

CARDINAL OF MINNESOTA, LTD.

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CARDINAL OF MINNESOTA, LTD.

3008 Wellner Drive N.E.
Rochester, Minnesota 55906

www.cardinalofminnesota.com

WELCOME

Welcome to Cardinal of Minnesota. I am pleased that you have chosen to join our team. When it comes to employment, I know that all of our staff have many choices available to them, so I am honored that you have chosen our company. I hope your choice proves to be a rewarding experience during your work career. I believe we have a unique mix of culture, values, and staff which will enhance your time here at Cardinal of Minnesota. If there is ever anything I can do personally which will help make this so, please do not hesitate to contact me any time, day or night, either at the office or at my home. Again, welcome!!!

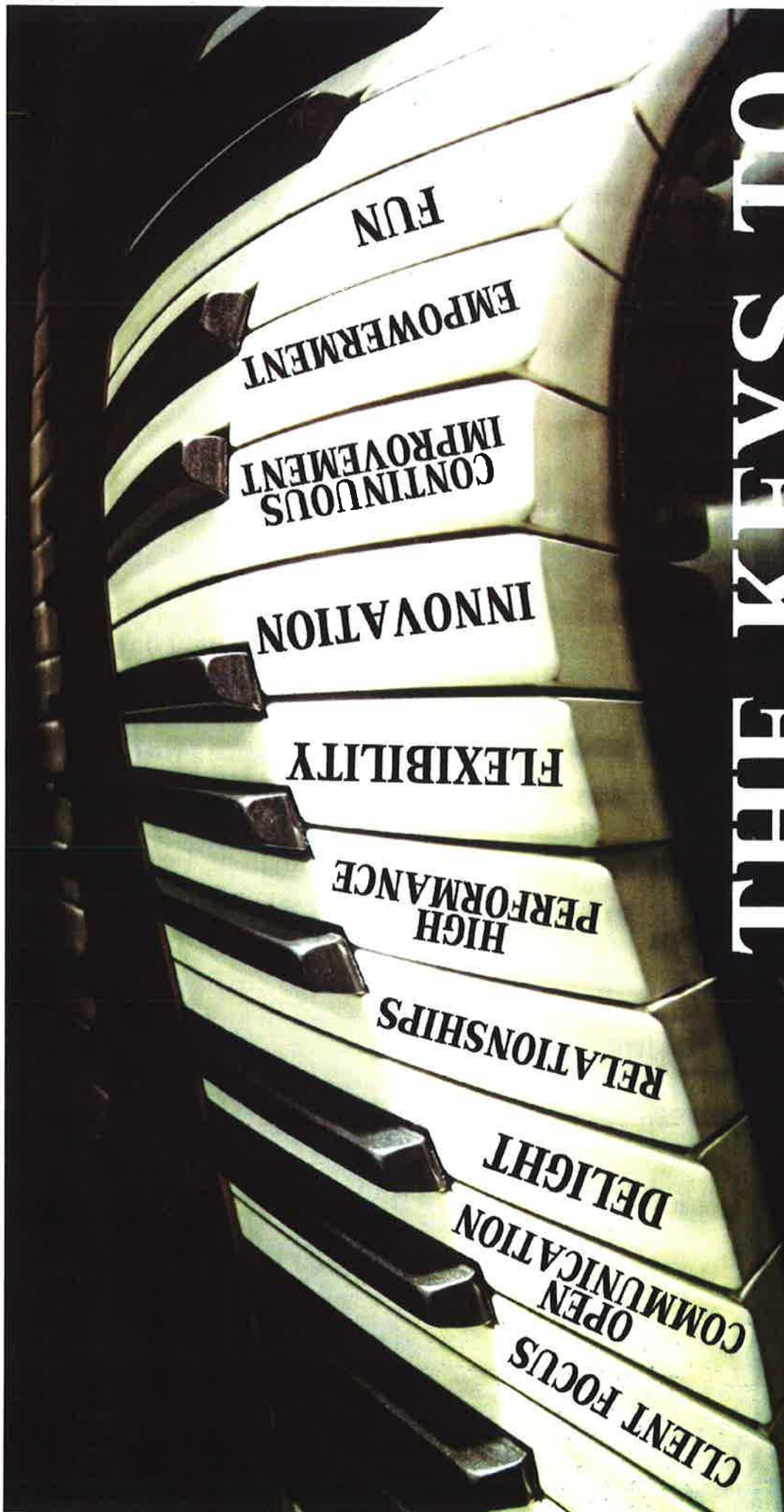
Jack Priggen, President

Office: 281-1077

Home: 753-2566

Cell: 269-4770

e-mail: jack@cardinalofminnesota.com



FUN

EMPOWERMENT

CONTINUOUS
IMPROVEMENT

INNOVATION

FLEXIBILITY

HIGH
PERFORMANCE

RELATIONSHIPS

DELIGHT

OPEN
COMMUNICATION

CLIENT FOCUS

THE KEYS TO CARDINAL'S CULTURE

THE KEYS TO CARDINAL'S CULTURE

By joining Cardinal, you have become part of our family and an important contributor to our ongoing success. We believe our unique culture is what has made us who we are today. It sets us apart and is vital to our continued success. The graphic on the adjoining page portrays the keys to our culture. Beginning today, Cardinal's culture will shape the way you interact, the decisions you make, and how you fulfill our mission – "To provide a safe, happy, living environment for our clients."

CLIENT FOCUS

- Activities: Cardinal Idol, Fall Ball, Cardinal Pastimes, Just For You
- Working towards independence, encouraging choices

OPEN COMMUNICATION

- Candor, honesty, Open Door policy, transparency

DELIGHT

- Exceeding expectations and giving value to customers

RELATIONSHIPS

- We genuinely care and take time to get to know people; meaningful relationships lead to our strong reputation

HIGH PERFORMANCE

- STAR: giving your utmost for your clients, your team, and COM

FLEXIBILITY

- Work/Life Balance, accommodating schedules
- Platinum Rule

INNOVATION

- Soliciting ideas and "Pretty Good Practices" from all
- Striving to make Cardinal better in new ways: STAR, Leadership Launchpad
- Creative Housing Options

CONTINUOUS IMPROVEMENT

- Seeking change, change is synonymous with improvement at Cardinal
- Baldrige "Performance Excellence Framework"

EMPOWERMENT

- Delegating to the lowest level of the organization that can effectively get the work done
- Trust and freedom to make mistakes (that's how we all learn)

FUN

- Celebrate accomplishments (Parties)
- It's why we want to come to work!

Cardinal of Minnesota, Ltd.

Our Mission:

To provide a safe, happy living environment for our clients.

Our Vision:

To delight all our customers by providing innovative, quality services through a continuous focus on excellence.

Our Core Values:

Platinum Rule

- Treat others how **they** want to be treated
- Act with respect for the dignity of others
- Compassion

Do Your Best

- “Be all that you can be”
- Lead by example
- Take pride in your work
- Strive for improvement
- Be Accountable
- Work with attention to detail

Honesty

- Integrity
- Trust
- Open communication
- Conflict resolution, no grudges

Fun

- Celebrate accomplishments
- Party
- Laughter

Teamwork

- Synergy: The whole is greater than the sum of its parts
- Kudos
- Be helpful
- Be supportive

Our Philosophy:

To treat our clients the way we would want to be treated if we were a client of Cardinal of Minnesota.

Federal & State Employment Posters

Index Sheet

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- 3 **YOUR RIGHTS UNDER USERRA** ~ The Uniformed Services
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STATE DOL POSTERS:

- 1 DOL Minimum Wage Rates
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EMPLOYEE RIGHTS UNDER THE FAIR LABOR STANDARDS ACT

FEDERAL MINIMUM WAGE

\$7.25

 PER HOUR

BEGINNING JULY 24, 2009

The law requires employers to display this poster where employees can readily see it.

- OVERTIME PAY** At least 1½ times the regular rate of pay for all hours worked over 40 in a workweek.
- CHILD LABOR** An employee must be at least 16 years old to work in most non-farm jobs and at least 18 to work in non-farm jobs declared hazardous by the Secretary of Labor. Youths 14 and 15 years old may work outside school hours in various non-manufacturing, non-mining, non-hazardous jobs with certain work hours restrictions. Different rules apply in agricultural employment.
- TIP CREDIT** Employers of “tipped employees” who meet certain conditions may claim a partial wage credit based on tips received by their employees. Employers must pay tipped employees a cash wage of at least \$2.13 per hour if they claim a tip credit against their minimum wage obligation. If an employee’s tips combined with the employer’s cash wage of at least \$2.13 per hour do not equal the minimum hourly wage, the employer must make up the difference.
- NURSING MOTHERS** The FLSA requires employers to provide reasonable break time for a nursing mother employee who is subject to the FLSA’s overtime requirements in order for the employee to express breast milk for her nursing child for one year after the child’s birth each time such employee has a need to express breast milk. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by the employee to express breast milk.
- ENFORCEMENT** The Department has authority to recover back wages and an equal amount in liquidated damages in instances of minimum wage, overtime, and other violations. The Department may litigate and/or recommend criminal prosecution. Employers may be assessed civil money penalties for each willful or repeated violation of the minimum wage or overtime pay provisions of the law. Civil money penalties may also be assessed for violations of the FLSA’s child labor provisions. Heightened civil money penalties may be assessed for each child labor violation that results in the death or serious injury of any minor employee, and such assessments may be doubled when the violations are determined to be willful or repeated. The law also prohibits retaliating against or discharging workers who file a complaint or participate in any proceeding under the FLSA.
- ADDITIONAL INFORMATION**
- Certain occupations and establishments are exempt from the minimum wage, and/or overtime pay provisions.
 - Special provisions apply to workers in American Samoa, the Commonwealth of the Northern Mariana Islands, and the Commonwealth of Puerto Rico.
 - Some state laws provide greater employee protections; employers must comply with both.
 - Some employers incorrectly classify workers as “independent contractors” when they are actually employees under the FLSA. It is important to know the difference between the two because employees (unless exempt) are entitled to the FLSA’s minimum wage and overtime pay protections and correctly classified independent contractors are not.
 - Certain full-time students, student learners, apprentices, and workers with disabilities may be paid less than the minimum wage under special certificates issued by the Department of Labor.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

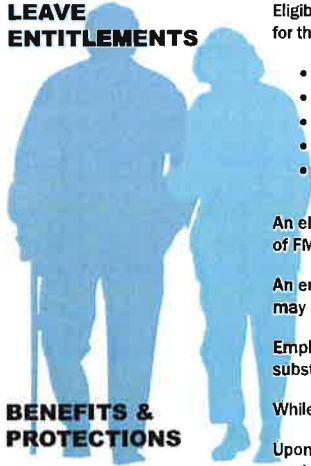
1-866-487-9243
TTY: 1-877-889-5627
www.dol.gov/whd



EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division





YOUR RIGHTS UNDER USERRA THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its **website at <http://www.dol.gov/vets>**. An interactive online USERRA Advisor can be viewed at **<http://www.dol.gov/elaws/userra.htm>**.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



U.S. Department of Labor
1-866-487-2365



U.S. Department of Justice



Office of Special Counsel



1-800-336-4590

Publication Date—October 2008



OSHA[®]
Occupational Safety
and Health Administration

Job Safety and Health

IT'S THE LAW!

All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request an OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. OSHA will keep your name confidential. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

This poster is available free from OSHA.

Contact OSHA. We can help.

Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Report to OSHA all work-related fatalities within 8 hours, and all inpatient hospitalizations, amputations and losses of an eye within 24 hours.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

FREE ASSISTANCE to identify and correct hazards is available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.



1-800-321-OSHA (6742) • TTY 1-877-889-5627 • www.osha.gov

Equal Employment Opportunity is

THE LAW

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

EMPLOYEE RIGHTS

EMPLOYEE POLYGRAPH PROTECTION ACT

The Employee Polygraph Protection Act prohibits most private employers from using lie detector tests either for pre-employment screening or during the course of employment.

PROHIBITIONS Employers are generally prohibited from requiring or requesting any employee or job applicant to take a lie detector test, and from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.

EXEMPTIONS Federal, State and local governments are not affected by the law. Also, the law does not apply to tests given by the Federal Government to certain private individuals engaged in national security-related activities.

The Act permits polygraph (a kind of lie detector) tests to be administered in the private sector, subject to restrictions, to certain prospective employees of security service firms (armored car, alarm, and guard), and of pharmaceutical manufacturers, distributors and dispensers.

The Act also permits polygraph testing, subject to restrictions, of certain employees of private firms who are reasonably suspected of involvement in a workplace incident (theft, embezzlement, etc.) that resulted in economic loss to the employer.

The law does not preempt any provision of any State or local law or any collective bargaining agreement which is more restrictive with respect to lie detector tests.

EXAMINEE RIGHTS Where polygraph tests are permitted, they are subject to numerous strict standards concerning the conduct and length of the test. Examinees have a number of specific rights, including the right to a written notice before testing, the right to refuse or discontinue a test, and the right not to have test results disclosed to unauthorized persons.

ENFORCEMENT The Secretary of Labor may bring court actions to restrain violations and assess civil penalties against violators. Employees or job applicants may also bring their own court actions.

THE LAW REQUIRES EMPLOYERS TO DISPLAY THIS POSTER WHERE EMPLOYEES AND JOB APPLICANTS CAN READILY SEE IT.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243
TTY: 1-877-889-5627
www.dol.gov/whd



Minimum wage rates

Effective: Aug. 1, 2016

MINIMUM WAGE RATE	
<p>Large employer – Any enterprise with an annual gross dollar volume of sales made or business done of \$500,000 or more</p>	<p>\$9.50/hour</p>
<p>Small employer – Any enterprise with an annual gross volume of sales made or business done of less than \$500,000</p> <p>Training wage – May be paid to employees younger than 20 years of age for the first 90 consecutive days of employment</p> <p>Youth wage – May be paid to employees younger than 18 years of age</p>	<p>\$7.75/hour</p>
<p>J-1 Visa – Applies to employees of hotels, motels, lodging establishments and resorts working under the authority of a summer work, travel Exchange Visitor (J) non-immigrant visa</p>	<p>\$7.75/hour</p>

OVERTIME	Time-and-one-half the employee's regular rate of pay	Small or state-covered employers	Large and federally covered employers
		After 48 hours	After 40 hours

EMPLOYEE RIGHTS	An employer may not discharge, discipline, threaten, discriminate or penalize an employee regarding the employee's compensation, conditions, location or privileges of employment because the employee reports a violation of any law or refuses to participate in an activity the employee knows is a violation of law.

View complete wage rate information at www.dli.mn.gov/MinWage.

For more information about Minnesota wage and hour requirements, contact:

Labor Standards
443 Lafayette Road N.
St. Paul, MN 55155



(651) 284-5005 or 1-800-342-5354
dli.laborstandards@state.mn.us
www.dli.mn.gov/MinWage

Posting required by law.

— **Know your rights** —
**under Minnesota laws
prohibiting age discrimination**

It is unlawful for an employer to:

- refuse to hire or employ
- reduce in grade or position or demote
- discharge or dismiss
- mandate retirement*

on the basis of age.

*For Minnesota employers with fewer than 20 employees there is not a prohibition against mandatory retirement at age 70 or older.

**Employers terminating employees 65 or older
because they can no longer meet the requirements
of the job must give 30 days notice of intention to terminate.**

This poster contains only a summary of Minnesota Statutes 181.81 and 363A.
There are exceptions to this law.

Detailed information or assistance may be obtained by writing or calling
the Minnesota Department of Labor and Industry.

For more information about Minnesota wage and hour requirements, contact:

Department of Labor and Industry
Labor Standards
443 Lafayette Road N.
St. Paul, MN 55155



MINNESOTA DEPARTMENT OF
LABOR & INDUSTRY

(651) 284-5005
1-800-DIAL-DLI (1-800-342-5354)
dli.laborstandards@state.mn.us
www.dli.mn.gov

Posting required by law.

April 2012

This material can be provided to you in different formats (Braille, large print or audio) if you call (651) 284-5005; toll-free at 1-800-DIAL-DLI (1-800-342-5354); or via TTY at (651) 297-4198.

Employees

The Minnesota Occupational Safety and Health Act (the Act) requires that your employer provide you with a workplace free of known hazards that can cause death, injury or illness. You also have the following workplace rights and responsibilities.

- You must follow all Minnesota OSHA (MNOSHA) standards and your employer's safety rules.
- Your employer must provide you with information about any hazardous chemicals, harmful physical agents and infectious agents you are exposed to at work.
- You have the right to discuss your workplace safety and health concerns with your employer or with MNOSHA.
- You have the right to refuse to perform a job duty if you believe the task or equipment will place you at immediate risk of death or serious physical injury. However, you must do any other task your employer assigns you to do. You cannot simply leave the workplace.
- You have the right to be notified and comment if your employer requests any variance from MNOSHA standard requirements.
- You have the right to speak to a MNOSHA investigator inspecting your workplace.
- You have the right to file a complaint with MNOSHA about safety and health hazards and request that an inspection be conducted. MNOSHA will not reveal your name to the employer.
- You have the right to see all citations, penalties and abatement dates issued to your employer by MNOSHA.
- Your employer cannot discriminate against you for exercising any of your rights under the Act. However, your employer can discipline you for not following its safety and health rules. If you feel your employer has discriminated against you for exercising your rights under the Act, you have 30 days to file a complaint with MNOSHA.
- Your employer must provide you with any exposure and medical records it has about you upon request.
- You have the right to participate in the development of standards by MNOSHA.

Employers

You must provide your employees with a safe and healthful work environment free from any known hazards that can cause death, injury or illness and comply with all applicable MNOSHA standards. You also have the following rights and responsibilities.

- You must **post a copy of this poster** and other MNOSHA documents where other notices to employees are posted.
- You must **report to MNOSHA within eight hours** all accidents resulting in the death of an employee.
- You must **report to MNOSHA within 24 hours** all accidents resulting in any amputation, eye loss or inpatient hospitalization of any employee.
- You must allow MNOSHA investigators to conduct inspections, interview employees and review records.
- You must provide all necessary personal protective equipment and training at your expense.
- You have the right to participate in the development of standards by MNOSHA.

Free safety and health assistance

Free assistance to identify and correct hazards is available to employers, without citation or penalty, through MNOSHA Workplace Safety Consultation at (651) 284-5060, 1-800-657-3776 or osha.consultation@state.mn.us.

Contact MNOSHA for a copy of the Act, for specific safety and health standards or to file a complaint about workplace hazards.

Department of Labor and Industry
Occupational Safety and Health Division
443 Lafayette Road N.
St. Paul, MN 55155-4307



(651) 284-5050
1-877-470-6742
osha.compliance@state.mn.us
www.dli.mn.gov

UNEMPLOYED?

Have you lost your job or had your work hours reduced?

**You have the right to apply for
Unemployment Insurance benefits.**

**Apply online at:
www.uimn.org**

or by telephone:

651-296-3644 (Twin Cities) or

toll free 1-877-898-9090 (Greater Minnesota)

TTY (for the deaf and hearing impaired) 1-866-814-1252

This information is available in an alternative format by calling 651-259-7223.

DEED is an Equal Opportunity Employer/Provider.

— If you are injured —

- Report any injury to your supervisor as soon as possible, no matter how minor it may appear. You may lose the right to workers' compensation benefits if you do not make a timely report of the injury to your employer. The time limit may be as short as 14 days.
- Provide your employer with as much information as possible about your injury.
- Get any necessary medical treatment as soon as possible. If you are not covered by a certified managed care organization (CMCO), you may treat with a doctor of your choice. Your employer must notify you in writing if you are covered by a CMCO.
- Cooperate with all requests for information concerning your claim.

The law allows the workers' compensation insurer to obtain medical information related to your work injury without your authorization, but they must send you written notification when they request the information.

The insurer cannot obtain other medical records unless you sign a written authorization.
- Get written confirmation from your doctor about any authorization to be off work. The note should be as specific as possible.

— Workers' compensation pays for —

- Medical care for your work injury, as long as it is reasonable and necessary.
- Wage-loss benefits for part of your lost income.
- Compensation for permanent damage to or loss of function of a body part.
- Vocational rehabilitation services if you cannot return to your pre-injury job or to your pre-injury employer due to your work injury.
- Benefits to your spouse and/or dependents if you die as a result of a work injury.

— What the insurer must do —

- The insurer must investigate your claim promptly. If you have been disabled for more than three calendar-days, the insurer must begin payment of benefits or send you a denial of liability within 14 days after your employer knew you were off work or had lost wages because of your claimed injury.
- **If the insurer accepts your claim for wage-loss benefits and you have been disabled for more than three calendar-days:** The insurer will notify you and must start paying wage-loss benefits within the 14 days noted above. The insurer must pay benefits on time. Wage-loss benefits are paid at the same intervals as your work paychecks.
- **If the insurer denies your claim for wage-loss benefits and you have been disabled for more than three calendar-days:** The insurer will send notice to you within 14 days. The notice must clearly explain the facts and reasons why they believe your injury or illness did not result from your work or why the claimed wage-loss benefits are not related to your injury.

If you disagree with the denial, talk with the insurance claims adjuster who is handling your claim. If you are not satisfied and still disagree with the denial, **call the Minnesota Department of Labor and Industry's Workers' Compensation Hotline at 1-800-342-5354.**

Fraud

Collecting workers' compensation benefits you are not entitled to is theft. If you have reason to suspect someone is committing workers' compensation fraud, call 1-888-FRAUD MN (1-888-372-8366).

For more information about workers' compensation or if you need assistance with a claim, contact:

Department of Labor and Industry
Workers' Compensation
443 Lafayette Road N.
St. Paul, MN 55155

(651) 284-5032
1-800-DIAL-DLI (1-800-342-5354)
dli.workcomp@state.mn.us
www.dli.mn.gov

Insurer name

Phone number

Posting required by law in a conspicuous location wherever the employer is engaged in business.

This material can be provided to you in different formats (Braille, large print or audio) if you call (651) 284-5005; toll-free at 1-800-DIAL-DLI (1-800-342-5354); or via TTY at (651) 297-4198.

April 2012

CARDINAL OF MINNESOTA, LTD.



EMPLOYEE
HANDBOOK

CARDINAL OF MINNESOTA, Ltd.

EMPLOYEE HANDBOOK

This employee handbook is provided to assist employees in understanding the policies, procedures and philosophy of the company. Nothing in this handbook, nor company policies & procedures, is intended to imply that a contract of employment exists between you and the company. No one except the company President can enter into an employment agreement with an employee.

Cardinal of Minnesota, Ltd., is an employment at will company. This means that your employment may be terminated with or without cause, and with or without notice, at any time, at either your or the company's option.

The employee handbook will be reviewed annually and as needed. This handbook supersedes all prior handbooks. The company reserves the right to modify or discontinue any policy written in this handbook at any time with, or without, notice.

The Company communicates high priority information to all its employees through the use of Therap SComms. High priority information includes, but is not limited to:

- *Notices of policy, procedure and handbook changes and where to review the changes*
- *Scheduled meetings pertaining to enrollment for health insurance, 401k retirement etc.*
- *Early payroll notices or changes due to holiday*
- *Special events (Fall Ball, Cardinal Idol, Christmas Party, etc.)*

Employees are expected to review their Therap SComms at the beginning and end of every shift for any memoranda or notices that may have been issued by the company.

Federal & State Employment Posters are located in the P&P Manual, Appendix C of the Employee Handbook.

Introduction

Cardinal of Minnesota, Ltd. provides residential services to individuals with developmental disabilities and related conditions under the Title XIX Medicaid waiver. It is licensed and governed by various local, state and federal agencies and is operated in accordance with governing rules and regulations. The company is incorporated and privately owned.

Cardinal of Minnesota, Ltd. seeks to offer the highest quality of service to each client in its program. The purpose of the company is to provide a living environment in which clients are able to achieve the greatest level of independence and personal choice possible. To achieve this goal, employees will be recruited who possess the highest professional standards, who are qualified in terms of training and experience, and who have a personal commitment to the goals, mission, vision and Core Values of the organization.

All employees will receive a copy of this Employee Handbook and are expected to be familiar with these policies. Only the President may make exceptions to written policies.

Mission Statement

Residential Services: *To provide a safe, happy living environment for our clients.*

In-Home Services: *Building Relationships to promote independence, skill development, choices and community involvement.*

Philosophy Statement:

To treat our clients the way we would want to be treated if we were a client of Cardinal of Minnesota, Ltd.

Vision Statement

To delight all our customers by providing innovative, quality services through a continuous focus on excellence.

Core Values

Cardinal of Minnesota, Ltd. operates under a set of Core Values. These Core Values are non-negotiable guiding principles that we consider to be vital to our mission.

Honesty: Cardinal of Minnesota, Ltd. employees must conduct themselves with integrity and perform in a manner that fosters trust from our clients and their families. Open communication is a key element of this Core Value as is demonstrated by the company's Open Door Policy. All employees are expected to tell the truth and to learn from mistakes.

The Platinum Rule: Simply stated, the Platinum Rule means: "Treat others the way that *they* want to be treated." This means that all employees are to act with respect for the dignity of each other and our clients.

Do Your Best: Cardinal of Minnesota, Ltd. is a growing company with direct support professionals that not only meet expectations, but frequently exceed them. The company places high value on performance that demonstrates a desire to "go the extra mile," pride in one's work, constant attention to detail, and striving for improvement. The company seeks highly motivated individuals who strive to consistently perform at their best and who lead by example.

Teamwork: Cardinal of Minnesota, Ltd. is a company comprised of many talented and dedicated individuals. We feel strongly that "synergy," the whole being greater than the sum of its parts, is an important aspect of our team-based culture. We expect our employees to be helpful and supportive of each other and our clients. All company meetings begin with sharing "kudos" to recognize the contributions of team members that benefit others.

Fun: Cardinal of Minnesota, Ltd. encourages its employees to celebrate accomplishments of both clients and other employees. Employees are reminded that we are working in a *home* environment and that attitudes are contagious. The use of fun, laughter and celebrations are directly related to our mission of providing a safe, happy living environment for our clients.

Philosophy of Employment

These personnel policies are developed in order to establish a positive relationship between the company and its employees. In keeping with this, our goals include:

- To make the company a desirable place to work and an asset to the community.
- To conduct business with integrity and efficiency while providing a pleasant and rewarding experience for all employees.

- To respect the individual rights of each employee and to treat all employees with courtesy, dignity and consideration.
- To seek employees of the highest quality and to select employees on the basis of their qualifications for the job.
- To promote employees on the basis of ability, qualifications, experience and length of service.
- To make every effort to maintain wages and benefits comparable to other companies in the area.
- To provide safe, healthy and harmonious working conditions.

All employees review and sign Cardinal of Minnesota's Code of Conduct at their time of hire as part of their New Employee Orientation and then again on an annual basis. Every employee is expected to give their utmost each and every day to behave in a manner that is consistent with our Code of Conduct.

Senior Leaders

The Senior Leader Team meets on a weekly basis and is comprised of the President, Chief Financial Officer, Chief Program Officer, Chief Operating Officer, Director of Human Resources, Director of Training, Director of Nursing, and several Administrators.

The purpose of the Senior Leader Team is to provide the most efficient operating standards in order to deliver the highest quality services to the clients of its programs. The function of the Senior Leader Team is to set policy; hire, direct, and guide employees; review performance of employees and establish required competencies for employees; to adjudicate unresolved personnel problems; to establish short and long-range planning goals; to discuss physical plant changes to our facilities and recommended equipment purchases. The President and the Chief Financial Officer develop fiscal budgets and oversee the financial management of the company.

Committees and workgroups are established to assist in the efficient operation of the company.

EMPLOYMENT GUIDELINES

Workplace Poster Acknowledgement

Some Federal and Minnesota state statutes and regulations governing employment practices and employee rights require that posters or notices be posted in the workplace.

Employees for Cardinal of Minnesota Ltd. have the right to voluntarily review these Federal and State workplace posters and notices. These posters and notices are located in the company's Policy & Procedure Manual located at each work site for employees to review. Posters and notices are updated as changes occur.

If an employee has questions regarding Federal and State workplace laws they may consult with the Director of Human Resources, any other member of the Senior Leader Team or with relevant Federal or State agencies.

Equal Employment Opportunity and Affirmative Action

Hiring, assignment, and promotion of employees will be based solely on job qualifications without regard to race, color, national origin, religion, sex, gender identity, pregnancy,¹ physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994)², except when there is a *bona fide* occupational qualification.

This policy applies to all employment practices including recruitment, selection, promotion, transfer, merit increase, salary, training and development, demotion, and separation. Furthermore, the company will take affirmative action to ensure positive progress in Equal Opportunity Employment. All employees are expected to perform their job responsibilities in a manner that supports equal employment opportunity for all.

1 Pregnancy includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth.

2 Service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services.

The Director of Human Resources is the company's Affirmative Action Officer. Any employee or applicant for employment who believes he or she has been treated in a way that violates this policy should contact the Director of Human Resources, or any other member of the management team. The Director of Human Resources, or other designated representative, will investigate allegations of discrimination as confidentially and promptly as possible and take appropriate action in response to the investigation.

As part of its policy, Cardinal of Minnesota, Ltd. makes the following statement:

Cardinal of Minnesota, Ltd. agrees to comply with the Civil Rights Act of 1964, Title VII, 42 U.S.C. 2000e, including Executive Order No. 11246; Title VI, 42 U.S.C. 2000d, Title IX of the Educational Amendments of 1982 as amended; Sections 503 and 504 of the Rehabilitation Act of 1973; and all other Federal Regulations which prohibit discrimination in any program receiving federal financial assistance, and the Minnesota Human Rights Act, Minnesota Statutes, 363.01 et. seq.

The company will provide reasonable accommodation to enable a qualified applicant to perform the essential functions of the job in which he/she is seeking, and to enable a qualified employee with a disability to perform the essential functions of a job currently held. Modifications or adjustments may be required in the work environment in the manner or circumstances in which the job is customarily performed or in employment policies. The company will not, however, be able to make an accommodation that would impose an undue hardship on the operation of the business. The Americans with Disabilities Act defines an undue hardship as an action that requires significant difficulty or expense. Requests will be handled on a case-by-case basis and every reasonable effort will be made to make required accommodations.

Nepotism and Conflict of Interest

Cardinal of Minnesota, Ltd. will hire or promote employees based upon their experience, skills and merit. If an employee's immediate family member is interested in a position with the company they must apply through the Human Resource Department. For purposes of this policy, "immediate family" is defined as a spouse, child, parent, sibling, grandparent, grandchild, aunt, uncle, first cousin, corresponding in-law, "step" relation or any member of the employee's household.

Cardinal of Minnesota, Ltd. permits the employment of qualified immediate family members of employees as long as such employment does not, in the opinion of the company, create conflicts of interest. The company will use sound judgment in the placement of related employees in accordance with the following guidelines:

- Immediate family members are permitted to work in the same department, provided no supervisor to subordinate relationship exists. That is, no employee is permitted to work within "the chain of command" when one relative's work responsibilities, salary, hours, career progress, benefits or other terms and conditions of employment could be influenced by the other immediate family member.

- Employees who marry or enter a relationship while employed are treated in accordance with these guidelines. If in the opinion of the company a conflict arises as a result of the relationship, one of the employees may be transferred at the earliest practical time.

Any exceptions to this policy must be approved by the President.

Harassment

All employees are to be treated with respect and dignity. This policy is intended to ensure that all employees have a work environment free from unreasonable interference, intimidation, hostility, or offensive behavior on the part of supervisors, co-workers or visitors.

Cardinal of Minnesota Ltd. prohibits any harassment based on race, color, religion, sex, marital status, ethnic or national origin, age, political or union affiliation, sexual orientation, public assistance status, handicap or disability. Harassment is verbal or physical conduct that shows hostility toward an individual because of these protected characteristics, and that has the purpose or effect of creating an intimidating, hostile, or offensive working environment as defined by law; has the purpose or effect of unreasonably interfering with an individual's work performance; or otherwise adversely affects an individual's employment opportunities.

Any employee of the company who practices discrimination or harassment will be subject to disciplinary action.

If an employee believes that an incident has occurred that is offensive or objectionable, that causes discomfort or humiliation, creates a hostile environment, or interferes with job performance or advancement opportunities, they are urged to bring the matter promptly to the attention of Human Resources or any other representative of management. No employee will be subjected to any form of discipline or retaliation for reporting incidents of unlawful discrimination or harassment.

Please refer to "Harassment Policy" located in the Policy & Procedure Manual.

Job Vacancies

As part of a preferred promotion-from-within policy, present employees will be made aware of potential job openings. Employees are encouraged to notify the Director of Human Resources in writing of their interest in posted or future openings. Advertising in area media and other resources will be placed as deemed appropriate by the Director of Human Resources.

Application for Employment

An electronic application and, when appropriate, a personal resume including education, previous employment and related experience, will be submitted to the Director of Human Resources. Employment references will also be submitted upon request. When required, candidates for employment must furnish official transcripts of degrees earned and certifications held. A criminal background study and fingerprinting will be completed as required by the Department of Human Services. A motor vehicle report will be obtained prior to employment. Employment is contingent upon a satisfactory background study and an acceptable driving record (as determined by our insurance company). Upon employment, the application will become part of the employee's permanent personnel record. Applications for employment from applicants not hired will be kept on file for one year by the Director of Human Resources.

Post-employment references are to be sent to Cardinal of Minnesota Ltd. to the attention of the Director of Human Resources. The Director of Human Resources will review the post-employment reference, send it to the requesting agency and file a copy of the reference request in the employee's archived personnel file.

Interview and Selection

After applications are reviewed, Human Resources will interview final candidates. The Administrators, Program Directors and Residential Supervisors will be involved in the interview and selection process at the request of Human Resources. Hiring is done at the final discretion of the Director of Human Resources with input from Administrators and/or Program Directors. Confirmation of employment, salary information, the Employee Handbook and a job description will be given to each employee, in writing, at their time of hire.

Personnel Records

Each employee will have their personnel record maintained at the central office. An employee's personnel record consists of four sections: Personnel, Training, Identifying (HIPAA) and Medical Insurance. Each section contains the following:

Personnel:

Application for Employment and Resume	Correspondence
Withholding Allowance Certificate (W4)	Wage and/or payroll information
Employee Record Retention & Access form	Disciplinary documentation
Emergency contact information	References

Training:

- Orientation checklists
- Training module answer sheets
- Records of medical training
- Records of mandatory & voluntary ongoing training

Identifying:

Materials related to DHS Background Study	Medical Information / FMLA
MVR check / Auto Insurance Card (copy)	

Medical Insurance:

Health Insurance Enrollment / Waiver form	Payroll deduction worksheets
Life/ADD and STD Enrollment / Waiver form	Insurance signature forms
Short Term Disability claims	COBRA / Premium Only Plan notices

Completed Employment Eligibility Verification (I-9) forms for all employees, along with supporting documentation, will be kept in a separate file location. Workers' Compensation claims will be kept in the Human Resources office. All personnel records are confidential.

All requests for wage verification require a signed authorization from the employee and are handled by the Payroll Manager or Human Resource department.

Access to employee records is restricted to the following individuals and only with a bona fide business need to know:

- President, CFO, COO, CPO, Director of Human Resources
- Administrators and Program Director who supervises an individual employee
- Payroll Manager who maintains all personnel files
- The Identifying section will be maintained in a locked area separate from other personnel records. Access to the Identifying section is limited to the President, Director of Human Resources, Payroll Manager and HR Generalist. Access by any other personnel can be granted only with the permission of the President or Director of Human Resources (in their absence, the Chief Financial Officer, Chief Operations Officer or Chief Program officer are authorized to grant access).
- The Training section is reviewed and maintained by the Director of Training

Under Minnesota Statute 181.961., employees have the right to review their personnel file. Employees have the following rights and remedies:

- The employee's right, upon written request, to review the employee's "personnel records," as defined by the Statute.
- The employee's right, after the review, to make a written request for a copy of those records.
- The employee's right to dispute information contained in those records.
- The employee's right not to be retaliated against for asserting these rights.
- Remedies available under the Act for violations of the above rights include, the right to compel compliance, the right to recover actual damages plus costs, and, in cases of retaliation for asserting one's rights, the right to recover back pay, reinstatement, other make-whole and equitable relief, and attorney fees.

Employee Status

Exempt: Employees working on a salaried basis who perform executive, administrative, supervisory or professional duties. Exempt employees do not receive overtime pay. Exempt employees wanting to assume additional duties for additional compensation must receive prior approval from the President.

All other employees are considered non-exempt as defined by the Fair Labor Standards Act and receive overtime pay for all overtime hours worked. Overtime hours are hours worked in excess of 40 hours during any designated seven day work week.

Full-time: regularly scheduled to work an average of 35 or more hours per week.

To qualify for full-time benefits an employee must be scheduled and work an average of 35 or more hours per week. This classification entitles the person to all benefits included herein with the addition of one personal leave day per quarter for full-time hourly DSP's working a minimum of 8 shifts in each 14 day pay period. Health insurance benefits are available to employees working an average of 30 or more hours per week.

Part-time: scheduled to work an average of less than 35 hours per week.

This classification entitles the person to benefits pro-rated according to the guidelines contained in this employee handbook.

On-Call: Employees who do not have regularly scheduled hours.

On-call employees must work a minimum of one shift per month. On-call employees who do not maintain this average of one shift per month may be terminated. On-call employees will be informed of upcoming employee meetings and trainings. Training times are not considered the required one shift per month. On-call employees must also remain current on site related training and be currently certified in CPR, First Aid and Positive Intervention Practices (PIP) as appropriate.

Inactive: Employees who do not have regularly scheduled hours but who may work intermittently as the need arises. This includes, but is not limited to, maintenance personnel, nurses, trainers or college students who may work on school breaks.

Change of Status

All employees are required to inform their immediate supervisor and the Payroll Manager of any change in their status in order to maintain accurate information regarding payroll, benefits, mailing address, and other pertinent information. This includes:

- Name
- Address
- Telephone number
- Marital status
- Person to notify in case of emergency
- Beneficiaries of insurance and retirement benefits
- Dependents or other changes in tax exemption status (W4 form)

Termination

When an employee voluntarily terminates employment, it is requested that a minimum of two weeks written notice be given. An employee's termination notice must include the effective date of termination, the reason for terminating if the employee wishes to give one, the signature of the employee and the date the notice was given to their supervisor. A non-exempt employee who voluntarily resigns, or is involuntarily terminated for reasons that do not constitute misconduct, will be paid for all earned and unused vacation hours provided they give a two week written notice. The employee is required to work the entire two week period of their resignation notice (to the last day) in order to be paid for unused vacation hours.

Employment will be terminated in the event the MN Department of Human Services or other agency disqualifies the employee.

When employment is terminated the employee will be asked to participate in the company's exit interview process. Human Resources will be notified by the employee's supervisor and will mail an exit interview questionnaire to the employee.

Job Abandonment

Employees resigning their position are required to give proper notice (see Termination, above). In addition, employees who are absent unexpectedly from work are required to notify their supervisor promptly as to the reason for their absence (see Punctuality and Attendance). Employees who are absent from work for three consecutive days without notice are deemed to have voluntarily terminated their employment with the company.

When an employee is absent without notice the supervisor will take immediate steps to contact the employee. If attempts to reach the employee are unsuccessful the supervisor will immediately consult with the Director of Human Resources to assure that all appropriate procedures are followed.

Employees who terminate without notice are not entitled to payment of their unused accrued vacation hours.

Health

The Hepatitis B vaccine (HBV) will be offered within 10 days of employment. The HBV vaccine and any future boosters will be made available at no cost to all employees that request it. Employees are required to sign a consent form indicating whether or not they wish to receive the HBV vaccine. For those employees electing to receive the HBV vaccine, the information will be given to the employee regarding where they can receive the HBV vaccine. Employees are required to schedule their own shots at the local county Public Health office.

New employees receive training regarding Bloodborne Pathogens and repeat this training annually. If an employee misses three consecutive workdays due to an illness, the employee may be requested to secure a physician's release to return to work or to remain absent. This physician's statement should indicate whether or not the employee is free from communicable disease and/or does not have any physical limitations which would prevent the employee from returning to work. If an employee expects to miss more than three consecutive days their immediate supervisor will inform the Director of Human Resources of their anticipated absence.

Vehicle Usage

Cardinal of Minnesota provides services for Vulnerable Adults and it is our obligation to ensure the safety and protection of our clients whenever we are providing them with transportation. It is mandatory that all employees provide proof of having a valid driver's license and an acceptable driving record in order to transport clients of Cardinal of Minnesota in a company vehicle. In order to transport clients in an employee's personal vehicle, the employee must provide proof of current automobile insurance coverage on their vehicle and have their vehicle pass the Cardinal of Minnesota vehicle safety inspection.

Please refer to "Transportation" and the "Vehicle Fleet Safety Program" in the Policy and Procedure Manual.

State law requires that every automobile owner carry automobile insurance that covers bodily injury and property damage resulting from a possible accident. Employees who use their own vehicle for company business must carry at least the minimum automobile insurance coverage required by State law.

- If an accident occurs while using a COM owned vehicle, Cardinal's insurance carrier will be responsible for handling any property damage and/or personal injury claims.
- If an accident occurs while an employee is using their personal vehicle, it is the employee's own insurance carrier that will be responsible for handling property damage and/or personal injury claims. (this is not a COM requirement, it is how all auto insurance works)

At their time of hire and on an ongoing basis thereafter as their current coverage expires, all employees will be asked to provide proof of current automobile insurance coverage on the vehicle(s) they are driving. Any employee driving a vehicle that is not currently covered by automobile insurance is strictly forbidden to use that vehicle at any time while on duty for Cardinal of Minnesota.

Cardinal of Minnesota, Ltd. is required to pay a deductible to receive coverage from its insurance company for any physical damage to company vehicles. The company may require the employee driving a company vehicle at the time of an at-fault accident to pay a portion of that deductible.

All employees, drivers and passengers, operating or riding in a company vehicle, or in a personal vehicle while on company business, must wear seat belts even if air bags are available. Employees are to ensure the use of seat belts and proper tie downs, when applicable, for all clients being transported in any vehicle. Employees are not permitted to leave clients unattended in any vehicle, company or personal, while the vehicle is running or keys are in the ignition. The use of cell phones (including "hands free" headset or speaker phones) for sending or receiving calls and/or text messages while driving is not permitted. Should an employee need to make a business call while driving, he/she should locate a lawfully designated area to park and make the call. Failure to do so will result in disciplinary action which may include suspension or possible termination of employment.

Company vehicles are not to be used for personal business while on duty. Any personal use of a company vehicle must have prior approval from the President, Chief Program Officer or Chief Operations Officer.

For certain positions, continued employment is conditional upon the employee maintaining a valid driver's license and acceptable driving record. Any restrictions or revocation of driving privileges must immediately be reported to the employee's supervisor or Human Resource department. A motor vehicle record (MVR) may be run each year on all licensed drivers employed by the company. Failure to maintain a driving record satisfactory to the company's insurance carrier may result in termination of employment.

An employee involved in an accident must immediately notify their supervisor or the on-call Residential Supervisor, or Program Director, and complete the Auto Loss Report form. In the event the employee is unable to complete this form, their immediate supervisor will complete this form to the best of their ability and turn this information in to Lori Kollasch, Executive Assistant, within 24 hours. Failure to report any accident or moving violation when using a company vehicle is grounds for immediate termination.

As part of orientation all new employees are required to pass a written driving test. Road tests will also be given to all new employees who will be using a company vehicle. In addition, any employee who will be transporting client(s) in their own vehicle will be required to pass a vehicle safety inspection checklist on an annual basis.

Cardinal of Minnesota employees' are hired specifically to provide direct support services to our clients and do not hire DSP's to specifically provide transportation for clients. However, in some cases, Department #10 In-Home and SILS staff may spend a great deal of their time providing transportation for their clients using their personal vehicle. In these situations, it would be in the employee's best interest to notify their insurance company of the amount of time they are using their personal vehicle for their employment.

Please direct any additional questions you might have regarding your employment requirement for carrying a valid driver's license and auto insurance on your personal vehicle to COM's HR Generalist, Amanda Podein.

Please refer to "Vehicle Fleet Safety Loss Control Program" in the Policy and Procedure Manual.

Damage/Loss of Property

In the event an employee's negligent or malicious actions result in avoidable damages to company property, the employee may be required to pay for a percentage of the property loss. Examples of negligent, malicious and avoidable damages include:

- Backing a company vehicle into another object that is clearly avoidable through the use of attentive driving.
- Placing a camera at a public function on a picnic table and having it stolen when left unattended.
- Willful destruction of company property or the property of another employee.

If it is determined by management that an employee's actions has resulted in the damage or loss of property, the employee may be asked to reimburse the company up to 100% of the repair or replacement cost. If it is determined that damages are a result of willful or malicious actions, disciplinary action will occur which may include termination of employment.

PROFESSIONAL DEVELOPMENT

Training and Development

Orientation:

All employees will be involved in an employee orientation program. The purpose of this orientation program is to acquaint all employees with Cardinal of Minnesota, Ltd. and its philosophy and goals, policies and procedures, rules and regulations, client needs and preferences, and other information necessary for the employee to be comfortable and competent in the completion of their job duties. Completed Orientation Checklists will be filed in the employee's training file. The orientation will include, but not be limited to, the following:

- * Tour of the home
- * Personnel Policies
- * Policies and Procedures
- * Program Components and Methodologies
- * Safety & Emergency Procedures
- * Medication Administration Procedures
- * Data Privacy and Confidentiality
- * Individual Service Plans
- * Daily Routine
- * Bloodborne Pathogens & Infection Control
- * Maltreatment of Minors Act (if applicable)
- * Organizational Structure
- * Job Description & Duties
- * Service Recipient Rights
- * Vulnerable Adult Act
- * Documentation Requirements
- * Individual Abuse Prevention Plans
- * Client Specific Information
- * Client and Program Finance
- * STAR High Performance Plan

All employees will be given the opportunity to receive ongoing training to increase their skills, knowledge and abilities necessary to perform their job duties and responsibilities. All employees will be required to receive training on an annual basis on all topics required by regulation (e.g., Vulnerable Adult Act, CPR, First-Aid, Emergency Procedures, Fire Safety, Medication Administration, HIPAA, Client Rights, and PIP when applicable). Employees will be required to demonstrate competency in training areas specific to the clients they are working with. Employees are encouraged to request additional in-service training on topics of interest or importance in their particular job.

All employees are required to have current certifications in CPR and First-Aid. The company will reimburse employees for the cost of maintaining CPR and First-Aid certification. Employees are requested to attend company sponsored training classes.

A Resource Library is provided at the main office headquarters of Cardinal of Minnesota, Ltd. Employees may check out material from the Resource Library by contacting personnel at the reception desk or the Director of Training.

Employees will be paid their regular hourly rate for actual time spent at a company sponsored training. Mileage to and from the training will be paid to the employee providing transportation. Travel time exceeding a 20 minute commute will be paid to those employees attending the training when the training is held outside their normal work location. If more than one person is involved, it is expected that they will travel together. Exceptions must be approved in advance. When available, company vehicles should be used.

Please refer to "Guidelines for Mileage Reimbursement and Compensable Travel Time" located in the FAQ section of the Policy and Procedure Manual.

Promotional Opportunities and Transfers

As new positions are created, or when positions become available, attempts will be made to notify all employees of these opportunities. Qualifications, experience, ability to perform the job, and performance in current position will all be factors in considering the employee for an open position. When it is determined that these factors are equal, the employee with the longest length of service will receive first consideration.

If an employee requests a transfer to another location, they must meet the full requirements of the requested position.

Performance Management System

In accordance with the core value “Do Your Best,” it is expected that all employees will perform their job in a manner that demonstrates high performance. High Performance is defined as “*giving your utmost to your clients, your team, and Cardinal.*” The STAR System is a set of performance management tools used to assess, develop, recognize and reward employees.

The STAR Assessment asks the following questions:

- How have you demonstrated High Performance?
- What have you learned from your High Performance?
- What will you do to remain a High Performer?

Once the STAR Assessment is completed, the employee develops a High Performance Plan (HPP) which specifies goals that the employee will work towards that will lead to High Performance. These goals are reviewed with the employee’s immediate supervisor during their STAR Assessment.

As part of an employee’s professional growth and development, a Training Interest Inventory is completed that outlines training and development classes that an employee needs or is interested in. Employees interested in advancement also complete a Career Development Plan.

STAR assessments are conducted on the following schedule:

- All employees complete a Knowledge, Skills and Abilities (KSA) competency evaluation after three months of employment. Employees who need improvement in KSAs will develop a 60 day improvement plan with their supervisor. Failure to demonstrate consistency in KSAs may result in termination of employment.
- All employees complete a STAR Assessment upon successful completion of their KSA evaluation.
- Thereafter, employees complete a STAR Assessment three times a year in March, July, and November. The employee and their immediate supervisor complete a STAR Assessment as well as update the employee’s High Performance Plan and Training Interest Inventory.

All STAR appraisals become part of the employee's permanent personnel record and are stored electronically on the company’s secure server. Hard copies are available upon request.

WAGE ADMINISTRATION

Payroll Period

The workweek consists of the period from Sunday, 12:01 a.m., to the following Saturday, at 12:00 p.m. (midnight). A payroll period consists of two consecutive seven-day workweeks. Employees are paid during mealtime as they are considered to be “on-the-clock” during their entire shift.

Overtime

Any non-exempt employee working more than 40 hours in the seven-day period defined above will receive overtime pay at a rate of 1.5 times their regular hourly wage. Any non-exempt employee incurring overtime whose hours are based upon more than one hourly rate will receive overtime pay at a rate of 1.5 their weighted hourly average for the week the overtime occurred. Non-exempt employees are expected to monitor their time worked in order to avoid overtime. The Program Director or Residential Supervisor must approve overtime. In most cases, it is expected that approval for overtime will occur prior to the overtime hours being worked.

Pay Dates

Payroll checks will be distributed on alternate Mondays following the end of the two-week pay period. When a payday falls on a holiday, payment will be made on the business day before the holiday (Friday following the end of the two week pay period). If an employee wishes to receive their paycheck early (e.g., in the event they are leaving on vacation) the employee must make this request as far in advance as possible to allow payroll personnel ample time to attempt to meet their request. Such requests will be met if feasible, although no guarantee is made of early delivery of paychecks.

Automatic Deposits

Employees are encouraged to use the option of having their paycheck automatically deposited in either a checking account, savings account, or through a “pay card” in order to ensure timely delivery of payroll. If automatic deposit is selected, it will take 1 to 2 pay periods for the direct deposit to be implemented by the employee’s financial institution. If automatic deposit is not selected, paychecks must be picked up at the main office on or after the pay date. For out of town staff, checks will be given to one of the supervisors who will then deliver them to the appropriate house. Paystub information is accessed thru ECI Empower online. Cardinal of Minnesota Ltd. is not responsible for lost or delayed mail delivery of an employee’s paycheck.

Payroll Deductions

Standard deductions will be taken from an employee’s paycheck. Any costs associated with insurance benefits and/or 401k contributions will also be deducted from the employee's paycheck. Child support payments and/or garnishments will be deducted from an employee’s paycheck as mandated by the courts or Federal or State agency.

Time & Attendance Records

Each employee is required to properly punch in and out using the ADI time keeping system or complete his or her own time sheet. Hours worked are to be recorded daily. The employee must record their overtime, vacation and sick time on their time sheet or other timekeeping record provided. Time sheets are to be kept at the work site unless an exception has been made for an employee who works at more than one location. Time sheets must be submitted each week by noon on Monday. Falsification of payroll records, including “punching in or out” for other employees, will be considered cause for immediate termination of employment.

Rate of Pay

A new employee's starting wage may be established based upon previous related employment, experience or education. Salary increases are not given on any set schedule and will be based upon merit rather than being considered a cost-of-living increase. Salaries are reviewed twice a year; in the 1st and 3rd quarters of the calendar year, however, from time to time a cost-of-living increase may be given when funds are made available by the legislature.

Wage Reviews

Wage reviews are conducted in January and July and are based almost exclusively on high performance. The management team reviews each employee's performance and makes recommendations for wage increases.

Bonuses

Cardinal of Minnesota, Ltd. pays a discretionary bonus to employees based on the organization's performance. At the end of each calendar year Cardinal considers whether to pay a bonus. The amount is determined by the success of the company in achieving its financial targets. It is not intended to make up for, or add to, an employee's regular hourly wage or compensation for meeting minimum job requirements. Criteria that determine individual bonuses will be accrued in the year earned and paid by the 15th day of March.

Only employees who have satisfactorily completed six months or more of employment are eligible to receive a discretionary bonus (i.e., Employee must be employed no later than July 1st). Individuals who terminate prior to the date bonuses are paid are not eligible for any portion of the discretionary bonus for that period. Employees who are, or could be, terminated for not meeting minimum performance standards or violating business policy are not eligible for any portion of the discretionary bonus.

It is at the sole discretion of management when to allocate bonus payments, the amount, timing, and how individual bonuses are allocated.

BENEFITS

The employer can amend or terminate benefits at the employer's discretion. If there is a discrepancy in this document compared to the benefit plan, the benefit plan documents will prevail.

Workers' Compensation Insurance

All employees are covered by workers' compensation insurance in accordance with the 1974 Statutes and Amendments in the provisions of Chapter 176. Worker's compensation insurance is provided without cost to the employee. Under this plan an employee may receive compensation for lost time and for medical costs related to any injury occurring on the job. It is required that employees notify their supervisor, on-call Residential Supervisor or Program Director, or Director of Human Resources within 24 hours if injured on the job, regardless of whether or not the employee seeks medical attention.

Required paperwork (i.e., Claim Information Report, Consent and Release forms) must be completed immediately in order to protect the employee's right to receive workers' compensation benefits. Information regarding workers' compensation insurance is posted at each work site. On a quarterly basis, the Safety Committee will review Workers' Compensation Loss Run Reports.

Unemployment Insurance

All employees are covered by the Minnesota Unemployment Tax Laws. Unemployment insurance is provided without cost to the employee. Information regarding Unemployment Insurance is posted at each work site.

Medical, Life/ADD and Short Term Disability Insurance Benefits:

Open Enrollment in August / September. Cardinal of Minnesota offers medical insurance to all eligible employees working an average of 30 or more hours per week. When it cannot be determined that an employee will be working an average of 30 or more hours per week, a 12-month look-back measurement period will be used to determine eligibility status for that employee.

Medical benefits are provided on a participatory basis, i.e., the employee and the company each pay a percentage (the company pays a minimum of 50%) of the employee's monthly premium. The employee's share of the monthly premium will be paid through payroll deductions. The current rate sheet and benefit summary will be given to those employees eligible for health insurance coverage at the start of their 60 day enrollment period.

Please refer to the Benefits Summary Sheet of the Employee Handbook.

USABLE Life provides Life & Accidental Death or Dismemberment (ADD) and Short Term Disability (STD) coverage to Cardinal of Minnesota employees scheduled and/or working an average of 30 or more hours per week. Benefits for late enrollees are subject to approval by the underwriting department of USABLE Life. Short Term Disability benefits are effective on the 8th day following an illness or on the 1st day following an injury and are limited to 26 weeks.

Please refer to the Benefits Summary Sheet of the Employee Handbook.

An employee can apply for health insurance without taking coverage for USABLE Life/ADD or STD. An employee interested in obtaining Short Term disability coverage must also carry the Life/ADD coverage since this is provided as a package by USABLE Life.

Employees interested in participating in the health insurance plan and/or the USABLE Life/ADD and Short Term Disability plans, need to complete and submit their Application for Enrollment within the first 60 days of their employment or eligibility date. Employees are subject to a 60-day waiting period from their eligibility date before coverage would become effective. Coverage becomes effective on the 1st day of the month following the end of the 60 day enrollment / waiting period. Health and life insurance premiums paid by the employee through payroll deductions are paid on a pretax basis.

Employees choosing not to participate in the health insurance plan and/or the USABLE Life/ADD and Short Term Disability plan will need to complete and submit the Waiver of Coverage form(s) within the first 60 days of their employment or eligibility date. Health insurance and USABLE Life have separate enrollment/waiver forms which need to be completed.

Cardinal of Minnesota's HR Generalist, Amanda Podein, can be contacted if an employee has any questions about any of the company's health, life and short term disability insurance plans.

Supplemental Insurance:

Cardinal of Minnesota, Ltd. also offers a variety of plan options provided by AFLAC. An employee's eligibility date for insurance would be the first day they are regularly scheduled to work an average of 20 or more hours per week on a permanent (non-temporary) basis. Employees are subject to a 60-day waiting period from their eligibility date before their supplemental insurance would become effective. The company will pay AFLAC \$30.00 per month towards each qualified employee's insurance premium. Any premium cost in excess of the \$30.00 will be paid by the employee through payroll deduction.

AFLAC premiums paid by the employee may or may not be pretax depending upon the type of policy the employee chooses to participate in. Be advised that "pretax" premiums are not deductible on your personal income tax return. See Plan Documentation.

Cardinal of Minnesota's Payroll Manager, Anita Gabrielson, can be contacted if an employee has any questions about their AFLAC coverage or eligibility status.

Please refer to "AFLAC" located in the FAQ section of the Policy and Procedure Manual.

401k Retirement Plan

To be eligible for participation in the Cardinal of Minnesota, Ltd., 401k Retirement Plan an employee must be 19 years of age, complete 1 year of service with the company, and work 1,000 hours within 12 consecutive months. Prior to an employee's eligibility date, the employee will receive notification to attend a meeting with our 401k Plan Representative.

Enrollment in the 401k Retirement Plan is automatic. This means that when you become eligible to participate you will become automatically enrolled in the Plan unless you complete the necessary paperwork declining your participation.

Automatic participation in the Plan means your paycheck will be reduced through payroll deductions by 3%, or by the amount you designate to contribute.

Please refer to the "Goldleaf Plan Highlights" located in the FAQ section of the P&P Manual

Cardinal of Minnesota believes that participation in a retirement plan throughout an employee's career will enable most employees to retire at a standard of living which will be greater than or equal to their current standard of living.

In addition to the employee's personal 401k contributions, each year the plan allows for a discretionary match by the employer of up to 8% of an employee's annual wage based upon the employee's percent of contribution during the plan year. While this matching contribution is discretionary (i.e., voluntary), it is the goal of the company to make this discretionary match. Since the inception of the 401k Plan in 1996, the company has matched all employee contributions up to 8% of their annual wage.

Wellness Benefit Program

In order to promote a healthier lifestyle for its employees, Cardinal of Minnesota, Ltd. will reimburse an employee up to \$20.00/month for participation in physical activity (i.e., aerobics, fitness center) or a wellness plan (i.e., Weight Watchers, Smoking Cessation). Any employee who averages eight hours per week during at least two of three months in the quarter is eligible to participate in this benefit program. A quarter is defined as a calendar quarter (Jan-March, April-June, etc.)

Evidence of participation in the approved program must be presented by the 15th of the month following the last day of the quarter in order to be reimbursed. Evidence of participation can be in the form of a

copy of a check, duplicate check, a schedule from the activity, or letter from the facility. It must clearly state the amount that the employee has paid to participate in the program, as well as the employee's dates of participation.

Wellness reimbursements are considered taxable income by the IRS and as such are included in the gross income amount on the employee's year-end W-2 form.

Please refer to "Wellness Benefit Program" located in the FAQ section of the Policy & Procedure Manual.

Influenza Vaccine

When available, influenza vaccinations will be offered each year to all employees of Cardinal of Minnesota, Ltd. Employees whose vaccinations are not covered by insurance will be reimbursed the cost of the vaccination upon submission of their receipt.

Company Fitness Center

As a part of our Wellness Program to aid in employee wellness and healthier lifestyles, Cardinal of Minnesota, Ltd. provides employees with access to the company's Fitness Center located at the company's main office at 3008 Wellner Dr. NE, Rochester, MN. Clients of the company may utilize the Fitness Center upon receiving safety instructions regarding the use of the equipment. Those that require physical assistance or continuous supervision must be supervised at all times. Non-employees and non-company clients may utilize the Fitness Center with prior written permission and must be accompanied by an employee or caregiver.

The Fitness Center is open Monday through Friday, between the hours of 8:00 am and 5:00 pm, and will be closed on holidays or any day that the main office is not open for business. Those who wish to utilize the Fitness Center outside the normal hours of operation should contact the IT Guru, Matt Speltz.

The use of the facility is strictly voluntary and is not a part of any employee's assigned work day or duties. Participation is done so at the employee's own discretion. It is further understood that physical activity carries the risk of serious personal injury or death and is done so at an employee's own personal risk.

Those interested in utilizing the Fitness Center must participate in a fitness center orientation class before being granted permission to use the facility. The company reserves the right to deny, suspend or cancel an employee's use of the facility.

Authorized individuals will review the rules and regulations of the Fitness Center and will be expected to adhere to them at all times. Failure to do so may result in suspension or cancellation of access to use the Fitness Center. Employees granted electronic access to the building outside normal hours of operation (8am to 5pm) will be provided an electronic key allowing special access to accommodate individual needs. All electronic access is monitored by the company's computer software and a record is made of all electronic entry to the building. The company reserves the right to revoke an employee's electronic access without notice at any time and for any reason. Those with access may not bring guests (anyone other than the electronic key holder) without prior written permission.

Please refer to "Cardinal Fitness Center" located in FAQ section of the Policy & Procedure Manual.

Employee Recognition

Cardinal of Minnesota, Ltd. believes that exceptional performance should be recognized and rewarded. Employees who consistently demonstrate a willingness to remain loyal to the company, and work to have a positive impact on the lives of our clients and in the workplace and are acknowledged in a variety of ways. The company has many practices that demonstrate this commitment including offering recognition for exceptional performance and teamwork, certificates of recognition for employees at “milestone” anniversaries and performance based bonuses, when possible.

Rewards of cash or cash equivalents such as gift certificates for meals or goods are considered to be taxable income by the IRS and the amount of the gift certificate will be included in gross income on the employee’s year-end W-2 form.

Please refer to “Recognition Program” located in the FAQ section of the Policy & Procedure Manual.

Employee Referral Bonus Program

The purpose of the Employee Referral Bonus Program is to provide a financial incentive to current employees to refer new employees to Cardinal of Minnesota, Ltd.

Eligibility and Participation:

- Applicant – Applicants are persons not currently employed by the company and have had no prior employment.
- Referring Employee – All employees in any position are eligible to receive a referral bonus with the exception of the following:
 - Employees whose regular, recurring duties include the recruitment of employees
 - Selecting manager/supervisor or other persons associated with the selection of the candidate
 - The referring employee must be employed by the company at the time of payout to receive the referral bonus
 - The referring employee will not affect fair and consistent hiring and promotional policies and procedures that prevent bias or discrimination.

Referral Bonus Amount:

The referral bonus amounts are as follows:

\$250 after the referred employee has been employed for three months; and,

\$250 after the referred employee has been employed for 12 months.

Referral bonuses are considered taxable income by the IRS and as such are included in the gross income amount on the employee’s year-end W-2 form.

Employee Assistance Program

An Employee Assistance Program (EAP) is available for all company employees on a voluntary basis. The overall objective of the EAP is to contribute to high job performance, job conflict resolution, employee retention and enhanced personal effectiveness. This program is designed to deal with a broad range of problems such as emotional/behavioral, family and marital, alcohol and/or drug, financial, legal or other personal work-life balance issues, as well as on the job conflicts. Participation in the EAP will not jeopardize an employee's job security, promotional opportunities or reputation, however, participation does not absolve employees of responsibility to meet job requirements and to adhere to personnel policies. All clinical activity and records are considered confidential and will not be released without the written consent of the employee.

The company will pay for one initial assessment and referral session. Any services beyond the initial assessment and referral session will be the responsibility of the employee through self-pay, insurance or other sources. Sick leave may be granted for treatment or rehabilitation on the same time basis as is granted for other health issues. Consideration will also be given for the use of vacation time or a leave without pay if sick leave is not available. *Please refer to “Employee Assistance Program” located in the FAQ section of the Policy & Procedure Manual.*

Vacations

Vacation is accrued on actual hours worked excluding vacation, sick, holiday, personal day or other paid hours not worked. Requests for vacation must be given to your immediate supervisor at least two weeks prior to the date when vacation is to begin. Approval of vacation time is subject to ability to provide leave without undue adverse effect on the program, clients or co-workers (e.g., everyone cannot take vacation at the same time).

When vacation is approved the employee’s supervisor will be responsible for finding replacement employees, however, may ask the employee requesting vacation to assist in finding their replacement(s). If a normal payday occurs during an employee's vacation, the employee may request to receive their paycheck prior to the scheduled pay date.

Employees are encouraged to use their accrued vacation each year. Hourly employees will be allowed to carry over vacation to the next year. All vacation time in excess of one week may, at the option of the company or employee, be paid out at the end of the fiscal year (December 31).

Vacation benefits accrue from the employee’s date of hire. Unpaid vacation may be taken during an employee’s first 90 days of employment with prior approval from their supervisor. After 90 days employment paid vacation leave may be granted with prior approval from their supervisor.

Using paid vacation time in excess of time earned is allowed (up to 20 hours) providing prior approval has been obtained from the employee’s Administrator. Upon termination of employment, an adjustment will be made to a non-exempt employee’s final check for any vacation time paid, but not earned.

All non-exempt employees are entitled to paid vacation time as follows:

First Year	One week vacation equal to the average number of hours worked per week.
Second through Fifth Year	Two weeks of vacation equal to the average number of hours worked in a 2 week period.
Sixth through Tenth Year	Three weeks of vacation equal to the average number of hours worked in a 3 week period.
Eleventh Year & Thereafter	Four weeks of vacation equal to the average number of hours worked in a 4 week period.

A non-exempt employee who voluntarily resigns, or is involuntarily terminated for reasons that do not constitute employment misconduct, will be paid for all earned and unused vacation hours provided they give a two (2) week written notice. This notice must state the effective date of termination, the reason for terminating if the employee wishes to give one, the signature of the employee and the date the notice was

given to their supervisor. The employee is required to work the entire period of their resignation notice (to the last day) in order to be paid for unused vacation hours.

Exempt employees do not earn or accrue vacation hours and, therefore, no vacation is paid out upon employment separation. All exempt employees are allowed to take vacation time when approved by their supervisor. A Leave Request form is required two weeks prior to the vacation time requested. It is the policy of the company to trust all exempt employees to use vacation leave responsibly and to work with their supervisor to ensure that time off work does not have adverse results for clients, co-workers or others. Since vacation time is at the discretion of the employee and is not tracked, there will be no adjustment for “unused” vacation time, for any reason, when exempt employees end their employment with the company.

Holidays

Holidays are considered midnight to midnight and are as follows:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day (or alternate day if requested by the employee in order to observe a day of religious significance)

Full-time employees who do not work the holiday will receive 8 hours holiday pay for that day, irrespective of the number of hours they were scheduled to work. All non-exempt employees working on the holiday will be paid double time for all hours worked. Holidays are not considered a work day in calculating overtime unless work is actually performed.

Sick Leave

For non-exempt employees, sick leave is accrued on a basis of one hour for each 50 hours worked, excluding vacation, sick, holiday, personal day and other paid hours not worked. This is approximately 40 hours a year for an employee working 40 hours a week. All employees may accrue up to 80 hours of sick leave after which no additional sick leave will be accrued until the employee uses some of their available sick leave. Accrued sick leave is not paid upon termination of employment.

Using sick leave in excess of time earned is allowed up to 20 hours providing approval is obtained from the employee's Administrator. Upon termination of employment, an adjustment will be made to a non-exempt employee's final check for any sick time paid, but not earned.

Sick leave with pay may be used for any bona fide personal illness, medical examination, or medical treatment. Sick leave may also be used in the case of an immediate family member's illness or need for medical treatment. Immediate family is defined as spouse, children, parents, stepparents, mother-in-law, father-in-law, legal guardians, siblings, grandparents and grandchildren. Sick leave privileges should not be abused. Any use of sick leave for reasons other than those listed above could jeopardize the employee's employment status. The company reserves the right to require a physician's statement to verify absences.

For all exempt employees, sick leave is neither accrued nor tracked. It is the policy of the company that if you are sick we want you to stay home, and if you are not we want you to come to work. In the event of the need to take a prolonged sick leave or cumulative sick leave becomes significant (i.e., in excess of six

weeks), upper management will work with the employee to determine what limits will be imposed on sick leave. Exempt employees are expected to make all reasonable efforts to obtain and maintain short-term disability insurance. In the event an extended leave is the result of an illness or injury which is covered by short-term disability insurance, it is expected that those benefits will be exhausted prior to the company granting any further extended paid sick leave.

Personal Leave Days

All full-time direct care hourly employees who work a minimum of 8 shifts in each 14 day pay period are eligible to receive one paid personal leave day for each quarter (three months) worked. Quarters are defined as calendar quarters (i.e., Jan-Mar, Apr-June, July-Sep, and Oct-Dec). Newly hired full time employees are eligible for a personal leave day if they work two full months during the quarter they start work (e.g., a new employee would earn a personal leave day for the first calendar quarter if they begin work on or before February 1st). Personal leave days must be taken during the quarter they are earned or will be forfeited. To be paid for a personal leave day you must actually take this day off on a day that you have been scheduled to work. If an employee uses their Personal Leave Day and then their employment is terminated before the end of the quarter, an adjustment will be made in their final paycheck if they worked less than two full months during the quarter. No adjustment will be made for a personal leave day not taken if the employee terminates during the quarter.

Please refer to "Personal Leave Day" located in the FAQ section of the Policy & Procedure Manual.

Family Medical Leave Act

Eligibility for the Family Medical Leave Act (FMLA) begins after working 12 months and the employee has worked at least 910 hours dating back seven years. Eligible employees are allowed to request up to 12 weeks of job-protected leave in a 12-month period. COM uses the 12-month "look-back" method to determine the remaining amount of FMLA leave an employee is eligible for. A FMLA absence may be granted for one or more of the following: birth of a child, placement of a child for adoption or foster care, caring for a spouse, child or parent with a serious health condition, the employee's own serious health condition (including work comp and short term disability leave), active duty leave or serviceperson caregiver leave. An employee wishing to request FMLA leave must complete the Family and Medical Leave Request form and have the attending physician complete the FMLA Certification of Health Care Provider forms. FMLA leave requests need to be made 30 days prior to a foreseeable medical leave. An unforeseeable FMLA leave occurs when an employee is unable to work for more than 3 consecutive calendar days.

The employee may request an intermittent leave or reduced work schedule. The company may, if needed, temporarily transfer the employee to a different location to accommodate the intermittent/reduced work schedule.

Cardinal of Minnesota, Ltd. may require a physician's certification of the serious health condition. Before entering into an unpaid leave status, any accrued vacation or other paid time off must run concurrently with unpaid FMLA leave. At the end of a FMLA leave, the employee will be returned to the position he/she held when the leave began, or will be given an equivalent position with like employment, benefits and pay. While on leave the employee will not be entitled to accrue further seniority or employment benefits.

If the employee does not return to work at the expiration of his/her FMLA leave, the company will require the repayment of health insurance premiums paid by the employer on the employee's behalf during the leave period. Reimbursement will not be required if the employee does not return from leave because of the continuance, recurrence, or onset of a serious health condition that prevents the employee from performing the employee's job or because of further circumstances that are beyond the employee's control.

Documentation of continuance of a serious health condition will be required from the employee's attending physician. The company will require medical certification that the employee cannot return to work because of the employee's own illness or the illness of a family member that the employee is needed to care for.

While an employee is on unpaid FMLA leave they are required to continue making payments for their share of their insurance premiums for health, life, short term disability coverage and AFLAC, which were being paid through payroll deductions. Payments are to be made directly to Cardinal of Minnesota, Ltd., and can be made on a monthly or, if the employee chooses, bi-weekly basis following the same schedule as payroll deductions. The HR Generalist will inform the employee on FMLA leave of the amount and due dates for their share of the insurance premium. Also, an employee has the option to pre-pay (through payroll deductions) for their anticipated missed insurance premiums prior to entering into their unpaid FMLA leave status.

Please refer to "Family Medical Leave Act ~ FMLA" located in the FAQ section of the Policy & Procedure Manual.

Maternity / Paternity Leave

For those employees not eligible for FMLA maternity/paternity leave, a leave will be granted to an employee who requests such leave in conjunction with the birth or adoption of a child. The requested leave time must be submitted in writing with dates indicated for the start and end of the leave. The leave will commence on the date requested by the employee and continue for up to 12 weeks. In the event the leave is for the birth of a child (maternity leave) a physician's clearance to return to work will be required.

During maternity/paternity leave, the employee is required to use their available sick time when they are not eligible for Short Term Disability payments.

Upon return from leave, the employee will be placed in the same or a similar position he/she held when the leave began with like employment benefits and pay. The employee will retain his/her status and all accrued benefits not used during the leave.

Leave of Absence

Employees may request an unpaid non-FMLA protected leave of absence for up to 90 days. Such requests must be made in writing to the Administrator and must contain enough detail so that the merit of the request can be fairly judged. The Administrator reserves the right to approve or disapprove any request entirely at their discretion. Continuation of any medical benefits is the responsibility of the employee under the COBRA guidelines. The employee will not accrue benefits while on an unpaid leave of absence. The Administrator must receive a written notification from the employee with a plan to return to work. Reinstatement into the employee's former position is not guaranteed unless prior approval has been received in writing from the Administrator and/or Director of Human Resources.

Funeral Leave

In the event of the death of an immediate family member of an employee or an employee's spouse, time off with pay will be granted for up to three consecutive calendar days. Immediate family is defined as spouse, children, parents, legal guardians, siblings, grandparents and grandchildren. Funeral pay is limited to the actual number of hours the employee is scheduled to work on the days they are absent. For other funerals, time off with pay for a total of eight hours may be granted at the discretion of the Program Director or Administrator.

Jury Duty

If an employee is called to serve on a jury, the company will make up the difference between jury duty pay and the employee's regular pay for scheduled hours spent on jury duty. If an employee is released from jury duty prior to the end of their regular work shift, the employee will contact their immediate supervisor or person on-call and may be required to report for work to complete their shift.

Military Leave

Cardinal of Minnesota, Ltd. is committed to protecting the job rights of employees absent on military leave. In accordance with federal and state law, it is the company's policy that no employee will be subjected to any form of discrimination on the basis of that person's membership in or obligation to perform for any of the Uniformed Services of the United States. Specifically, no person will be denied employment, re-employment, promotion, or other benefit of employment on the basis of such membership in accordance with the Uniformed Services Employment and Re-employment Rights Act of 1994 (USERRA). Furthermore, no person will be subjected to retaliation or adverse employment action because such person has exercised his or her rights under this policy.

The company will grant military leaves of absence as required by law and by the needs of employees who are members of the military service. On return from military leave of absence the employee will be reinstated as required by law subject to these conditions:

- The employee must apply for reinstatement within the time required by law;
- If the employee's former job is not available, the company will provide a job of similar status, seniority and pay.

Tuition Assistance Program

Cardinal of Minnesota, Ltd. Offers limited tuition reimbursement to full-time and part-time employees. Tuition reimbursement is limited to employees who wish to pursue education and training in areas related to their current positions or that will prepare them for advancement within the company. Examples of courses of study that would qualify include Nursing, Accounting, and Leadership programs. Tuition assistance is at the discretion of the President and must be approved in advance.

WORK RULES AND STANDARDS OF CONDUCT

Grievances

A grievance is an employee's written complaint concerning the interpretation or application of personnel policies or procedures, or concerning actions of others which the employee deems to have created an unfair, hostile or discriminatory working environment.

If an employee wishes to file a grievance the following procedure should be followed whenever possible:

1. The employee should meet with their immediate supervisor to discuss the grievance informally.
2. If not satisfied, the employee should present their written grievance to the Program Director and/or Administrator. The Program Director and/or Administrator will take the grievance to the Human Resource Manager within three days. The Human Resource Manager will respond to the employee in writing within seven days.
3. If not satisfied, the employee may appeal directly to the President. The President will respond to the employee in writing within 14 days. The decision of the President is final.

Confidential Information

Employees who have access to records and other personal information about clients, or company employees, must not discuss this information with anyone else without proper authority. No employee should discuss confidential client or employee information with other employees in any public place where it is possible they could be overheard. Any employee who violates the confidentiality policy is subject to discipline, up to and including possible termination of employment.

Conflict of Interest

It is expected that all employees will avoid activities that create a conflict of interest with their responsibilities to Cardinal of Minnesota, Ltd. and that employees will observe the highest ethical standards in any dealings in which they represent the company.

The company recognizes and respects each employee's right to privacy and to engage in personal activities outside the scope of his/her employment, however, each employee also has an obligation to refrain from activities which conflict or interfere with the company's operations.

The company reserves the right to determine when an activity conflicts with the company's interests and to take whatever action is necessary to resolve the conflict. If necessary, this action may include termination of employment.

Punctuality and Attendance

When an employee realizes they will be absent or late for work, they are required to first notify employees at the house or, if there is no employee on duty, contact the Residential Supervisor or on-call Residential Supervisor or Program Director prior to their scheduled time to report. In-Home and SILS employees are required to notify their immediate supervisor.

When calling in sick, please notify household employees or the on-call supervisor at least three hours prior to your scheduled shift. This policy also applies to scheduled classes and trainings.

Unexcused absences or repeated tardiness may result in disciplinary action, including possible termination of employment.

Employees on duty are expected to notify the person in charge before leaving the premises. The employee is expected to relate information concerning their destination, purpose for leaving and the approximate time of their return.

Safety

Any employee noticing a safety hazard should immediately report it to their Residential Supervisor or other supervisory personnel. Employees are encouraged to rectify safety hazards as they are able. All injuries that occur while working must be reported immediately to the employee's immediate supervisor, Administrator, Program Director, or Director of Human Resources. If none of these individuals are available the on-call supervisor must be notified.

Houses that have individuals that require assistance with transferring are furnished with mechanical lift systems. All employees are trained on the use of these systems and are required to utilize these lift systems when transfers are necessary. Employees will be disciplined for willful violations of safety rules and procedures which may include possible termination of employment

Please refer to "Worker's Compensation Insurance" in the Benefits section of the Employee Handbook.

Mileage & Meal Reimbursement

Use of an employee's own vehicle for company business will be reimbursed at a rate of \$.45 cents per mile. Employees are expected to use Cardinal vehicles when available.

When meals are provided at conferences, in-services, seminars, meetings or trainings, employees are expected to eat the meal that is provided. If employees choose to eat on their own, reimbursement will not be provided. When no meal is provided at the event, and it is located out of town and lasts 5 hours or longer including drive time, employees will be reimbursed for the cost of their meals. Employees need to provide a receipt for their meal.

Please refer to "Guidelines for Mileage Reimbursement and Compensable Travel Time" located in the FAQ section of the Policy & Procedure Manual.

Professionalism / Dress Code

Professionalism refers to the appearance and actions of employees of Cardinal of Minnesota, Ltd. Due to the company's casual work settings, employees are encouraged to dress in a manner that reflects the typical work requirements of residential services. While casual attire is encouraged, employees should remember that we are committed to creating respectful work, training and living environments. This means that attire that is visibly soiled, torn or obviously ill-fitting is not appropriate. Additionally, clothing that reveals a person's midriff, undergarments, or is cut "suggestively" is also inappropriate. Employees who report for work in clothing that does not meet these guidelines will be asked to address the situation immediately, including being asked to go home to change into more appropriate attire.

Any time an employee is working, they are expected to wear appropriate and suitable footwear in order to present a professional image and to prevent slips, falls, punctures and other injuries. This includes when providing direct care and attending trainings (e.g. PIP, CPR, etc.) Footwear should protect the toes of the foot, and should either cover the heel or have a back lip or strap to prevent accidental slip offs, should have a non-skid sole and be of reasonable sole and heel height. While street shoes are not allowed inside Cardinal of Minnesota houses, employees are required to wear some type of covering on their feet (e.g., socks, slippers or shoes only worn inside; bare feet are not allowed in any of the homes). Footwear that should never be worn includes sandals or crocs without a back-strap and/or any other related footwear.

When providing direct care employees must wear suitable footwear that allows them to support clients safely. Employees must wear close-toed shoes when supporting individuals who utilize wheelchairs. Footwear that protects the entire foot must be worn when operating outdoor equipment (lawn mower, weed whopper, etc.). Sandals, flip-flops, or other footwear without a back strap are not acceptable when working with clients.

It is acceptable of employees who hold Supervisory and Administrative roles to wear open-toed footwear such as dress or casual sandals when attending meetings provided that the footwear is professional and suitable.

In addition to proper attire, employees should convey a sense of professionalism through their words and actions. Following the company's Core Values, employees should interact with their clients, supervisors, co-workers, and others they come in contact with during work hours, in a manner that reflects positively on the company.

Substance Abuse

Use of drugs, alcohol, controlled substances, or abuse of prescription medication by any employee, sub-contractor, volunteer, or other individual directly responsible for individuals served in any program operated by the company is strictly prohibited.

Being in any manner under the influence of a chemical that impairs the individual's ability to provide direct care (i.e., drugs, alcohol, controlled substances, or abuse of prescription medication) is considered the same as usage.

All employees are expected to respond appropriately if a coworker reports to work impaired in any way. The employee is expected to stay with the clients they are working with and immediately report their concerns to their supervisor or a member of the management team.

Since many of our employees have access to medications prescribed to our clients, drug testing may be required in the event that theft of client medication(s) is suspected. Testing will be limited to those employees who have access to the missing medication(s).

All employees and other individuals directly responsible for clients receiving services in any program of the company will receive training regarding this policy during their initial orientation, prior to having any direct responsibility for the clients, and annually thereafter.

Please refer to "Drug and Alcohol Use" and "Drug and Alcohol Testing" in the Policy & Procedure Manual.

Workplace Violence

Cardinal of Minnesota provides a safe workplace for all employees. To ensure a safe workplace and to reduce the risk of violence, all employees should review and understand all provisions of the workplace violence policy.

Prohibited Conduct: The company maintains a zero tolerance policy on any type of workplace violence committed by or against employees. Employees are prohibited from making threats or engaging in violent activities. The following list of behaviors, while not all inclusive, provides examples of conduct that is prohibited: causing physical injury to another person; making threatening remarks; aggressive or hostile behavior that creates a reasonable fear of injury to another person or subjects another individual to emotional distress; intentionally damaging employer property or property of another employee; possession of a weapon while on company property or while on company business; committing acts motivated by, or related to, sexual harassment or domestic violence.

Reporting Procedure: Any violation of this policy must be reported immediately to a supervisor. Reports can be made anonymously and all reported incidents will be investigated and/or reported to the appropriate authorities.

Enforcement: Any employee who violates this policy will be subject to disciplinary action including possible termination of employment. Non-employees engaged in violent acts or who possess a weapon while on company property will be reported to the proper authorities.

Smoking

Smoking by employees is not allowed on or around the grounds of any household. Clients that smoke will have a pre-designated area to smoke outside the household. This designated area will be an outside location, or in a pre-designated separate enclosed, ventilated room. Smoking is not permitted in any company vehicle. If an employee drives his/her own vehicle, smoking will not be permitted if a client is present. Employees may smoke during breaks while attending training sessions and while on outings, provided the clients are not within close proximity and it does not interfere with the employee's required job duties. This policy also applies to smokeless tobacco, electronic cigarettes and vaping.

Please refer to "Smoking Policy" located in the FAQ section of the Policy & Procedure Manual

Personal Visits and Phone Calls

Personal visits from other employees, friends or relatives must be limited to reasonable purpose (e.g., dropping off / picking up personal items such as keys). Given the nature of our work, we recognize that relationships exist between our clients and employees that may extend to families and friends. Visits to any household should be client focused. The employee's immediate supervisor should be made aware of any planned non-employee visits. The supervisor has the option of limiting non-employee access to the households and clients. Non-employees must not be left alone with clients. Non-employees visiting while clients are asleep is prohibited.

Personal cell phones are not to be carried by an employee or turned on during work hours when providing client care (exceptions must be approved by supervisor). An employee's family members may be given the household phone number in order to be able to contact the employee in the event of an emergency. During meetings and/or trainings provided by the company, or in any other setting where the use of cell phones is clearly inappropriate, cell phones must be turned off or put on silence. The use of cell phones while driving company vehicles, or a personal vehicle with a passenger present, client or another employee, is not permitted, which includes sending or receiving calls and/or text messages. Should an employee need to make a call while driving, he/she should locate a lawfully designated area to park and make the call.

Some houses are provided with a cell phone to be used for emergencies. Employees must refrain from using cell phones while driving, especially during transportation of clients. Employees need to be aware that the use of any cell phone while driving creates a distraction from safe driving and should immediately pull over to the side of the road to continue or finish their conversation. Employees should only initiate or complete calls while their vehicle is in a parked position. Attention to the road and safe driving practices takes precedence over conducting any type of business on the phone.

Computer and Mobile Device Usage

Computers are present in each household and are to be used for company business only. Company computers are not to be utilized by employees for their personal use (e.g., e-mail, online banking, social networking sites). Employees using the computer for anything other than company business must obtain prior permission from their supervisor at their assigned location.

Company computers and communication systems (e.g., Therap, e-mail, bulletin boards) are owned and provided to assist in the conducting of the business of Cardinal of Minnesota, Ltd. Communication systems are not to be used to solicit, or promote for commercial ventures, religious or political causes, outside organizations, fundraisers, or other non- job related solicitations without approval from an Administrator or Human Resources.

Mass distribution may only be used to communicate Cardinal-sponsored activities, policy changes, security or facility alerts, or information that benefits Cardinal's mission and operations. Distribution lists should not be used for personal messages, items for sale, jokes, chain letters, unsolicited commercial emails or any information which is of interest to only a small segment of the audience. All requests for company-wide distribution must be forwarded to, and approved by, an Administrator or Human Resources. Once the message is approved, the supervisor will then distribute the message on behalf of the employee making the request.

Use of company computers must comply with harassment policies. The company may access any company computer without notice when it deems appropriate to do so. There should be no expectation of privacy.

Cardinal does not require, nor prohibit, employees to use personal technology (e.g., mobile phones, tablet computing devices, laptops and desktop computers) for accessing position-appropriate information including Therap, company-provided email accounts, and company files.

In the event that an employee chooses to use personal technology to access company information, the device must be secured with a private passcode (e.g., username & password, PIN code, or other as appropriate) that prevents unauthorized access. If someone chooses to use personal technology for company purposes, you must notify your supervisor and affirm that the required security precautions have been implemented. If at any time, you think company information has been compromised, notify the Director of Human Resources and the company IT Guru, immediately.

Social Media

The following are guidelines for Cardinal of Minnesota, Ltd. employees and others who are associated with Cardinal, such as consultants, students, interns, and volunteers who participate in social media. Social media includes personal blogs and other websites, including Facebook, LinkedIn, Myspace, Twitter, YouTube or others. These guidelines apply whether employees or others are posting to their own sites or commenting on other sites:

- Follow all applicable Cardinal of Minnesota, Ltd. policies. For example, you must not share confidential or proprietary information about Cardinal and you must maintain client and employee privacy.
- Cardinal discourages staff in management/supervisory roles from initiating “friend” requests with employees they manage. Managers/supervisors may accept friend requests if initiated by the employee, and if the manager/supervisor does not believe it will negatively impact the work relationship.
- If you identify your affiliation to Cardinal, your social media activities should be consistent with Cardinal’s high standards of professional conduct.
- Be professional, use good judgment and be accurate and honest in your communications; errors, omissions or unprofessional language or behavior reflect poorly on Cardinal, and may result in liability for you or Cardinal of Minnesota, Ltd. Be respectful and professional to fellow employees, business partners, competitors and clients.
- Ensure that your social media activity does not interfere with your work commitments.
- Cardinal strongly discourages “friending” of clients on social media websites. Staff in client care roles generally should not initiate or accept friend requests except in unusual circumstances such as the situation where a personal friendship pre-dates the professional relationship.
- Unless approved in writing by the Director of Human Resources your social media name, handle and URL should not include Cardinal’s name or logo.
- Ask your Administrator or Director of Human Resources if you have any questions about what is appropriate to include in your social media profile(s)

If you see a posting online that violates a Cardinal policy, it should be reported to your supervisor or Human Resources immediately. This includes, but is not limited to, pictures of clients, employees or information referencing protected health information.

Photography

Cardinal of Minnesota, Ltd. often uses photography, electronic images and video of work-life events, ceremonies, and other activities to advance the mission of the company. These images are used on websites, publications, broadcasts, displays or other media. As an employee you authorize, without compensation, the use of, display, distribution and reproduction of these recordings by Cardinal of Minnesota, Ltd. or

anyone authorized by the company. Employees waive the right to inspect or approve these materials that may be used now or in the future. All photographic prints and digital photo files shall constitute Cardinal property, solely and completely. Cardinal of Minnesota, Ltd. also commits to honor, to the extent practical, any request to cease in the use of a photograph.

Emergency Use of Manual Restraint (EUMR):

Emergency Use of Manual Restraint (EUMR) means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is in 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 does not constitute an emergency.

Please refer to the Emergency Response and Reporting policy in the Policy and Procedure Manual, or reference 245D.061. Effective January 1, 2014 all service providers licensed under Minnesota Statutes, Chapter 245D, must complete and submit the Behavior Intervention Report form (BIRF) to report all occurrences of any EUMR within 15 days of the intervention.

Vulnerable Adult Act and Reporting Procedures

Any mistreatment, neglect or abuse of a client is prohibited. Employees will receive training on the company's formal policy regarding the Vulnerable Adult Act, Maltreatment of Minor's Act (as appropriate) and their status as mandated reporters as part of their initial orientation.

Please refer to "Vulnerable Adult Act" and "Maltreatment of Minor's Act" located in the Policy & Procedure Manual.

Deficit Reduction Act Prevention and Detection of Fraud, Abuse and Waste

Cardinal of Minnesota, Ltd. has a longstanding practice of fair and truthful dealing with its clients, families, health professionals, vendors and other business associates. Policies and Procedures are adopted to comply with the Employee Education about False Claims Recovery provisions of the Deficit Reduction Act of 2005.

Anti-Fraud Policy: Management, employees, contractors and other agents of Cardinal of Minnesota, Ltd. shall not engage in any acts of fraud, abuse or waste in any matter concerning Cardinal of Minnesota, Ltd.'s business or mission. In the course of dealing with our clients, families, payors, and other health care professionals, Cardinal of Minnesota, Ltd.'s management, employees, contractors and agents shall not knowingly make a false statement of material fact in preparation or submission of any claim for Medicaid or other reimbursement and shall not engage in any other activity prohibited by these policies.

Reporting Policy: Management, employees, contractors and other agents who have reason to believe that any person has violated these policies shall immediately report their observations and concerns to Jack Priggen, President. No person shall retaliate against another who submitted a timely report in accordance with these Policies and Procedures.

Please refer to "Deficit Reduction Act" located in the Policy & Procedure Manual

CARDINAL OF MINNESOTA, Ltd.**Benefits Summary**

HEALTH Full time and part time eligible employees (working an average of 64 hours per pay period) are eligible to enroll in Cardinal's Health, Life/ADD and STD benefits.

Cardinal pays:

50%	Employee single coverage
50%	Employee + Spouse coverage
60%	Employee + Child(ren) coverage
50%	Family coverage

Cardinal's monthly cost per plan per employee:

PLAN:	\$500/\$25	\$500/75%	\$3,000
Single coverage	\$242	\$218	\$158
Emp. + Spouse	\$508	\$458	\$331
Emp. + Child(ren)	\$638	\$575	\$416
Emp. + Family	\$798	\$719	\$521

Life/ADD & Short Term Disability Cardinal pays 50% of employee Life/ADD and Short Term Disability coverage Monthly premium based upon income. Dependent Life coverage Cardinal pays 50%. Dependent coverage = \$2,000 for spouse / \$1,000 for dependent child

AFLAC Employees working a minimum average of 20 hours per week are eligible Cardinal pays \$30/month per employee towards supplemental insurance policies

401(k) RETIREMENT PLAN Eligible after 1,000 hours of employment over 12 consecutive months and 19 years of age. Employees are automatically enrolled at time of eligibility at 3% contribution unless they choose to opt-out of the plan or contribute at a different percent / dollar amount. Cardinal makes a discretionary match up to 8% of employee contributions into their 401(k) plan. This match is determined on an annual bases following the end of the fiscal year. Since the inception of this plan, Cardinal's match has been 8%.

VACATION Non-exempt, hourly employees, accrue vacation based upon actual hours worked.

1st year employee:	1 week vacation equal to avg. number of hours worked
2nd - 5th year employee:	2 weeks vacation equal to avg. number of hours worked
6th - 10th year employee:	3 weeks vacation equal to avg. number of hours worked
11th year employee + plus:	4 weeks vacation equal to avg. number of hours worked

PERSONAL DAY Non-exempt full time employees, working an average of 35 hours and 4 separate shifts per week, are eligible for one personal leave day per quarter.

SICK Non-exempt hourly employees accrue sick time based upon actual hours worked per week. Employees earn 1 week of sick time per year. The max an employee can accumulate for sick time is 80 hours (2 weeks).

HOLIDAYS Full and part time employees working on the holiday are paid double time for all their hours worked on that holiday, from midnight to midnight of the holiday. Full time employees, 35+ hrs. per week/avg. 70+ hrs. per pay period, receive holiday pay. Part time employees (working less than 70 hours per pay period) are not paid holiday pay unless they work on the holiday.

Cardinal pays Holiday pay for the following holidays:

New Year's Day	Independence Day	Thanksgiving Day
Memorial Day	Labor Day	*Christmas Day

**or other day if requested by the employee in order to observe a day of religious significance*

REFERRAL BONUS Cardinal pays \$150 for part time hired referrals / \$250 for full time hired referrals Referral bonuses paid after 1 year anniversary date of the new hire.

WELLNESS Cardinal reimburses employees \$20 per month towards qualified fitness programs Reimbursement paid quarterly through payroll.

HARDSHIP POOL For hourly employees only, Cardinal has created a Hardship Pool to provide an additional source of assistance for employees when they are physically or mentally unable to work due to circumstances beyond their control and they would suffer an even greater hardship from the loss of their income when there are no other options available to them.

Complete explanation of benefits are available in the Employee Handbook

CARDINAL OF MINNESOTA, Ltd.		Benefits Summary effective 2-01-2017
HEALTH / LIFE/ADD & Short Term Disability CONTACT: HR Generalist, Amanda Podein		
HEALTH	Full time & Part Time Eligible (PTE) employees working an average of 30 hours per week are eligible to enroll in Cardinal's Health, Life/ADD and STD benefits.	
Life/ADD & Short Term Disability (STD)	Cardinal pays 50% of employee Life/ADD and Short Term Disability coverage Life Insurance for employee is \$25,000 Term Policy / STD 60% of income max at \$350 per week. Monthly premium for STD based upon income. Dependent Life coverage Cardinal pays 50%. Dependent Life coverage = \$2,000 for spouse / \$1,000 for dependent child	
AFLAC CONTACT: Payroll Manager, Anita Gabrielson		
AFLAC	Employees working a minimum average of 20 hours per week are eligible Cardinal pays \$30/month per employee towards supplemental insurance policies	
401(k) CONTACT: CFO, 'K.C.' Chladek, or Payroll Manager, Anita Gabrielson		
401(k) RETIREMENT PLAN	Eligible after 1,000 hours of employment over 12 consecutive months and 19 years of age. Employees are automatically enrolled in the plan at 3% contribution at time of eligibility unless they choose to opt-out of the plan or contribute at a different percent / dollar amount. Cardinal makes a discretionary match up to 8% of employee contributions into their 401(k) plan. This match is determined following the end of the fiscal year. Since inception, Cardinal's match has been 8%.	
CONTACT PERSON FOR VACATION, PERSONAL DAY, SICK AND HOLIDAY HOURS: Payroll Manager, Anita Gabrielson		
VACATION	Non-exempt, hourly employees, accrue vacation based upon actual hours worked. 1st year employee: 1 week vacation equal to avg. number of hours worked 2nd - 5th year employee: 2 weeks vacation equal to avg. number of hours worked 6th - 10th year employee: 3 weeks vacation equal to avg. number of hours worked 11th year employee + plus: 4 weeks vacation equal to avg. number of hours worked	
PERSONAL DAY	Non-exempt full time employees, working an average of 35 hours and 4 separate shifts per week, are eligible for one personal leave day per quarter.	
SICK	Non-exempt hourly employees accrue sick time based upon actual hours worked per week up to 1 week of sick time per year. The maximum an employee can accrue is 80 hours (2 weeks).	
HOLIDAYS	Full and part time employees working the holiday are paid double time for their hours worked on the holiday, from midnight to midnight. Full time employees (avg. 35+ hrs. per week / 70 hours per pay period) receive holiday pay. Part time employees (avg. less than 70 hrs. per pay period) are not paid holiday pay unless they work on the holiday. Cardinal pays Holiday pay for the following holidays: New Year's Day Independence Day Thanksgiving Day Memorial Day Labor Day *Christmas Day <i>*or other day if requested by the employee in order to observe a day of religious significance</i>	
REFERRAL BONUS CONTACT: Payroll Manager, Anita Gabrielson, or HR Manager, Sara Collison		
REFERRAL BONUS	Cardinal pays \$500 for hired referrals (\$250 after 3 months and \$250 after 1 year) Referral bonuses are paid after 3 months and 1 year anniversary date of the new hire.	
WELLNESS CONTACT: HR Generalist, Amanda Podein		
WELLNESS	Cardinal reimburses employees \$20 per month towards qualified fitness programs Reimbursements are paid quarterly through payroll.	
HARDSHIP POOL CONTACT: HR Generalist, Amanda Podein		
HARDSHIP POOL	For hourly employees only, the Hardship Pool provides an additional source of assistance for employees who are physically or mentally unable to work due to circumstances beyond their control and they would suffer an even greater hardship from the loss of their income when there are no other options available to them.	
FAMILY MEDICAL LEAVE ACT: HR Manager, Sara Collison		
FMLA	All questions regarding the Family Medical Leave Act should be directed to Sara Collison, HR Mgr. Please refer to your Employee Handbook and the FAQ section of the P&P Manual for information.	
Complete explanation of benefits are available in the Employee Handbook		

Starting Salary Increment

House Difficulty Rating Key	
Low	33,21,22,29,32,34,37,39,40,42,44
Medium	12,14,17,19,25,26,28,30,35,36,43,50
High	11,15,16,20,23,24,27,31,38,41,61,62,63

		<u>Coordinator</u>	
	RPS	Overnight Sleep	In-Home
Education + Experience			
0 to 1yr	\$10.50	\$8.00	\$10.75
1 yr	\$0.25	\$0.25	\$0.25
2 yr	\$0.50		\$0.50
3 Yr	\$0.75		\$0.75
5 yr	\$1.00		\$1.00
5 yr+	\$1.25		\$1.25
	<input type="text"/>	<input type="text"/>	<input type="text"/>

	<u>Lead Coordinator</u>	
	RPS	In-Home
	\$12.00	\$12.50

	Coordinator	Lead Coordinator	Overnight Sleep	Overnight Awake	Float Staff	Residential Supervisor
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Education and Experience

17, 23, 38,
61, 62, 63

	In-Home Starting Wage	Lead Coordinator	Overnight Sleep	Overnight Awake	Float Staff	Residential Supervisor
	Bemidji Starting Wage					
0 to 1 yr	\$10.50	\$12.00	\$8.00	\$10.75	\$12.00	\$15.50
1 yr	\$10.75	\$12.25	\$8.25	\$11.00	\$12.50	\$16.00
2 yr	\$11.00	\$12.50		\$11.25	\$13.00	
3 yr	\$11.25	\$12.75				
4 yr	\$11.50	\$13.00				
5 yr	\$11.75					
> 5 yrs	\$12.00					

A

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Site & Client Difficulty

Low	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medium	\$0.25	\$0.25	\$0.25	\$0.25	\$0.25	\$0.25
High	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50

B

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Starting Salary [A+B]

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House Difficulty Rating Key

Low 33,21,22,29,32,34,37,39,40,42,44
 Medium 12,14,17,19,25,26,28,30,35,36,43,50
 High 11,15,16,20,23,24,27,31,38,41,61,62,63

Reviewed:
Revised:

Cardinal of Minnesota, Ltd.
New Hire Salary Worksheet

Used to establish the starting salary for positions working with clients.

Position Type

Direct Support Professional (DSP)	\$10.75	
Lead DSP	\$12.25	<i>A Lead DSP is paid \$1.50/hr more after applying experience and other wage factors.</i>
In-Home DSP	\$11.25	
Float DSP	\$13.25	
Overnight Sleep	\$9.00	
Overnight Partial	Review with H.R.	
Overnight Awake	\$10.75	

Wage Factor A \$

Experience

Related or otherwise beneficial experience

0 to 1yr	\$0.00
1 yr	\$0.25
2 yr	\$0.50
3 Yr	\$0.75
5 yr	\$1.00
5 yr+	Review with H.R.

Wage Factor B \$

Site or Client Difficulty

Use the legend on the reverse side to identify site difficulty

Low	\$0.00	12,21,22,29,34,44,45,46
Medium	\$0.25	17,19,26,30,32,33,36,37,39,42,43,50
High	\$0.50	11,14,15,16,20,23,24,25,27,28,31,35,38,41,47,48,61,62,66

Wage Factor C \$

Other Factors Considered

Education, Circumstances of the Position, or other. State the factors below.

Wage Factor D \$

Starting Salary

Routed to Payroll by H.R.

A+B+C+D Rate 1 \$ Hr

A+B+C+D Rate 2 \$ Hr

Initial the appropriate box

Staff

RS/PD/Admin

HR

Cardinal of Minnesota, Ltd. New Hire Salary Worksheet

Used to establish the starting salary for positions working with clients.

Position Type		
Direct Support Professional (DSP)	\$12.00	
Lead DSP	\$13.50	
Float DSP	\$14.00	
Overnight Sleep	\$9.50	
Overnight Partial Sleep	\$10.50	Only Sites - 11,17,19,23,39,48
Overnight Awake	\$12.00	
Wage Factor A	\$	

Experience		
0 to 1yr	\$0.00	
1-2 yrs.	\$0.25	
2-3 yrs.	\$0.50	
3-5 yrs.	\$0.75	
5+ yrs.	\$1.00	
Wage Factor B	\$	

Site or Client Difficulty		
Low	\$0.00	12,21,26,29,30,32,34,37,39,42,44,45,46,49
Medium	\$0.25	15,17,19,20,22,27,33,36,41,47,50,51
High	\$0.50	10,11,14,16,23,24,25,28,31,35,38,43,48
Wage Factor C	\$	
		52,53,54,61,62,63

Weekend Shift Differential
Weekend shift differential of an additional \$0.50/hr on Saturdays and Sundays from 7:00AM-10:00PM

Starting Salary		
Awake Rate 1	\$	
		Hr
Sleep Rate 2	\$	
		Hr

Initial the appropriate box

Applicant
 HR

Cardinal of Minnesota, Ltd.

Admission Policy

It is the policy of Cardinal of Minnesota 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.

Applications for service initiation are considered without regard to race, creed, color, natural origin, religion, physical handicap, sexual orientation, public assistance status, or marital status. Reasonable accommodations shall be made as required under the American Disabilities Act. Applicants can be of any age. If an applicant is under 18 years of age, and is living in a supervised living facility, licensed under Adult Foster care, a variance must be secured.

A. Pre-admission

1. Before admitting a person to the program, the program must provide the following information to the person or the person's legal representative:
 - a. Information on the limits to services available from the program, including the knowledge and skill of the program staff and the program's ability to meet the person's service and support needs.
 - b. A copy of the fact sheet the program received from a law enforcement authority or corrections agent for a person who is a registered predatory offender currently being served by the program when the fact sheet includes a risk level classification for the offender. The fact sheet received by the program should not be altered when it being provided and should contain the following information: (1) name and physical description of the offender; (2) the offender's conviction history, including the dates of conviction; (3) the risk level classification assigned to the offender under section 244.052, if any; and (4) the profile of likely victims. If a person is being admitted to the program who is a registered predatory offender and the program has received a fact sheet, a copy of the fact sheet must be provided to all persons currently served by the program, or their legal representative.
2. Appropriate personnel from Cardinal of Minnesota, Ltd. review all referrals to determine the feasibility of providing services and whether services can be effectively delivered.
3. Required authorization to provide services are secured, approved and signed by county personnel, Cardinal of Minnesota, Ltd. authorized representative, and guardian, as appropriate. An application to Cardinal of Minnesota, Ltd. will be completed by the case manager and/or legal representative.
4. Pre-placement visit is made with client. If placement is within an existing Cardinal home, visits will be arranged for the potential new client to meet the housemate(s). All efforts will be made to assure compatibility. If In-Home/SILS are requested the preferred living arrangement of the client will be assessed, as needed.
5. Pre-Admission teaming held to determine programmatic, medical and other support services needed by the client. An Individual Abuse Prevention Plan will be started at the Pre-Admission teaming and completed by the day of admission. The Individual Abuse Prevention Plan will be reviewed annually, or more often, as needed. During the Pre-Admission meeting, consents for release of information, handling funds, use of photograph, and administration of medications will be obtained. The Pre-Admission teaming will discuss what the client wants and needs from the services, what the case manager expects from the

Coordinated Services and Support Plan (CSSP), and service needs indicated on the Individual Abuse Prevention Plan.

6. Coordinate day placement services with county of responsibility and the county where services will be received.
7. Program housing is secured, if necessary. Client and family representative are involved in this process, as appropriate.
8. Admission date is established.

B. Service initiation

1. **Service Recipient Rights:** Upon service initiation the program will provide each person or each person's legal representative with a written notice that identifies the service recipient rights under 245D.04, and an explanation of those rights within five working days of service initiation and annually thereafter. Reasonable accommodations will be made to provide this information in other formats or languages as needed to facilitate understanding of the rights by the person and the person's legal representative, if any. The program will maintain documentation of the person's or the person's legal representative's receipt of a copy and an explanation of the rights. 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:
 - a. Grievance policy and procedure.
 - b. Service suspension and termination policy and procedure.
 - c. Emergency use of manual restraints policy and procedure.
 - d. Data privacy.
2. **Handling property and funds:** The program will obtain written authorization from the person or the person's legal representative and the case manager whenever the program will assist a person with the safekeeping of funds or other property. Authorization must be obtained within five working days of service initiation and renewed annually thereafter. At the time initial authorization is obtained, the program will ask the person or the person's legal representative and the case manager how often they want to receive a statement that itemizes receipts and disbursements of funds or other property. The program will document the preference. The program will document changes to these preferences when they are requested.
3. **Refusal to admit a person:** 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. Documentation of the basis of refusal must be provided to the person or the person's legal representative and case manager upon request. This licensed program must not refuse to admit a person based solely on:
 - 1) the type of residential services the person is receiving
 - 2) person's severity of disability
 - 3) orthopedic or neurological handicaps
 - 4) sight or hearing impairments
 - 5) lack of communication skills
 - 6) physical disabilities
 - 7) toilet habits
 - 8) behavioral disorders
 - 9) past failure to make progress

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

CARDINAL OF MINNESOTA, LTD.

Annual Review of Policies and Procedures

All supervisory staff reviewed the Policy and Procedure manual as part of an internal audit at a monthly supervisory meeting on:

02-02-17
09-30-15
08-31-14
05-31-13
05-31-12
12-05-11
05-09-11
10-27-10
08-05-10
04-05-10
10-07-09
07-21-09
05-05-08
01-08-08
09-01-07
03-31-07
08-09-06
09-15-05
02-11-05
03-01-04
03-11-03
03-15-02
03-26-01
04-01-00
10-15-99
10-01-98
09-10-97
12-04-96
11-06-96
10-09-96

CARDINAL OF MINNESOTA, LTD.

Billing Procedures

Billing Procedure for In-Home / SILS:

Client services are tracked in Therap. On a daily basis, DSP will chart their time worked with clients. The employee's supervisor of services will review all entries made by staff in Therap. Once entries have been reviewed the supervisor will save the report with approval.

Once the Therap report has been approved for billing (i.e., services provided agree with the service agreement) the accounting department will print. Therap reports are billed directly through Therap to DHS.

Once an invoice has been generated and transmitted or mailed for payment, the accounting department will enter this information into QuickBooks. Upon receipt of payment the accounting department will post payments to the QuickBooks accounts receivable ledger.

Rejects and denials from remittance advices are noted and researched by the accounting department to correct the error and rebill. When necessary, the accounting department will contact the county and/or state agency involved to obtain their assistance in facilitating efforts to rebill.

Billing Procedure for Waiver Clients:

Cardinal of Minnesota, Ltd. is an approved Medicaid (MA) provider licensed by the State of Minnesota Department of Human Services to provide services under the Waiver, Adult Foster Care, and SILS systems.

It is the policy of Cardinal of Minnesota, Ltd. to bill only for services actually provided. Billing for client services must conform to and follow the requirements of the payer. This policy is intended to provide accurate billing and prompt payment. Clients may be eligible for services if they qualify for MA, Waiver, Adult Foster Care, or SILS, or if they agree to pay for services privately.

All billings flow from providing a covered service to a client in compliance with the requests specified by the county agency. All payers require some sort of advance authorization, approval, or written contract, therefore, the policy is to follow specific requirements of the payer whether it is MA, other Federal or State program, or private pay.

Billing is processed at rates specified on the client's Individual Service Agreement. Only billable units are billed to the payer. Billing of billable units is done on a per unit basis (a unit can be made up of hourly or daily rates) depending upon the type of service requested as outlined in the service agreement with the payer. The form of billing depends upon the payer requirements to include an invoice or another format as provided by the county, or company produced invoices. The company submits billings via electronic media.

CARDINAL OF MINNESOTA, LTD.

Charting Guidelines & Procedures

I. General Rules and Regulations for Maintenance of Medical Records:

1. Client records will be maintained for 7 years following their demit date.
2. Records must be safeguarded against loss, destruction, and unauthorized use.
3. Records should never be removed from a facility except in response to a Subpoena or as otherwise permitted by the company President or Administrator. Records must be supervised at all times or locked. Not keeping records locked may be permitted depending upon circumstances. Approval must be obtained from the Program Director.
4. All client information should be considered confidential and released only with authorization from the client's guardian, except where required by law.
5. All information pertaining to the client's care shall be incorporated into their permanent record.

II. Specific Requirements for Creating Legal Documentation:

(Client Med Sheets, In-Home Progress Notes and Incident Reports)

1. Each page of the record must contain the name of the client.
2. All entries should be permanent, typewritten, or made in ink. Use black or blue ink when documenting progress notes.
3. Date and time all entries.
4. Authenticate all entries with first name or initial, full last name, and title (e.g., Mary Jones, DSP). Initials may be used on graphic forms provided there is a legend on the same form indicating to whom the initials belong.
5. Use only standard, approved abbreviations found in Medication Book at each site. Abbreviations should never be used for diagnosis.
6. Write legibly.
7. Never erase an error or use white out. To change an inaccurate entry:
 - a. draw a single thin line through each line of the inaccurate material, making certain it is still legible
 - b. write "error" in the margin and state why the entry has been changed (e.g. wrong client file)
 - c. date and initial
8. Make continuous chronological entries. Never skip lines or leave spaces between entries. All lines should be completed on a page before a new page is started. If an entry is missed you may put the date of documentation and note "late entry."
9. All notations should be made as soon as possible after the observation and never before.
10. Accident/Incidents should be noted immediately with a full report completed within 24 hours.
11. Never make or sign an entry for someone else. Only countersign an entry you have read and can attest to the accuracy of.
12. Never tamper with or change the record for any reason.

III. Therap:

1. Each client residing in one of the Cardinal homes (and most In-Home clients) is entered into an electronic documentation system known as "Therap."
2. Each staff is trained on the Therap documentation system. The use of T-logs and ISP's replaces the progress notes. T-logs are a client based entry completed by staff at the end of their shift.
3. All notations should be made as soon as possible after the observation and never before. Accidents/Incidents should be noted immediately with a full report completed within 24 hours. An orange Therap binder is located at each of the sites to be used as a reference guide.

IV. General Guidelines for Documentation:

1. Avoid generalizations, be specific (e.g. "client doing well", compared to what?).
2. Don't draw conclusions, record the facts. Rather than stating that "the client is confused", state what behavior the client is exhibiting.
3. Be complete - record everything significant to the client's condition. If all those who were caring for the client were to suddenly disappear, could a new team, from the record alone, immediately continue the best possible care?
4. Use quotes when appropriate. One quote may be worth a thousand words when trying to describe a client's emotional state.
5. Use specific time frames rather than vague terms such as "usually, frequently, or often." What is usually? Describe how often an event occurs. (____ times a day)
6. Read previous entries and follow up on previously noted problems.
7. Display thought processes, especially if it leads to important care decisions.
8. Progress notes should reflect the client's response to the care/program plan or address new problems or symptoms. If there isn't much progress to report, visit the client and review his/her general condition.
9. Record all instances of client/family instruction (e.g. when medications are sent home with the client or family, what precautions were given).

V. Professionalism:

1. Use correct grammar and spelling.
2. Describe client conditions/problems with professional terminology.
3. Avoid derogatory, trivial, or unprofessional comments about clients or colleagues.
4. Keep personal feelings and opinions out of the record. Sometimes it is very useful to have the opinions of staff familiar with the client included in the record. When this is the case, precede your comments with the words, "in this writer's opinion..."
5. Avoid extraneous or rambling remarks.
6. Keep pages neat and use reinforcement rings when necessary.
7. When referring to another client/peer in notes, do not use their full name, but rather identify them by "peer CB" or "co-worker JS."
8. Profanity does not need to be quoted or spelled out, instead state that "CB was swearing and/or using profane language toward peer."

CARDINAL OF MINNESOTA, LTD.

Contact Persons

Jack Priggen	Chief Executive Officer	507-281-1077, ext. 311
Kyle Mullen	Chief Program Officer	507-281-1077, ext. 333
Kristin Nagel	Chief Operating Officer	507-281-1077, ext. 320
Kathy Karls	Director of In-Home Services	507-281-1077, ext. 314
Kate Smith	Director of Training	507-281-1077, ext. 336
Kelli Gillespie	Administrator	507-281-1077, ext. 318
Marshall Goughnour	Administrator	1-218-755-9530 Bemidji
Traci Lisowski	Administrator	507-452-5218 Winona
Crystal Nielsen	Administrator	507-281-1077, ext. 324
Sky Royston	Administrator	507-281-1077, ext. 330
Kaitlyn Barrientos	Program Director	507-281-1077, ext. 316
Amy Blackstad	Program Director	507-993-6533 Austin
Jen Douty	Program Director	507-433-9423 Austin
Jayda Garrison	Program Director	507-458-0142 Winona
Cindy Goughnour	Program Director	1-218-755-9530 Bemidji
Jessica Heaser	Program Director	507-281-1077, ext. 313
Christine Hendrix	Program Director	507-281-1077, ext. 332
Kelly Grogan	Program Director	507-281-1077, ext. 330
Bonnie Timm	Program Director	507-281-1077, ext. 344
Kristine Chladek	Chief Financial Officer	507-281-1077, ext. 315
Heather Krpata	Accountant	507-281-1077, ext. 317
Liza Sturgis	Accountant	507-281-1077, ext. 323
Dustin Kruger	Accountant	507-281-1077, ext. 339
Anita Gabrielson	Payroll Manager	507-281-1077, ext. 312
Aaron Hansen	Payroll Assistant	507-281-1077, ext. 331
Sara Collison	Director of Human Resources	507-281-1077, ext. 322
Amanda Podein	HR Generalist	507-281-1077, ext. 337
Shelly McMahan	Director of Nursing	507-281-1077, ext. 321
Meagan Carmody	Nursing	507-281-1077, ext. 327
Bree Douglas	Nursing	507-281-1077, ext. 326
Carol Johnson	Nursing	507-281-1077, ext. 326
Kayla Coil	Nursing	507-281-1077, ext. 327
Lori Kollasch	Executive Assistant	507-281-1077, ext. 310
Matthew Speltz	IT Guru	507-281-1077, ext. 334
Tom Brass	Maintenance	507-951-5798

Cardinal of Minnesota, Ltd.

Data Privacy Policy

I. Policy

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

II. Procedures

A. Private Data

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

B. Providing Notice

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

C. Obtaining Informed Consent or Authorization for Release of Information

1. At the time Informed Consent is being obtained, staff must tell the person or the legal representative individual the following:

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

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

 -) Why I am being asked to release this information.
 -) I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me.
 -) If I do not consent, the information will not be released unless the law otherwise allows it.
 -) I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
 -) The person(s) or agency(ies) who get my information may be able to pass it on to others.
 -) If my information is passed on to others by this program, it may no longer be protected by this authorization.
 -) This consent will end one year from the date I sign it, unless the law allows for a longer period."
 - i. Maintain all informed consent documents in the consumer's individual record.

D. Staff Access to Private Data

1. This policy applies to all program staff, volunteers, and persons or agencies under contract with this program (paid or unpaid).
2. Staff persons do not automatically have access to private data about the persons served by this program or about other staff or agency personnel. Staff persons must have a specific work function need for the information. Private data about persons are available only to those program employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.

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

E. Individual access to private data.

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

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

F. Case manager access to private data.

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

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

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

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

CARDINAL OF MINNESOTA, LTD.

Deficit Reduction Act

A. Prevention and Detection of Fraud, Abuse, and Waste.

Cardinal of Minnesota, Ltd. has a longstanding practice of fair and truthful dealing with its clients, families, health professionals and other business associates. Employees of Cardinal of Minnesota, Ltd. shall not engage in any acts of fraud, abuse or waste, and shall not knowingly make false statements of material fact in the preparation and submission of any claim for reimbursement under the Medicaid program, or commit any other activity prohibited herein. Violation of this policy is grounds for immediate termination from employment.

Fraud is an intentional misrepresentation that, when relied on by a payor or other person, deceives them to their detriment. Abusive tactics are broader than fraud and may include submitting deceptive or misleading claims to a government program like Medicaid, or using a false statement to support a claim. Waste may include other deceptive tactics such as over-utilization of otherwise necessary services or requiring “pay to play” kickback arrangements where contracts are awarded or goods purchased only if the vendor promises to kickback an incentive to either the Medicaid provider or its employee.

Types of fraud, abuse, or waste which may lead to the submission of false claims to the Medicaid program include, but are not limited to the following:

1. Billing for services not actually provided;
2. Documenting clinical care not actually provided;
3. Making payments to a phantom vendor or phantom employee;
4. Paying a vendor or employee for services not actually provided;
5. Paying an invoice known to be false;
6. Accepting or soliciting kickbacks or illegal inducements from vendors of services, or offering or paying kickbacks or illegal inducements to vendors of services;
7. Paying or offering gifts, money, remuneration or free services to entice a Medicaid recipient to use a particular vendor;
8. Using Medicaid reimbursement to pay a personal expense;
9. Embezzling;
10. Ordering and charging for over-utilized medical services that are not necessary for the client.

B. Mandatory Reporting Requirement.

Employees of Cardinal of Minnesota, Ltd. who have a reason to believe that any employee, including managerial staff, or any contractor or agent hired by Cardinal of Minnesota, Ltd. has violated this requirement by committing fraud, abuse, or waste, has a duty to report their observation and concern immediately to Jack Priggen, President. No employee, contractor or agent of Cardinal of Minnesota, Ltd. shall retaliate against another for submitting a timely report pursuant to this policy.

All reports shall be investigated under the supervision of Jack Priggen, President. All employees have a duty to cooperate with any investigation conducted by Cardinal of Minnesota, Ltd. under this requirement, including but not limited to providing information upon request and meeting with Cardinal of Minnesota, Ltd.'s legal or accounting representatives, if directed to do so by Jack Priggen, President.

If substantiated, Cardinal of Minnesota, Ltd. will take any action which may be necessary to respond appropriately to any offense and to prevent any further similar offenses, including but not limited to terminating employees or terminating contractor or agent's contract. Offenses will be evaluated for voluntary self-disclosure under applicable federal laws, and when warranted, offenses will be referred for prosecution. Cardinal of Minnesota, Ltd. will cooperate with government officials prosecuting any individual referred by Cardinal of Minnesota, Ltd. for prosecution.

C. Notification of Federal and State Laws.

(I) Sanctions.

Federal law also requires Medicaid providers like Cardinal of Minnesota, Ltd. to provide you with detailed information about the federal False Claims Act, 31 U.S.C. §§ 3729-3733, and the administrative remedies for false claims and statements established by 31 U.S.C. §§ 3801-3812. These laws are important to you and Cardinal of Minnesota, Ltd. because they not only provide severe civil and criminal sanctions for submitting false claims to the federal Medicaid program, they also provide individuals who alert federal and state officials to offenses with whistleblower protections.

Under the False Claims Act, individuals or organizations that are found to have submitted false claims to the federal government, including the Medicaid program, are subject to civil liability in the amount of \$5,500 to \$11,000 per claim, plus treble damages, and can face exclusion from the Medicaid and Medicare program. Administrative civil money penalties may be imposed against any person who makes or presents a claim the person knows or has reason to know is false, fictitious, or fraudulent. In addition to other remedies authorized by law, these civil money penalties may be levied up to \$5,000 for each false claim and double damages. Knowingly submitting a false claim with actual knowledge, reckless disregard, or deliberate ignorance may lead to criminal prosecution and incarceration.

In addition to the criminal and civil sanctions levied by federal law, Minnesota law contains criminal and civil penalties for Medicaid Assistance fraud. Under Minn. Stat. § 609.466, any person who, with the intent to defraud, presents a claim for reimbursement which is false in whole or in part is guilty of an attempt to commit theft of public funds and may be sentenced accordingly. Under Minn. Stat. § 256B.121 any vendor of medical care who willfully submits a claim for reimbursement that is known to be a false claim is also subject to a civil action by the State of Minnesota for treble damages, costs and attorneys' fees. Subjecting a vulnerable adult to unnecessary and over utilized services for the profit or advantage of another may also constitute financial exploitation under the Minnesota Vulnerable Adults Act under Minn. Stat. § 626.5572, subd. 9 and § 609.2335.

(II) Rights of Employees Under Whistleblowing Protections and Qui Tam Actions

The False Claims procedures at 31 U.S.C. § 3730(h) provide anti-retaliation protections for whistleblowing employees. If an employee participates in the investigation for, initiation of, testimony for, or assistance in an action filed under the False Claims Act, the employer may not discharge, demote, suspend, threaten, harass or in any other manner discriminate against the employee in the terms and conditions of employment in retaliation for the employee's protected action.

An employee who is retaliated against in violation of 31 U.S.C. § 3730(h) may file an action to be made whole, and relief includes reinstatement, double back pay with interest on the back pay, and compensation for any special damages including litigation costs and reasonable attorneys fees.

Under Minn. Stat. § 181.932, Minnesota law prohibits employers from discharging, disciplining, threatening or otherwise discriminating against or penalizing an employee for good faith reporting of suspected violations of any state or federal law or rule, or for participating in a government investigation. The law allows employees to refuse an employer's order to perform an act that violates federal or state law. The Minnesota law expressly authorizes an employee to report in good faith violations of federal or state health care standards that put the public at risk.

The Federal False Claims Act also enables private individuals to initiate lawsuits on behalf of the federal government against any party who submitted false claims for payment from the Medicaid program. Known as "qui tam" actions, the suing private plaintiff, if successful, may be rewarded part of any penalty recovered and the remainder goes to the government. Depending upon the circumstance of each case, the government may intervene. In cases where the government declines to intervene and the private plaintiff pursues the action on his or her own, the plaintiff's recovery share may be as great as 25 to 30 % of the penalty. In cases where the government elects to intervene, the court may award between 15 and 25 % recovery.



U.S. Department of Health & Human Services

REPORT FRAUD

4 4 7 - 8 4 7 7

Call the **OIG hotline: 800-HHS-TIPS**

Report fraud or misconduct
relating to the receipt or expenditure
of HHS contract funds.

4 4 7 - 8 4 7 7

Phone: **1-800-HHS-TIPS**

Fax: **1-800-223-8164**

E-Mail: **HHSTips@oig.hhs.gov**

TTY: **1-800-377-4950**

Mail:

Office of Inspector General
Department of Health & Human Services
Attn: Hotline
PO Box 23489
Washington, DC 20026

For more information, visit the Office of Inspector General online at oig.hhs.gov/fraud/hotline

CARDINAL OF MINNESOTA, LTD.

Drug & Alcohol Use

Cardinal supports a workplace free from the effects of drugs, alcohol, controlled substances, or abuse of prescription medications by any employee, subcontractor, volunteer, or other individual directly or indirectly responsible for individuals served in any program operated by the company.

Any person must be free from the influence of a chemical that impairs the individual's ability to provide direct care (i.e., drugs, alcohol, controlled substances, or abuse of prescription medication) is considered the same as usage. 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 which may include termination of employment.

All employees are expected to respond appropriately if a coworker reports to work impaired in any way. The employee is expected to stay with the clients they are working with and immediately report their concerns to their supervisor or a member of the management team.

Since many of our employees have access to medications prescribed to our clients, drug testing may be required in the event that theft of client medications is suspected. Testing will be limited to those employees who have access to the missing medications.

All employees and other individuals directly responsible for individuals served in any program will receive training regarding this policy during initial orientation (prior to having direct responsibility for individuals) and annually thereafter.

If an employee is convicted of criminal drug use or activity must notify the Human Resource Manager no later than five (5) days after the conviction. Criminal conviction for the sale of narcotics, illegal drugs, or controlled substances will result in corrective action which may include termination of employment.

The Human Resource Manager or Administrator 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. Licensing boards will be notified, as appropriate.

Please refer to 'Drug Testing Policy' in the P&P Manual for further information.

CARDINAL OF MINNESOTA, LTD.

Drug / Alcohol Testing

Drug abuse is potentially a serious threat to Cardinal of Minnesota, Ltd. and its employees. To ensure a safe and healthy working environment, the company has adopted the following drug testing policies, subject to state-specific regulations in various agency locations.

An employee will be subject to testing if Cardinal of Minnesota, Ltd. obtains evidence or has reasonable suspicion to believe that illegal drugs or controlled substances are being used while an employee is responsible for individuals served in any program operated by Cardinal of Minnesota, Ltd. If there is reason to believe that an employee is working under the influence of drugs, he/she may be required to undergo immediate testing. Reasonable suspicion includes:

- the employee appears confused or exhibits erratic behavior;
- the employee has difficulty getting along with other employees;
- the employee exhibits paranoia, slurred speech, or irrational behavior;
- the employee has had a single, or a series of, safety-related incidents that raise questions about his/her physical and emotional state.

Since many of our employees have access to medications prescribed for our clients, drug testing may be required in the event that theft of a client's medication is suspected. Testing will be limited to those employees who have access to the missing medications.

Prior to requesting an employee to undergo drug/alcohol testing, Cardinal of Minnesota, Ltd., will provide the employee with a form acknowledging he/she has seen the drug/alcohol testing policy.

Arrangements will be made to have the employee driven home pending the results of the testing. If the results are negative, the employee will be allowed to return to work at the next normal shift. If the test results are positive, the employee will be given the opportunity to participate in a rehabilitation treatment program. Employees who refuse testing when reasonable suspicion is present will be subject to discipline, up to and including possible termination.

A laboratory licensed by the state will conduct any drug and/or alcohol testing required or requested by Cardinal of Minnesota, Ltd. The employee may obtain the name and location of the laboratory that will analyze the employee's test sample by calling their Administrator. If an employee is asked to submit to a drug or alcohol test, Cardinal of Minnesota, Ltd. will notify the employee of the results within 3 working days after it receives them from the laboratory.

If the employee receives notice that the test results were confirmed positive, the employee will be given written notice of the right to explain the positive result. In addition, the employee may have the same sample retested at a laboratory of the employee's choice. Within 2 working days after notice of a positive test result, the employee may submit information regarding any over-the-counter or prescription medications that the employee is taking, or has recently taken, that is related to the positive test result. A copy of the test results will be provided at the employee's request.

Cardinal of Minnesota, Ltd. will pay the cost of any drug and alcohol testing that it requires or requests employees or applicants to submit to. Any additional testing that the employee requests will be paid for by the employee. Within 5 working days after receipt of a positive test result, the employee shall notify Cardinal of Minnesota, Ltd., in writing, of the employee's request for a retest. Within 3 working days after receipt of the retest request, Cardinal of Minnesota, Ltd. will notify the original testing company of the employee's request to retest. If the retest does not confirm the original positive test result, no adverse action will be taken against the employee.

Cardinal of Minnesota, Ltd. will make every effort to keep the results of drug and alcohol tests confidential. Only persons with a need to know the results will have access to them. The employee will be asked for his/her consent before test results are released to anyone else.

Employees who are involved in workplace accidents that result in injury or damage to agency property may be required to undergo immediate drug testing. Refusal to submit to drug testing after an accident occurs will result in discipline, up to and including discharge.

Employees are responsible for reporting the use of prescribed drugs that may affect the employee's judgment, performance, or behavior. Over-the-counter drugs that can result in drowsiness are prohibited during working hours. Employees who are treating colds and flu with non-prescription medicine are urged to ask their pharmacist for alternatives that do not cause drowsiness.

Cardinal of Minnesota, Ltd.'s drug policy is intended to comply with all state laws governing drug and alcohol testing, and is designed to safeguard employee privacy rights to the fullest extent of the law.

If there is reason to suspect that the employee is working under the influence of an illegal drug or alcohol, the employee will be suspended until the testing laboratory makes the results of a drug and alcohol test available.

If the employee's test result is confirmed positive for the first time, the employee will be given the opportunity to participate in, at the employee's own expense or pursuant to coverage under an employee's benefit plan, a drug or alcohol counseling program, whichever is more appropriate as determined by Cardinal of Minnesota, Ltd.'s consultation with a certified chemical use counselor or a physician trained in the diagnosis / treatment of chemical dependency. When the employee has successfully completed the prescribed program, the employee will be restored to the job he/she held before entering rehabilitation or treatment with the same employment privileges. If the employee does not successfully complete a prescribed program, or if the employee refuses to participate in a prescribed program, the employee will be subject to discipline, up to and including possible termination.

Cardinal of Minnesota, Ltd. may temporarily suspend the tested employee pending the outcome of the confirmatory test and, if requested, the confirmatory retest. An employee who has been suspended will be reinstated with back pay if the outcome of the test results is negative.



CARDINAL OF MINNESOTA, LTD.

3008 Wellner Dr. NE
Rochester, MN 55906
Phone: (507) 281-1077
Fax: (507) 281-1127

Drug / Alcohol Testing Policy Signature Form

I have read and reviewed the Cardinal of Minnesota, Ltd. Drug / Alcohol Testing Policy and agree to adhere to the policy as it is written. I understand that I can be subject to drug testing if Cardinal of Minnesota, Ltd. obtains evidence or has reasonable suspicion I am under the influence of drugs / alcohol while I am on duty.

Employee Signature

Date

Printed Name

Cardinal of Minnesota, Ltd.

Emergency Response, Reporting & Review Policy

I. Policy

It is the policy of Cardinal of Minnesota, Ltd. 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

1. **Fires:** In the event of a fire emergency, staff will take the following actions:

Fire Alarms are always to be taken seriously. When a fire alarm has been activated, everyone is to evacuate the building immediately. Evacuate all rooms by using established escape routes, closing all doors to confine the fire. Do not lock doors. Check doors for heat before opening. Open doors slowly and check for smoke. Assemble all persons in the designated meeting location outside the home.

USE fire extinguishers to extinguish small fires. Do not attempt to put out a fire if you are endangering your own safety or the safety of others.

Do not use elevators. Power may fail causing the elevators to stop between floors or elevator doors may open on the fire floor. Persons who are unable to use stairs independently should move to the stairwell, notify someone of their whereabouts and wait for emergency personnel to arrive.

Call 911 for the fire department and provide them with relevant information. Immediately notify rescue personnel of the location of any persons remaining. Provide emergency first aid as required until emergency personnel arrive.

After emergency personnel have control over the situation and you are in a safe place notify your County's Cardinal On-Call number listed on the front page of the Emergency Procedures flip chart located at each site.

Remain calm and keep everyone together. Do not reenter until the fire department determines it is safe to do so. If the building has been deemed unsafe to reenter, proceed to your disaster partner site listed on the last page of the Emergency Procedures flipchart. A clients' family or motel may be utilized as necessary.

Note: If you become trapped in a building during a fire and a window is available, place an article of clothing (shirt, coat, etc.) outside the window as a marker for rescue personnel. If there is not a window, stay near the floor where the air will be less toxic. Seal up the cracks around the door using pieces of clothing or whatever is handy. Shout at regular intervals to alert emergency personnel of your location.

2. **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, staff will take the following actions:

Severe Weather/Tornado Watch: A watch is a statement that weather conditions exist which could lead to severe weather/tornado. The National Weather Service will issue a watch bulletin to local authorities as well as to the local radio and TV stations.

Severe Weather/Tornado Warning: When a severe weather/tornado sighting occurs, the National Weather Service alerts all weather stations and local authorities. If severe weather or a tornado is approaching, a continuous sounding of the city's emergency sirens will signal the warning.

In Case of Severe Weather/Tornado: When the emergency warning sirens sound, it is your responsibility to move everyone to a designated shelter or locate to a safe place. If you are unable to get to an emergency shelter move away from windows and seek shelter under stairs or under a sturdy piece of furniture. Move to, or stay on, the lowest floor of any building. Stay in central corridors away from glass; cover your face with folded arms. Leave corridor doors open. Do not use any elevator. Do not seek shelter in your car. Take a battery operated radio with you to listen for the "all clear" signal.

Types of areas considered to be the safest are: basements, stairwells, lower level rooms without any windows, and lower level hallways without any windows.

Severe Winter Weather: When a severe winter weather warning is issued by the National Weather Service everyone will need to stay indoors and not attempt to transport the clients. Staff will assemble emergency supplies (flashlight, battery powered radio, medications, drinking water, food, blankets, first aid supplies, etc.). When emergency transportation or other emergency services are needed, call "911" or the local Emergency Management Services.

In the event staff and clients are stranded in a vehicle during winter months, and staff is unable to correct the situation with minimal effort, the following steps will be taken: Don't panic, keep yourself and others calm. Stay with the vehicle. Avoid carbon monoxide poisoning or oxygen deprivation by running the engine and heat only 20 minutes per hour. Open a window slightly for ventilation. Check the exhaust pipe frequently to ensure it is not blocked with snow or ice. Utilize the winter survival kit which will include the following: Blankets, non-perishable food, candles/matches, first aid kit with scissors, flashlight / extra batteries, box of tissue, and jumper cables.

3. **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, staff will take the following actions:

Utility Failures include: Electrical power outages and unavailable water or heat. In the event of a major utility failure, and there is potential danger of the building(s) and/or our clients, call 911 immediately.

What to do:

Account for the well-being of all people receiving services.

Inform people why plans and activities are changing and what they are doing to keep them safe.

Gather your house's emergency supplies: flashlight, battery operated radio, first aid kit and cell phone if available.

During Regular Business Hours:

-) Follow the on call procedure starting with your RS. The Cardinal Main office may be able to assist you if unable to reach other contacts.

After Regular Business Hours and / or During Weekends:

-) Notify your County's Cardinal On-Call number located on the front page of the Emergency Procedures flip chart located at each site.

4. **Emergency shelter.** Additional information on emergency shelter 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.

If temporary shelter is required, staff will contact their County's Cardinal On-Call number listed on the front page of the Emergency Procedures flipchart for instructions. If the building has been deemed unsafe to reenter, proceed to your disaster partner site listed on the last page of the flipchart. A clients' family or motel may be utilized as necessary. Staff will follow directions of local emergency personnel to locate the closest emergency shelter if needed.

If time allows, move to the emergency shelter or partner site with a 24-hour supply of medications and medical supplies, medical books/information, and emergency contact names and information. If using an emergency shelter, notify personnel of any special needs required to use the emergency shelter.

Remain calm and keep everyone informed of why events are occurring.

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.

5. **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.

Alert all persons in the home that an emergency situation exists.

Assist all persons in evacuation using established evacuation routes (do not use elevators unless authorized to do so by police/fire/or other emergency personnel).

Assemble all persons in the designated assembly location outside the home (do not return to an evacuated building until all clear is given by emergency personnel).

If temporary shelter is required, staff will contact their County's Cardinal On-Call number listed on the front page of the Emergency Procedures flipchart for instructions. If the building has been deemed unsafe to reenter, proceed to your disaster partner site listed on the last page of the flipchart. A client's family or motel may be utilized as necessary.

6. **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.

In the event that a program unexpectedly needs to close and a relocation of services for more than 24 hours is necessary due to, but not limited to, the following reasons: fire, tornado, roof collapse, furnace malfunction causing mandatory evacuation of the premises, flooding, mold after flooding, gas explosion within a block of the premises, or other physical plant disaster, the following procedures will be implemented:

Evacuate to a designated meeting place and call the appropriate authorities (fire, law enforcement, utility company).

Make sure all clients are accounted for and ensure their safety. Staff will contact their County's Cardinal On-Call number listed on the front page of the Emergency Procedures flipchart and Management for instructions. When temporary shelter is required, the disaster partner site listed on the last page of the Emergency Procedures flipchart may be used. A client's family or motel may be utilized as necessary. Contact the local Red Cross chapter if needed and follow directions received from administrative staff, police, fire, and other emergency personnel.

If time allows, remove from the program medication and medical supplies, medical and programs books/information, clothing, grooming supplies, consumer funds, other necessary program and personal items, and emergency contact names and information.

B. Additional safety procedures for facilities.

1. First aid and CPR
 - a. Training
 - 1) A staff person trained in first aid will be available on site whenever a person receiving services is present and staff are required to provide direct service.
 - 2) A staff person trained in cardiopulmonary resuscitation (CPR) will be available on site when required in a person's coordinated service and support plan or coordinated services and support plan addendum whenever a person receiving services is present and staff are required to be at the site providing direct service.
 - 3) CPR training must include in-person instruction, hands-on practice, and an observed skill assessment under the direct supervision of a CPR instructor.
 - b. First aid kits
 - 1) First aid kits must be readily available for use by staff and must meet the needs of the persons receiving services. First aid kits are located at each residential site in a designated area known to staff.
 - 2) First aid kits must include accessible first aid supplies including bandages, sterile compresses, scissors, an ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape, and a first aid manual.
2. Emergency equipment (<http://www.ready.gov/build-a-kit>)

A flashlight and portable radio or television that can be used in the event of a power failure must be at our program. They are located at each residential site in a designated area known to staff.
3. Emergency contacts
 - a) A list of emergency telephone numbers is posted at each residential site in a designated area next to a non-coin operated telephone that must be readily accessible at all times.

- The mental health crisis intervention team number must be posted, when available. In our program 911 is listed as the emergency number.
- b) The names and telephone numbers of each person's representative, physician, and dentist must be readily available.
4. Written emergency response plan
- An emergency response plan must be readily available to staff and persons receiving services. The emergency response plan is located at each residential site in a designated area known to staff. Escape plans are located in each bedroom. The plan must include:
- a. Procedures for emergency evacuation and emergency sheltering, including:
 - 1) How to report a fire or other emergency;
 - 2) Procedures to notify, relocate, and evacuate occupants, including use of adaptive procedures or equipment to assist with the safe evacuation of persons with physical or sensory disabilities; and
 - 3) Instructions on closing off the fire area, using fire extinguishers, and activating and responding to alarm systems.
 - b. Floor plan that identifies:
 - 1) Location of fire extinguishers;
 - 2) Location of audible or visual alarm systems, including but not limited to manual fire alarm boxes, smoke detectors, fire alarm enunciators and controls, and sprinkler systems;
 - 3) Location of exits, primary and secondary evacuation routes, and accessible egress routes, if any; and
 - 4) Location of emergency shelter within the facility.
 - c. Site plan that identifies:
 - 1) Designated assembly points outside the facility;
 - 2) Locations of fire hydrants; and
 - 3) Routes of fire department access.
 - d. Responsibilities each staff person must assume in case of emergency.
 - e. Procedures for conducting quarterly drills each year and recording the date of each drill in the file of emergency plans.
 - f. Procedures for relocation or service suspension when services are interrupted for more than 24 hours.
 - g. Floor plan that identifies the location of an enclosed exit stairs (only applies to a community residential setting with three or more dwelling units).
 - h. Emergency escape plan for each person

III. Reporting Procedures

Emergency (incident) 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 coordinated service and 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 incident report and internal review form by the designated coordinator.
2. The review will be completed within five days of the emergency.
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 30 days.

V. Record Keeping Procedures

- A. The review of an emergency will be documented on the incident report and internal review form and will include identifying trends or patterns and corrective action if needed.
- B. Incident report and internal review form will be maintained at the Cardinal of Minnesota, Ltd. main office.

VI. Emergency Procedures Training

All sites have an Emergency Procedure Flip Chart to use as a quick reference to guide them through emergency situations. The flip chart is also used as a training tool during the training sessions.

All staff will be trained according to the following schedule:

June: House/Client specific emergencies
 Fire Drill, fire extinguishers, smoke alarms
 Severe weather and tornado procedures
 Weather radio
 Missing client
 Summer Alerts (Ombudsman)

October: Winter weather alerts – blizzards and severe weather precautions
 Emergency Kits review
 Winter Alerts (Ombudsman)

Upon admission, and within every 90 days thereafter, clients will participate in fire drills and emergency escape plans.

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

CARDINAL OF MINNESOTA, LTD.

Emergency Use of Manual Restraints Policy

I. Policy

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

II. Positive Support Strategies and Techniques Required

- 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: Positive reinforcement, verbal redirection, and/or calming techniques as applicable to the situation and individual as outlined in the individual’s Positive Behavioral Support Plan or Positive Support Transition Plan.
- B. The program will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each person served when required in order 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 aversive or deprivation procedures prohibited.

III. 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
- 6. Any aversive or deprivation procedure

IV. Manual Restraints Allowed in Emergencies

- A. This program allows the following manual restraint procedures to be used on an emergency basis when a person’s conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety: One-arm hold, kneeling one-arm hold, side-lying

'T' hold on floor. A list of the allowed manual restraints is attached that includes a description of each of the manual restraints trained staff are allowed to use and instructions for the safe and correct implementation of those procedures.

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

V. Conditions for Emergency Use of Manual Restraint

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

VI. Restrictions When Implementing Emergency Use of Manual Restraint

Emergency use of manual restraint must not:

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

9. use prone restraint. "Prone restraint" means use of manual restraint that places a person in a face-down position. It does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, and the person is restored to a standing, sitting, or side-lying position as quickly as possible; or
10. apply back or chest pressure while a person is in a prone or supine (meaning a face-up) position.

VII. Monitoring Emergency Use of Manual Restraint

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

VIII. Reporting Emergency Use of Manual Restraint

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

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

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

This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;

4. a description of the mental, physical, and emotional condition of the person who was manually restrained, leading up to, during, and following the manual restraint;
5. a description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint;
6. whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;
7. whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and
8. whether there was a debriefing with the staff and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.

C. A copy of this report must be maintained in the person's service recipient record.

D. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:

1. after implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
2. upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
3. staff must immediately re-implement the manual restraint in order to maintain safety.

IX. Internal Review of Emergency Use of Manual Restraint

A. Within 5 business days after the date of the emergency use of a manual restraint, the program must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.

B. The internal review must include an evaluation of whether:

1. the person's service and support strategies need to be revised;
2. related policies and procedures were followed;
3. the policies and procedures were adequate;
4. there is need for additional staff training;
5. the reported event is similar to past events with the persons, staff, or the services involved; and
6. there is a need for corrective action by the program to protect the health and safety of persons.

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

- D. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.
- E. The site's Program Director or Administrator is responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary.

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

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

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

Within 5 working days after the completion of the expanded support team review, the program must submit the following to the Department of Human Services using the online reporting tool and the Office of the Ombudsman for Mental Health and Developmental Disabilities:

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

XII. Staff Training

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

- A. The program must provide staff with orientation and annual training as required in Minnesota Statutes, section 245D.09.
 - 1. Before having unsupervised direct contact with persons served by the program, the program must provide instruction on prohibited procedures that address the following:
 - a. what constitutes the use of restraint, time out, seclusion, and chemical restraint;
 - b. staff responsibilities related to ensuring prohibited procedures are not used;
 - c. why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
 - d. why prohibited procedures are not safe; and

- e. the safe and correct use of manual restraint on an emergency basis according to the requirements in Minnesota Statute, section 245D.061 and this policy.
- 2. Within 60 days of hire the program must provide instruction on the following topics:
 - a. alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;
 - b. de-escalation methods, positive support strategies, and how to avoid power struggles;
 - c. simulated experiences of administering and receiving manual restraint procedures allowed by the program on an emergency basis;
 - d. how to properly identify thresholds for implementing and ceasing restrictive procedures;
 - e. how to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;
 - f. the physiological and psychological impact on the person and the staff when restrictive procedures are used;
 - g. the communicative intent of behaviors; and
 - h. relationship building.
- B. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire or in the 12-month period before this program's 245D-HCBS license became effective on Jan. 1, 2014.
- C. The program must maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.

Legal Authority: Minn. Stat. §§ 245D.06, subd. 5 to subd, 8; 245D.061

CARDINAL OF MINNESOTA, LTD.

Manual Restraints Allowed for Emergency Use

I. One-arm Hold

- A. Move into position behind the person, move one of their arms forward by pushing above the elbow.
- B. Reach around the person's waist from behind with your other hand, and secure the wrist of the arm you have moved forward.
- C. Once that wrist is secure, let go at the elbow and slide that hand under the same arm. Then secure their forearm with your free hand.
- D. If the person aggresses with their free arm, let go at the wrist of their other arm. Place your arm over the shoulder of their free arm, and slide downwards until you can reach the wrist of the originally secured arm once again. Grasp near the wrist once again, careful to avoid placing pressure on the joint.

II. Kneeling One-arm Hold

- A. If a person begins to lose their balance once placed in a one-arm hold you should gently begin to step down and kneel, sitting on your knees while holding them steady against your body.

III. Side-lying 'T' Hold on Floor, One Person

- A. If a person is in a kneeling one-arm hold and needs to be laying down as sitting is not a secure position for them, begin by leaning them toward their arm that is on the outside of the one-arm hold.
- B. Be sure to slide your arm that is on the outside of the one-arm hold as low as possible on the arm it is securing as they are laid on their side.
- C. Once the person has been laid on their side, lay perpendicular to their body, with your head tucked against their shoulder and looking towards their feet.
- D. It is vital for the person's safety and comfort that they remain on their side. If they move to laying on their stomach or back, try to gently reposition them onto their side.

IV. Side-lying 'T' Hold on Floor, Two Person

- A. If a person is in a side-lying 'T' hold on the floor and needs their legs secured to ensure their safety a second person may lay sideways across their thighs, preferably facing the person maintaining the original side-lying 'T' hold.

CARDINAL OF MINNESOTA, LTD.

Exposure Control Plan

POLICY

Cardinal of Minnesota, Ltd. is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR Part 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our company in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- ❑ Determination of employee exposure
- ❑ Implementation of various methods of exposure control including:
 - Universal precautions
 - Engineering and work practice controls
 - Employee participation
 - Specimen collection
 - Contaminated equipment
 - Personal protective equipment (PPE)
 - Sharps disposal
 - Laundry procedures
- ❑ Employee training
- ❑ Hepatitis B vaccination
- ❑ Post-exposure evaluation and follow-up
- ❑ Communication of hazards to employees and training
- ❑ Recordkeeping
- ❑ Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

The Nursing Department is responsible for the implementation of the ECP and will maintain, review, and update the ECP annually, or when necessary to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials must comply with the procedures and work practices outlined in this ECP.

The Nursing Department will be responsible for maintaining and providing all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Nursing Department will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The Human Resource Department will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The Human Resource Department as well as the Director of Training will be responsible for training, documentation of training, and making the written ECP available to employees and others upon request.

EMPLOYEE EXPOSURE DETERMINATION

An exposure determination is made without regard to the use of personal protective equipment. Cardinal of Minnesota has performed an exposure determination plan to determine which employees may have potential exposure to blood or other potentially infectious materials.

This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The following job classifications are in this category:

-) President
-) Administrators
-) Program Directors
-) Residential Supervisors
-) Nurses
-) Direct Support Professionals (DSP)
-) Administrative Assistants
-) Office Staff/ancillary employees

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. There are currently no job classifications in which only some employees have occupational exposure. All job classifications are listed above.

METHODS OF IMPLEMENTATION AND CONTROL

OSHA requires that this plan also include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

Universal/Standard Precautions

Universal/standard precautions will be observed and utilized by all employees in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

Exposure Control Plan

Employees covered by the Bloodborne Pathogens Standard receive an explanation of this ECP during their initial orientation. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Residential Supervisor at that site. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

Engineering and Work Practice Controls

Engineering and work practice controls will be utilized to eliminate or minimize the exposure of bloodborne pathogens to employees at Cardinal of Minnesota work sites. Personal Protective Equipment will also be utilized. The following controls will be utilized:

-) Sharps disposal containers for all contaminated objects that can penetrate the skin including but not limited to-needles, broken glass, non-needle sharps or devices used for withdrawing fluids or administering medications (or other fluids) are available at each house site.
-) Only licensed staff (nursing staff) will have access to syringes with needles.
-) Clients may give their own insulin shots if approved by a physician and the client has successfully completed the self-medication course work, which includes sharps safety.
-) All needles and needle-less sharps will be purchased with built in safety features or mechanisms that effectively reduce the risk of an exposure.
-) Work practice safety prohibits the recapping of needles or breaking or bending of needles.

Sharps disposal containers are inspected and maintained or replaced ~~by the house nurse~~ whenever necessary to prevent overfilling.

Cardinal of Minnesota identifies the need for changes in engineering control and work practices through the Safety Committee recommendations.

The Safety Committee and Nursing Department will evaluate new procedures and new products as needed.

Employee Participation

Cardinal of Minnesota solicits input from non-managerial employees responsible for the direct care of clients who are potentially exposed from contaminated sharps in identification, evaluation, and selection of effective engineering and work practice controls. The Cardinal of Minnesota Safety committee meets bi-monthly and consists of a combination of employees including those who do direct care. Safety suggestion slips are available at all house sites. The suggestion slips are turned in to the Safety Committee. The Safety Committee reviews the slips and makes appropriate changes as needed. If sharps are needed at a location the Nursing Department will be notified.

The Nursing Department will ensure effective implementation of these recommendations.

Handwashing

Hand washing facilities are available to employees who experience a potential exposure to blood or other potentially infectious materials. Waterless hand sanitizer is also available in all worksites.

-) Hand washing facilities are available in all worksites. A sink with running water, paper towels, soap dispenser, and plastic lined wastebaskets are provided at each site.
-) Staff is also provided with antibacterial, waterless hand cleansers for use in lieu of soap and water.
-) Staff are oriented and trained in proper hand washing at orientation.
-) Staff are trained by the nursing department to wash hands before and after each potential exposure, and after the removal of protective gloves.
-) If employees experience an exposure to their skin or mucous membranes those areas shall be washed or flushed with water as soon as possible.

Work area restrictions

In work areas where there is reasonable potential for exposure, the following restrictions are made for employees:

-) Employees are not to eat, drink, or apply cosmetics.
-) Food and beverages are not kept in the same storage areas where blood and other potentially infectious materials are present.
-) All procedures will be conducted in a manner that will minimize splashing, spraying or spattering of droplets of potentially infectious materials.

Specimen Collection

Cardinal of Minnesota does not collect blood specimens.

Contaminated Equipment

Cardinal of Minnesota does not service or ship equipment. Equipment that clients have a medical prescription to use and medical supervision for cleaning of potentially infectious materials will be monitored and maintained with trained staff members. Supervisory personnel train staff members in the use, monitoring and maintenance of equipment prior to direct use of said equipment. Disposable, cleanable, or replaceable parts, sections or pieces of equipment shall be decontaminated in accordance with requirements of nursing guidelines and documented on monthly treatment sheets.

The work areas of the buildings are decontaminated as needed. The work areas of the building are not decontaminated on a scheduled basis because of the low frequency of contamination.

All work areas will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials as well as the end of the work shift if the surface may have become contaminated since the last cleaning. The following solutions may be used to decontaminate general surfaces of the work areas:

-) A bleach solution of one part bleach and ten parts water will be used to decontaminate surfaces that have become obviously contaminated. The bleach solution must be used within 24 hours of when it is mixed to remain effective.
-) Appropriate cleaning antibacterial products that are listed on the Cardinal of Minnesota MSDS. All cleaning products will be EPA approved.

Protective coverings are not routinely used to assist in keeping surfaces free of contamination. All waste receptacles shall be inspected and decontaminated on a regularly schedule basis. Residential Supervisors will be responsible for inspecting and maintaining a household cleaning schedule.

Personal Protective Equipment (PPE)

All personal protective equipment used by Cardinal of Minnesota employees and volunteers will be provided at no cost to the employees and volunteers. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee or

volunteers' clothing, skin, eyes, mouth, or other mucus membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

Protective equipment will be provided to employees in the following manner:

The Nursing Department is responsible for ordering personal protective equipment and assuring that it is available to employees as well as volunteers as necessary. The Residential Supervisor is responsible for knowledge of staff/volunteer/client allergies and sensitivities to certain materials contained in some personal protective equipment and providing protective equipment that is safe for the staff/volunteer/client to use. Training is provided by the Nursing Department in the use of the appropriate PPE for the tasks or procedures employees will perform. PPE is located at each house site.

The types of PPE available to employees are as follows: gloves, goggles, aprons, CPR shields, facemasks and eye shields.

All employees using PPE must observe the following precautions:

-) Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
-) Remove PPE after it becomes contaminated, and before leaving the work area.
-) Used PPE may be disposed of in the red biohazard bags that are located at each house site.
-) Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or other potential infectious materials (OPIM), and when handling or touching contaminated items of surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
-) Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration. Utility gloves are to be used for cleaning purposes only, not personal cares.
-) Never wash or decontaminate disposable gloves for reuse.
-) Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
-) Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with outer surfaces.
-) All exposed skin and mucus membranes will be immediately flushed with water.

All personal protective equipment will be cleaned or disposed of by the employer at no cost to employees or volunteers. PPE will be disposed of in containers, red biohazard bags, provided by Cardinal of Minnesota. These are located at each house site.

Sharps Disposal

Any broken sharp objects such as glassware will not be picked up directly with the hands. The following procedure will be utilized:

-) Employees must use mechanical means such as a broom and dustpan to pick up the broken glass or sharp object. Employees should never pick up potentially contaminated sharps with their bare hands even if they are wearing gloves.
-) Contaminated sharps, broken glass, or other sharp objects are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof

on sides and bottoms, and labeled appropriately. These containers are stored in a locked area of the facility.

-) Red plastic biohazard approved containers are available in locations where needle stick injuries are a potential. The red plastic containers are stored in a locked area of the facility.
-) When the red plastic biohazard containers are $\frac{3}{4}$ full or at a point determined by the manufacturer of the container, the container will be disposed of according to local and state regulations.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible, with minimal agitation. Appropriate PPE should be worn when handling and/or sorting contaminated laundry, such as gloves and an apron. Such laundry will be placed in appropriate laundry cycle. Hot water heaters will be maintained at 120 degrees farenheight. Potentially infectious articles will be soaked for 10 minutes in hot water. The potentially infectious articles will be washed separately. If the item can tolerate being soaked in a bleach solution, the employee is to soak the materials in a 10% bleach solution for 10 minutes prior to washing. Dry the clothing in the dryer according to manufacturing directions.

EMPLOYEE TRAINING

Employee training will consist of two levels of training. General training to alert employees to the safety and health aspects of their jobs, and specific training for employees required to do more specific tasks or duties related to their employment.

The Residential Supervisor is responsible for orienting and training staff, volunteers, and clients as to the location and storage, and monitoring the correct use of personal protective equipment. The Residential Supervisor is responsible for house specific orientation and training to the use of personal protective equipment prior to direct care duties preformed by staff. This training is documented in each employee's training log. Training logs are maintained in the employees' training file. Retraining will occur on an as-needed basis whenever there is a change in equipment or client needs, or whenever the employee's work performance indicates the need for additional training.

Hazard training and communication of the chain of command to employees is provided at new employee orientation and yearly through bloodborne pathogen training. This is documented in the employee training log.

Training in the contents of this exposure control plan, as well as how to obtain a copy of this exposure control plan, will occur at new employee orientation and annually with bloodborne pathogen training. Included in this training is:

-) a copy and explanation of the standard
-) an explanation of our ECP and how to obtain a copy
-) an explanation of the modes of transmission of bloodborne pathogens
-) a general explanation of the epidemiology and symptoms of bloodborne diseases
-) an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.

-) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE
-) An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
-) An explanation of the basis for PPE selection
-) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration the benefits of being vaccinated, and that the vaccine will be offered free of charge.
-) Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
-) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
-) Information on the post-exposure evaluation and follow –up that the employer is required to provide for the employee following an exposure incident
-) An explanation of the signs and labels and/or color coding required by the standard and used at this facility
-) An opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available through the Director of Training and Development.

VACCINATIONS

The Human Resource Department will provide training to employees on the hepatitis B vaccination addressing the benefits, efficacy, methods of administration, safety, and availability. Employees are given this information at new hire orientation. This information is repeated yearly in bloodborne pathogen updates to all staff.

The hepatitis B vaccine (HBV) is offered within 10 days of initial employment. The hepatitis B vaccine and any future boosters will be made available at no cost to all staff that requests it. Staff will be required to sign a consent form indicating whether or not they request to receive the HBV vaccine. Staff electing to receive the HBV vaccine can obtain the vaccination through Olmsted County Public Health once the Human Resource Manager has arranged it. At any future point of employment with Cardinal of Minnesota, an employee may request and receive this vaccination series unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated

Documentation of refusal of the vaccination is kept at Cardinal of Minnesota’s main office in the employee’s personnel file.

Additional vaccinations as recommended by the Center for Disease Control (CDC) and the Minnesota Department of Health are the responsibility of the employee to remain current and in good standing.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

If an exposure occurs during a work related activity, either to staff or client, Program Director and Director of Nursing will be notified. If the exposure has direct body fluid exchange (broken skin, bite wound, or puncture with a sharp object), take the appropriate steps:

-) Immediately wash the affected area with soap and water.
-) Flush eyes or other mucous membranes.
-) Apply clean, dry cloth or other material to stop bleeding

Following the initial first aid, a Licensed Health Care Professional will conduct an immediate and confidential medical evaluation and follow-up. The following will also be performed:

-) Document the routes of exposure and how the exposure occurred.
-) Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
-) Clients need to have their guardian notified. Follow the direction of guardian as to whether to seek medical attention.
-) If guardian is not available, follow direction of Director of Nursing and Program Director. Case Managers will also need to be notified as soon as possible.
-) Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
-) If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
-) Obtain accurate information of immunization history, particularly the dates of Hepatitis B series and last Tetanus/diphtheria vaccination.
-) Staff has the choice as to whether they would like to receive medical services or decline.
-) If injury is obvious, transport to medical facility of choice.
-) When taking clients to medical facilities, take the entire medical chart with you, information on client history may be requested.
-) Employees must be given the option of updating their hepatitis B vaccine as soon as possible after the event, but no later than 24 hours after exposure to infectious materials
-) Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
-) After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
-) If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

-) Client post-exposure follow-up and evaluation will be documented in the client progress notes. Client post-exposure must be done in coordination with medical staff and in communication with the Director of Nursing.
-) Records will be maintained by the Human Resource Department in accordance with OSHA regulations.
-) All post-exposure incident medical evaluations, lab tests, treatment & counseling will be provided at no cost to the employee.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Human Resource Department ensures that the health care professional(s) responsible for employees' hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The Human Resource Department ensures that the health care professional evaluating an employee after an exposure incident receives the following:

-) A description of the employee's job duties relevant to the exposure incident
-) Route(s) of exposure
-) Circumstances of exposure
-) If possible, results of the source individual's blood test
-) Relevant employee medical records, including vaccination status

The Human Resource Department will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Safety Committee will review the circumstances of all exposure incidents to determine:

-) Engineering controls in use at the time
-) Work practices followed
-) A description of the device being used (including type and brand)
-) Protective equipment or clothing that was used at the time of the exposure incident
-) Location of the incident
-) Procedure being performed when the incident occurred
-) Employee's training

The Human Resource Department will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log and the OSHA 300 Log of Occupational Injuries and Illnesses.

If it is determined that revisions need to be made, the Safety Committee will ensure that appropriate changes are made to this ECP.

RECORDKEEPING

Training Records:

Training records are completed for each employee upon completion of training. These documents will be kept in the employee's training file during their employment with Cardinal of Minnesota, and archived for up to three years in their closed personnel file following termination of employment.

The training records include:

-) The dates of the training sessions
-) The contents or a summary of the training sessions
-) The names and qualifications of persons conducting the training
-) The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Human Resource Department or the Director of Training and Development.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to employee Exposure and Medical Records."

The Office Administrator is responsible for maintenance of the required medical records. These confidential records are kept at Cardinal of Minnesota's main office for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Human Resource Department.

OSHA Recordkeeping

An exposure incident is recordable on the OSHA 300 Log if the case meets OSHA's Recordkeeping Requirements (29 CFR Part 1904). This determination and the recording activities are done by the Human Resource Department.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the sharps injury log. All incidents must include at least:

-) The date of the injury
-) The type and brand of device involved
-) The department or work area where the incident occurred
-) An explanation of how the incident occurred
-) Sharps injury log attached

This log is reviewed by the Safety Committee at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

CARDINAL OF MINNESOTA, LTD.

Family and Medical Leave Act (FMLA)

Refer to the FMLA Employee Rights and Responsibilities Workplace poster located under “Workplace Posters” in the Policy and Procedure Manual.

A Family and Medical Leave of Absence may be granted in any 12-month period. A Family Leave of Absence may be granted for one or more of the following reasons:

-) Birth of a child;
-) Placement of a child for adoption or foster care;
-) Caring for a spouse, child, or parent with a serious health condition; (including individuals who exercise parental responsibility under state law)
-) Active Duty Leave;
-) Serviceperson Caregiver Leave;
-) Because of the employee’s own serious health condition; any employee unable to work for *more than* 3 consecutive calendar days, due to an FMLA qualifying event, would be designated as being on FMLA leave if the employee is eligible.

1. Employees are eligible if they have been actively employed for 12 months and worked at least 910 hours during the 12 months prior to the leave request.
2. Employees are eligible for 12 work weeks of job-protected leave in a 12-month period. Cardinal of Minnesota, Ltd. uses a rolling 12-month period. This means that the company will measure the 12-month period backward from the date an employee uses any leave under this policy. Each time an employee takes leave, the company will compute the amount of leave the employee has taken under this policy and subtract it from the 12 weeks of available leave, and the remaining balance is the amount the employee is entitled to take at that time.
3. In order to qualify as FMLA leave under this policy, the employee must be taking leave for one of the reasons listed below:

-) Birth of a child;
-) Placement of a child for adoption or foster care;
-) To care for a spouse, child, or parent with a serious health condition;
 - a. A child is defined as a natural, adopted, or foster child, stepchild or legal ward. If the child is over 18, he/she must be unable to care for himself.
 - b. A parent is defined as the employee’s or spouse’s natural, adoptive, or foster parent, step parent, or legal guardian.
-) Active Duty Leave;
-) Serviceperson Caregiver Leave (up to 26 weeks);
-) Or, the serious health condition (described below) of the employee.

A serious health condition is defined as a disabling physical or mental illness, injury, impairment or condition involving:

 - a. Inpatient care in a hospital, nursing home or hospice;
 - b. Outpatient care requiring continued treatment by a licensed health care provider.

4. The employee may request an intermittent leave or reduced work schedule leave for him/herself or for a family member with a serious health condition that warrants such leave.

The company may temporarily transfer the employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced work schedule leave.

5. If a husband and wife both work for Cardinal of Minnesota, Ltd. and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a “parent-in-law”) with a serious health condition, the husband and wife may only take a combined total of 12 weeks of leave.
6. Cardinal of Minnesota, Ltd. requires an employee to provide the DOL certification of Healthcare Provider for Employee’s Serious Health Condition, (Form WH 380-E) If the leave requested is for a family member, the employee must provide the DOL Certification of Health Care Provider for Family Member’s Serious Health Condition (Form WH 380-F). The certification must include the date on which the serious health condition occurred, the probable duration of the condition, an estimate of the amount of time needed to be off work, and confirmation that the nature of the condition warrants the employee to be away from work to care for themselves’ or the family member.
7. Cardinal of Minnesota, Ltd. may request a second opinion by a company-designated physician at the company’s expense. If the medical condition sought by the company differs from the certification provided by the employee, the company (at their expense) may require the opinion of a third health care provider agreeable to both the employee and Cardinal of Minnesota, Ltd. The third opinion will be binding.
8. Employees shall be required to give 30 days advance notice in the event of a foreseeable medical treatment. If an employee fails to provide 30 days notice for a foreseeable leave with no reasonable excuse for the delay, the leave request may be denied until at least 30 days from the date the company receives notice. If it is not possible to give 30 days notice the employee must give as much notice as is practicable. While on leave, employees are requested to report periodically to the company regarding the status of the medical condition and their intent to return to work. To facilitate an employee’s return to work, the company requests a two-week advance notification of the expected return date. Failure to do so may delay the return date.
9. Leave that relates to the birth or adoption of a child must be completed within 12 months of the birth or adoption.
10. Upon completion of a leave granted under this policy, the employee will be reinstated to their original position or a position with equivalent status, pay, benefits, and other employment terms. The company may choose to exempt certain highly compensated employees from this requirement and not return them to the same or similar position.
11. In order to return to work, employees must present a healthcare provider certification releasing them to return to work with or without physical accommodations.
12. Before entering an unpaid status, any accrued vacation or other paid time off must be used prior to or concurrently with unpaid time off. If the leave is related to the employee’s own serious health condition, the employee must also use any accrued sick leave, as well as vacation or other paid time off during his/her medical leave. While an employee is on leave, Cardinal of Minnesota, Ltd. will continue the company’s portion of the employee’s health benefits during the leave period at the same level and under the same conditions as if the employee had

continued to work. The employee will continue to be responsible for their portion of the insurance premium while they are on leave.

13. Cardinal of Minnesota, Ltd. requires an employee to provide fitness-for-duty certification from their healthcare provider prior to return to work.
14. If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee's family member, or a circumstance beyond the employee's control, Cardinal of Minnesota, Ltd. will require the employee to reimburse the company's portion of the amount paid for the employee's health insurance premium during the leave period.

CARDINAL OF MINNESOTA, LTD.

Finances, Client

The program will encourage the normal use and possession of money and property by clients. Cardinal of Minnesota staff will provide counseling and training to clients regarding the management of their personal property and finances. Staff will work with the client to keep adequate accounting of personal finances (i.e. balancing and reconciling of checking and savings accounts; budgeting and accounting of personal discretionary income; application for and maintenance of Social Security and other benefits). Consent to handle funds will be obtained upon admission and annually thereafter.

All client funds will be kept separate from funds of Cardinal of Minnesota, the household, and program staff.

Financial records will be kept in accordance with applicable state and federal regulations. Cardinal of Minnesota will document receipt and disbursement of the client's funds or other property. This statement will be given to the case manager, client and/or legal representative as indicated on Cardinal of Minnesota's annual authorization.

Cardinal of Minnesota agrees to return to the client upon the client's request, funds and property in Cardinal of Minnesota's possession subject to restrictions in the clients' CSSP, as soon as possible, but no later than three working days after the date of request.

All cash, checkbooks, and other documents and the accompanying documentation will be kept in a locked, secure place.

CARDINAL OF MINNESOTA, LTD.

Gifts from Clients

It is the policy of Cardinal of Minnesota, Ltd. to comply with MN Department of Human Services Rules and Regulations. The Consolidated Standards and Rule 17 (Administrative Licensing Rule) state the following and will be adopted as policy by Cardinal of Minnesota, Ltd.:

License holders and program staff must not:

- 1) *borrow money from a client;*
- 2) *purchase personal items from a client;*
- 3) *sell merchandise or personal services to a client;*
- 4) *require a client to purchase items for which the license holder is eligible for reimbursement; or*
- 5) *use client funds in a manner that would violate section 256B.04 (Duties of State Agency), or any rules promulgated under that section.*

In addition to the above policy, the following policy will be adopted by Cardinal of Minnesota, Ltd. regarding the acceptance of gifts from clients:

Clients may purchase gifts for employees of Cardinal of Minnesota, Ltd. **only** if it is their **choice**. The client must be aware of what they are purchasing, and for what event they are purchasing the gift for. Prior to purchasing a gift for an employee, approval must be obtained from the supervisor of that household and, if applicable, the client's legal guardian. When the proposed item to be purchased is for a supervisor, then approval must be obtained from either the Program Director or Administrator and, if applicable, the client's legal guardian.

Clients may purchase gifts for staff for special occasions, e.g., birthdays, Christmas, weddings. The amount spent must not exceed \$20.00 in one year. It is suggested that gifts purchased be in the \$5.00 - \$10.00 range.

CARDINAL OF MINNESOTA, LTD.

Governing Body

Jack Priggen	President
Kristin Nagel	Secretary
Kristine Chladek	Treasurer

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Ownership

Jack Priggen	50%
Elizabeth Hennessey	50%

CARDINAL OF MINNESOTA, LTD.

Grievance Policy

I. Policy

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

II. Procedures

A. Service Initiation

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

B. How to File a Grievance

1. The person receiving services or person's authorized or legal representative:
 - a. should talk to a staff person that they feel comfortable with about their complaint or problem,
 - b. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint,
 - c. when a grievance is received, it will be requested that the party initiating the grievance submit the grievance in writing along with any requests for action on the part of the program, and
 - d. may request staff assistance in filing a grievance.

2. If the person, or person's authorized or legal representative, does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority in this program. That person is Jack Priggen, President. He may be reached at 3008 Wellner Drive N.E., Rochester, MN 55906. office # 507-281-1077 or cell # 507-269-4770.

C. Response by the Program

1. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
 - a. the name, address, and telephone number of outside agencies to assist the person.
Outside resources include,
 1. County Case Manager
 2. County Adult/Child Protection
 3. Licensing Authority (DHS)..... 651-296-3971
 4. Ombudsman..... 800-657-3506
 5. The Arc Minnesota..... 800-582-5256and,
 - b. respond to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.

2. This program will respond within 48 hours to grievances that affect the health and safety of service recipients.

3. All other complaints will be responded to within seven calendar days of the receipt of the complaint.
4. All complaints will be resolved within 30 calendar days of the receipt. If the complaint is not resolved within 30 calendar days this program will document the reason for the delay and a plan for resolution.
5. Members of the client's Interdisciplinary Team will be consulted as deemed appropriate (e.g., medical issues may be referred to the client's physician).
6. Grievances, including the suspension, reduction, termination, or denial of service, may be directed to any person within the organization who has supervisory or management responsibilities. Typically, this type of grievance would be best directed to the program's Administrator.
7. A complaint and grievance log is maintained and reviewed quarterly by Administrators and President. This review includes an evaluation of whether:
 - a. related policy and procedures were followed;
 - b. related policy and procedures were adequate;
 - c. there is a need for additional staff training;
 - d. the complaint is similar to past complaints with the persons, staff, or services involved; and
 - e. there is a need for corrective action to protect the health and safety of persons receiving services.
8. Based on this review, Cardinal of Minnesota will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the organization, if any.
9. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
 - a. identifies the nature of the complaint and the date it was received;
 - b. includes the results of the complaint review; and
 - c. identifies the complaint resolution, including any corrective action.

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

I acknowledge receipt of a copy of this Grievance Procedure.

Client / Legal Representative

Date

Legal Authority: Minn. Stat. § 245D.10, subd. 2 and 4

CARDINAL OF MINNESOTA, LTD

Harassment Policy

Cardinal of Minnesota, Ltd prohibits all forms of illegal harassment of employees by supervisors, fellow employees, employees of outside vendors, or visitors.

Cardinal of Minnesota, Ltd. Will not tolerate harassment of its employees. Any form of harassment related to an employee's race, color, sex, sexual orientation, religion, national origin, age, physical or mental disability, citizenship, marital status, or veteran status is a violation of this policy and shall subject the employee to disciplinary action, up to and including discharge.

For these purposes, the term "harassment" includes, but is not necessarily limited to, slurs, jokes, or other verbal, graphic, or physical conduct relating to an individual's race, color, sex, religion, national origin, sexual orientation, age, physical or mental disability, citizenship, marital or veteran status or any other characteristic protected by law or that of his/her relatives, friends or associates. Harassment does not refer to occasional comments of a socially unacceptable nature, but rather, harassment is a form of inappropriate conduct that undermines the employment relationship.

Harassment also includes unwelcome sexual advances, requests for sexual favors, and other verbal, graphic, or physical conduct of a sexual nature when, for example: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment. Sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different gender. Depending on the circumstances, these behaviors may include, but are not limited to: unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess or sexual deficiencies; leering, whistling or touching; insulting or obscene comments or gestures; display in the workplace of sexually suggestive objects or pictures; and other physical, verbal or visual conduct of a sexual nature.

If an employee witnesses a co-worker being harassed, the employee should inform him/her that the company has a policy that prohibits such behavior. Encourage the employee to report the harassing conduct to his/her supervisor or Director of Human Resources.

If an employee feels that he/she is being harassed by a supervisor, co-worker, vendor, or visitor based on any of the factors listed above, he/she should report it immediately to their supervisor. If the supervisor is the person who is harassing the employee, the employee should contact the Director of Human Resources. In addition, Cardinal of Minnesota Ltd. encourages individuals who believe they are being subjected to such conduct promptly to advise the offender that his or her behavior is unwelcome and request that it be discontinued. Often this action alone will

resolve the problem. The company recognizes, however, that an individual may prefer to pursue the matter through informal or formal complaint procedures.

All allegations of harassment will be quickly investigated. The Director of Human Resources, their designee, or an outside investigator will investigate every complaint of harassment, without bias or premature judgment. If the Director of Human Resources is the alleged offender, the President will assist in conducting the investigation. Such an investigation should include interviews with the complaining employee, the subject of the complaint, co-workers, former employees who may have knowledge of the situation, and possible consultation with the Department of Human Rights. The investigation will include a thorough review of files and other tangible evidence. The investigator will make every reasonable attempt to rationally and objectively resolve any questions of credibility between the complaining and the accused employees.

Upon completion of the investigation, a decision will be made regarding the harassing or discriminatory conduct. A written summary of the investigation, along with the findings, will be documented and filed with the Director of Human Resources. The company President will review all documentation on all reported incidents of harassment. An employee may file and appeal to the President if they are dissatisfied with the decision. To the extent possible, the employee's confidentiality and that of any witnesses and the alleged harasser will be protected against unnecessary disclosure. Information will be released only to individuals who have a need to know, e.g., individuals who will enable Cardinal of Minnesota, Ltd. to investigate the charges thoroughly. When the investigation is completed, the employee will be informed of the outcome of that investigation. Retaliation against any employee who rejects, protests, or complains about harassment is prohibited.

Individuals who make false statements during the course of a harassment investigation may be subject to discipline, which may include discharge. All employees are expected to cooperate fully with such investigations. Failure to cooperate fully may lead to disciplinary, which may include discharge. Where investigations confirm the allegations, appropriate corrective action and/or sanctions will be taken. These actions may include:

- A. Counseling the offender(s)
- B. Transfer
- C. Probation, with a warning of suspension or discharge if the conduct continues or reoccurs
- D. Suspension with or without pay at the discretion of the Director Human Resource Manager, depending upon the seriousness of the conduct or,
- E. Termination

CARDINAL OF MINNESOTA, LTD.

Health Service Coordination and Care Policy

I. Policy

It is the policy of Cardinal of Minnesota, Ltd. to meet the health service needs of each person being served as defined and assigned in each person's coordinated service and support plan (CSSP) or CSSP addendum.

II. Procedures

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

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

Cardinal of Minnesota, Ltd.

Health Needs Change Notice

This program must report any change in a person's physical and mental health needs when assigned in the Coordinated Service and Support Plan or Coordinated Service and Support Plan Addendum.

Person name: _____

Program name: _____

Date a change in physical and/or mental health needs was discovered: _____

Completed by: _____ Date of this report: _____

Date of notification to:

Legal Representative: _____ Case Manager: _____

Describe in detail the change in the person's physical and/or mental health needs:

Was the Health Needs Record form updated as a result of this notice? Yes No

If you have questions you can contact the Designated Coordinator at: _____

Cardinal of Minnesota, Ltd.
Incident/Emergency Report and Internal Review

All incidents must be reported within 24 hours of the incident or within 24 hours of when the program became aware of the incident. A separate form must be completed for each person – do not use identifying information, such as names or initials, if the incident involved another person receiving services.

Date of incident: _____ Time of incident: _____ am / pm

Location of incident: _____

Person name: _____

Program Name: _____

I. Incident Type (check all that apply):

- Death or serious Injury (Must also be reported using the forms from the [Office of Ombudsman for Mental Health and Developmental Disabilities](#))
- Any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition that requires the program to call 911, physician treatment, or hospitalization
- Falls
- Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team
- An act or situation involving a person that requires the program to call 911, law enforcement, or the fire department
- An 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
- Unauthorized or unexplained absence from a program
- Conduct by a person against another person 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
- Any sexual activity between persons that involves force or coercion
- Any emergency use of manual restraint (Also refer to Emergency Use of Manual Restraint Policy)
Duration(mins) of EUMR _____ De-escalation time period _____
- A report of alleged or suspected child or vulnerable adult maltreatment (Also refer to Maltreatment of Minors or Vulnerable Adults Reporting Policy)

II. Description of incident:

Cardinal of Minnesota, Ltd.

III. Description of staff response to the incident:

Applicable coordinated service and support plan addendum(s) were implemented for the person(s) involved.

Applicable program policies and procedures were implemented as written.

Staff person(s) who responded to the incident: _____

Name and signature of reporting staff

Date

IV. Persons Notified (within 24 hours of the incident) *If EUMR must be verbal notification and contact nurse

Case manager: _____

Name Date Time Method

Legal representative or: _____

Designated emergency contact Name Date Time Method

Other: _____

Name Date Time Method

Other: _____

Name Date Time Method

Other: _____

Name Date Time

Ombudsman**: _____

Date Time

DHS Licensing**: _____

or OHFC for ICF/DD _____
Date Time

** Notified of death and serious injuries only

V. Internal Review of Incident

Items A to C are required for serious injuries, including deaths, emergency use of manual restraint (within 5 working days), and alleged or suspected maltreatment. Items D and E are required for ALL incidents.

A. Were the related policies and procedures followed? Yes No

If no, explain.

Cardinal of Minnesota, Ltd.

B. Were the policies and procedures adequate? Yes No

If no, explain

C. Is there a need for additional staff training? Yes No

If yes, what training is needed, when will it be provided, and who will attend?

D. Is the incident similar to past events with the persons or the services involved? Yes No

If yes, identify the incident patterns.

E. Is there a need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences? Yes No

If yes, identify the corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program. (Include applicable implementation dates-**within 30 days**, staff assigned to take the corrective action, and **attach relevant documentation or team discussion/notes.**)

For emergency use of manual restraint only: Is there a need to revise the person's service and support strategies? Yes No

See page 4 for additional questions to be completed for EUMR

Signature of Designated Coordinator or Designated Manager completing internal review Date

Staff:	RS:	PD:	Admin:	Incident logged
Date:				

Cardinal of Minnesota, Ltd.
Emergency Use of Manual Restraint Reporting

1.) The names of all staff involved in the incident leading up to the emergency use of manual restraint.

2.) Description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of manual restraint.

3.) Description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the manual restraint was implemented that identifies when, how, and how long the alternative measures were attempted before manual restraint was implemented.

4.) Description of the mental, physical, and emotional condition of the person who was restrained, and other persons involved in the incident leading up to, during , and following the manual restraint.

5.) Whether there was any injury to the person who was restrained or other persons involved in the incident, including staff, before or as a result of the use of manual restraint.

6.) Whether there was a debriefing with the staff, and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident and the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, identify whether a debriefing is planned.

Date BIRF completed: _____

CARDINAL OF MINNESOTA, LTD.

Incident Response, Reporting and Review Policy

I. Policy

It is the policy of Cardinal of Minnesota, Ltd. to respond to, report and review all incidents that occur while providing services in a timely and effective manner in order to protect the health and safety of and minimize risk of harm to persons receiving services.

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

- A. Serious injury of a person;
 - 1. Fractures
 - 2. Dislocations
 - 3. Evidence of internal injuries
 - 4. Head injuries with loss of consciousness
 - 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. All other injuries considered serious by a physician
- B. A person’s death
- C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician treatment, or hospitalization.
- D. Falls any fall witnessed or reported even if there is not an apparent injury.
- E. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.
- F. An act or situation involving a person that requires to program to call 911, law enforcement, or the fire department.
- G. A person’s unauthorized or unexplained absence from a program.
- H. 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
 - 4. Substantially disrupts the orderly operation of the program
- I. 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.
- J. Any emergency use of manual restraint.
- K. 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 is alone, immediately call 911 and follow directives given by the emergency responder.
2. If there is another person(s) with you, ask them to call 911, and follow directives given 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 will immediately call 911.
3. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives or the person is taken to a physician or hospital for treatment.

D. Falls

1. Any fall witnessed or reported even if there is not an immediate apparent injury.
2. Complete Incident Report Form

E. Mental health crisis

When staff believes that a person is experiencing a mental health crisis they will call 911 or the mental health crisis intervention team.

F. 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 or fire department, staff will call the local non-emergency #.
3. Staff will explain the need for assistance to the emergency personnel.
4. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.

G. Unauthorized or unexplained absence

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

1. If the person has a specific plan outlined in his/her Coordinated Services and Support Plan Addendum to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
2. An immediate and thorough search of the immediate area in which 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 15 minutes the search is unsuccessful staff will contact law enforcement authorities.
4. After contacting law enforcement, staff will notify their supervisor and/or on-call personnel who will determine whether 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.

H. 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 imminent possibility of injury to a person, implement approved therapeutic intervention procedures following the policy on Emergency Use of Manual Restraints (see EUMR Policy).
2. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.

3. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel as appropriate.
- I. 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. Contact law enforcement as soon as possible and follow all instructions.
 6. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
 7. If the person expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.
- J. Emergency Use of Manual Restraint (EUMR): Follow the EUMR Policy.
- K. Maltreatment: Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

III. Reporting Procedures

- A. Completing a report
1. Incident reports will be completed as soon possible after the occurrence, but no later than 24 hours after the incident occurred or the program became aware of the occurrence. The written report will include:
 - a. The name of the person or persons involved in the incident
 - b. The date, time, and location of the incident
 - c. A description of the incident
 - d. A description of the response to the incident and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable
 - e. The name of the staff person or persons who responded to the incident
 - f. The results of the review of the incident (see section IV).
 2. When the incident involves more than one person, this program will not disclose personally identifiable information about any other person when making the report to the legal representative or designated emergency contact and case manager, unless this program has consent of the person. The written report will not contain the name or initials of the other person(s) involved in the incident.
- B. Reporting incidents to team members
1. All incidents must be reported to the person's legal representative or designated emergency contact and case manager:
 - a. within 24 hours of the incident occurring while services were provided;
 - b. within 24 hours of discovery or receipt of information that an incident occurred; or
 - c. as otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum.
 2. This program will not report an incident when the incident has already been reported by another entity or individual.
 3. 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.
 4. An incident involving EUMR requires additional documentation on the 4th page of the Incident Report and Internal Review form. When EUMR is used the nurse must be notified by phone within 24 hours. The Administrator or their designee (PD, etc.) must also complete the Behavior Intervention Report Form (BIRF) on the DHS website. (copy attached)
- C. Additional reporting requirements for deaths and serious injuries
1. The nurse will be notified immediately.

2. A report of the death or serious injury of a person must be made to both the Department of Human Services Licensing Division and the Office of Ombudsman for Mental Health and Developmental Disabilities.
 3. 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.
 4. 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 will inform the case manager of the suspected maltreatment unless there is reason to believe the case manager is involved in the suspected maltreatment.
 2. The report to the case manager must disclose the nature of the suspected maltreatment reported and which agencies have received the maltreatment report.
- E. Additional reporting requirements for EUMR: Follow the EUMR Policy.

IV. Reviewing Procedures

- A. This program will complete a review of all incidents.
1. The review will be completed by the Designated Coordinator or Manager
 2. The review will be completed within 5 days of the incident.
 3. The review will ensure that the written report provides a detailed 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 30 days.
 6. The Incident Report Log is reviewed monthly at the “Big 6” meeting (Administration, CPO, CEO, Director of Nursing)
- B. 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 Coordinator / Manager
 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
 - d. the reported event is similar to past events with the persons or the services involved to identify incident patterns
 - 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.
 4. 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.
 5. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program’s EUMR 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 Report and Internal Review form and will include identifying trends or patterns and corrective action, as needed.
- B. Incident Report forms will be maintained on file as well as an electronic log of all incidents.

NOTE: The Incident Report Form is located on Google Sites in the Master Forms Tree.

Contact Sheet for Incident Reports

Olmsted County Only:

If a client resides in Olmsted County then copy Leann Bieber on the notification of the incident

Olmsted County (only):

LeAnn Bieber

211 10th Avenue N.W.

Byron, MN 55920

507-328-6607

bieber.leann@co.olmsted.mn.us



State of Minnesota

Office of the Ombudsman for Mental Health and Developmental Disabilities

121 7th Place E. Suite 420 Metro Square Building, St. Paul, Minnesota 55101-2117
Voice: 651-757-1800 or Toll Free: 1-800-657-3506 TTY/Voice - Minnesota Relay Service 711
"Giving voice to those seldom heard"

Date: May 2012

To: Agencies, Facilities, and Programs

From: Jo Zillhardt, RN-BC, PHN, Medical Review Coordinator

RE: An update on mandatory reporting of deaths and serious injuries - Minn. Stat. 245.94, Subd. 2a.

This memo serves as a reminder and an update about the mandated reporting of deaths and serious injuries.

245.94 POWERS OF OMBUDSMAN; REVIEWS AND EVALUATIONS; RECOMMENDATIONS.

Subd. 2a. **Mandatory reporting.** Within 24 hours after a client suffers death or serious injury, the agency, facility, or program director shall notify the ombudsman of the death or serious injury. The ombudsman is authorized to receive identifying information about a deceased client according to Code of Federal Regulations, title 42, section 2.15, paragraph (b).

[For your convenience, the Code of Federal Regulations, title 42, section 2.15, paragraph (b) states the following: "Deceased patients--(1) Vital statistics. These regulations do not restrict the disclosure of patient identifying information relating to the cause of death of a patient under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death. (2) Consent by personal representative. Any other disclosure of information identifying a deceased patient as an alcohol or drug abuser is subject to these regulations. If a written consent to the disclosure is required, that consent may be given by an executor, administrator, or other personal representative appointed under applicable State law. If there is no such appointment the consent may be given by the patient's spouse or, if none, by any responsible member of the patient's family."]

Please complete the death or serious injury form and fax it to the agency at **651-797-1950**. We can receive faxes twenty-four hours a day. Faxing a report is the preferred method of reporting. It leaves you, the reporter, with a record of the information reported and the date and time reported. Voice messages can be left at any time, twenty-four hours a day, seven days a week, by calling 651-757-1800, toll free at 1-800-657-3506, or TTY/Voice - 711 - Minnesota Relay Service. If you have questions about whether or not an injury is reportable, please call 651-757-1800, 1-800-657-3506, or TTY/Voice 711, and ask to speak with the Medical Review Coordinator.



The Office of the Ombudsman has created “**Editable**” Death and Serious Injury Reporting Forms and placed them on our website. You can type your responses on the forms on your computer, print them off, and fax them to our office at **651-797-1950**. For all of our forms go to:

<http://www.ombudmhdd.state.mn.us/forms/default.htm>

I work closely with the Medical Review Subcommittee (MRS), which is part of the Ombudsman’s Advisory Committee whose members are appointed by the Governor. The MRS meets regularly to review information on unusual individual deaths, and deaths that meet a predetermined set of criteria. They also review the accumulated data on all deaths and serious injuries. After review, the MRS either closes the case or asks for additional information. In some cases, recommendations are made to prevent recurrence of similar deaths. After the report of a death, I will send you a letter informing you whether the case has been closed or whether more information is needed. You will be informed when the case is closed and if any recommendations have been made regarding services provided to the client. Copies of all of death reports are sent to the appropriate Regional Ombudsman for his or her information and comments.

In late May 2009, at the request of providers, we added the following line to the serious injury report forms, as follows:

Reporter Information

I wish to remain confidential and do not require a faxed/written response to this report.

If you wish your report to this office to remain anonymous, and you do not wish to receive a faxed or written notification of our receipt of your serious injury report, please indicate your preference by checking the box next to this line on the first page of the serious injury form. Please provide a phone number at which you can be reached if additional information is needed for our review.

Otherwise, after the report of a serious injury, either the Regional Ombudsman or I will fax or mail you a letter informing you that the report has been received. You will be contacted if additional information is needed for our review. At this time, the Regional Ombudsman is performing the individual serious injury reviews in his or her Region.

All of the information that you give in death and serious injury reports is entered into our database. Review of the data helps the Office to set goals and determine areas of special concern or high risk.

Thank you for your assistance and cooperation with the mandatory reporting process.

Sincerely,



Jo Zillhardt, RN-BC, PHN
Medical Review Coordinator



The Office of Ombudsman for Mental Health and Developmental Disabilities

121 7th Place E. Suite 420 Metro Square Building, St. Paul, Minnesota 55101-2117
Voice: 651-296-3848 or Toll Free: 1-800-657-3506 TTY/Voice – Minnesota Relay Service 711

What Makes an Injury Serious Enough to Report?

FRACTURES

All fractures including those of the hands, feet, fingers and toes should be reported. Cracked bones and non-displaced fractures are reportable.

DISLOCATIONS

All dislocations of joints should be reported.

INTERNAL INJURIES

Examples include: internal bleeding or hemorrhaging, damage to an organ such as the liver or spleen.

HEAD INJURIES WITH LOSS OF CONSCIOUSNESS

Head injuries need not be reported unless there is an associated loss of consciousness. This means that bumps or bruises would not be reported unless the client lost consciousness. There has been some question about the loss of consciousness associated with a seizure which resulted in a head injury and whether or not this meets the statutory definition. The Office monitors head injuries associated with loss of consciousness. The loss of consciousness can come before or after the injury. Therefore, head injuries sustained because of seizures should be reported.

LACERATIONS ASSOCIATED WITH DAMAGE TO TENDONS, ORGANS OR COMPLICATIONS

Lacerations should be reported when the injury involves a nerve, a tendon or an organ. A laceration that requires suturing need not be reported unless it involves the situations listed above. However, if the same laceration later becomes infected and now requires the administration of antibiotics or other medical intervention, the injury involves a complication and should be reported.

SECOND AND THIRD DEGREE BURNS, AND BURNS FOR WHICH COMPLICATIONS ARE PRESENT

The Office uses the following classifications of burns: The statutory definition includes the term “extensive.” Therefore, the Office suggests you call with all second and third degree burns.

First Degree: Reddened only on the top layer of skin. No blistering is involved. These burns need not be reported unless complications occur.

Second Degree: There is blistering, mottling of the surface and pain.

Third Degree: This injury extends down to the subcutaneous tissue, muscle or bone. In some cases the area is actually charred.

SECOND AND THIRD DEGREE FROSTBITE AND THOSE FOR WHICH COMPLICATIONS ARE PRESENT

The Office uses the following classifications for frostbite:

First Degree: Exposure to low temperatures that involve only the top layer of skin and may be characterized by redness, swelling and a feeling of cold that may lead to temporary discomfort. These need not be reported unless complications occur.

Second Degree: Affects the top layer and the next layer of skin. It is characterized by a waxy white color and skin is cold to the touch. Clear blisters form up to 36 hours after the exposure.

Third Degree: Affects the top layer of the skin and the tissue and muscle beneath. The flesh is hard, cold to the touch and bluish gray in color. There is no pain. As the tissue warms, the client experiences pain and swelling. The appearance of multiple, large blood-filled blisters indicate severe and deep tissue injury.

The statutory definition includes the term "extensive." Therefore, the Office suggests that you report all cases of second and third degree frostbite.

IRREVERSIBLE MOBILITY OR AVULSION OF TEETH

When dental injuries occur that involve either the loss of a tooth or teeth at the time of the injury, or removal later because the tooth or teeth cannot be saved, the injury should be reported. Note: This does not refer to planned dental extraction because of disease or other non-injuries. Only those avulsions which occur because of an injury should be reported.

INJURIES TO THE EYE

The law does not define which injuries to the eye are "serious." However, something in the eye which irritates the cornea and causes mild discomfort would not need to be reported. If at a later time, however, an infection occurs that requires medical intervention and the uncomplicated minor injury results in the threatened loss of eyeball or visual acuity, it should be reported. Traumatic injuries that puncture the eyeball, that cause bleeding in the eye, or any injury requiring care to maintain the physical structure or vision should be reported.

INGESTION OF POISON OR HARMFUL SUBSTANCES

Many of the people served by the Office have pica or pica-like behaviors that involve ingesting not-nutritive substances. Unless the ingestion actually causes a serious injury, such as bowel obstruction, internal bleeding, or esophageal burns, it need not be reported. It is important to distinguish behavior from outcome. The behavior need not be reported; however, if the client is seriously injured because of the behavior, it should be reported.

NEAR DROWNING

When interventions are required to sustain the life of the client who nearly drowns, the injury caused by the near drowning should be reported. Additionally, if there are complications because of the episode, such as pulmonary or lung inflammation, the injury should be reported.

HEAT EXHAUSTION OR SUNSTROKE

These conditions are caused by exposure to excessive heat and marked by dry skin, dizziness, headache, thirst, nausea and muscular cramps. In sunstroke, the body temperature may be dangerously elevated. In heat exhaustion, the temperature may be below normal. Transient dizziness may not need to be reported; however, if the client requires medical intervention to manage the symptoms, this should be reported.

ALL OTHER INJURIES CONSIDERED SERIOUS BY A PHYSICIAN

This is language from the statute. We have defined it by making three categories:

1. Complications of a previous injury.
2. Complications of medical treatment.
3. Other.

We ask that instances of self-injurious behaviors (SIB) or suicide attempts be reported to the Office, when the injury results in hospitalization of the client or the need for medical treatment.

QUESTIONS REGARDING THE MANDATORY REPORTS OF DEATH AND SERIOUS INJURY

1. When should a report be made?
According to the statute, the report should be made within 24 hours of the death or serious injury. In some cases, you may be unaware of the exact time of injury or death. In that event, the report should be made within 24 hours of your learning of the death or serious injury. After you have faxed the information or called the Office (left a message with a staff person or on voice mail), you have met the statutory requirement. Keep in mind that calls may not be returned until the next working day. If you are unable to fax the report of death or injury, please make certain you speak clearly and leave a telephone number, with the area code, when you call.
2. How can complications be reported within 24 hours of an injury?
In most cases, complications will not be known within 24 hours of the injury. Please make the report within 24 hours of learning of the complication.
3. How do I report a Death or Serious Injury?

On-Line Reporting for a Death:

<http://mn.gov/ombudmhdd/report-death-or-serious-injury/death-reporting-form/>

On-Line Reporting for a Death:

<http://mn.gov/ombudmhdd/report-death-or-serious-injury/serious-injury-form/>

Fax:

You may complete the appropriate form, which is available at <http://mn.gov/ombudmhdd/report-death-or-serious-injury/> and fax it to our office at 651-797-1950, or

Call:

You may call our Office at 651-757-1800, toll free at 1-800-657-3506, or TTY/Voice 711.

4. Who can we call if we have other questions?
Calls can be made to the Medical Review Coordinator at the following numbers: In the metro area 651-757-1800, toll free at 1-800-657-3506 or TTY/Voice 711.



CARDINAL OF MINNESOTA, LTD.

3008 Wellner Drive N.E.
Rochester, MN 55906
Phone: (507) 281-1077
Fax: (507) 281-1127
Email: Administrators@cardinalofminnesota.com

DATE:

The most current [Death](#) and [Serious Injury Report](#) forms are available online from the Ombudsman's web site at: www.mn.gov/omhdd/.

The forms are located in the last blue box under "Services" listed on the left side of the home page as "Reporting Death & Serious Injuries."

Please go to this website to complete these forms online. Once you have completed filling out the form, then print and give this form to your Administrator.

(Examples of these two forms immediately follow this memo)

DEATH OR SERIOUS INJURY REPORT FAX TRANSMISSION COVER SHEET

DATE: _____ NUMBER OF PAGES: _____ (including this cover sheet)

DESTINATION INFORMATION:

Department of Human Services Licensing Division
PO Box 64242, St. Paul, MN 55164-0242
Phone number: (651) 296-3971
Destination FAX Number: (651) 297-1490

Ombudsman for Mental Health and Developmental Disabilities
121 7th Place East, Suite 420, St. Paul, MN 55101-2117
Phone number: (651) 757-1800 or 1-800-657-3506
Destination FAX Number: (651) 296-1021

SENDER INFORMATION:

Sender: _____

Program: _____ 245B License Number: _____

Phone Number: _____ FAX Number: _____

245B Service Type (check one; if your program is not licensed to provide one of the services listed do not send the report to DHS):

SILS (Semi-Independent Living Services) **WS** (Waivered Services) **CR** (Crisis Respite)
 DTH (Day Training and Habilitation) **SES** (Supported Employment Services)
 RS (Residential Services-ICF/MR) **RS-N** (Residential Services-SLF only)

INSTRUCTIONS:

- **ATTACH THE COMPLETED REPORT TO THIS FAX COVER SHEET**
The Ombudsman offers editable Death and Serious Injury Report reporting forms that may be completed on line, printed and faxed.
 - Serious Injury <http://www.ombudmhdd.state.mn.us/forms/EditableSIForm.pdf>
 - Death <http://www.ombudmhdd.state.mn.us/forms/EditableDeathForm.pdf>
- **FAX or MAIL** the death or serious injury report both to the DHS Division of Licensing and to the Ombudsman. If mailed, a phone call must be made within 24 hours of the death or serious injury to the Ombudsman to meet the mandatory reporting requirements.
- Death or serious injury of persons with developmental disabilities served in programs licensed by DHS under Minnesota Statutes, chapter 245B, must be reported within 24 hours to both the Ombudsman and the DHS Licensing Division for services licensed under MS §245B.

PRIVACY NOTICE

This fax message may contain private or confidential data.

The information contained in this facsimile message is intended for the use of the addressee listed below. This information may be protected by state and federal privacy regulations. If you are not the intended recipient or the person responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, or distribution of this information is strictly prohibited. If you have received this fax in error, please notify the sender immediately by telephone.



Death Report

State of Minnesota
Office of the Ombudsman for Mental Health and Developmental Disabilities
FAX: 651-797-1950



Date: _____

County: _____

Client Information

Last Name: _____ First Name: _____ MI: _____

Name of Residential Facility/Provider _____

Client resided prior to death _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Gender: ___M ___F Client Date of Birth: ___/___/___

Type of License #: _____ Was client on or eligible for Medical Assistance? ___Yes ___No

Ethnic: _____ African American _____ Native American _____ Asian
_____ SE Asian _____ Hispanic _____ Caucasian
_____ Unknown

Guardianship: _____ None _____ Private Guardian/Conservator
_____ Public Guardian/Conservator _____ Representative Payee
_____ Power of Attorney _____ Unknown
_____ Parent

Legal Status: _____ Informal Admin (voluntary) _____ Stay of Commitment
_____ Committed _____ Psychopathic Personality
_____ Emergency Hosp/Court Hold _____ Rule 20 or 27
_____ Temp Placement _____ Respite Care
_____ Juvenile Court Comm _____ Inform Juvenile Admin by Parent
_____ Provisional Discharge _____ None

Disability: _____ DD _____ MI _____ CD _____ ED
_____ MI&D _____ PP _____ MI/CD _____ MI/DD

Reporter Information

Last Name: _____ First Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Fax Number: _____

Death Information

Facility where death occurred: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date admitted to place of death: _____

Date of Death: ____/____/____

Time of Death: _____ a.m. or p.m.

Death Type: (circle one): Natural Accident Undetermined
 Suicide Homicide

Was death expected? Yes No DNR/DNI Order: Yes No

Limited Treatment: Yes No Autopsy: Yes No

Cause of Death: _____

Diagnosis

Axis I (Clinical Syndromes): _____

Axis II (Developmental/Personality Disorders): _____

Axis III (Physical Disorders): _____

Current Medications and Dosages: _____

Other Agencies Involved/Referred to/Notified:

- | | | |
|---|---|---|
| <input type="checkbox"/> Legal | <input type="checkbox"/> County | <input type="checkbox"/> MH Association |
| <input type="checkbox"/> Administration | <input type="checkbox"/> State Agency | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Ombudsman | <input type="checkbox"/> Private Agency | <input type="checkbox"/> Other Government |
| <input type="checkbox"/> DHS | <input type="checkbox"/> Treatment Team | <input type="checkbox"/> Adult/Child Protection/CEP |
| <input type="checkbox"/> OHFC | | |

Circumstances surrounding death: _____
(may send incident report)



Serious Injury Report

State of Minnesota
Office of the Ombudsman for Mental Health and Developmental Disabilities
FAX: 651-797-1950



Date Reported: _____

County: _____

Client Information

Last Name: _____ First Name: _____ MI: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Gender: ___ M ___ F Client Date of Birth: ___/___/___

Ethnic: _____ African American _____ Native American _____ Asian
_____ SE Asian _____ Hispanic _____ Caucasian
_____ Unknown

Guardianship: _____ None _____ Private Guardian/Conservator
_____ Public Guardian/Conservator _____ Representative Payee
_____ Power of Attorney _____ Unknown
_____ Parent

Legal Status: _____ Informal Admin (voluntary) _____ Stay of Commitment
_____ Committed _____ Psychopathic Personality
_____ Emergency Hosp/Court Hold _____ Rule 20 or 27
_____ Temp Placement _____ Respite Care
_____ Juvenile Court Comm _____ Inform Juvenile Adm by Parent
_____ Provisional Discharge _____ None

Client is currently receiving services for: _____ DD _____ MI _____ CD _____ ED
_____ MI&D _____ PP _____ MI/CD _____ MI/DD

Name of residence: _____

Corporation name: _____

Type of License: _____ Is client on or eligible for Medical Assistance? _____ Yes _____ No

Reporter Information I wish to remain confidential and do not require a faxed/written response to this report.

Last Name: _____ First Name: _____

Title: _____ Telephone: _____ Fax: _____

Agency or program: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Injury Information

Date of Injury (if known): _____ Time of Injury: _____ a.m. or p.m.

Type of Injury:

- | | |
|---|---|
| <input type="checkbox"/> Minor Fracture | <input type="checkbox"/> Major Fracture |
| <input type="checkbox"/> Multiple Fractures Dislocation | <input type="checkbox"/> Internal Injuries |
| <input type="checkbox"/> Head Injury (with Loss of Consciousness) | <input type="checkbox"/> Laceration (muscle, tendon, or nerve damage) |
| <input type="checkbox"/> Burns (second or third degree) | <input type="checkbox"/> Eye Injuries |
| <input type="checkbox"/> Dental Injuries (avulsion of teeth) | <input type="checkbox"/> Ingestion of poison or harmful substances |
| <input type="checkbox"/> Near Drowning | <input type="checkbox"/> Heat Exhaustion/Sun Stroke |
| <input type="checkbox"/> Complication of previous injury | <input type="checkbox"/> Complication of medical treatment |
| <input type="checkbox"/> Other | |

Incident involved: Fall Client to Client Staff to Client
 Sports/Activity Related Suicide Attempt Self-injurious Behavior
 Restraint Procedure Unknown Other (explain) _____

Injury type specifics: _____

Describe how injury happened:

Name of Provider or Corporation where injury occurred: _____

Diagnosis Information

Axis I (Clinical Syndromes): _____

Axis II (Developmental/Personality Disorders) _____

Axis III (Physical Disorders) _____

Current Medications: _____

Others/Agencies Involved/Referred to/Notified:

<input type="checkbox"/> Legal	<input type="checkbox"/> County	<input type="checkbox"/> MH Association
<input type="checkbox"/> Administration	<input type="checkbox"/> State Agency	<input type="checkbox"/> Medical
<input type="checkbox"/> Ombudsman	<input type="checkbox"/> Private Agency	<input type="checkbox"/> Other Government
<input type="checkbox"/> DHS	<input type="checkbox"/> Treatment Team	<input type="checkbox"/> Adult/Child Protection/CEP
<input type="checkbox"/> OHFC		

Additional Information: _____

Please fax completed form to 651-797-1950

(revised 08/11)



State of Minnesota

Office of Ombudsman for Mental Health and Developmental Disabilities

121 7th Place E. Suite 420 Metro Square Building, St. Paul, Minnesota 55101-2117
Voice: 651-757-1800 or Toll Free: 1-800-657-3506 TTY/Voice - Minnesota Relay Service 711
"Giving voice to those seldom heard"

Date: March 18, 2013 (Originally posted September 2007)

To: Agencies, Facilities, and Providers

From: Jo Zillhardt, RN-BC, PHN
Medical Review Coordinator

Subject: Agency, Facility, and Provider Notification to Deceased Client's Next-of- Kin/Concerned Other of Death Report to the Ombudsman's Office

The Ombudsman for Mental Health and Developmental Disabilities has determined that it may be helpful to families and concerned others to know about the death review process followed by this Office after the mandatory report of the death of their loved one.

The New York State Commission on Quality of Care for the Mentally Disabled has found that the best way to notify next-of-kin and concerned others of the mandated report to a state agency is to have the agencies, facilities, and providers that have been providing care to the client provide the notification. The Office has developed the following procedure to be followed in addition to completion of the death report form.

Procedure:

1. Within 24 hours of the death of a client, complete and fax the death report form to the Office of Ombudsman for Mental Health and Developmental Disabilities.
2. Provide the client's next of kin with a copy of the Notification letter.

You are encouraged to make copies of the letter and form for your use:

The **Notification Letter** is available on our website at:
<http://www.ombudmhdd.state.mn.us/mrs/default.htm>

The **Death Report Form** is available on our website at:
<http://www.ombudmhdd.state.mn.us/forms/default.htm>

Please call me at 651-431-5202 or 1-800-657-3506 with any questions or concerns.

Thank you for your cooperation with this addition to the mandatory requirement to report the deaths of clients to the Office of Ombudsman for Mental Health and Developmental Disabilities.





State of Minnesota

Office of Ombudsman for Mental Health and Developmental Disabilities

121 7th Place E Suite 420 Metro Square Building, St. Paul, Minnesota 55101-2117
Voice: 651-757-1800 or Toll Free: 1-800-657-3506 TTY/Voice -- Minnesota Relay Service 711
"Giving voice to those seldom heard"

Dear Newly Bereaved,

Your loved one was receiving services from an agency, facility, or program that is required by Minnesota State Statute § 245.94, Subdivision 2a, to report your loved one's death to the Office of Ombudsman for Mental Health and Developmental Disabilities.

The Office of Ombudsman for Mental Health and Developmental Disabilities was created by the Minnesota legislature in 1987 to "promote the highest attainable standards of treatment, competence, efficiency, and justice... for persons receiving services or treatment for mental illness, developmental disabilities or a related condition, chemical dependency, or serious emotional disturbance...."

A very important part of our agency's mission is to review the circumstances surrounding the deaths of clients that are reported to us in order to look for opportunities to improve services to the living. As Medical Review Coordinator, I perform an initial review of every death reported to the agency. When specific questions or concerns are raised about the circumstances surrounding a death, our Medical Reviewer conducts a very thorough review, often on-site. Some reports of deaths are brought to our Medical Review Subcommittee (MRS) for additional review and recommendations. The MRS is a subcommittee of volunteer physicians and clinicians, who are members of the Ombudsman's Advisory Committee and who are appointed by the Governor.

You are welcome to contact me at 651-431-5202, or toll free at 1-800-657-3506, with any questions or concerns about our death review process or about the care received by your loved one.

If you would like to receive a copy of the results of our review of your loved one's death, please call me at either of the above numbers or drop me a note at the above address.

Sincerely,

Jo Zillhardt, RN-BC, PHN
Medical Review Coordinator



CARDINAL OF MINNESOTA, LTD.



JOB DESCRIPTIONS

CARDINAL OF MINNESOTA, LTD.

Administrator

Position Description

The Administrator will be responsible for the overall operation of the designated program sites. The Administrator will have fiscal responsibility for their programs and will direct the activities of all other staff. The Administrator reports directly to the Chief Programming Officer. The Administrator will be involved in problem-solving and decision-making for their designated programs in order to carry out the objectives and mission of the company.

Qualifications

A college degree is preferred, with a minimum of 5 years experience with individuals with developmental disabilities or related conditions. Program writing, supervisory and personnel management experience is mandatory. An Administrator must have a basic working knowledge of word processing, spreadsheets, and use of the Internet, as well as a valid driver's license and good driving record.

Core Values

An Administrator must have a positive attitude and demonstrate a commitment to the Core Values. These include Honesty, The Platinum Rule, Do Your Best, Teamwork and Fun.

Duties

Administrative

- Attend bi-monthly management meetings and offer input regarding the operation of the agency.
- Makes recommendations to the President on an ongoing basis regarding the future direction of the company.
- Assist with the development of job descriptions, and ensure that they are up to date.
- Work with Program Directors and Residential Supervisors to develop and maintain ongoing professional goals and objectives (LDP assessments).
- Responsible to acquire a working knowledge of all duties listed in the Program Director and Residential Supervisor job description.
- Work with Program Directors and Senior Residential Supervisors to ensure that all aspects of their duties are completed.
- Assist with required licensing procedures according to County, State and Federal regulations.
- Review final internal program, medical and financial audits for each designated program site.
- Participate in managerial and other committees as assigned.
- Maintain accurate and up-to-date information on each household through meetings with Program Directors.
- Participate in management retreats and planning sessions to establish annual strategic goals and objectives. Works actively toward the implementation and achievement of these goals and objectives.
- Maintain effective time management by utilizing Cardinal's time management tools.

- Participate in A-Team/Big 6 brainstorming, strategic planning, policy revisions, and recommendations for change in services.

Communication

- Maintain open communication with the clients, outside agencies, community resources, families and case managers.
- Review Consumer and Parent/Guardian Satisfaction Surveys, and implement changes necessary to successfully address relevant concerns and recommendations.

Personnel Management

- Participate in hiring key staff for the agency (e.g., Program Director, Residential Supervisor, lead staff).
- Assist with orientation of new staff as requested by the Director of Training & Development.
- Review personnel issues and mediate concerns of employee/employer relationships.
- Assist Program Directors and Residential Supervisors with personnel, disciplinary and staffing issues, including documentation of those issues.
-) Conduct LDP assessment of Program Directors, and offer input on Residential Supervisors at their assigned programs.
-) Establish and monitor LDP goals for Program Director and Residential Supervisors.
- Have a working knowledge of scheduling techniques. Oversee and assist with scheduling at each program location as needed.
- Assist with the management of payroll records (e.g., eTime, Status Change Forms).

Training

- Acquire and/or maintain mandatory training (e.g., CPR, First Aid, Medication Administration, Time Management, Psychotropic Medication Monitoring, DISCUS Rating, and other training pertinent to their program site).
- Conduct training for supervisory staff and others as needed, (e.g., New RS/PD Training)

Financial

- Approve expenditures up to \$1,000, which are included in the budget.
- Review Profit and Loss Statements and budgeting expenditures quarterly for each program location.
- Make recommendations for revisions in existing budgets in order to ensure the delivery of high quality services.
- Maintain accurate checkbook records and reimburse petty cash, as needed.
- Have a good understanding of client financial resources.
- Have an awareness of vendor charge locations and procedures.

Programming

- Work closely with Program Directors and Residential Supervisors to ensure that all licensing requirements are met on an ongoing basis. Respond to all licensing recommendations promptly and effectively.
- Evaluate the effectiveness of client individual program plans as needed.
- Attend Support Team Meetings and offer constructive input on the client's plan as needed and requested.

- Report all serious incidents to the President. Review, initial, log and file original Incident Reports after completion, and complete BIRF when applicable.
- Have a working knowledge of behavioral management techniques. Actively oversee and participate in Dream Team referrals.
- Ensure the rights and protections of all clients by having knowledge of the Service Recipient Rights, being an advocate for each client and by reporting any suspected abuse or neglect.

Medical

- Have a working knowledge of all medical policies and procedures.

Development

- Assist in the development and implementation of new services and/or the expansion of existing services to meet client needs and change of services as required. Make recommendations to the organization for the addition, expansion or change of services or service systems.
- Participate in the review and discussion of county Requests for Proposals and actively participate in the development/opening of new program sites.
- Oversee the admission process of new clients and attend Pre-admission Conferences. Assist Program Director with completion of necessary paperwork. Ensure the set up of new client files.

Quality

-) Regularly makes suggestions for the improvement of the company.
-) Develop and implement a consistent process to review all internal site procedures, and implement changes for the improvement of these practices.
-) Assist in the collection of data necessary to accurately assess the effectiveness of all programmatic efforts.

Miscellaneous

- All other duties as assigned, which may include specific assigned tasks, i.e., audit, licensing, In-Home staff supervision, wellness program.
- Have working knowledge of Therap Modules that are being utilized throughout the company.

CARDINAL OF MINNESOTA, LTD.

Direct Support Professional

Position Description

The Direct Support Professional's (DSP) role is to ensure that the daily needs of each client are met through teaching, counseling, advising, and providing a positive role model in a manner which enables the greatest degree of independence possible in their activities of daily living. The Direct Support Professional must obtain a working knowledge of the client's Individual Program Plan and Abuse Prevention Plan and ensure that they are carried out effectively. The Direct Support Professional reports to the Residential Supervisor or the Program Director.

Qualifications

Direct Support Professionals must have a valid driver's license with an acceptable driving record and must pass a background check. A DSP must be 18 years of age to fulfill all the duties of their position. Employees who are a minimum of 16 years of age can work with limited restrictions. Due to the safety and regulatory requirements, and the need to communicate and supervise our clients, an applicant must be able to read, write, speak, and comprehend the English language. An applicant must also be able to actively participate in a team approach atmosphere.

Core Values

A Direct Support Professional must have a positive attitude and demonstrate a commitment to Cardinal's Core Values. These include Honesty, The Platinum Rule, Do Your Best, Teamwork, and Fun.

Duties & Requirements of a Direct Support Professional

Client Cares

- Assist with and encourage independence in these activities of daily living:
 - * Personal hygiene/grooming
 - * Communication skills
 - * Housekeeping skills
 - * Appropriate social skills
 - * Appropriate use of leisure time
 - * Development of personal responsibility
 - * Self-help skills and emergency procedures
 - * Responsibility for personal possessions
 - * Appropriate use of personal funds
 - * Basic health care
 - * Independence of rights and responsibilities
 - * Community orientation
 - * Vocational skills
- Provide the maximum opportunity for 'client choice' in their lives
- Provide positive reinforcement in order to develop a healthy self-image
- Be an appropriate role model to the clients (e.g. appropriate dress, good hygiene and grooming practices, accountability for actions and have a positive, professional attitude and demeanor)
- Ensure the rights and protections of all clients by having knowledge of the Home and Community-Based Services Service Recipient Rights and being an advocate for each client
- Report any suspected abuse or neglect
- Maintain a balanced diet and follow recommended menus
- Establish and maintain a good working relationship with clients and understand client-specific boundaries
- Transport to day programs and other activities

Documentation

- Must be able to accurately and effectively complete all client and household documentation on a daily basis
- Maintain confidentiality of client records and facility records
- Accurately complete all financial documentation
- Use electronic record keeping through Therap

Communication

- ñ Offer suggestions or recommended changes to the client's Individual Program Plan and Abuse Prevention Plan
- ñ Have effective written and verbal communication skills
- ñ Notify Residential Supervisor of all schedule changes
- ñ Follow the designated chain of command in communicating problems or concerns on a need-to-know basis
- ñ Treat others in a professional and courteous manner
- ñ Communicate all household maintenance needs to the Residential Supervisor

Medical Duties

- Have working knowledge of client diagnosis
- Have working knowledge of purpose and side effects of any medications administered at program site
- Administer medication as directed by Cardinal's policy & regulatory standards
- Communicate with nurse and Residential Supervisor all illnesses, medication changes, and medical concerns as they arise
- Be able to treat illnesses and injuries with basic first aid
- Use Therap medical modules for documentation

Training

- Complete all Orientation requirements
- New Employee Orientation
- Health Orientation
- Site Specific Orientation
- Training Modules
- Medication training
- Actively participate in monthly staff meetings
- Complete all mandatory training (CPR, First Aid and PIA) and maintain current certifications.
- Maintain training log
- Have a working knowledge of Personnel Policies and follow all Policy and Procedures of Cardinal of Minnesota, Ltd.

Teamwork

- Treat others how they want to be treated
- Act with respect for the dignity of others
- Have honest, open communication
- Agree to resolve disagreements without becoming disagreeable

Miscellaneous

-) Other duties as assigned
-) General knowledge and use of Therap to complete necessary documentation

CARDINAL OF MINNESOTA, LTD.

Director of Training

Position Description

The Director of Training and Development is responsible for the design, delivery, coordination, and tracking of training at all levels of the company; guides the administration and budgets for training activities. The Director of Training and Development also works closely with the Senior Leadership Team to facilitate initiatives aimed at improving and strengthening the organization. The Director of Training and Development is a member of the Senior Leadership Team and reports directly to the Chief Operating Officer.

Qualifications

Previous experience in human resource development or adult education and college degree are preferred. Additional requirements include advanced knowledge of computers (Microsoft Office Suite and Microsoft Publisher) and background in a human services field, preferably with individuals with disabilities.

TRAINING

Administration

- Ensure that education, training, and development programs are aligned with organizational goals and objectives.
- Implement and conduct staff education and training programs that meet identified objectives.
- Develop the administrative framework and prepare budgets required to support training and development programs and initiatives.
- Formulate policies, procedures and schedules to support education and training operations and initiatives.
- Regularly audit training practices and tracking at all facilities, ensuring that Cardinal of Minnesota policies are followed, and that mandated training practices are current.
- Coordinate and ensure efficacy of processes in place to track training documentation for all staff.

Training materials and resources

- Design, develop and implement training materials.
- Maintain a database of information on internal and external training resources (eg. External training vendors, internal trainers, the library, etc.).
- Maintain a current library of quality, relevant training materials.

Training evaluation

- Review and critique ongoing training practices at all levels of the company to ensure effective and thorough training processes and materials.
- Work cooperatively with HR Manager for continuously improving and conducting New Employee Orientation.
- Serve as liaison to Providers' Network Training Committee and other interagency networking activities.
- Chair Training Committee and participate in other working groups.

Organization Development

- Assist with the coordination and implementation of the Sidekicks Program.
- Work cooperatively with the Senior Leadership Team to develop and implement initiatives for continuous improvement and growth planning.
- Design and conduct retreats, seminars, and other company meetings.
- Ensure ongoing internal communication of staff training and development, organizational issues, and other items as needed.
- Compile and distribute training calendars.
- Coordinate the development, dissemination and data collection of surveys, including stakeholders' surveys and training related surveys.
- Provide survey development and deployment support as requested by Senior Leaders or other committees/teams.
- Ensure deployment of stakeholder satisfaction data and information as outlined by survey processes.
- Provide training and development opportunities for stakeholder groups as requested.

Miscellaneous

- Other duties as assigned.

CARDINAL OF MINNESOTA, LTD.

Director of Human Resources

Job Description:

The Director of Human Resources is primarily responsible for effective and efficient recruitment of employees. This includes advertising, interviewing, hiring, and orienting staff. The Director of Human Resources also understands, supports and delivers the essential management functions of training, public relations, compliance, retention, benefits coordination, and media coordination. On a day-to-day basis, the Director of Human Resources engages in problem analysis, decision-making, and communication activities within their realm of authority. The Human Resource Manager reports to the Chief Operating Officer.

Qualifications:

A college degree and/or previous extensive experience in human resources. Additional requirements include advanced knowledge of computer software (Microsoft Access, Excel, Word) and preferred knowledge in Web site management. Background in a health related field, preferably with the developmentally disabled population is desired.

Duties:

1. **Recruit, interview** and **select** staff at all levels of the organization.
2. Collaborate with Direct Support Professionals, Residential Supervisors, and Program Directors in **retention** efforts. Support new employees in their first four weeks through personal visits, welcome cards, phone calls, and new employee surveys.
3. Be knowledgeable of the needs of individual clients and houses in order to make sound hiring decisions.
4. Assist with giving feedback or advice regarding necessary **staff changes**.
5. Coordinate with the Training & Development Director in the planning and implementation of all aspects of **new staff orientation**.
6. Assist in the organizing and production of **public relations** activities (Job Fairs, informational exchange).
7. Understand regulations and aid in the implementation of components necessary for state and federal **organizational compliance**, e.g. Affirmative Action / Quality Assurance, OSHA Compliance DOL requirements
8. Assist with annual EEO Reporting Process.
9. Have knowledge of Cardinal of Minnesota's **benefit package** and work cooperatively with payroll and HR Generalist to assure efficient compliance and completion of necessary forms and paperwork.
10. Review **employee personnel files** periodically for proper content and organization. Assist the payroll administrator in providing new employee information necessary to establish the employee's personnel file. Participate in **management team** meetings.
11. Attend **training committee** meetings. Work closely with training committee to give input on **employee training** programs and the yearly training calendar. Conduct trainings as requested.
12. **Develop forms** as needed or directed by management.
13. Assist in the maintenance of the Cardinal of Minnesota **web site**. Update employee openings and manage on-line applications.

14. **Collect and summarize data** through the use of databases and other methods to assist in overall organizational management.
15. Create Policies and Procedures for **HIPAA**. Monitor compliance.
16. Follow all **OSHA and Safety** Requirements. Assist with **Worker's Compensation** management. Attend **Safety Committee** meetings.
17. Have knowledge of **personnel laws** related to industry.
18. Attend **conferences / in services** to improve skills, knowledge and abilities.
19. Counsel other members of the organization in regards of disciplinary action and employee evaluations.
20. Responsible for responding to unemployment claims.
21. Supervise HR Generalist.
22. All other duties as assigned.

CARDINAL OF MINNESOTA, LTD.

Lead Direct Support Professional

Position Description

The Lead Direct Support Professional (DSP) will demonstrate their ability to carry out all aspects of the job description. In addition, specific responsibilities will be delegated to the Lead DSP based on specific site needs. The Residential Supervisor and Program Director using the Lead DSP checklist will determine these responsibilities.

Qualifications

Individuals must meet all qualifications of the DSP position. They must have the ability to prioritize, multitask and possess leadership skills. They must have demonstrated the ability to follow through on work assignments as a DSP. In the absence of the Residential Supervisor this individual will be able to carry out the basics of the Residential Supervisor job description.

Core Values

A Lead DSP must have a positive attitude and demonstrate a commitment to Cardinal of Minnesota's Core Values. These include Honesty, The Platinum Rule, Do Your Best, Teamwork and Fun.

Duties and Requirements of a Lead DSP

Each Lead DSP will complete the Lead DSP Checklist with their Residential Supervisor and/or their Program Director to determine specific duties at their site. These duties could include, but are not limited to, some of the following: Monthly household tasks, financial or medical tasks and coordination of activities.

Each task on the Lead DSP's Checklist has been prioritized to its importance and been given a rating of 1, 2 or 3 (3 being the highest priority). The Residential Supervisor, Program Director and Lead DSP are to determine its accuracy and will review the Lead DSP Checklist every 6 months. New skills may be added after each review.

The Lead DSP will be expected to have "take charge" abilities. He/she must be able to make independent decisions and be able to delegate duties in the absence of the Residential Supervisor. If a decision is not within the realm of the Lead DSP's ability, they must be able to seek direction from the Program Director or Administrator.

Staff that the Lead DSP works with must see that individual as a "leader" and someone to whom they can bring concerns or issues.

CARDINAL OF MINNESOTA, LTD.

Nurse

Position Description

The primary function of the nurse is to manage health care for our clients under the direction of a physician. Nurses will exercise professional judgment and demonstrate job-knowledge in accordance with professional nursing standards and current State and Federal regulations. All nurses will report to the Director of Nursing.

Qualifications

All nurses must be currently licensed as an RN or LPN in the state of Minnesota. A nurse should be knowledgeable in the area of developmental disabilities or be willing to be trained in this area. The individual must be able to make decisions confidently and independently yet work as a team member. The individual needs to be flexible with work schedule to meet needs of the clients served. The nurse will also accept responsibility for professional growth, education and legal liability.

Core Values

A nurse must have a positive attitude and demonstrate a commitment to Cardinal's Core Values. All duties must be carried out with honesty and confidentiality to ensure the highest degree of medical care for our clients.

Duties & Requirements of a Nurse

Client Cares

- Assist Direct Support Professional (DSP) in all areas of client activities of daily living as needed.
- Provide maximum opportunity for client choice.
- Provide positive reinforcement in order to develop a healthy self image.
- Report any suspected abuse or neglect.
- Be an appropriate role model for clients, have a positive but professional attitude.

Medical Duties

- Be familiar with and maintain policies, procedures, rules, regulations and standards of health care and services for each client in assigned homes.
- Schedule regular visits to all assigned houses.
- Assist the Residential Supervisors in coordinating and scheduling medical appointments, dental appointments etc.
- Attend healthcare related appointments as deemed necessary.
- Have a good working knowledge of all health care agencies used by clients.
- Maintain a positive working relationship with physicians, dentist etc.
- Follow-up with Residential Supervisor on all appointments to ensure documentation is complete and all doctors orders are being carried out as well as future appointments scheduled as needed.
- Monitor weight and dietary needs.
- Attend Interdisciplinary Team meetings.

- Complete medical file audits in a timely manner.
- Assist in correcting medical deficiencies found in the audit process.
-) Assist Residential Supervisor in developing medication records and transcription of new orders
- Review and approve configuration of electronic Medication Administration Records (MAR)
- Monitor for medication errors.
- Oversee medication storage.
- Monitor first aid supplies, PRN supplies and OSHA kits.
- Count, record and destroy outdated medications.
- Monitor and assist in tracking controlled substances.
- Monitor and assist with ordering of medication.
- Oversee psychotropic medication monitoring.
- Assist Residential Supervisor in all other aspects of monitoring clients on psychotropic medication for side effects and effectiveness of medication being used.
- Provide physical checks as necessary, ie. breast exams, body checks, etc.

Documentation

- Review T-logs and S-comms.
- Document in client T-logs all pertinent medical information.
- Ensure that all orders / recommendations are followed, documented and evaluated.
- Review all medication errors and determine if follow-up is needed.
- Review all electronic medication sheets at the end of each month prior to approval of MAR in Therap.

Training

- Provide training to clients as determined by the Interdisciplinary Team in areas of client need such as diabetes, self medication administration, healthy meal choices etc.
- Participate in house staff meetings by providing training on specific health care needs, equipment use, personal safety etc., as determined by Residential Supervisor, Program Director and Director of Nurses.
- Develop and provide health orientation training program for new employees.
- Develop and provide training program for medication administration for new employees.
- Provide a nutrition training program as needed.
- Responsible for attending classes to maintain professional license.

Teamwork

- Be available on an on-call basis to address medical concerns and needs of assigned clients.
- Have open communication with all team members, staff, case managers and parents / guardians.
- Treat others as they would want to be treated.

Miscellaneous

-) Other duties as assigned.

CARDINAL OF MINNESOTA, LTD.

Program Director

Position Description

The Program Director is responsible for the overall operation of their designated program sites. The Program Director reports directly to the Administrator.

Qualifications

A college degree with a minimum of 2 years experience or 5 years of work experience with individuals with developmental disabilities is preferred. Program writing, supervisory and personnel management experience is also preferred. Program Director's must have a basic working knowledge of word processing, spreadsheets and use of the Internet; as well as a valid driver's license and good driving record.

Core Values

A Program Director must have a positive attitude and demonstrate a commitment to Cardinal's Core Values. These include Honesty, The Platinum Rule, Do Your Best, Teamwork and Fun.

Duties

Administrative

- Attend scheduled or quarterly management meetings and offer input regarding the operation of the agency.
- Work with Residential Supervisors to develop and maintain ongoing professional monthly objectives.
- Will be responsible to acquire a working knowledge of all duties listed in the Residential Supervisor job description.
- Work closely with Residential Supervisors to ensure all aspects of their duties are completed.
- Establish a working knowledge of all required licensing procedures according to County, State and Federal regulations.
- Review, update and manage Cardinal of Minnesota's audit procedures for each designated program site.
- Review all required paperwork (e.g., Incident Reports, VA Reports, Checklists, etc.)
- Participate in committees as assigned.
- Maintain accurate and up-to-date information on each household in PD notebooks kept at the corporate office.
- Participate in management retreats and planning sessions to establish annual strategic goals and objectives and works actively towards the implementation of these goals and objectives.
- Maintain effective Time Management by utilizing Cardinal's time management "system".
- Use electronic record keeping through Therap.

Communication

- Coordinate and attend weekly RS/PD meetings.
- Maintain open communication with the clients, outside agencies, community resources, families and case managers.
- Review client/Guardian Satisfaction Surveys.

Personnel Management

- Participate in hiring key staff for the agency (e.g., Residential Supervisor, lead staff, etc.).
- Assist with orientation of new staff as requested by the Director of Training.
- Assist Residential Supervisors with personnel, disciplinary and staffing issues, including documentation of those issues.
- Conduct STAR assessments and LDP Assessment on Residential Supervisors at their assigned programs.
- Have a working knowledge of scheduling techniques. Oversee and assist with scheduling at each program location.
- Assist with the management of payroll records (e.g., e-Time, Change of Status forms, etc.).

Assist Residential Supervisors in the management of overtime hours for each site

Training

- Acquire and/or maintain required training (e.g., CPR, First Aid, Medication Administration, Time Management, Psychotropic Medication Monitoring, DISCUS Rating, and other training pertinent to their program site).
- Conduct training for supervisory staff and others as needed.
- Review employee training (site specific orientation, deficiencies and training logs).
- Manage Therap TMS records for personnel.

Financial

-) Approve expenditures up to \$500, which are included in the household budget
- Review and analyze Profit and Loss Statements for each program location.
- Oversee budgeted expenditures at each program location.
- Maintain accurate checkbook records and reimburse petty cash.
- Have a good understanding of client financial resources.
- Have an awareness of vendor charge locations and procedures.

Programming

-) Work closely with the Residential Supervisor to ensure that all licensing requirements are met on an ongoing basis. Respond to all licensing deficiencies promptly and effectively.
- Assist in the development, writing and monitoring of all client programs.
- Attend support Team Meetings and offer constructive input on the client's plan.
- Assist the Residential Supervisor in the development of the client's Abuse Prevention Plan, Individual Program Plan and site specific Program Abuse Prevention Plan.
- Have a working knowledge of behavioral management techniques.
- Assure the rights and protections of all clients by having knowledge of the Service recipient of Rights, being an advocate for each client and by reporting any suspected abuse or neglect.
- Report all incident reports to Administrator, and give original to Administrator to initial and file.
- Use electronic record keeping through Therap.

Medical

- Have an awareness and working knowledge of all medical policies and procedures.
- Attend client medical appointments as needed.
- Ensure that all psychotropic medication monitoring is complete and accurate
- Monitor medication administration practices and medication book at each program site on at least a quarterly basis.
- Use Therap medical modules for documentation and appointments per month.

Development

- Assist Administrator in the development and implementation of new services and/or the expansion of existing services to meet client needs and change of services as required. Make recommendations to the organization for the addition, expansion, or change of services or service systems.
- Participate in the review and discussion of county Requests for Proposals, as requested by Administrator or CPO.
- Actively participate in the development/opening of new program sites.
- Oversee the admission process of new clients: attend Pre-admission Conferences, complete necessary paperwork, set up new client files. Seek assistance from Administrator as needed.

Quality

-) Regularly makes suggestions for the improvement of the company
-) Develop and implement a consistent process to review all internal site procedures and implement changes for the improvement of these practices
-) Assist in the collection of data necessary to accurately assess the effectiveness of all programmatic efforts

Miscellaneous

-) All other duties as assigned
-) General knowledge and use of Therap to complete necessary documentation and ensure subordinates have the knowledge of Therap modules to complete job duties.

CARDINAL OF MINNESOTA, LTD.

Residential Supervisor

Position Description

The Residential Supervisor is the primary liaison between the Coordinators, the Program Director, families/guardians, day program, and the County Case Manager. The RS ensures that all programmatic features of the client's Individual Service Plan and Individual Program Plan are carried out in an effective manner. He/she manages all staff at the site and is responsible for the decision making necessary for the operation of their department. The Residential Supervisor reports directly to the Program Director.

Qualifications

-) A High School diploma and a minimum of two years experience in the field are preferred.
-) Program implementation, supervisory and personnel management experience preferred.
-) Ability to make sound, independent decisions for the benefit of the agency.
-) Basic working knowledge of word processing and the use of the Internet.
-) Valid driver's license and good driving record.

Core Values

A Residential Supervisor must have a positive attitude and demonstrate a commitment to the Core Values. These include Honesty, The Platinum Rule, Do Your Best, Teamwork and Fun.

Duties

Program

-) Complete client Assessments upon admission and as needed.
-) Assist in the development of program goals and objectives, including behavioral management.
-) Collect measurable data for program goals and monitor at least monthly.
-) Develop an Individual Program Plan for each client; including the development of the Abuse Prevention Plan yearly and as changes occur.
-) Conduct and schedule Support Team meetings and offer constructive input on the client's plan.
-) Utilize community resources to assist client's planned activities and vacations.
-) Develop initial Program Abuse Prevention Plan and revise yearly.
-) Assure the rights and protections of all clients by having knowledge of Service Recipient Rights, being an advocate for each client and by reporting any suspected abuse or neglect.
-) Use electronic record keeping through Therap

Financial Duties

-) Manage and oversee client finances including balancing client checking, savings and petty cash accounts.
-) Complete monthly and quarterly client financial funds reports.
-) Maintain both client and household receipts from purchases.
-) Ensure that clients complete deposits and pay bills (room and board, etc.).

-) Manages and monitors house petty cash and receipts. Responsible for receiving reimbursement as needed to assure petty cash has adequate funds available.
-) Have an awareness of vendor charge account locations and procedures.

Medical Duties

-) Manage all client appointments (physical, dental, specialists, etc.), with assistance of nurse as appropriate.
-) Communicate with the nurse regarding illnesses, medication changes, and medical appointments. Send monthly e-mail to the nurse with scheduled appointments
-) Maintain an accurate history of medications administered to each client.
-) Have a working knowledge and ensure all psychotropic medication monitoring is complete and accurate.
-) Have a working knowledge of purpose and side effects of any medications administered at program site.
-) Review monthly medication sheets and update for changes as they occur.
-) Oversees medication administration, ordering of medications and supplies.
-) Use Therap medical modules for documentation and appointments.

Household

-) Directs the purchasing of groceries and supplies for the program site.
-) Ensure that a balanced menu is provided.
-) Coordinate all household maintenance, including care of the household cleaning, lawn, snow removal and vehicle.

Administrative

-) Establish a working knowledge of all required licensing procedures according to County, State and Federal regulations.
-) Review and follow up on recommendations from the Cardinal of Minnesota's audit procedure for designated site.
-) Maintain effective Time Management by utilizing the Cardinal of Minnesota "system".
-) Complete monthly RS checklist and all other duties as assigned in a prompt manner.
-) Attend required meetings/trainings and relay pertinent information to staff.
-) Participate in committees as assigned.

Personnel Management

-) Work assigned direct care hours as determined by the budget.
-) Effectively delegate determined task assignments to staff as appropriate.
-) Participate in decision-making and hiring of staff.
-) Assist with orientation of new staff as requested by the Director of.
-) Provide on-going supervision of direct care staff.
-) Collaborate with the Program Director when critical disciplinary issues occur. Handle disciplinary actions, including documentation of disciplinary issues.
-) Facilitate STAR assessments with staff.
-) Manage and coordinate employee schedule, including requests for time off.
-) Manage eTime report and make changes weekly when applicable. Submit schedule to payroll on a weekly basis.

-) Manage variance log for e-time to ensure appropriate action is taken for chronic attendance issues.
-) Facilitate department meetings and submit minutes.

Training

-) Acquire and/or maintain required training (e.g., CPR, First Aid, Medication Administration, Time Management, Psychotropic Medication Monitoring, DISCUS Rating, Rule 40 and other training pertinent to the program site).
-) Conduct mandatory monthly training with staff and others as needed.
-) Schedule and manage site-specific orientation for all new employees.
-) Maintain up-to-date training logs on all staff.
-) Manage Therap TMS records for personnel.

Communication

-) Provide open communication with clients, outside agencies, community resources, families, case managers and consultants.
-) Maintain open communication with supervisors, including the weekly RS/PD meeting with the Program Director.
-) Coordinate client transportation, day program and activities.

Development

-) Assist CPO/Administrator in the development and implementation of new services and/or the expansion of existing services to meet client needs and change of services as required. Make recommendations to the organization for the addition, expansion or change of services or service systems.
-) Oversee the admission process of new clients; attend Preadmission Conferences, complete necessary paperwork, set up new client files. Seek assistance from Administrator/Program Director as needed.

Quality

-) Regularly makes suggestions for the improvement of the company.
-) Develop and implement a consistent process to review all internal site procedures, and implement changes for the improvement of these practices.
-) Assist in the collection of data necessary to accurately assess the effectiveness of all programmatic efforts.

Miscellaneous

-) All other duties as assigned.
-) General knowledge and use of Therap to complete necessary documentation and ensure Direct Support Professional's have knowledge of Therap modules to complete job duties.

CARDINAL OF MINNESOTA, LTD.

Maltreatment of Minors Policy

It is the policy of Cardinal of Minnesota to protect it's minor (under 18 years of age) clients who, because of physical or mental disability or dependency, are particularly vulnerable to abuse or neglect, and to provide a safe program and living environment.

In addition, it is the policy of Cardinal of Minnesota to enforce the Individual Abuse Prevention Plans of its minor clients and require the reporting of suspected maltreatment. This policy will be reviewed with all new employees working with minor clients within 72 hours of employment and at least annually thereafter.

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

a. **“Family assessment”** means a comprehensive assessment of child safety, risk of subsequent child maltreatment, and family strengths and needs that is applied to a child maltreatment report that does not allege substantial child endangerment. Family assessment does not include a determination as to whether child maltreatment occurred, but does determine the need for services to address the safety of family members and the risk of subsequent maltreatment.

b. **“Investigation”** means fact gathering related to the current safety of a child and the risk of subsequent maltreatment that determines whether child maltreatment occurred and whether child protective services are needed. An investigation must be used when reports involve substantial child endangerment, and for reports of maltreatment in facilities required to be licensed under chapter 245A or 245B; under sections [144.50](#) to [144.58](#) and [241.021](#); in a school as defined in sections [120A.05](#), subdivisions 9 and 11; or in a non-licensed personal care provider association as defined in sections [256B.04](#), subdivision 16, and [256B.0625](#), subdivision 19a.

c. **“Substantial child endangerment”** means a person responsible for a child's care, a person who has a significant relationship to the child as defined in section [609.341](#), or a person in a position of authority as defined in section [609.341](#), who by act or omission commits or attempts to commit an act against a child under their care that constitutes any of the following:

-) egregious harm as defined in section [260C.007](#), subdivision 14;
-) sexual abuse as defined in paragraph (d);
-) abandonment under section [260C.301](#), subdivision 2;
-) neglect as defined in paragraph (f), 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;
-) murder in the first, second, or third degree under section [609.185](#), [609.19](#), or [609.195](#);
-) manslaughter in the first or second degree under section [609.20](#) or [609.205](#);
-) assault in the first, second, or third degree under section [609.221](#), [609.222](#), or [609.223](#);
-) solicitation, inducement, and promotion of prostitution under section [609.322](#);
-) criminal sexual conduct under sections [609.342](#) to [609.3451](#);
-) solicitation of children to engage in sexual conduct under section [609.352](#);
-) malicious punishment or neglect or endangerment of a child under section [609.377](#) or [609.378](#);
-) use of a minor in sexual performance under section [617.246](#); or
-) parental behavior, status, or condition, which mandates that the county attorney file a termination of parental, rights petition under section [260C.301](#), subdivision 3, paragraph (a).

d. **“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, as defined in section [609.341](#), or by a person in a position of authority, as defined in section [609.341](#), subdivision 10, to any act which 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), or [609.3451](#) (criminal sexual conduct in the fifth degree). Sexual abuse also includes any act which involves a minor which constitutes a violation of prostitution offenses under sections [609.321](#) to [609.324](#) or [617.246](#). Sexual abuse includes threatened sexual abuse.

e. **“Person responsible for the child's care”** means (1) an individual functioning within the family unit and having responsibilities for the care of the child such as a parent, guardian, or other person having similar care responsibilities, or (2) an individual functioning outside the family unit and having responsibilities for the care of the child such as a teacher, school administrator, other school employees or agents, or other lawful custodian of a child having either full-time or short-term care responsibilities including, but not limited to, day care, babysitting whether paid or unpaid, counseling, teaching, and coaching.

f. **“Neglect”** means the commission or omission of any of the acts specified under clauses 1 through 9:

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. nothing in this section 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; except that a parent, guardian, or caretaker, or a person mandated to report pursuant to subdivision 3, has a duty to report if a lack of medical care may cause serious danger to the child's health. This section 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;
6. 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, or medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance;
7. "medical neglect" as defined in section [260C.007](#), subdivision 6, clause (5);
8. chronic and severe use of alcohol or a controlled substance by a parent or person responsible for the care of the child that adversely affects the child's basic needs and safety; or

9. emotional harm from a pattern of behavior which 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.

g. **“Physical abuse”** means any physical injury, mental injury, or threatened injury, 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 [121A.67](#) or [245.825](#). Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian, which 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](#). Actions which are not reasonable and moderate include, but are not limited to, any of the following that are done in anger or without regard to the safety of the child: throwing, kicking, burning, biting, or cutting a child; striking a child with a closed fist; shaking a child under age three; striking or other actions which result in any nonaccidental injury to a child under 18 months of age; unreasonable interference with a child's breathing; threatening a child with a weapon, as defined in section [609.02](#), subdivision 6; striking a child under age one on the face or head; purposely giving a child poison, alcohol, or dangerous, harmful, or controlled substances which were not prescribed for the child by a practitioner, in order to control or punish the child; or other substances that substantially affect the child's behavior, motor coordination, or judgment or that results in sickness or internal injury, or subjects the child to medical procedures that would be unnecessary if the child were not exposed to the substances; unreasonable physical confinement or restraint not permitted under section [609.379](#), including but not limited to tying, caging, or chaining; or 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](#).

h. **“Report”** means any report received by the local welfare agency, police department, county sheriff, or agency responsible for assessing or investigating maltreatment pursuant to this section.

i. **“Facility”** means a licensed or unlicensed day care facility, residential facility, agency, hospital, sanitarium, or other facility or institution required to be licensed under sections [144.50](#) to [144.58](#), [241.021](#), or [245A.01](#) to [245A.16](#), or chapter 245B; or a school as defined in sections [120A.05](#), subdivisions 9, 11, and 13; and [124D.10](#); or a nonlicensed personal care provider organization as defined in sections [256B.04](#), subdivision 16, and [256B.0625](#), subdivision 19a.

j. **“Operator”** means an operator or agency as defined in section [245A.02](#).

k. **“Commissioner”** means the commissioner of human services.

l. **“Practice of social services”** for the purposes of subdivision 3, includes but is not limited to employee assistance counseling and the provision of guardian ad litem and parenting time expeditor services.

m. **“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.

n. **“Threatened Injury”** means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in paragraph (e), clause (1), who has:

-) subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm, as defined in section [260C.007](#), subdivision 14, or a similar law of another jurisdiction;

- J) been found to be palpably unfit under section [260C.301](#), paragraph (b), clause (4), or a similar law of another jurisdiction;
- J) committed an act that has resulted in an involuntary termination of parental rights under section [260C.301](#), or a similar law of another jurisdiction; or
- J) committed an act that has resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under section [260C.201](#), subdivision 11, paragraph (d), clause (1), or a similar law of another jurisdiction.

o. Persons who **conduct assessments or investigations** under this section shall take into account accepted child-rearing practices of the culture in which a child participates and accepted teacher discipline practices, which are not injurious to the child's health, welfare, and safety.

p. **"Accidental"** means a sudden, not reasonably foreseeable, and unexpected occurrence or event:

1. is not likely to occur and could not have been prevented by exercise of due care; and
2. if occurring while a child is receiving services from a facility, happens when the facility and staff in the facility are in compliance with the laws and rules relevant to the occurrence or event.

Internal Review:

- 1) When any form of child endangerment, sexual abuse, neglect or physical abuse are suspected, an Internal Review will be completed and corrective action will be taken to protect the health and safety of child, or if an internal or external report of alleged or suspected maltreatment has been made. The review must include an evaluation of whether:
 - a) Related policies and procedures were followed
 - b) The policies and procedures were adequate
 - c) There is a need for additional staff training
 - d) The reported event is similar to past events with the children or services involved
 - e) There is a need for corrective action by the license holder to protect the health and safety of the child

Based on the result of 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 individuals or license holders.

- 2) Identify primary and secondary person or position who will ensure that Internal Reviews are completed. Secondary person will be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment.
- 3) Document that the Internal Review has been completed and provide documentation showing the review was completed to the Commissioner upon the Commissioner's request. The documentation provided to the Commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.

Mandated Reporting:

(a) A person who knows or has reason to believe a child is being neglected, has been physically or sexually abused, or as defined in subdivision 2, has been neglected or physically or sexually abused within the preceding 3 years, shall immediately report the information to the local welfare agency, police department, or the county sheriff if the person is:

1. A professional or professional's delegate who is engaged in the practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education, law enforcement, correctional supervision, probation, or

2. Employed as a member of the clergy and received the information while engaged in ministerial duties, provided that a member of the clergy is not required by this subdivision to report information that is otherwise privileged under section 595.02, subdivision 1, paragraph (c).

The police department or the county sheriff, upon receiving a report, shall immediately notify the local welfare agency or agency responsible for assessing or investigating the report, orally and in writing. The local welfare agency, or agency responsible for assessing or investigating the report, upon receiving a report, shall immediately notify the local police department or the county sheriff orally and in writing. The county sheriff and the head of every local welfare agency, agency responsible for assessing or investigating reports, and police department shall each designate a person within their agency, department, or office who is responsible for ensuring that the notification duties of this paragraph and paragraph (b) are carried out. Nothing in this subdivision shall be construed to require more than one report from any institution, facility, school, or agency.

(b) Any person may voluntarily report to the local welfare agency, agency responsible for assessing and investigating the report, police department, or the county sheriff if the person knows, has reason to believe, or suspects a child is being or has been neglected or subjected to physical or sexual abuse. The police department or the county sheriff, upon receiving a report, shall immediately notify the local welfare agency or agency responsible for assessing or investigating the report, orally and in writing. The local welfare agency or agency responsible for assessing or investigating the report, upon receiving a report, shall immediately notify the local police department or the county sheriff orally and in writing.

(c) A person mandated to report physical or sexual child abuse or neglect occurring within a licensed facility shall report the information to the agency responsible for licensing the facility under sections 144.50 to 144.58; 241.021; 245A.01 to 245A.16; or chapter 245B; or a non-licensed personal care provider organization as defined in sections 256B.04, subdivision 16; and 256B.0625, subdivision 19. A health or corrections agency receiving a report may request the local welfare agency to provide assistance pursuant to subdivisions 10, 10a, and 10b. A board or other entity whose licensees perform work within a school facility, upon receiving a complaint of alleged maltreatment, shall provide information about the circumstances of the alleged maltreatment to the commissioner of education. Section 13.03, subdivision 4, applies to data received by the commissioner of education from a licensing entity.

Any person mandated to report shall receive a summary of the disposition of any report made by that reporter, unless release would be detrimental to the best interests of the child.

Retaliation is prohibited by the employer of any person required to make reports and shall not retaliate against the person for reporting in good faith of the abuse or neglect. There shall be a presumption that any adverse action within 90 days of a report is retaliatory.

Failure to Notify: If a local welfare agency receives a report under subdivision 3, paragraph (a) or (b) and fails to notify the local police department or county sheriff as required by subdivision 3, paragraph (a) or (b), the person within the agency who is responsible for ensuring that notification is made shall be subject to disciplinary action in keeping with the agency's existing policy or collective bargaining agreement on discipline of employees. If a local police department or a county sheriff receives a report under subdivision 3, paragraph (a) or (b) and fails to notify the local welfare agency as required by subdivision 3, paragraph (a) or (b), the person within the police department or county sheriff's office who is responsible for ensuring that notification is made shall be subject to disciplinary action in keeping with the agency's existing policy or collective bargaining agreement on discipline of employees.

Report: An oral report shall be made immediately by telephone or otherwise. An oral report made by a person required under subdivision 3 to report shall be followed within 72 hours, exclusive of weekends and holidays, by a report in writing to the appropriate police department, the county sheriff, the agency responsible for assessing or investigating the report, or the local welfare agency, unless the appropriate agency has informed the reporter that the oral information does not constitute a report under subdivision 10. The local welfare agency shall determine if the report is accepted for an assessment or investigation as soon as possible but in no event longer than 24 hours after the report is received. Any report shall be of sufficient content to identify the child, any person believed to be responsible for the abuse or neglect of the child if the person is known, the nature and extent of the abuse or neglect and the name and address of the reporter. If requested, the local welfare agency or the agency responsible for assessing or investigating the report shall inform the reporter within ten days after the report is made, either orally or in writing, whether the report was accepted for assessment or investigation. Written reports received by a police department or county sheriff shall be forwarded immediately to the local welfare agency or the agency responsible for assessing or investigating the report. The police department or the county sheriff may keep copies of reports received by them. Copies of written reports received by a local welfare department or the agency responsible for assessing or investigating the report shall be forwarded immediately to the local police department or the county sheriff.

A written copy of a report maintained by personnel of agencies, other than welfare or law enforcement agencies, which are subject to chapter 13 shall be confidential. An individual subject of the report may obtain access to the original report as provided by subdivision 11.

Mandated Reporting to a medical examiner or coroner: When a person required to report knows or has reason to believe a child has died as a result of neglect, physical abuse or sexual abuse, the person shall report that information to the appropriate medical examiner or coroner instead of the local social service agency, police department or county sheriff. If the child was receiving services or treatment for mental illness, mental retardation, or a related condition, chemical dependency, or emotional disturbance from a licensed agency as defined in Section 245.91, the medical examiner or coroner shall also notify and report findings to the Ombudsman established under Sections 245.91 to 245.97.

Duties of the Commissioner when neglect or abuse occurs in a licensed facility: The Commissioner shall immediately investigate if the report alleges that:

-) A child who is in the care of a facility as defined in Subdivision 2 is neglected, physically abused, or sexually abused by an individual in that facility, or has been so neglected or abused by an individual in that facility within the 3 years preceding the report; or
-) A child was neglected, physically abused, or sexually abused by an individual in a facility defined in Subdivision 2, while in the care of that facility within the 3 years preceding the report.

Notification of neglect or abuse in a facility: When a report of maltreatment is received that alleges neglect, physical abuse, or sexual abuse of a child while in the care of a facility, the commissioner or local social service agency investigating the report shall provide the following information to the parent, guardian, or legal custodian:

-) Name of the facility
-) The fact that a report alleging neglect, physical or sexual abuse of a child in the facility has been received;
-) The nature of the alleged neglect or abuse;
-) That the agency is conducting an investigation

-) Any protective or corrective measures being taken pending the outcome of the investigation;
-) And that a written memorandum will be provided when the investigation is completed.

The commissioner or local social service agency may also provide the information in above paragraph to the parent, guardian, or legal custodian of any other child in the facility if the investigative agency knows or has reason to believe that the alleged neglect or abuse has occurred.

Notice of Determinations: Within ten working days of the conclusion of a family assessment, the local welfare agency shall notify the parent or guardian of the child of the need for services to address child safety concerns or significant risk of subsequent child maltreatment. The local welfare agency and the family may also jointly agree that family support and family preservation services are needed.

Within ten working days of the conclusion of an investigation, the local welfare agency or agency responsible for assessing or investigating the report shall notify the parent or guardian of the child, the person determined to be maltreating the child, and if applicable, the director of the facility, of the determination and a summary of the specific reasons for the determination.

When the investigation involves a child foster care setting that is monitored by a private licensing agency under section 245A.16, the local welfare agency responsible for assessing or investigating the report shall notify the private licensing agency of the determination and shall provide a summary of the specific reasons for the determination. The notice to the private licensing agency must include identifying private data, but not the identity of the reporter of maltreatment. The notice also must include a certification that the information collection procedures under subdivision 10, paragraphs (h), (i), and (j), were followed and a notice of the right of a data subject to obtain access to other private data on the subject collected, created, or maintained under this section. In addition, the notice shall include the length of time that the records will be kept under subdivision 11c. The investigating agency shall notify the parent or guardian of the child who is the subject of the report, and any person or facility determined to have maltreated a child, of their appeal or review rights under this section or section 256.022. The notice must also state that a finding of maltreatment may result in denial of a license application or background study disqualification under chapter 245C related to employment or services that are licensed by the Department of Human Services under chapter 245A, the Department of Health under chapter 144 or 144A, the Department of Corrections under section 241.021, and from providing services related to an unlicensed personal care provider organization under chapter 256B.

Duties of license holders: Any license holder, employee or volunteer worker at any facility who intentionally neglects, physically abuses, or sexually abuses any child in the care of that facility may be charged with a violation of Section 609.255, 609.377 or 609.378. Any license holder of a facility who knowingly permits conditions to exist that result in neglect or physical or sexual abuse of a child in the care of that facility may be charged with a violation of Section 609.378.

CARDINAL OF MINNESOTA, LTD.

Maltreatment of Minors Reporting Policy

I. Policy

It is the policy of this licensed provider Cardinal of Minnesota, Ltd. To protect the children served by this program whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse.

II. Procedures

A. Who Should Report Child Abuse and Neglect

1. If you provide care to children served by this program, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.
2. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately make a report to an outside agency. Immediately means as soon as possible but in no event longer than 24 hours.

B. Where to Report

1. If you know or suspect that a child is in immediate danger, you must call 911.
2. All reports concerning suspected abuse or neglect of children occurring in this program must be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.
3. Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at ***Olmsted Co 328-6400 Law Enforcement (507) 285- 8580, Mower County (507) 437- 9700, Fillmore County (507) 765-2175, after hours (507) 765-3874, Dodge Count (507) 635-6170, Winona County (507) 457-6200, after hours (507) 457-6302, Beltrami County (218) 333-8300, Goodhue County (651) 385-3232 or local law enforcement (651) 385-315.***
4. If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services, Licensing Division at (651) 431-6500.

C. What to Report

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

D. Failure to Report

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated

reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

E. Retaliation Prohibited

This program, as employer of any mandated reporter, must not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

F. Internal Review

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

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

The internal review will be completed by the Administrator of the site where alleged incident occurred. If this individual is involved in the alleged or suspected maltreatment the Program Director of the site where alleged incident occurred will be responsible for completing the internal review.

H. Documentation of the Internal Review

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

I. Corrective Action Plan

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

J. Staff Training

The program must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The program 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.

Legal Authority: Minn. Stat. §§§§ 626.556; 245A.66; 245A.04; subd. 14, 245D.09; subd. 4 (5)



CARDINAL OF MINNESOTA, LTD.

3008 Wellner Dr. NE

Rochester, MN 55906

Phone: (507) 281-1077

Fax: (507) 281-1127

I have been trained in and reviewed the Cardinal of Minnesota Vulnerable Adult Policy and Procedures. I also have reviewed and been trained in the Maltreatment of Minor Act and the Individual Abuse Prevention Plan.

I understand that I have an obligation, as a mandated reporter, to report any suspected acts of abuse or neglect.

I have been given the opportunity to resolve any questions that I might have regarding the Vulnerable Adult Policies and Procedures.

Print Name

Program Site

Date _____

Employee Signature

Cardinal of Minnesota, LTD.

Medication Assistance and Administration Policy

I. Policy

- A. It is the policy of Cardinal of Minnesota, Ltd., to provide safe medication setup, assistance and administration:
-) when assigned responsibility to do so in the person's coordinated service and support plan (CSSP) or the CSSP addendum;
 -) using procedures established in consultation with a registered nurse, nurse practitioner, physician's assistant or medical doctor; and,
 -) by staff who have successfully completed medication administration training before actually providing medication setup, assistance and administration.
- B. For the purposes of this policy, medication assistance and administration includes, 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 IIIC of this policy to ensure that a person takes their medications and treatments as prescribed
- C. "Medication assistance" means to enable the person to self-administer medication or treatment when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.
- D. "Medication setup" means arranging medications, according to the instructions provided by the pharmacy, prescriber or licensed nurse, for later administration.
- E. "Over-the-counter drug" means a drug that is not required by federal law to bear the statement "Caution: Federal law prohibits dispensing without prescription."
- F. "Prescriber" means a person who is authorized under section [148.235](#); [151.01](#), subdivision 23; or [151.37](#) to prescribe drugs.
- G. "Prescriber's order and written instructions" means the current prescription order or written instructions from the prescriber. Either the prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.

- H. "Prescription drug" has the meaning given in section [151.01](#), subdivision 16.
- I. "Psychotropic medication" means any medication prescribed to treat the symptoms of mental illness that affect thought processes, mood, sleep, or behavior. The major classes of psychotropic medication are antipsychotic (neuroleptic), antidepressant, antianxiety, mood stabilizers, sedative/hypnotic, and stimulants and non-stimulants for the treatment of attention deficit/hyperactivity disorder. Other miscellaneous medications are considered to be a psychotropic medication when they are specifically prescribed to treat a mental illness or to control or alter behavior.

III. Procedures

A. Medication setup

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 to take regularly scheduled medication or perform regularly scheduled treatments and exercises.

C. Medication administration

1. When the program is responsible for medication administration, including psychotropic and injectable medications, a medication administration record (MAR) must be maintained for the person that includes the following:
 - a. Information on the current prescription label or the prescriber's current written or electronically recorded order or prescription that includes the person's name, description of the medication or treatment to be provided, and the frequency and other information needed to safely and correctly administer the medication or treatment to ensure effectiveness;
 - b. Information on any risks or other side effects that are reasonable to expect, and any contraindications to its use. This information must be readily available to all staff administering the medication;
 - c. The possible consequences if the medication or treatment is not taken or administered as directed;
 - d. Instruction on when and to whom to report the following:
 - 1) if a dose of medication is not administered or treatment is not performed as prescribed, whether by error by the staff or the person or by refusal by the person; and

- 2) the occurrence of possible adverse reactions to the medication or treatment.
2. 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 the intramuscular or subcutaneous injections;
2. The program's supervising registered nurse with the physician's orders delegates the administration of subcutaneous injections to staff who are trained 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 subcutaneous 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. 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. The program must obtain reauthorization annually.
3. If the person or the person's legal representation refuses to authorize the program to administer medication, the staff must not administer the medication.
4. The program must report the refusal to authorize medication administration to the prescriber as soon as possible.

F. 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 CSSP or CSSP 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 CSSP or CSSP addendum:
 - a. Any reports made to the person's physician or prescriber required in section III.H.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.

G. 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 CSSP addendum according to the requirements in sections 245D.07 and 245D.071:
 - a. A description of the target symptoms the prescribed psychotropic medication is to alleviate. The program must consult with the expanded support team to identify target symptoms. "Target symptom" refers to any perceptible diagnostic criteria for a person's diagnosed mental disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR) or successive editions, that has been identified for alleviation; and
 - b. If required by the prescriber, the documentation methods the program will use to monitor and measure changes in target symptoms that are to be alleviated by the psychotropic medications.
2. As instructed by the prescriber, the program must collect and report on medication and symptom-related data.
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.

H. 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 within 24 hours.
2. After reporting the refusal to authorize to the prescriber within 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.

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 subcutaneous 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. Disposal of Unused Medications

1. Medications will be disposed of according to federal guidelines developed by the Food and Drug Administration.
2. Medications will be disposed of in the community drug take-back program in the counties that have this designated location.
3. If no drug take-back program is available then the medication will be removed from its container and mixed with an undesirable substance, such as coffee grounds or kitty litter, placed in a sealable bag, empty can or other container and placed in the garbage, or placed in an approved disposal solution ie: "Destroyer".
4. Empty medicine containers will have all identifying information removed to protect the privacy of the individual.
5. A record will be kept for medications that are destroyed.

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)

CARDINAL OF MINNESOTA, LTD.

CLIENT SELF ADMINISTRATION PROCEDURE

SELF-ADMINISTRATION OF MEDICATION

1. Purpose:

To teach clients to be responsible for their own medications in the following areas:

- (a) taking proper medications at the correct times during the day
- (b) identifying (on sight) the medications they are supposed to take
- (c) gaining knowledge about the purpose of the medications
- (d) calling the drug store to have a prescription filled
- (e) getting a prescription delivered and put away
- (f) purchasing medication using insurance information
- (g) safety procedures for storing and handling medications

2. Procedures:

(a) Before a person may begin on the self-administration program, the individual must exhibit:

- 1. A willingness to take medication; individuals who chronically complain about taking medication or are suspected of not taking medications may not be on a self-administration program.
- 2. Promptness in getting medications in individual doses from staff
- 3. Responsibility in caring for other personal belongings; individuals who are careless with belongings may be careless with medications, which could be potentially dangerous.

(b) When an individual is accepted for the self-medication program, the following steps will be followed:

- 1. The client's physician will be notified and an order obtained to allow the individual to self-administer medication. The individual will complete the self-administration of medications program and competencies with a nurse and assigned staff during a four week training program.
- 2. The client will then meet with a nurse to determine:
 - (a) If client has a willingness to take medication.
 - (b) If client understands times that medications are to be administered.
 - (c) If client is responsible for caring for personal belongings.
 - (d) If physicians order is on file to allow client to self-administer.
- 3. The client will meet with a nurse during week one and week four of the training program and with assigned staff on weeks two and three.
- 4. The client will seek out the staff at appropriate time and request the medications. The individual will then tell staff the medications they are taking, the dose, and the common side effects.
- 5. With staff supervising, the client will then dispense the medication from the container with the appropriate day and time on it
- 6. The client will then sign the medication record under the appropriate medication, date and time.

7. When the client has successfully completed the self-administration program, the individual will have the opportunity to call the drug store, reorder and have the medications delivered. Education about insurance will be given at this time.
8. When the client has completed this program, the nurse will report to the clients team regarding clients progress and any further recommendations.
9. At any time the client exhibits lack of responsibility of self-administrating medication or the client's behavior indicates the client may not be taking medication, the client will be taken off the self-medication program until such time the client's team feels the individual is able to handle this responsibility again.
10. Progress and problems with the self-medication program will be noted in the client's T-log.

CARDINAL OF MINNESOTA, LTD.

MEDICATION ERROR PROCEDURE

1. Violation of the six “rights” of medication passing will constitute a medication error
 - Six rights are:
 1. Right individual
 2. Right medication
 3. Right time
 4. Right route
 5. Right dose
 6. Documentation

2. In the event an error occurs, implement the following steps:
 - Notify the house supervisor or nurse for corrective action that should be implemented (the supervisor or nurse will determine if a physician should be notified – this information is noted on the client physical form).
 - A medication error form must be completed. The form is to be completed by the person who discovers the error and by the person committing the error. All completed medication error forms will be submitted to the house nurse for review and recommendations.
 - All medication error forms are to be faxed to the office or a copy submitted to the house nurse within 24 hours of the medication error occurring.
 - The original medication error form will be kept in the employee’s personnel file at the Cardinal office.

3. Guidelines for Standards of Performance:
 - All staff will complete a 3 hour medication class prior to passing any medications at the work sites. This training will be scheduled during a new employee’s initial orientation to the company.
 - Upon completion of the class the site nurse will observe the employee demonstrating the procedure for correct medication passing at their work site
 - After they have completed the 3 hour medication class, all Direct Support Professionals will be provided a refresher medication course held at their work site annually
 - All Residential Supervisors will be required to attend a refresher medication held at their work site annually.
 - Exceptions to the guidelines for training will be determined by the following point system:

Points:

5 points

2 points

1 point

Errors:

wrong client, wrong medication, wrong route

omission of dose, wrong dose

failure to document, wrong time

When an employee has accumulated 3 points, a written memo will be completed by the house nurse and presented to the employee. The nurse will also review the Medication Policy & Procedure with the

employee. Documentation will be placed into the employee's personnel file and shared with the house Residential Supervisor and Program Director.

When an employee has accumulated 5 points, medication passing will be suspended, a written memo will be completed by the house nurse, and the employee will be scheduled to attend the 3 hour medication course. After satisfactory completion of the medication class the employee will be allowed to pass medications.

Employees will be allowed to retake the medication administration class two times per calendar year. If an employee accumulates an additional 5 points after having completed two retakes, disciplinary action will occur, including possible termination of employment.

Points will be accumulated for 1 year only; i.e., at the beginning of each calendar year employees will have the opportunity to start over. The nursing department reserves the right to suspend an employee's medication passing privilege at any time and can require the employee to attend additional medication training regardless of the number of points.

The nursing department will keep record of employee medication errors.

CARDINAL OF MINNESOTA, LTD

Psychotropic Medication Monitoring Procedure

- A. New clients will have a **baseline MOSES** and **DISCUS** within 30 days of admission if Cardinal Of Minnesota, Ltd. is responsible for medication administration.
1. Baselines remain in each client's current Medical file and are not archived.
- B. Starting Psychotropic Medications:**
1. Have baseline data to support the need for psychotropic medication.
 2. Ensure baseline assessments, MOSES and DISCUS, have been completed within the last year. If not, complete prior to the start of the medication.
 3. Obtain a Doctor's order for medication.
 4. Complete **Informed Consent** Form.
 - a. Medication cannot be administered until Informed Consent is signed.
 - b. A copy of the signed Informed Consent is to be given to guardian and case manager.
 - c. If there are more than 6 medications as the form allows, you may print the form double-sided and use back and front.
 5. Begin monitoring medication using MOSES and/or DISCUS (if medication is an **antipsychotic**) every 6 months.
 - a. If DISCUS is rated 5 or higher, a physicians signature is required.
 6. Develop a **Tracking Form**. File in client medical file.
 7. **Psychotropic Medication Review (PMR)** is to be completed:
 - a. Complete a PMR every 3 months (90 days). There is a 5 day grace period on either side of the 90 days.
 - b. If a client is prescribed a PRN medication, list the medication(s) under PRN medication use section. If no medications were given during that quarter, be sure to mark a "0" under number of doses administered. If they are not prescribed a PRN, put N/A.
- C. Medication Adjustments:** (increase, decrease)
1. Obtain a Doctor's order for medication change.
 - a. Contact house nurse with all medication changes.
 2. Do not exceed maximum dose as stated on the Informed Consent unless justified and documented.
 3. Note medication adjustment on tracking form
 4. Complete/Send out **Medication Change Memo**.
- D. Medication Discontinuation:** (antipsychotics)
1. Obtain a Doctor's order for medication discontinuation.
 2. Complete DISCUS, at two weeks, one month, two months, and three months.
 - a. If the score is five or above after the three-month rating, complete again at six months and 12 months. If the 12 month score is above five, the client shall be rated every six months until there are two consecutive scores less than five. If the twelve month rating is less than five, continue with annual ratings.
 - b. Any client with a score less than five after three months may go to an annual rating.

E. PRN Psychotropic Administration

1. If PRN medication is recommended by physician and team approved, the plan for use must be identified in the Positive Behavior Support Plan.
2. The Behavioral PRN Protocol form must be completed.
 - a. The original protocol form should be filed in the medication book.
3. A copy is given to the house nurse and will be kept on file in the nursing office.
4. Staff will complete Use of Behavioral PRN Medication Report each time a PRN medication is administered.
 - a. Fax to administrator within 24 hours. (original form will need to be given to administrator)
 - b. Administrator will complete BIRF then attach the original Use of Behavioral PRN Medication Report and return to site nurse for review.
 - c. Nurse will review, log information on the PRN tracking document (*Google doc.*) and then file the report in Chief Program Officer's (CPO) office.

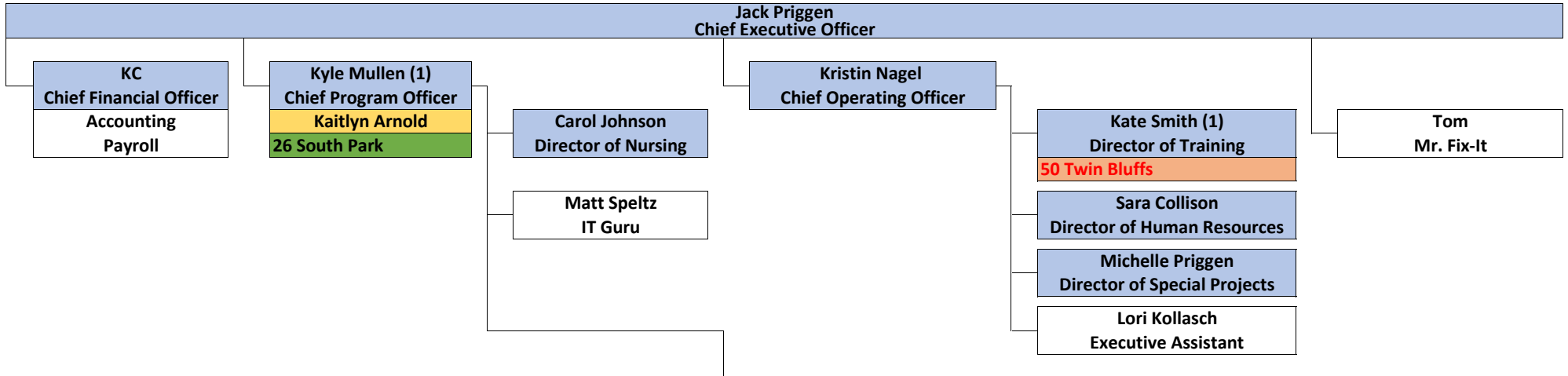
Reminders:

1. The client's Support team shall review the use of all psychotropic medications annually.
2. Informed Consent is reviewed and completed annually.

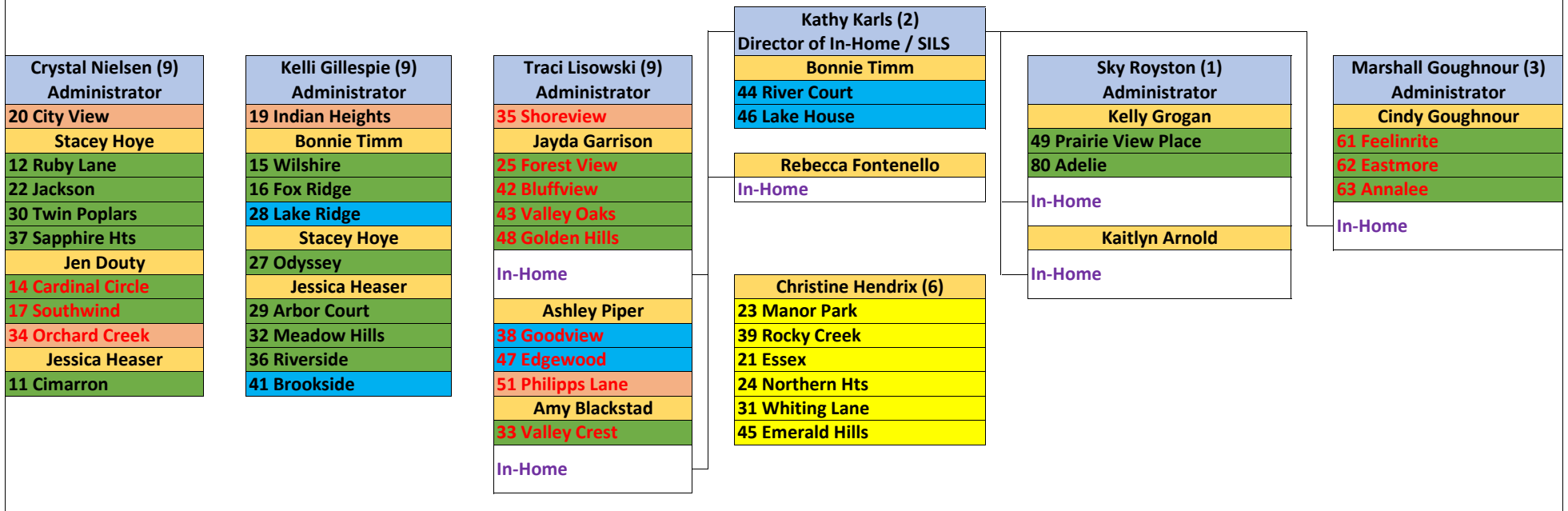
Terms:

PBSP:	Positive Behavior Support Plan
CSSP:	Community Services and Support Plan
IAPP:	Individual Abuse Prevention Plan
PMR:	Psychotropic Medication Review (Quarterly)
MOSES:	Assessment forms for monitoring side effects
DISCUS:	Assessment forms for monitoring side effects
PRN:	As needed
BIRF:	Behavior Intervention Reporting Form

Cardinal of Minnesota, Ltd.



Program Services



Key

Senior Leaders

Program Directors
Located outside of Olmsted County
In-Home / SLS caseload
Admin & PD & RS
RS/PD & Admin
RS & PD
RS x 2

Site-Specific Orientation Checklist for [Double-Click here and type Department Name]

Name	PD Signature/Date
Department	Hire Date

This form was revised on: [Click here and type date]

Before Solo	[Click here and type Client Name]	Date Completed	Staff Initials	Trainer Initials
	Behavioral			
	Programs			
	Hygiene/Personal Cares			
	Dietary			
	Medical			
	Medications			
	Client "Favorites"			
	Team Dynamics (Family, Guardians, Case Manager, etc.)			
	Day programs/Work/Transportation, etc.			
	Activities			

Site-Specific Orientation Checklist for [Double-Click here and type Department Name]

<i>Before Solo</i>	<i>[Click here and type Client Name]</i>	<i>Date Completed</i>	<i>Staff Initials</i>	<i>Trainer Initials</i>
Housemate, Peer issues				

<i>Before Solo</i>	<i>[Click here and type Client Name]</i>	<i>Date Completed</i>	<i>Staff Initials</i>	<i>Trainer Initials</i>
Behavioral				
Programs				
Hygiene/Personal Cares				
Dietary				
Medical				
Medications				
Client "Favorites"				
Team Dynamics (Family, Guardians, Case Manager, etc.)				

Site-Specific Orientation Checklist for [Double-Click here and type Department Name]

<i>Before Solo</i>	<i>[Click here and type Client Name]</i>	<i>Date Completed</i>	<i>Staff Initials</i>	<i>Trainer Initials</i>
Day programs/Work/Transportation, etc.				
Activities				
Housemate, Peer issues				

<i>Before Solo</i>	<i>[Click here and type Client Name]</i>	<i>Date Completed</i>	<i>Staff Initials</i>	<i>Trainer Initials</i>
Behavioral				
Programs				
Hygiene/Personal Cares				
Dietary				
Medical				
Medications				
Client "Favorites"				

Site-Specific Orientation Checklist for [Double-Click here and type Department Name]

<i>Before Solo</i>	<i>[Click here and type Client Name]</i>	<i>Date Completed</i>	<i>Staff Initials</i>	<i>Trainer Initials</i>
Team Dynamics (Family, Guardians, Case Manager, etc.)				
Day programs/Work/Transportation, etc.				
Activities				
Housemate, Peer issues				

<i>Before Solo</i>	<i>[Click here and type Client Name]</i>	<i>Date Completed</i>	<i>Staff Initials</i>	<i>Trainer Initials</i>
Behavioral				
Programs				
Hygiene/Personal Cares				
Dietary				
Medical				

Site-Specific Orientation Checklist for [Double-Click here and type Department Name]

<i>Before Solo</i>	<i>[Click here and type Client Name]</i>	<i>Date Completed</i>	<i>Staff Initials</i>	<i>Trainer Initials</i>
Medications				
Client "Favorites"				
Team Dynamics (Family, Guardians, Case Manager, etc.)				
Day programs/Work/Transportation, etc.				
Activities				
Housemate, Peer issues				

Demonstration of Essential Job Functions:

The items listed below must be demonstrated for the RS by the new staff with minimal prompting and guidance. The goal is to ensure that new staff members are prepared to perform the crucial functions of their jobs in a satisfactory manner.

<u>Demonstrations</u>	Date Completed	Staff Initials	RS Initials

After-Action Analysis

The RS and new staff member are to complete the section below to provide feedback for improving training for future staff members.

Site-Specific Orientation Checklist for [Double-Click here and type Department Name]

<i>Things that went well:</i>
<i>Things that did not go well:</i>
<i>Things that should be changed for future trainings:</i>

By signing below, I acknowledge that I have received the training listed above, and that I am now able to perform my job duties as described.

<i>Staff Signature</i>	<i>Date</i>
------------------------	-------------

By signing below, I acknowledge that the training listed above has been completed, and that the new staff is now able to perform the job duties as described.

<i>Supervisor Signature</i>	<i>Date</i>
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Routing (Initial & Date):

RS →	PD →	Director of Training →	Lori K./File

CARDINAL OF MINNESOTA, LTD.

Quality Service Measurement Client Satisfaction

Cardinal of Minnesota, Ltd. will annually evaluate the quality of services by assessing client satisfaction with the service. A report or summary will be shared with the client and legal representative that will include the following:

- a. summarized results of the evaluation
- b. actions and timelines the company will take in response to the evaluation to improve satisfaction with services.

The procedure developed to evaluate client satisfaction will:

1. Be convenient for clients and legal representatives by accommodating their timelines, schedules, etc.
2. Result in a safe and comfortable situation for clients and legal representative to give honest and specific feedback regarding services without fear of retaliation. Feedback, if desired, will be shared with others aggregately, not specific to a client or legal representative.

Results of client and legal representative feedback will be handled by the company in a meaningful and responsive fashion.

Areas of Evaluation of Satisfaction:

- 1) Choice / Self-Direction
- 2) Home and Safety
- 3) Direct Care Staff
- 4) Office Staff / Management
- 5) Overall Experience
- 6) Comments

Staff will also follow these guidelines:

At both the semi-annual and annual teaming, time will be allowed for comments from all members of the Interdisciplinary Team members. An informal discussion will be held as to the team satisfaction with services at Cardinal of Minnesota. Information will be requested on how to improve services if there are dissatisfactions. Comments will be documented under the “comment” section of the review.

CARDINAL OF MINNESOTA, LTD.

Record Keeping

Cardinal of Minnesota, Ltd., will keep and maintain client and employee files in the following manner:

CLIENT FILES

Records kept at their place of residence (the current year plus past 2 years):

-) Client Program File
-) Client Medical Records

Current Medication Administration sheets will be located in the house Medication Administration book and then stored in the individual client's medical file.

-) Client Financial File

Records kept at the central business office:

-) Original client Incident Reports
-) Financial Ledgers for clients (*kept by the accounting department*)
 - o Room and Board Payments
 - o Waiver Payments
 - o RSDI / SSI / Wage Income Statements
-) Client Archive Files

Progress Notes, Medication Records, Checking and Savings account bank statements, Petty Cash Ledgers, Risk Management Plans, monthly Case Manager Updates, and Incident Reports (older than 3 years) will be scanned and archived electronically. All other client records will be archived in hanging files at the Cardinal business office.

-) Demitted Client Files

Demitted client files will be archived at the Cardinal business office for 10 years following their demit date and then shredded.

EMPLOYEE FILES

-) HIPAA / Medical File
-) Payroll / Personnel File
-) Training Files
-) Terminated Employee Files (*locked in a separate location*)

Terminated employee files will be kept for 7 years following their termination date and then these records will be shredded.

Organization records will be stored in such a manner as to protect the clients and employees confidentiality.

Cardinal of Minnesota, Ltd., will provide each home with a Policy & Procedure Manual and Employee Handbook for employee use. Employees will receive an Employee Handbook at the time of their new hire employee orientation. Cardinal of Minnesota, Ltd., will update these manuals with revised policies, procedures, and forms as timely as possible. Any additions or revisions to the Employee Handbook will be communicated to all employees, as they occur, via S-comm.

CARDINAL OF MINNESOTA, LTD.

Service Recipient Rights

Cardinal of Minnesota, Ltd. will at all times adhere to the Service Recipient Rights and will encourage clients to exercise their human and civil rights. Each client will be provided with knowledge and guidance concerning available choices and will be encouraged to exercise their right to personal choice.

In cases where a client is adjudicated incompetent and is incapable of understanding and exercising their rights, the client's legal representative will be the person legally responsible for decisions which are covered by the court order appointing a guardian or conservator of the person. In these situations however, the client will be given the same encouragement to exercise their rights, especially freedom of choice, which are not limited by the courts.

Staff will provide training, as appropriate, which will enable clients to be effective self-advocates of their rights. Staff will provide counseling to the individual and/or their legal representative in situations where limits on personal choice or exercise of personal rights may be advisable (e.g., emergency situations, when the rights of others may be infringed upon, or when actions or choices may be medically or programmatically contraindicated).

A copy of the Service Recipient Rights will be provided to the client and legal representative on the day that services are initiated. An explanation of the Service Recipient Rights will be given to the client and legal representative within five (5) working days of service initiation.

Cardinal of Minnesota, Ltd. will document the client's or the client's legal representative's receipt of a copy of the rights and an explanation of the rights.

Cardinal of Minnesota, Ltd.

Home and Community-based Services - Service Recipient Rights

Person name: _____

Program name: _____

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

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

1. A copy of my rights under the law, Minnesota Statutes, section [245D.04](#).
2. An explanation of what my rights are and that I am free to exercise my rights; and that 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) 7567-1800 or 1(800) 657-3506
Fax: (651) 797-1950
Website: www.ombudmhdd.state.mn.us

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

I want _____ to help me exercise my rights.
[insert name of authorized representative/ legal representative/ family member]

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

Cardinal of Minnesota, Ltd.

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](#).

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.
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 change. Program: _____ Total R&B: _____

Amount my family or I have to pay: _____

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.

Social Security ___ SSI ___ GRH ___ Waivers: DD ___ CADI ___ BI ___ SILS ___

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 or seclusion; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
14. Receive services in a clean and safe location.

Cardinal of Minnesota, Ltd.

15. Be treated with courtesy and respect and have my property treated with respect.
16. Be allowed to reasonably follow my cultural and ethnic practices and religion.
17. Be free from prejudice and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.
18. Be told about and to use 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.
23. Have personal privacy.
24. Take part in activities that I choose.
25. Have free, daily, private access to and use of a telephone for local calls, and long-distance calls made collect or paid for by me.
26. Receive and send mail and emails and not have them opened by anyone else unless I ask.
27. Use of and have free access to common areas (this includes the kitchen).
28. Visit alone with my spouse, family, legal counsel, religious guide, or others allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09, including my bedroom.

RIGHTS RESTRICTIONS

CAN MY RIGHTS BE RESTRICTED?

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

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

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

Cardinal of Minnesota, Ltd.

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

WHAT IF I DON'T GIVE MY APPROVAL?

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

WHAT IF I WANT TO END MY APPROVAL?

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

CARDINAL OF MINNESOTA, LTD.

Service Rates

Service rates will be established based on projection of actual costs. Rates will be negotiated with the county representatives and will be agreed to in writing (i.e., Individual Service Agreement or contract with the county). A minimum of a 30-day advance notice of any change in service rates will be given to affected agencies.

CARDINAL OF MINNESOTA, LTD.

SILS Description of Services

Services will be delivered based on individual client characteristics, strengths and needs. An individual skills assessment will be conducted and the Support Team will establish the Community Support and Service Plan (CSSP) Addendum based on the assessment as well as other documented needs. The CSSP and the members of the Support Team will also be sources for identifying specific goals and objectives.

Services will be delivered with the goal of enabling the individual to live as independently as possible while learning new skills which will enhance the individual's potential for further independence. Training may be provided in the following areas:

1. Meal planning, meal preparation and shopping
2. First aid skills, responding to emergencies, and symptoms of illness
3. Money management
4. Medication self-administration
5. Use of telephone and other public utilities
6. Social and recreational development
7. Use of public transportation
8. Interpersonal skills
9. Personal appearance and hygiene
10. Maintenance of home or apartment
11. Use of community resources
12. Appropriate use of emergency resources (fire, police, medical)
13. Rights and responsibilities of community living
14. Personal relationships / sexuality
15. Coping skills and behavior.

Aversive and / or deprivation procedures will not be utilized with SILS clients.

CARDINAL OF MINNESOTA, LTD.

SILS Financial Management

It is the policy of Cardinal of Minnesota, Ltd. that SILS clients shall have the maximum opportunity to manage their own financial affairs. Training will be provided to maximize the client's ability to manage his/her own financial affairs whenever possible. Any part of their financial affairs that is delegated to the SILS staff will require at least a quarterly report to the client, legal financial representative, or case manager. This report will include financial activity that has occurred from the client's bank accounts. A signed financial release form will be found in each client's chart, indicating the delegating of this authority.

A complete financial review of the clients accounts will be conducted by the SILS Program Director/Administrator on a semi-annual basis. This will include review of the bank statements with canceled checks, receipts, and checkbook register.

If Cardinal of Minnesota, Ltd. is contracted to assist with money management, the following procedures will be followed:

1. Level of assistance will be determined by the Support Team and will be assessed annually.
2. Written consent from the client or their legal financial representative will be obtained to handle funds.
3. SILS staff will assist in opening and maintaining financial accounts.
4. A savings account will be established (if applicable) when funds are available.
5. Each client may keep a small cash account in his/her home or at the Cardinal office as agreed upon by the Support Team.
6. Each client will carry, spend, and control his/her funds in as normal a way as possible as agreed upon by the support team.
7. Clients will be encouraged to keep receipts for purchases made independently. Receipts, or copies of receipts, will be maintained by Cardinal of Minnesota staff or at the client's home. Any purchase made by the SILS staff must have a receipt on file.
8. Staff are prohibited from writing checks to themselves from a client's financial account. Any purchases or services made by a staff person, that requires reimbursement from a client's account, must have a receipt or explanation of expenditures. This information is given to the SILS Program Director or Administrator. A check will then be generated on the client's account and signed by the client or legal financial representative.
9. Bank statement reconciliation will be done monthly by either the SILS staff or legal financial representative. Upon completion of the bank statement reconciliation by SILS staff, the SILS Program Director or Administrator will review these statements at least quarterly.
10. Each client's financial records will be available to the client and their financial representative.
11. Information regarding the client's finances will not be released without a written consent by the client and/or the client's financial representative.

CARDINAL OF MINNESOTA, LTD.

Termination and Suspension of Client Services Policy

I. Policy

It is the policy of Cardinal of Minnesota, Ltd. 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 and must not terminate series unless:

1. The termination is necessary for the person's welfare and he person's needs cannot be met in the facility;
2. The safety of the person or others in the program is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others;
3. The health of the person or others in the program would otherwise be endangered;
4. The program has not been paid for services;
5. The program 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.

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, to 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 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 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 ICF/DD, the license holder must also notify the Commissioner Department of Human Services in writing. DHS notification will be provided by fax at 651-431-7406 or by mailing to PO Box 64998, St. Paul, MN 55164-0998
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 when the program is ceasing operation;
- c. The person's right to appeal the termination of services under Minnesota Statutes, section 256.046, 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 256.046, subdivision 4a or 6, paragraph (c).
4. The written notice of a proposed service termination, including those situations which began with a temporary service suspension, must be given before the proposed effective date of service termination.
 - a. For those persons receiving intensive supports 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.

Demission Planning and Follow Up:

Cardinal of Minnesota, Ltd. will coordinate the demission with other agencies.

Program staff familiar with the client will be available at the demission meeting to:

- a) provide summaries on medical status and progress on goals and objectives,
- b) review the CSSP developed for demission and recommend additional services and modifications,
- c) assist the case manager in developing an interim program plan for the first 30 days after demission,
- d) provide copies to the case manager of medical records, program plans, and other records as necessary.

Demission Summary

A demission summary will be entered into the client's record within 30 days. This will include a review of the progress from the last annual until the demission date, the new program, demission date and reason for demission.

Upon admission to Cardinal of Minnesota, Ltd. each client, their legal representative, and case manager will receive a copy of the termination of service policy.

Legal Authority: Minn. Stat. §§ 245D.10, subd. 3; 245D.10, subd. 4

CARDINAL OF MINNESOTA, LTD.

Transportation

It is the policy of Cardinal of Minnesota, Ltd., (COM) to promote safe transportation with provisions for handling emergency situations. As necessary, COM will provide transportation to clients in well-maintained vehicles following Minnesota State Vehicle Driving Laws. In addition, all employees will abide by the following procedures.

1. Mandatory use of seat belts will be enforced for all passengers and drivers.
2. All employees will provide proof of a valid driver's license and meet the COM vehicle insurance company driving record standards (an MVR report).
3. All employees will be required to provide proof of current automobile insurance coverage on the vehicle they are driving. Any employee without personal insurance will not be allowed to use their personal vehicle for any company business at any time while they are on the clock working for COM.
4. Any employee who uses their personal vehicle to transport clients must have their vehicle pass COM's vehicle safety inspection. Vehicle safety inspections are conducted on an employee's personal vehicle at their time of hire and, if applicable, on an annual basis in June and at such time as they replace their personal vehicle. Vehicle safety inspections will be conducted by the employee's immediate supervisor. All vehicle inspection forms will be submitted to the Training Department and filed in the employee's training file.
5. While on company business, any traffic violation resulting in law enforcement involvement will result in the employee paying the fine (unless it is written due to vehicle defect) as well as completing an Incident Report form and notifying their Program Director immediately.
6. Prior to company vehicle use, the driver will:
 - (a) check fuel level
 - (b) visually check tires
 - (c) complete mileage sheet, as required, and
 - (d) before returning the vehicle ensure the vehicle has at least a quarter tank of gas
7. If an accident occurs in a company or staff vehicle, staff will immediately:
 - (a) check on the status of the passengers
 - (b) follow the insurance company checklist located in the vehicle
 - (c) immediately notify their Program Director and upon returning to the facility complete the Incident Report Form and Auto Loss Report form
 - (d) ensure that the police report has been completed by the driver involved and filed with the police department, and
 - (e) when required by COM, the driver will follow-up on obtaining a copy of the Police Accident Report
8. The following emergency supplies will be in all COM vehicles:
 - (a) first aid kit
 - (b) winter survival kit (when appropriate)
 - (c) vehicle insurance accident checklist and auto loss form (vehicle binder)
 - (d) list of emergency telephone numbers of person to contact
9. Staff will immediately report any defects in company vehicle to their supervisor. The supervisor is responsible for scheduling routine maintenance for company vehicles.
10. Staff will be aware of COM emergency procedure regarding company vehicle use in severe weather or a natural disaster. This information is located in the Emergency Procedure Flip Chart located at each SLS site and at the Cardinal business office. Staff will use extra caution and planning when transporting clients during the winter season.

Please refer to "Vehicle Fleet Safety Loss Control Program" in the Policy and Procedure Manual.

CARDINAL OF MINNESOTA, LTD.

Universal Precautions and Sanitary Practices Policy

I. Policy

It is the policy of Cardinal of Minnesota, Ltd. 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. Staff are required to follow universal precautions and sanitary practices, including:

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

B. Control of communicable diseases ([Reportable Infectious Diseases: Reportable Diseases A-Z - Minnesota Dept. of Health](http://www.health.state.mn.us))(<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 their immediate supervisor.
2. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings.
3. Staff diagnosed with a communicable disease, may return to work upon direction of a health care professional.

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

CARDINAL OF MINNESOTA, Ltd.

Vulnerable Adult Policy

The policy of Cardinal of Minnesota is to protect the individuals served in its programs from abuse and to provide a safe living environment. In accordance with MN statute 626.557, the program will ensure that there are general program and individual Assessments (those include components from IAPP, SMA and ISSA) and that appropriate reporting, investigation, recordkeeping and review procedures are in place. The program will cooperate with the Department of Human Services (DHS) and other authoritative agencies in the course of all investigations of abuse or neglect. All knowledge and written information regarding incidents of abuse or neglect will be communicated to the appropriate authoritative agency.

The Administrator will review the Program Abuse Prevention Plan annually. There are 3 areas assessed. 1. Population assessment. 2. Physical plant. 3. Environment and community plan.

Definitions

The program will utilize definitions set forth by Minnesota Statute 626.557. See attached definitions for the following:

- Abuse
- Financial Exploitation
- Maltreatment
- Neglect
- Incident

Disqualification:

Subjects of background studies completed by DHS, or county licensing agencies, which are found to have a history of substantiated maltreatment of a child or vulnerable adult, will no longer be disqualified by DHS or the county if the background study subject holds a professional license from a health-related licensing board. Rather, the background study information will be provided to the licensing board to make the disqualification decision.

Program Abuse Prevention Plan and Procedures

1. Population: The program serves individuals with developmental disabilities age 18 (or younger with a variance) and older.
2. Physical Plant Assessment: Each program site will include a Program Abuse Prevention Plan and an assessment of the physical plant in order to identify potential areas which may contribute to abuse or neglect of the individuals living there.
3. Environmental Assessment: Each program site will include a Program Abuse Prevention Plan which is specific to the characteristics of its setting and the individuals living there.

Individual Abuse Prevention Plan (IAPP)

The Support Team will be responsible for developing a Plan for each individual receiving service prior to or on their first day of admission. The Plan must be revised based on the needs of the client and reviewed at least annually by the Support Team. Revisions in the Plan will be made on an ongoing basis as needed. Whenever possible, the client will participate in the development of the Plan. When the

client does not participate the team will document the reason(s). The client also has the right to have their designated representative participate in the development of their Plan. The Plan will contain the following: Areas of risk and plan to address under physical abuse, sexual abuse, self-abuse, financial exploitation and any other areas susceptible to abuse. (Plan and assessment are attached)

1. An assessment of the potential for abuse and/or neglect, including self-abuse.
2. A statement of the measures which will be taken to minimize the risk of abuse and/or neglect to the client.
3. Individual training and guidance in the development of sexual relationships, dependent upon the ability of the client to understand the full implications and to interact in a responsible manner.
4. Requirements for additional staff training needed to carry out the protective measures of the Plan.

Orientation of Clients

The program will provide for all clients, in a manner familiar to them, an orientation to the internal reporting system, unless a determination has been made that a client is unable to comprehend the orientation and the reason is documented in their Plan. Client representatives will have the opportunity to be included in the orientation and, for clients unable to comprehend, client representatives will have the opportunity to receive the orientation in place of the client. When their identities are known, client representatives will be notified as to when orientation is to take place. The program will conduct this orientation within 24 hours of admission, or for clients who would benefit more from a later orientation, the orientation may take place within 72 hours. The need for this delay will be documented at the time of admission.

Staffing Policies

1. Individuals will be screened as part of the hiring process to identify applicants whose employment history and personal characteristics indicate that they are suitable to work with individuals served in the program. Background studies will be completed as part of the hiring process.
2. Within 72 hours of employment, staff will be oriented to the policies and procedures in regard to their responsibilities as mandated reporters, as well as the internal policies and procedures relating to the Vulnerable Adult Act.
3. An annual in-service will be conducted to review all policies and procedures, as well as all requirements of the Vulnerable Adult Act.
4. A copy of the internal reporting policies and procedures will be posted in a prominent location at each facility and will be available upon request to all staff, mandated reporters, clients and client representatives.
5. A list of those persons who meet the definition of a mandated reporter and who provide services to clients will be maintained in the corporate office.

Reporting Procedures

1. All staff and other mandated reporters will be required to report any of the following:
 - a. Knowledge of abuse and/or neglect of a vulnerable adult.
 - b. Reasonable cause to believe that a vulnerable adult is being or has been abused and/or neglected.
 - c. Knowledge that a vulnerable adult has sustained injuries not reasonably explained by the history of injuries provided by the caretaker.

Persons other than mandated reporters may and should report incidents of abuse and/or neglect. The license holder is required to inform a consumer's legal representative and case manager of the report within 24 hours of reporting vulnerable adult neglect or maltreatment, unless the suspected maltreatment involves the legal representative or case manager. If the legal representative or case manager is suspected of maltreatment, the report will be made directly to the county's Common Entry Point (CEP) of the county the incident occurred in. The information that must be disclosed to the legal representative and case manager is the nature of the activity or occurrence that was reported, the agency that received the report, and the telephone number of the DHS licensing division. If the abuse/neglect being reported is a potential crime then your local law enforcement should be called first, this allows the criminal procedures to be initiated immediately. (A potential crime is defined under 626.5572 definitions Subdivision 2 (Abuse) and Subdivision 9 (Financial Exploitation)).

2. The individual making the report has the option to report directly to the county's Common Entry Point (CEP) of the county the incident occurred in, or to a Cardinal of Minnesota supervisor. The facility may not prohibit a mandated reporter from reporting externally, and the facility is prohibited from retaliating against a mandated reporter who reports an incident to the CEP in good faith. If the mandated reporter chooses to report internally, reports of suspected abuse and/or neglect should be reported immediately to a Program Director or Administrator of Cardinal of Minnesota.

Call your local law enforcement agency for any reports of abuse/neglect that are a potential crime: MN Adult Abuse Reporting Center 844-880-1574

3. to make reports of suspected abuse and/or neglect using the internal reporting procedure. The license holder is prohibited from disclosing personal, identifiable information about a consumer to other consumers' legal representatives, licensed caregivers (if any) and case managers when the incident involves more than one consumer, unless the consumer consents to the disclosure. A mandated reporter may meet the reporting requirements of the Vulnerable Adult Act by reporting internally. The Administrator (or President if the Administrator is involved in the alleged or suspected maltreatment) is responsible for complying with the immediate reporting requirements of the Vulnerable Adult Act and is responsible for deciding if the report will be forwarded to the CEP. When the facility receives an internal report by a mandated reporter, the Administrator or President will give the mandated reporter a written notice stating whether or not the facility has reported the incident to the CEP. The written notice will be provided within two working days and in a manner that protects the confidentiality of the reporter. The written response to the mandated reporter will note that if the mandated reporter is not satisfied with the action taken by the facility on whether or not to report the incident to the CEP, then the mandated reporter may report externally. The notice will also inform the mandated reporter that the facility may not prohibit a mandated reporter from reporting externally to the CEP, and that

the facility is prohibited from retaliating against a mandated reporter who reports an incident to the CEP in good faith.

4. The Administrator or President will have the responsibility to ensure that the potential for continued abuse and/or neglect is prevented and any changes needed to the client's individual Risk Management Plan are implemented. In the case of either the Administrator or President being the alleged perpetrator, the one not involved will assist in the investigation.
5. The Administrator or Program Director will ensure that an oral report is made immediately to the CEP of the county the incident occurred in and will submit a written report within 48 hours, if requested. If the alleged perpetrator is the Administrator or Program Director the President would then make the oral report within 24 hours and submit a written report within 48 hours, if requested. The Administrator, Program Director or President conducting the internal investigation will cooperate with county personnel, or other investigating agencies, responsible for conducting the external investigation. An internal review will be completed when the facility has reason to believe that an internal or external report of alleged or suspected maltreatment has been made. The Administrator (or President if the Administrator is involved in the alleged or suspected maltreatment) is responsible for conducting the internal review. A written report of the internal review will include the following:
 - a. Name of client
 - b. Date, time and location of alleged incident
 - c. Individual(s) involved
 - d. Date, time and to whom initial verbal report was made
 - e. Description of Incident
 - f. Person(s) interviewed and their statement(s)
 - g. Previous history: Maltreatment of victim and alleged abuser, and if this incident was similar to past events with this client or the services involved
 - h. Summary of findings
 - i. Corrective action taken to protect health and safety of Vulnerable Adult.
 - j. Conclusions, actions and changes made in Individual Program Plan
 - k. Determination on whether policies and procedures were followed and their adequacy
 - l. Changes made in policies and procedures
 - m. If additional staff training is needed and what training was provided
 - n. The name of the person completing the written report and the signature of the chairperson of the Internal Review Committee.
6. Following a report of suspected abuse and/or neglect of a client, the Internal Review Committee will review the current Vulnerable Adult policy to determine if the policy is adequate to protect the safety and well-being of clients served by the program. This review will include a review of staff training requirements and procedures to determine whether additional staff training is necessary to further protect clients from the potential of abuse and/or neglect. Any recommended changes to the policy will be implemented immediately. The agency will document the findings and make available any Internal Reviews to the Commissioner upon request. The Administrator or Program Director will ensure that appropriate recordkeeping requirements are completed, including filling out the Vulnerable Adult Internal Review Report form. All reports will contain a summary of the findings, persons involved, persons interviewed, persons and investigating authorities notified, conclusions and any actions taken. These actions will include a corrective plan to resolve current lapses and prevent future lapses in performance

by individuals or the license holder. If deemed necessary, staff will receive further training on the client's vulnerabilities and how to prevent them.

7. The records will be dated and authenticated by signature and identification of the person doing the review and investigation. A file of all completed investigations will be maintained in the corporate office as follows:
 - a. Data from reports determined to be false, maintained for three years after the finding was made;
 - b. Data from reports determined to be inconclusive, maintained for four years after the finding was made;
 - c. Data from reports determined to be substantiated, maintained for seven years after the finding was made; and
 - d. Data from reports which were not investigated by a lead agency and for which there is no final disposition, maintained for three years from the date of the report.
 - e. After the records have been maintained for the required number of years, the records will be destroyed unless otherwise directed by Federal requirements.

Response to Reports:

To the extent possible those entities which are involved with a vulnerable adult maltreatment report are to cooperate in that investigation.

Private Right of Action:

MN Statutes Section 626.557, Subd. 20, states "a vulnerable adult who is a victim of financial exploitation has a cause of action against a person who committed the financial exploitation." In an action under this subdivision, the vulnerable adult is entitled to recover damages equal to three times the amount of compensatory damages or \$10,000, whichever is greater.

In addition to damages under the above paragraph, the vulnerable adult is entitled to recover reasonable attorney fees and costs, including reasonable fees for the services of a guardian or conservator or guardian ad litem incurred in connection with a claim under this subdivision.

626.5572 DEFINITIONS.

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

Subd. 2. **Abuse.** "Abuse" means:

(a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

(1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;

(2) the use of drugs to injure or facilitate crime as defined in section 609.235;

(3) the solicitation, inducement, and promotion of prostitution as defined in section 609.322; and

(4) criminal sexual conduct in the first through fifth degrees as defined in sections 609.342 to 609.3451.

A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

(1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;

(2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;

(3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and

(4) use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.

(c) Any sexual contact or penetration as defined in section 609.341, between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.

(d) The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.

(e) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parenterally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:

(1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or

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

(f) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.

(g) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:

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

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

Subd. 3. **Accident.** "Accident" means a sudden, unforeseen, and unexpected occurrence or event which:

(1) is not likely to occur and which could not have been prevented by exercise of due care; and

(2) if occurring while a vulnerable adult is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event.

Subd. 4. **Caregiver.** "Caregiver" means an individual or facility who has responsibility for the care of a vulnerable adult as a result of a family relationship, or who has assumed responsibility for all or a portion of the care of a vulnerable adult voluntarily, by contract, or by agreement.

Subd. 5. **Common entry point.** "Common entry point" means the entity designated by each county responsible for receiving reports under section 626.557.

Subd. 6. **Facility.** (a) "Facility" means a hospital or other entity required to be licensed under sections 144.50 to 144.58; a nursing home required to be licensed to serve adults under section 144A.02; a residential or nonresidential facility required to be licensed to serve adults under sections 245A.01 to 245A.16; a home care provider licensed or required to be licensed under section 144A.46; a hospice provider licensed under sections 144A.75 to 144A.755; or a person or organization that exclusively offers, provides, or arranges for personal care assistance services under the medical assistance program as authorized under sections 256B.04, subdivision 16, 256B.0625, subdivision 19a, 256B.0651 to 256B.0656, and 256B.0659.

(b) For home care providers and personal care attendants, the term "facility" refers to the provider or person or organization that exclusively offers, provides, or arranges for personal care services, and does not refer to the client's home or other location at which services are rendered.

Subd. 7. **False.** "False" means a preponderance of the evidence shows that an act that meets the definition of maltreatment did not occur.

Subd. 8. **Final disposition.** "Final disposition" is the determination of an investigation by a lead investigative agency that a report of maltreatment under Laws 1995, chapter 229, is substantiated, inconclusive, false, or that no determination will be made. When a lead investigative

agency determination has substantiated maltreatment, the final disposition also identifies, if known, which individual or individuals were responsible for the substantiated maltreatment, and whether a facility was responsible for the substantiated maltreatment.

Subd. 9. Financial exploitation. "Financial exploitation" means:

(a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person:

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

(2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

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

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

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

(3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or

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

(c) Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

Subd. 10. Immediately. "Immediately" means as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.

Subd. 11. Inconclusive. "Inconclusive" means there is less than a preponderance of evidence to show that maltreatment did or did not occur.

Subd. 12. Initial disposition. "Initial disposition" is the lead investigative agency's determination of whether the report will be assigned for further investigation.

Subd. 13. Lead investigative agency. "Lead investigative agency" is the primary administrative agency responsible for investigating reports made under section 626.557.

(a) The Department of Health is the lead investigative agency for facilities or services licensed or required to be licensed as hospitals, home care providers, nursing homes, boarding care homes, hospice providers, residential facilities that are also federally certified as intermediate care facilities that serve people with developmental disabilities, or any other facility or service not listed in this subdivision that is licensed or required to be licensed by the Department of Health for the care of vulnerable adults. "Home care provider" has the meaning provided in section 144A.43, subdivision 4, and applies when care or services are delivered in the vulnerable adult's home, whether a private home or a housing with services establishment registered under chapter 144D, including those that offer assisted living services under chapter 144G.

(b) The Department of Human Services is the lead investigative agency for facilities or services licensed or required to be licensed as adult day care, adult foster care, programs for people with developmental disabilities, family adult day services, mental health programs, mental health clinics, chemical dependency programs, the Minnesota sex offender program, or any other facility or service not listed in this subdivision that is licensed or required to be licensed by the Department of Human Services.

(c) The county social service agency or its designee is the lead investigative agency for all other reports, including, but not limited to, reports involving vulnerable adults receiving services from a personal care provider organization under section 256B.0659.

Subd. 14. **Legal authority.** "Legal authority" includes, but is not limited to: (1) a fiduciary obligation recognized elsewhere in law, including pertinent regulations; (2) a contractual obligation; or (3) documented consent by a competent person.

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

Subd. 16. **Mandated reporter.** "Mandated reporter" means a professional or professional's delegate while engaged in: (1) social services; (2) law enforcement; (3) education; (4) the care of vulnerable adults; (5) any of the occupations referred to in section 214.01, subdivision 2; (6) an employee of a rehabilitation facility certified by the commissioner of jobs and training for vocational rehabilitation; (7) an employee or person providing services in a facility as defined in subdivision 6; or (8) a person that performs the duties of the medical examiner or coroner.

Subd. 17. **Neglect.** "Neglect" means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

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

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

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

(1) the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or sections 253B.03 or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration parenterally or through intubation; this paragraph does not enlarge or diminish rights otherwise held under law by:

(i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or

(ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or

(2) the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;

(3) the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:

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

(ii) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship; or

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

(5) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician, and:

(i) the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult;

(ii) if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition;

(iii) the error is not part of a pattern of errors by the individual;

(iv) if in a facility, the error is immediately reported as required under section 626.557, and recorded internally in the facility;

(v) if in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and

(vi) if in a facility, the actions required under items (iv) and (v) are sufficiently documented for review and evaluation by the facility and any applicable licensing, certification, and ombudsman agency.

(d) Nothing in this definition requires a caregiver, if regulated, to provide services in excess of those required by the caregiver's license, certification, registration, or other regulation.

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

Subd. 18. **Report.** "Report" means a statement concerning all the circumstances surrounding the alleged or suspected maltreatment, as defined in this section, of a vulnerable adult which are known to the reporter at the time the statement is made.

Subd. 19. **Substantiated.** "Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

Subd. 20. **Therapeutic conduct.** "Therapeutic conduct" means the provision of program services, health care, or other personal care services done in good faith in the interests of the vulnerable adult by: (1) an individual, facility, or employee or person providing services in a facility under the rights, privileges and responsibilities conferred by state license, certification, or registration; or (2) a caregiver.

Subd. 21. **Vulnerable adult.** (a) "Vulnerable adult" means any person 18 years of age or older who:

(1) is a resident or inpatient of a facility;

(2) receives services at or from a facility required to be licensed to serve adults under sections 245A.01 to 245A.15, except that a person receiving outpatient services for treatment of chemical dependency or mental illness, or one who is served in the Minnesota sex offender program on a court-hold order for commitment, or is committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253B, is not considered a vulnerable adult unless the person meets the requirements of clause (4);

(3) receives services from a home care provider required to be licensed under section 144A.46; or from a person or organization that exclusively offers, provides, or arranges for personal care assistance services under the medical assistance program as authorized under sections 256B.04, subdivision 16, 256B.0625, subdivision 19a, 256B.0651, 256B.0653 to 256B.0656, and 256B.0659; or

(4) regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:

(i) that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and

(ii) because of the dysfunction or infirmity and the need for care or services, the individual has an impaired ability to protect the individual's self from maltreatment.

(b) For purposes of this subdivision, "care or services" means care or services for the health, safety, welfare, or maintenance of an individual.

History: 1995 c 229 art 1 s 22; 2000 c 319 s 3; 1Sp2001 c 9 art 14 s 32; 2002 c 252 s 23,24; 2002 c 379 art 1 s 113; 2004 c 146 art 3 s 46; 2006 c 212 art 3 s 41; 2007 c 112 s 57; 2008 c 326 art 2 s 15; 2009 c 79 art 6 s 20,21; art 8 s 75; 2009 c 119 s 17; 2009 c 142 art 2 s 48; 2011 c 28 s 16,17

CARDINAL OF MINNESOTA, LTD.

VA Internal Review Response

Today's Date: _____ Date of Internal Report: _____

Name of Client: _____

Date of Alleged Incident: _____ Time: _____

Location: _____

ATTENTION: Mandated Reporter

This is to notify you that your report of suspected abuse or neglect in reference to the above reported incident

has been reported by Cardinal of Minnesota to the MAARC.

has not been reported by Cardinal of Minnesota to the MAARC.

This determination was based upon:

If you are not satisfied with the action taken by this company on whether to report this incident to the common entry point, then you may report this incident externally.

This company may not prohibit a mandated reporter from reporting externally to the common entry point and is also prohibited from retaliating against a mandated reporter who reports an incident to the common entry point in good faith.

Signature of President, CPO, or Administrator

Date

CARDINAL OF MINNESOTA, LTD.

VEHICLE FLEET SAFETY LOSS CONTROL PROGRAM

Policy

The purpose of this policy is to ensure the safety of all passengers and those individuals who drive company vehicles, and to provide guidance on the proper use of company vehicles. Vehicle accidents are costly to our company, but more importantly, they may result in injury to our employees, clients, or others. It is the driver's responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. Cardinal of Minnesota endorses all applicable state motor vehicle regulations relating to driver responsibility. As such, the company expects each driver to drive in a safe and courteous manner pursuant to following safety rules. The attitude you take when behind the wheel is the single most important factor in driving safely. COM Administration and the Safety Committee are responsible for general administration of this policy.

Safety Committee

The Safety Committee is comprised of one Administrator and Nurse, the Director of Training and Development, Office Administrator, Human Resource Manager, Residential Supervisor(s) and Direct Care staff (Safety Captains).

The committee is responsible for:

-) Reviewing accidents and employer's overall driving safety record to determine if there should be changes in policy or procedure; or if other corrective action (such as training, equipment changes, etc.), should be implemented to enhance the safe operation of company vehicles.
-) Reviewing driving records of individual employees and making recommendations to management when driving privileges should be suspended or revoked.
-) Reviewing all other issues that arise with respect to compliance with this policy.

Driver Guidelines and Reporting Requirements

1. Company vehicles are to be driven by authorized employees only, except in case of repair testing by a mechanic.
2. All employees who need to drive as part of their job must have a valid driver's license and be at least 18 years of age to drive a company vehicle for Cardinal.
3. Any employee who has a driver's license revoked or suspended shall immediately notify their Resident Supervisor (or the Director of HR) by 9:00 a.m. the next business day and ***immediately discontinue operation of the company vehicle***. Failure to do so may result in disciplinary action, including possible termination of employment
4. All accidents in company vehicles, regardless of severity, must be reported to the police and to their immediate supervisor, as well as the on-call Program Director and Executive Assistant (Lori Kollasch) at the Cardinal business office. Accidents are to be reported immediately (from the scene, during the same day, or as soon as practicable if immediate or same day reporting is not possible).

5. Accidents in personal vehicles while on company business must follow these same accident procedures. (*Company business is defined as driving at the direction, or for the benefit, of the employer. It does not include normal commuting to and from work or lunchtime driving activities.*) The employee's own auto insurance carrier would be the primary insurance responsible for the employee's damages and must be notified immediately of the loss. Proof of notification must be submitted to management by all employees involved in an accident during the initial notification of the accident.
6. Accidents involving personal injury to the employee must be reported to the Director of HR for Workman Compensation purposes. Failing to stop after an accident and/or failure to report an accident may result in disciplinary action, up to and including possible termination of employment.
7. Drivers must report all ticket violations received during the operation of a company vehicle to the company Director of HR within 72 hours.
8. Motor Vehicle Records (MVR) will be obtained on all drivers prior to employment and on an annual basis thereafter. A driving record that fails to meet the criteria stated in this policy, or is considered to be in violation of the intent of this policy by the Safety Committee, will result in a loss of the privilege of driving a company vehicle, including possible termination of employment.
9. All employees will provide proof of auto insurance coverage on their personal vehicle on their date of hire, as well as each time their auto insurance expires to verify ongoing coverage.

Driver Criteria & Administration

Employees must have a valid current Driver's License to operate a company vehicle, or a personal vehicle with current auto insurance, while on company business. Employees are expected to drive in a safe and responsible manner and to maintain a good driving record. The Safety Committee is responsible for reviewing records, including accidents, moving violations, etc., to determine if an employee's driving record indicates a pattern of unsafe or irresponsible driving and to make a recommendation to the President for suspension or revocation of driving privileges.

Criteria that may indicate an unacceptable record includes, but is not limited to:

-) A person having three or more moving violations in a year. (*Violations include any ticket, charge, or other law enforcement proceeding relating to these, as well as independent evidence of violations deemed satisfactory by the Safety Committee.*)
-) Three or more chargeable accidents within a year. Chargeable means that the driver is determined to be the primary cause of the accident through speeding, inattention, etc. Contributing factors such as weather or mechanical problems will be taken into consideration.
-) Any combination of accidents and/or moving violations.

Major Violations such as the following will result in immediate revocation of driving privileges and/or possible termination of employment as decided by the safety committee:

-) Driving under the influence of alcohol or drugs - DUI**
-) Failure to stop for or report an accident – Hit & Run Incident**
-) Reckless driving or speeding resulting in the drivers arrest**
-) Property damage or injuries to others**
-) Knowingly making a false or fraudulent accident report or claim**
-) Involvement with staging a vehicle accident to commit Insurance Fraud**
-) Homicide, manslaughter, death, assault or a crime arising out of the use of a vehicle**
-) also, attempting to allude a police officer**

Driver Safety Rules

1. The use of a company vehicle while under the influence of intoxicants and other drugs (which could impair driving ability) is forbidden and is sufficient cause for discipline, up to and including termination of employment.
2. It is against the Law to not wear prescription glasses or lenses while driving & there is no acceptable excuse for neglecting to wear prescription glasses or lenses for those applicable individuals.
3. The use of cell phones while driving is not permitted. Drivers need to be aware cell phone usage creates a distraction and delayed reaction time from safe driving and should pull off the road to initiate, continue or finish a conversation. Drivers should complete calls while the vehicle is in park. While driving, attention to the road and safety should always take precedence over conducting business over the phone.
4. No driver shall operate a company vehicle when his/her ability to do so safely has been impaired by illness, fatigue, injury, or prescription medication.
5. All drivers and passengers operating or riding in a company vehicle ***must*** wear seat belts, even if air bags are available. Staff will provide assistance with seatbelts, as needed, to ensure they are correctly fastened.
6. Staff will assist with the use of any ramp (or step stool) to ensure safe entry and exit from the vehicle.
7. Staff will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids used by a person, specialized equipment using proper vehicle restraints, are properly secured before the vehicle is in motion.
8. Staff will be responsible for the supervision and safety of persons while being transported.

- a. Staff must be prepared to intervene in order to maintain safety if a person being transported engages in known behavior that puts the person, the driver, or other passengers at risk of immediate danger or physical harm.
9. No unauthorized personnel are allowed to ride in company vehicles.
10. Drivers are responsible for the security of company vehicles & any work equipment maintained inside the vehicle or trunk assigned to them including emergency response equipment like fire extinguishers, first aid kits, etc. The vehicle engine must be shut off, ignition keys removed and vehicle doors locked whenever the vehicle is left unattended.
11. Headlights shall be used 2 hours before sunset and until 2 hours after sunrise, or during inclement weather, or at anytime when a distance of 500 feet ahead of the vehicle cannot be seen clearly.
12. All State and Local laws must be obeyed by employees driving for work. Employees must keep in mind that careless, inattentive, or distracted driving maneuvers or actions are prohibited by Minnesota Law.

Defensive Driving Guidelines

Drivers are required to maintain a safe following distance at all times. Drivers should keep a three second interval between their vehicle and the vehicle immediately ahead. During slippery road conditions, the following distance should be increased to at least five seconds or one additional second per each adverse condition.

Always be looking and thinking ahead 10-12 seconds when driving, scanning mirrors and blind spots around your vehicle every 3-5 seconds, or as necessary, to avoid accidents.

Drivers must yield the right-of-way at all traffic control signals and signs requiring them to do so. Drivers should also be prepared to yield for safety's sake at any time. Pedestrians and bicycles in the roadway always have the right-of-way.

Drivers must honor posted speed limits. In adverse driving conditions, reduce speed to a safe operating speed that is consistent with the conditions of the road, weather, lighting and volume of traffic. Tires can hydroplane on wet pavement at speeds as low as 40 mph. Employees must always remember to follow the Basic Speed Law that applies everywhere in the USA. The rule states that no vehicle may be driven at a speed that is faster than safe for the present and actual conditions, or that would endanger the safety of any person or property, regardless of the posted speed limit.

Turn signals must be used to show where you are heading; while going into traffic and before every turn or lane change. They should be applied about 100 ft. before a turn.

Drivers may only pass in a legally marked passing lane and only when it is safe to do so. When passing or changing lanes the driver must be able to view the entire vehicle in their rear view mirror before pulling back into that lane.

Be alert of other vehicles, pedestrians, and bicyclists when approaching intersections. Never speed through an intersection on a caution light. When the traffic light turns green, look both ways for oncoming traffic before proceeding. Always position your vehicle behind the limit lines and make a safety stop if it is difficult to see pedestrians on sidewalks while stopped at the head of an intersection.

When waiting to make left turns across traffic, keep your wheels facing straight ahead while your vehicle remains in the stopped position behind any limit lines. If rear-ended, you will not be pushed into the lane of oncoming traffic.

When stopping behind another vehicle, leave enough space so you can see the rear wheels of the car in front of you. This allows room to go around the vehicle if necessary and may prevent you from being pushed into the car in front of you if you are rear-ended.

Avoid backing where possible, but when necessary, keep the distance traveled to a minimum and be particularly careful.

-)] **Check behind your vehicle before backing. Always remember G.O.A.L. (Get Out And Look) before backing.**
-)] **Make sure your side mirrors do not come in contact with other vehicles on either side of you; or any other obstacle that you may come in contact with while you are backing your vehicle.**
-)] **Back to the drivers side. Do not back around a corner or into an area of no visibility.**

Accident Procedures

Staff will be prepared for emergencies to ensure safety. Cardinal of Minnesota vehicles will be equipped with the following in case of an emergency:

- a. Name and phone number of person(s) to call in case of emergency
 - b. First Aid Kit
 - c. Proof of insurance card and vehicle registration
 - d. Auto Loss Report form and information on what to do in the event of an accident
1. In an attempt to minimize the results of an accident, the driver must prevent further damages or injuries and obtain all pertinent information and report it accurately.
 -)] Call for medical aid if necessary
 -)] Call the police. All accidents, regardless of severity, must be reported to the police. If the driver cannot get to a phone, he should write a note giving location to a reliable appearing motorist and ask him to notify the police.
 -)] Cooperate and follow directions of emergency officials at the site.
 -)] Record names and addresses of driver, witnesses, and occupants of the other vehicle(s) and any medical personnel who may arrive at the scene.
 -)] Complete the Auto Loss Report form located in the Vehicle Information Binder kept in the vehicle. Pertinent information to obtain includes: license numbers of other drivers; insurance company names and policy numbers of other vehicles; make, model, and year of other vehicles; date and time of accident; and overall road and weather conditions.

2. Do not discuss the accident with anyone at the scene except the police. Do not accept or offer any responsibility or blame for the accident. Do not argue with anyone.
3. Provide the other party with your name, address, driver's license number and insurance information.
4. Immediately report the accident to your Supervisor and the Office Administrator at the Cardinal business office. Provide a copy of the accident report and/or your written description of the accident to the Office Administrator as soon as possible.
5. There will be a formal accident review conducted on each accident to determine cause and how the accident could have been prevented.

Severe Weather Emergency

In the event of a severe weather emergency (tornado, winter storm, etc.) staff will take the following actions:

- ñ Monitor weather conditions by listening to local television or radio, or a weather-radio for weather warnings and watches
- ñ Follow directions for the need to change plans and activities, or seek emergency shelter
- ñ Inform passengers why plans and activities have changed
- ñ Assist passengers to remain calm

TORNADO:

- ñ You are safer inside a building than in the open; do not seek shelter in a vehicle
- ñ Smaller rooms, such as rest rooms or storage rooms are good shelter areas

SEVERE WINTER WEATHER:

- ñ Stay with the vehicle, keep yourself and others calm
- ñ Avoid carbon monoxide poisoning or oxygen deprivation by running the engine and heat only 20 minutes per hour
- ñ Open a window slightly for ventilation
- ñ Check the exhaust pipe frequently to ensure it is not blocked with snow or ice
- ñ Utilize the winter survival kit which will include the following:

Blankets	Non-perishable food	Candles / matches
First aid kit/scissors	Flashlight/extra batteries	Jumper cables
Box of tissue		

General Rules and Regulations for the Use of Company Vehicles

1. Residential Supervisors assigned a company vehicle at their house shall be responsible for overseeing the general maintenance and proper care of the vehicle; including any ramps, step stools, or specialized equipment used to help people enter or exit the vehicle.
2. It is the responsibility of any assigned driver to inform the house Residential Supervisor of any vehicle maintenance needs or safety problems.
3. It is the responsibility of all COM employees to keep company vehicles clean (interior and exterior) and report any concerns to their immediate supervisor.

4. Employees shall drive vehicles with reasonable prudence to conserve fuel and sustain them at the highest operating efficiency.
5. Residential Supervisors and their staff will be held accountable for maintaining proper fluid levels and tire air pressure, present the vehicle for repair, service, or adjustment whenever needed and preventative maintenance when time is due.
6. Vehicles provided by the company are provided for the use of the employees at the houses to enable them to efficiently perform their job functions for their employer. They are not intended to be used for personal transportation without prior approval of the company President.
7. Under no circumstances will an employee be allowed to use a company fuel credit card for their personal use or gain. Assigned company fuel credit cards are to be used for the assigned vehicle only, unless otherwise authorized by the company President. When required, fuel receipts must contain the following information: the correct date, gallons, price per gallon, and total price. The employee must sign their own name on the receipt and also write the house identification number or name on the receipt.
8. Company vehicles must not be taken out of state without prior approval from the company President.
9. End of month mileage must be reported to the appropriate business office staff on the first of each month. If the Residential Supervisor has scheduled a vacation or will be out on medical leave at the end of the month, then he/she must instruct another staff at the house to report the vehicle mileage to the business office on the first of the month.
10. An updated/current copy of an employee's Drivers License must be kept on file in the office at all times. Employees must renew their Drivers License in a timely manner and immediately provide the business office with a copy of their renewed Drivers License upon receipt.
11. A copy of the Vehicle Registration, Insurance Card and a Vehicle Accident Report Packet must be kept in the vehicle at all times.
12. Cardinal vehicles not assigned to a specific house will be kept at the Cardinal business office. Vehicles should be reserved and are available on a first-come, first-served basis. In case of conflicting requests, priority will be given to out-of-town trips.
13. Pool vehicles are to be left with a minimum of half a tank of fuel when returned. When vehicle is close to one quarter of a tank while in use, it is to be filled up as soon as possible.
14. Pool vehicles are meant to be used in place of a personal vehicle for business trips.

15. Pool vehicles are to be kept clean. Trash should not be left in the vehicles.
16. Staff will be prohibited from eating while they are operating a vehicle for the purpose of conducting Cardinal business.
17. Smoking is not allowed in any Cardinal vehicle at any time.

Vehicle Maintenance

Proper vehicle maintenance is a basic element of any vehicle safety program, not only to ensure a safe, road-worthy vehicle, but also to avoid costly repair expenses and unexpected breakdowns. Routine inspections or safety checks of critical items, such as brakes, lights, tires, wipers, etc., must be done every 15,000 miles or sooner if a problem arises.

Oil changes and tire rotations are due every 5,000 miles, or every 3 to 4 months.

Every 30,000 miles, vehicles should have a tune-up, transmission service, cooling system service, brake service, AC service, etc.

The vehicle must be cleaned (interior and exterior) regularly to help maintain its good appearance for you and the company.

Personal Automobiles

Employees who use a personal vehicle for company business must have this vehicle pass the Cardinal Vehicle Safety Inspection checklist and provide proof of auto insurance on the vehicle they are using prior to using this vehicle for company business.

Employees who use their own personal vehicle for company business will be reimbursed for mileage based upon the company's established mileage reimbursement rate. Reimbursed mileage is defined as mileage driven over and above the employee's normal commuting mileage.

Corporate non-owned auto insurance coverage only covers liability on the corporation for damage to a third party automobile or personal injury while the automobile is being used by the employee for company business. **Damage to employee owned personal autos, as well as injury to family members, friends, etc., will not be covered by the corporate coverage and is the sole responsibility of the employee.**

Those employees who use their own personal vehicle for company business must maintain auto liability insurance with minimum limits of \$100,000/\$300,000 for bodily injury and \$50,000 for property damage with a combined single limit of \$500,000.

Rental Vehicles

Rental vehicles will be leased from the company selected vendor, only when first authorized by the appropriate supervisor, and the collision damage waiver will be refused.

Personal Use, Passengers, & Authorized Drivers of Company Vehicles

Company vehicles are to be driven by authorized employees only, or in case of repair, the testing mechanic. Spouses, other family members, or other non-employees of Cardinal of Minnesota are not authorized to drive company vehicles. Passengers are generally limited to those individuals who need to ride in the vehicle to conduct employer business, such as other employees and/or clients receiving services from the employee on behalf of the company.

Children are not to be transferred in vehicles during work activities unless the practice is first authorized by the appropriate supervisor and then only when an acceptable Children's Safety Seat is first properly installed and then properly used.

Employees are not permitted to:

- A. Pick up hitchhikers.
- B. Accept payment for carrying passengers or materials.
- C. Use any radar detector, laser detector or similar devices.
- D. Push or pull another vehicle or tow a trailer.
- E. Transport flammable liquids or gases unless a DOT or Underwriter's Laboratories approved container is used, and only then in limited quantities.
- F. Use of burning flares is discouraged. The preferred method is the use of reflective triangles.
- G. Assist disabled motorists or accident victims beyond their level of medical expertise. If a driver is unable to provide the proper medical care, he/she must restrict his/her assistance to calling the proper authorities. Your safety and well-being is to be protected at all times.
- H. Leave clients unattended in any vehicle (Cardinal's or personal) while the keys are in the ignition (regardless of whether or not the engine is running).

Staff Training and Ongoing Driver's Safety Education:

At the time of 'New Staff' orientation at the houses all employees will be given the following:

- Road Test (conducted by the staff supervisor)
- Wheelchair Ramp and Tie Down Test (at the houses with wheelchair vans)
- Written Driver's Exam (online testing) (also done with all staff annually in June)
- View video on "Defensive Driving" (Acordia, JJ Keller, Smith Systems, Minnesota or National Safety Council) *note: this video is also available for future additional training if necessary, as well as the CD "Get Out And Look" (in the Cardinal Library)*

Successful completion by each employee on the above items will be documented on their individual Employee Training Log and their written tests / documentation of receiving the training will be filed in their employee training file.

FAQ'S *Index Sheet*

401(k) Plan and Notice of Automatic Enrollment

Goldleaf Cardinal of Minnesota, Ltd. Profit Sharing Plan Highlights

AFLAC

Baldrige

Cardinal Fitness Center

Code of Conduct

Dream Team

Employee Assistance Program (E.A.P.)

Employee Hardship Pool ~ FAQ and Memo

Family Medical Leave Act (FMLA)

HIPPA

INSURANCE: *Health, Life/ADD, & Short Term Disability*

MNOSHA

Personal Leave Day

Recognition Program

Smoking Policy

STAR System

Travel Time & Mileage Reimbursement (*page 2 Scenarios*)

Wellness Benefit Program

CARDINAL OF MINNESOTA, LTD.

Notice of Automatic Enrollment in 401(k) Retirement Plan

Cardinal of Minnesota, Ltd sponsors a 401(k) Retirement Plan in order to provide funds for your retirement and to provide funds for your beneficiary(ies) in the event of your death. The Plan was established for the exclusive benefit of the Participants and their beneficiaries. Cardinal of Minnesota, Ltd. encourages all of its eligible employees to participate in the Plan and provides for automatic enrollment.

You are eligible to participate in the Plan if you have completed 1 Year of Service (1000 hours) and have also attained age 19. Upon your anniversary date of hire, and each year thereafter, you will automatically be enrolled into the Cardinal of Minnesota, Ltd. Profit Sharing Plan. Automatic enrollment will defer 3% of your compensation and the amount will be placed in your accounts in the Lifecycle Portfolio of the Plan. Your automatic deferral is on a pre-tax basis, meaning that it is not subject to federal or state income taxes (it is subject to social security taxes) and results in a deduction from your taxable income for that year.

You will be automatically enrolled at 3% without initial paperwork, however, you must complete the “Enrollment Forms” to designate your beneficiary(ies) or to elect to participate at a higher rate (subject to the elective deferral limits and compensation allowed by law), a lower rate, “Opt Out” of the Plan, elect other investment options within the Plan such as the Roth 401(k), Lifestyle Portfolio, or to individualize your retirement savings plan.

You will be invited to meet with our Voya Representative, Michael Van Straaten, to assist you in selecting your investment options. Michael will be at Cardinal of Minnesota, Ltd. a minimum of 4 times per year and will be available to assist you in making investment decisions related to funds deposited into your retirement account; as well as be available anytime during the year for one-on-one consultation.

Our 401(k) Plan provides for a discretionary “Matching Contribution.” This contribution is made by Cardinal of Minnesota, Ltd. in the amount based upon your deferral contribution. While discretionary (i.e. voluntary), since the inception of the 401(k) Plan in 1996, Cardinal of Minnesota, Ltd has always matched the 401(k) contribution dollars dollar-for-dollar up to 8%. Therefore, your automatic contribution would be matched to 100% of your contribution of 3% up to 8%. For example, if you gross \$20,000 per year and your automatic contribution is 3% of your gross earnings to your 401(k) Plan, you will personally save \$600.00. In addition to your savings, Cardinal of Minnesota, Ltd. will match your contribution of 3% giving you another \$600.00. This gives you a total savings of \$1,200.00. Conversely, if you contributed 8% of your gross you personally would save \$1,600.00 and in addition Cardinal of Minnesota, Ltd will match your contribution of 8% at \$1,600.00 giving you a total savings of \$3,200.00.

Questions regarding Cardinal of Minnesota, Ltd. 401(k) Plan can be directed to Kristine Chladek, Chief Financial Officer, or Anita Gabrielson, Payroll Manager, at (507) 281-1077.



CARDINAL OF MINNESOTA, LTD PROFIT SHARING PLAN PLAN HIGHLIGHTS

Eligibility:

The following employees are excluded from the Plan:

- Employees covered by a collective bargaining agreement
- Non-resident aliens

You must meet the following criteria to be eligible to make contributions to the Plan:

- You must attain age 19
- You must complete one (1) Year of service

You must meet the following criteria to be eligible to receive Matching Contributions under the Plan:

- You must attain age 19
- You must complete one (1) Year of service

You must meet the following criteria to be eligible to receive Profit Sharing Contributions under the Plan:

- You must attain age 19
- You must complete one (1) Year of service

Enrollment Periods:

On the first day of each plan quarter coincident with or next following the time you meet the eligibility criteria specified above.

If you do not turn in enrollment forms, you will be automatically enrolled in the Plan starting with your next paycheck.

Contributions:

You may elect to defer up to one hundred percent (100%) of your Compensation on a pre-tax basis. You may also elect to make special 'Roth' contributions to the Plan on an after-tax basis. You may elect to change your elections to contribute to the Plan on the dates established pursuant to Plan Administrator procedures. Federal law also limits the amount you may elect to defer under the Plan (\$17,500 in 2014). However, if you are age 50 or over, you may defer an additional amount up to \$5,500 (in 2014).

Matching Contributions

The Company will make a Matching Contribution on your behalf in an amount equal to 100% of your contributions that are not in excess of 8% of your Compensation. You must be employed by the Company on the last day of the Plan Year in order to receive a Matching Contribution.

Profit Sharing Contributions:

The Company may, in its sole discretion, make a Profit Sharing Contribution on your behalf in an amount determined by the Company. Such contribution, if made, will be allocated in the ratio that each Participant's Compensation bears to the Compensation of all eligible Participants. You must complete at least 1,000 Hours of Service during the Plan Year and be employed by the Company on the last day of the Plan Year in order to receive a Profit Sharing Contribution.



CARDINAL OF MINNESOTA, LTD PROFIT SHARING PLAN PLAN HIGHLIGHTS

Rollovers: The Plan may accept a rollover contribution made on behalf of any employee who is eligible to participate in the plan.

Vesting: When you terminate employment you will generally be entitled to the vested portion of each of your accounts.

- You will be 100% vested in the amounts you contribute to the plan, including any rollover contributions.
- Your Matching Contribution Account is subject to a 2-6 year graded vesting schedule (20% per year starting with two years of vesting service).
- "Year of Vesting Service" means a vesting computation period during which you complete 1,000 hours of service. The vesting computation period is the Plan Year.

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Less than Two Years	0%
Two Years but less than Three Years	20%
Three Years but less than Four Years	40%
Four Years but less than Five Years	60%
Five Years but less than Six Years	80%
Six or More Years	100%

Your Profit Sharing Contribution Account is subject to a 2-6 year graded vesting schedule (20% per year starting with two years of vesting service).

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Less than Two Years	0%
Two Years but less than Three Years	20%
Three Years but less than Four Years	40%
Four Years but less than Five Years	60%
Five Years but less than Six Years	80%
Six or More Years	100%



CARDINAL OF MINNESOTA, LTD PROFIT SHARING PLAN PLAN HIGHLIGHTS

Distributions: You may receive a distribution from your account under the following circumstances:

- Termination of employment
- Retirement Age (even if you are still working)
- Hardship (limited accounts)
- After age 59-1/2
- Death
- Disability

Loans: The minimum loan amount is \$500 and the maximum number of loans outstanding is 1.

Contact Information: Plan Administrator:
Cardinal Of Minnesota, Ltd
3008 Wellner Drive NE,
Rochester, Minnesota 55906
507-281-1077

Financial Advisor: Mike Van Straaten
Stifel Nicolaus
102 S. Broadway, Suite 300
Rochester, MN 55904
507-288-9622

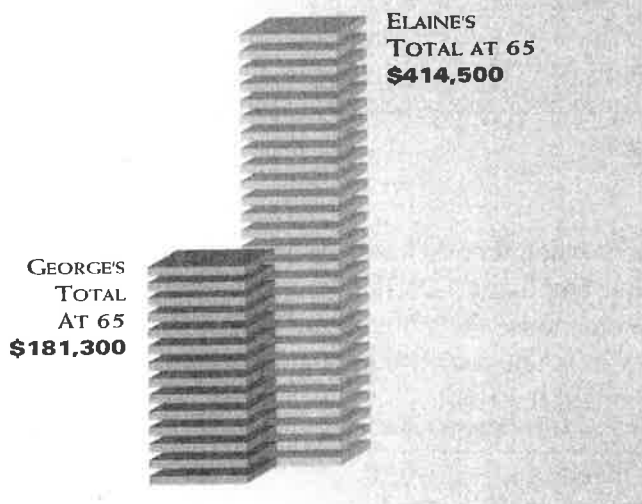
Note: These plan highlights are intended to be a very concise overview of plan features. For a detailed description of plan features, please review the Summary Plan Description or contact the Plan Administrator for more information. The plan features described in these plan highlights are subject to change and in the event of a discrepancy between the legal plan document and these highlights (or any other summary of plan features), the plan document shall control.

V-4.02

To see how time and compounding work, consider the following example:

Elaine and George each invest through their employer's plan. Elaine starts saving at age 25. George, who is the same age as Elaine, does not start until he is 35. Both save \$133.33 each month and earn an 8% annual rate of return. Look at the chart below to see how waiting to invest will cost George.

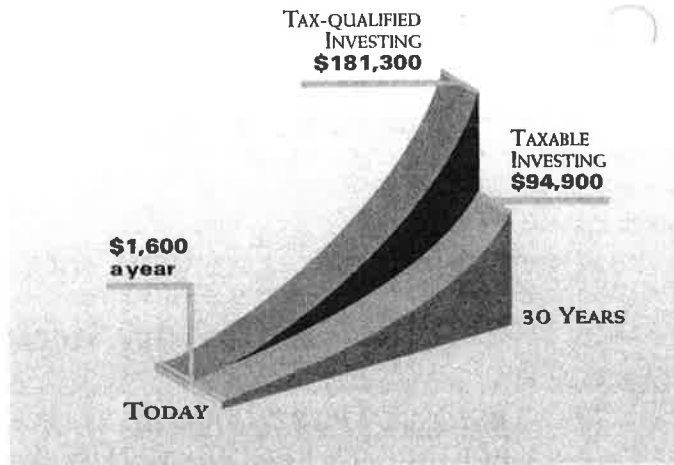
The power of compounding



Fees and charges, if applicable, are not reflected in this example and would reduce the results shown. Income taxes are payable upon withdrawal. Federal restrictions and tax penalties may apply to early withdrawals. This information is hypothetical and only an example. It does not reflect the return of any particular investment and is not a guarantee of future income.

The message is clear: Compounding can be a saver's best friend — the sooner you start saving, the more likely you are to reach your long-term goals.

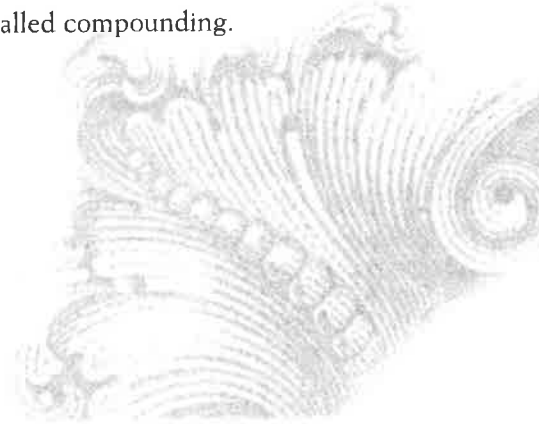
The value of tax-deferred savings



This chart compares the hypothetical results of contributing (1) \$100 each month over a 30-year period to a taxable account and (2) \$133.33 (since contributions are pre-tax) to a tax-qualified retirement investment plan. It also assumes a 25% federal marginal income tax rate and an annual rate of return of 8%. Lower capital gains rates may apply to certain investments in a taxable account. Fees and charges, if applicable, are not reflected in this example and would reduce the results shown. Income taxes are payable upon withdrawal. Federal restrictions and tax penalties may apply to early withdrawals. This information is hypothetical and only an example. It does not reflect the return of any particular investment and is not a guarantee of future income.

The compounding component

Year after year the money that you invest in the plan can earn interest, that interest then can earn more interest and so on. This is called compounding.



CARDINAL OF MINNESOTA, LTD.

401(k) PLAN

**Do you like getting FREE MONEY?
Do you know how to GIVE YOURSELF A RAISE?**

WHO CAN PARTICIPATE?

ELIGIBILITY REQUIREMENTS:

- #1. Be employed with Cardinal of Minnesota, Ltd. for one full year.
- #2. Work an average of 20 or more hours per week for 4 consecutive quarters; or 1,000 hours in a calendar year.
- #3. Be at least 19 years of age.

HOW DOES THE PLAN WORK?

How can you set money aside for retirement when there's little left after you pay your monthly bills? By enrolling and contributing to your employer's 401(k) Plan, you pay yourself first through convenient payroll deductions. You choose the amount you want to save, and whether you delay paying taxes now on this money or when you withdraw your money by selecting the option to contribute to our regular 401(k) or Roth 401(k).

WHAT DOES "AUTOMATIC ENROLLMENT" MEAN?

Upon your eligibility date, and each year thereafter, you will be automatically enrolled in the Cardinal of Minnesota, Ltd., Profit Sharing 401(k) Plan. Please see the attached "Notice of Automatic Enrollment in 401(k) Retirement Plan" for a detailed explanation of what this means to you, as well as a detailed explanation of what your options are regarding your participation / non-participation in the Cardinal of Minnesota, Ltd., Profit Sharing 401(k) Plan.

HOW WILL I KNOW IF I AM ELIGIBLE TO PARTICIPATE IN THE PLAN?

The payroll department will notify you once you have satisfied the eligibility requirements to participate in the Plan. You will be notified before the end of the calendar quarter as to when the meeting with our representative from Voya has been scheduled. Our Voya representative will explain to you what your options are for saving towards your retirement – it's that easy!

I'M ONLY IN MY 20's, SO WHY SHOULD I CARE ABOUT SAVING FOR MY RETIREMENT NOW?

It is best to start saving as early as possible. Your employer-sponsored retirement plan can help turn your retirement dreams into a reality. Please see the example on the back of this page clearly showing the benefits of saving as early as possible.

WHAT MAKES CARDINAL'S 401(k) PLAN SO SPECIAL?

Cardinal of Minnesota, Ltd. has over the past several years continually matched 401(k) contribution dollars at 8%. For example, if you gross \$20,000 per year and contribute 8% of your gross earnings to your 401(k) Plan you will personally save \$1,600. In addition to this, Cardinal will match your payroll deductions up to 8% of your salary giving you another \$1,600 in your 401(k) Plan! This gives you a total savings of \$3,200 for the year!

Cardinal of MM, Ltd. encourages all of its eligible employees to participate in the Plan.

FAQ on AFLAC

Who is eligible for AFLAC insurance?

Cardinal employees who work an average of 20 or more hours per week are eligible to receive up to \$30.00 per month from Cardinal of Minnesota, Ltd. to apply towards AFLAC supplemental insurance policies. This \$30.00 benefit only applies towards insurance policies taken through AFLAC. Monthly insurance premiums that exceed the \$30.00 benefit will be paid by the employee through payroll deductions.

What is AFLAC supplemental insurance?

AFLAC supplemental insurance is different from health insurance; it is insurance for daily living. Major medical insurance pays for doctors, hospitals and prescriptions. AFLAC pays cash directly to you to help with daily expenses due to an illness or accident. Currently, AFLAC offers the following supplemental insurance policies:

- ⇒ Dental
- ⇒ Vision
- ⇒ Life
- ⇒ Accident
- ⇒ Short-Term Disability
- ⇒ Cancer / Specified Disease
- ⇒ Hospital Advantage
- ⇒ Critical Care & Recovery
- ⇒ Hospital Intensive Care

When can I enroll in AFLAC insurance?

The payroll manager notifies our AFLAC representative when an employee becomes newly eligible for AFLAC benefits through Cardinal. The AFLAC representative will contact and set up a time to meet with the newly eligible employee within their sixty day waiting/enrollment period.

Who do I contact if I have questions regarding my AFLAC policies?

John Tuseth, District Sales Coordinator for AFLAC, is the person to call if you have any questions concerning the policies you are carrying, or if you would like to know more about AFLAC's supplemental insurance. His office number is 507-289-0400.

The payroll manager at Cardinal of Minnesota, Ltd., is the person to contact if you have any questions regarding your payroll deductions for AFLAC insurance.

Baldrige

FAQ's *Frequently Asked Questions*

What is Baldrige? (See blue area on reverse side.)

The Malcolm **Baldrige** National Quality Award recognizes U.S. organizations for performance excellence. It is based on the Baldrige Excellence Framework. The application and subsequent evaluation by a team of trained evaluators is a developmental process. This process is driven by what Baldrige calls OFIs (Opportunities for Improvement). OFIs are provided to guide the applicant toward the next level of performance excellence. It is an evaluation process and non-prescriptive in nature, meaning that the applicant gets to decide on what approach to implement in their quest toward organizational excellence.

What is the Baldrige Performance Excellence Framework? (See orange area on reverse side.)

-) Criteria based on a set of validated best-practices from world-class organizations
-) National program overseen by the National Institute of Standards and Technology (NIST)
-) Same criteria used by many organizations, including the Performance Excellence Network (PEN)

Why is Baldrige important at Cardinal?

-) Quality Improvement uses a common language
-) Systematic and Organized approach
-) Measurable Progress toward improvement
-) It's a developmental model, not a prescriptive fad
-) Framework for improving every day in every way. Over the past decade it has become our business model.

How does Cardinal use Baldrige? (See purple area on reverse side.)

Feedback Report includes:

-) Key Themes for our organization
-) Comprehensive list of Strengths and Opportunities For Improvement (OFIs)
-) Scores (percentages of available points in each Item)
-) We make improvement plans to address our OFIs and drive organizational improvement

Who? While the Application is written by the SLT, all Cardinal of Minnesota employees play a role in continuous process improvement efforts and therefore; Baldrige.

When? The Minnesota state application is submitted the beginning of August in odd years

The Baldrige Assessment Process



About Cardinal of Minnesota, Ltd.

- J Based in Rochester, MN
- J Founded in 1995 by current owner & President Jack Priggen
- J Workforce of over 400 professionals
- J Support over 200 individuals via Supervised Living or In-Home Services
- J Operate in five SE Minnesota counties & one northern Minnesota county

Categories of the Baldrige Criteria

1. Leadership
2. Strategic Planning
3. Customers
4. Measurement, Analysis and Knowledge Management
5. Workforce
6. Operations
7. Results

History of the Baldrige Excellence Framework

- J Established in 1988
- J Named for Malcolm Baldrige, U.S. Secretary of Commerce from 1981 to 1987
- J Based on research-validated best practices of world-class organizations
- J Criteria are continuously updated to incorporate innovative concepts
- J Basis for the President's highest Quality Award for Businesses

How Cardinal of Minnesota Uses Baldrige

- J Participation in Minnesota's Performance Excellence Award Process. Steps include:
 - o Submission of a narrative application (50 pages) in response to the Baldrige Criteria.
 - o Assessment by an all-volunteer panel of trained Evaluators over 3-4 months. Assessment includes written application review and a three-day site visit.
 - o Feedback from the Evaluator team that outlines organizational Strengths and Opportunities for Improvement (OFIs).
 - o Participation in a Learning and Recognition Event, where award recipients share best practices and lessons learned, as well as receiving recognition from the Performance Excellence Network.
- J Cardinal uses the Feedback Report to drive organizational improvements and address the above-mentioned "OFIs."
- J Cardinal participates in the Minnesota Performance Excellence

Tools Cardinal Uses to Enhance Quality

- J Plan – Do – Check – Act (PDCA)
 - o A framework for identifying a problem and its root cause, planning to correct it, implementing the corrective plan, checking effectiveness of changes, and maintaining or building on any improvements
- J Listening and Planned Response
 - o Cardinal uses an extensive set of surveys, communication tools, and regular direct contact to evaluate satisfaction and engagement. Problems and issues are addressed using PDCA on an individual and organizational basis, as appropriate.
- J Measurements
 - o Cardinal shares information with its workforce via a Dashboard that compiles key measures on client supports, workforce performance, financial success, and satisfaction
- J Cascading Planning
 - o The company's Strategic Plan is the basis for Team Goals and Individual Improvement Plans. This model ensures that teams and individuals are working to support Cardinal's priorities.

CARDINAL OF MINNESOTA, LTD.

FAQ on Fitness Center

What is it?

As a part of our wellness program, the Cardinal Fitness Center is a workout facility designed for employees and clients to use with the intent to promote wellness and healthier lifestyles.

What kinds of fitness services does it have?

The Fitness Center incorporates a variety of fitness services and equipment including treadmills, elliptical machines, free-weight dumbbells and barbells, workout DVDs and a Nintendo Wii Fit system. Additionally, there are bathrooms with showers and towel service.

Who can use it?

Memberships for the Fitness Center are available to employees and clients of Cardinal of Minnesota, Ltd. Clients must be supervised at all times by staff. Non-employees may utilize the Fitness Center with prior written permission and must be accompanied by an employee.

Where and when can I use it?

The Fitness Center is located at the Cardinal of Minnesota, Ltd. main office location (3008 Wellner Dr. NE Rochester, MN 55906). The Fitness Center is open between the hours of 8am and 4:30pm Monday through Friday. The Fitness Center is not open any day and/or any time that the main office is not open for business including holidays. *Those who wish to utilize the Fitness Center outside the normal hours of operation should contact the IT Manager, Matthew Speltz, via SComm or by calling the main office.*

How do I sign up?

To attain a membership, contact the IT Manager. All users must attend a brief orientation of the facility to review how to use and operate the equipment safely prior to receiving their membership.

What are the Fitness Center rules?

Gym etiquette is easiest when applying the Cardinal 'Platinum Rule'. The use of the facility is strictly voluntarily and is not a part of any employee's assigned work day or duties and participation is done so at the employee's own discretion. **Please review the second-side of the FAQ for Fitness Center Rules**

"The greatest wealth is health". ~ Virgil



CARDINAL OF MINNESOTA, LTD

Fitness Center Rules and Etiquette

Hours of Operation: The Fitness Center's hours of operation are Monday – Friday 8am until 4:30pm. The Fitness Center will not be open on Holidays. Those granted access outside the normal hours of operation will be provided an electronic key granting daily access between the hours of 6am-9pm.

Fitness Center Etiquette

-) You must sign into the Fitness Center on the sign in sheet located in the fitness center.
-) Non-employees may utilize the Fitness Center with prior written permission and must be accompanied by an employee.
-) Be courteous to others while working out.
-) Pick Up After Yourself
-) No food or drink (except water) allowed in the fitness center.
-) Return weight plates and dumbbells to their designated places.
-) DO NOT leave dumbbells or weight plates on the floor.
-) Remove weight plates after using barbells.
-) If you move equipment such as weight benches, return it to where it belongs.
-) Wipe off equipment after use with gym wipes before moving on.
-) Keep volumes at a respectful level, especially during business hours.
-) All used towels must be placed in the designated hampers located in the bathroom.
-) Laundry services are not for a member's personal laundry.

Proper Attire

-) Athletic shoes should be worn; no bare feet.
-) Shoes should be 'indoor' shoes only meaning, different from those worn outside.
-) Appropriate attire that is respectful to others should be worn when exercising.

Equipment Usage

-) Misusing the equipment can result in injury and/or damage to the equipment; use the equipment properly and follow equipment instructions.
-) Please use only one piece of equipment at a time; be courteous and take turns with others.
-) Do not use weights while on cardio equipment.
-) Use safety clips on treadmills.
-) Ensure that safety bars and clips are set properly when using the barbell injury.
-) Ask for assistance if you are unfamiliar with equipment. The front desk can direct you to the appropriate individuals.
-) Turnoff electronics when finished (treadmills, TV, Wii).

CARDINAL OF MINNESOTA, LTD.

FAQ on the Code of Conduct

What is the Code of Conduct?

The Code of Conduct is a set of behaviors that bring our Core Values to life! Basically, it is a set of clear behavioral expectations that describe how we use the Core Values in everyday work situations. These behaviors meaningfully describe the Core Values in a way that we all can understand exactly what is expected of us when we talk about Honesty, the Platinum Rule, Teamwork, Do Your Best and Fun.

How was the Code of Conduct created?

It started in July 2010 with a survey to the entire workforce asking for behaviors that represent each Core Value. Responses from 80 people yielded 1,140 examples! Obviously we couldn't have 1,140 items on our Code of Conduct, so the list was reviewed and condensed by the PJ Gang (a group of leaders that do Baldrige-y stuff), then the SLT and, ultimately, Jack. We also spent quite a bit of time reviewing Codes from other organizations.

Why did we develop a Code of Conduct?

The Core Values were developed and deployed in 2003. Today, we all know what they mean but, "do we really live them every single day on every single shift?" Probably not. The Code of Conduct was designed to clearly explain how we are all expected to live the Core Values whenever we are working. Also, the Code of Conduct helps to create a more professional work environment. Many organizations (e.g., churches, businesses, volunteer organizations, etc.) have Codes. A lot of the time our jobs don't feel like work because we are doing our best to have fun. But when it comes down to it, even when we are having fun we need to remember we are a team of healthcare professionals and have the responsibility to provide the highest possible quality services to our clients.

Who will be signing it? Why?

All Cardinal employees will sign the Code of Conduct annually as part of a systematic process to ensure we all understand and abide by it. According to Jack, this Code is going to "help reduce the likelihood we will behave badly." By signing the Code of Conduct we agree that we understand the expectations, will do our best to follow them and, if we "behave badly," we will make it right as soon as we realize it. Signing it is a way to hold ourselves and our co-workers accountable for our actions.

When will it be signed?

All employees will sign the Code of Conduct during the third quarter of every year. At this time we will also conduct ethics training so we will be reminded how to behave professionally and legally as part of the Cardinal Team.

CARDINAL OF MINNESOTA, LTD.

FAQ on Dream Team

What is the Dream Team?

The purpose of the Dream Team is to provide behavioral management training and enhance both consistency and quality of programs company-wide, thereby improving the quality of life for the people we serve.

Who can call the Dream Team?

RS, PD, or Administrator

If a staff is having trouble with a client's behavior can they call the DT?

No! The DT is not intended to provide emergency behavioral intervention.

What is the referral process?

It is an initial phone call to your PD. He/she will then direct you to the intake forms that you must complete and will assist you as needed, or the PD/RS can complete the DT brochure/request for services.

What will the DT do once the request is made?

1. Review the intake info.
2. Schedule a time with the PD/RS to discuss the problem/behavior.
3. Schedule additional visits for observation, data collection, staff interviews, etc.
4. Assist in design of behavioral programming.
5. Assist in training of staff to requirements, methods, data collection, etc.
6. Provide periodic follow-up & consultation.

Are there different services the DT provides?

Yes, there are three areas of services the DT provides:

- ñ **Support:** Includes observations, functional assessment, BSP review and training.
- ñ **Assistance:** Includes objective writing, functional assessment and data collection.
- ñ **Training:** Includes program writing, staff meetings and revising objectives.
- ñ **Audit:** A duo will audit the current behavior and or symptom management program as well as the Functional Assessment. Feedback will be provided after audit completion.

EMPLOYEE ASSISTANCE PROGRAM

FAQ's

Frequently Asked Questions

WHAT IS THE EMPLOYEE ASSISTANCE PROGRAM?

The Employee Assistance Program (EAP) is designed to deal with a broad range of problems such as emotional/behavioral, family and marital, alcohol and/or drug, financial, legal and other personal problems, as well as on-the-job conflicts.

The overall objective of the EAP is to contribute to high job performance, job conflict resolution, employee retention and enhanced personal effectiveness.

Participation in the EAP will not jeopardize an employee's job security, promotional opportunities, or reputation.

WHO IS COVERED UNDER THE EMPLOYEE ASSISTANCE PROGRAM?

All employees of Cardinal of Minnesota, Ltd., both full time and part time, no matter what their job title or responsibilities, as well as their dependents, are covered.

HOW ARE THESE SERVICES PAID FOR?

Cardinal of Minnesota will pay for one initial assessment and referral session. Any additional EAP sessions will require prior authorization. Any services beyond the initial assessment and referral session shall be the responsibility of the employee through self-pay, insurance, or other sources.

WILL MY SUPERVISOR NEED TO KNOW THAT I AM USING THE EAP?

All clinical activity and records are considered confidential and will not be released without the written consent of the employee. It is the employee's choice whether or not they sign a Release of Information form, which can be modified if they wish.

WHO / WHERE DO I CALL TO SET UP AN INITIAL APPOINTMENT?

Call the Center for Effective Living at 507-288-5675; their address is: 1027 7th St. N.W., Suite #1. Employees and/or family members will need to identify their employer and ask to set up an EAP appointment. The Center for Effective Living in Rochester is currently our only EAP provider and, therefore, employees living outside the Rochester area would also have the option of receiving counseling services over the phone if they are unable to drive to the Center.

HOW CAN I FIND OUT MORE ABOUT THIS PROGRAM?

Further information is contained in the Employee Assistance Program Contract. If you would like to receive this information, please contact Sara Collison, Director of Human Resources, of Cardinal of Minnesota, 507-281-1077. All inquiries are kept strictly confidential.



CARDINAL OF MINNESOTA, LTD.
EMPLOYEE HARDSHIP POOL

This is a totally voluntary program.

FAQ's *Frequently Asked Questions*

WHAT IS A HARDSHIP?

Any employee who is either physically or emotionally unable to work (e.g., due to serious illness to the employee or a death or serious illness of an employee's immediate family member) and this employee would suffer an even greater hardship from the loss of their income when there are no other options available to them.

WHO CAN DONATE?

Only full-time and part-time "hourly" employees are eligible to donate to this fund.

MUST I KEEP A MINIMUM OF HOURS IN MY OWN ACCOUNT?

Yes, you are required to keep a minimum of 40 hours accrued in your account if you are a full-time employee. Part time employees are required to keep a minimum number of hours equal to their average number of hours currently being worked per week.

HOW OFTEN CAN I MAKE DONATIONS TO THE HARDSHIP POOL?

Donations to the Hardship Pool will be allowed twice a year in January and July.

IS THERE A LIMIT TO THE NUMBER OF HOURS I CAN DONATE?

Yes, the maximum number of hours you can donate to the hardship pool is 20 per year.

WHO CAN USE THE HARDSHIP POOL?

Hours from the Hardship Pool cannot be taken until all other available benefits and/or options have been exhausted. A review committee will determine whether or not an employee is eligible for hours from the Hardship Pool. Once hours have been approved by the committee, approval must also be "signed off" by the company President.

HOW MANY HOURS CAN BE PAID TO AN EMPLOYEE FROM THIS POOL?

Maximum time allowed would be 4 weeks per occurrence. Hours paid per week will be based on the employee's average number of hours worked over the previous 6 months. There will be a cap of \$350.00 per week.

HOW OFTEN CAN I USE THE HARDSHIP POOL?

Benefits paid from the Hardship Pool are limited to a maximum of 8 weeks per year.

DO I HAVE TO PAY THESE HOURS BACK TO THE POOL?

No.

CARDINAL OF MINNESOTA, LTD.

Employee Hardship Pool

Cardinal of Minnesota, Ltd. has created an Employee Hardship Pool which is open to all hourly employees. This Pool was developed as a way to provide an additional source of assistance for any employee who is either physically or emotionally unable to work due to circumstances beyond their control and the employee would suffer an even greater hardship from the loss of their income when there are no other options available to them.

This Pool is only available to hourly employees. Twice a year (January and July) employees who are eligible (based on their balance of accrued sick time) can contribute up to a maximum of 20 hours per year towards the Hardship Pool. Full time employees wishing to contribute must keep a balance of 40 hours of sick time accrued in their account. Part time employees must keep a balance equal to their average number of hours currently being worked per week in their account. All employee contributions are strictly on a voluntary basis.

Any employee who is eligible for Short Term Disability coverage, but elects to waive this coverage, would not be eligible for assistance from the Hardship Pool (i.e., when the employee has lost time from work due to an injury or illness that would have been covered by Short Term Disability if they had taken this coverage). Hardship Pool dollars will not pay benefits in place of Short Term Disability.

If an employees' absence from work is not directly related to an illness or injury on the part of the employee, but rather due to the need of the employee to take time off from work to care for an immediate family member's injury or illness, this employee would be considered eligible for the Hardship Pool.

The maximum length of time an employee can apply for assistance from the Hardship Pool is 4 weeks per occurrence. Benefits paid from the Hardship Pool are limited to a maximum of 8 weeks per year. Assistance will be based on the employee's average number of hours worked over the previous 6 months. There will be a \$350.00 cap on benefits paid per week.

An employee's Application for benefits from the Hardship Pool will be reviewed by the Hardship Pool Committee. The Hardship Pool Committee is appointed by the President. All Applications for the Hardship Pool shall be kept in strict confidence with the committee members.

CARDINAL OF MINNESOTA, LTD.

FAQ on Family Medical Leave Act (FMLA)

What is FMLA?

The Family and Medical Leave Act (FMLA) is a federal law which was enacted to support families in their efforts to balance competing demands of the workplace and home. The Act provides eligible employees with up to 12 weeks of unpaid leave in a 12-month period and requires that group health benefits be maintained during the leave, accrued employment benefits, such as pension and retirement plans be retained, and the employee be reinstated, after leave, to the same or equivalent job.

Who qualifies as an “eligible employee” for FMLA?

To be eligible for FMLA leave, an employee must have worked for their employer for at least 12 months (does not have to be continuous), have worked at least 910 hours during the 12-month period immediately prior to the leave beginning date, not including paid and unpaid leave.

What is a 12-month period?

Cardinal of Minnesota, Ltd., uses the 12-month rolling period measured backward from the date an employee uses leave.

What constitutes time used as FMLA leave?

FMLA leave time is counted for all paid (i.e., work comp, short term disability, use of sick and/or vacation benefits) or unpaid leave time taken by an employee while on an FMLA leave qualifying event. Any employee unable to work for more than 3 consecutive calendar days, due to an FMLA qualifying event, would be considered on FMLA leave. Cardinal of Minnesota, Ltd., requires employees to use all accrued sick and vacation benefits concurrently with leave under FMLA.

What type of leave is covered by FMLA?

An employer must grant up to 12 workweeks of unpaid leave in a 12-month period for the following reasons:

-) Birth of a child
-) Placement of a child with the employee for adoption or foster care
-) To care for a parent, spouse, biological, adopted or foster child with a “serious health condition”
-) Active Duty Leave/Qualifying Exigency for Military Family Leave
-) Serviceperson Caregiver Leave
-) When the employee suffers from a serious health condition. A “serious health condition” means an illness, injury, impairment or physical or mental condition that involves:
 - o *Inpatient care.*
 - o *A period of incapacity of more than three calendar days and requiring continuing treatment of a healthcare provider.*
 - o *Any period of incapacity due to pregnancy or prenatal care.*
 - o *Any period of incapacity due to a chronic serious health condition, such as asthma or diabetes.*
 - o *A period of incapacity that is long-term due to a condition for which treatment may not be effective, such as a stroke.*
 - o *Any absences to receive multiple treatments for a condition that could result in more than three consecutive days of incapacity if not treated, such as chemotherapy.*

Employee notice requirements: “How do I apply for FMLA leave?”

Cardinal of Minnesota, Ltd., may require eligible employees to provide of the following:

- ✓ Thirty-day advance written notice (by completing the Family or Medical Leave Request form) when the need for leave is foreseeable.
- ✓ Notice “as soon as practicable” when the need is not foreseen.
- ✓ Sufficient information for the employer to understand the need for the request.
- ✓ Applicable forms: Available from HR
 - Certification of Healthcare provider for Employee’s serious health condition, Form WH-380-E
 - Certification of Health care provider for family member’s serious health condition WH-380-F
 - Certification of Qualifying Exigency for Military Family Leave form WH-384-R
 - Certification for Serious Injury or Illness of a current service member – for Military Family Leave form WH-385
 - Certification for Serious Injury or Illness of a veteran for Military Caregiver Leave form WH-385
- ✓ Notice within 2 business days of returning to work if the employee wishes to return to work earlier than originally designated on their FMLA leave request form.
- ✓ Periodic reports of the employee’s status and intent to return to work while on FMLA leave.
- ✓ A fitness-for-duty certification prior to return to work after FMLA leave.

NOTE: Cardinal of Minnesota, Ltd. requires that the need for FMLA leave be supported by a certification issued by the employee’s healthcare provider. Once the employee is notified in writing of this requirement, the employee has fifteen (15) calendar days to obtain the certification and provide it to the employer.

What if an employee does not want to use their FMLA leave when they are in a “paid status” (i.e., receiving vacation and/or sick benefits)?

An employer has the right to designate leave as FMLA leave when the employee meets the FMLA requirements. If an employee refuses to cooperate, they forfeit their protection under FMLA.

What is required of the employer?

The employer must take the following steps:

- ✓ Post and keep posted an approved notice in conspicuous places where employees are employed. The full FMLA policy is covered in the P&P Manual.
- ✓ Provide written guidance to the employee by including a FMLA policy in the Employee Handbook.
- ✓ Provide an employee with eligibility notification of FMLA leave within two business days after learning of the employee’s absence. Such notice must include:
 - Confirmation that the leave will count against the employee’s FMLA leave entitlement.
 - Any requirements for medication certification and the consequences of failure to provide it.
 - Whether the employee will require the substitution or concurrent use of paid leave and FMLA leave.
 - The employer’s conditions related to use of paid leave
 - Any requirement for payment of health insurance by the employee and the consequences for failure to do so on a timely basis.
 - Any requirement for a fitness-for-duty certificate to be restored to employment.

- Rights to job restoration to do the same or equivalent job upon return and any requirements for fitness-for-duty certification.
- Employee's potential liability for payment of health insurance premiums paid by the employer during the employee's unpaid FMLA leave if the employee does not return to work.
- Whether the employee qualifies as a "key" employee as defined in the Act and the conditions under which the employee may or may not be restored to his/her job.

HIPAA & Confidentiality Frequently Asked Questions

Cardinal of Minnesota, Ltd. is responsible for protecting the confidential information of its clients and employees. The intent of this FAQ is to distinguish the differences between HIPAA and Confidential information and ways to protect both.

Q: What is HIPAA?

A: HIPAA stands for the Health Insurance Portability and Accountability Act of 1996 and requires us to implement processes with respect to protected health information (PHI) as well as inform individuals about how we protect their information.

Q: Who is responsible for ensuring the privacy of Protected Health Information?

A: Each one of us.

Q: What is confidential information?

A: Confidential information is any identifiable health information or billing information that can be linked to an individual. If you know that John Jones is a client and receives treatment at Generose, this is confidential information. If you know that John Jones has Blue Cross insurance and was billed \$500 for treatment, this is confidential information. If you know that during 2002, 25 clients were given the flu vaccination that is not confidential information because it does not identify the specific clients or list any identifiers such as birth date, medical record number, etc.

Examples of confidential information:

- | | |
|----------------------------------|---|
|) Names |) Account Numbers |
|) Address Including Zip Codes |) Biometric Identifiers |
|) All Dates |) Full Face Photos |
|) Telephone & Fax Numbers |) Any Other Unique Identifying Number, Characteristic or Code |
|) E-mail Addresses |) Employee Wages & Benefits |
|) Social Security Numbers |) Login Passwords |
|) Medical Record Numbers |) Employee Personnel Record Information |
|) BSPs, ISPs, APPs |) Demographic information |
|) Counseling Notes | |
|) Health Plan Numbers | |
|) License Numbers | |
|) Vehicle Identification Numbers | |

Q: Who may access confidential information?

A: Only those people who need access for business reasons and who have been authorized to receive it. Keep in mind the rule of minimum necessity, meaning that individuals who have access to PHI should only receive information relevant to their needs.

Q: What can I do today to protect a person's confidentiality?

A: A good confidentiality test is to put yourself in your person's shoes. As an individual, how would you like your caregivers to protect your personal health information? If you can limit who sees or hears health information, use a soft tone, keep stored information in a secure location (i.e. in a locked cabinet, not sharing computer passwords, etc.) you'll be taking the first steps to ensuring our commitment to protecting health information. Other ways you can protect a person's confidentiality includes;

-) Not accessing information unless you have been given business reasons to do so.
-) Not posting, sharing or publishing confidential information using social media sites (Facebook, YouTube).
-) If you become aware or have reasonable cause to suspect that an individual's confidential information has been inappropriately shared you are responsible for notifying a supervisor or other authority at Cardinal of Minnesota, Ltd., which includes Human Resources, an Administrator or CEO.

Q: What should you do if you are in a public area and need to discuss a PHI or a private matter?

A: Move to a more private place, or if none is available, lower your voice to reduce the risk of being overheard and be discreet.

Q: We know that medical records, whether paper or electronic, are confidential. What about handwritten notes and phone calls?

A: All forms of information, written, spoken, or electronic, are confidential and must be protected. This includes all electronic entries made using Therap.

Q: What should you do if you overhear others discussing confidential information?

A: Politely remind them to respect the individual's privacy and ask them to resume the conversation in a more private place.

Q: What is non-secure confidential information?

A: Non-secure confidential information could be documents left unattended on a shared printer, accidentally receiving an email, voicemail or mailed letter containing confidential information that is not relevant to their needs.

Q: What should you do if you become aware of non-secure confidential information?

A: If you know who produced the information (sent the email, printed the document, etc.) you should contact the individual, return the content directly to them and politely notify them of their responsibility to protect confidential information.

Q: What could happen to me if I discussed confidential information even though I no longer worked here?

A: We are all required to keep client information confidential "forever." A privacy breach could result in federal legal penalties even if you no longer work here.

Q: We know that diagnoses and test results are confidential. What other information about a client is confidential? What about billing records?

A: Essentially any information that is client-identifiable is confidential and must be protected (*see a complete list above*). Only when the individual or legal guardian has agreed may it be used or disclosed for specific purposes. Also, removal of the individual's name does not mean the client's identity is protected; other information such as a medical record number, a zip code or a date of birth could still be used for identification.

Q: Do confidentiality protections cover just an individual's health-related information or do they also cover information such as address, age, social security number and phone number?

A: Privacy rights extend to demographic and billing information when it can be linked to a specific client.

Q: May I discuss confidential information with my significant other if he/she doesn't work here and promises to keep it secret?

A: No, an individual's health information is confidential and cannot be released or discussed unless the individual has consented.

Q: What employees need to protect privacy and confidentiality?

A: All employees, even those who do not use protected health information in their work duties. We all have an obligation to protect privacy and respond to situations that put an individual's privacy in jeopardy.

Q: Can an employee who violates the privacy policy be subject to punishments up to and including firing or termination of work privileges?

A: Yes!

FAQ on Cardinal of Minnesota's Health, Life, and Short Term Disability INSURANCE BENEFITS

What benefits are offered?

1. Health insurance coverage for the employee, the employee's spouse, and dependents.
2. USABLE LIFE/ADD for the employee; Life only for the employee's spouse and dependents.
3. Short Term Disability coverage for the employee.

Who is eligible to participate in the insurance benefits?

All employees regularly scheduled to work an average of **30** or more hours per week are eligible. Temporary full time or seasonal employees (less than 60 days) would not be eligible.

Do I have to sign up for all three benefits or can I choose just one or two?

Each benefit, Health, USABLE Life/ADD, and Short Term Disability, are offered on an individual basis with one exception; if you choose to apply for the Short Term Disability coverage you must also apply for the USABLE Life/ADD coverage ~ you cannot carry disability coverage without the life coverage. You can apply for the Life/ADD coverage without the Short Term Disability coverage.

How much will I have to pay for health insurance?

This is a 'participatory plan' whereby Cardinal will pay a minimum of 50% of the insurance premium. *At the time an employee becomes eligible for insurance, a rate sheet is included with the enrollment package to give an approximate cost on what the amount of bi-weekly payroll deductions would be based upon the type of coverage and health plan chosen.*

Payroll deductions for health insurance are made on a pre-tax basis; therefore, you are not taxed on the amount you pay in premiums. Also, payroll deductions for insurance benefits are made on a "pre-pay basis," therefore; your payroll deductions for insurance will start with your paycheck prior to the start of your effective date of coverage. Health coverage becomes effective on the 1st day of the month following the end of your 60 day enrollment period.

How much will I have to pay for USABLE Life/ADD and Short Term Disability coverage?

This is a 'participatory plan' whereby Cardinal will pay 50% of the insurance premium for your USABLE Life/ADD and Short Term Disability coverage. *A summary information sheet with the approximate costs for coverage is included with the enrollment package given to an employee at the time they become eligible to participate in the plan.*

USABLE Life/ADD payments are made on a pre-tax basis; therefore, you are not taxed on the amount you pay in premiums. Short Term Disability payments are made on an after-tax basis. Payroll deductions for USABLE Life/ADD and Short Term Disability coverage are also made on a "pre-pay basis," therefore, your payroll deductions will start with your paycheck prior to the start of your effective date of coverage. USABLE Life/ADD and Short Term Disability coverage becomes effective on the 1st day of the month following the end of your 60 day enrollment period.

What does Cardinal offer under USABLE Life / ADD?

Under USABLE Life/ADD, an employee receives \$25,000 term life insurance coverage and \$25,000 Accidental Death and Dismemberment coverage. An employee can also sign up for term life insurance coverage for their spouse (\$2,000) and/or dependents (\$1,000).

The cost for USABLE Life/ADD coverage for an employee costs \$4.00 per month. Since Cardinal pays 50% of the premium the actual cost to the employee for this coverage is \$.92 cents per pay period. That's only \$23.92 per year for an employee to have \$25,000.00 in term life insurance and ADD coverage (under .07 cents per day!). The cost to the employee for spouse and/or dependent coverage runs \$.99 cents per pay period.

What does STD (Short Term Disability) coverage cover and what would it cost me?

Short-term disability coverage provides a weekly income if an employee is absent from work for a limited period of time (up to 26 weeks) because of sickness or non-work related injury. The weekly income benefit is based upon 60% of salary up to a maximum of \$350.00 per week.

The monthly cost for STD coverage depends upon the individual employee's weekly earnings. Currently, the average monthly premium for STD coverage is approximately \$17.00. Since Cardinal pays 50% of the premium the average cost to the employee for this coverage would be approximately \$3.90 per pay period.

How soon do I need to enroll and when will my benefits become effective?

Cardinal of Minnesota, Ltd. has a sixty (60) day enrollment period before benefits would become effective on the 1st day of the month following the end of the 60 day enrollment period. The sixty (60) day enrollment period starts from either your 'date of hire' or your 'date of a change in status' making you eligible to enroll for these benefits.

It is strongly recommended that you complete the Health Insurance Enrollment/Change/Cancellation form, and the USABLE Life/ADD and Short Term Disability Enrollment/Declination form, to either enroll or waive these benefits as soon as possible within the sixty (60) day enrollment period.

NOTE: Late enrollment for health insurance will cause you to lose your opportunity for coverage until the next open enrollment period. If you have a 'Qualifying Life Event' (explained on the back of your eligibility notice) you will have a 30 day Special Enrollment period from the date of the qualifying event to enroll for health insurance coverage. Late enrollment for Life/ADD and short term disability coverage can cause you to be denied these benefits by the underwriting department for USABLE Life.

Who do I contact if I still have questions regarding any of the coverage being offered?

Please contact Amanda Podein, HR Generalist, at the Cardinal of Minnesota, Ltd., business office; phone 507-281-1077 extension #37.

CARDINAL OF MINNESOTA, LTD.

MNOSHA

FAQ'S *Frequently Asked Questions*

WHAT IS MNOSHA?

MNOSHA stands for the Minnesota Occupational Safety and Health Administration. It is under the framework of the Minnesota Department of Industry.

WHAT IS THE DIFFERENCE BETWEEN MNOSHA AND OSHA?

OSHA is a federal agency and MNOSHA is a state agency. States have the option of having OSHA enforce safety rules and regulations or do them "in-house." Minnesota chose this option. OSHA does have an area director that helps with the management and oversight of MNOSHA. As it pertains to Cardinal of Minnesota, Ltd., MNOSHA is the agency we are responsible to.

WHAT ARE THE MAIN AREAS CARDINAL NEEDS TO ADDRESS TO STAY IN COMPLIANCE WITH MNOSHA?

There are five main components to keep in place and current to assure compliance with MNOSHA standards and regulations.

- Poster Compliance
- The Employee *Right to Know* Program
- The 300 Series of Logs
- The AWAIR Program
- Bloodborne Pathogens Training

DO ALL THE HOUSES NEED COMPLIANCE POSTERS?

Yes, both federal and state compliance posters are to be located in an area that employees have easy and often access to. This means all of the houses as well as the Cardinal business office should have posters on location. All mandated posters are located in all Cardinal Policy & Procedure Manuals under Section E: Employment Posters (Federal and State).

WHAT IS THE EMPLOYEE RIGHT TO KNOW PROGRAM?

The Employee Right to Know Program is a written training program for employees regarding hazardous substances, harmful physical agents and infectious agents they are routinely exposed to in the workplace.

HOW OFTEN IS THE EMPLOYEE RIGHT TO KNOW TRAINING GIVEN?

This training is given when a new employee starts before they assume their regular daily job duties. It is also reviewed annually. Training is also conducted when a new harmful agent or hazardous material is introduced into the workplace.

WHAT ARE THE 300 SERIES OF LOGS?

The 300 logs record incidents of injury in the workplace. The logs include a list of injuries, description of injury and illness incidents, and a summary of work related injuries and illnesses. A report is sent to the Department of Labor each February with the data collected on these logs.

WHAT IS THE AWAIR PROGRAM?

AWAIR stands for 'A Workplace Accident and Injury Reduction' program. It was passed on January 1st, 1991 as an amendment to the MNOSHA statutes. It concentrates on what hazards are in the workplace.

WHAT DOES THE AWAIR PROGRAM CONSIST OF?

The AWAIR program should include the following:

- How managers will implement, measure and maintain the safety of the workplace.
- Methods to identify, analyze and control new or existing hazards.
- A plan of communication to all affected employees.
- How workplace accidents will be investigated and corrected.
- How safe work practices and rules will be enforced.

DOES MNOSHA EVER DO SITE INSPECTIONS?

Yes, inspections are held for various reasons. Inspections are always conducted without advance notice. Reasons for inspections are as follows in order of priority:

- Imminent Danger
- Fatal Accidents or Catastrophes
- Employee Complaints
- Programmed Inspections
- Follow-up Inspections

WHO IS RESPONSIBLE FOR WORKPLACE SAFETY?

All employees of Cardinal of Minnesota play an important role when it comes to workplace safety. All Cardinal staff are responsible to report safety hazards, rectify any hazard they are able to and to work in a safe manner at all times. The Safety committee looks at issues as they arise and on an ongoing basis, making sure policies and practices enhance the overall safety of our company. Residential Supervisors are responsible to ensure safe conditions in each of their houses.

WHAT IF I HAVE QUESTIONS ABOUT MNOSHA?

Any questions about MNOSHA may be directed to Sara Collison, Director of Human Resources. (507) 281-1077.

F.A.Q.

PERSONAL LEAVE DAY

WHAT IS A PERSONAL LEAVE DAY?

It is a “gift” from JP for full time, non-exempt (i.e., hourly) employees.

WHO IS ELIGIBLE?

All full time, direct care, hourly employees, who work a minimum of 8 shifts in each 14 day pay period, are eligible to receive one paid Personal Leave Day (PLD) during each quarter worked. If the employee uses their PLD and then terminates before the end of the quarter, an adjustment will be made on their final check if they worked less than 2 full months during the quarter. No adjustments will be made for an employee who does not use their PLD and terminates during the quarter.

WHO IS A FULL TIME EMPLOYEE?

A full time employee is an employee who is scheduled to work (and does work!) on a regular basis an average of 35 or more hours per week.

What if I am a new employee? Or part time and go to full time during the quarter?

A new full time employee hired during the quarter, or part time employee who becomes a full time employee during the quarter, would be eligible to take a PLD during that quarter if they work full time hours for at least 2 full months out of the 3-month quarter.

WHAT IS A THREE-MONTH QUARTER?

Our three-month quarters run the same as a calendar year (i.e.: January/February/March, April/May/June, July/August/September, and October/November/December).

HOW MANY HOURS DO I GET PAID FOR A PERSONAL LEAVE DAY?

EXAMPLES:

- #1. If you are scheduled to work 40 hours a week based upon 5 days at 8 hours a day and you take a PLD, you will get paid 8 hours for your PLD.
- #2. If you are scheduled to work 40 hours a week based upon 4 day or overnight shifts at 10 hours a shift and you take a PLD, you will get paid 10 hours for your PLD.
- #3. If your weekly schedule involves a variety of shifts during the week (i.e., 6, 8, and 10 hour shifts) and you take a PLD, you will get paid for the number of hours you were scheduled to work for the day that you took off. Therefore, if you take your PLD on a day you are scheduled to work 6 hours, you will get paid 6 hours for your PLD. If you take your PLD on a day you are scheduled to work 8 hours, you will get paid 8 hours for your PLD, etc.
- #4. If you decide to take a PLD on a day you are scheduled to work more than a 10 hour shift, you will get paid for 10 hours as your PLD, and if requested, the rest of your hours will be paid with your vacation.

WHAT ELSE DO I NEED TO KNOW ABOUT THE PERSONAL LEAVE DAY?

If you do not take your PLD during the quarter – you lose it. A PLD cannot be carried over or accumulated like vacation or sick hours. That is not the purpose for the PLD.

To be paid for a PLD you must actually take this day off on a day you have been scheduled to work. You cannot simply add additional hours to your timecard to be paid for a PLD that you never took.

All Personal Leave Days will be paid at the hourly rate you would have been paid if you had worked your scheduled shift.

FAQ on CARDINAL OF MINNESOTA'S

Length of Service Recognition Program

What recognition do employees receive on their anniversary dates?

Upon reaching your date of hire anniversary date, you will receive:

- **One Year** – Black Cardinal of Minnesota jacket with logo & name
- **Five Years** –\$250.00 Taxable cash payout* (*see note below*)

10 Years of Service: \$ 500 Taxable cash payout

15 Years of Service: \$ 750 Taxable cash payout

20 Years of Service: \$1,000 Taxable cash payout

All staff reaching any 5 year incremental anniversary will be invited to attend an anniversary luncheon.

When and how do I receive this recognition?

After you have reached your **one year anniversary**, Lori K. will notify you of your eligibility to receive the Cardinal (original black) jacket and will ask you for your preference in size and what name you would like to have on the jacket.

After you have reached any 5 year incremental anniversary, you will receive a letter congratulating you on your years of service with the company. You will be presented with a symbolic check at an upcoming staff meeting. On the next payroll you will see 2 checks. One will be your regular earnings and the other will be your cash recognition less any taxes. Each employee reaching any 5 year milestone will also receive an invitation to the next upcoming anniversary luncheon.

**** To be eligible for the \$250 taxable cash payout upon your 5 year anniversary, you must have been hired on or after January 1 of 2007. (i.e., your 5 year anniversary would be on or after January 1, 2012)***

CARDINAL OF MINNESOTA, LTD.

FAQ on Smoking Policy

What is Cardinal's smoking policy?

Cardinal's policy on smoking can be found in the employee handbook. It states, "Smoking by employees is not allowed on or around the grounds of any household. Clients that smoke will have a designated area to smoke outside of the household. Smoking is not permitted in any company vehicle. If an employee drives his/her own vehicle, smoking will not be permitted when a client is present." "While on duty," smoking would be permitted only in a few exceptions as outlined below.

Why does Cardinal of Minnesota have a smoking policy?

Cardinal of Minnesota enforces a smoking policy for the health and welfare of our clients and staff, as well as to avoid an offensive appearance/odor at the house. The Minnesota Clean Indoor Air Act (MCIAA) prohibits smoking in public places, including any indoor area that serves as a place of work, such as warehouses, healthcare facilities (hospitals, clinics, doctor's offices and residential care facilities), retail stores, and offices, except in areas designated smoking-permitted. Cardinal's policy also extends to the facility grounds and adjacent areas (i.e., neighbors yards, sidewalks, etc).

Who can smoke on Cardinal property?

Only those clients who live at a Cardinal home are permitted to smoke at their home and then only in a pre-designated area. This designated area will be an outside location, or in a pre-designated separate enclosed, ventilated room.

Where and When can a Cardinal employee smoke?

While on duty, there are a few exceptions to the "No Smoking Policy."

- When you are attending a training session that is located somewhere other than at a Cardinal home, you may smoke when a break time is provided during the training session and there is a designated smoking area.
- While on a client outing you would be allowed to smoke provided it does not interfere with your primary duties of client care (i.e., you are not to leave your clients unsupervised at any time), and the clients are not within close proximity of the area in which you are smoking.
- When you are traveling in your personal vehicle and then ONLY if clients are not present.
- Smoking will be allowed at the Cardinal of Minnesota business office only in the designated smoking area.

Can I smoke when I'm on break?

No, when you take a break during your shift you are not allowed to smoke as you are being paid for this "waiting time" and your responsibility to be available for client care does not end when you are on break.

Can I punch out to smoke? Or leave Cardinal property to have a smoke?

No, any action you take to circumvent the Cardinal smoking policy is not allowed. You are being paid for a specified number of hours on your shift and during this time you are to perform the duties for which you are being paid. You cannot perform your primary duty of client care when you intentionally choose to leave the premises for a personal act such as smoking. Any action you take to leave the grounds for the sole purpose of smoking will be viewed as a direct violation of Cardinal's smoking policy and cause for disciplinary action up to and including termination.

Please refer to the section on "Smoking" in the Employee Handbook

STAR F.A.Q



What is the STAR System?

The STAR System is used to measure current performance, guide goal setting and learning opportunities that improve performance, and then reward high performance and performance improvement. We also use elements of the STAR system to identify and develop future leaders of Cardinal of Minnesota, Ltd.

What is High Performance?

At Cardinal of Minnesota, Ltd., High Performance means; “Giving your utmost to your clients, your team and Cardinal.” This means going beyond your job requirements and striving to delight clients, your team, or contribute to the improvement of Cardinal.

What are the STAR Forms?

-) STAR Assessment: Identifies how the employee has demonstrated High Performance since the last assessment. What the employee has learned from engaging in high performance and delighting others and what the employee will do to remain a high performer.
-) High Performance Plan: Identifies goals and plans to achieve High Performance.
-) Career Development Plan: Optional tool that identifies goals and plans to expand current knowledge, skills, and abilities and work towards advancement.
-) Training Interest Inventory: Identifies learning opportunities that will help the employee achieve personal and professional development goals.

Who completes the STAR Forms?

Each employee and their immediate supervisor complete the forms ~~together~~ collaboratively. When meeting with their supervisor, employees should bring examples of how they have demonstrated High Performance and how they want to improve before their next assessment. The supervisor will help the employee develop ways to achieve those goals.

When are STAR Forms completed?

All employees complete the STAR forms in March, July and November. All STAR appraisals become part of the employee's permanent personnel record and are stored electronically on the company's secure server. Hard copies are available upon request.

What is the process for new employees?

All new employees will complete a Knowledge, Skills and Abilities (KSA) competency evaluation after 3 months of employment. Then they will complete the rest of the STAR Forms at the next cycle.

Where can I learn more about the STAR System?

Each department has a STAR System notebook with details about how to complete each form as well as examples of High Performance and High Performance goals. There are also notebooks located in the Data Den at the Main Office.

F.A.Q.

TRAVEL TIME & MILEAGE

REIMBURSEMENT

Employees are eligible to receive “**BOTH**” travel time, if applicable, and mileage reimbursement if they use their own vehicle, if applicable. Employees are required to utilize a company vehicle if one is available. If an employee chooses to drive their own vehicle when a company vehicle is available they will not be paid for mileage.

When would I be entitled to be paid for travel time?

Travel time is compensable time when an employee travels outside of their normal work location to attend a required training or staff meeting and the mileage is greater than 20 miles.

“Outside Normal Work Location”

Scenario 1: If an employee lives in Winona and works in Rochester, travel to Rochester to attend a meeting or training **would not be** compensable time since the employee normally works in Rochester.

Scenario 2: If an employee lives in Winona and also works in Winona, then travel time to Rochester to attend a meeting or training **would be** compensable time.

Scenario 3: An employee who lives in Spring Valley commutes 20 minutes to arrive at their normal work location. This same employee also drives 20 minutes or less to attend a meeting or training in Rochester. They **would not be** compensated for their travel time as this is the same as their normal travel time to and from work.

When an employee is traveling to attend a staff meeting or training that is a greater distance than their normal commute time the employee will be paid the difference between their normal commute time and the time it takes them to travel to the training and from the training in increments of ¼ hour. (e.g., an employee living in Preston and working in Spring Valley would normally commute 20 minutes to their job site. This employee is required to attend a staff meeting in Rochester which involves a 50 minute commute to Rochester and another 50 minute commute to their home following the training. This employee will be paid for the 60 minutes (or 1 hour) of commute time which is over and above their normal commute time. This represents the extra 30 minute commute to the meeting and the extra 30 minute commute home from the meeting.

When would I be entitled to be reimbursed for mileage?

Mileage expense is reimbursable when a staff uses their own vehicle for the employer’s benefit.

Commuting from one client directly to another client	reimbursable mileage
Commuting from one job site directly to another job site	reimbursable mileage
Commuting to a training or staff meeting	only reimbursable mileage if located outside of the employee’s normal work location***

****This is not where an employee lives / this is where an employee works.*

Scenario 1

If a staff is required to travel outside their normal work location (e.g. Rochester staff to the cities) for training, then the staff would be paid drive time (hourly wage) to the training, during the training and back again. Mileage would be reimbursed to this staff to and from the training.

Scenario 2

Staff's normal work location is in Rochester.

Staff is required to attend a staff training or staff meeting in Rochester.

Assuming that staff is driving from home to attend the staff training/meeting, and the staff is not already on a scheduled shift, the staff **will not** be paid drive time (hourly wage), nor will the staff be reimbursed for their mileage to and from the meeting/training. This is considered a normal function of their job duties and considered commuting. Whether a staff is serving a client or attending a meeting does not matter when considering drive time to and from a staff training/meeting when they are **not** already on the clock.

However, if the staff is working a shift (serving a client) and they have to attend this training and they are already clocked in, they would continue their scheduled shift as if they were working (serving a client) and they **would receive** drive time (hourly wage) to and from the staff training/meeting. They **would receive** mileage reimbursement from their work location or client's home to the meeting, however, **not from** the staff training/meeting to the employee's home. (**No**, if they are going home for the day; **Yes**, if they are going straight to another client or work location)

If the staff attends a staff training/meeting at the beginning of their shift (e.g. their first place of work) then the drive time to the training/meeting is commuting and the staff does not receive drive time (hourly wage) nor are they reimbursed for mileage. This is commuting.

Scenario 3

One staff lives and works in Winona.

One staff lives in Winona and works in Rochester.

Both staff are required to travel to Rochester for training or staff meeting.

The staff that normally commutes to Rochester to work **will not** be paid drive time (hourly wage) nor will they be reimbursed for mileage. Why? Rochester is the staff's normal and regular work location. This staff normally commutes to Rochester to provide service to clients and is not being reimbursed for their time or mileage – this is commuting. Whether the staff is providing services to a client or attending a work related staff training/meeting does not matter in considering drive time and mileage. The miles to and from their normal work location are considered commuting.

The staff whose regular and main place of work is Winona and is required to drive to Rochester to attend a staff training/meeting **will receive** drive time (hourly wage) and **will be** reimbursed for their mileage. Why? This staff normally works in Winona (their commuting time and mileage is in Winona) and is being required by their employer to travel outside their normal work location to attend a required staff training/meeting. This is not considered commuting to work due to the fact that this is outside their normal work location.

CARDINAL OF MINNESOTA, LTD.

Wellness Benefit Program

WHAT IS IT?

The Wellness Benefit Program is a reimbursement plan for employees who participate in a regular physical activity program or a wellness plan (e.g., Weight Watchers, Smoking Cessation, Fitness Club Membership) to obtain a healthier lifestyle.

WHO IS ELIGIBLE?

Any employee regularly scheduled for 8 hours a week, or 32 hours a month or more, during at least 2 of the 3 months in the quarter is eligible to participate in the plan.

HOW MUCH CAN I BE REIMBURSED?

Each eligible employee will be reimbursed the actual amount of the activity up to a maximum of \$20 per month of participation.

WHAT IS A 'CALENDAR QUARTER'?

The quarters run on a regular calendar basis (i.e. January through March would be the first quarter of the year, etc.).

WHAT CAN I BE REIMBURSED FOR?

Any eligible employee can be reimbursed for a membership at any fitness facility, a registration for a sports league, aerobics class, Weight Watchers or Smoking Cessation class. If there is something other than what's specified here that you feel might qualify for the Wellness Benefit Program, please contact Amanda Podein, HR Generalist, to determine whether or not this would qualify under the Wellness Benefit Program.

WHEN WILL I BE REIMBURSED?

Your reimbursement form must be in to the office on the last day of the quarter; that being March 31st, June 30th, September 30th, or December 31st. You will see your reimbursement included on your paycheck for the pay period following the end of the quarter.

WHAT DO I NEED TO TURN IN TO GET REIMBURSED?

The Wellness Reimbursement form, along with proof of participation in an activity, must be presented to Amanda Podein, HR Generalist. With this form you will also need to include a copy of your check, or duplicate check, verifying the amount you paid for this activity. Proof can also be provided in the form of a letter or receipt from the facility clearly stating the amount you paid to participate in the activity.

