u>
2. Do I listen to the clients about their concerns?	<u>5</u>	<u>5</u>
3. Do I stay informed by reading the relay book and new goal/behavior changes?	<u>5</u>	<u>5</u>
4. Do I know the difference between punishment and consequences?	<u>5</u>	<u>5</u>
5. Do I know, understand and support ORH policies and procedures?	<u>5</u>	<u>5</u>
6. Am I careful about confidentiality?	<u>5</u>	<u>5</u>
7. Do I know which information can and cannot be released to others?	<u>5</u>	<u>5</u>
8. Do I understand and implement the Data Privacy and Vulnerable Adult Act?	<u>5</u>	<u>5</u>
	<b>Score</b>	
	<u>40</u>	<u>40</u>

How can I improve in this area, as needed?

Self Comments:

Supervisor Comments:

\* Know clients well.

**Client Related Issues**

	SELF	PC
1. Do I know what is in each client's Risk Management Plan?	<u>5</u>	<u>5</u>
2. Do I provide the client with effective training?	<u>5</u>	<u>5</u>
3. Do I help the client to teach the client to be independent or dependent?	<u>5</u>	<u>5</u>
4. Do I demonstrate a skill to be learned?	<u>4</u>	<u>4</u>
5. Do I plan activities in or outside the home that are appropriate, effective, and supervised according to clients needs?	<u>N/A</u>	<u>1</u>
6. Do I respond the same to each client without showing favoritism?	<u>5</u>	<u>5</u>
7. Am I flexible in response to different clients and situations?	<u>5</u>	<u>5</u>
8. Do I know the client's rights, and do I advocate for them?	<u>5</u>	<u>5</u>
	<b>Score</b>	
	<u>34</u>	<u>35</u>

How can I improve in this area, as needed?

Self Comments: Since I am a full time night staff, I am unable to be very involved in demonstrating skills, I do the best I can considering the fact that the clients are asleep during the largest part of my shifts.

Supervisor Comments:

\* Can still give suggestions or let staff/PC know about activities you hear about.

**EMPLOYEES STOP HERE**

## STAFF EVALUATION – 2012

Name: Maxine Martinez Date: 9-16-12 Location: Willow

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

	<b>SELF</b>	<b>PC</b>
1. Do I show up for work and am ready to begin my shift on time?	<u>5</u>	<u>5</u>
2. Do I make good use of my time at work?	<u>5</u>	<u>5</u>
3. Do I arrive at meetings and in-services on time?	<u>4</u>	<u>5</u>
4. Do I complete my time card and time analysis on time and accurately?	<u>4</u>	<u>5</u>
	<b>Score</b>	<b>Score</b>
	<u>18</u>	<u>20</u>

### How can I improve in this area, if needed?

*I don't always* fill out my time card on each shift, but am sure to fill it out by end of pay period. will try to fill it out on each shift, occasionally I make a mistake.  
 Self Comments: I normally arrive on time, It is a challenge because the staff meetings start at 9 AM. That is when my shift ends, It's hard as one staff, when there's no one to split charting and clean up with to finish it all, and drop a client off at Eldercircle by the time I would normally be leaving work, I don't like to leave before the house is cleaned up well.  
 Supervisor Comments: Does her best at cleaning & using appropriate time management. Shows up early on on time for work. She can leave staff not done for staff coming in later to do.

### Documentation

	<b>SELF</b>	<b>PC</b>
1. When completing documentation, is it objective?	<u>5</u>	<u>5</u>
2. Does it give a clear picture of the event?	<u>4.5</u>	<u>5</u>
3. Does it document goal progress accurately?	<u>4</u>	<u>4</u>
4. Do I make sure there is enough space for the next staff to document or do I leave the pages filled?	<u>5</u>	<u>5</u>
	<b>Score</b>	<b>Score</b>
	<u>19</u>	<u>19</u>

### How can I improve in this area, if needed?

Self Comments: I try to give a clear picture of what happens on my shift. I feel I document goal progress accurately, occasionally I forget to document goal progress for a client. When this happens, I document it on my next shift.  
 Supervisor Comments: Very good at documenting but forgets goals sometime.

### Financial

1. When using (client or house) money, I always get a receipt.
2. Do I accurately complete receipts for any money used (client or house)?
3. When charging, I make sure that the receipt is given to the right person.
4. When using (client or house) money, I count it at the beginning and end of my shift.

SELF	PC
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>

Score

How can I improve in this area, if needed?

Self Comments: Since I work full time night shift, I don't take clients out and spend money. I count the money regularly when I arrive on shift. Since I work by myself, there's usually no need to count it when I leave. When someone else come in and I'm still here, they count it before I leave. (When they come in),

Supervisor Comments:

Doesn't use clients money - works nights very great at remembering to count money.

### Cleanliness/Appearance

1. Do I make sure that the house and vehicles are kept clean inside and out?
2. Do I check the van each time I drive it?
3. Do I make sure the next person has adequate gas or do I leave it empty?
4. Am I creative about providing a warm and cozy atmosphere in the location I work in?
5. Do I check to be sure the location is secure?
6. Do I alert the supervisor of things that need attention, repair, or of things needed to be purchased?

SELF	PC
<u>5</u>	<u>5</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>5</u>	<u>5</u>
<u>20</u>	<u>20</u>

Score

How can I improve in this area, as needed?

Self Comments: Since I'm full time night shift, I don't drive the van I do my very best to keep the house clean. It is sometimes hard when co-workers don't do their part of cleaning duties before I arrive. When that happens, I try to finish their cleaning also, but run behind on time.

Supervisor Comments:

Does a great job at keeping the house clean & tidy. Staff try their best to get cleaning done for the most part.

### 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 try to be as much a part of the team as possible, although I work by myself on shifts. I do try to stay as informed as I can by letting co-workers know by writing in the communication log or notes anything I feel needs to be communicated to them.

Supervisor Comments:

### Knowledge

	SELF	PC
1. Am I familiar with client's current concerns?	<u>5</u>	<u>5</u>
2. Do I listen to the clients about their concerns?	<u>5</u>	<u>5</u>
3. Do I stay informed by reading the relay book and new goal/behavior changes?	<u>5</u>	<u>5</u>
4. Do I know the difference between punishment and consequences?	<u>5</u>	<u>5</u>
5. Do I know, understand and support ORH policies and procedures?	<u>5</u>	<u>5</u>
6. Am I careful about confidentiality?	<u>4</u>	<u>4</u>
7. Do I know which information can and cannot be released to others?	<u>5</u>	<u>5</u>
8. Do I understand and implement the Data Privacy and Vulnerable Adult Act?	<u>5</u>	<u>5</u>
	<u>39</u>	<u>39</u>

How can I improve in this area, as needed?

Score

39    39

Self Comments: *I believe I understand and support most of ORH policies and procedures. I disagreed with having to transport clients after being awake all night, for safety reasons. I brought my concerns to administration and they resolved the problem.*

Supervisor Comments:

### Client Related Issues

	SELF	PC
1. Do I know what is in each client's Risk Management Plan?	<u>5</u>	<u>5</u>
2. Do I provide the client with effective training?	<u>5</u>	<u>5</u>
3. Do I help the client to teach the client to be independent or dependent?	<u>5</u>	<u>5</u>
4. Do I demonstrate a skill to be learned?	<u>5</u>	<u>5</u>
5. Do I plan activities in or outside the home that are appropriate, effective, and supervised according to clients needs?	<u>5</u>	<u>5</u>
6. Do I respond the same to each client without showing favoritism?	<u>N/A</u>	<u>N/A</u>
7. Am I flexible in response to different clients and situations?	<u>5</u>	<u>5</u>
8. Do I know the client's rights, and do I advocate for them?	<u>5</u>	<u>5</u>
	<u>35</u>	<u>35</u>

How can I improve in this area, as needed?

Score

35    35

Self Comments: *Since I work only nights, I don't plan activities. I feel I'm in touch with all the clients needs and concerns and respond accordingly.*

Supervisor Comments:

**EMPLOYEES STOP HERE**

*always*

**SUMMARY** I do the best I can in caring for the clients and helping them be as independent as possible. I also do my best in taking care of their home and making it as clean and inviting as I can.

SELF      PC  
151      153

Overall Score

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)  
*work on leaving when shifts over and leaving work not finished for staff coming in later.*

\*\*\*\*\*  
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? *To help our clients be as healthy as possible, to keep them safe, and preserve their dignity, while helping them to be as independent as possible.*

What would you as an employee like to learn more about in your job?

*Standards*

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?

\*\*\*\*\*

**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: *Mahe Marie* Date: \_\_\_\_\_

Supervisor's Signature: *Stephanie* Date: 9/23/12

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 – 2011

Name: Maxine Martinez Date: 10-11-11 Location: Willow

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?     | <u>5</u>  | <u>5</u>  |
| 2. Do I make good use of my time at work?                               | <u>5</u>  | <u>5</u>  |
| 3. Do I arrive at meetings and in-services on time?                     | <u>5</u>  | <u>5</u>  |
| 4. Do I complete my time card and time analysis on time and accurately? | <u>4</u>  | <u>4</u>  |
| <b>Score</b>  | <u>19</u> | <u>19</u> |

### How can I improve in this area, as needed?

I don't always remember to write my time in on every shift. I make sure my time sheet is filled out and signed before payroll time. I sometimes make mistakes on it, I think it's when I'm tired on night shift. I can check it over when I'm finished.

*There have been a few times when it wasn't fully filled out or*

### Documentation *done incorrectly but that's been rare*

- |  |           |           |
|--|-----------|-----------|
| 1. When completing documentation, is it objective?   | <u>5</u>  | <u>5</u>  |
| 2. Does it give a clear picture of the event?  | <u>4</u>  | <u>5</u>  |
| 3. Does it document goal progress accurately?  | <u>4</u>  | <u>5</u>  |
| 4. Do I make sure there is enough space for the next staff to document Or do I leave the pages filled? | <u>5</u>  | <u>5</u>  |
| <b>Score</b>   | <u>18</u> | <u>20</u> |

### How can I improve in this are, as needed?

I do the best I can on charting in the time I have on my shift. I feel that if there were another staff that would come in the morning, to help out, that would allow me more time to be more detailed in my charting.

*Even with the lack of time, you do some of the best charting in program notes.*

**Financial**

- 1. When using (client or house) money, I get a receipt if possible. N/A N/A
- 2. Do I accurately complete receipts for any money used (client or house)? 5 4
- 3. When charging, I make sure that the receipt is given to the right person. N/A N/A
- 4. When using (client or house) money, I count it before and after  
For accuracy      N/A

Score     

**How can I improve in this are, as needed?**

since I am a full time night staff, much of this section doesn't apply to me. I do complete receipts accurately when I give money to a client to use outside the home. I regularly count the money on my shift.

Receipts are accurate when given to clients. However, sometimes there have been mistakes on the count sheets / not adding receipts properly, etc.

**Cleanliness/Appearance**

- 1. Do I make sure that the house and the vans are kept clean inside and out? N/A 5 (house)
- 2. Do I check the van each time I drive it? N/A N/A
- 3. Do I make sure the next person has adequate gas or do I leave it empty? N/A N/A
- 4. Am I creative about providing a warm and cozy atmosphere in the  
Home I work in? 5 5
- 5. Do I check to be sure the home is secure? 5 5
- 6. Do I alert the supervisor of things that need attention or repair,  
Or of things needed to be purchased? 5 5

Score     

**How can I improve in this area, as needed?**

me:

you do awesome at keeping the house clean and alerting me when clients are out of items, etc

### 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.

5 5  
4 3  
5 4  
14 12

Score

### How can I improve in this area, as needed?

I try to work as part of the team as much as possible, although as full time night staff, I work by myself. I try to be as much help as possible to other staff by keeping other staff informed about developments with clients or anything else I think they would need to know. Teamwork means many things - you do well w/ keeping others informed etc. but when it comes to helping other staff out by taking shifts improvement is needed

### 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?

5 5  
5 5  
4 5  
5 5  
4 4  
5 5  
5 5  
5 5

Score

38 39

### How can I improve in this area, as needed?

I try to stay as informed as I can with info. relating to the clients. I do feel that as full time night staff working by myself each shift, and only seeing a co-worker at shift change, there may be something (information) I could miss occasionally.

Any missed information isn't necessarily your fault - it's the result of the shift you work. One ORH policy we have trouble w/ is recording the time you work/trying to avoid overtime

**Client Related Issues**

- |  |              |                   |
|--|--------------|-------------------|
| 1. Do I know what is in each client's Risk Management Plan?  | <u>5</u>     | <u>5</u>          |
| 2. Do I provide the client with effective training?  | <u>5</u>     | <u>5</u>          |
| 3. Do I help the client to teach the client to be independent or dependent?  | <u>5</u>     | <u>5</u>          |
| 4. Do I demonstrate a skill to be learned?   | <u>5</u>     | <u>5</u>          |
| 5. Do I plan activities in or outside the home that are appropriate, effective, and supervised according to clients needs? | <u>N/A</u>   | <u>N/A</u>        |
| 6. Do I respond the same to each client without showing favoritism?  | <u>5</u>     | <u>5</u>          |
| 7. Am I flexible in response to different clients and situations?  | <u>5</u>     | <u>5</u>          |
| 8. Do I know the client's rights, and do I advocate for them?  | <u>5</u>     | <u>5</u>          |
|  | <b>Score</b> | <u>          </u> |

**How can I improve in this area, as needed?**

It's hard for me to score this area since, I'm not able to do activities with clients for the most part on my shift. I do try to help the clients be as independent as possible.

You do very well looking out for the clients and keeping their best interests in mind

**Total Score**           

**What do you see as the most important part of your job?** To provide a safe, healthy, comfortable environment for our clients. I also try my best to give them the necessary skills that will help achieve as much independence as possible.

you do very well w/ this

**What would you like to learn more about in your job?**

How can I as a supervisor help you in any of the areas discussed?

Comments:

When you are finished, give to your supervisor to make comments also.

Signature: Maqina martag Date: 11-7-11

Supervisor's Signature: Kate Fabona Date: 11/7/11

When this is complete, it is placed in the back pocket of the personnel book.

STAFF EVALUATION – 2009

Name: Maxine Martinez

Date: 10-13-09

Location: Willow

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? 5
  - 2. Do I make good use of my time at work? 5
  - 3. Do I arrive at meetings and in-services on time? 5
  - 4. Do I complete my time card and time analysis on time and accurately? 4
- Score 19

**How can I improve in this area, as needed?**

I try to be sure my time is recorded and my time sheet is completed before the end of each pay period. I don't always record my time at the end of each shift. I can try to remember to do that.

**Documentation**

- 1. When completing documentation, is it objective? 5
  - 2. Does it give a clear picture of the event? 4
  - 3. Does it document goal progress accurately? N/A
  - 4. Do I make sure there is enough space for the next staff to document Or do I leave the pages filled? 5
- Score \_\_\_\_\_

**How can I improve in this are, as needed?**

I don't work any shifts during the time goal work is done, due to working full time night shift.

When I chart, I try to give a clear picture of the event, but I can try to be more descriptive.

**Financial**

- 1. When using (client or house) money, I get a receipt if possible. N/A
  - 2. Do I accurately complete receipts for any money used (client or house)? 4
  - 3. When charging, I make sure that the receipt is given to the right person. N/A
  - 4. When using (client or house) money, I count it before and after  
For accuracy 4
- Score**

**How can I improve in this are, as needed?**

Since I work full time nights, I don't make expenditures. I do regularly count the money on my shift, and tally receipts and record expenditures if this hasn't been done by the staff making the expenditures.

**Cleanliness/Appearance**

- 1. Do I make sure that the house and the vans are kept clean inside and out? 5
  - 2. Do I check the van each time I drive it? N/A
  - 3. Do I make sure the next person has adequate gas or do I leave it empty? N/A
  - 4. Am I creative about providing a warm and cozy atmosphere in the Home I work in? 5
  - 5. Do I check to be sure the home is secure? 5
  - 6. Do I alert the supervisor of things that need attention or repair,  
Or of things needed to be purchased? 4
- Score**

**How can I improve in this area, as needed?**

I normally alert the supervisor of things needing attention or repair.

**Role Model**

- |   |          |
|---|----------|
| 1. Am I a good role model for the clients and other staff by my attitude, dress, work ethic, honesty, enthusiasm, etc.? | <u>5</u> |
| 2. Do I work as part of the team?   | <u>5</u> |
| 3. I accept and offer compliments, criticism, and suggestions.  | <u>5</u> |
| <b>Score</b>  | <u>5</u> |

**How can I improve in this area, as needed?**

**Knowledge**

- |  |           |
|--|-----------|
| 1. Am I familiar with client's current concerns?                               | <u>5</u>  |
| 2. Do I listen to the clients about their concerns?                            | <u>5</u>  |
| 3. Do I stay informed by reading the relay book and new goal/behavior changes? | <u>5</u>  |
| 4. Do I know the difference between punishment and consequences?               | <u>5</u>  |
| 5. Do I know, understand and support ORH policies and procedures?              | <u>5</u>  |
| 6. Am I careful about confidentiality?   | <u>5</u>  |
| 7. Do I know which information can and cannot be released to others?           | <u>5</u>  |
| 8. Do I understand and implement the Data Privacy and Vulnerable Adult Act?    | <u>5</u>  |
| <b>Score</b>   | <u>20</u> |

**How can I improve in this area, as needed?**

**Client Related Issues**

- |  |            |
|--|------------|
| 1. Do I know what is in each client's Risk Management Plan?  | <u>5</u>   |
| 2. Do I provide the client with effective training?  | <u>5</u>   |
| 3. Do I help the client to teach the client to be independent or dependent?  | <u>5</u>   |
| 4. Do I demonstrate a skill to be learned?   | <u>5</u>   |
| 5. Do I plan activities in or outside the home that are appropriate, effective, and supervised according to clients needs? | <u>N/A</u> |
| 6. Do I respond the same to each client without showing favoritism?  | <u>5</u>   |
| 7. Am I flexible in response to different clients and situations?  | <u>5</u>   |
| 8. Do I know the client's rights, and do I advocate for them?  | <u>5</u>   |
| <b>Score</b>   | <u>20</u>  |

**How can I improve in this area, as needed?**

**Total Score** \_\_\_\_\_

**What do you see as the most important part of your job?**

To provide a safe environment for each client, and to allow them to be as independent as possible and to preserve their dignity.

**What would you like to learn more about in your job?**

**How can I as a supervisor help you in any of the areas discussed?**

**Comments:**

**When you are finished, give to your supervisor to make comments also.**

**Signature:** mafine martig      **Date:** 10-15-09

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**When this is complete, it is placed in the back pocket of the personnel book.**

Maxine

Memorandum

To: All Willow Staff  
CC: Debby Felske, Administrator and Bethany Christenson, HR Director  
From: Sandy Halvorson and Katie Feltman, QDDP's  
Date: June 2, 2011  
Re: Professional Conduct in the Workplace

It has come to our attention that there has been swearing, other vulgar language and gossiping between staff taking place in the workplace and in front of consumers. This is unacceptable and must stop immediately.

All Willow Staff need to read, sign and date the following:

1. Oakridge Homes Conduct Policy
2. Oakridge Homes Resident Instructor Job Description which includes:
  - Carrying out any and all job duties as directed by your Supervisor. The Supervisor/QDDP at Willow is Katie Feltman.
  - Being a positive role model
  - Performing job duties in a responsible manner

Once you have read through, signed and dated these policies, please place them in Katie's box. These will become part of your Employee File.

Failure to follow this Conduct Policy and Job Description may result in disciplinary action.

Maxine Martin 6/5/11

Written: 3/90  
Revised: 1/91  
~~Approved:~~ 2/18/91  
Revised: 1/6/98  
Revised: 1/00

## Oakridge/Woodview

### Conduct Policy

#### Purpose

Staff will promote the growth, development and independence of the client by allowing and encouraging individuals to exercise their rights as clients of the facility, as citizens of the United States, including the right to file complaints, and the right to due process. Client choice will be encouraged in daily decision-making, emphasizing self-determination and self-management to the maximum extent possible through outcomes, individual program plans and informal training opportunities.

The following areas have been addressed to discourage inappropriate conduct between staff and clients:

1. Language: Yelling, swearing, belittling, labeling, name-calling, demoralizing, sarcastic, condescending or derogatory remarks and any other language that may be considered detrimental is prohibited.
2. Actions: Body language that is intimidating (e.g. shaking finger, hands on hips, etc.), obscene gestures, excessive physical prompting (beyond the least restrictive method), flirtatious actions or inappropriate wearing apparel (e.g. short shorts, halter tops, mini skirts, low-cut shirts, etc.) will be prohibited (See Dress Code section in Personnel Policy). Staff may instruct clients to lock their doors in the event of an emergency as directed by each individual's Support Plan and not as a substitute for staff interaction or supervision.
3. Discipline: See Behavior Agreement and Support Plan of individuals.
4. Rules/Orders: All staff will adhere to Resident Rights, Minnesota Program and Licensing Law (Federal Certification Regulation, MN Dept. of Health Licensing, Rule 34, Rule 36, Consolidated Standards, Foster Care, Reporting of Maltreatment of Minors, where applicable), Vulnerable Adult Act, (MN Statutes Sec. 245A.65) all policies, procedures and guidelines.
5. Sexual Relations: If clients choose to engage in sexual activity it will be addressed by the existing house rules or by their interdisciplinary team. Staff may not engage in sexual activities with any clients.

Maureen Marney  
6/5/11

6-5-11  
Mafine Marting

6. See Bill of Rights, Smoking, Alcohol and Drug Use, and other pertinent policies for further clarification.
7. The use of aversive or deprivation procedures are prohibited under the Consolidated Standards. See Agency Abuse Prevention Plan, Behavior Management Policy, and Individual Risk Management Plan.

**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 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 inservice training.
  - C. Reference material provided by the 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 pertaining 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.

mayne marks  
6-5-11



## 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 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 (includes 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 of glasses, toothbrushes, etc.
18. Follow bedroom cleaning procedures (instruct/assist consumers as needed).

6-5-11  
maire mathe

19. Ensure appropriate laundry procedures (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 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 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.
23. 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 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, 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, 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.
38. Give full cooperation to the RN and other consultants of the home.
39. Attend Medication Administration Class when scheduled. Pass medications 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 sight.

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 inservices. Attend all mandatory inservice training, including CPR, First Aid, Therapeutic Intervention and Annual Mandatories (i.e. vulnerable adult training, policies and procedures, etc.).
49. Locate frequently used forms in file cabinet. File as requested by your supervisor.
50. Run off copies of forms when supplies are low (careful to include all information - check first before running off many).
51. 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. Do money count.
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 fair share and be willing to help out co-workers without being asked).
58. Give accurate follow-up information before leaving shift (written or verbal).
59. Attempt to work out differences with co-workers before involving others.
60. Follow lifting and transfer guidelines.

### Documentation

61. Document objective/pertinent 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 and document correctly count/record prompts on consumer programs (goal charts).

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 (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

## STAFF EVALUATION – 2008

Name: Maxine Martincz Date: \_\_\_\_\_ Location Willows

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?

Score

5  
5  
5  
4  
19

### How can I improve in this area, as needed?

While I don't always record my time on each shift, I do make sure it's filled out on my last shift before payroll is due. I try to fill it out as accurately as I can.

### 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?

Score

4  
4  
4  
5

### How can I improve in this are, as needed?

I feel my documentation gives an accurate picture of events, but I can add more details. Since I work full time night shifts, I'm not here during the primary time that goals would be completed. I do try to touch on Betty's and Sheryl's relaxation goals in the A.M. by offering / playing music.

**Financial**

- 1. When using (client or house) money, I get a receipt if possible. 5
  - 2. Do I accurately complete receipts for any money used (client or house)? 5
  - 3. When charging, I make sure that the receipt is given to the right person. N/A
  - 4. When using (client or house) money, I count it before and after  
For accuracy 5
- Score** \_\_\_\_\_

**How can I improve in this area, as needed?** *It's hard for me to rate myself in this area because I don't normally make expenditures on my shifts. However, when Leona took money to work I had her sign the receipt, as well as signing it myself. I also subtracted and recorded it accurately. I make sure I count <sup>Client</sup> and house money on each shift. I also add up totals, and subtract and record expenditures if it hasn't been done by previous staff.*

**Cleanliness/Appearance**

- 1. Do I make sure that the house and the vans are kept clean inside and out? N/A
  - 2. Do I check the van each time I drive it? N/A
  - 3. Do I make sure the next person has adequate gas or do I leave it empty? N/A
  - 4. Am I creative about providing a warm and cozy atmosphere in the Home I work in? 5
  - 5. Do I check to be sure the home is secure? 5
  - 6. Do I alert the supervisor of things that need attention or repair,  
Or of things needed to be purchased? 4
- Score** \_\_\_\_\_

**How can I improve in this area, as needed?**

**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.

5  
5  
4  
19

**Score**

**How can I improve in this area, as needed?**

*I can compliment co-workers more often.*

**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?

5  
5  
4  
5  
4  
5  
5  
5

**Score**

\_\_\_\_\_

**How can I improve in this area, as needed?**

As full time night staff I rarely have the opportunity to plan and carry out activities with the clients. On occasions when I've stayed later than my normal shift when clients were home; I've done activities with them such as make cards, etc.

**Client Related Issues**

1. Do I know what is in each client's Risk Management Plan?	<u>5</u>
2. Do I provide the client with effective training?	<u>5</u>
3. Do I help the client to teach the client to be independent or dependent?	<u>5</u>
4. Do I demonstrate a skill to be learned?	<u>5</u>
5. Do I plan activities in or outside the home that are appropriate, effective, and supervised according to clients needs?	<u>4</u>
6. Do I respond the same to each client without showing favoritism?	<u>5</u>
7. Am I flexible in response to different clients and situations?	<u>5</u>
8. Do I know the client's rights, and do I advocate for them?	<u>5</u>
<b>Score</b>	<u>19</u>

**How can I improve in this area, as needed?**

**Total Score** \_\_\_\_\_

**What do you see as the most important part of your job?** To provide a safe, comfortable, clean environment for each client, and to allow them as much independence as possible while providing assistance when they need it.

**What would you like to learn more about in your job?**

**How can I as a supervisor help you in any of the areas discussed?**

**Comments:**

**When you are finished, give to your supervisor to make comments also.**

**Signature:** Mafine Marting      **Date:** 10-29-08

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**When this is complete, it is placed in the back pocket of the personnel book.**

## STAFF EVALUATION - 2007

Name: Mapine Date: 10-07 Location Willow

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? 5
  2. Do I make good use of my time at work? 5
  3. Do I arrive at meetings and in-services on time? 5
  4. Do I complete my time card and time analysis on time and accurately? 3
- Score 18

### How can I improve in this area, as needed?

I can fill out my time card at the end of each shift instead of checking to be sure it is filled out completely by the end of the pay period.

### Documentation

1. When completing documentation, is it objective? 5
  2. Does it give a clear picture of the event? 4
  3. Does it document goal progress accurately? 4
  4. Do I make sure there is enough space for the next staff to document Or do I leave the pages filled? 4
- Score 17

### How can I improve in this are, as needed?

I could use more details in my charting most of the time I add program notes when I notice they're getting low. occasionally I am unable to find more program notes, or may have trouble getting copies of program notes made.

most of this section is not applicable to me as a full time night staff, since I don't take clients shopping, and don't do grocery or plant shopping, I do try to count the clients money and petty cash regularly and subtract and record expenditures on the ledger sheets, if this hasn't been done by the staff making the expenditure.

**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)? 4
- 3. When charging, I make sure that the receipt is given to the right person. N/A
- 4. When using (client or house) money, I count it before and after  
For accuracy \_\_\_\_\_

Score \_\_\_\_\_

**How can I improve in this are, as needed?**

**Cleanliness/Appearance**

- 1. Do I make sure that the house and the vans are kept clean inside and out? 4
- 2. Do I check the van each time I drive it? N/A
- 3. Do I make sure the next person has adequate gas or do I leave it empty? N/A
- 4. Am I creative about providing a warm and cozy atmosphere in the Home I work in? 5
- 5. Do I check to be sure the home is secure? 5
- 6. Do I alert the supervisor of things that need attention or repair,  
Or of things needed to be purchased? 4

to full time night shift

Score \_\_\_\_\_

**How can I improve in this area, as needed?**

I try to keep the house as clean as I can, but since I don't normally drive the van as a full time night staff, I don't clean the van.

**Role Model**

- |   |           |
|---|-----------|
| 1. Am I a good role model for the clients and other staff by my attitude, dress, work ethic, honesty, enthusiasm, etc.? | <u>5</u>  |
| 2. Do I work as part of the team?   | <u>5</u>  |
| 3. I accept and offer compliments, criticism, and suggestions.  | <u>4</u>  |
| <b>Score</b>  | <u>14</u> |

**How can I improve in this area, as needed?** *I could offer compliments to co-workers more often.*

**Knowledge**

- |  |           |
|--|-----------|
| 1. Am I familiar with client's current concerns?                               | <u>5</u>  |
| 2. Do I listen to the clients about their concerns?                            | <u>5</u>  |
| 3. Do I stay informed by reading the relay book and new goal/behavior changes? | <u>3</u>  |
| 4. Do I know the difference between punishment and consequences?               | <u>5</u>  |
| 5. Do I know, understand and support ORH policies and procedures?              | <u>5</u>  |
| 6. Am I careful about confidentiality?   | <u>5</u>  |
| 7. Do I know which information can and cannot be released to others?           | <u>5</u>  |
| 8. Do I understand and implement the Data Privacy and Vulnerable Adult Act?    | <u>5</u>  |
| <b>Score</b>   | <u>38</u> |

**How can I improve in this area, as needed?**

*I can read each client's relay log early in each shift to see if there is anything I need to get ready to send with the clients to the day program, or if there is something I need to be aware of.*

**Client Related Issues**

- 1. Do I know what is in each client's Risk Management Plan? 4
- 2. Do I provide the client with effective training? 5
- 3. Do I help the client to teach the client to be independent or dependent? 4
- 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? N/A to full time night staff
- 6. Do I respond the same to each client without showing favoritism? 5
- 7. Am I flexible in response to different clients and situations? 5
- 8. Do I know the client's rights, and do I advocate for them? 5

**Score** \_\_\_\_\_

**How can I improve in this area, as needed?**

**Total Score** \_\_\_\_\_

**What do you see as the most important part of your job?**

*To provide a safe and comfortable environment for the clients, and to attend to their individual needs and concerns.*

**What would you like to learn more about in your job?**

**How can I as a supervisor help you in any of the areas discussed?**

**Comments:**

**When you are finished, give to your supervisor to make comments also.**

**Signature:** Mafine Martin      **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**When this is complete, it is placed in the back pocket of the personnel book.**

**Oakridge Homes SILS/SLS  
Performance Evaluation**

Name: Maxine Martinez

Date: 2006

Evaluator:

**Key:**                      **Staff = √**                      **Supervisor = X**

	Exceeds Standard	Meets Standard	Needs Improve.	Comments
--	------------------	----------------	----------------	----------

**A. Program Knowledge and Representation**

1. Clearly and concisely states program philosophy and regulations.		✓		
2. Discerns between requests for information which can be personally handled and which need to be referred to supervisor.				
3. Is polite, professional and clear when presenting information/program over the phone and in person.		✓		
4. Understands and implements the MN Data Privacy Act and Vulnerable Adults Act.				

**B. Training Techniques**

1. Demonstrates skills to be learned for the client to observe.				
2. Performs skills to be learned with the client.				
3. Provides an accepting training environment for the client.	✓			
4. Trains effectively on a 1:1 tutorial basis.	✓			
5. Monitors and records client skill performance (goals).	✓	✓		
6. Plans activities that are appropriate, effective and supervised according to client needs.				
7. Responds equally well to all clients, rather than displaying obvious favorites.	✓			
8. Shows flexibility in response to different clients as situations arise.	✓			

	Exceeds Standard	Meets Standard	Needs Improve.	Comments
--	------------------	----------------	----------------	----------

### C. Client Advocacy

1. Advocates for client rights and responsibilities within the community.	✓			
2. Knows client rights and advocates for them in a positive manner.	✓			
3. Has a working knowledge of resident rights.	✓			
4. Has a working knowledge of the Agency Abuse Prevention Plan.	✓			
5. Protects client information under Data Privacy Act and releases no information to other persons and agencies.	✓			

### D. Physical Environment

1. Checks the home to ensure it is clean and clutter-free.				
2. Checks to see the fire alarms are functioning properly and all exits are accessible.				
3. Displays initiative in performing minor household repairs (light bulbs, furniture repair, <u>ETC.</u> ).		✓		
4. Informs supervisor of needed household repairs/informs supervisor of completed household repairs.	✓			
5. Checks to ensure the home is secure (doors locked, windows closed/locked).	✓			

### E. Paperwork

1. Documentation is objective, current and substantive.				
2. Client financial forms are complete, current and correct.				
3. Use of petty cash is properly utilized and recorded.	✓			
4. Statistical reports are timely and accurate (goals, toileting, resting patterns, activity calendar, medications, <u>ETC.</u> ).	✓			
5. Utilizes and completes purchase orders accurately and consistently.				

	Exceeds Standard	Meets Standard	Needs Improve.	Comments
--	------------------	----------------	----------------	----------

**F. Professional Attitude and Behavior**

1. Provides a good role model of effective and responsible behavior at the work site.	✓			
2. Arrives to work on time.	✓			
3. Cooperates as part of the team with management, administration, co-workers and community professionals.	✓			
4. Participates in all team meetings upon request.	✓			
5. Participates in all inservices and training.	✓			
6. Appropriately accepts and offers compliments, criticism and suggestions.		✓		

Describe five of your main job responsibilities:

- 1.
- 2.
- 3.
- 4.
- 5.

List three job skills you would like to further develop:

- 1.
- 2.
- 3.

Comments:

Staff Signature:

Evaluator Signature:

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

## STAFF EVALUATION – 2005

Name: Maxine Martinez

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

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.

### 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  
4  
19

Score

### How can I improve in this area, as needed?

*I can record my time at the end of each shift.*

### 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?

4  
4  
4  
4  
16

Score

### How can I improve in this are, as needed?

*I try to be as objective as possible in my charting. However, the goals the clients have are not done on my shift, they are done by afternoon staff.*

### Financial

1. When using (client or house) money, I get a receipt if possible. N/A
  2. Do I accurately complete receipts for any money used (client or house)? N/A
  3. When charging, I make sure that the receipt is given to the right person. N/A
  4. When using (client or house) money, I count it before and after for accuracy 5
- Score** 5

**How can I improve in this area, as needed?** Since I only work night shift, I'm not making purchases. I do count petty cash and client cash nightly and subtract and record expenditures that haven't already been done on the previous shift.

### Cleanliness/Appearance

1. Do I make sure that the house and the vans are kept clean inside and out? 5
  2. Do I check the van each time I drive it? N/A
  3. Do I make sure the next person has adequate gas or do I leave it empty? N/A
  4. Am I creative about providing a warm and cozy atmosphere in the home I work in? 5
  5. Do I check to be sure the home is secure? 5
  6. Do I alert the supervisor of things that need attention or repair, or of things needed to be purchased? 4
- Score** 4

**How can I improve in this area, as needed?** I can keep a running list of cleaning supplies <sup>etc.</sup> that I can add items to as soon as I notice something is running low.

**Role Model**

- |   |           |
|---|-----------|
| 1. Am I a good role model for the clients and other staff by my attitude, dress, work ethic, honesty, enthusiasm, etc.? | <u>5</u>  |
| 2. Do I work as part of the team?   | <u>5</u>  |
| 3. I accept and offer compliments, criticism, and suggestions.  | <u>4</u>  |
| <b>Score</b>  | <u>14</u> |

**How can I improve in this area, as needed?**

*I can write in the staff log more often complimenting other staff about things they do in the home that improve the look of the home etc.*

**Knowledge**

- |  |           |
|--|-----------|
| 1. Am I familiar with client's current concerns?                               | <u>4</u>  |
| 2. Do I listen to the clients about their concerns?                            | <u>5</u>  |
| 3. Do I stay informed by reading the relay book and new goal/behavior changes? | <u>4</u>  |
| 4. Do I know the difference between punishment and consequences?               | <u>5</u>  |
| 5. Do I know, understand and support ORH policies and procedures?              | <u>4</u>  |
| 6. Am I careful about confidentiality?   | <u>5</u>  |
| 7. Do I know which information can and cannot be released to others?           | <u>4</u>  |
| 8. Do I understand and implement the Data Privacy and Vulnerable Adult Act?    | <u>4</u>  |
| <b>Score</b>   | <u>31</u> |

**How can I improve in this area, as needed?**

**Client Related Issues**

- |  |           |
|--|-----------|
| 1. Do I know what is in each client's Risk Management Plan?  | <u>5</u>  |
| 2. Do I provide the client with effective training?  | <u>4</u>  |
| 3. Do I help the client to teach the client to be independent or dependent?  | <u>5</u>  |
| 4. Do I demonstrate a skill to be learned?   | <u>4</u>  |
| 5. Do I plan activities in or outside the home that are appropriate, effective, and supervised according to clients needs? | <u>5</u>  |
| 6. Do I respond the same to each client without showing favoritism?  | <u>5</u>  |
| 7. Am I flexible in response to different clients and situations?  | <u>5</u>  |
| 8. Do I know the client's rights, and do I advocate for them?  | <u>5</u>  |
| <b>Score</b>   | <u>38</u> |

**How can I improve in this area, as needed?**

**Total Score** \_\_\_\_\_

**What do you see as the most important part of your job?**

*To provide quality care for each client, and to help them be as independent as possible.*

**What would you like to learn more about in your job?**

**How can I as a supervisor help you in any of the areas discussed?**

**Comments**

**Signature:** Mafine Mathie

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

**Evaluator's Signature:** \_\_\_\_\_

STAFF EVALUATION – 2004

Name: Maxine Martinez Date: 11-10-04

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.

**Time**

- 1. Do I show up for work at least 5 minutes before my shift begins? 5
  - 2. Do I make good use of my time at work? 5
  - 3. Do I arrive at meetings and in-services on time? 5
  - 4. Do I complete my time card and time analysis on time and accurately? 4
- Score** 19

How can I improve in this area, as needed?

~~I need to make sure I~~

**Documentation**

- 1. When completing documentation, is it objective? 5
  - 2. Does it give a clear picture of the event? 4
  - 3. Does it document goal progress accurately? 4
  - 4. Do I make sure there is enough space for the next staff to document Or do I leave the pages filled? 4
- Score** 17

How can I improve in this are, as needed?

I'm still not completely used to only documenting unusual or out of the ordinary behaviors or things that happen. I usually add program notes if I'm writing on the last program note page, but occasionally I forget to add some. I can make a point of adding them when there are several still in the books.

### Role Model

- |   |           |
|---|-----------|
| 1. Am I a good role model for the clients and other staff by my attitude, dress, work ethic, honesty, enthusiasm, etc.? | <u>5</u>  |
| 2. Do I work as part of the team?   | <u>5</u>  |
| 3. I accept and offer compliments, criticism, and suggestions.  | <u>4</u>  |
| <b>Score</b>  | <u>14</u> |

How can I improve in this area, as needed? I can offer compliments to other staff more often.

### Knowledge

- |  |           |
|--|-----------|
| 1. Am I familiar with client's current concerns?                               | <u>5</u>  |
| 2. Do I listen to the clients about their concerns?                            | <u>5</u>  |
| 3. Do I stay informed by reading the relay book and new goal/behavior changes? | <u>4</u>  |
| 4. Do I know the difference between punishment and consequences?               | <u>5</u>  |
| 5. Do I know, understand and support ORH policies and procedures?              | <u>5</u>  |
| 6. Am I careful about confidentiality?   | <u>5</u>  |
| 7. Do I know which information can and cannot be released to others?           | <u>4</u>  |
| 8. Do I understand and implement the Data Privacy and Vulnerable Adult Act?    | <u>4</u>  |
| <b>Score</b>   | <u>36</u> |

How can I improve in this area, as needed? I am maybe not quite as informed about clients current concerns as a full time night staff, because I don't spend as much time with them when they're awake - as if I worked with them <sup>more</sup> during the day. I can ask more questions when I arrive for night shift to be more informed.

I stay pretty informed by reading their relay logs, but I could look at their goal pages more often to see if there are changes.

I could use a review of the data privacy act, although I'm careful about releasing information. As night staff I'm not asked to release information very often, except to the day programs.

How can I as a supervisor help you in any of the areas discussed?

**Comments**

Maxine is always on X, and very seldom calls in. ~~She~~ She keeps the house looking good & always puts the clients 1st.

Signature: Maxine Martine

Date: 11-10-04

Evaluator's Signature: Serry Letto 11-10-04

STAFF EVALUATION - 2002

Name: Maxine Martinez

Date: 9-11-02

A new millennium, a new evaluation. 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.

**Time**

- 1. Do I show up for work at least 15 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 Is always  
5 busy +  
5 getting the  
4 job done  
19

Score

How can I improve in this area, as needed?

**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?

4  
4  
4  
4  
16

Score

How can I improve in this are, as needed?

Maxine always does a great job on this telling everything that went on w/ the client + what she did to help or needed to be done w/ client.

**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.

5  
5  
5  
15

Score

**How can I improve in this area, as needed?**

**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?

5  
5  
4  
5  
4  
5  
4  
5

Score

37

**How can I improve in this area, as needed?**

How can I as a supervisor help you in any of the areas discussed?

.Comments Maxine is always trying to make the quality of the clients ~~fit~~ better, Maxine always puts their needs 1<sup>st</sup> like it should be. If there is a problem she will always either let me know or write it in the staff log.

Signature: Maxine Martinez

Date: 9-11-02

Evaluator's Signature: Jerry Lett PC

STAFF EVALUATION - 2001

Name: Maxine Mastiney

Date: 11-20-01

A new millennium, a new evaluation. 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.

**Time**

- |   |           |
|---|-----------|
| 1. Do I show up for work at least 15 minutes before my shift begins?    | <u>5</u>  |
| 2. Do I make good use of my time at work?                               | <u>5</u>  |
| 3. Do I arrive at meetings and in-services on time?                     | <u>5</u>  |
| 4. Do I complete my time card and time analysis on time and accurately? | <u>4</u>  |
| <b>Score</b>  | <u>19</u> |

**How can I improve in this area, as needed?**

*Do my time card soon after it comes out.*

**Documentation**

- |  |           |
|--|-----------|
| 1. When completing documentation, is it objective?   | <u>4</u>  |
| 2. Does it give a clear picture of the event?  | <u>4</u>  |
| 3. Does it document goal progress accurately?  | <u>4</u>  |
| 4. Do I make sure there is enough space for the next staff to document Or do I leave the pages filled? | <u>4</u>  |
| <b>Score</b>   | <u>16</u> |

**How can I improve in this are, as needed?**

*I can add extra pages in the books before they are close to running out.*

*not really applicable for night staff.*

**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 \_\_\_\_\_

**Score** \_\_\_\_\_

**How can I improve in this are, as needed?**

*as night staff, this doesn't apply.*

**Cleanliness/Appearance**

- 1. Do I make sure that the house and the vans are kept clean inside and out? N/A
- 2. Do I check the van each time I drive it? N/A
- 3. Do I make sure the next person has adequate gas or do I leave it empty? N/A
- 4. Am I creative about providing a warm and cozy atmosphere in the home I work in? 4
- 5. Do I check to be sure the home is secure? 4
- 6. Do I alert the supervisor of things that need attention or repair, or of things needed to be purchased? 4

**Score** 12

**How can I improve in this area, as needed?**

*I can write notes in the staff log more often about things that need attention. I try*

**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.

5  
5  
5  
15

**Score**

**How can I improve in this area, as needed?**

**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?

5  
5  
5  
4  
     
     
4  
   

**Score**

23

**How can I improve in this area, as needed?**

**Client Related Issues**

- |  |          |
|--|----------|
| 1. Do I know what is in each client's Risk Management Plan?  | <u>4</u> |
| 2. Do I provide the client with effective training?  | <u>4</u> |
| 3. Do I help the client to teach the client to be independent or dependent?  | <u>4</u> |
| 4. Do I demonstrate a skill to be learned?   | <u>4</u> |
| 5. Do I plan activities in or outside the home that are appropriate, effective, and supervised according to clients needs? | <u>4</u> |
| 6. Do I respond the same to each client without showing favoritism?  | <u>4</u> |
| 7. Am I flexible in response to different clients and situations?  | <u>4</u> |
| 8. Do I know the client's rights, and do I advocate for them?  | <u>5</u> |

**Score**

29

**How can I improve in this area, as needed?**

**Total Score**

\_\_\_\_\_

**What do you see as the most important part of your job?**

*I think this would be to keep each client safe and to attend to their needs and wants as much as possible.*

**What would you like to learn more about in your job?**

*I would like to learn more sign language.*

**How can I as a supervisor help you in any of the areas discussed?**

**Comments** Maxine always has the house clean & is always on time, she never calls in unless she is sick or has an emergency.

**Signature:** Maxine Martinez

**Date:** 10-30-01

**Evaluator's Signature:** Jerry J. Peltier

## STAFF EVALUATION - 2000

Name: Mafine Martine

Date: 10-1-00

A new millennium, a new evaluation. 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.

### Time

1. Do I show up for work, at least 15 minutes before my shift begins?
2. Do I make good use of my time at work?
3. Do I arrive at meetings and inservices on time?
4. Do I complete my time card and time analysis on time and accurately?

Score

|    |
|----|
| 5  |
| 5  |
| 54 |
| 4  |
| 18 |

### How can I improve in this area, as needed?

*I can fill out my time sheet soon after it comes out.*

### 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?

Score

|      |
|------|
| 4    |
| 4    |
| 4    |
| 4 54 |
| 16   |

### How can I improve in this area, as needed?

*I can try to chart in a little more detail.*

Pg. 2, evaluation

Being full time night staff, this section doesn't apply to me that much.

- Financial**
1. When using (client or house) money, I get a receipt if possible. \_\_\_\_\_
  2. Do I accurately complete receipts for any money used (house or clients)? 4
  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. *I need to count<sup>3</sup> it more.*

Score \_\_\_\_\_

**How can I improve in this area, as needed?**

*I can make a point of counting the money soon after I start each shift.*

**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
5. Do I check to be sure the home is secure? 4
6. Do I alert the supervisor of things that need attention or repair, or of things needed to be purchased? 4

Score \_\_\_\_\_

Clean inside of house 4 ←

*since I'm full time night staff, these don't apply.*

*(except for cleaning inside of the house)*

**How can I improve in this area, as needed?**

**Pg. 3, evaluation**

**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.

5  
5  
5  
15

**Score**

**How can I improve in this area, as needed?**

**Knowledge**

1. Am I familiar with clients 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?

5  
5  
4  
5  
5  
5  
4  
4  
37

**Score**

**How can I improve in this area, as needed?**

**Client Related Issues**

- |   |             |
|---|-------------|
| 1. Do I know what is in each clients Risk Management Plan?  | <u>4</u>    |
| 2. Do I provide the client with effective training?   | <u>4</u>    |
| 3. Do I help the client to teach the client to be independent or dependent? <i>independent</i>                            | <u>4</u>    |
| 4. Do I demonstrate a skill to be learned?  | <u>    </u> |
| 5. Do I plan activities in or outside the home that are appropriate, effective and supervised according to clients needs? | <u>    </u> |
| 6. Do I respond the same to each client without showing favoritism?   | <u>5</u>    |
| 7. Am I flexible in response to different clients and situations?   | <u>5</u>    |
| 8. Do I know the clients rights, and do I advocate for them?  | <u>5</u>    |
| <b>Score</b>  | <u>    </u> |

**How can I improve in this area, as needed?**

**Total Score**     

**What do you see as the most important part of your job?**

*To provide a safe and healthy environment for each client,*

**What would you like to learn more about in your job?**

*I would like to learn more sign language to better communicate with Hilary.*

**How can I as a supervisor help you in any of the areas discussed?**

**Comments** Maxine is a valued staff @ Willow hm. She is always on time + always caring of the clients + staff. She is always here on time (early). The house is always clean when she leaves in the AM. She is a valued staff member to this team.

**Signature:** Maxine Marting      **Date:** 10-1-00

**Evaluators Signature:** Jerry J. Peltus

**Oakridge Homes SILS/SLS  
Performance Evaluation**

Name: Maxine Martinez

Date: 10-11-99

Evaluator: Jen Olson

Key:                      Staff = ✓                      Supervisor = X

|  | Exceeds Standard | Meets Standard | Needs Improve. | Comments |
|--|------------------|----------------|----------------|----------|
|--|------------------|----------------|----------------|----------|

**A. Program Knowledge and Representation**

|   |  |     |   |  |
|---|--|-----|---|--|
| 1. Clearly and concisely states program philosophy and regulations.   |  | X   | ✓ |  |
| 2. Discerns between requests for information which can be personally handled and which need to be referred to supervisor. |  | ✓ X |   |  |
| 3. Is polite, professional and clear when presenting information/program over the phone and in person.                    |  | X   |   |  |
| 4. Understands and implements the MN Data Privacy Act and Vulnerable Adults Act.  |  | ✓ X |   |  |

**B. Training Techniques**

|   |   |     |  |  |
|---|---|-----|--|--|
| 1. Demonstrates skills to be learned for the client to observe.                               |   | ✓ X |  |  |
| 2. Performs skills to be learned with the client.   |   | ✓ X |  | <i>sometimes will care take instead of encouraging them to do themselves</i> |
| 3. Provides an accepting training environment for the client.                                 | X | ✓   |  |  |
| 4. Trains effectively on a 1:1 tutorial basis.  |   | ✓ X |  |  |
| 5. Monitors and records client skill performance (goals).                                     |   | ✓ X |  |  |
| 6. Plans activities that are appropriate, effective and supervised according to client needs. |   | ✓ X |  |  |
| 7. Responds equally well to all clients, rather than displaying obvious favorites.            |   | ✓ X |  |  |
| 8. Shows flexibility in response to different clients as situations arise.                    |   | ✓ X |  |  |

|  | Exceeds Standard | Meets Standard | Needs Improve. | Comments |
|--|------------------|----------------|----------------|----------|
|--|------------------|----------------|----------------|----------|

### C. Client Advocacy

|  |  |     |  |                                     |
|--|--|-----|--|-------------------------------------|
| 1. Advocates for client rights and responsibilities within the community.  |  |     |  | <i>doesn't apply to night shift</i> |
| 2. Knows client rights and advocates for them in a positive manner.  |  | X ✓ |  |                                     |
| 3. Has a working knowledge of resident rights.   |  | X ✓ |  |                                     |
| 4. Has a working knowledge of the Agency Abuse Prevention Plan.  |  | X ✓ |  |                                     |
| 5. Protects client information under Data Privacy Act and releases no information to other persons and agencies. |  | X ✓ |  |                                     |

### D. Physical Environment

|  |   |     |   |                         |
|--|---|-----|---|-------------------------|
| 1. Checks the home to ensure it is clean and clutter-free.   | X | ✓   |   |                         |
| 2. Checks to see the fire alarms are functioning properly and all exits are accessible.              |   | X   | ✓ |                         |
| 3. Displays initiative in performing minor household repairs (light bulbs, furniture repair, ETC.).  |   | X ✓ |   | <i>most of the time</i> |
| 4. Informs supervisor of needed household repairs/informs supervisor of completed household repairs. | X |     |   |                         |
| 5. Checks to ensure the home is secure (doors locked, windows closed/locked).                        |   | X ✓ |   |                         |

### E. Paperwork

|  |  |     |  |                                      |
|--|--|-----|--|--------------------------------------|
| 1. Documentation is objective, current and substantive.  |  | X ✓ |  |                                      |
| 2. Client financial forms are complete, current and correct.   |  | X   |  | <i>doesn't apply to night shift</i>  |
| 3. Use of petty cash is properly utilized and recorded.  |  | X ✓ |  |                                      |
| 4. Statistical reports are timely and accurate (goals, toileting, resting patterns, activity calendar, medications, ETC.). |  | X ✓ |  |                                      |
| 5. Utilizes and completes purchase orders accurately and consistently.   |  |     |  | <i>doesn't apply to night shift.</i> |

|  | Exceeds Standard | Meets Standard | Needs Improve. | Comments |
|--|------------------|----------------|----------------|----------|
|--|------------------|----------------|----------------|----------|

**F. Professional Attitude and Behavior**

|  |     |        |  |                 |
|--|-----|--------|--|-----------------|
| 1. Provides a good role model of effective and responsible behavior at the work site.                      |     | X<br>✓ |  |                 |
| 2. Arrives to work on time.  | ✓ X |        |  | Always early!   |
| 3. Cooperates as part of the team with management, administration, co-workers and community professionals. | X   | ✓      |  |                 |
| 4. Participates in all team meetings upon request.   | X   | ✓      |  | All except one! |
| 5. Participates in all inservices and training.  | X   | ✓      |  |                 |
| 6. Appropriately accepts and offers compliments, criticism and suggestions.                                | X   | ✓      |  |                 |

**Describe five of your main job responsibilities:**

1. To insure the safety of each client as much as possible.
2. To change briefs.
3. To give medications
4. To provide for individual needs and wants of each client
5. To clean the house

**List three job skills you would like to further develop:**

1. I would like to have better use of sign language with Hilary
2. I would like to be able to help Susie sleep on nights that she's uncomfortable.
- 3.

Comments: Maxine only works night shifts. She has made lasting relationships w/ all of the residents. She is always early + ready to work when she arrives. She never complains + always does more than her share. She is exceedingly reliable + dependable. She is very pleasant to work with + is a real asset to the willow team!

Staff Signature: maxine martinez

valuator Signature: jen elson



|  | Excellent | Good | Need Area | Comments |
|--|-----------|------|-----------|----------|
|--|-----------|------|-----------|----------|

**C. Care of House**

|  |     |     |  |  |
|--|-----|-----|--|--|
| 1. General Safety                          |     | X ✓ |  |  |
| 2. Cleanliness                             | X ✓ |     |  |  |
| 3. Keeps home in good repair               |     | X ✓ |  |  |
| 4. Creates a warm and home-like atmosphere | ✓   | X   |  |  |
| 5.   |     |     |  |  |

**D. Supervision of Staff / Training of new staff**

|   |  |     |  |  |
|---|--|-----|--|--|
| 1. Managing (leadership and direction)    |  | X ✓ |  |  |
| 2. Staff Meetings                         |  | X ✓ |  |  |
| 3. Teaching                               |  | X ✓ |  |  |
| 4. Upholding Policies and Procedures      |  | X ✓ |  |  |
| 5. Communication Skills                   |  | X ✓ |  |  |
| 6. Organization                           |  | X ✓ |  |  |
| 7. Safety (attitude and actions)          |  | X ✓ |  |  |
| 8. Monitors Staff for Compliance/Accuracy |  | ✓   |  |  |

**E. Paperwork**

|   |   |     |  |  |
|---|---|-----|--|--|
| 1. Charting (Clarity and detail)                    | ✓ | X   |  |  |
| 2. Time Sheets and Time Analysis                    | ✓ | X   |  |  |
| 3. Clearly Communicates (both verbally and written) |   | X ✓ |  |  |
| 4.  |   |     |  |  |

**F. Budgeting**

|  |  |     |  |  |
|--|--|-----|--|--|
| 1. Aware of Cost Control in Program        |  | X ✓ |  | *staff aren't really aware of these amounts. |
| 2. Aware of Cost Control in Food and Plant |  | X ✓ |  |  |
| 3.   |  |     |  |  |

|  | Excellent | Good | Need Area | Comments |
|--|-----------|------|-----------|----------|
|--|-----------|------|-----------|----------|

**G. Relating to Supervisor**

|  |   |   |  |                                       |
|--|---|---|--|---------------------------------------|
| 1. Communication - Relays important information in a timely manner | ✓ | + |  |                                       |
| 2. Follows Through on Requests                                     | ✓ | + |  | Always doing extra things when asked. |
| 3.   |   |   |  |                                       |

**H. Professional Attitude and Behavior**

|  |   |   |   |  |
|--|---|---|---|--|
| 1. Provides a good role model of effective and responsible behavior at the work site.                      | ✓ | + |   |  |
| 2. Arrives to work on time.  | + | ✓ |   |  |
| 3. Attendance  | + | ✓ |   | → here too!<br>excellent!!                           |
| 4. Cooperates as part of the team with management, administration, co-workers and community professionals. | ✓ | + |   |  |
| 5. Participates in all team meetings upon request.   | ✓ | + |   | → here too!  |
| 6. Participates in all inservices and training.  | ✓ | + |   | even after night shifts!                             |
| 7. Stability - even tempered/manages unavoidable tension   | ✓ | + |   |  |
| 8. Appearance and Personal Habits  | ✓ | + |   |  |
| 9. Appropriately accepts and offers compliments, criticism and suggestions.                                | ⊗ | + | ✓ | Accepts very well - could work on offering criticism |

Describe five of your main job responsibilities:

1. Charting
2. Feeding and dressing residents
3. Counting meds
4. Counting money
5. Cleaning the home

\* Teaching independent living skills



ER

Oakridge Homes SILS/SLS  
Performance Evaluation

\*90 day

me: Maxine Martinez

ate: 11-17-97

Evaluator: Jennifer Olson

Key: Staff = ✓ Supervisor = X

|  | Exceeds Standard | Meets Standard | Needs Improve. | Comments |
|--|------------------|----------------|----------------|----------|
|--|------------------|----------------|----------------|----------|

A. Program Knowledge and Representation

|   |   |        |   |  |
|---|---|--------|---|--|
| 1. Clearly and concisely states program philosophy and regulations.   |   | X      | ✓ |  |
| 2. Discerns between requests for information which can be personally handled and which need to be referred to supervisor. |   | X<br>✓ |   |  |
| 3. Is polite, professional and clear when presenting information/program over the phone and in person.                    | X | ✓      |   |  |
| 4. Understands and implements the MN Data Privacy Act and Vulnerable Adults Act.  |   | X<br>✓ |   |  |

B. Training Techniques

|   |        |        |   |  |
|---|--------|--------|---|--|
| 1. Demonstrates skills to be learned for the client to observe.                               |        | X      |   |  |
| 2. Performs skills to be learned with the client.   |        | X<br>✓ |   |  |
| 3. Provides an accepting training environment for the client.                                 |        | X<br>✓ |   |  |
| 4. Trains effectively on a 1:1 tutorial basis.  |        | X      |   |  |
| 5. Monitors and records client skill performance (goals).                                     |        |        | X |  |
| 6. Plans activities that are appropriate, effective and supervised according to client needs. |        | X<br>✓ |   |  |
| 7. Responds equally well to all clients, rather than displaying obvious favorites.            | ✓<br>X |        |   |  |
| 8. Shows flexibility in response to different clients as situations arise.                    |        | X<br>✓ |   |  |

|  | Exceeds Standard | Meets Standard | Needs Improve. | Comments |
|--|------------------|----------------|----------------|----------|
|--|------------------|----------------|----------------|----------|

**C. Client Advocacy**

|  |  |        |  |  |
|--|--|--------|--|--|
| 1. Advocates for client rights and responsibilities within the community.  |  | X      |  |  |
| 2. Knows client rights and advocates for them in a positive manner.  |  | X<br>✓ |  |  |
| 3. Has a working knowledge of resident rights.   |  | X<br>✓ |  |  |
| 4. Has a working knowledge of the Agency Abuse Prevention Plan.  |  | X<br>✓ |  |  |
| 5. Protects client information under Data Privacy Act and releases no information to other persons and agencies. |  | X<br>✓ |  |  |

**b. Physical Environment**

|  |   |        |  |  |
|--|---|--------|--|--|
| 1. Checks the home to ensure it is clean and clutter-free.                                       | X | ✓      |  |  |
| 2. Checks to see the fire alarms are functioning properly and all exits are available.           |   | X      |  |  |
| 3. Takes initiative in performing minor household repairs (light bulbs, furniture repair, etc.). |   | X      |  |  |
| 4. Acts as supervisor of needed household repairs and supervisor of completed repairs.           |   | X      |  |  |
| 5. Checks doors and windows to ensure the home is secure (doors closed/locked).                  |   | ✓<br>X |  |  |

**Work**

|  |   |        |   |  |
|--|---|--------|---|--|
| 1. Documentation is objective, current and accurate.   |   | X<br>✓ |   |  |
| 2. Client financial forms are complete, current and correct.   | X |        |   |  |
| 3. Use of petty cash is properly utilized and recorded.  |   | X<br>✓ |   |  |
| 4. Statistical reports are timely and accurate (goals, toileting, resting patterns, activity calendar, medications, ETC.). |   | X<br>✓ |   |  |
| 5. Utilizes and completes purchase orders accurately and consistently.   |   |        | X | -never used one yet - worked on rights |

|  | Exceeds Standard | Meets Standard | Needs Improve. | Comments |
|--|------------------|----------------|----------------|----------|
|--|------------------|----------------|----------------|----------|

**Professional Attitude and Behavior**

|  |    |   |  |  |
|--|----|---|--|--|
| 1. Provides a good role model of effective and responsible behavior at the work site.                      | X  | ✓ |  |  |
| 2. Arrives to work on time.  | ✓X |   |  |  |
| 3. Cooperates as part of the team with management, administration, co-workers and community professionals. | X  | ✓ |  |  |
| 4. Participates in all team meetings upon request.   | X  | ✓ |  |  |
| 5. Participates in all inservices and training.  | X  | ✓ |  |  |
| 6. Appropriately accepts and offers compliments, criticism and suggestions.                                | X  | ✓ |  |  |

**Describe five of your main job responsibilities:**

1. To give each resident the best care possible
2. To give attention to the residents individual needs, likes, dislikes
3. To act in the best interest of the residents at all times
4. To keep the house clean
5. To check <sup>also monitor</sup> and change residents when appropriate (often enough)

**List three job skills you would like to further develop:**

\*1. I would like to learn to communicate with Hilary better through sign language

2. I would like to be able to dress patty with greater ease than now.

3.

**Comments:**

Staff Signature: Majone Martinez

Evaluator Signature: Jenny Olson

\* @ Mtg Tues,  
4th Jan.

## ANNUAL STAFF EVALUATION - Life Skills Trainer (LST)

**Employee's Name:** Maxine Martinez

**Location:** Aitkin SILS

**Evaluation:** 2021

### STEPS for the Annual Review Process

1. PC completes the Annual Evaluation Form
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**

|  | <b>PC</b> |
|--|-----------|
| 1. Does the employee make good use of time when with the client?   | Yes       |
| 2. Is the employee able to rearrange their schedule and use time efficiently when a client cancels?  | Yes       |
| 3. Does the employee arrive at meetings and in-services on time?   | No        |
| 4. Does the employee use the timeclock punch system as expected?   | Yes       |
| 5. Does the employee make good use of the client's allowable hours?  | Yes       |
| 6. Does the employee have any tardiness or attendance concerns?  | Yes       |
| 7. Did employee give proper notice for cancellation and promptly reschedule?   | Yes       |
| 8. When completing documentation, is it objective, does it give a clear picture of the event and does it document goal progress accurately?                            | Yes       |
| 9. Does the employee complete or turn in documentation (billing sheets and timesheets) in a timely manner?   | No        |
| 10. Does employee listen to the clients about their concerns?  | Yes       |
| 11. Does employee ask supervisor questions when unsure of a client situation?  | Yes       |
| 12. Does employee know, understand and support ORH policies and procedures?  | Yes       |
| 13. Is the employee careful about confidentiality such as which information can and cannot be released to others?  | Yes       |
| 14. Does employee exhibit sound accurate judgment?   | Yes       |
| 15. Does employee communicate effectively with team and clients?   | No        |
| 16. Does employee know what is in each client's IAPP?  | Yes       |
| 17. Does employee understand how to work with the client to meet the objectives of their plan?   | Yes       |
| 18. Does employee know and effectively use the community resources available to each client?   | Yes       |
| 19. Does employee know the client's rights, and advocate for them?   | Yes       |
| 20. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.?   | Yes       |
| 21. Are there any concerns relating to safety, property or use of vehicles to transfer clients? If yes, please indicate what those concerns are in the comments below. | No        |
| 22. Did the employee have any disciplines over the last year?  | No        |
| a. If yes, provide in the comments that the discipline was related to and have these concerns improved?  |           |

**Overall Supervisor Comments:**

Maxine can work on turning her breakdown sheet into her QDDP weekly, as of right now it has only been turned in every two weeks. Can improve on communication with her QDDP so they can know what she needs assistance with and how we can better serve the consumer she works with. As well as getting the consumer more involved in ORH events. This would mean communicating with QDDP as well as other Asils LST's. Maxine typically does not attend staff meetings, and she is very late at turning in her makeup paperwork for meetings. Tardiness and attendance in regards to staff meetings and necessary paperwork staff need to do to keep up with licensing requirements.

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

- What does the employee feel are their top 2 strengths?  
*I try to help my client be as independent as possible. I feel that knowing her well, allows her to trust me. In this way I feel I am able to offer advice, and help without her feeling that I'm being pushy.*
- What does the employee feel is an area that could use improvement? (goal for coming year)  
*Send Mtg's Packets  
 1x a month. Hard when it piles*

| Competencies  | PC     |
|---|--------|
| 1. Does the employee make good use of time when with the client?  | Select |
| 2. Is the employee able to rearrange their schedule and use time efficiently when a client cancels?   | Select |
| 3. Does the employee arrive at meetings and in-services on time?  | Select |
| 4. Does the employee use the timeclock punch system as expected?  | Select |
| 5. Does the employee make good use of the client's allowable hours?   | Select |
| 6. Does the employee have any tardiness or attendance concerns?   | Select |
| 7. Did employee give proper notice for cancellation and promptly reschedule?  | Select |
| 8. When completing documentation, is it objective, does it give a clear picture of the event and does it document goal progress accurately?   | Select |
| 9. Does the employee complete or turn in documentation (billing sheets and timesheets) in a timely manner?  | Select |
| 10. Does employee listen to the clients about their concerns?   | Select |
| 11. Does employee ask supervisor questions when unsure of a client situation?   | Select |
| 12. Does employee know, understand and support ORH policies and procedures?   | Select |
| 13. Is the employee careful about confidentiality such as which information can and cannot be released to others?   | Select |
| 14. Does employee exhibit sound accurate judgment?  | Select |
| 15. Does employee communicate effectively with team and clients?  | Select |
| 16. Does employee know what is in each client's IAPP?   | Select |
| 17. Does employee understand how to work with the client to meet the objectives of their plan?  | Select |
| 18. Does employee know and effectively use the community resources available to each client?  | Select |
| 19. Does employee know the client's rights, and advocate for them?  | Select |
| 20. Is employee a good role model for the clients and other staff by attitude, dress, work ethic, honesty, enthusiasm, etc.?  | Select |
| 21. Are there any concerns relating to safety, property or use of vehicles to transfer clients? If yes, please indicate what those concerns are in the comments below.  | Select |
| 22. Did the employee have any disciplines over the last year? <ul style="list-style-type: none"> <li>a. If yes, provide in the comments that the discipline was related to and have these concerns improved?</li> </ul> | Select |

Overall Supervisor Comments:  
Begin typing here

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

1. What does the employee feel are their top 2 strengths?
2. What does the employee feel is an area that could use improvement? (goal for coming year)
3. What would you as an employee like to learn more about in your job?

N/A

4. Is there an area that the employee feels has not been addressed?

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: Mauree martinez Date: 12-31-21

Supervisor's Signature: [Signature] Date: 12-31-21

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