

**KENDALL FAMILY SERVICES LLC.**



*Caring Where You're At*

Est. 2021

# **Client Policy Handbook**

August 6, 2024



Welcome to Kendall Family Services LLC (KFS)! We are delighted to have the opportunity to provide care and support to you or your loved one, and we want to extend our warmest greetings as you join our homecare family.

At KFS we understand that everyone has unique needs and preferences, and our dedicated team is committed to providing personalized care that enhances your quality of life and promotes independence and well-being.

Our team of compassionate caregivers is highly trained and experienced in delivering a wide range of non-medical home support, including household management, meal planning, budgeting assistance, community outings, mental health support, and more! Whether you require assistance with home management, care coordination, or budgeting, we are here to help.

At KFS, we believe in fostering open communication and building strong relationships with our clients and their support systems. Your comfort, safety, and satisfaction are our top priorities, and we are always available to address any questions, concerns, or preferences you may have.

As a new client of KFS, you can expect:

- Compassionate and respectful care from our dedicated caregivers.
- Personalized care plans tailored to meet your individual needs and preferences.
- Regular communication and updates on your care plan and any changes in your goals.
- A commitment to always maintaining your privacy and confidentiality.

We are honored to have the opportunity to serve you and look forward to building a trusting and supportive relationship with you. Please don't hesitate to reach out to us at 651-964-1070 or [kfsoffice@kendallfamilyservices.com](mailto:kfsoffice@kendallfamilyservices.com) if you have any questions or if there is anything we can assist you with.

Once again, welcome to Kendall Family Services LLC. We are here for you every step of the way.

Warm regards,

*Ashley Long, LSW*

Owner  
Kendall Family Services LLC.

## Admission Criteria Policy

### I. Policy

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

Kendall Family Services LLC is licensed to provide Individualized Home Support with Training, Individualized Home Support with Family Training, homemaking, respite, and 24 Hour Emergency Assistance.

### II. Procedures

#### A. Pre-admission

- a. Before admitting a client into the program, Kendall Family Services LLC. will review the referral and possible supporting documentation including but not limited to Coordinated Services and Support Plans, MnChoice Documentation, previous provider reports, and psychological evaluations to determine if the agency can meet the individual's needs.
- b. The agency will connect with the potential client or guardian and case manager before coordinating an admission to discuss the scope of services, and their goals to determine if the scope of service is in line with the client's preferences and goals.
  - i. Criteria for admission
    1. Individualized Home Support with Training
      - a. Has an identified need for support in at least one community living service category: community integration, adaptive skills, home management, or support in health safety and wellness as outlined by the CBSM.
      - b. The client is trainable and able to participate in services and support.
      - c. Private pay rate is \$60.00 per hour
    2. Individualized Home Support with Family Training
      - a. Has an identified need for support in community integration, adaptive skills, home management, or support in health safety and wellness as outlined by the CBSM.
      - b. Needs family training and a family member who is willing to be present deemed appropriate by the team and outlined in the support plan addendum.
      - c. Private pay rate is \$60.00 per hour
    3. 24-Hour Emergency Assistance
      - a. For clients in need of mental health support or on-call informal counseling support 24 hours per day to help navigate situations as they arise.
      - b. Private Pay Rate available upon request
    4. Homemaking
      - a. Market rate service only, and client must have their homemaker that can meet KFS employment requirements.
      - b. Market Rate Service with the rate of \$11.00 per unit
    5. Respite

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- a. Short-term care services are provided to a person when their primary caregiver is absent or needs relief.
- b. Private Rate is \$70 per hour

### **B. Service initiation**

- a. The agency will schedule an intake via the agency intake coordinator, client and other parties involved in care as appropriate and identified by the client.
  - i. The agency will make no more than three attempts to coordinate intake. If unable to reach client or guardian a notice will be sent to the case manager and intake will be closed. A new referral is required to get services.
- b. During the intake and service initiation Kendall Family Services LLC. will provide each person or each person's legal representative with a written notice that identifies the service recipient's rights under 245D.04, and an explanation of those rights within five working days of service initiation and annually thereafter. Reasonable accommodations will be made to provide this information in other formats or languages as needed to facilitate understanding of the rights by the person and the person's legal representative, if any. Kendall Family Services LLC. will maintain documentation of the person's or the person's legal representative's receipt of a copy and an explanation of the rights.
- c. Kendall Family Services LLC. will provide the client, guardians, and case managers with a copy of the policy and procedures, the client will receive a paper copy, and the guardian and case manager will have access to an electronic copy. The program must inform the person or the person's legal representative, and case manager of the policies and procedures affecting a person's rights under section 245D.04, and provide copies of the following policies and procedures, within five working days of service initiation:
  - i. Grievance policy and procedure.
  - ii. Service suspension policy and procedure.
  - iii. Service termination policy and procedure.
  - iv. Emergency use of manual restraints policy and procedure.
  - v. Data privacy.
- d. Handling property and funds
  - i. Kendall Family Services LLC staff does not assist in the safekeeping of funds or property. Kendall Family Services LLC. staff can assist with budgeting and management of finances. Kendall Family Service Staff are not able to go shopping or use the client's debit card to run errands for the client. The client must be present for all shopping trips to reduce and eliminate the risk of potential maltreatment.

### **C. Refusal to admit a person**

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

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

## Data Privacy Policy

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

### 1. Procedures

#### a. Private Data

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

#### b. Providing Notice

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

#### c. Obtaining Informed Consent or Authorization for the Release of Information

- i. At the time informed consent is being obtained staff must tell the person or the legal representative the following:
  1. Why the data is being collected.
  2. How the agency intends to use the information
  3. Whether the individual may refuse or is legally required to furnish this information

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4. What known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data.
  5. How the individual can see and get copies of the data collected by them; and any other rights that the individual may have regarding the specific type of information collected
- ii. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information 45 C.F.R section 164)
1. Be written in plain language
  2. Be dated
  3. Designate the specific agencies or persons who will get the information
  4. Specify the information which will be released
  5. Indicate the specific agencies or persons who will release information
  6. Specify the consequences for the person by signing the consent form including  
'Consequences: I know that state and federal privacy laws protect my records. I know:
    - a. Why I am being asked to release this information
    - b. I do not have to consent to the release of this information but, not doing so may affect Kendall Family Services LLC.'s ability to provide needed services to me.
    - c. If I do not consent, the information will not be released unless the law otherwise allows it.
    - d. I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
    - e. The person(s) or agency(ices) who get my information may be able to pass it on to others.
    - f. If my information is passed on to others by this program, it may no longer be protected by this authorization.
    - g. This consent will end one year from the date I sign it unless the law allows for a longer period.
  7. Maintain all informed consent documents in the consumer's individual record.
- iii. **Staff Access to Private Data**
1. This policy applies to all program staff, volunteers, and persons or agencies under contract with this program (paid or unpaid)
  2. Staff persons do not automatically have access to private data about the persons served by Kendall Family Services LLC or about other staff or agency personnel. Staff persons must have a specific work function need for the information. Private data about persons are available only to those program employees whose work assignments reasonably require access to the data, and who is authorized by law to have access to the data.
  3. Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.
  4. As a rule, doubts about the correctness of sharing information should be referred to the supervisor.

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- iv. Individual access to private data:** Individuals or their legal representatives have the right to access and review their records.
  - 1. A staff person will be present during the review and will make an entry in the person's progress notes as to the person who accessed the record, date and time of review, and list any copies made from the record.
  - 2. An individual may challenge the accuracy or completeness of the information contained in the record. Staff will refer the individual to the grievance policy for lodging a complaint.
  - 3. Individuals may request copies of pages in their records.
  - 4. No individual, legal representative, staff person, or anyone else may permanently remove or destroy any portion of the person's record.
- v. Case Manager Access to private data**
  - 1. A person's case manager and the licensor have access to the records of persons served by the program under section 245D.095, subd, 4.
- vi. Requesting Information from Other Licensed Caregivers or Primary Health Care Providers**
  - 1. Complete the attached release of information authorization form. Carefully list all the consults, reports, or assessments needed, giving specific dates whenever possible. Also, identify the purpose of the request.
  - 2. Clearly identify the recipient of information. If information is to be sent to the program's health care consultant or other staff at the program, include Attention: (name of the person to receive the information), and the name and address of the program.
  - 3. Assure informed consent to share the requested private data with the person or entity has been obtained from the person or the legal representative.
  - 4. Keep the document in the person's record.



## Home and Community-based Services - Service Recipient Rights

Person name: \_\_\_\_\_

This packet contains information regarding your rights while receiving services and support from this program, information on restrictions of your rights, and information on where you can go if you have questions or need additional information related to your rights.

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

1. A copy of my rights under the law, Minnesota Statutes, section [245D.04](#).
2. An explanation of what my rights are and that I am free to exercise my rights; and that this program must help me exercise my rights and help protect my rights.

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

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

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

Are there any restrictions placed on my rights?  Yes (if yes, see rights restriction document)  No

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

Office of the Ombudsman for Mental Health  
and Developmental Disabilities  
121 7th Place E, Suite 420  
Metro Square Building  
St. Paul, MN 55101  
Phone: (651) 757-1800 or 1(800) 657-3506  
Fax: (651) 797-1950

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

Website: [www.ombudmhdd.state.mn.us](http://www.ombudmhdd.state.mn.us)

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

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

\_\_\_\_\_  
Person/Legal representative

\_\_\_\_\_  
Date

### HOME AND COMMUNITY-BASED SERVICES - SERVICE RECIPIENT RIGHTS

Program name: \_\_\_\_\_

This program is licensed under Minnesota Statutes, Chapter 245D. It must help you exercise and protect your rights identified in Minnesota Statutes, section [245D.04](#).

Policy Reviewed and Authorized by: Ashley Long

Date of Last Policy Review: 02/23/2024

Date of Last Policy Revision: 02/23/2024

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When receiving services and supports from this program name, I have the right to:

1. Take part in planning and evaluating the services that will be provided to me.
2. Have services and supports provided to me in way that respects me and considers my preferences, (including personal items in my bedroom).
3. Refuse or stop services and be informed about what will happen if I refuse or stop services.
4. Know, before I start to receive services from this program, if the program has the skills and ability to meet my need for services and supports.
5. Know the conditions and terms governing the provision of services, including the program's admission criteria and policies and procedures related to temporary service suspension and service termination.
6. Have the program help coordinate my care if I transfer to another provider to ensure continuity of care.
7. Know what services this program provides and how much they cost, regardless of who will be paying for the services, and to be notified if those charges changes.
8. Know, before I start to receive services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
9. To have staff that is trained and qualified to meet my needs and support.
10. Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
11. Have access to my records and recorded information that the program has about me as allowed by state and federal law, regulation, or rule.
12. Be free from abuse, neglect or financial exploitation by the program or its staff.
13. Be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or putting me in time out, seclusion, restrictive intervention; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
14. Receive services in a clean and safe location.

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15. Be treated with courtesy and respect, have access to and respectful treatment of my personal property.
16. Be allowed to reasonably follow my cultural and ethnic practices and religion.
17. Be free from prejudice and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.
18. Be told about and to use the program's grievance policy and procedures, including knowing how to contact persons responsible for helping me to get my problems with the program fixed and how to file a social services appeal under the law.
19. Know the names, addresses and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.
20. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from the program.
21. Give or not give written informed consent to take part in any research or experimental treatment.
22. Choose my own friends and spend time with them at home or in the community.
23. Have personal privacy, including the right to use a lock on my bedroom door.
24. Take part in activities that I choose.
25. Have access to my personal possessions at any time, including financial resources.

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

26. Have free, daily, private access to and use of a telephone for local calls, and long-distance calls made collect or paid for by me.
27. Receive and send mail and emails and not have them opened by anyone else unless I ask.

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28. Use of and have free access to common areas (this includes access to food at any time) and the freedom to come and go at will.
29. Choose who visits, when they visit and to have visits in private (including bedroom) with my spouse, family, legal counsel, religious guide, or others allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09.
30. Have access to three nutritious meals, nutritious snacks between meals each day, and access to food and water at any time.
31. Choose how to furnish and decorate my bedroom or living unit.
32. A home that is clean, safe, and meets the requirements of a dwelling unit as defined in state fire code.

## **RIGHTS RESTRICTIONS**

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

Restriction of your rights is allowed only if determined necessary to ensure your health, safety, and well-being. Any restriction of your rights must be documented in your support plan or support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect you and provide you support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner.

### **WHAT IS THE PROGRAM REQUIRED TO DO IF MY RIGHTS WILL BE RESTRICTED?**

Before this program may restrict your rights in any way this program must document the following information:

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

### **CAN THE PROGRAM RESTRICT ALL OF MY RIGHTS?**

The program cannot restrict any right they chose. The only rights the program may restrict, after documenting the need, include:

1. Your right to associate with other persons of your choice;

Policy Reviewed and Authorized by: Ashley Long

Date of Last Policy Review: 02/23/2024

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2. Your right to have personal privacy;
3. Your right to engage in activities that you choose; and
4. Your right to access your personal possessions at any time.

### **[LICENSE HOLDERS PROVIDING RESIDENTIAL SUPPORTS AND SERVICES MUST INCLUDE THESE ADDITIONAL RESTRICTIONS IN THIS LIST]**

5. Your right to have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person;
6. Your right to receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication; and
7. Your right to have use of and free access to common areas in the residence; and
8. Your right to privacy for visits with the person's spouse, next of kin, legal counsel, religious guide, or others, in accordance with section [363A.09](#) of the Human Rights Act, including privacy in the person's bedroom.
9. Your right to choose how to furnish and decorate your bedroom or living unit.

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

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

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

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

## 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. 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."

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- 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,

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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 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



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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.

Policy Reviewed and Authorized by: Ashley Long

Date of Last Policy Review: 02/14/2024

Date of Last Policy Revision: 02/14/2024

## Kendall Family Services LLC.

- 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, subdivision 3, 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)

## **Electronic Communications Policy**

**Purpose:** This policy describes how Kendall Family Services LLC (KFS) delivers communications to individuals served electronically. KFS may amend this policy at any time by sending a revised version to the employee and the email of the individual served. The revised version will be effective at the time KFS post it. In addition, if the revised version includes a substantial change, KFS will provide individuals served with a notice by mailing/emailing you a notice of the change at your address/email address on file.

### **Electronic delivery of communications**

You agree and consent to receive electronically all communications, agreements, documents, notices, and disclosures (collectively, "Communications") that we provide in connection with your services from Kendall Family Services LLC. Communications include:

- agreements and policies you agree to (e.g., Kendall Family Services LLC agency policies and procedures), including updates to these policies.
- annual notices,
- care plans or timesheets.

We will provide these communications to you by emailing them to you at the primary email address on file or via text/reminder app.

### **Hardware and software requirements**

To access and retain electronic Communications, you will need the following computer hardware and software:

- a computer with an Internet connection.
- Adobe Acrobat Reader.
- a valid email address (your primary email address on file with KFS); and
- sufficient storage space to save past Communications or an installed printer to print them.

If, after you consent to receive Communications electronically, you would like a paper copy of a Communication we previously sent you, you may request a copy by contacting the designated coordinator. Kendall Family Services LLC will send your paper copy to you by U.S. mail to your address on file.

## **Safe Transportation Policy**

### **I. Policy**

It is the policy of this DHS-licensed provider, Kendall Family Services, to promote safe transportation, with provisions for handling emergency situations, when the agency staff is responsible for transporting persons receiving services.

It is important to note, that staff are NOT provided a vehicle and are required to maintain and utilize personal vehicles for transportation purposes with clients.

### **II. Procedures**

- A. This Agency will ensure the following regarding safe transportation:
  - a. The program will ensure the vehicle and drivers are properly insured when transporting persons served by the program.
  - b. Valid driver's license
  - c. Reliable vehicle
  
- 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. Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
  - 3. Staff will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids used by a person, and specialized equipment using proper vehicle restraints are properly secured before the vehicle is in motion.
  - 4. Staff will comply with all seat belt and child passenger restraint system requirements under Minnesota Statutes sections [169.685](#) and [169.686](#) when transporting a child.
  
- 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 and all passengers.
  - 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 is encouraged to have a first aid kit but is not required.
  
- E. In the event of a severe weather emergency, staff will take the following actions:

## **Kendall Family Services LLC.**

1. Monitor weather conditions. Listen to local television or radio or weather radio for weather warnings and watches.
  2. Follow directions for the need to change plans and activities or seek emergency shelter.
  3. Inform passengers why plans and activities have changed. Assist passengers 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.

## **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 25 miles round trip does not meet your community needs please speak with the designated manager to discuss options\*

## 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 further than my allocated miles allowed, 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 goes outside of the allowed miles, if it is not related to a goal, or if weather conditions are poor.

### **Can Staff drive me to medical appointments?**

Only if this is outlined in your plan of care and identified as a support need beyond the transportation, but while in appointment, and 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 it is covered by your insurance. Please note that staff can teach you how to use medical transport and ride along with you to help offer support as outlined by 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 the client served to private residences other than that of the client served.

## Drug and Alcohol Prohibition Policy

### I. Policy

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

### II. Procedures

- A. All employees must be free from the abuse of prescription medications or being in any manner under the influence of a chemical that impairs their ability to provide services or care.
- B. The consumption of alcohol is prohibited while directly responsible for persons receiving services, on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), and will result in corrective action up to and including termination.
- C. Being under the influence of a controlled substance identified under Minnesota Statutes, chapter 152, or alcohol, or illegal drugs in any manner that impairs or could impair an employee's ability to provide care or services to persons receiving services is prohibited and will result in corrective action up to and including termination.
- D. The use, sale, manufacture, distribution, or possession of illegal drugs while providing care or to persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), will result in corrective action up to and including termination.
- E. Any employee convicted of criminal drug use or activity must notify the owner no later than five (5) days after the conviction.
- F. Criminal conviction for the sale of narcotics, illegal drugs, or controlled substances will result in corrective action up to and including termination.
- G. The program's designated staff person will notify the appropriate law enforcement agency when we have reasonable suspicion to believe that an employee may have illegal drugs in his/her possession while on duty during work hours. Where appropriate, we will also notify licensing boards.

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



## **Grievance Policy**

**Program Name:** Kendall Family Services LLC.

### **I. Policy**

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

### **II. Procedures**

#### **A. Service Initiation**

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

#### **B. How to File a Grievance**

1. The person receiving services or the person's authorized or legal representative:
  - a. should talk to a staff person that they feel comfortable with about their complaint or problem or the Designated Coordinator.
  - b. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
  - c. may request staff assistance in filing a grievance.
  - d. A formal complaint or grievance must be completed on the website at [www.kendallfamilyservices.com](http://www.kendallfamilyservices.com)
2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved, they may bring the complaint to the highest level of authority in this program.
  - That person is: Ashley Long, LSW
  - They may be reached at:
    - 468 South Lake St, Forest Lake, MN 55025 (By appointment) and
    - [ashleylong@kendallfamilyservices.com](mailto:ashleylong@kendallfamilyservices.com)
    - 651-964-1071

#### **C. Response by the Program**

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

**Kendall Family Services LLC.**

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

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

## **Incident Response, Reporting and Review Policy**

**Program Name:** Kendall Family Services LLC.

### **I. Policy**

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

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

- A. Serious injury of a person;
  - 1. Fractures;
  - 2. Dislocations;
  - 3. Evidence of internal injuries;
  - 4. Head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought;
  - 5. Lacerations involving injuries to tendons or organs and those for which complications are present;
  - 6. Extensive second degree or third degree burns and other burns for which complications are present;
  - 7. Extensive second degree or third degree frostbite, and other frostbite for which complications are present;
  - 8. Irreversible mobility or avulsion of teeth;
  - 9. Injuries to the eyeball;
  - 10. Ingestion of foreign substances and objects that are harmful;
  - 11. Near drowning;
  - 12. Heat exhaustion or sunstroke;
  - 13. Attempted suicide; and
  - 14. All other injuries and incidents considered serious after an assessment by a health care professional, including but not limited to self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury.
- B. A person’s death.
- C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician, advanced practice registered nurse, or physician assistant treatment, or hospitalization.
- D. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.
- E. An act or situation involving a person that requires the program to call 911, law enforcement, or the fire department.
- F. A person’s unauthorized or unexplained absence from a program.

Policy Reviewed and Authorized by: Ashley Long

Date of Last Policy Review: 12/12/2023

Date of Last Policy Revision: 1/12/2024

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

## II. Response Procedures

- A. Serious injury
  - 1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
  - 2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
  - 3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.
- B. Death
  - 1. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.
  - 2. If there is another person(s) with you, ask them to call 911, and follow directives given to you by the emergency responder.
- C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
  - 1. Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.
  - 2. When staff believes that a person is experiencing a life-threatening medical emergency they must immediately call 911.
  - 3. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the person is taken to a physician or hospital for treatment.
- D. Mental health crisis

When staff believes that a person is experiencing a mental health crisis they must call 911 or the mental health crisis intervention team at 988 for the suicide crisis prevention line.

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### E. Requiring 911, law enforcement, or fire department

1. For incidents requiring law enforcement or the fire department, staff will call 911.
2. For non-emergency incidents requiring law enforcement, staff will call
  - a. Chisago County: 651-257-4100
  - b. Isanti County: 763-689-2141
  - c. Anoka County: 763-427-1212
  - d. Washington County: 651-439-9381
3. For non-emergency incidents requiring the fire department, staff will call
  - a. Chisago County: 651-257-4100
  - b. Isanti County: 763-689-2141
  - c. Anoka County: 763-427-1212
  - d. Washington County: 651-439-9381
4. Staff will explain to the need for assistance to the emergency personnel.
5. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.

### F. Unauthorized or unexplained absence from residential or day program

When a person is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:

1. If the person has a specific plan outlined in his/her Support Plan Addendum to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
2. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other persons receiving services will not be left unsupervised to conduct the search.
3. If after no more than 15 minutes, the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
4. After contacting law enforcement, staff will notify the Designated Manager who will determine if additional staff are needed to assist in the search.
5. A current photo will be kept in each person's file and made available to law enforcement.
6. When the person is found staff will return the person to the service site or make necessary arrangements for the person to be returned to the service site.

### G. Conduct of the person

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

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

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### **H. Sexual activity involving force or coercion.**

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

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

### **I. Emergency use of manual restraint (EUMR)**

Follow the EUMR Policy.

### **J. Maltreatment**

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

## **III. Reporting Procedures**

### **A. Completing a report**

1. Incident reports will be completed as soon possible after the occurrence, but no later than 24 hours after the incident occurred or the program became aware of the occurrence. The written report will include:
  - a. The name of the person or persons involved in the incident;
  - b. The date, time, and location of the incident;
  - c. A description of the incident;
  - d. A description of the response to the incident and whether a person's support plan addendum or program policies and procedures were implemented as applicable;
  - e. The name of the staff person or persons who responded to the incident; and
  - f. The results of the review of the incident (see section IV).
2. When the incident involves more than one person, this program will not disclose personally identifiable information about any other person when making the report to the legal representative or designated emergency contact and case manager, unless this program has consent of the person. The written report will not contain the name or initials of the other person(s) involved in the incident.

### **B. Reporting incidents to team members**

1. All incidents must be reported to the person's legal representative or designated emergency contact and case manager:
  - a. within 24 hours of the incident occurring while services were provided;
  - b. within 24 hours of discovery or receipt of information that an incident occurred; or
  - c. as otherwise directed in a person's support plan or support plan addendum.

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2. This program will not report an incident when it has a reason to know that the incident has already been reported.
  4. Any emergency use of manual restraint of a person must be verbally reported to the person's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report must be completed according to the requirements in the program's emergency use of manual restraints policy.
- C. Additional reporting requirements for deaths and serious injuries
1. A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing *Division [if the program is an ICF/DD the report must be made to Department of Health, Office of Health Facility Complaints instead of DHS Licensing]* and the Office of Ombudsman for Mental Health and Developmental Disabilities.
  2. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.
  3. This program will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.
- D. Additional reporting requirements for maltreatment
1. When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.
  2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.
- E. Additional reporting requirements for emergency use of manual restraint (EUMR)  
Follow the EUMR Policy.

## **IV. Reviewing Procedures**

- A. Conducting a review of incidents and emergencies  
This program will complete a review of all incidents.
1. The review will be completed by Designated Manager and Designated Coordinator
  2. The review will be completed within 5 days of the incident.
  3. The review will ensure that the written report provides a written summary of the incident.
  4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
  5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.
- B. Conducting an internal review of deaths and serious injuries  
This program will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)
1. The review will be completed by Designated Manager and Designated Coordinator
  2. The review will be completed within 5 days of the death or serious injury.
  3. The internal review must include an evaluation of whether:
    - a. related policies and procedures were followed;
    - b. the policies and procedures were adequate;
    - c. there is need for additional staff training;

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- d. the reported event is similar to past events with the persons or the services involved to identify incident patterns; and
  - e. there is need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences.
5. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program, if any.
  6. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints policy.

- C. Conducting an internal review of maltreatment  
Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy
- D. Conducting a review of emergency use of manual restraints  
Follow the EUMR Policy.

### **V. Record Keeping Procedures**

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

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



OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

# Maltreatment of Minors Mandated Reporting

This form may be used by any provider licensed by the Minnesota Department of Human Services, except family child care. The form for family child care providers can be found in eDocs #7634C.

## What to report

- Maltreatment includes egregious harm, neglect, physical abuse, sexual abuse, substantial child endangerment, threatened injury, and mental injury. For definitions refer to [Minnesota Statutes, section 260E.03](#), and pages 3-6 of this document. Maltreatment must be reported if you have witnessed or have reason to believe that a child is being or has been maltreated within the last three years.

## Who must report

- If you work in a licensed facility, you are a “mandated reporter” and are legally required (mandated) to report maltreatment. You cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.
- In addition, people who are not mandated reporters may voluntarily report maltreatment.

## Where to report

- If you know or suspect that a child is in immediate danger, call 9-1-1.
- Reports concerning suspected maltreatment of children, or other violations of Minnesota Statutes or Rules, in facilities licensed by the Minnesota Department of Human Services, should be made to the Licensing Division’s Central Intake line at 651-431-6600.
- Incidents of suspected maltreatment of children occurring within a family, in the community, at a family child care program, or in a child foster care home, should be reported to the local county social services agency at  
or local law enforcement at

## When to report

- Mandated reporters must make a report to one of the agencies listed above immediately (as soon as possible but no longer than 24 hours).

## Information to report

- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected maltreatment occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.

## Failure to report

- A mandated reporter who knows or has reason to believe a child is or has been maltreated and fails to report is guilty of a misdemeanor.
- In addition, a mandated reporter who fails to report serious or recurring maltreatment may be disqualified from a position allowing direct contact with, or access to, persons receiving services from programs, organizations, and/or agencies that are required to have individuals complete a background study by the Department of Human Services as listed in Minnesota Statutes, section 245C.03.

## Retaliation prohibited

- An employer of any mandated reporter is prohibited from retaliating against (getting back at):
  - an employee for making a report in good faith; or
  - a child who is the subject of the report.
- If an employer retaliates against an employee, the employer may be liable for damages and/or penalties.

## Staff training

The license holder must train all mandated reporters on their reporting responsibilities, according to the training requirements in the statutes and rules governing the licensed program. The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

## Provide policy to parents

For licensed child care centers, the mandated reporting policy must be provided to parents of all children at the time of enrollment and must be available upon request. The definitions section (p. 3-6) is optional to provide to parents.

*The following sections only apply to license holders that serve children. This does not include family child foster care per [Minnesota Statutes 245A.66, subd. 1](#).*

## Internal review

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

## Primary and secondary person or position to ensure reviews completed

The internal review will be completed by Designated Manager . If this individual is involved in the alleged or suspected maltreatment, Director of Staffing/Designated Coord. will be responsible for completing the internal review.

## Documentation of internal review

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

## Corrective action plan

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

## Definitions

Found in [Minnesota Statutes, section 260E.03](#)

### **Egregious harm** ([Minnesota Statutes, section 260E.03, subd. 5](#))

"Egregious harm" means harm under [section 260C.007, subdivision 14](#), or a similar law of another jurisdiction.

[Minnesota Statutes, section 260C.007, Subd. 14](#):

"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](#).

### **Maltreatment** ([Minnesota Statutes, section 260E.03, subd. 12](#))

"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.

### **Mental injury** ([Minnesota Statutes, section 260E.03, subd. 13](#))

"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.

## **Neglect** ([Minnesota Statutes, section 260E.03, subd. 15](#))

- 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.

## **Physical abuse** ([Minnesota Statutes, section 260E.03, subd. 18](#))

- 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](#).

## **Sexual abuse** ([Minnesota Statutes, section 260E.03, subd. 20](#))

"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).

## **Substantial child endangerment** ([Minnesota Statutes, section 260E.03, subd. 22](#))

"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](#).

## **Threatened injury** ([Minnesota Statutes, section 260E.03, subd. 23](#))

- 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), 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.

## MALTREATMENT OF VULNERABLE ADULTS MANDATED REPORTING

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

### Where to report

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

### Internal report

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

### Internal review

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

## **Primary and secondary person or position to review**

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

## **Documentation of internal review**

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

## **Corrective action plan**

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

## **Staff training**

The license holder shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporters of the reporting requirements and definitions specified under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the license holder's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services. The license holder must document the provision of this training, monitor implementation by staff, and ensure the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

For further information, visit [www.mn.gov/adult-protection](http://www.mn.gov/adult-protection) .

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



## Emergency Response, Reporting & Review Policy

### I. Policy

It is the policy of this DHS-licensed provider (Kendall Family Services LLC) to effectively respond to, report, and review all emergencies to ensure the safety of persons receiving services and to promote the continuity of services until emergencies are resolved.

“Emergency” means any event that affects the ordinary daily operation of the program including, but not limited to:

- fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of a person receiving services; and
- that require calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relocation of the program to another facility or service site for more than 24 hours.

### II. Response Procedures

#### A. Safety procedures

**Fires.** Additional information on safety in fires is available online at: <http://www.ready.gov/fires>. In the event of a fire emergency, if staff are present, staff will take the following actions:

1. Evacuate all people in the immediate area to an area of safety, closing doors against smoke and heat. Test a closed door before opening by feeling near the top. If the door is hot, use an alternative exit. If a room is smoke-filled, all persons will keep close to the floor to breathe more easily.
2. When evacuating outside, the designated meeting place is a location away from the fire and building that is safe from smoke and debris. Caregivers should remain with clients until help arrives to ensure safety.
3. Call 911 for the fire department and provide them with relevant information.
4. Remain calm and keep everyone together.
5. Do not reenter until the fire department determines it is safe to do so.
6. Provide emergency first aid as required until emergency personnel arrive.

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**Severe weather and natural disasters.** Additional information on safety in severe weather or natural disasters is available online at: <http://www.ready.gov/natural-disasters>. In the event of a severe weather emergency, if staff are present, staff will take the following actions:

1. Monitor weather conditions: Listen to local television, or radio or a weather radio for weather warnings and watches. Follow their directions on the need to change plans and activities, stay indoors, or seek shelter.
2. WARNING: severe weather is either occurring or is imminent. A warning is the most significant and staff must take immediate action to protect people by seeking immediate shelter.
3. WATCH: severe weather is possible as conditions are favorable for the weather event. Staff will plan and prepare for the possibility of severe weather. Staff will help people change their plans for travel and outdoor activities.
4. ADVISORY: weather conditions may cause inconvenience or difficulty when traveling or being outside. Staff will help people consider changing their plans for travel and outdoor activities or consider that additional time may be required to complete their plans.
5. Account for the well-being of all people receiving services.
6. Inform people why plans and activities are changing and what they are doing to keep them safe.

**Power failures.** Additional information on safety during power failures is available online at: <http://www.ready.gov/technological-accidental-hazards>. In the event of a power failure emergency, if staff are present, staff will take the following actions:

1. Report power failures to the agency and the agency will contact the closest power company to report the outage. Staff will assist individuals in reporting power outages.
2. Use emergency supplies (flashlights, battery-operated radio) that are in the client's home.
3. Account for the well-being of all people receiving services.
4. Inform people why plans and activities are changing and what they are doing to keep them safe.

**Emergency shelter.** Additional information on emergency shelters is available online at: <http://www.ready.gov/shelter>. Some emergencies will be best met by seeking safety in an emergency shelter. Depending on the emergency you may need to shelter in place or shelter outside the disaster area.

1. Follow the directions of local emergency personnel to locate the closest emergency shelter.
2. If time allows, move to the emergency shelter with a 24-hour supply of medications and medical supplies, medical books/information, and emergency contact names and information.
3. At the emergency shelter, notify personnel of any special needs required to use the emergency shelter.
4. Remain calm and keep everyone informed of why events are occurring.
5. Use of an emergency shelter may include severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

## Kendall Family Services LLC.

**Emergency evacuation.** Additional information on emergency evacuation is available online at: <http://www.ready.gov/evacuating-yourself-and-your-family>. Some emergencies will be best met by leaving a program site or the community and seeking safety in an emergency shelter. Often the emergency evacuation will be directed by police, fire, or other emergency personnel who will direct people where to seek safety.

1. Account for the well-being of all people receiving services.
2. Inform people why they are leaving the Kendall Family Services or their home and what is being done to keep them safe.
3. Follow directions received from administrative staff, police, fire, and other emergency personnel.
4. If time allows, evacuate with medication and medical supplies, medical and program books/information, clothing, grooming supplies, other necessary personal items, and emergency contact names and information.
5. Emergency evacuation may include severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

**Temporary closure or relocation.** Some emergencies will be best met by temporarily closing or relocating a program site for more than 24 hours. This decision will be directed by program administrative staff.

1. Inform people why the program is closing and relocating to keep them safe. Formal notification to the person receiving services, legal representatives, and case managers will be completed by administrative staff.
2. Follow directions received from administrative staff, police, fire, and other emergency personnel.
3. If time allows, remove from the program medication and medical supplies, medical and program books/information, clothing, grooming supplies, consumer funds, other necessary program and personal items, and emergency contact names and information.
4. Closure or relocation may include severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

### III. Reporting Procedures

Emergency reports will be completed using the program's emergency report and review form as soon as possible after the occurrence, but no later than 24 hours after the emergency occurred or the program became aware of the occurrence. The written report will include:

1. It is not necessary to identify all persons affected by or involved in the emergency unless the emergency resulted in an incident to a person or persons;
2. The date, time, and location of the emergency;
3. A description of the emergency;
4. A description of the response to the 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 emergency; and
6. The results of the review of the emergency (see section IV).

### IV. Review Procedures

This program will complete a review of all emergencies.

1. The review will be completed using the program's emergency report and review form by the designated coordinator or designated manager.
2. The review will be completed within 5 business days of the emergency.

Policy Reviewed and Authorized by: Ashley Long

Date of Last Policy Review: 3/1/2024

Date of Last Policy Revision: 3/1/2024

## **Kendall Family Services LLC.**

3. The review will ensure that the written report provides a written summary of the emergency.
4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time.

### **V. Record Keeping Procedures**

- A. The review of an emergency will be documented on the emergency reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Emergency reports will be maintained at the home office of Kendall Family Services LLC.

Legal Authority: Minn. Stat. §§ [245D.11](#), subd. 2; [245D.02](#), subd. 8; [245D.22](#), subd 4-7.

NOTE: Websites from the Federal Emergency Management Agency (FEMA) are included as a resource for additional information. Another useful website is the Minnesota Department of Public Safety, Homeland Security and Emergency Management Division (<https://dps.mn.gov/divisions/hsem/planning-preparedness/Pages/default.aspx> ).

## **Kendall Family Services LLC.**

### **Emergency Use of Manual Restraint Not Allowed Policy**

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

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

#### **I. Positive support strategies and techniques required.**

A. The following positive support strategies and techniques must be used to attempt to de-escalate a person’s behavior before it poses an imminent risk of physical harm to self or others:

Kendall Family Services LLC. program staff will use the following strategies to attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others:

- Follow individualized strategies in a person’s support plan and support plan addendum.
- Shift the focus by verbally redirecting the person to a desired alternative activity.
- Model desired behavior.
- Reinforce appropriate behavior.
- Offer choices, including activities that are relaxing and enjoyable to the person.
- Use positive verbal guidance and feedback.
- Actively listen to a person and validate their feelings.
- Create a calm environment by reducing sound, lights, and other factors that may agitate a person.
- Speak calmly with reassuring words, consider volume, tone, and non-verbal communication.
- Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
- Respect the person’s need for physical space and/or privacy.

B. The program will develop a positive support transition plan on the forms and in the manner prescribed by the Commissioner and within the required timelines for each person served when required to:

1. eliminate the use of prohibited procedures as identified in section III of this policy.
2. avoid the emergency use of manual restraint as identified in section I of this policy.
3. prevent the person from physically harming self or others; or
4. phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

#### **II. Permitted actions and procedures.**

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

Policy Reviewed and Authorized by: Ashley Long

Date of Last Policy Review: 12/12/2023

Date of Last Policy Revision: 12/12/2023

## **Kendall Family Services LLC.**

- A. Physical contact or instructional techniques must be used as the least restrictive alternative possible to meet the needs of the person and may be used to:
1. calm or comfort a person by holding that person with no resistance from that person.
  2. protect a person known to be at risk of injury due to frequent falls because of a medical condition.
  3. facilitate the person's completion of a task or response when the person does not resist, or the person's resistance is minimal in intensity and duration; or
  4. block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others, with less than 60 seconds of physical contact by staff; or
  5. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
- B. Restraint may be used as an intervention procedure to:
1. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
  2. assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm; or
  3. position a person with physical disabilities in a manner specified in the person's support plan addendum.
- Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].
- C. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition does not in and of itself constitute the use of mechanical restraint.

## **IV. Prohibited Procedures**

Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, is prohibited by this program:

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

## **V. Manual Restraints Not Allowed in Emergencies**

- A. This program does not allow the emergency use of manual restraint. 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:

**Kendall Family Services LLC.**

Kendall Family Services Staff alternative measures to maintain safety include:

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

- B. The program will not allow the use of an alternative safety procedure with a person when it has been determined by the person’s physician or mental health provider to be medically or psychologically contraindicated for a person. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the required service planning required under the 245D Home and Community-based Services (HCBS) Standards (section [245D.07](#), subdivision 2, for recipients of basic support services; or section [245D.071](#), subdivision 3, for recipients of intensive support services).

**VI. Reporting Emergency Use of Manual Restraint**

As stated in section V, this program does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented during an emergency basis must immediately report the incident to the person listed below.

The program has identified the following person or position responsible for reporting the emergency use of manual restrain according to the standards in section 245D.061 and part 9544.0110, when determined necessary.

Legal Authority: MS §§ [245D.06](#), subd. 5 to subd, 8; [245D.061](#), MR part [9544.0110](#)

## **Temporary Service Suspension Policy**

### **I. Policy**

It is the policy of Kendall Family Services LLC. to ensure our procedures for temporary service suspension promote continuity of care and service coordination for persons receiving services.

### **II. Procedures**

- A. This program will limit temporary service suspension to the following situations:
  - 1. The person's conduct poses an imminent risk of physical harm to self or others and either:
    - a. positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety; or
    - b. less restrictive measures would not resolve the issues leading to the suspension; OR
  - 2. The person has emergent medical issues that exceed the license holder's ability to meet the person's needs; OR
  - 3. The program has not been paid for services.
  
- B. Before giving notice of temporary service suspension, the program must document actions taken to minimize or eliminate the need for service suspension.
  - 1. Action taken by the program must include, at a minimum:
    - a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to the issuance of the notice; and
    - b. A request to the case manager for intervention services identified, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.
  - 2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program was unable to consult with the person's team or request intervention services, the program must document the specific circumstances and the reason for being unable to do so.
  
- C. The notice of temporary service suspension must meet the following requirements:
  - 1. This program must notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.
  - 2. If the temporary service suspension is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including and ICF/DD, the program must also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
  - 3. Notice of temporary service suspension must be given on the first day of the service suspension.
  - 4. The written notice of service suspension must include the following elements:
    - a. The reason for the action;
    - b. A summary of actions taken to minimize or eliminate the need for temporary service suspension; and
    - c. Why these measures failed to prevent the suspension.
  - 5. During the temporary suspension period the program must:
    - a. Provide the information requested by the person or case manager;
    - b. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
    - c. Maintain information about the service suspension, including the written notice of temporary service suspension in the person's record.



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- D. A person has the right to return to receiving services during or following a service suspension with the following conditions.
  - 1. Based on a review by the person's support team or expanded support team, the person no longer poses an imminent risk of physical harm to self or others, the person has a right to return to receiving services.
  - 2. If, at the time of the service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the support team or expanded support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to the program.
  - 3. If the support team or expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, the program must document the specific reasons why a contrary decision was made.

## **Service Termination Policy**

### **I. Policy**

It is the policy of this DHS-licensed provider (Kendall Family Services LLC.) to ensure our procedures for service termination promote continuity of care and service coordination for persons receiving services.

### **II. Procedures**

- A. This program must permit each person to remain in the program or to 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 in the program 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 this program must document the actions taken to minimize or eliminate the need for termination notice.
  - 1. Action taken by the license holder must include, at a minimum:
    - a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to the issuance of the notice; and
    - b. A request to the case manager for intervention services, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.

\*The request for intervention services will not be made for service termination notices issued because the program has not been paid for services.

- 2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program was unable to consult with the person's team or request intervention services, the program 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. This program must notify the person or the person's legal representative and the case manager in writing of the intended service termination.
- 2. If the service termination is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including an

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ICF/DD, the license holder must also notify the Department of Human Services in writing. DHS notification will be provided by fax at 651-431-7406.

3. The written notice of a proposed service termination must include all of the following elements:
    - a. The reason for the action;
    - b. A summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension, and why these measures failed to prevent the termination or suspension. A summary of actions is not required when service termination is a result of the program ceasing operation.
    - c. The person's right to appeal the termination of services under Minnesota 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 section 256.045, subdivision 4a or 6, paragraph (c).
  4. The written notice of a proposed service termination, including those situations that began with a temporary service suspension, must be given before the proposed effective date of service termination.
    - a. For those persons receiving intensive support and services, the notice must be provided at least 60 days before the proposed effective date of service termination.
    - b. For those persons receiving other services, the notice must be provided at least 30 days before the proposed effective date of service termination.
  5. This notice may be given in conjunction with a notice of temporary service suspension.
- D. During the service termination notice period, the program must:
1. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care;
  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 person's record.

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

## **Handling of Individual Finances, Property, and Personal Cards**

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.

## **Communication Policy**

Continued communication is essential for KFS to provide services to those individuals served. This includes communication with the scheduler, the designated coordinator, the case manager, and your direct care staff. Forms of communication include text, phone calls, email, letters, etc. It is our policy that we will make three attempts to reach you to get services scheduled. If KFS is unable to reach you, you will **NOT** be on schedule. After three attempts KFS will update your case manager and send you a letter by mail. If after the letter is sent out, there is still no response, Kendall Family Services LLC. will assume that you no longer want services, and we request that your case manager end your services with us.

## Minimum Visit Requirements

At Kendall Family Services LLC. we reserve the right to have a minimum time length for visits. This is in place to allow staff time needed to work with individuals served on an array of tasks as outlined in their plan of care, and to reduce the amount of travel time staff have between visits. **Our minimum shift requirement is three hours.**

If an individual feels they do not need the hours they are scheduled for they must contact Kendall Family Services LLC. 's staffing coordinator to discuss what scheduling options are available and are encouraged to contact their case manager to discuss services.

## **Client Cancellation Policy**

At Kendall Family Services LLC, we request 24-hour notice for cancellations. To cancel your visit, contact the staffing coordinator by phone or text and state your intent to cancel your shift, and if you are interested in rescheduling that visit. We cannot guarantee a make-up visit due to staffing and set schedules. Services will resume on your next scheduled shift.

## **Payment for Services**

Any individual who receives services through Kendall Family Services is responsible for the cost of any service **NOT** covered by their waiver such as spend downs. If an individual served has a change in insurance coverage or lapse in coverage, they must notify the agency as soon as they are aware to discuss options. It is the individual's responsibility to know what is and is not covered by their waiver/insurance. To make payment arrangements individuals served must call 651-964-1070. Any individuals served who refuse to make payments or have an outstanding bill may have services suspended and require a team meeting to discuss a resolution.



## **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 the individual's home or possessions when it is deemed an accident or normal wear and tear of equipment or property. KFS will investigate any such claim and will address any claim within 24-48 hours if an incident should occur. It is the responsibility of each of our individuals to report lost or damaged items or allegations of theft of any kind to the agency as soon as it is noticed by calling 651-964-1070. KFS or its employees will not be held responsible for accusations if the individual served does not provide proof of such accusation within the service authorization period provided by the case manager of the contracted county. KFS believes our security steps are very stringent and as a practical business necessity, KFS cannot be responsible for any damage that may arise because of the individuals served or non-employees' use or assistance with individuals' personal property.

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

## **REPUTATION DEFAMATION POLICY**

All issues regarding Kendall Family Services LLC (KFS), the individuals served, and caregivers must be brought to the agency directly. It is against KFS Policy for clients and employees to discuss concerns and issues with other clients and employees unless it is for the continuity of care of an individual and is needed to complete daily tasks. This can lead to gossip which can be damaging to those involved.

All complaints and concerns should be brought directly to the Client Relations Team at 651-964-1070. Upon receipt, a thorough investigation will be completed including follow-up with all parties involved. If individuals served are having issues, they must file a grievance form via the website. If caregivers are struggling, they should contact their supervisor.

### **RAMIFICATIONS:**

If a Kendall Family Services LLC served individual and/or caregiver is found to have violated any/all of this policy, the following may ensue:

- KFS will thoroughly investigate any/all concerns brought to the client relations team.
- KFS reserves the right to terminate services with any individual served who has been proven to have violated this policy in any way.
- Any employees who violate this policy may receive counseling, discipline (written and/or verbal), and/or may risk forfeiting their position with the agency.

## Universal Precautions and Sanitary Practices Policy

### I. Policy

It is the policy of Kendall Family Services LLC. to follow universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases.

### II. Procedures

#### A. Universal precautions, sanitary practices, and prevention

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

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

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

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

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

## **Safe Work Environment for Employees**

It is the policy of Kendall Family Services LLC. (KFS) that we aim to provide a safe work environment for our employees. This is a three-part policy covering the treatment of staff, smoking, drugs, alcohol, and weapons.

### **Treatment of Staff:**

When working with individuals, KFS asks that individuals treat staff with dignity and respect. Verbal or physical aggression of an individual towards a staff member may result in loss of services. KFS's policy is that if a member of staff feels unsafe in the home due to verbal or physical aggression, they are permitted to end the visit early. At that point they will notify their supervisor of the circumstances and a team meeting may be held between the individual, KFS, and their case manager to create a plan on how to navigate verbal and physical aggression should it occur while services are provided.

Examples of verbal and physical aggression:

- Throwing something at the staff or items in the home
- Using profanity towards staff
- Yelling and shouting at staff
- Being aggressive with another who may be in the home (verbally or physically)

### **Smoking:**

It is the policy of Kendall Family Services LLC. to ask that individuals refrain from smoking (cigarettes, vaping, pipe tobacco, CBD/THC pens, etc.) while the staff is present. KFS aims to provide our employees with a clean and safe workplace environment and to do so KFS asks that as a person served, you do your part to help ensure this is possible. It is within our employees' rights to refuse to work with an individual who chooses to smoke while services are being provided. Kendall Family Services LLC. does not guarantee replacement staff should this occur. Please note that this does include recreational marijuana use. If you are prescribed medical marijuana, we kindly ask that you take your prescription before the staff's arrival. If you feel there is a need to take your medical marijuana while staff are providing services, KFS requests that you be respectful of the staff present and allow the staff to step out for the time needed.

### **Drugs & Alcohol:**

It is the policy of Kendall Family Services LLC. to end a visit with an individual if upon arrival or during the visit the individual appears and/or acts/is under the influence of drugs or alcohol. We ask that as an individual you are coherent and able to actively participate in your services. At this point, we may request a team meeting with the individual, case manager, and other supporters to discuss preventative methods for the future.

If employees enter a residence and find drug paraphernalia out in the open, employees have the right to leave the home immediately for safety reasons.

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**Definition of Illegal Substance:** Illegal Substance means any drug which is not legally obtainable, or which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not being used for prescribed purposes.

**Weapons:**

KFS asks that clients keep all weapons locked up while employees are in the home providing services.

**It is the policy of Kendall Family Services LLC. that should an individual refuse to follow this policy, the agency reserves the right to end their service agreement with the individual.**