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Client Policy Handbook

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Kendall Family Services LLC

245D COMMUNITY-BASED INTENSIVE SUPPORT SERVICES POLICIES AND PROCEDURES

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02	Temporary Service Suspension	Rev. 9/25
03	Grievances	Rev. 7/25
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Kendall Family Services LLC

POLICY AND PROCEDURE ON ADMISSION

I. PURPOSE

The purpose of this policy is to establish procedures that ensure continuity of care during admission or service initiation including the company's admission criteria and processes.

II. POLICY

Services may be provided by the company as registered and licensed according to MN Statutes, chapter 245D and MN Statutes, chapter 245A. All services will be consistent with the person's service-related and protection-related rights identified in MN Statutes, section 245D.04. The company may provide services to persons with disabilities, including, but not limited to, developmental or intellectual disabilities, brain injury, mental illness, age-related impairments, or physical and medical conditions when the company is able to meet the person's needs.

Documentation from the admission/service initiation, assessments, and service planning processes related to the company's service provision for each person served and as stated within this policy will be maintained in the person's service recipient record.

III. PROCEDURE

Admission criteria

A. Certain criteria will be used by this company to determine whether the company is able to develop services to meet the needs of the person as specified in their *Support Plan.* In addition to registration and licensed ability, the criteria include:
   1. Be on a CADI, DD, BI Waiver, or utilizing CDCS and private pay
   2. Able to participate in the training services
   3. If In Home Supports with Family Training, the primary caregiver must be present 80 percent of the time
   4. Have county authorization for service

B. When a person and/or legal representative requests services from the company, a refusal to admit the person must be based upon an evaluation of the person's assessed needs and the company's lack of capacity to meet the needs of the person.

C. The company must not refuse to admit a person based solely on the type of residential services the person is receiving or solely on the person's:
   1. Severity of disability.
   2. Orthopedic or neurological handicaps.
   3. Sight or hearing impairments.
   4. Lack of communication skills.
   5. Physical disabilities.
   6. Toilet habits.
   7. Behavioral disorders.
   8. Past failures to make progress.

D. Documentation regarding the basis for the refusal will be completed using the *Admission Refusal Notice* and must be provided to the person and/or legal representative and case manager upon request. This documentation will be completed and maintained by the Designated Coordinator and/or Designated Manager or designee.

Admission process and requirements

A. In the event of an emergency service initiation, the company must ensure that staff training on individual service recipient needs occurs within 72 hours of the direct support staff first having unsupervised contact with the person served. The company must document the reason for the unplanned or emergency service

initiation and maintain the documentation in the person's service recipient record.

B. Prior to or upon the initiation of services, the Designated Coordinator and/or Designated Manager will develop, document, and implement the *Individual Abuse Prevention Plan* according to MN Statutes, section 245A.65, subdivision 2.

C. The Designated Coordinator and/or Designated Manager will ensure that during the admission process the following will occur:
   1. Each person to be served and/or legal representative is provided with the written list of the *Rights of Persons Served* that identifies the service recipient's rights according to MN Statutes, section 245D.04, subdivisions 2 and 3.
      a. An explanation will be provided on the day of service initiation or within five (5) working days of service initiation and annually thereafter.
      b. Reasonable accommodations will be made, when necessary, to provide this information in other formats or languages to facilitate understanding of the rights by the person and/or legal representative.
   2. An explanation of and provision of a copy of the *Policy and Procedure on Reporting and Reviewing of Maltreatment of Vulnerable Adults* will be provided to the person served and/or legal representative and case manager within 24 hours of admission, or for persons who would benefit more from a later orientation, the orientation may take place within 72 hours.
   3. An explanation of and provision of copies (may be provided within five [5] working days of service initiation) of the following policies and procedures to the person and/or legal representative and case manager:
      1. *Policy and Procedure on Grievances*
      2. *Policy and Procedure on Temporary Service Suspension*
      3. *Policy and Procedure on Service Termination*
      4. *Policy and Procedure on Data Privacy*
      5. *Policy and Procedure on Emergency Use of Manual Restraint*
      6. *Policy and Procedure on Reporting and Reviewing of Maltreatment of Minors*
   4. Written authorization is obtained by the person and/or legal representative for the following:
      a. *Authorization for Medication and Treatment Administration*
      b. *Authorization to Act in an Emergency*
      c. *Standard Release of Information*
      d. *Specific Release of Information*
      e. *Funds and Property Authorization*
         i. This authorization may be obtained within five (5) working days of the service initiation meeting and annually thereafter. The case manager also provides written authorization for the *Funds and Property Authorization.*
      f. The *Admission Form and Data Sheet* is signed by the person and/or legal representative and includes the date of admission or readmission, identifying information, and contact information for members of the support team or expanded support team and others as identified by the person and/or legal representative.

D. Also, during the admission meeting, the support team or expanded support team, and other people as identified by the person and/or legal representative will discuss:
   1. The company's responsibilities regarding health service needs and the procedures related to meeting those needs as assigned in the *Support Plan* and/or *Support Plan Addendum.*
   2. The desired frequency of progress reports and progress review meetings, at a minimum of annually can be discussed on intake or at the initial planning meeting.
3. KFS will review the *Funds and Property Policy*, but it is important to note that KFS does NOT manage funds and property for any of its's clientele.

E. If a person's licensed health care professional or mental health professional has determined that a manual restraint would be medically or psychologically contraindicated, the company will not use a manual restraint to eliminate the immediate risk of harm and effectively achieve safety. This statement of whether or not a

manual restraint would be medically or psychologically contraindicated will be completed as part of service initiation planning.

Admission process follow up and timelines

A. The Designated Coordinator and/or Designated Manager or designee will ensure that the person's service recipient record is assembled according to company standards.

B. Within 15 calendar days of service initiation, the Designated Coordinator and/or Designated Manager will complete a preliminary *Support Plan Addendum* that is based upon *Support Plan*. At this time, the person's name and date of admission will be added to the *Admission and Discharge Register* maintained by the Designated Coordinator and/or Designated Manager.

C. When a person served requires a *Positive Support Transition Plan* for the emergency use or planned use of restrictive interventions prohibited under MN Statutes, chapter 245D, and is admitted after January 1, 2014:
   1. The *Positive Support Transition Plan* must be developed and implemented within 30 calendar days of service initiation.
   2. No later than 11 months after the implementation date, the plan must be phased out.

D. Before the initial planning meeting, the Designated Coordinator and/or Designated Manager will complete the *Self-Management Assessment* regarding the person's ability to self-manage in health and medical needs, personal safety, and symptoms or behaviors. This assessment will be based on the person's status within the last 12 months at the time of service initiation.

E. Before providing 45 calendar days of service or within 60 calendar days of service initiation, whichever is shorter, the support team or expanded support team and other people as identified by the person and/or legal representative must meet to assess and determine the following based on information obtained from the assessment, *Support Plan,* and person-centered planning:
   1. The scope of services to be provided to support the person's daily needs and activities.
   2. Outcomes and necessary supports to accomplish the outcomes.
   3. The person's preferences for how services and supports are provided including how the provider will support the person to have control of the person's schedule.
   4. Whether the current service setting is the most integrated setting available and appropriate for the person.
   5. Opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences.
   6. Opportunities for community access, participation, and inclusion in preferred community activities.
   7. Opportunities to develop and strengthen personal relationships with other persons of the person's choice in the community.
   8. Opportunities to seek competitive employment and work at competitively paying jobs in the community.
   9. How services for this person will be coordinated across 245D licensed providers and members of the support team or expanded support team to ensure continuity of care and coordination of services for the person.

F. Also, at the initial planning meeting, and annually thereafter, the person and/or legal representative, case manager, and other people as identified by the person and/or legal representative will discuss how technology might be used to meet the person's desired outcomes. The *Support Plan* and/or *Support Plan Addendum* will include a summary of this discussion. The summary will include a statement regarding any decision that is made regarding the use of technology and a description of any further research that needs to be completed before a decision regarding the use of technology can be made.

G. Within 10 working days of the initial planning meeting, the Designated Coordinator and/or Designated Manager will develop a service plan that documents outcomes and supports for the person based upon the assessments completed at the initial planning meeting.

H. Within 20 working days of the initial planning meeting, the Designated Coordinator and/or Designated Manager will submit to and obtain dated signatures from the person and/or legal representative and case manager to document completion and approval of the assessment and *Support Plan Addendum.*
If, within 10 working days of this submission, the legal representative or case manager has not signed and returned the assessments or has not proposed written modifications, the submission is deemed approved, and the documents become effective and remain in effect until the legal representative or case manager submits a written request to revise the documents.

Kendall Family Services LLC.

POLICY AND PROCEDURE ON TEMPORARY SERVICE SUSPENSION

I. PURPOSE

The purpose of this policy is to establish determination guidelines and notification procedures for service suspension.

II. POLICY

It is the intent of the company to ensure continuity of care and service coordination between members of the support team including, but not limited to the person served, the legal representative and/or designated emergency contact, case manager, and other licensed caregivers during situations that may require or result in temporary service suspension. The company restricts temporary service suspension to specific situations according to MN Statutes, section 245D.10, subdivision 3.

III. PROCEDURE

The company recognizes that *temporary service suspension* and *service termination* are two separate procedures. The company must limit temporary service suspension to specific situations that are listed below. A temporary service suspension may lead to or include service termination, or the company may do a temporary service suspension by itself. The company must limit service termination to specific situations that are listed in *Policy and Procedure on Service Termination*. A service termination may include a temporary service suspension, or the company can do a service termination by itself.

A. The company must limit temporary service suspension to situations in which:
   1. The person's conduct poses an imminent risk of physical harm to self or others and either 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 less restrictive measures would not resolve the issues leading to the suspension;
   2. The person has emergent medical issues that exceed the company'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 services suspension, the company must document actions taken to minimize or eliminate the need for service suspension. Action taken by the company must include, at a minimum:
   1. Consultation with the person's expanded/support team to identify and resolve issues leading to issuance of the suspension notice; and
   2. A request to the person's case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to temporary suspensions issued due to non-payment of services.
   3. If, based on the best interests of the person, the circumstances at the time of the notice were such that the company was unable to take the actions listed above, the company 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 company must notify the person or the person's legal representative and case manager in writing of the intended temporary services suspension.
   2. The notice of temporary services suspension must be given on the first day of the services suspension;
   3. The notice must include the reason for the action; a summary of actions taken to minimize or eliminate the need for temporary services suspension as required under MN Statutes, section 245D.10, subdivision 3, paragraph (d); and why these measures failed to prevent the suspension.
   4. The company must use forms provided by the commissioner to report service suspensions.

D. During the temporary suspension period, the company must:

1. Provide information requested by the person or case manager;
2. Work with the expanded/support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
3. Maintain information about the temporary service suspension, including the written notice of temporary services suspension, in the service recipient record.

E. If, based on a review by the person's expanded/support team, the team determines 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. If at the time of the temporary 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 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. If the expanded/support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, the company must document the specific reasons why a contrary decision was made.

Kendall Family Services LLC.

POLICY AND PROCEDURE ON GRIEVANCES

I. PURPOSE

The purpose of this policy is to promote service recipient right by providing persons served and/or legal representatives with a simple process to address complaints or grievances.

II. POLICY

Each person served and/or legal representative will be encouraged and assisted in continuously sharing ideas and expressing concerns in informal discussions with management staff and in support team meetings. Each concern or grievance will be addressed, and attempts will be made to reach a fair resolution in a reasonable manner. Should a person and/or legal representative feel an issue or complaint has not or cannot be resolved through informal discussion, they should file a formal grievance. Staff and persons served and/or legal representatives will receive training regarding the informal and formal grievance procedure. This policy will be provided, orally and in writing, to all persons served and/or legal representatives. If a person served and/or legal representative feel that their formal complaint has not or cannot be resolved by other staff, they may bring their complaint to the highest level of authority in the program, the owner, who may be reached at the following:
Ashley Long
468 South Lake St
Forest Lake, MN 55025
651-964-1071

The company will ensure that during the service initiation process that there is orientation for the person served and/or legal representative to the company's policy on addressing grievances. Throughout the grievance procedure, interpretation in languages other than English and/or with alternative communication modes may be necessary and will be provided upon request. If desired, assistance from an outside agency (i.e. ARC, MN Office of the Ombudsman, local county social service agency) may be sought to assist with the grievance.

Persons served and/or legal representatives may file a grievance without threat or fear of reprisals, discharge, or the loss of future provision of appropriate services and supports.

III. PROCEDURE

A. All complaints affecting a person's health and safety will be responded to immediately by the manager.

B. Direct support staff will immediately inform the manager of any grievances and will follow this policy and procedure. If at any time, staff assistance is requested in the complaint process, it will be provided. Additional information on outside agencies that also can provide assistance to the person served and/or legal representative are listed at the end of this procedure.

C. If for any reason a person served and/or legal representative chooses to use the formal grievance process, they will then notify in writing or discuss the formal grievance with the manager will initially respond in writing within 14 calendar days of receipt of the complaint.

D. If the person served and/or legal representative is not satisfied with the manager response, they will then notify in writing or discuss the formal grievance with the owner, who will then respond within 14 calendar days.

E. All complaints must and will be resolved within 30 calendar days of receipt of the complaint. If this is not possible, the owner will document the reason for the delay and the plan for resolution.

F. If the person served and/or legal representative believe their rights have been violated, they retain the option of contacting the county's Adult or Child Protection Services or the Department of Human Services. In

addition, persons may contact advocacy agencies (listed at the end of this policy) and state they would like to file a formal grievance regarding their services, provider company, etc.

G. As part of the complaint review and resolution process, a complaint review will be completed by the owner, HR or the program manager and documented by using the *Internal Review* form regarding the complaint. The complaint review will include an evaluation of whether:
   1. Related policies and procedures were followed.
   2. The policies and procedures were adequate.
   3. There is a need for additional staff training.
   4. The complaint is similar to past complaints with the persons, staff, or services involved.
   5. There is a need for corrective action by the company to protect the health and safety of persons served.

H. Based upon the results of the complaint review, the company will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the company, if any.

I. A written summary of the complaint and a notice of the complaint resolution to the person served and/or legal representative and case manager will be provided by using the *Complaint Summary and Resolution Notice* form. This summary will:
   1. Identify the nature of the complaint and the date it was received.
   2. Include the results of the complaint review.
   3. Identify the complaint resolution, including any corrective action.

J. The *Complaint Summary and Resolution Notice* will be maintained in the service recipient record.

Outside Agency Name	Telephone Number	Address and Email Address
ARC MN	952-920-0855 833-450-1494	641 Fairview Avenue N., St. Paul, MN 55104 www.arcminnesota.org info@arcminnesota.org
ARC Greater Twin Cities	(952) 920-0855 833-450-1494	641 Fairview Avenue N., St. Paul, MN 55104 www.arcminnesota.org info@arcminnesota.org
ARC Northland	(218) 726-4725	222 E Superior St, Suite 302, Duluth, MN 55802 www.arcnorthland.org info@arcnorthland.org
Disability Law Center	1-800-292-4150	111 N. Fifth St., Suite 100, Minneapolis, MN 55403 www.mylegalaid.org info@mylegalaid.org
MN DHS-Licensing	(651) 431-6500	444 Lafayette Road, St. Paul, MN 55115 www.mn.gov/dhs/general-public/licensing/ dhs.info@state.mn.us
MN Office of the Ombudsman for Families (and Children)	1-888-234-4939	1450 Energy Drive, Suite 106 St. Paul, Minnesota 55108 http://mn.gov/ombudfam/
MN Office of the Ombudsman for MH/DD	(651) 757-1800 (800) 657-3506	332 Minnesota Street, Suite W1410, First National Bank Building, St. Paul, MN 55101 www.mn.gov/omhdd ombudsman.mhdd@state.mn.us
MN Office of the Ombudsman for	(651) 431-2555 (800) 657-3591	P.O. Box 64971, St. Paul, MN 55164 www.mn.gov/ooltc

Long-Term Care		MBA.OOLTC@state.mn.us

MN Area on Aging:
Please select the specific row (below) for applicable telephone number or address based upon your location

	MN Area on Aging	Telephone Numbers	Address and Email Address: http://mn4a.org/aaas/
1.	Arrowhead Area Agency on Aging	Main: 218-722-5545 Toll Free: 1-800-232-0707 Fax: 218-529-7592	221 West 1st Street Duluth, Minnesota 55802 Serves: Aitkin, Carlton, Cook, Itasca, Koochiching, Lake & St. Louis counties.
2.	Central MN Council on Aging	Main: 320-253-9349 Fax: 320-253-9576	3333 W. Division St., Suite 217 St. Cloud, Minnesota 56301-3456 Serves: Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, & Wright counties.
3.	Dancing Sky Area Agency on Aging	Main: 218-745-6733	109 South Minnesota Street Warren, Minnesota 56762 Serves: Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse & Wilkin.
4.	Metropolitan Area Agency on Aging	Main: 651-641-8612 Fax: 651-641-8618	3001 Broadway St. NE, Suite 170, Minneapolis, MN 55413 Serves: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, & Washington counties
5.	Indian Agency on Aging	218-679-2122	PO Box 27 Cass Lake, Minnesota 56633 Serves: Bois Forte, Fond du Lac, Grand Portage, Leech Lake, Lower Sioux, Mille lacs, Prairie Island, Red Lake, Upper Sioux & White Earth reservations
6.	MN River Area Agency on Aging	507-387-1256	201 N. Broad St., Suite 102, Mankato, MN 56001 Serves: Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Swift, Waseca, Watonwan, & Yellow Medicine counties.
7.	Southeastern MN Area Agency on Aging	Main: 507-288-6944 Fax: 507-288-4823	2746 Superior Drive NW, Suite 300 Rochester, MN 55901 Serves: Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, & Winona counties

Kendall Family Services LLC

POLICY AND PROCEDURE ON DATA PRIVACY

I. PURPOSE

The purpose of this policy is to establish guidelines that promote service recipient rights ensuring data privacy and record confidentiality of persons served.

II. POLICY

According to MN Statutes, section 245D.04, subdivision 3, persons served by the program have protection-related rights that include the rights to:

- Have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the company.
- Access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule.

Orientation to the person served and/or legal representative will be completed at service initiation and as needed thereafter. This orientation will include an explanation of this policy and their rights regarding data privacy. Upon explanation, the Designated Manager and/or Designated Coordinator will document that this notification occurred and that a copy of this policy was provided.

This company encourages data privacy in all areas of practice and will implement measures to ensure that data privacy is upheld according to MN Government Data Practices Act, section 13.46. The company will also follow guidelines for data privacy as set forth in the Health Insurance Portability and Accountability Act (HIPAA) to the extent the company performs a function or activity involving the use of protected health information and HIPAA's implementing regulations, Code of Federal Regulations, title 45, parts 160-164, and all applicable requirements. The Owner & Operator will exercise the responsibility and duties of the "responsible authority" for all program data, as defined in the Minnesota Data Practices, MN Statutes, chapter 13. Data privacy will hold to the standard of "minimum necessary" which entails limiting protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

III. PROCEDURE

Access to records and recorded information and authorizations

A. The person served and/or legal representative have full access to their records and recorded information that is maintained, collected, stored, or disseminated by the company. Private data are records or recorded information that includes personal, financial, service, health, and medical information.

B. Access to private data in written or oral format is limited to authorized persons. The following company personnel may have immediate access to persons' private data only for the relevant and necessary purposes to carry out their duties as directed by the *Support Plan* and/or *Support Plan Addendum*:
   1. Executive staff.
   2. Administrative staff.
   3. Financial staff.
   4. Nursing staff including assigned or consulting nurses.
   5. Management staff including the Designated Coordinator and/or Designated Manager.
   6. Direct support staff.

C. The following entities also have access to persons' private data as authorized by applicable state or federal laws, regulations, or rules:
   1. Case manager.
   2. Child or adult foster care licensor, when services are also licensed as child or adult foster care.
   3. Minnesota Department of Human Services and/or Minnesota Department of Health.
   4. County of Financial Responsibility or the County of Residence's Social Services.

5. The Ombudsman for Mental Health or Developmental Disabilities.
6. US Department of Health and Human Services.
7. Social Security Administration.
8. State departments including Department of Employment and Economic Development (DEED), Department of Education, and Department of Revenue.
9. County, state, or federal auditors.
10. Adult or Child Protection units and investigators.
11. Law enforcement personnel or attorneys related to an investigation.
12. Various county or state agencies related to funding, support, or protection of the person.
13. Other entities or individuals authorized by law.

D. The company will obtain authorization to release information of persons served when consultants, sub-contractors, or volunteers are working with the company to the extent necessary to carry out the necessary duties.

E. Other entities or individuals not previously listed who have obtained written authorization from the person served and/or legal representative have access to written and oral information as detailed within that authorization. This includes other licensed caregivers or health care providers as directed by the release of information.

F. Information will be disclosed to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the person served or other individuals or persons. The Designated Coordinator and/or Designated Manager will ensure the documentation of the following:
   1. The nature of the emergency.
   2. The type of information disclosed.
   3. To whom the information was disclosed.
   4. How the information was used to respond to the emergency.
   5. When and how the person served and/or legal representative was informed of the disclosed information.

G. All authorizations or written releases of information will be maintained in the person's service recipient record. In addition, all requests made to review data, have copies, or make alterations, as stated below, will be recorded in the person's record including:
   1. Date and time of the activity.
   2. Who accessed or reviewed the records.
   3. If any copies were requested and provided.

Request for records or recorded information to be altered or copies

A. The person served and/or legal representative has the right to request that their records or recorded information and documentation be altered and/or to request copies.

B. If the person served and/or legal representative objects to the accuracy of any information, staff will ask that they put their objections in writing with an explanation as to why the information is incorrect or incomplete.
   1. The Designated Coordinator and/or Designated Manager will submit the written objections to the Owner & Operator who will make a decision in regard to any possible changes.
   2. A copy of the written objection will be retained in the person's service recipient record.
   3. If the objection is determined to be valid and approval for correction is obtained, the Designated Coordinator and/or Designated Manager will correct the information and notify the person served and/or legal representative and provide a copy of the correction.
   4. If no changes are made and distribution of the disputed information is required, the Designated Coordinator and/or Designated Manager will ensure that the objection accompanies the information as distributed, either orally or in writing.

C. If the person served and/or legal representative disagrees with the resolution of the issue, they will be

encouraged to follow the procedures outlined in the *Policy and Procedure on Grievances.*

Security of information

A. A record of current services provided to each person served will be maintained on the premises of where the services are provided or coordinated. Records will be maintained at the company's program office. Files will not be removed from the program site without valid reasons and security of those files will be maintained at all times.

B. The Designated Coordinator and/or Designated Manager will ensure that all information for persons served are secure and protected from loss, tampering, or unauthorized disclosures. This includes information stored by computer for which a unique password and user identification is required.

C. No person served and/or legal representative, staff, or anyone else may permanently remove or destroy any portion of the person's record.

D. The company and its staff will not disclose personally identifiable information about any other person when making a report to each person and case manager unless the company has the consent of the person. This also includes the use of other person's information in another person's record.

E. Written and verbal exchanges of information regarding persons served are considered to be private and will be done in a manner that preserves confidentiality, protects their data privacy, and respects their dignity.

F. All staff will receive training at orientation and annually thereafter on this policy and their responsibilities related to complying with data privacy practices.

RIGHTS OF PERSONS SERVED

Application and intent of these rights

These rights apply to persons served in a program licensed under MN Statutes, chapter 245D. The company will ensure that the person's rights in the services provided by the company and as authorized in the *Support Plan* are exercised and protected by all staff of the company including subcontractors, temporary staff, and volunteers. This document will be signed and dated by the person served and/or legal representative and maintained in the service recipient record at service initiation and annually thereafter.

Service-related rights

A person's service-related rights include the right to:

1. **Participate in the development and evaluation of the services provided to the person.**
   We encourage you to let this company know what services you need and want and upon evaluation, how we can modify the services to better meet your desired service outcomes.

2. **Have services and supports identified in the *Support Plan* and/or *Support Plan Addendum* provided in a manner that respects and takes into consideration the person's preferences according to the requirements in MN Statutes, section 245D.07 and 245D.071.**
   You may notify us of your needs, interests, preferences, and desired outcomes so we may be able improve the services to you and to the best of our ability.

3. **Refuse or terminate services and be informed of the consequences of refusing or terminating services.**
   If you are not satisfied with your services, you may discuss your concerns and dissatisfaction with us at any time. Further discussions may also include information and/or conversations with your support team.

4. **Know, in advance, limits to the services available from the license holder, including the license holder's knowledge, skill, and ability to meet the person's service and support needs.**
   We will notify you prior to service initiation if there are any limits to the services that we will provide. If you are not satisfied with the limitations, you may consider all options available for services to meet your needs.

5. **Know conditions and terms governing the provision of services, including the license holder's admission criteria and policies and procedures related to temporary service suspension and service termination.**
   This company's *Policy and Procedure on Admission* contains information on our admission criteria. If we are no longer able to continue providing you with services, you have the right to know what the procedures are in the *Policy and Procedure on Temporary Service Suspension* and the *Policy and Procedure on Service Termination.* You will always receive an explanation, in a way that you can understand, of what is occurring and why.

6. **A coordinated transfer to ensure continuity of care when there will be a change in provider.**
   Regardless of the situation that brings forth a change in service provider, this company will provide information and work in cooperation with your support team to ensure a smooth transfer between providers.

7. **Know what the charges are for services, regardless of who will be paying for the services, and be notified of changes in those charges.**
   You have the right to be provided with information regarding the charges for the services. If the charges for the services change, you have the right to know of that change.

8. **Know, in advance, whether services are covered by insurance, government funding, or other sources, and be told of any charges the person or other private party may have to pay.**
   Services provided to you by this company will be charged to the correct payment source. If you are responsible to pay for some of your services, we will work with you and your team on how that process will occur.
9. **Receive licensed services from an individual who is competent and trained, who has professional certification or licensure, as required, and who meets additional qualifications identified in the *Support Plan* and/or *Support Plan Addendum*.**
   The services you receive from this company will be provided by staff that have received training and are competent to provide you with services as directed by the *Support Plan* and *Support Plan Addendum.*

Protection-related rights

A person's protection-related rights include the right to:

1. **Have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the license holder.**
   Your information will be private at all times except for case consultation, treatment, and discussion. This company will ensure that only those records needed for the appropriate care, treatment, and delivery of services are made available to those individuals who are directly involved in that delivery.

2. **Access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule.**
   You may access your records or have copies. This company will follow all laws, regulations, or rules regarding privacy including the Health Insurance Portability and Accountability Act (HIPAA), the Minnesota Data Practices, MN Statutes, chapter 13, and the Home and Community-Based Services Standards, MN Statutes, chapter 245D.

3. **Be free from maltreatment.**
   You have the right to live without the fear of abuse, neglect, or financial exploitation. If any of these were to occur, this company has policies and procedures in place to help protect your ongoing safety and the safety of others.

4. **Be free from restraint, time out, seclusion, restrictive intervention, or other prohibited procedure identified in section 245D.06, subd. 5 or successor provisions, except for: (i) emergency use of manual restraint to protect the person from imminent danger to self or others according to the requirements in 245D.061 or successor provisions or (ii) the use of safety interventions as part of a positive support transition plan under section 245D.06, subd. 8 or successor provisions.**
   Staff are trained on positive support strategies, not using prohibited procedures according to state law, and that you have the right to be free from coercion.

5. **Receive services in a clean and safe environment when the license holder is the owner, lessor, or tenant of the service site.**
   We value maintaining the service or program site in a clean and safe environment. If you have concerns regarding the service site, please notify your staff who will take your concern seriously and will notify appropriate personnel.

6. **Be treated with courtesy and respect and receive respectful treatment of the person's property.**
   Staff will do all that they can to respect you as an individual and other aspects of your life including your property. If you feel that you or your property are not being treated with courtesy and respect by the company, staff, or other individuals; please notify the staff.

7. **Reasonable observance of cultural and ethnic practice and religion.**

You have the right to observe and participate in activities of cultural and ethnic practice or religion of your choice.

8. **Be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation.**
   You are a unique person and have the right to live, work, and engage in environments free of bias and harassment.

9. **Be informed of and use the license holder's grievance policy and procedures, including knowing how to contact persons responsible for addressing problems and to appeal under section 256.045.**
   At any time, you may contact your legal representative, case manager, an advocate, or someone within the company if you are not satisfied with services being provided in order to make a formal complaint.

10. **Know the name, telephone number, and the Web site, e-mail, and street addresses of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices.**
    Should you choose to voice a grievance, you will not be retaliated against. Please see the list of contact information for protection and advocacy agencies at the end of the *Policy and Procedure on Grievances.*

11. **Assert these rights personally, or have them asserted by the person's family, authorized representative, or legal representative, without retaliation.**
    We will support you in actively asserting your rights. Your family, authorized representative, or legal representative also have the right to assert these for you and on your behalf without retaliation.

12. **Give or withhold written informed consent to participate in any research or experimental treatment.**
    You have the right to know all terms and conditions regarding any type of research or experimental treatment and have those explained to you in a manner in which you understand. You may consult with your legal representative or other support team members before making a final informed consent or refusal.

13. **Associate with other persons of the person's choice, in the community.**
    You may choose to spend time with others of your choice (including in the community) and to have private visits with them. If someone wants to visit with you, you have the right to meet or refuse to meet with them.

14. **Personal privacy including the right to use the lock on the person's bedroom or unit door.**
    You have the right to privacy to the level you choose including the use of a lock on your bedroom door or unit.

15. **Engage in chosen activities.**
    You have the right to choose, refuse, or engage in the activities planned by you, your family, your support team, staff and other persons. You also can choose your services, schedule, and people with whom you spend time and if you want to work. Your provider may support you to work as agreed upon within your support plan.

16. **Access to the person's personal possessions at any time, including financial resources.**
    You have the right to access your possessions and you may access your financial resources when you choose. You can control your own personal funds and authorize your provider to assist with management of those funds, as you desire.

For persons residing in a residential site licensed according to MN Statutes, chapter 245A, or where the license holder is the owner, lessor, or tenant of the residential service site, protection-related rights also include the right to:

1. **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.**
   You may use the house phone on a daily basis and have private conversations. If you make long distance or collect calls, you will be expected to pay for those charges yourself. Because the company phone is used by others, please be considerate of the needs of others.

2. **Receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication.**
   No one other than yourself or someone you have given permission to may open and/or read your mail or e-mail/electronic correspondence. You may also send mail or e-mail/electronic correspondence without concern that your privacy will be violated.

3. **Have use of and free access to common areas in the residence and the freedom to come and go from the residence at will.**
   This company considers the residence you live in as your home and therefore you have use of and access to the common areas within the home including the kitchen, dining area, laundry, and shared living areas, to the extent desired. Your bedroom remains your private area and is not considered a common area of the residence. Since common areas are shared, please be respectful of others and their use of the areas. As this is your home, you may come and go at will.

4. **Choose the person's visitors and times of visits and have privacy for visits with the person's spouse, next of kin, legal counsel, religious adviser, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom**
   You have the right to privacy for visits with persons of your choice and may do so in the privacy of your own bedroom, including the time of the visits.

5. **Have access to three nutritionally balanced meals and nutritious snacks between meals each day.**
   This company believes in providing healthy meals to you as well as nutritious snacks throughout the day. We value your health and wellness regarding food and beverages and nutritious intake.

6. **The freedom and support to access food and potable water at any time.**
   This company values your health and will provide you with access to drinkable water and nutritious meals and snacks. This includes having the freedom and support to access food at any time.

7. **The freedom to furnish and decorate the person's bedroom or living unit.**
   We understand that having a space that suits your preferences, wants, and needs is important, and the company will support you in decorating your bedroom or unit as you choose.

8. **A setting that is clean and free from accumulation of dirt, grease, garbage, peeling paint, mold, vermin, and insects.**
   The company knows that is important to have a home that is clean and welcoming for you and we will do what we can to meet this requirement. Please contact us if you have questions or concerns about the setting.

9. **A setting that is free from hazards that threaten the person's health or safety.**
   Your health and safety are very important to us and we want to ensure that there are no hazards that could threaten that. Please contact us if you have questions or concerns about the setting.

10. **A setting that meets the definition of a dwelling unit within a residential occupancy as defined in the State Fire Code.**
    This company follows and will meet state and local requirements of a dwelling unit. Please contact us if you have questions or concerns about the setting.

I understand that only to protect my health, safety, and well-being can my rights be restricted. If they are or will be restricted, I have received an explanation of what the right restriction means and that the company must document and implement this restriction according to MN Statutes, chapter 245D.

It has also been explained to me that the company will support me in getting my rights returned to me as soon as possible. ☐ Yes ☐ No

I have received a written notice identifying my rights. ☐ Yes ☐ No

These rights have been explained to me in a manner in which I understand. ☐ Yes ☐ No

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) 757-1800 or 1(800) 657-3506
Fax: (651) 797-1950
Website: www.ombudmhdd.state.mn.us

Minnesota Disability Law Center
430 1st Ave N, Suite 300
Minneapolis, MN 55401
Email: mndlc@mylegalaid.org
Website: http://www.mndlc.org/

☐ I want _____ to help me exercise my rights. The program has this person's contact information in my record.

_____ _____

Person served/legal representative Date

Kendall Family Services LLC

POLICY AND PROCEDURE ON EMERGENCY USE OF MANUAL RESTRAINT

I. PURPOSE

The purpose of this policy is to promote service recipient rights and protect the health and safety of persons served during behavioral situations without the allowance of using an emergency use of manual restraint (EUMR). This policy will also promote appropriate and safe interventions needed when addressing behavioral situations.

II. POLICY

It is the policy of this company that emergency use of manual restraint is **not allowed** at any time. This policy contains content requirements of MN Statutes, section 245D.061, subdivision 9 for policy and procedures regarding emergency use of manual restraint. According to MN Statutes, section 245D.02, subdivision 8a, emergency use of manual restraint is defined as "using a manual restraint when a person poses an imminent risk of physical harm to self or others and 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."

III. PROCEDURE

Positive support strategies

A. The company will attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others. Some of the following procedures could be used to de-escalate the situation and are options that could be implemented by staff. This is not a fully inclusive list of options that could include:
   1. A calm discussion between the person served and direct support staff regarding the situation, the person's feelings, their responses, and alternative methods to handling the situation, etc.
   2. A staff suggesting or recommending that the person participate in an activity they enjoy as a means to self-calm.
   3. A staff to suggest or remind that the person served has options that they may choose to spend time alone, when safety permits, as a means to self-calm.
   4. The individualized strategies that have been written into the person's *Support Plan* and/or *Support Plan Addendum,* or *Positive Support Transition Plan*.
   5. The implementation of instructional techniques and intervention procedures that are listed as **"Permitted actions and procedures"** as defined in Letter B of this **Positive support strategies** section.
   6. A combination of any of the above.

B. **Permitted actions and procedures** include the use of instructional techniques and intervention procedures used on an intermittent or continuous basis. If used on a continuous basis, it must be addressed in the person's *Support Plan Addendum*. These actions include:
   1. Physical contact or instructional techniques that are the least restrictive alternative possible to meet the needs of the person and may be used to:
      a. Calm or comfort a person by holding that person with no resistance from that person.
      b. Protect a person known to be at risk or injury due to frequent falls as a result of a medical condition.
      c. 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 or duration.
      d. 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.
      e. 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.
   2. Restraint may be used as an intervention procedure to:
      a. Allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional.
      b. 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.

c. Position a person with physical disabilities in a manner specified in their *Support Plan Addendum.* Any use of manual restraint allowed in this paragraph must comply with the restrictions stated in the section of this policy **Restrictive Intervention**.

3. 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.
4. Positive verbal correction that is specifically focused on the behavior being addressed.
5. Temporary withholding or removal of objects being used to hurt self or others.

Prohibited Procedures

The company and its staff are prohibited from using the following:

A. Chemical restraints
B. Mechanical restraints
C. Manual restraint
D. Time out
E. Seclusion
F. Any other aversive or deprivation procedures
G. As a substitute for adequate staffing
H. For a behavioral or therapeutic program to reduce or eliminate behavior
I. Punishment
J. For staff convenience
K. Prone restraint, metal handcuffs, or leg hobbles
L. Faradic shock
M. Speaking to a person in a manner that ridicules, demeans, threatens, or is abusive
N. Physical intimidation or a show of force
O. Containing, restricting, isolating, secluding, or otherwise removing a person from normal activities when it is medically contraindicated or without monitoring the person served
P. Denying or restricting a person's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the person's functioning. When the temporary removal of the equipment or device is necessary to prevent injury to the person or others or serious damage to the equipment or device, the equipment or device must be returned to the person as soon as imminent risk of injury or serious damage has passed.
Q. Painful techniques, including intentional infliction of pain or injury, intentional infliction of fear of pain or injury, dehumanization, and degradation
R. Hyperextending or twisting a person's body parts
S. Tripping or pushing a person
T. Requiring a person to assume and maintain a specified physical position or posture
U. Forced exercise
V. Totally or partially restricting a person's senses
W. Presenting intense sounds, lights, or other sensory stimuli
X. Noxious smell, taste, substance, or spray, including water mist
Y. Depriving a person of or restricting access to normal goods and services, or requiring a person to earn normal goods and services
Z. Token reinforcement programs or level programs that include a response cost or negative punishment component
AA. Using a person receiving services to discipline another person receiving services
BB. Using an action or procedure which is medically or psychologically contraindicated
CC. Using an action or procedure that might restrict or obstruct a person's airway or impair breathing, including techniques whereby individuals use their hands or body to place pressure on a person's head, neck, back, chest, abdomen, or joints
DD. Interfering with a person's legal rights, except as allowed by MN Statutes, section 245D.04, subdivision 3, paragraph (c).

Restrictive Intervention:
A restrictive intervention means prohibited procedures identified in MN Statutes, section 245D.06, subdivision 5; prohibited procedures identified in MN Rules, part 9544.006; and the emergency use of manual restraint.
A restricted procedure must not:

A. Be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury as defined in MN Statutes, chapter 260E.
B. Be implemented with an adult in a manner that constitutes abuse or neglect as defined in MN Statutes, section 626.5572, subdivisions 2 or 17.
C. Be implemented in a manner that violates a person's rights identified in MN Statutes, section 245D.04.
D. 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, or to any protection required by state licensing standards and federal regulations governing the program.
E. Deny the person visitation or ordinary contact with legal counsel, a legal representative, or next of kin.
F. 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 of services provided by the company.
G. Use prone restraint (that places a person in a face-down position).
H. Apply back or chest pressure while a person is in the prone or supine (face-up) position.
I. Be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.

Alternative measures to be used because manual restraints are not allowed in emergencies

A. This company does not allow the emergency use of manual restraint; therefore, the following alternative measures must be used by staff to achieve safety 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. Staff will continue to utilize the positive support strategies as defined in the **Positive support strategies** section listed above.
    2. If other persons served are in the immediate area of the person whose conduct poses an imminent risk of physical harm, staff will ask other persons to leave the area to another area of safety. If a person served is unable to leave the area independently, staff will provide the minimum necessary physical assistance to guide the person to safety.
    3. Objects, that may potentially be used by the person that may be used which would increase the risk of physical harm, will be removed until the person is calm and then immediately returned. These objects may include sharps, fragile items, working implements, etc.
    4. If the person's conduct continues to pose an imminent risk of physical harm to self or others, staff will call the mental health crisis line or mental health crisis intervention team (if available for the person) and follow any directions provided to them.
    5. If no other positive strategy or alternative measure was effective in de-escalating the person's behavior, staff will contact "911" for assistance.
    6. While waiting for law enforcement to arrive, staff will continue to offer the alternative measures listed here, if it remains safe to do so.

Emergency use of manual restraint not allowed

If the positive support strategies were not effective in de-escalating or eliminating the person's behavior, staff will contact "911" for assistance.

Reporting of emergency use of manual restraint

A. While it is the policy of this agency to not allow the emergency use of manual restraint, if a staff witnesses or suspects an emergency use of manual restraint was used they should report the incident of emergency use of manual restraint according to the following process and will contain all required information per MN Statutes, sections 245D.06, subdivision 1 and 245D.061, subdivision 5.

B. Within 24 hours of the emergency use of manual restraint, the company will make a verbal report regarding the incident to the legal representative or designated emergency contact and case manager. If other persons served were involved in the incident, the company will not disclose any personally identifiable information about any other person when making the report unless the company has the consent of the person.

C. Within three (3) calendar days of the emergency use of manual restraint, the staff who implemented the emergency use of manual restraint will report, in writing, to the Designated Coordinator and/or Designated Manager the following information:
   1. The staff and person(s) served who were involved in the incident leading up to the emergency use of manual restraint.
   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 manual restraint.
   3. A description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the manual restraint was implemented. This description must identify the 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 restrained, and other persons involved in the incident leading up to, during, and following the manual restraint.
   5. Whether there was any injury to the person who was restrained or other persons involved, including staff, before or as a result of the manual restraint use.
   6. 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. The outcome of the debriefing will be clearly documented and if the debriefing could not occur at the time of the incident, the report will identify whether a debriefing is planned in the future.

D. Within five (5) working days of the emergency use of manual restraint, the Designated Manager will complete and document an internal review of each report of emergency use of manual restraint. The internal review will include an evaluation of whether:
   1. The person's served service and support strategies developed according to MN Statutes, sections 245D.07 and 245D.071 need to be revised.
   2. Related policies and procedures were followed.
   3. The policies and procedures were adequate.
   4. There is a need for additional staff training.
   5. The reported event is similar to past events with the persons, staff, or the services involved.
   6. There is a need for corrective action by the company to protect the health and safety of the person(s) served.

E. Based upon the results of the internal review, the company will develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by the individuals or the company, if any. The Designated Manager will ensure that the corrective action plan, if any, must be implemented within 30 days of the internal review being completed.

F. Within five (5) working days after the completion of the internal review, the Designated Coordinator and/or Designated Manager will consult with the person's expanded support team following the emergency use of manual restraint. The purpose of this consultation is to:
   1. Discuss the incident and to define the antecedent or event that gave rise to the behavior resulting in the manual restraint and identify the perceived function the behavior served.
   2. Determine whether the person's served *Support Plan Addendum* needs to be revised to positively and effectively help the person maintain stability and to reduce or eliminate future occurrences requiring emergency use of manual restraint.

G. Within five (5) working dates of the expanded support team review, the Designated Coordinator and/or Designated Manager will submit, using the DHS online *Behavioral Intervention Reporting Form* (DHS-5148-ENG-1), the following information to the Department of Human Services and the Office of the Ombudsman

for Mental Health and Developmental Disabilities:
1. The report of the emergency use of manual restraint.
2. The internal review and corrective action plan, if any.
3. The written summary of the expanded support team's discussion and decision.

H. The following written information will be maintained in the person's service recipient record:
   1. The report of an emergency use of manual restraint incident that includes:
      a. Reporting requirements by the staff who implemented the restraint
      b. The internal review of emergency use of manual restraint and the corrective action plan, with information about implementation of correction within 30 days, if any
      c. The written summary of the expanded support team's discussion and decision
      d. The notifications to the expanded support team, the Department of Human Services, and the MN Office of the Ombudsman for Mental Health and Developmental Disabilities
   2. The PDF version of the completed and submitted DHS online *Behavioral Intervention Reporting Form* (DHS-5148-ENG-1). An email of this PDF version of the *Behavioral Intervention Reporting Form* will be sent to the MN-ITS mailbox assigned to the license holder.

Staff training requirements

A. The company recognizes the importance of having qualified and knowledgeable staff that are competently trained to uphold the rights of persons served and to protect persons' health and safety. All staff will receive orientation and annual training according to MN Statutes, section 245D.09, subdivisions 4, 4a, and 5. Orientation training will occur within the first 60 days of hire and annual training will occur within a period of 12 months.

B. Within 60 calendar days of hire, the company provides orientation on:
   1. The safe and correct use of manual restraint on an emergency basis according to the requirements in section 245D.061 or successor provisions, and what constitutes the use of restraints, time out, and seclusion, including chemical restraint; and
   2. Staff responsibilities related to prohibited procedures under section 245D.06, subdivision 5, MN Rules, part 9544.0060, or successor provisions, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior, and why such procedures are not safe.

C. Before staff may implement an emergency use of manual restraint, and in addition to the training on this policy and procedure and the orientation and annual training requirements, staff must receive training on emergency use of manual restraints that incorporates the following topics:
   1. 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.
   2. De-escalation methods, positive support strategies, and how to avoid power struggles
   3. Simulated experiences of administering and receiving manual restraint procedures allowed by the company on an emergency basis
   4. How to properly identify thresholds for implementing and ceasing restrictive procedures
   5. How to recognize, monitor, and respond to the person's physical signs of distress including positional asphyxia
   6. The physiological and psychological impact on the person and the staff when restrictive procedures are used
   7. The communicative intent of behaviors
   8. Relationship building.

D. For staff that are responsible to develop, implement, monitor, supervise, or evaluate positive support strategies, *Positive Support Transition Plans*, or *Emergency Use of Manual Restraint*, the staff must complete a minimum of eight (8) hours of core training from qualified individuals prior to assuming these responsibilities. Core training must include the following:
   a. De-escalation techniques and their value

b. Principles of person-centered service planning and delivery and how they apply to direct support services provided by staff
c. Principles of positive support strategies such as positive behavior supports, the relationship between staff interactions with the person and the person's behavior, and the relationship between the person's environment and the person's behavior
d. What constitutes the use of restraint, including chemical restraint, time out, and seclusion
e. The safe and correct use of manual restraint on an emergency basis, according to MN Statutes, section 245D.061
f. Staff responsibilities related to prohibited procedures under MN Statutes, section 245D.06, subdivision 5; why the procedures are not effective for reducing or eliminating symptoms or interfering behavior; and why the procedures are not safe
g. Staff responsibilities related to restricted and permitted actions and procedure according to MN Statutes, section 245D.06, subdivisions 6 and 7
h. Situations in which staff must contact 911 services in response to an imminent risk of harm to the person or others
i. Procedures and forms staff must use to monitor and report use of restrictive interventions that are part of a *Positive Support Transition Plan*
j. Procedures and requirements for notifying members of the person's expanded support team after the use of a restrictive intervention with the person
k. Understanding of the person as a unique individual and how to implement treatment plans and responsibilities assigned to the license holder
l. Cultural competence
m. Personal staff accountability and staff self-care after emergencies.

E. Staff who develop positive support strategies, license holders, executives, managers, and owners in non-clinical roles, must complete a minimum of four (4) hours of additional training. Function-specific training must be completed on the following:
   a. Functional behavior assessment
   b. How to apply person-centered planning
   c. How to design and use data systems to measure effectiveness of care
   d. Supervision, including how to train, coach, and evaluate staff and encourage effective communication with the person and the person's support team.

F. License holders, executives, managers, and owners in non-clinical roles must complete a minimum of two (2) hours of additional training. Function-specific training must be completed on the following:
   a. How to include staff in organizational decisions
   b. Management of the organization based upon person-centered thinking and practices and how to address person-centered thinking and practices in the organization
   c. Evaluation of organizational training as it applies to the measurement of behavior change and improved outcomes for persons receiving services.

G. Annually, staff must complete four (4) hours of refresher training covering each of the training topics listed in items D, E, and F above.

H. For each staff, the license holder must document, in the personnel record, completion of core training, function-specific training, and competency testing or assessment. Documentation must include the following:
   a. Date of training
   b. Testing or assessment completion
   c. Number of training hours per subject area
   d. Name and qualifications of the trainer or instructor.

I. The license holder must verify and maintain evidence of staff qualifications in the personnel record. The documentation must include the following:

a. Education and experience qualifications relevant to the staff's scope of practice, responsibilities assigned to the staff, and the needs of the general population of persons served by the program; and
b. Professional licensure, registration, or certification, when applicable.

Kendall Family Services LLC

POLICY AND PROCEDURE ON RESPONDING TO AND REPORTING INCIDENTS

I. PURPOSE

The purpose of this policy is to provide instructions to staff for responding to and reporting incidents.

II. POLICY

The company will respond to incidents as defined in MN Statutes, section 245D.02, subdivision 11, that occur while providing services to protect the health and safety of and minimize risk of harm to the person(s) served. Staff will address all incidents according to the specific procedure outlined in this policy and act immediately to ensure the safety of persons served. After the situation has been resolved and/or the person(s) involved are no longer in immediate danger, staff will complete the necessary documentation in order to comply with licensing requirements on reporting and to assist in developing preventative measures. For emergency response procedures, staff will refer to the *Policy and Procedure on Emergencies*.

All staff will be trained on this policy and the safe and appropriate response and reporting of incidents.

III. PROCEDURE

Defining incidents

A. An incident is defined as an occurrence which involves a person and requires the program to make a response that is not a part of the program's ordinary provision of services to that person, and includes:
   1. Serious injury of a person as determined by MN Statutes, section 245.91, subdivision 6:
      a. Fractures
      b. Dislocations
      c. Evidence of internal injuries
      d. 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
      e. Lacerations involving injuries to tendons or organs and those for which complications are present
      f. Extensive second degree or third degree burns and other burns for which complications are present
      g. Extensive second degree or third degree frostbite and others for which complications are present
      h. Irreversible mobility or avulsion of teeth
      i. Injuries to the eyeball
      j. Ingestion of foreign substances and objects that are harmful
      k. Near drowning
      l. Heat exhaustion or sunstroke
      m. Attempted suicide
      n. All other injuries 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
   2. Death of a person served.
   3. Any medical emergency, unexpected serious illness, or significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician, advanced practice registered nurse, or physician assistant treatment, or hospitalization.
   4. Any mental health crisis that requires the program to call "911," a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate.
   5. An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department.
   6. A person's unauthorized or unexplained absence from a program.
   7. Conduct by a person served against another person served that:
      a. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support

   b. Places the person in actual and reasonable fear of harm
   c. Places the person in actual and reasonable fear of damage to property of the person
   d. Substantially disrupts the orderly operation of the program
8. Any sexual activity between persons served involving force or coercion as defined under MN Statutes, section 609.341, subdivisions 3 and 14.
9. Any emergency use of manual restraint as identified in MN Statutes, section 245D.061.
10. A report of alleged or suspected maltreatment of a minor or vulnerable adult under MN Statutes, section 626.557 or chapter 260E.

Responding to incidents

A. Staff will respond to incidents according to the following plans. For incidents including death of a person served, maltreatment, and emergency use of manual restraints, staff will follow the applicable policy and procedure:
   1. **Death of a person served**: *Policy and Procedure on the Death of a Person Served*
   2. **Maltreatment**: *Policy and Procedure on Reporting and Review of Maltreatment of Vulnerable Adults* or *Policy and Procedure on Reporting and Review of Maltreatment of Minors*
   3. **Emergency use of manual restraint**: *Policy and Procedure on Emergency Use of Manual Restraint*

B. **Any medical emergency (including serious injury), unexpected serious illness, or significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician treatment, or hospitalization when staff is working.**
   1. Staff will first call "911" if they believe that a person is experiencing a medical emergency (including serious injury), unexpected serious illness, or significant unexpected change in illness or medical condition that may be life threatening and provide any relevant facts and medical history.
   2. Staff will give first aid and/or CPR to the extent they are qualified, when it is indicated by their best judgment or the "911" operator, unless the person served has an advanced directive. Staff will refer to the *Policy and Procedure on the Death of a Person Served* for more information.
   3. If the person's condition does not require a call to "911," but prompt medical attention is necessary, staff will consider the situation as health threatening and will call the person's physician, licensed health care professional, or urgent care to obtain treatment.
   4. Staff will notify the Designated Coordinator and/or Designated Manager or designee who will contact the person's designated emergency contact to coordinate further care.

C. **Any mental health crisis that requires the program to call "911," a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate.**
   1. Staff will implement any crisis prevention plans specific to the person served as a means to de-escalate, minimize, or prevent a crisis from occurring.
   2. If a mental health crisis were to occur, staff will ensure the person's safety, and will not leave the person alone if possible.
   3. Staff will contact "911," a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate, and explain the situation and that the person is having a mental health crisis.
   4. Staff will follow any instructions provided by the "911" operator or the mental health crisis intervention team contact person.
   5. Staff will notify the Designated Coordinator and/or Designated Manager or designee who will contact the person's designated emergency contact to coordinate further care.

D. **An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department**
   1. Staff will contact "911" immediately if there is a situation or act that puts the person at imminent risk of harm.
   2. Staff will immediately notify the Designated Coordinator and/or Designated Manager or designee of any "911," law enforcement, or fire department involvement or intervention.

3. If a person served has been the victim of a crime, staff will follow applicable policies and procedures for reporting and reviewing maltreatment of vulnerable adults or minors.
4. If a person has been sexually assaulted, staff will discourage the person from bathing, washing, or changing clothing. Staff will leave the area where the assault took place untouched.
5. If a person served is suspected of committing a crime or participating in unlawful activities, staff will follow the person's *Support Plan Addendum* when possible criminal behavior has been addressed by the support team.
6. If a person served is suspected of committing a crime and the possibility has not been addressed by the support team, the Designated Coordinator and/or Designated Manager will determine immediate actions and contact support team members to arrange a planning meeting.
7. If a person served is incarcerated, the Designated Coordinator and/or Designated Manager or designee will provide the police with information regarding vulnerability, challenging behaviors, and medical needs.

E. **Unauthorized or unexplained absence of a person served from a program**

1. Based on the person's supervision level, staff will determine when the person is missing.
2. Staff will immediately call "911" if the person is determined to be missing. Staff will provide the police with information about the person's appearance, last known location, disabilities, and other information as requested.
3. Staff will immediately notify the Designated Coordinator and/or Designated Manager or designee. Together a more extensive search will be organized, if feasible, by checking locations where the person may have gone.
4. The Designated Coordinator and/or Designated Manager or designee will continue to monitor the situation until the individual is located.
5. If there is reasonable suspicion that abuse and/or neglect led to or resulted from the unauthorized or unexplained absence, staff will report immediately in accordance with applicable policies and procedures for reporting and reviewing maltreatment of vulnerable adults or minors.

F. **Conduct by a person served against another person served**

1. Staff will immediately enlist the help of additional staff if they are available and intervene to protect the health and safety of persons involved.
2. Staff will redirect persons to discontinue the behavior and/or physically place themselves between the aggressor(s) using the least intrusive methods possible in order to de-escalate the situation.
3. If the aggressor has a behavior plan in place, staff will follow the plan as written in addition to the methodologies that may be provided in the *Support Plan Addendum.*
4. Staff will remove the person being aggressed towards to an area of safety.
5. If other least restrictive alternatives were ineffective in de-escalating the aggressors' conduct and immediate intervention is needed to protect the person or others from imminent risk of physical harm, staff will follow the *Policy and Procedure on Emergency Use of Manual Restraint* and/or staff will call "911."
6. If the ordinary operation of the program is disrupted, staff will manage the situation and will return to the normal routine as soon as possible.
7. To the extent possible, staff will visually examine persons served for signs of physical injury and document any findings.
8. If the conduct results in injury, staff will provide necessary treatment according to their training.

G. **Sexual activity between persons served involving force or coercion**

1. Staff will follow any procedures as directed by the *Individual Abuse Prevention Plans* and/or *Support Plan Addendums*, as applicable.
2. Staff will immediately intervene in an approved therapeutic manner to protect the health and safety of the persons involved if there is obvious coercion or force involved, or based on the knowledge of the persons involved, that one of the persons may have sexually exploited the other.
3. If the persons served are unclothed, staff will provide them with a robe or other appropriate garment and

will discourage the person from bathing, washing, changing clothing or redressing in clothing that they were wearing.
4. Staff will leave the area where the sexual activity took place untouched.
5. Staff will call "911" in order to seek medical attention if necessary and inform law enforcement.
6. To the extent possible, staff will visually examine persons served for signs of physical injury and document any findings.
7. If the incident resulted in injury, staff will provide necessary treatment according to their training.

Reporting incidents

A. Staff will first call "911" if they believe that a person is experiencing a medical emergency that may be life threatening. In addition, staff will first call "911," a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate for a person experiencing a mental health crisis.

B. Staff will immediately notify the Designated Coordinator and/or Designated Manager that an incident or emergency has occurred and follow direction issued to them and will document the incident or emergency on an *Incident and Emergency Report* and any related program or health documentation. Each *Incident and Emergency Report* will contain the required information as stated in the *Policy and Procedure on Reviewing Incidents and Emergencies.*

C. When the incident or emergency involves more than person served, the company and staff will not disclose personally identifiable information about any other person served when making the report to each person and/or legal representative and case manager unless the company has the consent of the person and/or legal representative.

D. The Designated Coordinator and/or Designated Manager will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless the company has reason to know that the incident has already been reported, or as otherwise directed in the person's *Support Plan* and/or *Support Plan Addendum*.

E. A report will be made to the MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division within 24 hours of the incident, or receipt of the information that the incident occurred, unless the company has reason to know that the incident has already been reported, by using the required reporting forms. A report may be made using the Office of the Ombudsman's Death Report webform or Serious Injury webform. Forms to fax include *Death Reporting Form, Serious Injury Form,* and *Death or Serious Injury Report FAX Transmission Cover Sheet*. Incidents to be reported include:
1. Serious injury as determined by MN Statutes, section 245.91, subdivision 6.
2. Death of a person served.

F. Verbal reporting of an emergency use of manual restraint will occur within 24 hours of the occurrence. Further reporting procedures will be completed according to the *Policy and Procedure on Emergency Use of Manual Restraint* which includes the requirements of reporting incidents according to MN Statutes, sections 245D.06, subdivision 1 and 245D.061.

G. Within 24 hours of reporting maltreatment, the company will inform the case manager of the nature of the activity or occurrence reported and the agency that received the report. The company and staff will follow the applicable policy and procedure on reporting maltreatment for vulnerable adults or minors, as applicable.

Kendall Family Services LLC

POLICY AND PROCEDURE ON EMERGENCIES

I. PURPOSE

The purpose of this policy is to provide guidelines on preparing for, reporting, and responding to emergencies to ensure the safety and well-being of persons served.

II. POLICY

The company will be prepared to respond to emergencies as defined in MN Statutes, section 245D.02, subdivision 8, that occur while providing services, to protect the health and safety of and minimize risk of harm to the person(s) served. Staff will address all emergencies according to the specific procedure outlined in this policy and act immediately to ensure the safety of persons served. After the situation has been resolved and/or the person(s) involved are no longer in immediate danger, staff will complete the necessary documentation in order to comply with licensing requirements on reporting and to assist in developing preventative measures, if applicable. For incident response procedures, staff will refer to the *Policy and Procedure on Responding to and Reporting Incidents*.

All staff will be trained on this policy and the safe and appropriate response to and reporting of emergencies.

III. PROCEDURE

Defining emergencies

A. Emergency is defined as any event that affects the ordinary daily operation of the program including, but not limited to:
   1. Fires.
   2. Severe weather.
   3. Natural disasters.
   4. Power failures.
   5. Emergency evacuation or moving to an emergency shelter.
   6. Temporary closure or relocation of the program to another facility or service site for more than 24 hours.
   7. Other events that threaten the immediate health and safety of persons served and that require calling "911."

Preparing for emergencies

A. Staff are trained in basic first aid and, when required in a person's *Support Plan* and/or *Support Plan Addendum*, cardiopulmonary resuscitation (CPR).

B. If persons served require the use of adaptive procedures or equipment to assist them with safe evacuation, staff will receive specific instruction on these procedures and equipment.

Responding to emergencies when service is being provided

A. Staff will call "911" based upon the emergency situation as provided in each individual response procedure as stated below.

B. **Fire**
   1. Staff will respond immediately to all fire and smoke detector alarms or signs of fire by activating the alarms system.
   2. All persons will be evacuated from the building by staff.
   3. "911" will be immediately called from a neighbor's telephone or a cell phone in order to report the fire.
   4. Staff will contain the area of the fire, if feasible, by closing doors. If it is possible to put out the fire with a fire extinguisher, staff will attempt to do so.
   5. Staff will notify the manager or designee.
   6. Persons served and individuals will not reenter until the police or fire department issue instructions that

the area is safe.

7. If the person's home is not habitable and relocation to a designated safe area such as an emergency shelter is necessary, staff will report to the manager or designee. The manager or designee will communicate with the legal representative, case manager, emergency contact person and other support team members to coordinate emergency shelter if needed.

C. **Severe weather conditions and natural disasters**

1. At the first sign of severe weather, including but not limited to high winds, heavy snow or rain, or extreme temperatures, staff will confirm the location and safety of all persons served.
2. Staff will monitor for current weather conditions.
3. Upon hearing sirens or a take cover warning, staff will notify all persons that they need to seek shelter and will guide all persons to a safe area.
4. Staff will assist all persons in staying in the safe area until an all clear is issued through the radio or by other means.
5. If injury or damage occurs, staff will notify the manager or designee and follow directions given.
6. If relocation to a designated safe area such as an emergency shelter is necessary, staff will report to the manager or designee. The manager or designee will communicate with the legal representative, case manager, emergency contact person and other support team members to coordinate emergency shelter if needed.

D. **Power failure (electricity outage or gas leak)**

1. During a power failure, staff will ensure the person is safe.
2. The power company will be contacted by cell phone to determine estimated length of the power outage. If estimated to last less than two hours, the manager or designee will be contacted to determine what actions will be taken. If the power outage is to last more than two hours the manager or designee will communicate with the guardian, case manager, emergency contract person and other support team members to coordinate emergency shelter if needed.
3. If gas is smelled or a gas leak is suspected, staff will evacuate persons to a safe location.
4. The gas company will be immediately notified, and instructions followed.
5. No one will be permitted to use lighters, matches, or any open flame during this time. All electrical and battery-operated appliances and machinery will be turned off until all clear has been provided.
7. The manager or designee will be notified of the gas leak. This call will be made by staff from the safe area using a cell phone or from a neighbor's phone.
8. If relocation to a designated safe area such as an emergency shelter is necessary, staff report to the manager or designee. The manager or designee will communicate with the legal representative, case manager, emergency contact person and other support team members to coordinate emergency shelter if needed.

E. **Emergency evacuation, moving to an emergency shelter, and temporary closure or relocation of the program to another facility or service site for more than 24 hours**

1. If a person must evacuate from their home staff will assist the person in gathering needed items (clothing, medication, hygiene items, etc.).
2. Staff will report to the manager or designee. The manager or designee will communicate with the legal representative, case manager, emergency contact person and other support team members to coordinate emergency shelter if needed.

F. **Other events that threaten the immediate health and safety of persons served and that require calling "911"**

1. Pandemic event: Upon request, staff will cooperate with state and local government disaster planning agencies working to prepare for or react to emergencies presented by a pandemic outbreak.

Reporting emergencies

A. Staff will immediately notify the manager that an incident or emergency has occurred and follow direction issued to them and will document the incident or emergency on an *Incident and Emergency Report* any related program or health documentation. Each *Incident and Emergency Report* will contain the required information as stated in the *Policy and Procedure on Reviewing Incidents and Emergencies.*

B. If an incident resulted from the emergency situation, the manager will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless the company has reason to know that the incident has already been reported, or as otherwise directed in the person's *Support Plan* and/or *Support Plan Addendum.*

C. When the incident or emergency involves more than person served, the company and staff will not disclose personally identifiable information about any other person served when making the report to each person and/or legal representative and case manager unless the company has the consent of the person and/or legal representative.

D. If a serious injury or death were to occur as a result of the emergency situation, staff will follow the response and reporting procedures as stated in the *Policy and Procedures on Responding to and Reporting Incidents* and, if needed, the *Policy and Procedure on Death of a Person Served.*

Kendall Family Services LLC

POLICY AND PROCEDURE ON REVIEWING INCIDENTS AND EMERGENCIES

I. PURPOSE

The purpose of this policy is to establish guidelines for the internal review of incidents and emergencies.

II. POLICY

This company is committed to the prevention of and safe and timely response to incidents and emergencies. Staff will act immediately to respond to incidents and emergencies as directed in the *Policy and Procedure on Responding to and Reporting Incidents* and the *Policy and Procedure on Emergencies.* After the health and safety of person(s) served are ensured, staff will complete all required documentation that will be compiled and used as part of the internal review process.

The company will ensure timely completion of the internal review procedure of incident and emergencies to identify trends or patterns and corrective action, if needed.

III. PROCEDURE

A. The Designated Manager will conduct a review of all reports of incidents and emergencies for identification of patterns and implementation of corrective action as necessary to reduce occurrences. This review will include:
   1. Accurate and complete documentation standards that include the use of objective language, a thorough narrative of events, appropriate response, etc.
   2. Identification of patterns which may be based upon the person served, staff involved, location of incident, etc. or a combination.
   3. Corrective action that will be determined by the results of the review and may include, but is not limited to, retraining of staff, changes in the physical plant of the program site, and/or changes in the *Support Plan Addendum.*

B. Each *Incident and Emergency Report* will contain the following information:
   1. The name of the person or persons involved in the incident. It is not necessary for staff to identify all persons affected by or involved in an emergency unless the emergency resulted in an incident.
   2. The date, time, and location of the incident or emergency.
   3. A description of the incident or emergency.
   4. A description of the response to the incident or emergency and whether a person's *Support Plan Addendum* or program policies and procedures were implemented as applicable.
   5. The name of the staff person or persons who responded to the incident or emergency.
   6. The determination of whether corrective action is necessary based on the results of the review that will be completed by the Designated Manager.

C. In addition to the review for the identification of patterns and implementation of corrective action, the company will consider the following situations reportable as incidents or emergencies which will require the completion of an internal review:
   1. Emergency use of manual restraint as defined in MN Statutes, sections 245D.02, subdivision 8a and 245D.061. MN Statutes, section 245D.061, subdivision 6, has an internal review report requiring the answering of six questions.
   2. Death and serious injuries not reported as maltreatment according to MN Statutes, section 245D.06, subdivision 1, paragraph g.
   3. Reports of maltreatment of vulnerable adults or minors according to MN Statutes, sections 626.557 and 260E.
   4. Complaints or grievances as defined in MN Statutes, section 245D.10, subdivision 2.

D. When the company has knowledge that a situation has occurred that requires an internal review, the Designated Manager will ensure that an *Incident and Emergency Report* or *Emergency Use of Manual Restraint Incident*

Report has been completed.

1. In addition to the *Incident and Emergency Report*, if there was a death or serious injury, the Designated Manager will also ensure that the applicable documents have also been completed for the MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division.
2. For internal reports of suspected or alleged maltreatment of a vulnerable adult, a copy of the *Notification to an Internal Reporter* will also be submitted for the internal review.
3. The internal review and reporting of emergency use of manual restraints will be completed according to the *Policy and Procedure on Emergency Use of Manual Restraint.*

E. Documentation to be submitted to the designated person responsible for completing internal reviews will include, as applicable:
   1. *Incident and Emergency Report.*
   2. *Notification to an Internal Reporter.*
   3. *Emergency Use of Manual Restraint Incident Report.*
   4. *Death Reporting Form.*
   5. *Serious Injury Form.*
   6. *Death or Serious Injury Report FAX Transmission Cover Sheet.*
   7. *Complaint Summary and Resolution Notice.*

F. The Program Manager is the primary individual responsible for ensuring that internal reviews are completed for reports. If there are reasons to believe that the Program Manager is involved in the alleged or suspected maltreatment or is unable to complete the internal review, the Director of Human Resources is the secondary individual responsible for ensuring that internal reviews are completed.

G. The internal review will be completed (within 30 calendar days for maltreatment reports) using the *Internal Review* form and will include an evaluation of whether:
   1. Related policies and procedures were followed.
   2. The policies and procedures were adequate.
   3. There is a need for additional staff training.
   4. The reported event is similar to past events with the persons or the services involved.
   5. There is a need for corrective action by the license holder to protect the health and safety of persons served.

H. Based upon the results of the review, the license holder will 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.

I. The following information will be maintained in the service recipient record, as applicable:
   1. *Incident and Emergency Report* including the written summary and the Designated Manager's review.
   2. *Emergency Use of Manual Restraint Incident Report* and applicable reporting and reviewing documentation requirements.
   3. *Death Reporting Form.*
   4. *Serious Injury Form.*
   5. *Death or Serious Injury Report FAX Transmission Cover Sheet.*
   6. *Complaint Summary and Resolution Notice*.

J. Completed *Internal Reviews* and documentation regarding suspected or alleged maltreatment will be maintained separately by the internal reviewer in a designated file that is kept locked and only accessible to authorized

individuals.

K. Internal reviews must be made accessible to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment.

POLICY AND PROCEDURE ON REPORTING AND REVIEW OF MALTREATMENT OF VULNERABLE ADULTS

I. PURPOSE

The purpose of this policy is to establish guidelines for the internal and external reporting and the internal review of maltreatment of vulnerable adults.

II. POLICY

Staff who are mandated reporters must report all of the information they know regarding an incident of known or suspected maltreatment, either internally or externally, in order to meet their reporting requirements under law. All staff of the company who encounter maltreatment of a vulnerable adult will take immediate action to ensure the safety of the person(s) served. Staff will define maltreatment of vulnerable adults as abuse, neglect, or financial exploitation and will refer to the definitions from Minnesota Statutes, section 626.5572 at the end of this policy. Staff are to conduct themselves in a supportive and respectful manner which does not maltreat Vulnerable Adults.

Staff will refer to the *Policy and Procedure on Reporting and Review of Maltreatment of Minors* regarding suspected or alleged maltreatment of persons 17 years of age or younger.

III. PROCEDURE

A. Staff of the company who encounter maltreatment of a vulnerable adult, age 18 or older, will take immediate action to ensure the safety of the person or persons as well as the safekeeping of their funds and property. If a staff knows or suspects that a vulnerable adult is in immediate danger, they will call "911."

B. If a staff knows or suspects that maltreatment of a vulnerable adult has occurred, they must make a report immediately (within 24 hours) internally to the company or externally to the Minnesota Adult Abuse Reporting Center. Should the staff choose to make a report directly to an external agency, they must make the report by notifying the Minnesota Adult Abuse Reporting Center.

C. To make a report internally to the company, staff must make a verbal report to their supervisor or Program Manager. The Program Manager is the primary individual responsible for receiving internal reports of maltreatment and for forwarding internal reports to the Minnesota Adult Abuse Reporting Center. If there are reasons to believe that the Program Manager is involved in the alleged or suspected maltreatment, the Director of Human Resources is the secondary individual responsible for receiving internal reports of maltreatment and for forwarding internal reports to the Minnesota Adult Abuse Reporting Center.

D. To make a report externally to the Minnesota Adult Abuse Reporting Center staff can call **844-880-1574** or report at **mn.gov/dhs/reportadultabuse/**.

E. When reporting the alleged or suspected maltreatment, either internally or externally, staff will include as much information as known and will cooperate with any subsequent investigation.

F. For internal reports of suspected or alleged maltreatment, the person who received the report will:
   1. Contact the Minnesota Adult Abuse Reporting Center if the report is determined to be suspected or alleged maltreatment.
   2. Ensure an *Incident and Emergency Report* has been completed.
   3. Inform the case manager within 24 hours of reporting maltreatment, unless there is reason to believe that the case manager is involved in the suspected maltreatment. The person who received the report will disclose to the case manager the:
      a. Nature of the activity or occurrence reported
      b. The agency that received the report

4. Complete and mail the *Notification to an Internal Reporter* to the home address of the staff who reported the maltreatment within two working days in a manner that protects the reporter's confidentiality. The notification must indicate whether or not the company reported externally Minnesota Adult Abuse Reporting Center. The notice must also inform the staff that if the company did not report externally and they are not satisfied with that decision, they may still make the external report to the Minnesota Adult Abuse Reporting Center themselves. It will also inform the staff that they are protected against any retaliation if they decide to make a good faith report to the Minnesota Adult Abuse Reporting Center on their own.

G. When the company has knowledge that an internal or external report of alleged or suspected maltreatment has been made, an internal review will be completed. The Program Manager is the primary individual responsible for ensuring that internal reviews are completed for reports of maltreatment. If there are reasons to believe that the Program Manager is involved in the alleged or suspected maltreatment, the Director of Human Resources is the secondary individual responsible for ensuring that internal reviews are completed.

H. The *Internal Review* will be completed within 30 calendar days. The person completing it will:
   1. Ensure an *Incident and Emergency Report* has been completed.
   2. Contact the lead investigative agency if additional information has been gathered.
   3. Coordinate any investigative efforts with the lead investigative agency by serving as the company contact, ensuring that staff cooperate, and that all records are available.
   4. Complete an *Internal Review* which will include the following evaluations 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
      e. There is a need for corrective action by the license holder to protect the health and safety of the vulnerable adult(s)
   5. Complete the *Alleged Maltreatment Review Checklist* and compile together all documents regarding the report of maltreatment.

I. Based upon the results of the internal review, the company will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the company, if any.

J. Internal reviews must be made accessible to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment.

K. The company will provide an orientation to the internal and external reporting procedures to all persons served and/or legal representatives. This orientation will include the telephone number and website for the Minnesota Adult Abuse Reporting Center. This orientation for each new person to be served will occur within 24 hours of admission, or for persons who would benefit more from a later orientation, the orientation may take place within 72 hours.

L. Staff will receive training on this policy, MN Statutes, section 245A.65 and sections 626.557 and 626.5572 and their responsibilities related to protecting persons served from maltreatment and reporting maltreatment. This training must be provided within 72 hours of first providing direct contact services and annually thereafter.

MINNESOTA STATUTES, SECTION 626.5572 DEFINITIONS

Subdivision 1. **Scope.**
For the purpose of section 626.557, the following terms have the meanings given them, unless otherwise specified.

Subd. 15. **Maltreatment.**
"Maltreatment" means abuse as defined in subdivision 2, neglect as defined in subdivision 17, or financial exploitation as defined in subdivision 9.

Subd. 2. **Abuse.**
"Abuse" means:
(a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

(1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;
(2) the use of drugs to injure or facilitate crime as defined in section 609.235;
(3) the solicitation, inducement, and promotion of prostitution as defined in section 609.322; and
(4) 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.

(b) 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:

(1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
(2) 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; or
(3) 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~~;~~ unless authorized under applicable licensing requirements or Minnesota Rules, chapter 9544.

(c) 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 resident, patient, or client of that facility.

(d) 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.

(e) 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:

(1) 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
(2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

(f) 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.

(g) 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:

(1) a person, including a facility staff person, when a consensual sexual personal relationship existed prior to the caregiving relationship; or

(2) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship.

Subd. 9. **Financial exploitation.**

"Financial exploitation" means:

(a) 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:

(1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or

(2) 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.

(b) In the absence of legal authority a person:

(1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

(2) obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;

(3) 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

(4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

(c) 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.

Subd. 17. **Neglect.**

Neglect means neglect by a caregiver or self-neglect.

(a) “Caregiver neglect” means” 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:

(1) 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

(2) which is not the result of an accident or therapeutic conduct.

(b) “Self-neglect” means neglect by a vulnerable adult of the vulnerable adult’s own food, clothing, shelter, health care, or other services that are not the responsibility of a caregiver which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort.

(c) For purposes of this section, a vulnerable adult is not neglected for the sole reason that:

(1) 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 sections 253B.03 or 524.5-101 to 524.5-502, 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:

(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

(2) 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;

(3) 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:

(i) a person including a facility staff person when a consensual sexual 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

(4) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult which does not result in injury or harm which reasonably requires medical or mental health care; or

(5) 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 adult;

(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 in the facility;

(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 for review and evaluation by the facility and any applicable licensing, certification, and ombudsman agency.

(d) 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.

(e) If the findings of an investigation by a lead agency result in a determination of substantiated maltreatment for the sole reason that the actions required of a facility under paragraph (c), clause (5), item (iv), (v), or (vi), were not taken, then the facility is subject to a correction order. An individual will not be found to have neglected or maltreated the vulnerable adult based solely on the facility's not having taken the actions required under paragraph (c), clause (5), item (iv), (v), or (vi). This must not alter the lead agency's determination of mitigating factors under section 626.557, subdivision 9c, paragraph (c).

Kendall Family Services LLC.

POLICY AND PROCEDURE ON REPORTING AND REVIEW OF MALTREATMENT OF MINORS

I. PURPOSE

The purpose of this policy is to establish guidelines for the reporting and internal review of maltreatment of minors (children) in care.

II. POLICY

Staff who are mandated reporters must report externally all of the information they know regarding an incident of known or suspected maltreatment of a child, in order to meet their reporting requirements under law. All staff of the company who encounter maltreatment of a minor will take immediate action to ensure the safety of the child. Staff will define maltreatment as sexual abuse, physical abuse, or neglect and will refer to the definitions from MN Statutes, chapter 260E at the end of this policy. Mandated reporters must immediately report if a child required to be enrolled in school has at least seven unexcused absences in the current school year and is at risk of educational neglect.

Any person may voluntarily report to the local welfare agency, agency responsible for assessing or investigating the report, police department, the county sheriff, tribal social services agency, or tribal police department if the person knows, has reason to believe, or suspects a child is being maltreated. Staff of the company cannot shift the responsibility of reporting maltreatment to an internal staff person or position. In addition, if a staff knows or has reason to believe a child is being or has been maltreated within the preceding three years, the staff must immediately (as soon as possible but within 24 hours) make a report to the local welfare agency, agency responsible for assessing or investigating the report, police department, the county sheriff, tribal social services agency, or tribal police department.

Staff will refer to the *Policy and Procedure on Reporting and Review of Maltreatment of Vulnerable Adults* regarding suspected or alleged maltreatment of individuals 18 years of age or older.

III. PROCEDURE

A. Staff of the company who encounter maltreatment of a child, age 17 or younger, will take immediate action to ensure the safety of the child or children. If a staff knows or suspects that a child is in immediate danger, they will call “911” or local law enforcement.

B. Staff mandated to report maltreatment will report the information to the agency responsible for licensing the program. If the mandated reporter is unsure of what agency to contact, they will contact the county agency and follow their direction.

C. Staff who know or suspect that a child has been maltreated but is not in immediate danger will report to:
   1. The local child welfare agency if an alleged perpetrator is a parent, guardian, family child care provider, family foster care provider, or an unlicensed personal care provider.
   2. The Minnesota Department of Human Services, Licensing Division, 651-431-6600, if alleged maltreatment was committed by a staff person at a child care center, residential treatment center (children’s mental health), group home for children, minor parent program, shelter for children, chemical dependency treatment program for adolescents, waivered services program for children, crisis respite program for children, or residential program for children with developmental disabilities.
   3. Minnesota Department of Health, Office of Health Facility Complaints, 651-201-4200 or 800-369-7994, if alleged maltreatment occurred in a home health care setting, hospital, regional treatment center, nursing home, intermediate care facility for the developmentally disabled, or licensed and unlicensed care attendants.

D. Reports regarding incidents of maltreatment of children occurring within a family or in the community should be made to the local county social services agency or local law enforcement referencing the phone numbers

contained within this policy.

E. When verbally reporting the alleged maltreatment to the external agency, the mandated reporter will include as much information as known to identify the child, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment, and the name and address of the reporter.

F. If the report of suspected maltreatment within the company, the report should also include any actions taken by the company in response to the incident. If a staff attempts to report the suspected maltreatment internally, the person receiving the report will remind the staff of the requirement to report externally.

G. A verbal report of suspected maltreatment that is made to one of the listed agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

H. When the company has knowledge that an external report of alleged or suspected maltreatment has been made, an internal review will be completed. The Program Manager is the primary individual responsible for ensuring that internal reviews are completed for reports of maltreatment. If there are reasons to believe that the Program Manager is involved in the alleged or suspected maltreatment, the HR Director is the secondary individual responsible for ensuring that internal reviews are completed.

I. The *Internal Review* will be completed within 30 calendar days. The person completing it will:
   1. Ensure an *Incident and Emergency Report* has been completed.
   2. Contact the lead investigative agency if additional information has been gathered.
   3. Coordinate any investigative efforts with the lead investigative agency by serving as the company contact, ensuring that staff cooperate, and that all records are available.
   4. Complete an *Internal Review* which will include the following evaluations 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 children or the services involved
      e. There is a need for corrective action by the license holder to protect the health and safety of the children in care
   5. Complete the *Alleged Maltreatment Review Checklist* and compile together all documents regarding the report of maltreatment.

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

K. Internal reviews must be made accessible to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment.

L. Staff will receive training on this policy, MN Statutes, section 142B.54 and chapter 260E and their responsibilities related to protecting children in care from maltreatment and reporting maltreatment. This training must be provided within 72 hours of first providing direct contact services and annually thereafter.

EXTERNAL AGENCIES

COUNTY	DAY	EVENING/WEEKEND
AITKIN	(218) 927-7200 or (800) 328-3744	(218) 927-7400
ANOKA	(763)-324-1440	(763)-324-1440
BECKER	(218) 847-5628	(218) 847-2661

BELTRAMI	(218)-333-8245	(218)-333-9111
BENTON	(320) 968-5087	(320) 968-7201
BIG STONE	(320) 839-2555	(320)-839-3558
BLUE EARTH	(507) 304-4444	(507) 304-4319
BROWN	(507) 354-8246	(507) 233-6700
CARLTON	(218) 879-4511	(218) 384-3236
CARVER	(952) 361-1600	(218) 295-4622
CASS	(218) 547-1340	(218) 547-1424
CHIPPEWA	(320) 269-6401	(320) 269-2121
CHISAGO	(651) 213-5600	(651) 257-4100
CLAY	(218) 299-7139	(218) 299-5151
CLEARWATER	(218) 694-6164	(218) 694-6226
COOK	(218) 387-3620	(218) 387-3030
COTTONWOOD	(507) 831-1891 or (507) 847-4000	(507) 831-1375
CROW WING	(218) 824-1140	(218) 829-4749
DAKOTA	(952) 891-7459	(952) 891-7171
DODGE	(507) 431-5725	(507) 635-6200
DOUGLAS	(320) 762-2302	(320) 762-8151
FARIBAULT	(507) 238-4757 or (507) 526-3265	(507 526-5148
FILLMORE	(507) 765-2175	(507) 765-3874
FREEBORN	(507) 377-5400	(507) 377-5205
GOODHUE	(651) 385-3200	(651) 385-3155
GRANT	(320) 634-7755 or (218) 685-8200	(218) 685-8280
HENNEPIN	(612) 348-3552	(612) 348-3552
HOUSTON	(507) 725-5811	(507) 725-3379
HUBBARD	(218) 732-1451	(218) 732-3331
ISANTI	(763) 689-1711	(763) 689-2141
ITASCA	(218) 327-2941	(218) 326-8565
JACKSON	(507) 847-4000 or (507) 831-1891	(507) 847-4420
KANABEC	(320) 679-6350	(320) 679-8400
KANDIYOHI	(320) 231-7800	(320) 235-1260
KITTSON	(218) 843-2689 or (800) 672-8026	(218) 843-3535
KOOCHICHING	(218) 283-7000	(218) 283-4416
LAC QUI PARLE	(320) 598-7594	(320) 598-3720
LAKE	(218) 834-8432	(218) 834-8385
LAKE OF THE WOODS	(218) 634-2642	(218) 634-1143

LE SUEUR	(507) 357-8288	(507) 357-4440
LINCOLN	(888) 964-8407	(507) 694-1664
LYON	(888) 964-8407	(507) 537-7666
MAHNOMEN	(218) 935-2568	(218) 935-2255
MARSHALL	(218) 745-5124	(218) 745-5411
MARTIN	(507) 238-4757 or (507) 526-3265	(507) 238-4481
MC LEOD	(320) 864-3144	(320) 864-3134
MEEKER	(320) 693-5300	(320) 693-5400
MILLE LACS	(320) 983-8208	(320) 983-8245
MORRISON	(320) 632-7800 or (800) 269-1464	(320) 632-9233
MOWER	(507) 437-9701	(507) 437-9400
MURRAY	(888) 964-8407	(507) 836-6168
NICOLLET	(507) 934-8559	(507) 931-1570
NOBLES	(507) 295-5213	(507) 295-5213
NORMAN	(218) 784-5437	(218) 784-7114
OLMSTED	(507) 328-6130	(507) 535-5625
OTTER TAIL	(218) 998-8150	(218) 998-8555
PENNINGTON	(218) 681-2880	(218) 681-6161
PINE	(320) 591-1570	(320) 629-8380
PIPESTONE	(888) 964-8407	(507) 825-1100
POLK	(218) 281-3127	(218) 281-0431
POPE	(320) 634-7755 or (218) 685-8200	(320) 634-5411
RAMSEY	(651) 266-4500	(651) 266-4500
RED LAKE	(218) 253-4131	(218) 253-2996
REDWOOD	(888) 964-8407	(507) 637-4036
RENVILLE	(320) 523-2202	(320) 523-1161
RICE	(507) 332-6115	(800) 422-1286
ROCK	(888) 964-8407	(507) 283-5000
ROSEAU	(218) 463-2411	(218) 463-1421
SCOTT	(952) 496-8959	(952) 496-8484
SHERBURNE	(763) 765-4000	(763) 765-3500
SIBLEY	(507) 237-4000	(507) 237-4330
ST. LOUIS	N. (218) 471-7128 or S. (218) 726-2012	(218) 625-3581
STEARNS	(320) 650-5837	(320) 251-4240
STEELE	(507) 431-5725	(507) 444-3800

STEVENS	(320) 208-6600	(320) 208-6500
SWIFT	(320) 843-3160	(320) 843-3133
TODD	(320) 732-4500	(320) 732-2157
TRAVERSE	(320) 634-7755 or (218) 685-8200	(320) 422-7800
WABASHA	(651) 565-3351	(651) 565-3361
WADENA	(218) 631-7605	(218) 631-7600
WASECA	(507) 431-5725	(507) 835-0510
WASHINGTON	(651) 430-6457	(651) 275-7400
WATONWAN	(507) 375-3294 or (888) 299-5941	(507) 375-3121
WILKIN	(218) 643-7161	(218) 643-8544
WINONA	(507) 457-6500	(507) 457-6368
WRIGHT	(763) 682-7449	(763) 682-7400
YELLOW MEDICINE	(320) 564-2211	(320) 564-2130

DEPARTMENT OF HUMAN SERVICES LICENSING DIVISION MALTREATMENT INTAKE: 651-431-6600

MINNESOTA STATUTES, CHAPTER 260E.03 DEFINITIONS

As used in this section, the following terms have the meanings given them unless the specific content indicates otherwise:

Subd. 12. **Maltreatment.** "Maltreatment" means any of the following acts or omissions:
(1) egregious harm under subdivision 5;
(2) neglect under subdivision 15;
(3) physical abuse under subdivision 18;
(4) sexual abuse under subdivision 20;
(5) substantial child endangerment under subdivision 22;
(6) threatened injury under subdivision 23;
(7) mental injury under subdivision 13; and
(8) maltreatment of a child in a facility

Subd. 5. **Egregious harm.** "Egregious harm" means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action is otherwise properly venued. Egregious harm includes, but is not limited to:
(1) conduct towards a child that constitutes a violation of sections 609.185 to 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state;
(2) the infliction of "substantial bodily harm" to a child, as defined in section 609.02, subdivision 7a;
(3) conduct towards a child that constitutes felony malicious punishment of a child under section 609.377;
(4) conduct towards a child that constitutes felony unreasonable restraint of a child under section 609.255, subdivision 3;
(5) conduct towards a child that constitutes felony neglect or endangerment of a child under section 609.378;
(6) conduct towards a child that constitutes assault under section 609.221, 609.222, or 609.223;
(7) conduct towards a child that constitutes solicitation, inducement, or promotion of, or receiving profit derived from prostitution under section 609.322;
(8) conduct towards a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a);
(9) conduct towards a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a); or

(10) conduct toward a child that constitutes criminal sexual conduct under sections 609.342 to 609.345

Subd. 15. **Neglect.** (a) "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means:
(1) failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;
(2) failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
(3) failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;
(4) failure to ensure that the child is educated as defined in sections 120A.22 and 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;
(5) prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;
(6) medical neglect, as defined in section 260C.007, subdivision 6, clause (5);
(7) chronic and severe use of alcohol or a controlled substance by a person responsible for the child's care that adversely affects the child's basic needs and safety; or
(8) emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child, which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.

(b) Nothing in this chapter shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care.

(c) This chapter does not impose upon persons not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care a duty to provide that care.

(d) Nothing in this chapter shall be construed to mean that a child who has a mental, physical, or emotional condition is neglected solely because the child remains in an emergency department or hospital setting because services, including residential treatment, that are deemed necessary by the child's medical or mental health care professional or county case manager are not available to the child's parent, guardian, or other person responsible for the child's care, and the child cannot be safely discharged to the child's family.

Subd. 18. **Physical abuse.** (a) "Physical abuse" means any physical injury, mental injury under subdivision 13, or threatened injury under subdivision 23, inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section 125A.0942 or 245.825.

(b) Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian that does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by section 121A.582.

(c) For the purposes of this subdivision, actions that are not reasonable and moderate include, but are not limited to, any of the following:
(1) throwing, kicking, burning, biting, or cutting a child;
(2) striking a child with a closed fist;

(3) shaking a child under age three;
(4) striking or other actions that result in any nonaccidental injury to a child under 18 months of age;
(5) unreasonable interference with a child's breathing;
(6) threatening a child with a weapon, as defined in section 609.02, subdivision 6;
(7) striking a child under age one on the face or head;
(8) striking a child who is at least age one but under age four on the face or head, which results in an injury;
(9) purposely giving a child:
(i) poison, alcohol, or dangerous, harmful, or controlled substances that were not prescribed for the child by a practitioner in order to control or punish the child; or
(ii) other substances that substantially affect the child's behavior, motor coordination, or judgment; that result in sickness or internal injury; or that subject the child to medical procedures that would be unnecessary if the child were not exposed to the substances;
(10) unreasonable physical confinement or restraint not permitted under section 609.379, including but not limited to tying, caging, or chaining; or
(11) in a school facility or school zone, an act by a person responsible for the child's care that is a violation under section 121A.58

Subd. 20. **Sexual abuse.** "Sexual abuse" means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, or by a person in a current or recent position of authority, to any act that constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), 609.3451 (criminal sexual conduct in the fifth degree), or 609.352 (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children). Sexual abuse also includes any act involving a child that constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, subdivisions 7a and 7b. Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member who has committed a violation that requires registration as an offender under section 243.166, subdivision 1b, paragraph (a) or (b), or required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

Subd. 22. **Substantial child endangerment.** "Substantial child endangerment" means that a person responsible for a child's care, by act or omission, commits or attempts to commit an act against a child under their care that constitutes any of the following:
(1) egregious harm under subdivision 5;
(2) abandonment under section 260C.301, subdivision 2;
(3) neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
(4) murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
(5) manslaughter in the first or second degree under section 609.20 or 609.205;
(6) assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
(7) solicitation, inducement, and promotion of prostitution under section 609.322;
(8) criminal sexual conduct under sections 609.342 to 609.3451;
(9) solicitation of children to engage in sexual conduct under section 609.352;
(10) malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;
(11) use of a minor in sexual performance under section 617.246; or
(12) parental behavior, status, or condition that mandates that the county attorney file a termination of parental rights petition under section 260C.503, subdivision 2.

Subd. 23. **Threatened injury.** (a) "Threatened injury" means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.

(b) Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as

defined in subdivision 17, who has:
(1) subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction;
(2) been found to be palpably unfit under section 260C.301, subdivision 1, paragraph (b), clause ~~(4)~~ (3), or a similar law of another jurisdiction;
(3) committed an act that resulted in an involuntary termination of parental rights under section 260C.301, or a similar law of another jurisdiction; or
(4) committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d), clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction.

(c) A child is the subject of a report of threatened injury when the local welfare agency receives birth match data under section 260E.14, subdivision 4, from the Department of Human Services.

Subd. 13. **Mental injury.** "Mental injury" means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child's ability to function within a normal range of performance and behavior with due regard to the child’s culture.

Kendall Family Services LLC

Funds and Property Authorization

It is the policy of Kendall Family Services LLC that we do not manage an individual's finances, property, or personal cards. It is against Kendall Family Services LLC policies to allow staff to run errands and do personal shopping for individuals served without the individual being present. Kendall Family Services LLC. staff may assist individuals served with household budgeting, including paying bills and purchasing food or household supplies, but may not otherwise manage an individual's funds and property. Staff may not borrow an individual's funds or property. Staff may not accept gifts from individuals served of any kind (financial gifts or property). The Designated Manager or Designated Coordinator will immediately investigate any complaints from individuals served or the individual's representatives regarding misappropriation of the individual's money, personal or real property and will report all such credible complaints to the police and the Common Entry Point (MAARC) within 24 hours of receiving the complaint.

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Created by Ashley Dahlin
Updated:

Kendall Family Services LLC.

Safe Transportation Policy

I. Purpose

a. This policy is created to establish clear guidelines for transportation with clients.

II. 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.

III. Procedures

A. This Agency will ensure the following regarding safe transportation:
   a. The program will ensure that each employee is adequately insured and has an operating vehicle.
   b. That employees have a valid driver's license
   c. Before employment, the agency will also review the employee's driver's record for any potential concerns.

B. 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 this program is providing the transportation. When the program is responsible for the transportation of the person or a person's equipment, staff will utilize the following assistive techniques:
   1. Staff will aid with seatbelts, as needed to ensure they are correctly fastened.
   2. KFS does not provide handicapped accessible vehicles, as staff use personal vehicles when working with clients. Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the car. All items must be provided and maintained by the client.
   3. Staff can transport foldable wheelchairs, walkers, and canes when taking clients out in the community. Items will be safely stored in the staff's vehicles during transportation.
   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.

C. Staff will be responsible for the supervision and safety of persons while being transported.
   1. When the vehicle is in motion, seatbelts are to be always worn by all passengers, including the driver.
   2. Staff must be prepared to intervene 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 or physical harm.

D. Staff will be prepared for emergencies to ensure safety. Staff will be equipped with the following in case of emergency:
   1. Name and phone number of the person(s) to call in case of emergency.
   2. Knowledge of basic first aid – staff are encouraged to have a first aid kit, but it is not required.

E. In the event of a severe weather emergency, staff will take the following actions:
   1. Monitor weather conditions. Listen to local television, radio, or weather radio for weather warnings and watches.
   2. Follow directions for the need to change plans and activities or seek emergency shelter.

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3. Inform passengers why plans and activities have changed. Assist passengers to remain calm.
4. Remain at home with the client and only go out if necessary.

F. 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 a program vehicle.

G. All staff are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices while operating the program vehicle.

H. Staff are not permitted to run errands, complete shopping, or pick up prescriptions, etc., without the client served being present.

I. Only clients served may be transported by a KFS employee.

Kendall Family Services LLC.

Mileage and Transportation Policy for Individuals Served

The goal of Kendall Family Services is to integrate clients back into the community and to help them learn skills to successfully live independently, with minimal support, throughout our communities. To achieve this goal, our policy at Kendall Family Services LLC. is that transportation will be provided when related to identified needs and support and outcomes as outlined in the person's individual Support Plan Addendum. We kindly ask that you be considerate of miles used and wear and tear on employee vehicles and plan your trips accordingly.

The agency transportation radius per visit is 25 miles round-trip.

*If you live in a rural community, and a 25-mile round-trip does not meet your community needs, please speak with the designated manager to discuss options. *

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Kendall Family Services LLC.

Transportation Q&A

How can miles be used?

Outings in the community that are directly related to the person's support and outcomes as outlined in their Support Plan Addendum.

I want to go beyond my allocated miles. Can staff teach me how to use public transportation and ride with me?

Yes, this is allowed and strongly encouraged to increase independence in the community.

Can the staff refuse to drive me?

Yes, staff have the right to refuse transportation if it exceeds the allowed mileage, if it is not related to a goal, or if weather conditions are poor.

Can the Staff drive me to medical appointments?

Only if this is outlined in your plan of care and identified as a support need beyond transportation, and if the appointment is within the allowed miles. If neither of these is met or only one is met, then we will ask you to utilize medical transportation, as your insurance covers it. Please note that staff can teach you how to use medical transportation and ride along with you to provide support as outlined in your plan.

Can the staff drive me to a friend's house?

No. For the safety of our staff, we do not allow staff to drive clients to private residences other than those of the clients they serve.

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Kendall Family Services LLC

POLICY AND PROCEDURE ON ALCOHOL AND DRUG USE

I. PURPOSE

The purpose of this policy is to establish guidelines regarding the use of alcohol, prescription/legal drugs, chemicals, or illegal drugs while employees (also referred to as staff), subcontractors, and volunteers are on duty.

II. POLICY

It is not permissible for employees, subcontractors, and volunteers to be on duty, transporting a person(s) served, driving on company business, or accompanying a person served into the community when under the influence of alcohol or illegal drugs or impaired by any chemicals or prescription/legal drugs.

The company will give the same consideration to employees, subcontractors, and volunteers with chemical dependency issues as it does to those having other health issues. Voluntarily seeking assistance for such an issue will not jeopardize employment, whereas performance, attendance, or behavioral issues will.

The company will train employees, subcontractors, and volunteers on the company's alcohol and drug policy.

III. PROCEDURE

A. Any employee, subcontractor, or volunteer, while directly responsible for persons served, are prohibited from abusing any prescription/legal drugs, or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care including alcohol, prescription/legal drugs, or illegal drugs.

B. Any employee, subcontractor, or volunteer reporting or returning to work, whose behavior reflects the consumption of alcoholic beverages or the use of drugs, may be referred for an immediate medical evaluation to determine fitness for work and may be suspended without pay until deemed able to return to work.

C. When prescription or over-the-counter drugs may affect behavior and performance, the employee, subcontractor, and volunteer must inform the Designated Coordinator and/or Designated Manager. Re-assignment, light duty assignment, or temporary relief from duties may be required.

D. At any time, the sale, purchase, transfer, use, or possession of illegal drugs or alcohol, and/or the involvement in these activities of any individual under the legal age of consumption during work hours will result in disciplinary action up to and including termination. Law enforcement will be notified as determined by the Designated Coordinator and/or Designated Manager.

E. Employees will immediately take necessary action up to and including contact of medical professionals, "911," and/or contact of law enforcement at any time a person served is believed to be under the influence of illegal drugs, is believed to be under the influence of alcohol under the legal age of consumption or is believed to be a victim of potential alcohol poisoning.

F. Prescription drugs that belong to an employee, subcontractor, or volunteer are to be stored in a location that is not accessible to any person served.

G. Employees, subcontractors, or volunteers are not allowed to store alcoholic beverages at a program site.

H. As a condition of continuing employment, under certain circumstances, employees, subcontractors, and volunteers may be required to submit to drug and/or alcohol testing. Drug or alcohol testing may be required when there is a reasonable suspicion that an individual is currently abusing a drug or alcohol, is under the influence of drugs or alcohol while on duty or has violated any of the procedures in this policy.

I. Failure to complete the testing or upon receiving positive test results are cause for disciplinary action up to and including termination. A positive test result may be explained or a request to pay for a confirmatory result made to the Designated Coordinator and/or Designated Manager.

Kendall Family Services LLC

POLICY AND PROCEDURE ON UNIVERSAL PRECAUTIONS AND SANITARY PRACTICES

I. PURPOSE

The purpose of this policy is to establish guidelines to follow regarding universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases.

II. POLICY

It is the policy of the company to minimize the transmission of illness and communicable diseases by practicing and using proper sanitary practices. Staff will be trained on universal precautions to prevent the spread of blood borne pathogens, sanitary practices, and general infection control procedures. This includes active methods to minimize the risk of contracting illness or disease through individual to individual contact or individual to contaminated surface contact.

III. PROCEDURE

Universal precautions and infection prevention and control

A. Hand washing is the single most important practice for preventing the spread of disease and infection. Proper hand washing will be completed as a part of regular work practice and routine, regardless of the presence or absence of any recognized disease and infection. Staff are also expected to assist persons served to ensure regular hand washing. Hand washing will occur often and will include thorough use of water, soap, rubbing hands vigorously together for 20 seconds, rinsing and drying completely.

B. Staff will ensure that their coughs and sneezes are appropriately covered. Appropriately covered means coughing or sneezing into a tissue or paper towel. When these items are not available, staff will cough or sneeze into their elbows. Staff are also expected to assist persons served to understand and use appropriate means to cover their coughs and sneezes.

C. Kendall Family Services does not provide PPE, including but not limited to gloves, eye protection, gowns, etc. KFS requests that clients provide, at a minimum, gloves for staff to wear in the event of assisting with minor first aid or handling dirty linens.

D. When handling linen and clothing contaminated with high-risk bodily fluids, staff will wear gloves at all times. Contaminated laundry will be cleaned in the washing machine and dried in the dryer separate from non-contaminated laundry.

E. Clients or responsible parties are responsible for handling all sharps. If a client does not have a Sharps container, staff are prohibited from taking out any trash due to the risk of exposure. KFS strongly encourages clients use a sharps container to reduce this risk.

F. Specimens obtained for medical testing or procedures containing high risk bodily fluids or other potentially infectious material must be handled with gloves, placed in a sealed container to prevent leakage, and labeled with the person's name and the type of specimen. If refrigeration is required, the specimen will be placed inside a second sealed container and separated from any refrigerated foods.

Compliance

A. Staff are responsible to adhere to universal precaution procedures. If there are obstacles to the implementation of universal precaution procedures, they will be immediately brought to the attention of the Designated Coordinator and/or Designated Manager. The Designated Coordinator and/or Designated Manager will then develop and implement solutions as necessary.

B. Staff will receive training at orientation and annually thereafter on universal precaution procedures, infection control, and blood borne pathogens.

Kendall Family Services LLC.

Safe Medication Assistance and Administration Policy

Kendall Family Services LLC (KFS) does not administer medications, nor do they assist with medication setup. In the act of an emergency, staff may administer lifesaving treatment. KFS staff may provide medication assistance as defined under section III Procedures sub-section B. This policy is in place per 245D.

I. Policy

A. It is the policy of this DHS-licensed provider (Kendall Family Services LLC.) to provide safe medication assistance setup, assistance, and administration:
- when assigned responsibility to do so in the person's support plan or the support plan addendum;
- using procedures established in consultation with a registered nurse, nurse practitioner, physician's assistant, or medical doctor; and
- by staff who have completed medication administration training before providing medication setup, assistance, and administration.

B. For the purposes of this policy, medication assistance and administration include, but is not limited to:
1. Providing medication-related services for a person;
2. Medication setup;
3. Medication administration;
4. Medication storage and security;
5. Medication documentation and charting;
6. Verification of monitoring of effectiveness of systems to ensure safe medication handling and administration;
7. Coordination of medication refills;
8. Handling changes to prescriptions and implementation of those changes;
9. Communicating with the pharmacy; or
10. Coordination and communication with the prescriber.

II. Definitions

Definitions. For the purposes of this policy, the following terms have the meaning given in section 245D.02 of the 245D Home and Community-based Services Standards:

A. "Medication" means a prescription drug or over-the-counter drug and includes dietary supplements.

B. "Medication administration" means following the procedures in section III. of this policy to ensure that a person takes his or her medications and treatments as prescribed

C. "Medication assistance" means medication assistance is provided in a manner that ~~to~~ enables the person to self-administer medication or treatment when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.

D. "Medication setup" means arranging medications according to the instructions provided by the pharmacy, prescriber or licensed nurse, for later administration.

E. "Over-the-counter drug" means a drug that is not required by federal law to bear the statement "Caution: Federal law prohibits dispensing without prescription."

F. "Prescriber" means a person who is authorized under section 148.235; 151.01, subdivision 23; or 151.37 to prescribe drugs.

G. "Prescriber's order and written instructions" means the current prescription order or written instructions from the prescriber. Either the prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.

H. "Prescription drug" has the meaning given in section 151.01, subdivision 16.

I. "Psychotropic medication" means any medication prescribed to treat the symptoms of mental illness that affect thought processes, mood, sleep, or behavior. The major classes of psychotropic medication are antipsychotic (neuroleptic), antidepressant, antianxiety, mood stabilizers, anticonvulsants, and stimulants and non-stimulants for the treatment of attention-deficit/hyperactivity disorder. Other miscellaneous medications are considered to be psychotropic medications when they are specifically prescribed to treat a mental illness or to control or alter behavior.

III. Procedures

A. **Medication setup** - ***Kendall Family Services LLC. does NOT assist with medication setup. If the program were responsible for such the following would apply:***

When the program is responsible for medication setup staff must document the following in the person's medication administration record:

1. Dates of set-up;
2. Name of medication;
3. Quantity of dose;
4. Times to be administered; and
5. Route of administration at time of set-up.
6. When the person receiving services will be away from home, the staff must document to whom the medications were given.

B. Medication assistance

When the program is responsible for medication assistance staff may:

1. Bring to the person and open a container of previously set up medications;
2. Empty the container into the person's hand;
3. Open and give the medications in the original container to the person;
4. Bring to the person liquids or food to accompany the medication; and
5. Provide reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.
6. Provide medication assistance in a manner that enables a person to self-administer medications or treatments when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct the care for the person.

C. Medication administration - ***Kendall Family Services LLC staff do NOT administer medications. If that changes the following is required by the agency:***

a. Information on the current prescription label or the prescriber's current written or electronically recorded order or prescription that includes the person's name, description of the medication or treatment to be provided, and the frequency and other information needed to safely and correctly administer the medication or treatment to ensure effectiveness;
b. Information on any risks or other side effects that are reasonable to expect, and any contraindications to its use. This information must be readily available to all staff administering the medication;

c. The possible consequences if the medication or treatment is not taken or administered as directed;
d. Instruction on when and to whom to report the following:
1) if a dose of medication is not administered or treatment is not performed as prescribed, whether by error by the staff or the person or by refusal by the person; and
2) the occurrence of possible adverse reactions to the medication or treatment.

1. Staff must complete the following when responsible for medication administration:
   a. Check the person's medication administration record (MAR);
   b. Prepare the medications as necessary;
   c. Administer the medication or treatment the person according to the prescriber's order;
   d. Document in the MAR:
      1) the administration of the medication or treatment or the reason for not administering the medication or treatment;
      2) notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by error by the staff or the person or by refusal by the person, or of adverse reactions, and when and to whom the report was made; and
      3) notation of when a medication or treatment is started, administered, changed, or discontinued;
   e. Report any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed, to the prescriber or a nurse; and
   f. Adverse reactions must be immediately reported to the prescriber or a nurse.

D. Injectable medications

The program may administer injectable medications according to a prescriber's order and written instructions when one of the following conditions has been met:

1. The program's registered nurse or licensed practical nurse will administer injections;
2. The program's supervising registered nurse with a physician's order delegates the administration of injections to staff and has provided the necessary training; or
3. There is a an agreement signed by the program, the prescriber and the person or the person's legal representative identifying which injectable medication may be given, when, and how and that the prescriber must retain responsibility for the program administering the injection. A copy of the agreement must be maintained in the person's record.

Only licensed health professionals are allowed to administer psychotropic medications by injection.

E. Psychotropic medication use and monitoring

1. When the program is responsible for administration of a psychotropic medication, the program must develop, implement, and maintain the following documentation in the person's support plan addendum according to the requirements in sections 245D.07 and 245D.071:
   a. A description of the target symptoms the prescribed psychotropic medication is to alleviate. The program must consult with the expanded support team to identify target symptoms. "Target symptom" refers to any perceptible diagnostic criteria for a person's diagnosed mental disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR) or successive editions, that has been identified for alleviation; and
   b. The documentation methods the program will use to monitor and measure changes in target symptoms that are to be alleviated by the psychotropic medications if required by the prescriber.
2. The program must collect and report on medication and symptom-related data as instructed by the prescriber.
3. The program must provide the monitoring data to the expanded support team for review every three months, or as otherwise requested by the person or the person's legal representative.

F. Written authorization

Written authorization is required for medication administration or medication assistance, including psychotropic medications or injectable medications.

1. The program must obtain written authorization from the person or the person's legal representative before providing assistance with or administration of medications or treatments, including psychotropic medications and injectable medications.
2. If the person or the person's legal representation refuses to authorize the program to administer medication, the staff must not administer the medication.
3. The program must report the refusal to authorize medication administration to the prescriber as expediently as possible.

G. Refusal to authorize psychotropic medication

1. If the person receiving services or their legal representative refuses to authorize the administration of a psychotropic medication, the program must not administer the medication and report the refusal to authorize to the prescriber in 24 hours.
2. After reporting the refusal to authorize to the prescriber in 24 hours, the program must follow and document all directives or orders given by the prescriber.
3. A court order must be obtained to override a refusal for psychotropic medication administration.
4. A refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency. A decision to terminate services must comply with the program's service suspension and termination policy.

H. Reviewing and reporting medication and treatment issues

1. When assigned responsibility for medication administration, including psychotropic medications and injectable medications, the program must ensure that the information maintained in the medication administration record is current and is regularly reviewed to identify medication administration errors.
2. At a minimum, the review must be conducted every three months or more frequently as directed in the support plan or support plan addendum or as requested by the person or the person's legal representative.
3. Based on the review, the program must develop and implement a plan to correct patterns of medication administration errors when identified.
4. When assigned responsibility for medication assistance or medication administration, the program must report the following to the person's legal representative and case manager as they occur or as otherwise directed in the support plan or support plan addendum:
   a. any reports made to the person's physician or prescriber required section III.D.2. of this policy;
   b. a person's refusal or failure to take or receive medication or treatment as prescribed; or
   c. concerns about a person's self-administration of medication or treatment.

I. Staff Training

1. Unlicensed staff may administer medications only after successful completion of a medication administration training using a training curriculum developed by a registered nurse, clinical nurse specialist in psychiatric and mental health nursing, certified nurse practitioner, physician's assistant, or physician. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures
2. Staff must review and receive instruction on individual medication administration procedures established for each person when assigned responsibility for medication administration.
3. Staff may administer injectable medications only when the necessary training has been provided by a registered nurse.
4. Medication administration must be taught by a registered nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician if, at the time of service initiation or any

time thereafter, the person has or develops a health care condition that affects the service options available to the person because the condition requires:

a. specialized or intensive medical or nursing supervision; and
b. nonmedical service providers to adapt their services to accommodate the health and safety needs of the person.

J. Storage and disposal of medication

Schedule II controlled substances in the facility that are named in section 152.02, subdivision3, must be stored in a locked storage area permitting access only by persons and staff authorized to administer the medication. Medications must be disposed of according to the Environmental Protection Agency recommendations.

Legal Authority: MS §§§§ 245D.11, subd. 2 (3), 245D.05, subdivisions 1a, 2, and 5 and 245D.51 and 245D.09, subdivision 4a, paragraph (d)

Kendall Family Services LLC.

POLICY AND PROCEDURE ON SERVICE TERMINATION

I. PURPOSE

The purpose of this policy is to establish determination guidelines and notification procedures for service termination.

II. POLICY

It is the intent of the company to ensure continuity of care and service coordination between members of the support team including, but not limited to the person served, the legal representative and/or designated emergency contact, case manager, other licensed caregivers, and other people identified by the person and/or legal representative during situations that may require or result in service termination. The company restricts service termination to specific situations according to MN Statutes, section 245D.10, subdivision 3a.

III. PROCEDURE

The company recognizes that *temporary service suspension* and *service termination* are two separate procedures. The company must limit temporary service suspension to specific situations that are listed in the *Policy and Procedure on Temporary Service Suspension*. A temporary service suspension may lead to or include service termination, or the company may do a temporary service suspension by itself. The company must limit service termination to specific situations that are listed below. A service termination may include a temporary service suspension, or the company can do a service termination by itself.

A. The company must permit each person served to remain in the program or continue receiving services and must not terminate services unless:
   1. The termination is necessary for the person's welfare and the license holder cannot meet the person's needs;
   2. The safety of the person, others in the program, or staff is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others;
   3. The health of the person, others in the program, or staff would otherwise be endangered;
   4. The license holder has not been paid for services;
   5. The program or license holder ceases to operate; or
   6. The person has been terminated by the lead agency from waiver eligibility.

B. Prior to giving notice of service termination, the company must document actions taken to minimize or eliminate the need for termination. Action taken by the company must include, at a minimum:
   1. Consultation with the person's expanded/support team to identify and resolve issues leading to issuance of the termination notice; and
   2. A request to the case manager for intervention services as identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to notices of service termination issued due to the program not being paid for services.
   3. If, based on the best interests of the person, the circumstances at the time of the termination notice were such that the company was unable to take the action specified above, the company must document the specific circumstances and the reason for being unable to do so.

C. The notice of service termination must meet the following requirements:
   1. The company must notify the person or the person's legal representative and the case manager in writing of the intended services termination.
   2. The notice must include:
      a. The reason for the action;
      b. Except for a service termination when the program ceases to operate, a summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension as required

under section 245D.10, subdivision 3a, paragraph (c), and why these measures failed to prevent the termination or suspension;

c. The person's right to appeal the termination of services under MN Statutes, section 256.045, subdivision 3, paragraph (a); and
d. The person's right to seek a temporary order staying the termination of services according to the procedures in MN Statutes, section 256.045, subdivision 4a or 6, paragraph (c).

3. The company must use forms provided by the commissioner to report service terminations.

D. Notice of the proposed termination of service, including those situations that began with a temporary service suspension, must be given:
1. At least 60 days prior to termination when the company is providing intensive supports and services identified in section 245D.03, subdivision 1, paragraph (c).
2. At least 30 days prior to termination for all other services licensed under Chapter 245D.
3. This termination notice may be given in conjunction with a notice of temporary services suspension.

E. During the service termination notice period, the company must:
1. Work with the expanded/support team to develop reasonable alternative to protect the person and others and to support continuity of care;
2. Provide information requested by the person or case manager; and
3. Maintain information about the service termination, including the written notice of intended service termination, in the service recipient record.

Kendall Family Services LLC

POLICY ON PERSON-CENTERED PLANNING AND SERVICE DELIVERY

I. PURPOSE

The purpose of this policy is to ensure services and supports adhere to the principles covered within the domains of a meaningful life: community membership; health, wellness; safety; one's own place to live; important long-term relationships; control over supports; and employment earnings, and stable income. Services and supports address these domains to the extent the person wants and address them in a manner that promotes self-determination, acting on preferences, respecting and understanding cultural background, skill development, and a balance between risk and opportunity.

II. POLICY

This planning process, and the resulting person-centered services, will direct the support team in how to guide the individual in achieving personally defined outcomes in the most integrated community setting, ensure delivery of services in a manner that reflects personal preferences, talents, choices, and contribute to ensuring health and welfare.

Services are provided in a manner that supports the person's preferences, daily needs, and activities and accomplishment of the person's personal goals and services outcomes, consistent with the principles of:

A. Person-centered service planning and delivery which:
   1. Identifies and supports what is important to and the person as well as what is important for the person, including preferences for when, how, and by whom direct support services is provided;
   2. Uses that information to identify outcomes the person desires; and
   3. Respects each person's history, dignity, and cultural background.

B. Self-determination which supports and provides:
   1. Opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and
   2. The affirmation and protection of each person's civil and legal rights.

C. Providing the most integrated setting and inclusive services delivery which supports, promotes, and allows:
   1. Inclusion and participation in the person's community as desired by the person in a manner that enables the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintain a role as a valued community member;
   2. Opportunities for self-sufficiency as well as developing and maintain social relationships and natural supports; and
   3. A balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible to support the person to engage in activities of the person's own choosing that may otherwise present a risk to the person's health, safety, or rights.

Kendall Family Services LLC.

Communications Policy

I. PURPOSE & SCOPE

This policy establishes clear guidelines for all communication between staff, clients, case managers, providers, and families to ensure professionalism, privacy, accuracy, and consistency in all interactions. This policy applies to all employees, and representatives of Kendall Family Services LLC who engage in any form of communication with clients, family, caregivers or other healthcare professionals and care team members.

II. POLICY

It is our policy that all communication must be:

1. Respectful and compassionate
2. Clear and professional – use of plain language, avoiding jargon
3. Responsive – respond to all inquiries in a prompt timeline
4. Documented – record significant communication in the client's file or care notes.

III. PROCEDURE

1. Communication Channels
    a. Phone calls
        i. Coordinate meetings, schedule planning, and urgent matters
            1. Employees must always identify themselves and the company, along with the purpose of the call
    b. Text Messaging
        i. Quick reminders, check in with client if requested by client to receive text communications
            1. No sensitive medical information or details should be shared via text.
    c. Email
        i. Formal team communication for primarily nonurgent matters
            1. Use company emails only if sending client plans. Be sure to secure the information.
    d. In person
        i. Care delivery, meetings, pop-in visits
            1. Maintain professionalism during all in-person correspondences.
    e. Written Reports/Notes
        i. Care plans, incident reports, quarterly updates, or other communications
            1. Must be accurate and placed in client records as directed by 245 D guidelines.
    f. Slack
        i. Utilized for internal company communication only
            1. Employees are expected to maintain professionalism, used to provide updates, and reminders to staff on company and client changes
2. Boundaries and Professional Conduct
    a. Saff must not engage in personal or social media communication with clients and their families
    b. Avoid giving away personal contact information unless authorized
    c. Refrain from making comments and promises outside your role or authority
3. Privacy and Confidentiality
    a. Never discuss client information in public or with an unauthorized person
    b. Follow HIPPA for all communication
    c. Obtain written consent before sharing information with external parties.

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Kendall Family Services LLC.

Minimum Visit Requirements and Scheduling

At Kendall Family Services LLC, we reserve the right to establish a minimum duration for visits. This policy is in place to ensure that our staff have adequate time to work with individuals on a variety of tasks outlined in their care plans, and to minimize travel time between visits. Our minimum shift requirement is three hours.

If an individual believes they do not need the full hours for which they are scheduled, they must contact the staffing coordinator at Kendall Family Services LLC to discuss available scheduling options. We also encourage individuals to contact their case manager for further discussion about services.

Ongoing communication is crucial for Kendall Family Services to deliver effective services to individuals. This includes communication with the scheduler, designated coordinator, case manager, and direct care staff. Accepted forms of communication include text messages, phone calls, emails, and letters.

It is our policy to make three attempts to contact you to schedule services. If Kendall Family Services is unable to reach you after these attempts, you will not be added to the schedule. Following these attempts, we will update your case manager and send you a letter by mail. If we do not receive a response after the letter is sent, Kendall Family Services will presume that you no longer wish to receive services and notify your case manager.

Policy Reviewed and Authorized by: Ashley Long
Date of Last Policy Review: 07/15/2024
Date of Last Policy Revision: 11/4/2025

Kendall Family Services LLC.

Limitations of Liability

The service is provided on an in-home basis without any other conditions expressed or implied. The Agency and its employees have set up safety nets and guidelines to protect our individuals served and employees in the prevention of theft (such as finances and or property and destruction of property. Kendall Family Services LLC (KFS) and its employees are not responsible for damage to an individual's home or possessions that is deemed an accident or the normal wear and tear of equipment or property. It is the responsibility of the individual served to report lost or damaged items or allegations of theft to the agency as soon as they are notified by calling 651-964-1070. KFS will follow its grievance policy in any such instance.

Limitation of remedy: in no event should any damages against KFS or its employees be recoverable, payable more than the lifespan or repair of the property of the equipment.

Policy Reviewed and Authorized by: Ashley Long
Date of Last Policy Review: 02/23/2024
Date of Last Policy Revision: 11/10/2025