

Maplewood Home Care

Client Policy and Procedures

245D Programs



Maplewood Home Care
seniorhomeinc.com

Maplewood Home Care

1736 Cope Ave E, Suite 2

Maplewood, MN 55109

Phone (952) 456-6561

Fax (952) 777-1668

Table of Content

Welcome.....4

Service Suspension and Termination for PCA or Homemaking Services.....5

Admission Criteria Policy.....6

Data Privacy Policy.....8

Drug and Alcohol Prohibition Policy.....11

Emergency Use of Manual Restraint (EUMR) Policy.....12

Grievance Policy.....19

Health Service Coordination and Care (Residential Programs) Policy.....21

Incident Response, Reporting and Review Policy.....22

Safe Transportation Policy.....29

Temporary Service Suspension Policy.....31

Universal Precautions and Sanitary Practices Policy.....33

MALTREATMENT OF MINORS MANDATED REPORTING.....34

MALTREATMENT OF VULNERABLE ADULTS MANDATED REPORTING.....36

Policy Receipt and Signature Page.....38



Maplewood Home Care
seniorhomeinc.com

1736 Cope Ave E, Suite 2
Maplewood, MN 55109
Phone: (952) 456-6561
Fax: (952) 777-1668

Welcome

Thank you for choosing Maplewood Home Care as your provider. We are confident that you will be very satisfied with the services that we offer.

The information here will help you understand our policies and procedures and the requirement of the 245D program services. If you have any questions, please contact us at (952) 456-6561

As your needs change, we will be happy to help you evaluate those needs and offer you the services that will help you achieve your new goals. Again, thank you for choosing Maplewood Home Care.

Sincerely

Yong Yang

Executive Director

Service Suspension and Termination for PCA or Homemaking Services

Person name:

Program name:

Date of service initiation:

Service suspension/termination requirements :	Date	Staff Initials
Documentation has been maintained in person's file of all positive support strategies that were attempted. Positive support strategies used: Encouragement direct with client. Working with team to include some or all people listed: legal representative supervisory nurse case manager and program. Supervisor.		
Documentation completed of all actions taken to minimize or eliminate need for the service suspension or termination located in the person's record. Actions taken to minimize/eliminate need for suspension or termination: Encouragement via caregiver Discussion with Legal representation as to needs Case manager for additional service needs		
Written notification provided to person or legal representative and case manager of intended termination or temporary service suspension. FOR BASIC SUPPORT SERVICES: Must be given at least 30 days before proposed termination is to be effective. FOR INTENSIVE SUPPORT SERVICES: Must be given at least 60 days before proposed termination is to be effective. Under these circumstances services may be terminated or suspended prior to 30 or 60 days with notification to case manager and/or legal representative: <ul style="list-style-type: none"> • Client refuses to comply with care plan • Home environment poses an imminent risk of physical harm to self and/or others – services contracted are not required 24/7 and thus client is expected to be able to live independently. A change in behavior requires immediate intervention with additional supports. • Client cancels services repeatedly or is not available at scheduled times • Client refuses caregivers 		
Written notification of persons or legal representative the right to seek a temporary order staying the termination to be provided at time of notification of service suspension or termination.		
Documentation of reasonable alternatives to protect the person or others in coordination with county agency located in the persons record.		
Information requested by the person or legal representative.		



Admission Criteria Policy

Program name:

I. Policy

It is the policy of this DHS licensed provider (program) to promote continuity of care by ensuring that admission and service initiation is consistent with a person's service recipient rights under section [245D.04](#) and this licensed program's knowledge, skill, and ability to meet the service and support needs of persons served by this program.

II. Procedures

A. Pre-admission

Before admitting a person to the program, the program must provide the following information to the person or the person's legal representative:

1. Identifies the criteria to be applied in determining whether the program can develop services to meet the needs specified in the person's coordinated service and support plan.

B. Service initiation

1. Service recipient rights

Upon service initiation the program will provide each person or each person's legal representative with a written notice that identifies the service recipient rights under 245D.04, and an explanation of those rights within five working days of service initiation and annually thereafter. Reasonable accommodations will be made to provide this information in other formats or languages as needed to facilitate understanding of the rights by the person and the person's legal representative, if any. The program will maintain documentation of the person's or the person's legal representative's receipt of a copy and an explanation of the rights.

2. Availability of program policies and procedures

The program must inform the person, or the person's legal representative, and case manager of the policies and procedures affecting a person's rights under section 245D.04, and provide copies of the following policies and procedures, within five working days of service initiation:

- Grievance policy and procedure.
- Service suspension policy and procedure.
- Service termination policy and procedure.
- Emergency use of manual restraints policy and procedure.
- Data privacy.

3. Handling property and funds

The program will obtain written authorization from the person or the person's legal representative and the case manager whenever the program will assist a person with the safekeeping of funds or other property. Authorization must be obtained within five working days of service initiation and renewed annually thereafter. At the time initial authorization is obtained, the program will ask the person or the person's legal representative and the case manager how often they want to receive a statement that itemizes receipts and disbursements of funds or other property. The program will document the preference. The program will document changes to these preferences when they are requested.



Maplewood Home Care
seniorhomeinc.com

1736 Cope Ave E, Suite 2
Maplewood, MN 55109
Phone: (952) 456-6561
Fax: (952) 777-1668

- C. Refusal to admit a person
 - 1. Refusal to admit a person to the program must be based on an evaluation of the person’s assessed needs and the licensed provider’s lack of capacity to meet the needs of the person.
 - 2. This licensed program must not refuse to admit a person based solely on:
 - a. the type of residential services the person is receiving
 - b. person’s severity of disability;
 - c. orthopedic or neurological handicaps;
 - d. sight or hearing impairments;
 - e. lack of communication skills;
 - f. physical disabilities;
 - g. toilet habits;
 - h. behavioral disorders; or
 - i. past failure to make progress.
 - 3. Documentation of the basis of refusal must be provided to the person or the person’s legal representative and case manager upon request.

Policy reviewed and authorized by:

Yong Yang, Executive Director

Print name & title

Signature

Date of last policy review: July 20, 2014

Date of last policy revision: 09/30/2019

Legal Authority: MS §§ [245D.11](#), subd. 4; [245D.04](#), subd.2,(4) to (7), and 3, (8)



Data Privacy Policy

Program name:

I. Policy

This program recognizes the right of each person receiving services in this program to confidentiality and data privacy. This policy provides general guidelines and principles for safeguarding service recipient rights to data privacy under section [245D.04](#), subdivision 3(a) and access to their records under section [245D.095](#), subdivision 4, of the 245D Home and Community-based Services Standards.

II. Procedures

A. Private Data

1. Private data includes all information on persons that has been gathered by this program or from other sources for program purposes as contained in an individual data file, including their presence and status in this program.
2. Data is private if it is about individuals and is classified as private by state or federal law. Only the following persons are permitted access to private data:
 - a. The individual who is the subject of the data or a legal representative.
 - b. Anyone to whom the individual gives signed consent to view the data.
 - c. Employees of the welfare system whose work assignments reasonably require access to the data. This includes staff persons in this program.
 - d. Anyone the law says can view the data.
 - e. Data collected within the welfare system about individuals are considered welfare data. Welfare data is private data on individuals; including medical and/or health data. Agencies in the welfare system include, but are not limited to: Department of Human Services; local social services agencies, including a person's case manager; county welfare agencies; human services boards; the Office of Ombudsman for Mental Health and Developmental Disabilities; and persons and entities under contract with any of the above agencies; this includes this program and other licensed caregivers jointly providing services to the same person.
 - f. Once informed consent has been obtained from the person or the legal representative there is no prohibition against sharing welfare data with other persons or entities within the welfare system for the purposes of planning, developing, coordinating and implementing needed services
3. Data created prior to the death of a person retains the same legal classification (public, private, confidential) after the person's death that it had before the death.

B. Providing Notice

At the time of service initiation, the person and his/her legal representative, if any, will be notified of this program's data privacy policy. Staff will document that this information was provided to the individual and/or their legal representative in the individual record.

C. Obtaining Informed Consent or Authorization for Release of Information



Maplewood Home Care

seniorhomeinc.com

1736 Cope Ave E, Suite 2
Maplewood, MN 55109
Phone: (952) 456-6561
Fax: (952) 777-1668

1. At the time informed consent is being obtained staff must tell the person or the legal representative individual the following:
 - a. why the data is being collected;
 - b. how the agency intends to use the information;
 - c. whether the individual may refuse or is legally required to furnish the information;
 - d. what known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data. What the individual can do if they believe the information is incorrect or incomplete;
 - e. how the individual can see and get copies of the data collected about them; and any other rights that the individual may have regarding the specific type of information collected.
 2. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information [45 C.F.R. section 164](#)):
 - a. be written in plain language.
 - b. be dated.
 - c. designate the agencies or person(s) who will get the information.
 - d. specify the information which will be released.
 - e. indicate the specific agencies or person who will release the information.
 - f. specify the purposes for which the information will be used immediately and in the future.
 - g. contain a reasonable expiration date of no more than one year; and
 - h. specify the consequences for the person by signing the consent form, including:

"Consequences: I know that state and federal privacy laws protect my records. I know:

 - Why I am being asked to release this information.
 - I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me.
 - If I do not consent, the information will not be released unless the law otherwise allows it.
 - I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
 - The person(s) or agency(ies) who get my information may be able to pass it on to others.
 - If my information is passed on to others by this program, it may no longer be protected by this authorization.
 - This consent will end one year from the date I sign it, unless the law allows for a longer period."
 - i. Maintain all informed consent documents in the consumer's individual record.
- D. Staff Access to Private Data
1. This policy applies to all program staff, volunteers, and persons or agencies under contract with this program (paid or unpaid).
 2. Staff persons do not automatically have access to private data about the persons served by this program 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.

3. Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.
4. As a general rule, doubts about the correctness of sharing information should be referred to the supervisor.

E. Individual access to private data.

Individuals or their legal representatives have a right to access and review the individual record.

1. A staff person will be present during the review and will make an entry in the person's progress notes as to the person who accessed the record, date and time of review, and list any copies made from the record.
2. An individual may challenge the accuracy or completeness of information contained in the record. Staff will refer the individual to the grievance policy for lodging a complaint.
3. Individuals may request copies of pages in their record.
4. No individual, legal representative, staff person, or anyone else may permanently remove or destroy any portion of the person's record.

F. Case manager access to private data.

A person's case manager and the foster care licensor have access to the records of person's served by the program under section 245D.095, subd. 4.

C. Requesting Information from Other Licensed Caregivers or Primary Health Care Providers.

1. Complete the attached release of information authorization form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose for the request.
2. Clearly identify the recipient of information. If information is to be sent to the program's health care consultant or other staff at the program, include Attention: (name of person to receive the information), and the name and address of the program.
3. Assure informed consent to share the requested private data with the person or entity has been obtained from the person or the legal representative.
4. Keep the document in the person's record.

Policy reviewed and authorized by:

Yong Yang, Executive Director

Print name & title

Signature

Date of last policy review: July 20, 2014

Date of last policy revision: 09/30/2019

Legal Authority: MS § [245D.11](#), subd. 3



Drug and Alcohol Prohibition Policy

Program Name:

I. Policy

It is the policy of this DHS licensed provider (program) to support a workplace free from the effects of drugs, alcohol, chemicals, and abuse of prescription medications. This policy applies to all of our employees, subcontractors, and volunteers (employees).

II. Procedures

- A. All employees must be free from the abuse of prescription medications or being in any manner under the influence of a chemical that impairs their ability to provide services or care.
- B. The consumption of alcohol is prohibited while directly responsible for persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), and will result in corrective action up to and including termination.
- C. Being under the influence of a controlled substance identified under Minnesota Statutes, chapter 152, or 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.
- D. The use, sale, manufacture, distribution, or possession of illegal drugs while providing care or to persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), will result in corrective action up to and including termination.
- E. Any employee convicted of criminal drug use or activity must notify the Resources Megamerger no later than five (5) days after the conviction.
- F. Criminal conviction for the sale of narcotics, illegal drugs or controlled substances will result in corrective action up to and including termination.

- G. The program's designated staff person will notify the appropriate law enforcement agency when we have reasonable suspicion to believe that an employee may have illegal drugs in his/her possession while on duty during work hours. Where appropriate, we will also notify licensing boards.

Policy reviewed and authorized by:

Yong Yang, Executive Director

Print name & title

Signature

Date of last policy review: July 20, 2014

Date of last policy revision: 09/30/2019

Legal Authority: MS §§ [245A.04](#), subd. 1 (c) and 14

Emergency Use of Manual Restraint (EUMR) Policy

Program Name:

I. Policy

It is the policy of this DHS licensed provider (program) to promote the rights of persons served by this program and to protect their health and safety during the emergency use of manual restraints.

“Emergency use of manual restraint” means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person’s refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

II. Positive support strategies and techniques required

The following positive support strategies 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:

- Attempt to calm the individual by redirecting the person to a desired alternative activity
- Reinforce appropriate behavior
- Actively listen
- Speak calmly with reassuring words, consider volume, tone and non-verbal communication
- Respect the person’s need for physical space and/or privacy.

Upon completion of shift, the Care Giver is required to inform the office of the incident. In the event a client does not return to an acceptable level of behavior, the caregiver is instructed to leave the premises and call 911. After the emergency call, they are instructed to notify the office.

This program will not develop a transition plan and will notify case managers and family regarding the escalated behaviors. Upon notification from the caregiver, the office will notify the Case Manager and/or family regarding the behaviors. At this time a plan of action will be put in place by the case manager. If it is not acceptable to the agency due to possible harm to caregivers, the program may terminate it’s services based on the Bill of Rights requiring a client to provide a safe and secure environment for which to have caregivers in.

III. Permitted actions and procedures

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by this program. When used on a continuous basis, it must be addressed in a person’s coordinated service and support plan addendum.

- A. Physical contact or instructional techniques must be use the least restrictive alternative possible to meet the needs of the person and may be used to:
1. calm or comfort a person by holding that persons with no resistance from that person;
 2. protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;
 3. facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
 4. 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, with less than 60 seconds of physical contact by staff; or
 5. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
- B. Restraint may be used as an intervention procedure to:
1. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
 2. assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm; or
 3. position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.
- Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].
- C. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

IV. Prohibited Procedures

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;
2. mechanical restraint;
3. manual restraint;
4. time out;
5. seclusion; or
6. any aversive or deprivation procedure.

V. Manual Restraints Allowed in Emergencies

- A. This program allows the following manual restraint 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:

- Continue to utilize the positive support strategies;
- Continue to follow individualized strategies in a person’s coordinated service and support plan and coordinated service and support plan addendum;
- Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
- Remove objects from the person’s immediate environment that they may use to harm self or others
- Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.

- B. The program will not allow the use of a manual restraint procedure with a person when it has been determined by the person’s physician or mental health provider to be medically or psychologically contraindicated. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the service planning required under section 245D.070, subdivision 2, for recipients of basic support services; or the assessment and initial service planning required under section 245D.071, subdivision 3, for recipients of intensive support services.

VI. Conditions for Emergency Use of Manual Restraint

- A. Emergency use of manual restraint must meet the following conditions:
1. immediate intervention must be needed to protect the person or others from imminent risk of physical harm;
 2. the type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
 3. the manual restraint must end when the threat of harm ends.
- B. The following conditions, on their own, are not conditions for emergency use of manual restraint:
1. the person is engaging in property destruction that does not cause imminent risk of physical harm;
 2. the person is engaging in verbal aggression with staff or others; or
 3. a person’s refusal to receive or participate in treatment or programming.

VII. Restrictions When Implementing Emergency Use of Manual Restraint

Emergency use of manual restraint must not:

1. be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury;
2. be implemented with an adult in a manner that constitutes abuse or neglect;
3. be implemented in a manner that violates a person’s rights and protection;
4. be implemented in a manner that is medically or psychologically contraindicated for a person;
5. restrict a person’s normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing;
6. restrict a person’s normal access to any protection required by state licensing standards and federal regulations governing this program;
7. deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;

8. be used as a substitute for adequate staffing, for the convenience of staff, as punishment, or as a consequence if the person refuses to participate in the treatment or services provided by this program;
9. use prone restraint. "Prone restraint" means use of manual restraint that places a person in a face-down position. It does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, and the person is restored to a standing, sitting, or side-lying position as quickly as possible; or
10. apply back or chest pressure while a person is in a prone position, supine (meaning a face-up) position, or side-lying position,
11. be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.

VIII. Monitoring Emergency Use of Manual Restraint

- A. The program must monitor a person's health and safety during an emergency use of a manual restraint. The purpose of the monitoring is to ensure the following:
 1. only manual restraints allowed in this policy are implemented;
 2. manual restraints that have been determined to be contraindicated for a person are not implemented with that person;
 3. allowed manual restraints are implemented only by staff trained in their use;
 4. the restraint is being implemented properly as required; and
 5. the mental, physical, and emotional condition of the person who is being manually restrained is being assessed and intervention is provided when necessary to maintain the person's health and safety and prevent injury to the person, staff involved, or others involved.
- A. When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure.
- C. A monitoring form, as approved by the Department of Human Services, must be completed for each incident involving the emergency use of a manual restraint.

IX. Reporting Emergency Use of Manual Restraint

- A. Within 24 hours of an emergency use of manual restraint, the legal representative and the case manager must receive verbal notification of the occurrence as required under the incident response and reporting requirements in the 245D HCBS Standards, section [245D.06](#), subdivision 1.

When the emergency use of manual restraint involves more than one person receiving services, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other person unless the program has the consent of the person.

- B. Within 3 calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the program's designated coordinator the following information about the emergency use:
 1. who was involved in the incident leading up to the emergency use of a manual restraint; including the names of staff and persons receiving services who were involved;
 2. a description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of a manual restraint;

3. a description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the emergency use of a manual restraint was implemented. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;
 4. a description of the mental, physical, and emotional condition of the person who was manually restrained, leading up to, during, and following the manual restraint;
 5. a description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint;
 6. whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;
 7. whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and
 8. whether there was a debriefing with the staff and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.
- C. A copy of this report must be maintained in the person's service recipient record. The record must be uniform and legible.
- D. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:
1. after implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
 2. upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
 3. staff must immediately re-implement the manual restraint in order to maintain safety.

X. Internal Review of Emergency Use of Manual Restraint

- A. Within 5 business days after the date of the emergency use of a manual restraint, the program must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.
- B. The internal review must include an evaluation of whether:
1. the person's service and support strategies need to be revised;
 2. related policies and procedures were followed;
 3. the policies and procedures were adequate;
 4. there is need for additional staff training;
 5. the reported event is similar to past events with the persons, staff, or the services involved; and
 6. there is a need for corrective action by the program to protect the health and safety of persons.
- C. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or the program.
- D. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.

- E. The program has identified the following person or position responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary:

Yong Yang, Executive Director
Yeng Xiong, Office Manager

XI. Expanded Support Team Review of Emergency Use of Manual Restraint

- A. Within 5 working days after the completion of the internal review, the program must consult with the expanded support team to:
1. Discuss the incident to:
 - a. define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and
 - b. identify the perceived function the behavior served.
 2. Determine whether the person's coordinated service and support plan addendum needs to be revised to:
 - a. positively and effectively help the person maintain stability; and
 - b. reduce or eliminate future occurrences of manual restraint.
- B. The program must maintain a written summary of the expanded support team's discussion and decisions in the person's service recipient record.
- C. The program has identified the following person or position responsible for conducting the expanded support team review and for ensuring that the person's coordinated service and support plan addendum is revised, when determined necessary.

Yong Yang, Executive Director
Yeng Xiong, Office Manager

XII. External Review and Reporting of Emergency Use of Manual Restraint

Within 5 working days after the completion of the expanded support team review, the program must submit the following to the Department of Human Services and the Office of the Ombudsman for Mental Health and Developmental Disabilities using the online [behavior intervention reporting form](#) (BIRF DHS-5148):

1. report of the emergency use of a manual restraint;
2. the internal review and corrective action plan; and
3. the expanded support team review written summary.

XIII. Staff Training

Before staff may implement manual restraints on an emergency basis the program must provide the training required in this section.

- A. The program must provide staff with orientation and annual training as required in Minnesota Statutes, section [245D.09](#).
 - 1. Before having unsupervised direct contact with persons served by the program, the program must provide instruction on prohibited procedures that address the following:
 - a. what constitutes the use of restraint, time out, seclusion, and chemical restraint;
 - b. staff responsibilities related to ensuring prohibited procedures are not used;
 - c. why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
 - d. why prohibited procedures are not safe; and
 - e. the safe and correct use of manual restraint on an emergency basis according to the requirements in the 245D HCBS Standards, section [245D.061](#) and this policy.
 - 2. Within 60 days of hire the program must provide instruction on the following topics:
 - a. alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;
 - b. de-escalation methods, positive support strategies, and how to avoid power struggles;
 - c. simulated experiences of administering and receiving manual restraint procedures allowed by the program on an emergency basis;
 - d. how to properly identify thresholds for implementing and ceasing restrictive procedures;
 - e. how to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;
 - f. the physiological and psychological impact on the person and the staff when restrictive procedures are used;
 - g. the communicative intent of behaviors; and
 - h. relationship building.
- B. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire.
- C. The program must maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.

Policy reviewed and authorized by:

Yong Yang, Executive Director

Print name & title

Signature

Date of last policy review: July 20th 2014 Date of last policy revision: September 30, 2019

Legal Authority: MS §§ [245D.06](#), subd. 5 to subd, 8; [245D.061](#)



Grievance Policy

Program Name:

I. Policy

It is the policy of this DHS licensed provider (program) to ensure that people served by this program have the right to respectful and responsive services. We are committed to providing a simple complaint process for the people served in our program and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner.

II. Procedures

A. Service Initiation

A person receiving services and their case manager will be notified of this policy, and provided a copy, within five working days of service initiation.

B. How to File a Grievance

1. The person receiving services or person's authorized or legal representative:
 - a. should talk to a staff person that they feel comfortable with about their complaint or problem.
 - b. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
 - c. may request staff assistance in filing a grievance.
2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority in this program.
 - That person is Yong Yang
 - They may be reached at (952) 456-6561

C. Response by the Program

1. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
 - a. the name, address, and telephone number of outside agencies to assist the person; and
 - b. responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.
2. This program will respond promptly to grievances that affect the health and safety of service recipients.
3. All other complaints will be responded to within 14 calendar days of the receipt of the complaint.
4. All complaints will be resolved within 30 calendar days of the receipt.
5. If the complaint is not resolved within 30 calendar days, this program will document the reason for the delay and a plan for resolution.



Maplewood Home Care
seniorhomeinc.com

1736 Cope Ave E, Suite 2
Maplewood, MN 55109
Phone: (952) 456-6561
Fax: (952) 777-1668

- 6. Once a complaint is received, the program is required to complete a complaint review. The complaint review will include an evaluation of whether:
 - a. related policy and procedures were followed.
 - b. related policy and procedures were adequate.
 - c. there is a need for additional staff training.
 - d. the complaint is similar to past complaints with the persons, staff, or services involved; and
 - e. there is a need for corrective action by the license holder to protect the health and safety of persons receiving services.
- 7. Based on this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.
- 8. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
 - a. identifies the nature of the complaint and the date it was received.
 - b. includes the results of the complaint review; and
 - c. identifies the complaint resolution, including any corrective action.

D. The complaint summary and resolution notice must be maintained in the person’s record.

Policy reviewed and authorized by:

Yong Yang, Executive Director

Print name & title

Signature

Date of last policy review: July 20, 2014

Date of last policy revision: 09/30/2019

Legal Authority: Minn. Stat. § [245D.10](#), subd. 2 and 4



Health Service Coordination and Care (Residential Programs) Policy

Program name:

I. Policy

It is the policy of this DHS licensed provider (program) to meet the health service needs of each person being served as defined and assigned in each person’s coordinated service and support plan (CSSP) or CSSP addendum.

II. Procedures

- A. When discovered, the program will promptly notify the person’s legal representative, if any, and the case manager of changes in a person’s physical and mental health needs affecting health service needs assigned to the program in the person’s CSSP or CSSP addendum.
- B. If the program has reason to know that the change has already been reported, it is not necessary to report.
- C. The program must document all health changes, including when the notification of the health changes was given to the legal representative and case manager, A copy of the Health Needs Change Report to be used is attached to this policy).
- D. When assigned the responsibility for meeting the person’s health service needs in the person’s CSSP or the CSSP addendum, the program will maintain documentation on how the person’s health needs will be met, including a description of the procedures to follow in order to:
 - 1. Provide medication assistance or medication administration according to the safe medication assistance and administration policy.
 - 2. Monitor health conditions according to written instructions from a licensed health professional.
 - 3. Assist with or coordinate medical, dental and other health service appointments; or
 - 4. Use medical equipment, devices or adaptive aides or technology safely and correctly according to written instructions from a licensed health professional.

Policy reviewed and authorized by:

Yong Yang, Executive Director

Print name & title

Signature

Date of last policy review: July 20, 2014

Date of last policy revision: 09/30/2019

Legal Authority: MS § § 245D.11, subd. 2 (2) and 245D.05, subd 1



Incident Response, Reporting and Review Policy

Program Name:

I. Policy

It is the policy of this DHS licensed provider (program) to respond to, report, and review all incidents that occur while providing services in a timely and effective manner in order to protect the health and safety of and minimize risk of harm to persons receiving services.

“Incident” means an occurrence which involves a person and requires the program to make a response that is not part of the program’s ordinary provision of services to that person, and includes:

A. Serious injury of a person.

1. Fractures.
2. Dislocations.
3. Evidence of internal injuries.
4. Head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought.
5. Lacerations involving injuries to tendons or organs and those for which complications are present;
6. Extensive second degree or third degree burns and other burns for which complications are present;
7. Extensive second degree or third degree frostbite, and other frostbite for which complications are present;
8. Irreversible mobility or avulsion of teeth;
9. Injuries to the eyeball;
10. Ingestion of foreign substances and objects that are harmful;
11. Near drowning;
12. Heat exhaustion or sunstroke;
13. Attempted suicide; and
14. All other injuries and incidents considered serious after an assessment by a health care professional, including but not limited to self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury.

B. A person’s death.

- C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician treatment, or hospitalization.



- D. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.
- E. An act or situation involving a person that requires to program to call 911, law enforcement, or the fire department.
- F. A person's unauthorized or unexplained absence from a program.
- G. Conduct by a person receiving services against another person receiving services that:
 - 1. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support;
 - 2. Places the person in actual and reasonable fear of harm;
 - 3. Places the person in actual and reasonable fear of damage to property of the person; or
 - 4. Substantially disrupts the orderly operation of the program.
- H. Any sexual activity between persons receiving services involving force or coercion.
 - "Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
 - "Coercion" means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).
- H. Any emergency use of manual restraint.
- I. A report of alleged or suspected child or vulnerable adult maltreatment.

II. Response Procedures

- A. Serious injury
 - 1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
 - 2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
 - 3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.
- B. Death
 - 1. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.



2. If there is another person(s) with you, ask them to call 911, and follow directives given to you by the emergency responder.
- C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
1. Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.
 2. When staff believes that a person is experiencing a life threatening medical emergency they must immediately call 911.
 3. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the person is taken to a physician or hospital for treatment.
- D. Mental health crisis
When staff believes that a person is experiencing a mental health crisis they must call 911 or the mental health crisis intervention team at the county the person resident
- E. Requiring 911, law enforcement, or fire department
1. For incidents requiring law enforcement or the fire department, staff will call 911.
 2. For non-emergency incidents requiring law enforcement, staff will call nonemergency phone number for the county of resident
 3. For non-emergency incidents requiring the fire department, staff will call fire department
 4. Staff will explain to the need for assistance to the emergency personnel.
 5. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.
- F. Unauthorized or unexplained absence
When a person is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:
1. If the person has a specific plan outlined in his/her Coordinated Services and Support Plan Addendum to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
 2. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other persons receiving services will not be left unsupervised to conduct the search.
 3. If after no more than 15 minutes, the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
 4. After contacting law enforcement, staff will notify Maplewood Home Care Team Member. who will determine if additional staff are needed to assist in the search.
 5. A current photo will be kept in each person's file and made available to law enforcement.
 6. When the person is found staff will return the person to the service site, or make necessary arrangements for the person to be returned to the service site.



G. Conduct of the person

When a person is exhibiting conduct against another person receiving services that is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the program, staff will take the following steps:

1. Summon additional staff, if available. If injury to a person has occurred or there is eminent possibility of injury to a person, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see EUMR Policy).
2. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
3. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.

H. Sexual activity involving force or coercion

If a person is involved in sexual activity with another person receiving services and that sexual activity involves force or coercion, staff will take the following steps:

1. Instruct the person in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the person's interaction. Verbally direct each person to separate area.
2. If the person does not respond to a verbal redirection, intervene to protect the person from force or coercion, following the EUMR Policy as needed.
3. Summon additional staff if necessary and feasible.
4. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
5. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
6. Contact law enforcement as soon as possible and follow all instructions.
7. If the person(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.

I. Emergency use of manual restraint (EUMR)

Follow the EUMR Policy.

J. Maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

III. Reporting Procedures

A. Completing a report

1. Incident reports will be completed as soon possible after the occurrence, but no later than 24 hours after the incident occurred or the program became aware of the occurrence. The written report will include:



- a. The name of the person or persons involved in the incident;
 - b. The date, time, and location of the incident;
 - c. A description of the incident;
 - d. A description of the response to the incident and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
 - e. The name of the staff person or persons who responded to the incident; and
 - f. The results of the review of the incident (see section IV).
2. When the incident involves more than one person, this program will not disclose personally identifiable information about any other person when making the report to the legal representative or designated emergency contact and case manager, unless this program has consent of the person. The written report will not contain the name or initials of the other person(s) involved in the incident.
- B. Reporting incidents to team members
1. All incidents must be reported to the person's legal representative or designated emergency contact and case manager:
 - a. within 24 hours of the incident occurring while services were provided.
 - b. within 24 hours of discovery or receipt of information that an incident occurred; or
 - c. as otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum.
 2. This program will not report an incident when it has a reason to know that the incident has already been reported.
 4. Any emergency use of manual restraint of a person must be verbally reported to the person's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report must be completed according to the requirements in the program's emergency use of manual restraints policy.
- C. Additional reporting requirements for deaths and serious injuries
1. A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division [if the program is an ICF/DD the report must be made to Department of Health, Office of Health Facility Complaints instead of DHS Licensing] and the Office of Ombudsman for Mental Health and Developmental Disabilities.
 2. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.
 3. This program will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.
- D. Additional reporting requirements for maltreatment
1. When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.
 2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.



- E. Additional reporting requirements for emergency use of manual restraint (EUMR)
Follow the EUMR Policy.

IV. Reviewing Procedures

- A. Conducting a review of incidents and emergencies
This program will complete a review of all incidents.
 - 1. The review will be completed by Maplewood Home Care Team Member.
 - 2. The review will be completed within 14 days of the incident.
 - 3. The review will ensure that the written report provides a written summary of the incident.
 - 4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
 - 5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

- B. Conducting an internal review of deaths and serious injuries
This program will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)
 - 1. The review will be completed by Maplewood Home Care Team Member.
 - 2. The review will be completed within 14 Days days of the death or serious injury.
 - 3. 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 need for additional staff training;
 - d. the reported event is similar to past events with the persons or the services involved to identify incident patterns; and
 - e. there is need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences.
 - 5. 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 staff or the program, if any.
 - 6. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints policy.

- C. Conducting an internal review of maltreatment
Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

- D. Conducting a review of emergency use of manual restraints
Follow the EUMR Policy.



Maplewood Home Care
seniorhomeinc.com

1736 Cope Ave E, Suite 2
Maplewood, MN 55109
Phone: (952) 456-6561
Fax: (952) 777-1668

V. Record Keeping Procedures

- A. The review of an incident will be documented on the incident reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Incident reports will be maintained in the person's record. The record must be uniform and legible.

Policy reviewed and authorized by:

Yong Yang, Executive Director

Print name & title

Signature

Date of last policy review: July 20, 2014_

Date of last policy revision: 09/30/2019

Legal Authority: MS. §§§ [245D.11](#), subd. 2; [245.91](#), subd. 6; [609.341](#), subd. 3 and 14



Safe Transportation Policy

Program name:

I. Policy

It is the policy of this DHS licensed provider (program) to promote safe transportation, with provisions for handling emergency situations, when this program is responsible for transporting persons receiving services.

II. Procedures

- A. This program will ensure the following regarding safe transportation:
 - 1. Equipment used for transportation, including vehicles, supplies, and materials owned or leased by the program, will be maintained in good condition by following the standard practices for maintenance and repair, including any ramps, step stools, or specialized equipment used to help people enter or exit the vehicle.
 - 2. Vehicles are to be kept clean (interior and exterior).
 - 3. Staff will report all potential mechanical problems immediately.
 - 4. Staff will report all potential equipment, supply and material problems immediately.
 - 5. Staff will report all accidents immediately.
 - 6. Staff will report all vehicle maintenance and concerns to Maplewood Home Care Staff member at (952) 456-6561
- B. The program will ensure the vehicle and drivers are properly insured when transporting persons served by the program.
- C. All staff will follow procedures to ensure safe transportation, handling, and transfers of the person and any equipment used by the person when assisting a person who is being transported, whether or not this program is providing the transportation. When the program is responsible for transportation of the person or a person's equipment, staff will utilize the following assistive techniques:
 - 1. Staff will provide assistance with seatbelts, as needed to ensure they are correctly fastened.
 - 2. Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
 - 3. Staff will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids used by a person, specialized equipment using proper vehicle restraints are properly secured before the vehicle is in motion.
 - 4. Staff will comply with all seat belt and child passenger restraint system requirements under Minnesota Statutes, sections [169.685](#) and [169.686](#) when transporting a child.
- D. Program vehicles are to be utilized exclusively to for the purpose of transporting persons served by this program, and equipment and supplies related to the program.
- E. Staff will be responsible for the supervision and safety of persons while being transported.



Maplewood Home Care
seniorhomeinc.com

1736 Cope Ave E, Suite 2
Maplewood, MN 55109
Phone: (952) 456-6561
Fax: (952) 777-1668

- 1. When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver and all passengers.
 - 2. Staff must be prepared to intervene in order to maintain safety if a person being transported engages in known behavior that puts the person, the driver, or other passengers at risk of immediate danger of physical harm.
- F. Staff will be prepared for emergencies to ensure safety. Vehicles will be equipped with the following in case of emergency:
- 1. Name and phone number of person(s) to call in case of emergency.
 - 2. First aid kit and first aid handbook.
 - 3. Proof of insurance card and vehicle registration.
- G. In the event of a severe weather emergency, staff will take the following actions:
- 1. Monitor weather conditions. Listen to local television or radio or a weather-radio for weather warnings and watches.
 - 2. Follow directions for the need to change plans and activities, or seek emergency shelter.
 - 3. Inform passengers why plans and activities have changed. Assist passengers remain calm.
- H. All staff are required to follow all traffic safety laws while operating the program vehicle. This includes maintaining a valid driver’s license, wearing seatbelts, and obeying traffic signs while operating program vehicle.
- I. All staff are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices while operating the program vehicle.

Policy reviewed and authorized by:

Yong Yang, Executive Director

Print name & title

Signature

Date of last policy review: July 20, 2014

Date of last policy revision: 09/30/2019

Legal Authority: MS §§ [245D.11](#), subd. 2. (4); [245D.06](#), subd. 2, paragraphs (2) to (4)

Temporary Service Suspension Policy

Program Name:

I. Policy

It is the policy of this DHS licensed provider (program) to ensure our procedures for temporary service suspension promote continuity of care and service coordination for persons receiving services.

II. Procedures

- A. This program will limit temporary service suspension to the following situations:
 1. The person's conduct poses an imminent risk of physical harm to self or others and either:
 - a. positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety; or
 - b. less restrictive measures would not resolve the issues leading to the suspension; OR
 2. The person has emergent medical issues that exceed the license holder's ability to meet the person's needs; OR
 3. The program has not been paid for services.
- B. Prior to giving notice of temporary service suspension, the program must document actions taken to minimize or eliminate the need for service suspension.
 1. Action taken by the program must include , at a minimum:
 - a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
 - b. A request to the case manager for intervention services identified, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.
 2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program unable to consult with the person's team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.
- C. The notice of temporary service suspension must meet the following requirements:
 1. This program must notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.
 2. If the temporary service suspension is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living

- facility, including and ICF/DD, the program must also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
3. Notice of temporary service suspension must be given on the first day of the service suspension.
 4. The written notice service suspension must include the following elements:
 - a. The reason for the action;
 - b. A summary of actions taken to minimize or eliminate the need for temporary service suspension; and
 - c. Why these measures failed to prevent the suspension.
 5. During the temporary suspension period the program must:
 - a. Provide information requested by the person or case manager;
 - b. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
 - c. Maintain information about the service suspension, including the written notice of temporary service suspension in the person's record.
- D. A person has the right to return to receiving services during or following a service suspension with the following conditions.
1. Based on a review by the person's support team or expanded support team, the person no longer poses an imminent risk of physical harm to self or others, the person has a right to return to receiving services.
 2. If, at the time of the service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the support team or expanded support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to the program.
 3. If the support team or expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, the program must document the specific reasons why a contrary decision was made.

Policy reviewed and authorized by:

Yong Yang , Executive Director

Print Name & Title Signature

Date of last policy review: July 20th 2014 Date of last policy revision: September 30, 2019

Legal Authority: MS § [245D.10](#), subd. 3



Universal Precautions and Sanitary Practices Policy

Program name:

I. Policy

It is the policy of this DHS licensed provider (program) to follow universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases.

II. Procedures

A. Universal precautions, sanitary practices, and prevention

Universal precautions apply to the following infectious materials: blood; bodily fluids visibly contaminated by blood; semen; and vaginal secretions. All staff are required to follow universal precautions and sanitary practices, including:

1. Use of proper hand washing procedure
2. Use of gloves in contact with infectious materials.
3. Use of a gown or apron when clothing may become soiled with infectious materials
4. Use of a mask and eye protection, if splashing is possible
5. Use of gloves and disinfecting solution when cleaning a contaminated surface
6. Proper disposal of sharps
7. Use of gloves and proper bagging procedures when handling and washing contaminated laundry

B. Control of communicable diseases ([Reportable Infectious Diseases: Reportable Diseases A-Z - Minnesota Dept. of Health](http://www.health.state.mn.us))

1. Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services is experiencing to Maplewood Home Care at 952-456-6561
2. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings.
3. Staff diagnosed with a communicable disease, may return to work upon direction of a health care professional.

Policy reviewed and authorized by:

Yong Yang, Executive Director

Print name & title

Signature

Date of last policy review: July 20, 2014

Date of last policy revision: 09/30/2019

Legal Authority: MS §§ [245D.11](#), subd. 2 (1) and [245D.06](#), subd 2 (5)

NOTE: The website from the Minnesota Department of Health (MDH) is included as a resource for additional information.

MALTREATMENT OF MINORS MANDATED REPORTING

This policy is for all providers licensed by the Minnesota Department of Human Services.

Who should report

- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are mandated (required) to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

Where to report

- If you know or suspect that a child is in immediate danger, call 911.
- Reports concerning suspected abuse or neglect of children occurring in a licensed child foster care or family child care facility should be made to county child protection services.
- Reports concerning suspected abuse or neglect of children occurring in all other facilities licensed by the Minnesota Department of Human Services should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at 651-431-6600.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at _____ or local law enforcement at _____.
- If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services Licensing Division at 651-431-6500.

What to report

- Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and should be attached to this policy.
- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

Failure to report

- A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor.
- A mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

Retaliation prohibited

- An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child who is the subject of the report.
- The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

Internal review

- When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care.
- The internal review must include an evaluation of whether:
 - I. related policies and procedures were followed;
 - II. the policies and procedures were adequate;
 - III. there is a need for additional staff training;
 - IV. the reported event is similar to past events with the children or the services involved; and
 - V. there is a need for corrective action by the license holder to protect the health and safety of children in care.

Primary and secondary person or position to ensure reviews completed

The internal review will be completed by _____. If this individual is involved in the alleged or suspected maltreatment, _____ will be responsible for completing the internal review.

Documentation of internal review

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

Corrective action plan

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

Staff training

The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

Provide policy to parents

The mandated reporting policy must be provided to parents of all children at the time of enrollment in the child care program and must be available upon request.

MALTREATMENT OF VULNERABLE ADULTS MANDATED REPORTING

If you are a mandated reporter, and you know or suspect maltreatment of a vulnerable adult, you must report it immediately (within 24 hours).

Where to report

- Call the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574.
- Or, report internally to _____. If the individual listed above is involved in the alleged or suspected maltreatment, report to _____.

Internal report

- When an internal report is received, _____ is responsible for deciding if the report must be forwarded to the Minnesota Adult Abuse Reporting Center (MAARC).
- If that person is involved in the suspected maltreatment, _____ will assume responsibility for deciding if the report must be forwarded to MAARC. The report must be forwarded within 24 hours.
- If you have reported internally, you should receive, within two working days, a written notice that tells you whether or not your report has been forwarded to MAARC. You should receive this notice in a manner that protects your identity. It will inform you that, if you are not satisfied with the facility's decision on whether or not to report externally, you may still contact the reporting center and be protected against retaliation.

Internal review

- When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days.
- The internal review must include an evaluation of whether:
 - (i) related policies and procedures were followed;
 - (ii) the policies and procedures were adequate;
 - (iii) there is a need for additional staff training;
 - (iv) the reported event is similar to past events with the vulnerable adults or the services involved; and
 - (v) there is a need for corrective action by the license holder to protect the health and safety of vulnerable adults.

Primary and secondary person or position to review

The internal review will be completed by _____. If this individual is involved in the alleged or suspected maltreatment, _____ will be responsible for completing the internal review.

Documentation of internal review

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

Corrective action plan

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

Staff training

The license holder 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 reporters of the reporting requirements and definitions specified under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the license holder's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services. The license holder must document the provision of this training, monitor implementation by staff, and ensure the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

For further information, visit www.mn.gov/adult-protection .

THIS REPORTING POLICY MUST BE POSTED IN A PROMINENT LOCATION, AND BE MADE AVAILABLE UPON REQUEST.



Policy Receipt and Signature Page

Orientation to the following policies was received within 24 hours of admission, or 72 hours for persons who would benefit from a later orientation:

_____ Maltreatment of Vulnerable Adults including:

- Telephone number of the Minnesota Adult Abuse Reporting Center (MAARC)

_____ Program Abuse Prevention Plan

I have been informed of and provided copies of the following policies and procedures affecting a person’s rights under section 245D.04 within 5 days of service initiation:

_____ Grievance Policy

_____ Service Suspension

_____ Service Termination

_____ Emergency Use of Manual Restraint

_____ Data Privacy*

_____ Safe Transportation

_____ Universal Precaution and sanitary

_____ Drug and Alcohol

_____ Admission policy

_____ Health services coordination and care residential program

_____ Incident Report Policy

*Data Privacy required for intensive services

Name	Signature	Title	Date
		Person	
		Legal Representative	
		Case Manager	

