

Zenith Services, Incorporated

Program Services

Policies and Procedures Manual

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Zenith Services' Vision

Zenith Services will create innovative vocational and day program opportunities for those we serve. We will support Person Serveds as they make decisions about their lives, and assist them to participate in and contribute to their communities.

Zenith Services' Mission

Zenith Services provides people with developmental disabilities with supports of their choosing. We invite Persons Served to pursue their dreams and desires, support them to make meaningful choices, and encourage them to become a part of their communities.

Zenith Services develops employment opportunities and enrichment activities of the highest quality through internal creativity and by building partnerships with community employers.

Zenith Services strives to ensure satisfaction by listening and responding to our Persons Served and stakeholders.

Our Ethical Guidelines and Standards

Our Advisory Board, Officers, Administrators, and Directors will provide leadership and direction which reflects the mission, vision, and philosophical beliefs of the organization.

Our consumers' preferences and choices will determine the direction of their pursuits of meaningful life choices and desired outcomes.

Our services will be provided with a person-centered approach and according to the unique interests and aptitudes of the individuals being served.

Our services will be delivered in a manner which promotes the respect, dignity and rights of each individual.

We will assist individuals to achieve independent and integrated community options that are meaningful and provide personal growth opportunities.

Our services will facilitate the individuals' ability to make informed decisions with regard to their choice of community living opportunities and will not be based on program convenience or availability.

Our services will assist individuals to obtain necessary accommodations which promote their potential for successful community living.

We will develop respectful partnerships with community members by exchanging education and resources that promote successful outcomes.

Our services will respect each individual's right to confidentiality and will be provided in accordance with data privacy regulations.

Our services will be provided by trained and qualified staff utilizing the most current practices.

Our marketing efforts will be conducted in a professional manner that is honest, image enhancing and delivered with integrity.

Our financial planning and management will comply with best business practices and applicable legal requirements.

Our staff will refrain from providing services which presents a potential conflict of interest and that interfere with the ethical standards of our organization.

If our staff engage in supervisory approved personal fundraising, which supports their own or other's volunteer activities, they will do so without pressuring or unduly influencing their coworkers.

Our services will be provided to individuals without regard to race, age, religion, sex, disability, marital status, affectional preference, public assistance status, ex-offender status, or national origin.

Our contractual relationships will be approved, authorized and signed by our Chief Executive Officer and/or our Chief Financial Officer.

All staff will be respectful and professional in their use of social media including in their identification of the agency and their coworkers. No person served information or photos will be used on social media without a written release of information and photo consent.

There will be no exchange of personal gifts, money, gratuities and property between agency staff and the persons served or their families.

All staff will establish and interact with respect to professional boundaries with the persons served.

All legal documents for the organization will be signed with a witness present.

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1.

Program Services Policies

A. Program Services Organization

1. Rationale: Sound organization is essential in the field of human services. Zenith Services, Incorporated seeks to provide services that are of high quality, individually designed, and innovative.
2. Purpose: The purpose of these policies is to establish an organizational structure within Program Services which is comprehensive, flexible, effective, and easy to operate internally.
3. Responsibility:
 - a. The Board of Directors of Zenith Services, Incorporated are responsible for creating or changing these policies.
 - b. The Chief Operating Officer of Zenith Services, Incorporated is responsible for the administration of these policies.
4. Application: These policies apply to all employees of Zenith Services, Incorporated.
5. Standards Governing the Operation of Program Services: Chain of Command
 - a. The department establishes this hierarchy of positions.
 1. Shareholder(s) - Zenith Services, Incorporated
 2. Board of Directors - Zenith Services, Incorporated
 3. Chief Operating Officer- Zenith Services, Incorporated
 4. Program Administrators - Zenith Services, Incorporated
 5. Program Managers - Zenith Services, Incorporated
 6. Vocational Specialists and Vocational Coordinators
 - b. The Chief Operating Officer of Zenith Services, Incorporated is in charge of the Program Services Department and administers the delivery of Program Services, at the Corporate Management level

- c. Program Administrators ensure the effective delivery of all services to a caseload. They are at the Upper Management organizational level.
- d. Program Directors directly supervise service delivery to the caseloads assigned them, at the Middle Management level.
- e. Senior Program Manager directly supervise service delivery to the caseloads assigned them, at the Middle Management Level.
- f. Program Managers directly supervise service delivery to the caseloads assigned them, at the Middle Management level.
- g. Vocational Specialists and Vocational Coordinators provide services to persons served under the direction of their direct supervisor.

1.

Program Services Policies

B. Program Services

1. Rationale: The volume and types of services available to persons with developmental disabilities are extensive. Zenith Services, Incorporated seeks to define and describe its services to identify what direct and indirect persons served can expect to receive.
2. Purpose: The purpose of this policy is to establish standards and procedures to be followed in the design, implementation and review of the service offered by Zenith Services, Incorporated.
3. Responsibility:
 - a. The Board of Directors of Zenith Services, Incorporated is responsible for the creation, review, and revision of this policy.
 - b. The Chief Operating Officer of Zenith Services, Incorporated is responsible for the administration of this policy, and may consult with the Board of Directors as needed.
4. Application: This policy applies to all employees, volunteers, sub-contractors, and consultants delivering any service, at any time or place, to a Persons served of Zenith Services, Incorporated.
5. Standards Governing Services: All services are delivered according to these principles:
 - a. persons served must be able to live, work, learn, and recreate as visible and active participants in typical community settings used by all of society's citizens;
 - b. Identified best practices must be used and individual needs, preferences, abilities, and limitations must be considered;
 - c. Community settings must be used which provide for no more restrictions or environmental anomalies than those same settings used by others in society; if individually necessary, then they must only be used to the extent necessary.

- d. Available opportunities such as those used by all other citizens in society must be used to supplant as much as possible the "Special Services" of the past with more natural supporting networks.
- e. persons served who cannot fully participate in all aspects of community life must be enabled to participate at least partially to the extent possible.
- f. Environments for living, working, learning, and recreating must be as appropriate to the age of persons served as they are to persons with no disabilities of the same age.
- g. persons served must interact with persons who have no disabilities as well as persons with disabilities in approximately the same proportion each group has to the whole population.
- h. All skills and behavior taught must relate directly to functions the Persons served will need to learn, so that he or she may participate more fully in their communities, now and in the future.
- i. Services must increase the ability and power of persons served to exercise more control over their own lives;
- j. Services and the manner in which they are provided must enhance and defend each persons served's need for or sense of being a full and valued member of society.

2.

Rule Consolidation (Rule 245D)

A. Consolidated Standards

1. Description of Consolidated Standards (Rule 245D): the consolidated standards established new methods to insure the quality of services to persons with mental retardation or related conditions, streamlines and simplifies regulation of services and supports for the people we are serving.

These standards eliminate duplication and overlap of regulatory requirements by consolidating and replacing outdated regulations, using new strategies to maintain compliance with the streamlined requirements.

2. Applicability and Effect: These consolidated standards govern services to persons with mental retardation or related condition receiving services from license holders providing residential-based habilitation, day training, and habilitation services for adults, semi-independent living services, residential programs that serve more than four persons served, including intermediate care facilities for persons with mental retardation, and respite care provided outside the Persons served's home for more than four persons served at the same time at a single site.

These consolidated standards provide certain exemptions over the provision of services in adult foster care, supervised living facilities, and semi-independent living services.

3.

Promotion of Persons Served Health and Safety

A. Safe Medication Assistance and Administration Policy

1. Policy:

- a. It is the policy of this DHS license provider Zenith Services, Incorporated's to provide safe medication setup, assistance and administration:
 - 1. When assigned responsibility to do so in the person's coordinated service and support plan (CSSP) or the CSSP addendum;
 - 2. Using procedures established in consultation with a registered nurse, nurse practitioner, physician's assistant or medical doctor; and
 - 3. 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.

2. 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 medication assistance is provided in a manner that enables the person to self-administer medication or treatment when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.
 - d. "Medication setup" means arranging medications, according to the instructions provided by the pharmacy, prescriber, or licensed nurse, for later administration when the licensed holder is assigned responsibilities in the coordinated service and support plan or the coordinated service and support plan addendum. A prescription is sufficient to constitute written instructions from the prescriber.
 - e. "Over-the-counter drug" means a drug that is not required by federal law to bear the statement "Caution: Federal law prohibits dispensing without prescription."
 - f. "Prescriber" means a person who is authorized under section [148.235](#); [151.01](#), subdivision 23; or [151.37](#) to prescribe drugs.
 - g. "Prescriber's order and written instructions" means the current prescription order or written instructions from the prescriber. Either the prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.
 - h. "Prescription drug" has the meaning given in section [151.01](#), subdivision 16.
 - i. "Psychotropic medication" means any medication prescribed to treat the symptoms of mental illness that affect thought processes, mood, sleep, or behavior. The major classes of psychotropic medication are antipsychotic (neuroleptic), antidepressant, antianxiety, mood stabilizers, anticonvulsants, and stimulants and non-stimulants for the treatment of attention deficit/hyperactivity disorder. Other miscellaneous medications are considered to be a psychotropic medication when they are specifically prescribed to treat a mental illness or to control or alter behavior.

3. Procedures:

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

- c. Medication administration: If responsibility for medication administration is assigned to the program in the coordinated service and support plan or the coordinated service and support plan addendum, the program must implement medication administration procedures to ensure a person takes medications and treatments and to ensure effectiveness.

1. 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, the frequency of administration, and other information needed to safely and correctly administer the medication or treatment to ensure effectiveness; the prescription label must be identical to what is written on the MAR. If the information on the prescription label does not match the MAR Immediately contact the chain of command, or Nurse.

Note: Any discrepancy between the medication administration record and prescription label can have a change of direction; "refer to medication administration record" sticker which can only be placed on the bottle/bubble pack by management or nurses. Staff will refer to Medication administration record. This is acknowledging that management is aware that the label does not match the medication administration record. This is temporary until Zenith Services Incorporated's can receive a new bottle or bubble pack. If you have any questions it is critical and expected that you will call for guidance.

2. Information on any risks or other side effects that are reasonable to expect, and any contraindications to its use. The possible consequences if the medication or treatment is not taken or administered as directed. This information must be readily available to all staff administering the medication;
3. Staff is trained on general adverse reactions. A drug reference manual will be kept on site at each of Zenith Services, Incorporated's residential sites. Staff are trained to call management, or the Nurse, for any changes in health/mental status. Staff will always follow the Nurse's instructions.
4. Instruction on when and to whom to report the following:
 - a. Refer to section H and I of this policy, if a dose of medication is not administered or treatment is not performed as prescribed, whether by error of the staff or by refusal by the person; and
 - b. The occurrence of possible adverse reactions to the medication or treatment.

d. Administrative Procedure:

1. Set up: The Program Manager, Program Director, or the Program Administrator, or designated person (who has been adequately trained) must check all medications and the Medication Administration Record to ensure accuracy and initial they have been reviewed.
2. Labeling Medications: All prescription medication must have a pharmacy label. Prescription medications must have been prescribed by a physician, a PA, a CNP, or dentist, and will only be administered from containers/bubble packs bearing a label. The only exception for medications not bearing a prescription label are the Zenith Services, Incorporated's approved/signed PRN medication list(s) and/or prescribed scheduled over the counter medications with a matching/signed prescription.
3. Security Storage of Medications: All medications are kept under lock and key at all times. Only the staff authorized to administer medications will have access to medications. Medications requiring refrigeration will be kept in a locked box in the general use refrigerator or other designated refrigerator. Medications for each person served must be labeled and stored in separate bins. External and Internal medications will be stored in separate bins as well.
4. Needles and Lancets: When needles and lancets are used, staff must dispose of "sharps" in a Sharps container. Staff is never to re-cap a needle or lancet before disposing. When administering a "pen injection", staff will re-cap only after proper training from a Nurse.
5. Medication destruction: Medication will not be destroyed by staff. All medications that have been dropped on the floor, contaminated, or discontinued will be placed in a medication disposal envelope/or pouches labeled, and left in the locked medication cabinet/designated nursing box that is locked. Program management will regularly lock "medications to be destroyed" in the nurse's box. Monthly, managers must bring all discarded medication to the metro office for the nurse to properly destroy. Zenith Services, Incorporated's nurses will pick up nursing box at site visits when appropriate. Zenith Services, Incorporated's Nurse will destroy or drop off all medications to Zenith Services, Incorporated's assigned pharmacy.

6. Pre-packaged Medications: Medications may need to be pre-packaged/sent to the person served's place of work, school, or family home. It is the responsibility of the Program Manager, Program Director, Program Administrator, or specific staff designated by management, to pre-package medications. Whenever possible, the pharmacy will be notified of the need for pre-packaged medications. Pre-packaged medications by the pharmacy will be transferred in the same manner as medications that are set up by management. Any medications not pre-packaged by the pharmacy will be setup and packaged separately according to medication administration time. *Ex: if a Person served takes a multi vitamin, calcium, and Depakote at 8AM, these pills will be packed in one envelopes/pouches and labeled with; the date, person served's name, medication name, dose(and number of pills), time, route. In this example, there would be a total of one envelope/pouch for the 8AM medication administration.* If the parents/guardian would like them packaged differently, approval is needed from the nurse prior to packaging them in lieu of the policy. The packaging exception and nurse approval will be written in the health progress notes. Arrangements will be made, prior to transfer, between the Program Manager and parent, or day program staff, to ensure safe transfer of medications. Medications cannot be sent in backpacks/suitcases, etc. and must be handed to the person responsible for the Person served. The Program Manager will document, in the person served HPN's, what medications were (or will be) sent and a current copy of the person served's MAR will be given to the responsible party. Before leaving with the pre-packaged medications, the responsible party must sign, in the person served's HPN's or designated form for the medications that they are accepting/transporting. Their signature will follow an entry of documentation, regarding the exchange, by staff. Please note schools/day programs will not accept pre-packaged medications. Medications must be in their pharmacy packaging with a script.
7. Any changes, regarding a person served's medication, that affects medication scheduled to be administered by another provider or the person served's family must be verbally communicated and coordinated by the Program Manager. It is the responsibility of the Program Manager to confirm/document, in the person served's health progress notes, that this information has been communicated to the appropriate individuals.

8. Medications not accessible: Zenith Services, Incorporated's management has been trained to ensure that all medications are refilled and that there are enough available to the staff for the time period when managers are not on site including weekends and evenings.

If medications are not available due to insurance delay, script error/issue during the week or the weekend, staff/management or nurse should follow up with the site supervisor to get guidance on how to obtain the medications. Zenith Services, Incorporated has (with administrator approval) paid for the medications when there is a delay in insurance renewal or a general error. Zenith Services, Incorporated's management staff should notify nurses to call the on-call doctors when appropriate to get assistance in receiving a script. Zenith Services, Incorporated's has also used the option of going to the emergency room when it is a critical medication. If necessary, we will use alternative pharmacies available. Zenith Services, Incorporated will follow their chain of command for guidance in this area.

Medications will be delivered by Zenith Services, Incorporated's pharmacy. In the event that delivery will not occur on time for medication administration, staff should contact their Chain of Command or the on-call management staff to arrange for pick-up of the needed medication. If an alternative pharmacy is used, management staff will pick up the medication or arrange pick-up of the medication from the pharmacy.

9. Controlled Substances: It is the responsibility of the Program Manager to obtain a hard copy for any controlled medication. It is also the Program Manager's responsibility to fax and/or deliver the hard copy of the prescription to the pharmacy. All narcotics and controlled drugs (schedule II) must be stored in a separate lock box within the locked medication cabinet. Upon receipt of the narcotic or controlled II drug(s), documentation of acceptance must be completed in the health progress notes of the Persons served for which the prescription was written. The designated staff who receives the controlled substance must include the person served's name, physician name, medication name, dose and do a pill count immediately. Controlled Substance counts (liquid per ml) must be performed twice a day at am/pm. Staff will appropriately document in the MAR the pill count. Any discrepancy must be reported immediately to the chain of command or nurse.

- e. Medication Administration Procedure: Staff must complete the following when responsible for medication:
 - 1. Medication administration procedure
 - a. Zenith Services, Incorporated's medication administration class and policy has been developed by a Registered Nurse.
 - b. Staff will wash hands before setting up and administering medications. If staff is administering medications to more than one Persons served staff will wash their hands before setting up and administering medications for each Persons served.
 - c. Medication intended for one Persons served will not be used for any other Persons served. Medications intended for the Persons served will not be used by staff.
 - d. Medications for each Persons served should be set up, dispensed, put away, and documented before setting up another person served's medication. DO NOT set up more than one person served's medications at a time.
 - e. Staff will check each medication 3 times using the 5 rights of medication administration before administering medications. After administering medications staff will check the 6th right to ensure documentation is correct. The 6 rights of medication administration are defined as:
 - 1. The right Persons served
 - 2. The right dose
 - 3. The right medication
 - 4. The right time
 - 5. The right route
 - 6. The right documentation.

Checks will be completed using the following method:

f. Bubble Pack Process

1. Take each medication from its designated storage space and perform 1st check; compare the medication label to the Medication Administration Record ensuring the entire first 5 rights match. If the medication label and the Medication Administration Record do not match, staff will contact Program Management, who will then contact the nurse for further instruction before administering medications.
2. Staff will perform 2nd check; compare the medication label to the Medication Administration Record using the 5 rights, this time dispensing medication from the bubble pack and putting it into a medication cup after the medication is checked. Staff will write the date, time and their initials on the back of the bubble pack from the spot where they used the medication. (If medications are dispensed from a container other than a bubble pack, for example a liquid medication, staff will not sign their initials on the container.)
3. Staff will perform the 3rd check using the 5 rights; compare the medication label, to the Medication Administration Record, and ensure the medication was dispensed into the medication cup. Once the 3rd check is completed, staff will put each medication away in its designated storage place and then administer the medication(s) to the Persons served. Staff must verify that they are giving the medication to the correct Persons served by asking the Persons served their name, or comparing the picture in the person served's medication book, to the Persons served.
4. After administration, staff will sign their initials on the designated spot on the Medication Administration Record for each medication given. Staff will not initial until medications have been administered. Staff will then check the Medication Administration record to ensure the 6th right of documentation is completed.

5. A second staff must perform one “check” of all medications previously administered. This should be completed during the medication administration window (unless there is a second staff on site). This second staff will remove medications from storage and check each medication using the 6 rights; comparing the medication label to the Medication Administration Record and ensuring the medication was dispensed from the bubble pack and all documentation is completed. Staff will then sign their initials on the Duplicate Medication Administration Record verifying that all the medication was passed by the medication passer. This person is responsible for reporting any errors/discrepancies immediately to their chain of command. This person will also be held accountable if an error occurs and it was not detected/reported immediately.
 6. Only the staff person who set up and checked the medications three times will administer the medications to the Persons served.
 7. Staff will not, under any circumstances, leave medications unattended.
 8. If single staffed during medication passing times, medication “check” will be done during shift change. As listed in the above method under number 5.
 9. Staff will have access to the medication administration procedure for reference on site.
- g. Medi-set Procedure: Due to serving clients on a temporary basis not all residents will be able to transfer to a bubble pack system and staff will utilize the medi-set system.

Medication Administration Procedure for medi-set process:
Staff must complete the following when responsible for medication:

Medication set-up: The Program Manager, Program Director, or the Program Administrator, must set up the medication cassettes. A second person assigned by the Program Manager, Director or Administrator will double check the set up and initial that it has been reviewed. The set up and check time must be documented on the medication administration record. Any corrections to the medication set up by either staff member must be noted in the health progress notes.

1. Medications intended for one Persons served shall not be used for other Persons served. Medications for each Persons served should be set-up, charted, dispensed, and put away separately, before you begin setting up another person served's medication. Do not set up all four persons served's medications at one time.
2. Staff will wash hands before setting up and dispensing medications
3. Check the person's medication administration record (MAR);
4. Prepare the medications as necessary;
5. In setting up the medication, the staff person will triple-check the medications to be administered. The staff person will check the medications in medication box, to the label on the medication container, and lastly to the medication administration charting sheet.
6. The staff person will obtain a second check, when there is more than one person on duty.
7. If there is only one person on duty, the original staff person must complete the double check and place an initials a second time" in the place where the second set of initials would go.
8. After setting up the medication and before distribution the second staff on will double check the medications. At this point, the second staff person is held equally responsible to ensure that the medications set-up are the correct medications. They too, will triple-check the medications to be administered. The second staff person will check the medications in medication box, to the label on the medication container, and lastly to the medication administration charting sheet.

9. The first person that set up the medication will be the person that administers the medication. That person will do so directly to the Persons served, not via another person. The person administering will check the five “R”s before administering the medications:
 - a. Right Persons served
 - b. Right Dose
 - c. Right Medication
 - d. Right Time
 - e. Right Route
 10. The staff person responsible can never leave medications unattended.
 11. After administering the medication, staff must ensure that all the medications are taken. Both staff people will sign that the medication has been given.
- h. Document in the MAR:
1. Staff will document the administration of the medication and treatments on the Medication Administration Record.
 2. Staff will document any 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 on the chain of command; Staff will follow the direction of the nurse. This will be documented on the health progress notes and Medication Administration Record.
 3. The Program Manager, Program Management, Nurse or designated staff person will document in the Health Progress Notes when a medication or treatment is started, changed, or discontinued.
 4. Staff will report and document any concerns about the medication or treatment, including side effects, effectiveness, or refusal by the person to take the medication/treatment as prescribed, to the prescriber or chain of command.

5. Staff will report and document all adverse reactions. These reactions must be immediately reported to someone on the chain of command.
- i. PRN Medication Administration Procedure
 1. A list of approved PRN medications, signed by a physician, must be included in the Persons served MAR and must be updated annually.
 2. PRN medications will be given in accordance with the physician's orders. The reasons for administering any PRN medication, from Zenith Services, Incorporated's PRN list, will be based on predetermined criteria by the physician or company Nurse.
 3. Staff will need to assess the need for PRN medications and will only administer based on the specific criteria or as requested by the company Nurse.
 4. PRN medication administration may include either prescription medications or medications on the person served's approved PRN list.
 5. PRN medication administration will be charted on the separate PRN medication administration sheet or on the Medication Administration Record. The specific reason for administering the medication will be included in the charting along with documentation of the outcome.
 6. If a Persons served is receiving a scheduled medication, any PRN medication, in the same class, must be approved by the company Nurse.
 7. Any symptoms that require a PRN medication that persist for 24 hours or more must be reported to the nurse.
 8. Any prescribed/over the counter PRN that has been approved by a physician must have the "5 rights for medication administration" included in the order.

9. Any prescribed PRN medication, being administered on a scheduled basis, must be added to the person served's MAR and signed off on in the same manner as a scheduled medication. Specific instruction regarding the start and stop dates must be included on the medication administration record. At which time it is determined, by physician instruction, or by the nurse, that the scheduled PRN medication is no longer needed; documentation, by the Program Manager or Nurse, of resolution must be included on the Medication administration record and in the health progress notes

j. Medication Documentation:

1. A medication book is maintained for each person in Zenith Services, Incorporated residential sites.
2. Medication cannot be administered without proper documentation of a doctor's prescription. If a Person served arrives with medication and does not have proper documentation the parent or the guardian will be notified and the medication will not be administered until a written prescription is obtained.
3. A medication administration record will be kept for recording medication administered for each person on prescribed medication.
4. The Manager/Director/Administrator or nurse will ensure that the person served's medication record includes: the person served's name, date/time/ month/year, medication; including dose, frequency, strength, purpose, route, and time of administration.
5. All persons administering medications are to sign their name, initials, and titles on the back of the Medication Administration Record and Duplicate Medication Record.
6. All communication with the doctor/nurse/manager must be documented in the person served's health progress notes. Documentation must include doctor, nurses or pharmacists name.

- k. Medications Not Swallowed or Vomited
 - 1. If medication is spit out; call the Zenith Services, Incorporated's Nurse for further instructions.
 - 2. If vomiting occurs after administering oral medication; call the Zenith Services, Incorporated's Nurse for further instructions.
- l. Medication and Treatment Errors:
 - 1. Medication errors may include, but are not limited to:
 - a. Medication administered to the wrong Persons served.
 - b. Incorrect dosage given.
 - c. Incorrect time administered.
 - d. Incorrect date administered.
 - e. Incorrect medication given.
 - f. Incorrect route.
 - g. Medication administered, but not properly charted.
 - h. Medication not given, missed.
 - i. Treatment errors include: topical, ear drops, eye drops, TED socks, no documentation of treatments, etc.
 - j. Medication documentation incomplete
 - 2. Medications should be given in accordance with the times prescribed by the physician. It is considered a medication error when the medication is given more than sixty (60) minutes early or more than sixty (60) minutes late. Any medication administered outside of the 60-minute window needs approval from the nurse to administrator.

3. Following an initial medication administration error the program manager will meet with the staff person and review the error. The staff who made the error will receive a retraining memo within a week of the error.

Following the second medication administration error, the staff person will have a supervised medication pass with a nurse or supervisor within a week of the error. The staff person will receive a personnel note.

Following the third medication administration error, the staff person may not pass medications until they have completed the Medication Administration Class. The staff person will receive a personnel note.

Following the fourth medication error the staff person will be removed from the schedule. The errors will be reviewed with the Chief Administrative Officer for accuracy. Direct Service staff will be terminated following the fourth medication error because correctly administering medications is a job responsibility of direct service staff.

The medication error policy is in effect for any 6-month period including the current date and the preceding 6 months. After 6 months a medication error may be excluded in the progressive disciplinary process.

Zenith Services and the Zenith nurse reserves the right to consider the health and safety of the Persons served and the staff persons overall competence in medication administration when implementing the medication administration policy. Failure to demonstrate competence in safe medication administration may result in further disciplinary action and may include termination.

Following any documentation error, the staff has 24 hours from the time the medication documentation should have occurred to chart without being issued a medication error. Zenith Services, Incorporated is not responsible for informing you of the error, if it is not caught within 24 hours you will be issued a medication error. Zenith Services, Incorporated's management or nurse are responsible for notifying the employee of the missed documentation not the co-worker. *Note: this should be an exception and the management team and nurses reserve the right to issue retraining if a pattern occurs due to the staff not following the medication administration procedures.*

Exceptions to the process above will be:

- a. Medication errors which result or may have resulted in negative impact to a person served's health (ex. A missed dose of a seizure medication corresponds to a seizure later that day, medications are given to the incorrect Persons served etc.). The staff person may be required to attend the Medication Administration Class and will receive a personnel note.
- b. Medication not administered at a single prescribed time to one or more Persons served on site will be regarded as a single medication administration error.
- c. Program Managers/Nurse may also elect to person attend the Medication Class at any other time for retraining. The staff person will receive a retraining memo. (Example: a staff person administering medications without looking at the medication sheets, etc.)
- d. Zenith Services, Incorporated and the Nurse reserve the right to make exceptions to the progressive disciplinary policy, depending on the error and circumstance.

- m. 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: Injectable medications (including insulin) must be double checked by staff when available prior to giving the injection.
 - 1. The program's registered nurse or licensed practical nurse will administer the intramuscular injections; with the exception of a Glucagon injection when staff are trained by the nurse per physician order.
 - 2. The program's registered nurse or licensed practical nurse will administer all vaginal or rectal medications unless staff is specifically approved by the company nurse.
 - 3. The program's supervising nurse, with the physician's orders, delegates the administration of subcutaneous injections (ex. Diabetics, growth hormones etc) to staff that have been provided with the necessary training. This training is a two-step process which first includes staff being trained on the specifics and observing a subcutaneous injection and, secondly, performing the subcutaneous injection themselves while being monitored by the nurse.
 - 4. 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.
 - 5. Only licensed health professionals are allowed to administer psychotropic medications by injection.

n. Psychotropic PRN Medications

- 1. Medications administered on a PRN basis to promote adaptive behavior, medications used on an ongoing basis for the maintenance of adaptive behavior, and psychotropic medications used for the treatment of diagnosed mental illness will be administered by Zenith Services, Incorporated when prescribed by a physician.

2. Use of all psychotropic PRN medications will be recorded on the medication administration record or the PRN administration record. The outcome of the PRN use will be documented on the health progress notes and the PRN administration record if used.
 3. Staff will assess the need for psychotropic PRN medications, based only on the specific guidelines established by the PRN protocol (reviewed and signed by the physician prior to administration) and physician or psychiatrist.
 4. A Behavior Intervention Reporting Form (BIRF) must be completed and submitted to Department of Human Services each time a PRN is utilized for behavioral control.
- o. Psychotropic medication use and monitoring
1. When the program is responsible for medication administration which includes 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. The documentation methods the program will use to monitor and measure changes in target symptoms that are to be alleviated by the psychotropic medications if required by the prescriber.
 2. The program must collect and report on medication and symptom-related data as instructed by the prescriber.
 3. The program must provide the monitoring data to the expanded support team for review every three months, or more if otherwise requested by the person or the person's legal representative.

- p. 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.
- q. 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. The Program Manager must report the *refusal to authorize*, to the chain of command who will then report to the Nurse, immediately, and to the prescriber within 24 hours. All contact with team members needs to be documented in the health progress notes.
 - 2. After reporting the refusal to authorize to the prescriber within 24 hours, the Program Manager must follow and document all directives or orders given by the prescriber and report the information to the Nurse. When appropriate staff should receive a new script for discontinuing the medication due to guardian refusal to authorize medication.
 - 3. A court order must be obtained to override a refusal to authorize 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.
- r. Reviewing and Reporting Medication and Treatment Issues
 - 1. When assigned responsibility for medication administration, including psychotropic medications and injectable medications, the Program Manager 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. The review will be conducted by the Zenith Services, Incorporated's Nurse, Program Administrator or Program Director.
 4. Based on the review, the program must develop and implement a plan to correct patterns of medication administration errors when identified and file a Vulnerable Adult Report as needed and determined by program management within the scope of the rules.
 5. 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 by section III.D.2. of this policy;
 - b. A person's refusal or failure to take or receive medication or treatment as prescribed; or
 - c. Concerns about a person's self-administration of medication or treatment.
- s. Staff Training:
1. Unlicensed staff may administer medications only after successful completion of a medication administration training using a class 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 that staff demonstrates the ability to safely and correctly follow medication procedures.
 2. Only staff who have completed the off and on-site medication administration training will be allowed to administer medication. Staff will demonstrate competency in administering medications which will include an observed skill assessment. This includes medications taken by mouth, as well as ear drops, topical medications, eye ointment, and eye drops.

3. 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. Non-medical service providers to adapt their services to accommodate the health and safety needs of the person.
4. New staff will receive training on medication administration policies and procedures during the initial off-site orientation. During this time staff will demonstrate their skill and competency in medication administration procedures in the following areas:
 - a. Medication identification, common uses, and awareness of possible adverse reactions.
 - b. Medication set-up
 - c. Medication Administration
 - d. Procedures to follow in case of a medication error.
 - e. Signs and symptoms of illness
5. After staff completes the initial off-site orientation, staff will proceed with on-site orientation with the Program Manager, using the specific Persons served' medications with which the staff will be working. Staff will be retrained in the above four areas to ensure that the transfer of learning has occurred to the specific environment in which the staff will be working.
6. Throughout the year, reviews and medication administration training will be taught at regular Staff Meetings. Medication Administration class is required annually for staff.

- t. Contacting/reporting to Zenith Services, Incorporated's Nurse:
 - 1. The company nurse must be contacted and updated in any/all of the following circumstances:
 - a. Medication errors or discrepancies
 - b. Any medication related questions/concerns.
 - c. Changes in Persons served health status
 - d. Changes in Persons served mental health status
 - e. Admissions and, prior to, discharges from any medical facilities.
 - f. New intakes and discharges from any of Zenith Services, Incorporated's residential homes
 - 2. Nothing in this policy should prevent staff persons from calling 911 if they believe that a Persons served is experiencing a life-threatening emergency. In all circumstances, all Zenith Services, Incorporated's staff are advised to take the most careful course of action to protect the health and safety of the people we serve.

The medication administration policies and procedures were established in consultation with the Zenith Services, Incorporated's Registered Nurse. (Signature below)

Revision: June 5, 2018

Registered Nurse

3.

Promotion of Persons served Health and Safety

B. Emergency Response, Reporting & Review

1. Policy: It is the policy of this Department of Human Services (DHS) licensed provider, Zenith Services, Incorporated 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.

Definition of an Emergency: "Emergency" means any event that affects the ordinary daily operations of the program including, but not limited to:

- a. Fires, severe weather, natural disasters, power failure, or other events that threaten the immediate health and safety of a person receiving services; and,
 - b. 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 twenty-four (24) hours.
2. Procedure:
 - a. Plans for Specific Emergencies
 1. It is imperative that clients, staff, and the public be protected in case of an emergency, and that the safety program of Zenith Services, Incorporated are carried out with the least amount of disruption. Continuing and meaningful efforts to prevent any incidents from leading to emergency situations is the priority of this organization.
 2. The supervisor(s) have primary responsibility for dissemination of emergency procedures to staff. They must also establish a designated chain of responsibility so the safety procedures can be carried out in their absence.
 3. In any instance of emergency, staff will insure that individuals with sensory or mobility impairments are notified of a warning, and are provided with evacuation procedures. Evacuation assembly points and temporary shelters shall be arranged for each site, if possible.

4. Identifying information regarding the Persons served can be found in the CSSP addendum. This information is available to staff and can be taken with the Persons served should an evacuation be necessary.
 5. Facility Emergency Response, Reporting and Review Policy Form: Each Community Residential Setting and day services facility location will have a specific Emergency Response, Reporting and Review Policy posted. The policy gives information on how to respond to the specific site location. This Policy will be posted in each facility where the plan will be readily available to all staff and persons receiving services.
 6. Emergency drills are documented on the Emergency Drill form, and are completed on a monthly basis. Fire drills are completed on a quarterly basis.
- b. Emergency Evacuation Plan for Zenith Services, Incorporated from Main Offices: If it is necessary to evacuate the Zenith Services, Incorporated Persons served and staff from the Main Office due to an emergency situation such as fire, explosion, unacceptable climate, unsafe environment, van evacuation, etc. follow this plan:
1. If it is an immediate emergency situation such as fire, remove all Persons served from the main office. If overnight evacuation is necessary, appropriate hotel arrangements will be made by Program Administrative staff.
 2. Call 911.
 3. Seek medical attention for Persons served if they were injured in the evacuation.
 4. Follow the Chain of Command to report situation.
 5. Transport all Zenith Services, Incorporated Persons served to the Heritage Park SLS site until other arrangements can be made, to Persons served home.
 6. Program Director/Program Administrator will contact each person served's guardian/legal representative to inform them of the situation and make arrangements for the Persons served to be transported home as directed by guardian.

7. Continuance of service for Persons served including Fee for Service Persons served will be determined on a case by case basis with the person served's team to include the identification of appropriate location and frequency until services can be resumed at the main office. This plan will be communicated to the direct care staff by the Program Manager.
 8. Specific Site Emergency Response, Reporting & Review Policy is posted at each site location.
- c. Emergency Evacuation Plan for Zenith Services, Incorporated Community Residential Setting: If it is necessary to evacuate the Persons served and staff from any of the Zenith Services, supervised living services sites due to an emergency situation such as fire, explosion, natural gas leak, unacceptable climate, or unsafe environment, etc. follow this plan:
1. If there is an immediate emergency situation such as fire, explosion, or gas leak remove all Persons served from the home. Once outside, if necessary, use a cell phone or seek help from a neighbor to call 911 and report the emergency.
 2. Specific Site Emergency Response, Reporting & Review Policy is posted at each site location.
 3. Contact your supervisor or follow the Chain of Command until you reach someone directly to report situation.
 4. Seek medical attention for Persons served if they were injured in the evacuation.
 5. Program Director/Program Administrator will contact each person served's guardian/legal representative to inform them of the situation.
 6. If the property is extensively damaged or uninhabitable the applicable county licensor will also be notified of the emergency and relocation of services.
 7. Short term lodging will be determined by the supervisor and administrator. For example, if it is determined by the supervisor that the temperature in an SLS had fallen to a dangerous level and the Persons served were relocated, staff and Persons served would remain at the designated relocation area until the furnace repair is complete.

8. If there is an immediate and catastrophic event: fire, tornado, etc. causing the property to be uninhabitable and require extensive repair, short term lodging will then be sought at an area hotel/motel until other arrangements for more permanent lodging can be made. The exception to this would be that of family preference that a Persons served be taken to the family's home in lieu of going to a hotel or motel.
9. Specific Site Emergency Response, Reporting & Review Policy is posted at each site location.
- d. Relocation Sites: Specific Site Emergency Response, Reporting & Review Policy is posted at each site. This policy gives a description of the procedure to follow when relocating Persons served to a temporary location.
- e. Fires: Additional information on safety in fires is available on line at <http://www.ready.gov/fires>.

A written fire plan for each building that is utilized by Zenith Services, Incorporated will be developed. This plan will outline the procedures to be followed in the event of a fire or a fire drill. Each plan will describe the building evacuation routes, identifying a primary and a secondary option.

Specific Site Emergency Response, Reporting & Review Policy is posted at each site location.

1. In the event a fire is discovered, the staff person should:
 - a. Sound the alarm;
 - b. Evacuate the building, closing windows and doors against heat if time permits; Test a closed door before opening by feeling near the top. If the door is hot, use an alternative exit. If a room is smoke-filled, keep close to the floor to breathe more easily;
 - c. Go directly to the meeting place designated for each site; staff will complete "head count" after the evacuation. Remain calm and keep everyone together. Do not reenter until the fire department determines it is safe to do so;
 - d. Report the fire (call 911);
 - e. Notify the 911 dispatcher of other special needs;
 - f. Verify evacuation of Persons served and staff; provide emergency first aid until emergency personnel arrive;
 - g. Provide information to emergency personnel.

2. In the event of an actual fire, the appropriate county agency and the Commissioner of Human Services will be notified within 24 hours of the date of the fire.
 3. These plans will be reviewed and updated on an annual basis.
- f. Severe Weather/Natural Disaster: additional information in safety in severe weather or natural disasters is available on line at <http://www.ready.gov/natural-disasters>.
1. Tornado:
 - a. A written plan to address plans in the event of a tornado will be developed for each location owned or leased by Zenith Services, Incorporated. The Specific site Emergency Response Reporting & Review Policy is posted at each site location.
 - b. Tornado shelters are identified as an interior corridor or room which is away from windows.
 - c. In the event that the skies appear threatening, tune into (local radio station) for information regarding weather warnings and watches. Follow their directions on the need to change plans and activities, stay indoors, or seek shelter.

WARNING: severe weather is either occurring or is imminent. A warning is the most significant and staff must take immediate action to protect people by seeking immediate shelter.

WATCH: severe weather is possible as conditions are favorable for the weather event. Staff should plan and prepare for the possibility of the severe weather. Staff should help people change their plans for travel and outdoor activities.

ADVISORY: weather conditions may cause inconvenience or difficulty when traveling or being outside. Staff should help people consider changing their plans for travel and outdoor activities or consider that additional time may be required to complete their plans.
 - d. If there is a tornado watch, this is to be announced to all indicating the time of the watch expiration, and staff prepare the tornado shelter, if necessary.

- e. In the event that a tornado warning is issued, or the Civil Defense siren is sounded, take immediate steps to seek the designated tornado shelter (an interior corridor or room which is away from windows).
- f. Account for the well-being of all people receiving services.
- g. Inform people why plans and activities are changing and what they are doing to keep them safe.
- h. These policies are specific building procedures and will be reviewed annually with all staff.

2. Blizzard:

- a. In the event of work schedule changes as a result of a blizzard, an announcement will be made over the local radio station. In the event that a blizzard would approach during work hours, residential facilities and caregivers will be notified, and arrangements will be made to return Persons served home.
- b. Homes located within the city will be identified and designated as “snow homes” for those Persons served who are stranded or are otherwise unable to return home. Advance arrangements will be made to assure a supply of necessary medications. Staff will provide transportation home, if necessary.
- c. Specific Site Emergency Response, Reporting & Review Policy is posted at each site location.

3. Severe Thunderstorm:

- a. If skies are threatening, any service site will tune in to the local radio station case of severe thunderstorm watch, Persons served and staff will be notified.
- b. In the event of a severe thunderstorm warning, supervisors and staff will assist Persons served and visitors to safely move to the interior halls or other safe areas of the building and remain there until the danger has passed.
- c. Specific Site Emergency Response, Reporting & Review Policy is posted at each site location.

- g. Water, Electrical and Gas Service – Utility Failures: Additional information on safety during power failures is available online at:
<http://www.ready.gov/technical-accidental-hazards>.
1. Staff will be reminded annually of the location of the main electrical switch and the main water shut-off at the program site.
 2. Directions will be provided on how to operate these switches.
 3. If a failure of power or water should occur and a person served's safety is jeopardized as a result, alternate care facilities will be available to transport the Persons served to until service has been restored.
 4. If weather is poor, everyone will remain on-site in the safest area possible under prevailing conditions.
 5. Each site is provided with an emergency light source not connected to the electrical system.
 6. If a gas smell is noticed, notify management and prepare to evacuate the area or the building.
 7. No smoking is allowed in the building or on the grounds.
 8. Notify the fire department (911) or the local gas company.
 9. Use emergency supplies (flashlights, battery-operated radio) located in designated area at each program site.
 10. Account for the well-being of all people receiving services.
 11. Inform people why plans and activities are changing and what they are doing to keep them safe.
 12. Wait to return to the area until clearance has been received from either of these agencies.
 13. Specific Site Emergency Response, Reporting & Review Policy is posted at each site location.
- h. Bomb Threat
1. In the event a bomb threat has been made, Staff will immediately evacuate the area, moving all Persons served to safety.
 2. Staff will call 911
 3. Staff will notify chain of command of the emergency

i. Involving Law Enforcement / Fire Department:

1. In the event that staff members have called law enforcement or the fire department to the facility, staff will explain to them upon their arrival, in detail, the reason for calling law enforcement or the fire department. Staff will answer all questions asked of them and will follow any instructions given to them. Staff must document the incident as soon as possible after the fact.
2. Staff will notify chain of command of the emergency
3. In the event that law enforcement or the fire department arrives at the facility unannounced, staff will first ask for proper Identification if necessary (i.e. a non-uniformed official). Staff should ask how they can be of assistance, and should be cooperative with them. Staff should answer all questions that are asked of them but should not offer any additional information beyond what is asked. Before they leave, ask the official for his or her business card. Staff should document the incident as soon as possible after the fact.
4. Staff will notify chain of command of the emergency

j. Law Enforcement in the Community:

1. If staff members have contact with Law enforcement while in the community with Persons served, follow the procedures above, depending on whom initiates the contact.
2. Staff should document the incident as soon as possible after the fact.
3. Staff will notify chain of command of the emergency.

k. Vehicle Accident:

1. If staff all involved in a vehicle crash, provide all information requested of you and provide officials with necessary insurance information.
2. Also be sure to obtain insurance information from the other divers involved.
3. Staff should document the incident as soon as possible after the event.
4. Staff will notify chain of command of the emergency.

- I. Additional safety procedures for facilities. [REQUIRED FOR DAY SERVICES FACILITIES AND COMMUNITY RESIDENTIAL SETTINGS UNDER 245D.22]
 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 [location of first aid kits is specific to each site]
 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 and television that can be used in the event of a power failure must be at our program. They are located (specific to each site).

3. Emergency contacts
 - a. A list of emergency telephone numbers is posted [Specific to each site), 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. [Insert in our program 911 is listed as the emergency number. **OR** in our program, because we do not have a 911 system, emergency numbers include the local fire department, police department, emergency transportation, and poison control center].
 - 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 of the sites in a specific location in each facility. The plan will be located so that it is readily available to all staff and persons receiving services. The plan must include:
 - a. Emergency Shelter: 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.

Procedures for emergency evacuation and emergency sheltering, including:

1. Account for the well-being of all people receiving services.
2. Inform people why they are leaving the program and what is being done to keep them safe.
3. Follow directions received from administrative staff, police, fire and other emergency personnel.
4. If time allows, evacuate with medication and medical supplies, medical and program books/information, clothing grooming supplies, other necessary personal items, and emergency contact names and information.

5. Emergency evacuation may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

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

1. 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

3. Reporting Procedures

- a. Emergency reports will be completed using the program's emergency report and review form as soon possible after the occurrence, but no later than 24 hours after the emergency occurred or the program became aware of the occurrence.
- b. Management staff will make all necessary external notifications of the emergency. The staff person who was witness to or in charge at the time of the emergency will complete the necessary reports a report will be completed by the person who identifies the emergency.
- c. 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 4).

4. Review Procedures: This program will complete a review of all emergencies. The review will be completed using the program's emergency report and review form by the Designated Manager.
 - a. The review will be completed within five days of the emergency.
 - b. The review will ensure that the written report provides a written summary of the emergency.
 - c. The review will identify trends or patterns, if any, and determine if corrective action is needed.
 - d. When corrective action is needed, the Designated Manager will be assigned to take the corrective action within a specified time period.
5. Record Keeping Procedures
 - a. The review of an emergency will be documented on the emergency reporting form and will include identifying trends or patterns and corrective action if needed.
 - b. Emergency reports will be maintained at the Program Site. If the emergency resulted in an incident to a person or persons; the report will be maintained in the Persons served plan file.
6. Safety Committee:
 - a. Copies of all reports are forwarded to the Safety Committee for review.
 - b. The Safety Committee looks for any patterns of incidences and makes any recommendations for any corrective action necessary to the program where the emergency occurred.
7. Emergency Procedure for Fee for Service Persons served

Emergency Procedures: Since you are in your own home, the emergency staff may not always be able to get to your apartment in time to help you handle an emergency. You may need to handle it yourself.

Go over these directions very carefully with your staff person, and keep the emergency procedures with you and by your phone at all times.

As soon as you have time (and have called the appropriate emergency services), call Zenith Services, Incorporated and let us know what happened.

- a. Injury or illness: If you or another suffers from a serious cut, burn, injury or any medical emergency, apply First Aid if you know what to do.

Call 911 and
Zenith Services, Metropolitan Office 763-450-5000

- b. Poison: If you or another person has taken some poison, call Poison Control at 1-800-222-1222, and

Call 911 and
Zenith Services, Metropolitan Office 763-450-5000

- c. Dead or Unconscious Person: If you find a dead or unconscious body,

Call 911 and
Zenith Services, Metropolitan Office 763-450-5000

- d. Psychological / Emotional Outburst: If you or another person is so emotionally upset that they are a threat to themselves or to others,

Call 911 and
Zenith Services, Metropolitan Office 763-450-5000

- e. Seizures: If a person is seizing:

1. Do not try to restrain convulsive movements,
2. Loosen clothing around person's neck,
3. And remove all objects within reach.

Call 911 and
Zenith Services, Metropolitan Office 763-450-5000

- f. Suicide: If you are feeling suicidal or see a person attempt or threaten suicide,

Call 911 and
Zenith Services, Metropolitan Office 763-450-5000

- g. Bomb Threat: If you receive a bomb threat, immediately evacuate all persons from premises

Call 911 and
Zenith Services, Metropolitan Office 763-450-5000

h. Weather Emergencies:

Tornadoes: Stay inside away from windows. If you hear sirens, tune to TV 11 or radio for information. Go to your basement if advised to do so. Stay in a safe place until the watch is over. If you are unsure of what to do,

Call 911 and
Zenith Services, Metropolitan Office 763-450-5000

Blizzards: Stay inside and watch the TV or listen to the radio for warnings. If you must go outside, cover all exposed skin. If you are unsure what to do,

Call 911 and
Zenith Services, Metropolitan Office 763-450-5000

i. Crime Emergencies:

Physical Violence or Theft: If you witness or are threatened by physical violence or theft, do not get involved.

Call 911 and
Zenith Services, Metropolitan Office 763-450-5000

Annoying and Threatening Phone Calls: If you receive annoying or threatening phone calls; hang up, and lock your doors and call

Zenith Services, Metropolitan Office 763-450-5000

Missing Person: If someone you are concerned about is missing, look around where you think they might be. If you cannot find them call

Zenith Services, Metropolitan Office 763-450-5000

j. Rape and Sexual Assault: If you are a victim of rape:

1. Do not wash, bathe, or change clothes.

2. Call 911 and

Zenith Services, Metro Office 763-450-5000

4. Go to local Emergency Room.

k. Fire Emergencies:

Fires: Close doors and windows and leave the building.

Call 911 and

Zenith Services, Metropolitan Office 763-450-5000

Building Fire Alarm: If you hear the alarm in your building, close doors in your apartment and leave the building by the nearest exit. Do not return to your apartment until the firemen have cleared it. When outside of the building, call

Zenith Services, Metropolitan Office 763-450-5000

Check your smoke detectors quarterly.

Fire Emergency Safety Precautions:

1. Be careful if you smoke.
 - a. Do not smoke in bed.
 - b. Use an ash tray.
 - c. Do not empty ash tray in regular trash. Use a metal can.
2. Use electricity carefully.
 - a. Do not overload sockets or extension cords. (Ask your counselor).
 - b. If you have cords that are worn or frayed, do not use them, have them replaced.

If there is a Fire in Your Apartment:

Most likely what you will notice is smoke.

Note: The thing that will most likely kill you is smoke!

If you smell smoke or your smoke detector goes off, you should stay close to the ground to avoid the smoke and heat.

When approaching a closed door, feel the door to see if it is hot with the back of your hand. If it is hot, do not proceed. In any case, proceed with great caution! (Note: Do not stop to collect personal items.) If you leave the room, always close the door behind you and if you encounter smoke along the way, check your alternate route or return to your apartment.

If you must return to your apartment, call the fire department (911) and tell them your location (including: address, apartment number, and your location in the building.) Do not hang up until the operator tells you to. Next you should place wet towels at the bottoms of your doors to keep smoke out. Then go to a window and if you need air, open the window slightly at the bottom. Wait at the window to signal the fire fighters.

- I. Gas Leak: If you smell gas:
 - 1. Evacuate area
 - 2. From another location, call local gas company and
 - 3. Zenith Services, Metro Office 763-450-5000
- m. When You Call 911 for any of the above emergencies:
 - 1. Stay calm.
 - 2. Answer all the operator's questions as best you can.
 - 3. Don't hang up until the operator tells you.
 - 4. Follow the instructions that the operator gives you
 - 5. Wait for help.

Emergency Numbers:

Paramedics	911
Fire Department	911
Police	911

Zenith Services, Metropolitan Office 763-450-5000

- n. Emergency Evacuation: Your home may become uninhabitable because of a variety of reasons. Fire, water or storm damage, building repairs or severe weather conditions may cause this. It is recommended that you have a designated place you can go in the event your home is no longer safe.

Contact your Program Manager as soon as possible to alert him/her to your location and immediate future plans. Your Program Manager will assist you if you need to find temporary housing. Your Program Manager will also discuss service options which may include but are not limited to; continuance of your services at your current location, an alternate location or temporarily discontinuing services.

8. Commitment to Safety:

It is Zenith Services, Incorporated's intent to provide a safe environment, and comply with state and federal laws.

- a. Purpose: To Monitor and evaluate internal safety.
 - 1. To ensure that the home/work environment is safe.
 - 2. To comply with OSHA.
- b. Responsibilities:
 - 1. Developing and testing emergency procedures.
 - a. Scheduling internal and external safety inspections.
 - b. Monitoring first aid supplies.
 - c. Providing periodic safety orientation and training.
 - d. Reviewing, investigating, and analyzing accidents and incidents.
 - 2. Developing, implementing, and monitoring medication procedures, health procedures, and blood-borne pathogens policies and procedures.
 - 3. Making recommendations relative to preventative measures to reduce accidents, training, equipment needs, building and vehicle issues, safety practices and procedures, and the implementation of approved safety committee recommendations or external audit recommendations.
- c. Safety Committee: Zenith Services, Incorporated has established a Safety committee to monitor safety issues.

Scheduled Meeting: Monthly

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C. Sanitary Practices

1. Infection Control / Sanitary Practices

- a. Exposure Risk: Staff members caring for persons with disabilities may have exposure to body fluids, such as urine, feces, vomiting, sputum, saliva, blood, and wound drainage.
- b. Purpose: The purpose of infection Control / Sanitary Practices is to minimize the transmission of communicable disease, to prevent infection, when possible, and to help insure optimum health for all clients and staff.
- c. Policy: It is the policy of this Department of Human Services (DHS) provider, Zenith Services, Incorporated to follow universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases. All Zenith Services staff who may encounter body fluids as a part of their job will be trained in infection control procedures.

All new staff will review the infection control procedure. Procedures for hand washing, glove use, cleaning, etc., will be explained as a part of the initial orientation.

Hepatitis B vaccination information will be given to the employee at time of hire. All employees in a position to encounter body fluids as part of their job will be expected to be vaccinated and to document this decision on the appropriate form. If they choose not to participate, they **MUST** sign a waiver of the vaccination, as a condition of continued employment.

Employees will be provided with a yearly in-service in sanitary practices. All exposure to blood and body fluid will be reported to the Program Manager and documented immediately. Documentation will be maintained in the employee's personnel file.

- d. Universal Precautions, Sanitary Practices and Prevention: Universal Precautions apply to the following materials: blood, bodily fluids visibly contaminated by blood; semen; and vaginal secretions. All staff required to follow universal precautions and sanitary practices, including:

1. Use of proper hand washing procedure]
2. Use of gloves in contact with infectious material
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 solutions when cleaning a contaminated surface
6. Proper disposal of sharps
7. Use of gloves and proper bagging procedures when handling and washing contaminated laundry

- e. General Procedures:

1. Hand Washing:

Wash hands thoroughly before and after working with each client.

Remove all jewelry.

Do not lean against the sink but stand away.

Turn on water without contaminating the faucets. This is easier to do if there are knee or foot controls. If these devices are not present, you must use a paper towel to turn on the water, discarding the towel afterward.

Adjust the water temperature.

Wet hands and forearms with water. Keep hands lower than elbows.

Apply an antibacterial soap. A foot-operated soap dispenser is preferable to a bar of soap.

Lather well with soap and additional water as needed. Be sure to scrub all areas of your hands and forearms thoroughly, for at least fifteen (15) seconds. Use a brush. Be sure to clean under your fingernails. Keep your fingernails short.

Rinse thoroughly, allowing the water to drip off your fingertips.

Dry hands thoroughly with paper towel and discard the towel.

Use a clean paper towel to turn off the faucets.

Dispose of the paper towel.

Hand lotion may be used.

Wearing gloves does not eliminate the need for thorough washing before and after donning gloves.

2. Glove Use:

Disposable gloves should be used whenever staff may be handling body fluid.

Gloves for universal precautions and general use need not be sterile.

Wash your hands.

Take a clean glove.

Bunch the glove up and then pull onto your hand; ease into fingers leaving cuff on glove at wrist area.

To remove the gloves, grasp the outside of the glove near the cuff, with the thumb and the forefinger of the other hand. Pull it off, turning it inside out as you pull. Then hook your bare thumb inside the other glove and pull it off, turning it inside out. The two gloves will be rolled together, with the side that was nearest your hands on the outside.

Drop them into a plastic-lined wastebasket.

Wash your hands again.

3. Staff Exposure to Blood and Body Fluids:

Wash your hands and other skin surfaces immediately and thoroughly if they are contaminated with blood or body fluid.

Liquids and solid waste should be flushed in the toilet.

Contaminated dressings and disposable pads are to be placed in a strong plastic bag, tied securely, and placed in a sealed receptacle for collection.

All tampon / sanitary napkins should be placed in the proper bag dispensers for this purpose in bathrooms.

4. Surface Exposure to Blood and Body Fluids:

Wear gloves.

Remove excess fluids with paper towels and place in a plastic-lined waste-basket. Body fluid spills on walls, floors, or other surfaces will be promptly cleaned with a disinfectant solution such as 1:10 solution of bleach.

Do not rinse, allow to air dry.

Dispose of gloves in a plastic-lined wastebasket.

5. Contaminated Laundry:

Use gloves when handling unwashed contaminated laundry.

Place contaminated laundry in red plastic bag having non-contaminated person holding the bag open, tie the bag and take to laundry.

Inform staff doing laundry that you have placed contaminated clothing in the laundry.

All linen exposed to body fluid will be disinfected with a 1:10 solution of bleach in the washing machine and then dried in the dryer. This will be done separately from other clothing.

Gloves, cloth rags, etc., used to clean up body fluid spills will be soaked in a 1:10 solution of bleach for five minutes. They will be rinsed and placed in a plastic bag that will then be immediately closed and disposed of.

When sending a client's contaminated laundry home, place the plastic bag in the client's tote. If there is no tote, double bag the laundry in another plastic bag and label with the client's name.

6. Client's Personal Property:

Each resident is to have his or her own individual toothbrush, comb, and brush, marked with their name. Each article is to be identified for the client.

Disposable cups may be provided in each bathroom for resident use.

Residents' toothbrush, comb, and other toilet articles are to be checked every day. Articles are to be washed and sanitized as needed.

Residents are to take regular showers and encouraged to do so (i.e., bathe and shampoo every day as needed.)

Bathtub and shower are to be cleaned and disinfected after each use.

Make sure common areas are carefully cleaned between patients.

Do not shake linens when changing beds.

Do not keep dinner trays for patients; some foods will spoil.

Wheelchairs and walkers are to be wiped down weekly.

7. Food Preparation and Storage Sanitation:

Staff will not store food next to cleaning supplies or other toxic materials.

Staff will routinely check refrigerated foods and throw out any not used after a reasonable time.

Staff will wash their hands thoroughly before handling any food.

Staff will ensure all food surfaces are clean before use.

Staff will ensure food has been cooked according to instructions and that it is thoroughly prepared before serving.

Staff must ensure that Persons served eat food prepared according to any physician or dietitian ordered dietary instructions.

Staff will ensure that all preparation, serving and eating utensils and dishes, etc. are properly cleaned after use.

8. Control of Communicable diseases (Reporting Infection Diseases: Reportable Diseases A-Z Minnesota Department of Health) (<http://www.health.state.mn.us>):
Note: The website from the Minnesota Department of Health (MDH) is included as a resource for additional information.
 - a. Staff will report signs of possible infections or symptoms of communicable disease that a person receiving services is experiencing to their supervisor.
 - b. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings.
 - c. Staff diagnosed with a communicable disease, may return to work upon directions of a health care professional.

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Promotion of Persons served Health and Safety

D. Safe Transportation with Provisions for Handling Emergency Situations

1. Emergency Care and Transport: In case of accident or illness of an individual served or staff member, appropriate first aid will be provided immediately.

All Direct Support Professionals shall receive training in First Aid.

If serious illness or injury requiring medical treatment occurs, the victim will be taken to a local medical facility for treatment. If the clinic is closed, the victim will be taken to the local hospital Emergency Room. If the victim required Emergency Room care, the hospital shall be notified prior to arrival.

Appropriate telephone numbers of the local facilities shall be located near each telephone in the facility.

When an ambulance is necessary, dial 911, inform the operator of the location and the type of injuries.

- a. In all instances, the injured or ill person shall be accompanied to the clinic or hospital by a staff member.
- b. No individual served shall be taken or sent home without assurance that there will be someone available to care for them.
- c. No staff member shall leave a Persons served unattended under any circumstances.

An Accident Report shall be completed as soon as possible following the event, and the appropriate Program Administrator or Program Director shall notify the caregiver, and the county Case Manager.

2. Buildings and Equipment:

- a. Hazards: All hazardous materials, chemicals, and equipment will be stored in places inaccessible to the Persons served, except when the Persons served(s) are engaged in activities requiring their use.

Hazardous substances will be identified and their containers labeled with the names of the hazardous substances, the appropriate hazard warnings, the name and address of the chemical manufacturer, importer or other responsible party.

If necessary, information sheet covering hazardous effects and properties of hazardous substances and harmful physical agents to which employees may be exposed will be obtained from the manufacturer and will be available in the program area and the corporate offices. These safety data sheets will be updated as needed and kept on file until the hazardous material is no longer used.

A handrail will be provided on ramps or stairs.

- 1. Ramps, corridors and exits will remain unobstructed at all times. External areas surrounding the building will be kept free of debris and safety hazards.
 - 2. Baseboard heating units will be covered and will not be touching flammable materials.
- b. First Aid Kits: First Aid Kits will be kept in vehicles used for transportation, and various locations throughout a resident or work area.

Each First Aid Kit will also have an approved handbook kept in or next to it.
- c. Fire Extinguishers: Fire Extinguishers are located in all buildings as indicated by the Fire Marshall. They will be inspected annually, and recharged if necessary. Exits will be properly located, and marked, and lighted as required. All staff will be trained in the proper use of fire extinguishers on a periodic basis.
- d. Telephones: Each program will have at least one telephone which is not coin-operated or in a locked room, so that is always available.

Emergency numbers will be posted by each phone.

3. Safe Transportation

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

Procedures:

- a. This program will ensure the following regarding safe transportation:
 1. Equipment used for transportation, including vehicles, supplies, and materials owned or leased by the program, will be maintained in good condition by following the standard practices for maintenance and repair, including any ramps, step stools, or specialized equipment used to help people enter or exit the vehicle.
 2. Vehicles are to be kept clean (interior and exterior).
 3. Staff will report all potential mechanical problems immediately.
 4. Staff will report all potential equipment, supply and material problems immediately.
 5. Staff will report all accidents immediately.
 6. Staff will report all vehicle maintenance and concerns to their supervisor.
- b. The program will ensure the vehicle and drivers are properly insured when transporting persons served by the program.
- c. All staff will follow procedures to ensure safe transportation, handling, and transfers of the person and any equipment used by the person when assisting a person who is being transported, whether or not this program is providing the transportation. When the program is responsible for transportation of the person or a person's equipment, staff will utilize the following assistive techniques:
 1. Staff will provide assistance with seatbelts, as needed to ensure they are correctly fastened.
 2. Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.

3. Staff will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids used by a person, specialized equipment using proper vehicle restraints are properly secured before the vehicle is in motion.
 4. Staff will comply with all seat belt and child passenger restraint system requirements under Minnesota Statutes, sections 169.685 and 169.686 when transporting a child. (Refer to section 4 of this policy)
- d. Program vehicles are to be utilized exclusively to for the purpose of transporting persons served by this program, and equipment and supplies related to the program.
 - e. Staff will be responsible for the supervision and safety of persons while being transported.
 1. When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver and all passengers.
 2. Staff must be prepared to intervene in order to maintain safety if a person being transported engages in known behavior that puts the person, the driver, or other passengers at risk of immediate danger of physical harm.
 - f. Staff will be prepared for emergencies to ensure safety. Vehicles will be equipped with the following in case of emergency:
 1. Name and phone number of person(s) to call in case of emergency.
 2. First aid kit and first aid handbook.
 3. Proof of insurance card and vehicle registration.
 - g. In the event of a severe weather emergency, staff will take the following actions:
 1. Monitor weather conditions. Listen to local television or radio or a weather-radio for weather warnings and watches.
 2. Follow directions for the need to change plans and activities, or seek emergency shelter.
 3. Inform passengers why plans and activities have changed. Assist passengers remain calm.

- h. All staff are required to follow all traffic safety laws while operating the program vehicle. This includes maintaining a valid driver's license, wearing seatbelts, and obeying traffic signs while operating program vehicle.
- i. All staff are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices while operating the program vehicle.

4. Vehicle Use

- a. Using Company Vehicles: Company vehicles will be limited to the following uses, in prioritized order:
 - 1. Staff and persons served of Zenith Services, Incorporated during regular program hours.
 - 2. Staff and persons served of Zenith Services, Incorporated for program-related business or program during times other than regular program hours.
 - 3. Programs and services for other disabled or elderly persons after 4:00 PM weekdays, and on weekends.
 - 4. Programs and services for other disabled or elderly persons during Zenith Services, Incorporated's program hours (if coordination of schedules can be arranged).
 - 5. In general, Zenith Services staff will not be available as drivers for other organizations or individuals.
 - 6. Drivers for other organizations or individuals must be approved in advance by the appropriate Zenith Services, Incorporated supervisory or administrative personnel.
 - 7. Other organizations or persons using a Zenith Services, Incorporated vehicle will pay Zenith Services, Incorporated a mileage rate established for each vehicle, or a flat fee for short-distance use. Groups other than Zenith Services will be limited to using a Zenith Services vehicle within a fifty (50) mile radius of the site location.

- b. Vehicle Fueling: A local gas station will be selected for Zenith Services, Incorporated use in each town. The assigned station should be used when the vehicle is being filled. Sign your name and which vehicle you are servicing on the charge slip and give to the business office. Enter the gallons, dollar amount, and the mileage in the vehicle log book.
- c. Vehicle Keys: Keys will be kept in a designated place. Always return them there.
- d. Vehicle Insurance: Vehicle insurance is with: Zurich
Agent: Christianson Group

Christianson Group
11100 Bren Road West
Minnetonka, Minnesota 55343
- e. Vehicle Parking: Always return the vehicle to its proper place after use. Close the windows, remove the trash, lock the vehicle, and return the keys.
- f. Driver Orientation: Each driver of a company vehicle must complete an annual general driver orientation program which addresses:
 - 1. Valid driver's license
 - 2. Acceptable driving record
 - 3. Training of vehicle operators, including training to operate the vehicle, handling and transferring of Persons served and materials, and emergency road procedures review of these policies.
- g. Safety Restraints: Safety restraining devices shall be available and used in all vehicles.
- h. Safety Equipment: Each vehicle shall be equipped with a well-maintained first aid kit, fire extinguisher, emergency instructions, and current insurance papers.

4. Child Passenger Restraint Systems:

- a. Every motor vehicle operator, when transporting a child who is both under the age of eight and shorter than four feet nine inches on the streets and highways of this state in a motor vehicle equipped with factory installed belts, shall equip and install for use in the motor vehicle, according to the manufacturer's instructions, a child passenger restraint system meeting federal motor vehicle safety standards.
- b. No motor vehicle operator who is operating a motor vehicle on the streets and highways of this state may transport a child who is both under the age of eight and shorter than four feet nine inches in a seat of a motor vehicle equipped with a factory-installed seat belt, unless the child is properly fastened in the child passenger restraint system. Any motor vehicle operator who violates this is guilty of a petty misdemeanor and may be sentenced to pay a fine of not more than \$50. The fine may be waived or the amount reduced if the motor vehicle operator produces evidence that within 15 days after the date of the violation a child passenger restraint system meeting federal motor vehicle safety standards was purchased or obtained for the exclusive use of the operator.
- c. A Child Passenger restraint system: means any device that meets the standards of the United States Department of Transportation, is designed to restrain, seat, or position children, and includes a booster seat.
- d. When a child is transported, Zenith Services, Incorporated must comply with all seat belt and child passenger restraints system requirements under section 169.685 and 169.686.
 1. Seat belt requirements: A properly adjusted and fastened seat belt, including both the shoulder and lap belt when the vehicle is so equipped, shall be worn by the driver and passenger of a passenger vehicle.
 - 2.. A person who is 15 years of age or older and who violates the above paragraph is subject to a fine of \$25, The driver of the vehicle in which the violation takes place is subjected to \$25 fine for each violation by the driver or by a passenger under the age of 15, but the court may not impose more than one surcharge on the driver, The Department of Public Safety shall not record a Violation on the person's driving record.

e. Training Requirements

- a. Before Zenith Services, Incorporated transports a child or children under the age of nine in a vehicle, the person transporting the child must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles. Training completed under this section may be used to meet initial or ongoing training under (Minnesota Rules, part 2960.3070, subparts 1 and 2).
- b. Training must be at least one hour in length, completed at orientation or initial training and repeated at least once every five years. At a minimum, the training must address the proper use of child restraint systems based on the child's size, weight, and age, and the proper installation of a car seat or booster seat in the motor vehicle used by the Zenith to transport the child or children.
- c. Training must be provided by individuals who are certified and approved by the Department of Public Safety, Office of Traffic Safety.

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E. Incident Response, Reporting and Review

1. Policy: It is the policy of this Department of Human Services (DHS) licensed provider, Zenith Services, Incorporated, 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; and
 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. Any mental health crisis that requires the program to call 911, a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate;
- e. An act or situation involving a person that requires to program to call 911, law enforcement, or the fire department.
- f. A person's unauthorized or unexplained absence from a program.
- g. Conduct by a person receiving services against another person receiving services that:
 - 1. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support;
 - 2. Places the person in actual and reasonable fear of harm;
 - 3. Places the person in actual and reasonable fear of damage to property of the person; or
 - 4. Substantially disrupts the orderly operation of the program.
- h. Any sexual activity between persons receiving services involving force or coercion.
 - 1. "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.
 - 2. "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).

- i. Any emergency use of manual restraint as identified in section 245D.061 or successor provisions; or,
 - j. A report of alleged or suspected child or vulnerable adult maltreatment.
 - k. Accidents that require physician treatment or hospitalization, medication error, communicable disease, possession of a weapon, vehicle accident, and unauthorized possession of illicit substances
2. 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.
 - 4. Staff will notify supervisor or follow chain of command to report serious injury.
 - b. Death
 - 1. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.
 - 2. If there is another person(s) with you, ask them to call 911, and follow directives given to you by the emergency responder.
 - 3. Staff will notify supervisor or follow chain of command to report death.
 - 4. Management staff will make all necessary external notification of death immediately.

- c. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
 - 1. Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.
 - 2. When staff believes that a person is experiencing a life threatening medical emergency they must immediately call 911.
 - 3. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the person is taken to a physician or hospital for treatment.
 - 4. Staff will have available the Persons served files that contain identifying information that will be needed by the medical personnel
 - 5. Staff will notify supervisor or chain of command.
 - 6. Staff will accompany the Persons served to the medical facility as the staffing pattern permits.
- d. Mental Health Crisis: When staff believes that a person is experiencing a mental health crisis they must call 911, the Zenith Services, Incorporated nurse, supervisor or chain of command.
- e. Requiring 911, law enforcement, or fire department:
 - 1. For incidents requiring law enforcement or the fire department, staff will call 911.
 - 2. For non-emergency incidents requiring law enforcement, staff will call (Each house and site will have numbers posted)
 - 3. For non-emergency incidents requiring the fire department, staff will call (Each house and site will have numbers posted)
 - 4. Staff will provide care as needed for the Persons served until help arrives.
 - 5. Staff will explain to the need for assistance to the emergency personnel.
 - 6. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.
 - 7. Staff will notify supervisor or chain of command for further instruction.

- f. Unauthorized or Unexplained Absence: When a person is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:
1. If the person has a specific plan outlined in his/her Coordinated Services and Support Plan Addendum to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
 2. If a person is missing during program hours, the staff person noticing the absence shall report it immediately to the Program Manager to initiate a search.
 3. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other persons receiving services will not be left unsupervised to conduct the search.
 4. If after no more than 15 minutes or per Elopement Plan, RMP, CSSP or CSSP addendum, the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
 5. If the Program manager is not on site, after contacting law enforcement, staff will notify their supervisor or the person on call who will determine if additional staff are needed to assist in the search.
 6. A current photo will be kept in each person's file and made available to law enforcement.
 7. When the person is found staff will return the person to the service site, or make necessary arrangements for the person to be returned to the service site.

- g. Conduct of the Person: When a person is exhibiting conduct against another person receiving services that is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the program, staff will take the following steps:
 - 1. Summon additional staff, if available. If injury to a person has occurred or there is eminent possibility of injury to a person, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see EUMR Policy).
 - 2. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
 - 3. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.
 - 4. Staff will notify supervisor or chain of command of the incident.
- h. Sexual Activity Involving Force or Coercion: If a person is involved in sexual activity with another person receiving services and that sexual activity involves force or coercion, staff will take the following steps:
 - 1. Instruct the person in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the person's interaction. Verbally direct each person to separate area.
 - 2. If the person does not respond to a verbal redirection, intervene to protect the person from force or coercion, following the EUMR Policy as needed.
 - 3. Summon additional staff if necessary and feasible.
 - 4. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
 - 5. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.

6. Staff will notify supervisor or chain of command of the situation, to obtain for further instruction.
 7. Contact law enforcement as soon as possible and follow all instructions.
 8. If the person(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.
 9. Staff should assist the Persons served to separate areas of the facility. Staff will document their initial observation of the activity and any information provided by the Persons served as soon as possible.
- i. Emergency use of manual restraint (EUMR): Follow the EUMR Policy.
 - j. Maltreatment: Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.
3. Reporting Procedures
 - a. Completing a report
 1. Incident reports will be completed as soon possible after the occurrence, but no later than 24 hours after the incident occurred or the program became aware of the occurrence. The written report will include:
 - a. The name of the person or persons involved in the incident;
 - b. The date, time, and location of the incident;
 - c. A description of the incident;
 - d. A description of the response to the incident and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
 - e. The name of the staff person or persons who responded to the incident; and
 - f. The results of the review of the incident (see section IV).

2. When the incident involves more than one person, this program will not disclose personally identifiable information about any other person when making the report to the legal representative or designated emergency contact and case manager, unless this program has consent of the person. The written report will not contain the name or initials of the other person(s) involved in the incident.
- b. Reporting incidents to team members
1. All incidents must be reported to the person's legal representative or designated emergency contact and case manager:
 - a. Within 24 hours of the incident occurring while services were provided;
 - b. Within 24 hours of discovery or receipt of information that an incident occurred; or
 - c. As otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum.
 2. This program will not report an incident when it has a reason to know that the incident has already been reported.
 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. The incident report will be mailed out to the legal representative and case manager within 7 days of the incident.
- c. Additional reporting requirements for deaths and serious injuries
1. A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division and the Office of Ombudsman for Mental Health and Developmental Disabilities.
 2. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.
 3. This program will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.

- d. Additional reporting requirements for maltreatment
 - 1. When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.
 - 2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.
 - e. Additional reporting requirements for emergency use of manual restraint (EUMR): Follow the EUMR Policy.
4. Reviewing Procedures
- a. Conducting a review of incidents and emergencies: This program will complete a review of all incidents.
 - 1. The review will be completed by Program Director or Program Administrator.
 - 2. The review will be completed within 7 days of the incident.
 - 3. The review will ensure that the written report provides a written summary of the incident.
 - 4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
 - 5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.
 - 6. The internal review will be attached to the incident report and kept on file.
 - b. Conducting an internal review of deaths and serious injuries: This program will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)
 - 1. The review will be completed by Quality Assurance Administrator.
 - 2. The review will be completed as soon as possible or within 30 days of the death or serious injury.

- c. The internal review must include an evaluation of whether:
 - 1. Related policies and procedures were followed;
 - 2. The policies and procedures were adequate;
 - 3. There is need for additional staff training;
 - 4. The reported event is similar to past events with the persons or the services involved to identify incident patterns; and
 - 5. 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.
 - d. 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.
 - e. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints policy.
 - f. Conducting an internal review of maltreatment:
Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy
 - g. Conducting a review of emergency use of manual restraints:
Follow the EUMR Policy.
5. Record Keeping Procedures
- a. The review of an incident will be documented on the incident reporting form and will include identifying trends or patterns and corrective action if needed.
 - b. Incident reports will be maintained in the person's record. The record must be uniform and legible.
6. Safety Committee:
- a. Zenith Services, Incorporated has established a Safety Committee to monitor safety issues.
 - b. The Safety Committee looks for any patterns of incidents and makes recommendations for any corrective action necessary to the program where the incident occurred.
 - c. The Safety Committee meets at least quarterly.

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Promotion of Persons served Health and Safety

F. Psychotropic Medication Monitoring

1. Psychotropic Medication Policy: Zenith Services, Incorporated will be in compliance with the Psychotropic Medication Use Checklist (PMUC) whenever a Persons served is prescribed a psychotropic medication.
 - a. Upon initial prescription of a psychotropic medication, and every ninety (90) days thereafter throughout the life of the prescription, a Psychotropic Medication Review form shall be reviewed by the practitioner prescribing the medication. This form shall list the behavior to be modified, expected behavioral outcome, possible side effects, dose, route, and signature of practitioner. This document shall be posted in a conspicuous place in the resident's record and reviewed by staff. The form will be completed by the Program Manager/supervisor and sent to the practitioner for review.
 - b. Informed consent will be obtained prior to initial start of the medication. This consent will include information on: the proposed drug, maximum dose, targeted behaviors (if possible), benefits, side effects, risks of the medication, alternative programming in effect and/or what has been attempted, minimal effective dose reduction date attempt, when consent expires (automatically expires one year after original signed date), who is giving the consent and relationship to resident (if resident is unable to give consent).
 - c. The resident Interdisciplinary Team shall review the use of all psychotropic medication at least annually, and approve or disapprove the continued use of the medication and give recommendations, if any.
 - d. The use of psychotropic medication shall not be a substitute for other, non-drug related programming. All residents using medications shall receive positive programming in addition to any psychotropic medicine regime.
 - e. Upon initial prescription of any new psychotropic medication, the medication usage, procedure, dose, possible side effects, and unexpected behavioral outcome(s) shall be reviewed with the full staff of Zenith Services, Incorporated by the Health Consultant of his / her designee.

- f. All residents who are on neuroleptic medications shall be monitored at least semi-annually on the Dyskinesia Identification System Condensed User Scale (DISCUS).
- g. Residents who have neuroleptic medication(s) discontinued shall be monitored (with the DISCUS) at two weeks, one month, two months, and three months after discontinuing the medication. Any resident with a negative rating after three months may have the rating discontinued except on an annual basis.

If the twelve-month rating is positive, the resident shall be rated every six months until there are two straight negative ratings. After two straight negative ratings, the ratings will be discontinued.

- h. All new residents shall have one or two monitorings (with the DISCUS) within thirty (30) days of admission unless it can be documented that the resident has never received neuroleptic medications.
- i. The Program Manager / supervisor will ensure that a “MOSES” form is completed in the following situations:
 - 1. Within seven (7) to fourteen (14) days after the initiation of psychotropic medication;
 - 2. Within seven (7) to fourteen (14) days after a dosage increase;
 - 3. Once every six (6) months after initiation;
 - 4. Seven (7) to fourteen (14) days after a psychotropic medication is discontinued, if evidence is discovered that side-effects are occurring;
 - 5. The above conditions are subject to the following exceptions;
no “MOSES” after a PRN use lasting fewer than seven (7) days;
no “MOSES” after a STAT order, which is a physician ordered medication that is given on an immediate one-time basis and is not ordered on a continuous basis; after a dosage increase if the original decrease was part of a MED plan.

- j. The Program Manager / supervisor will ensure that written justification from the prescribing professional is obtained in the following circumstances.
 - 1. If psychotropic dosages exceed the manufacturer's recommended maximum dose;
 - 2. If two (2) psychotropics from the same therapeutic class are prescribed;
 - 3. If more than two (2) psychotropics from different therapeutic classes are prescribed;
 - 4. If sedatives or hypnotic are prescribed for longer than one (1) month;
 - 5. If an anticholinergic is prescribed for longer than six (6) months;
 - 6. If the psychotropic medication or its dosage change without a minimum evaluation period of at least fifteen (15) days.
- k. In the case of prescribed medications, it shall be the practice of Zenith Services, Incorporated to note in the permanent record of the resident, the use of the medication, time, purpose, side effects/risks, and immediate outcome of the usage of the medication.
- l. The Program Manager / supervisor will ensure that all requirements of the Psychotropic Medication Use Checklist (PMUC) are met whenever a Persons served is prescribed a psychotropic medication.
- m. The Program Manager / supervisor will ensure that the Persons served receiving psychotropic medications is being treated concurrently with a written positive behavior management plan.

3.

Promotion of Persons Served Health and Safety

G. Admission Criteria Policy Fee for Service

1. Policy:

It is the policy of this Department of Human Services licensed provider Zenith Services, Incorporated 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 person's served by this program.

2. Procedures:

- a. Applications for service initiation are considered without regard to race, creed, color, or natural origin, religion, physical handicap, sexual orientation, public assistance status or marital status. Reasonable accommodations shall be made as required under the American Disability Act.
- b. The following service admission criteria must be met upon initial application.
 1. County or Contracted Case Management referral
 2. Waivered service funding, county funding or private pay
- c. The Case Manager shall complete and submit a CSSP, ISP or Community Support Plan for review for the person to be served to the Program Administrator or Program Director.
- d. The Program Administrator or Program Director shall set up a referral meeting with the persons served, legal representative, involved family as applicable, and case manager.
- e. Once a referral information is received, the Program Administrator or Director will contact the Case Manager or person served guardian to discuss the following:

1. What the Persons served and Case Manager wants and needs from the services.
 2. Discussion with the Case Manager on number of contractual hours and funding source.
 3. Discussion of whether the Persons served, legal representative and case Manager desires to continue to pursue the initiation of services and any concerns to be addressed by the program.
 4. The Program Administrator will work in coordination with the case manager and person served guardian to set up an intake meeting at the location determined by the guardian. Typically the location will be the person's home but it may be the county building.
- f. The decision to accept individuals for service initiation for Fee for Service will be based on each of the following criteria.
1. The agency has the ability to meet the needs of the Persons served.
 2. The agency has the ability to meet the expectation to the Interdisciplinary team.
 3. The information provided is adequate to develop a service plan.
 4. The program is able to abide by its policy for medication administrator for Fee for Service program. Fee for Service programs may administer prepacked medications but are unable to administer medications directly from a pill bottle or container nor are able to draw insulin or other medications and complete injections.
 5. The person served is not a convicted of a sexual crime. The Fee for Service program is unable to accept persons who are convicted of sexual crimes.
 6. Funding is adequate to ensure the staffing pattern to meet the Individual's needs.
 7. Fee for Service programs do not have a waiting list or limited capacity.
- g. The Program Administrator will make the decision to initiate services and communicate this decision to the team. If a decision is made to provide services, an intake meeting will be scheduled.

- h. Pre-admission: Before admitting a person to the program, the program must provide the following information to the person or the person's legal representative:
 - 1. Identifies the criteria to be applied in determining whether the program can develop services to meet the needs specified in the person's coordinated service and support plan. 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.
- i. Service Initiation: At the Intake meeting the following will be discussed:
 - 1. Final Agreement by all parties of the services to be delivered and time lines.
 - 2. Development of the Coordinated Support Services Plan Addendum and Assessment Packet.
 - 3. 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.
 - 4. Availability of program policies and procedures: The program must inform the person, or the person's legal representative, and case manager of the policies and procedures affecting a person's rights under section 245D.04, and provide copies of the following policies and procedures, within five working days of service initiation:
 - 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.

5. Copies of all other policies and procedures must be available to persons served of the person served's legal representatives, case managers, the county where services are located and the commission upon request.
 8. Appropriate "consents for release of information" signed.
 9. The availability of services and charges, regardless of the payment source.
 10. The payment source for services and any changes to the Persons served or other private parties.
 11. Handling property and funds: The program will obtain written authorization from the person or the person's legal representative and the case manager to verbally or physically assist the person served in handling small financial transactions when in the community or at home. Fee for Service does not safeguard funds or property. Fee for Service direct care support staff and management will not have access to person served banking or credit card numbers.
 12. Review Internal Reporting of Maltreatment.
 13. The Program Manager and Director or Administrator will ensure documentation is obtained that all the orientation is completed. The Program Manager and Director or Administrator will ensure that the persons served' rights are exercised and protected within he services provided by Zenith Services, Incorporated and as authorized in the person served's Coordinated Service Support Plan (CSSP).
- k. Refusal to admit a person:
1. Refusal to admit a person to the program must be based on an evaluation of the person's assessed needs and Zenith Services lack of capacity to meet the needs of the person. Fee for Service is unable to admit individuals that are convicted of sexual assault or is registered as a sexual offender.

2. Zenith Services, Incorporated must not refuse to admit a person based solely on:
 - a. the type of residential services the person is receiving
 - b. person's severity of disability;
 - c. orthopedic or neurological handicaps;
 - d. sight or hearing impairments;
 - e. lack of communication skills;
 - f. physical disabilities;
 - g. toilet habits;
 - h. behavioral disorders; or
 - i. past failure to make progress.
3. When the individual is found ineligible, the Program Administrator will inform the person, their legal representative and the case manager as to the reason for the decision. Alternative services will be recommended.
4. Documentation of the basis of refusal must be provided to the person or the person's legal representative and case manager upon request.

3.

Promotion of Persons served Health and Safety

H. Record Keeping of Persons served Plan File

1. Zenith Services, Incorporated will maintain Persons served data files that contain the following information:
 - a. ISP Support Plan that contains the following identifying information: Date of birth, medications, legal representative, history, names and telephone numbers of contacts including other license holders serving the Persons served that includes a contact person and telephone number, services being provided and name of contact person in order to coordinate services, other team members, medical information and other individual specific information such as financial, functional abilities, outcomes, documentation of notification to the Persons served or legal representative of their right to appeal in the situation that the case manager has not provided a current ISP.
 - b. County ISP that contains Persons served history, recommendations, medical information, etc. When a Persons served case manager does not provide a current ISP, Zenith Services shall make a written request to the case manager to provide a copy of the ISP and inform the Persons served or the person served's legal representative of the right to an ISP and the right to appeal under section 256.045.
 - c. Copies of assessments, analyses, summaries and recommendations such as individual risk management plans.
 - d. Progress review reports.
 - e. Incident log and incident reports involving the Persons served.
 - f. Discharge summary when applicable.
 - g. Record of other license holders serving the Persons served that include a contact person and telephone numbers, services being provided, services that require coordination between two license holders, and name of staff responsible for coordination.

- h. Persons served health information including individual medication administration and monitoring information.
- i. Information about verbal aggression directed at the Persons served by another person served.
- i. Information about self-abuse.

3.

Promotion of Persons served Health and Safety

I. Requirement of Notification of Persons served

1. In Accordance with Minnesota Statutes, section 243.166, subdivision 4b Zenith Services, Incorporated will provide notification to Persons served or their Guardian/ Legal Representative regarding the following information:
 - a. Upon knowledge of admission of a Persons served with status of registered predatory offender to a residential program, Zenith Services, Incorporated will give notice to all current residents of that program that someone with status of registered predatory offender has been admitted to the facility.
 - b. Any new residents admitted to the residential facility while the predatory offender is residing in the residential facility will also be notified.
 - c. When the facility determines that notice to a resident is not appropriate given the resident's medical, emotional or mental status, the facility shall notify the Guardian or Legal Representative. Zenith Services, Incorporated will document that the required notice was not provided to the resident and must identify who received the notice.
2. Residential facilities are not required to provide the name of the predatory offender in the notice given to residents that a registered predatory offender has been admitted to the residential facility.

3.

Promotion of Persons served Health and Safety

J. Health Service Coordination and Care Policy

1. Policy:

It is the policy of this Department of Human Services licensed provider, Zenith Services, Incorporated, 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 Coordinated Service and Support Plan addendum.

2. Procedure:

- a. When discovered, Zenith Services, Incorporated 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 Coordinated Service and Support Plan (CSSP) or Coordinated Service and Support Plan addendum.
- b. If Zenith Services, Incorporated has reason to know that the change has already been reported, it is not necessary to report.
- c. Zenith Services, Incorporated 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 form.
- d. When assigned the responsibility for meeting the person's health service needs in the person's Coordinated Service and Support Plan (CSSP) or Coordinated Service and Support Plan addendum. Zenith Services, Incorporated 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 of 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 medication, dental and other health services appointments; or
 4. Use medical equipment, devices or adaptive aides or technology safely and correctly according to written instructions from a licensed health professional.
- e. Serious Illness and Health Needs:
1. Monitor health conditions according to written instructions from a licensed health professional.
 2. Zenith Services, Incorporated will follow all medical/emergency protocols for all Persons served.
 3. If a Persons served is on Hospice care, Zenith Services, Incorporated will coordinate medical care with the hospice agency
 4. Zenith Services, Incorporated will follow all Do Not Resuscitate / Do Not Intubate (DNR/DNI) protocols for Persons served when applicable.
 5. Zenith Services, Incorporated nurse will ensure step by step instructions (including on call protocols) are provided to staff.
 6. Zenith Services, Incorporated will ensure receiving authorization and signatures from the persons served's legal representative for all medical protocols including the DNR/DNI protocols when applicable.
 7. The Persons served medical /emergency protocol and DNR/DNI protocol will be located: in the medication book at the sites.
 8. All staff and on call management will be trained on the medical/emergency protocols and DNR.DNI protocols for Persons served.
 9. During orientation, staff will sign the emergency statement that they can call 911.
 10. Upon death, staff will contact the Hospice Agency (when applicable), their supervisor, and the Zenith Services, Incorporated Nurse.
 11. For Persons served on Hospice care, staff will notify the Hospice Nurse of all necessary information, but will follow all of Zenith Services, Incorporated protocols and policy and procedures.

4.

Protection of Persons served Rights and Privacy

A. Data Privacy Policy

1. What is Data Privacy?

All information regarding persons served that is kept by the provider is considered private information. A case file is kept for each person served and it contains all records for that person. Only staff who need to know this information have access to the file of the persons served.

2. Policy: Zenith Services, Incorporated 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 sections 245D.095, subdivision 4, of the 245D Home and Community-based Services Standards. Zenith Services, Incorporated will establish policies and procedures that promote service recipient rights by ensuring data privacy according to the requirements in:

- a. Minnesota Government Data Practices Act, section 13.46 and all other applicable Minnesota laws and rules in handling all data related to the services provided; and
- b. The Health Insurance Portability and Accountability Act of 1996 (HIPPA), to the extent that Zenith Services, Incorporated performs a function or activity involving the use of protected health information as defined under Code of Federal Regulations, title 45, section 164.501, including but not limited to, providing health care services; health care claims processing or administration: data analysis, processing, or administration: utilization review; quality assurance; billing; benefit management; practice management; repricing; or as otherwise provided by Code of Federal Regulations; title 45, section 160.103. Zenith Services, Incorporated will comply with the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, Code of Federal regulations, title 45, parts 160 to 164, and all applicable requirements.

3. Procedure:

a. Private Data:

1. Private data includes all information on persons that has been gathered by this program or from other sources for program purposes as contained in an individual data file, including their presence and status in this program.
2. Data is private if it is about individuals and is classified as private by state or federal law. Only the following persons are permitted access to private data:
 - a. The individual who is the subject of the data or a legal representative.
 - b. Anyone to whom the individual gives signed consent to view the data.
 - c. Employees of the welfare system whose work assignments reasonably require access to the data. This includes staff persons in this program.
 - d. Anyone the law says can view the data.
 - e. Data collected within the welfare system about individuals are considered welfare data. Welfare data is private data on individuals; including medical and/or health data. Agencies in the welfare system include, but are not limited to: Department of Human Services; local social services agencies, including a person's case manager; county welfare agencies; human services boards; the Office of Ombudsman for Mental Health and Developmental Disabilities; and persons and entities under contract with any of the above agencies; this includes this program and other licensed caregivers jointly providing services to the same person.
 - f. Zenith Services, Incorporated may also need to share information with CARF and other licensing or accreditation services to meet quality standards.
 - g. 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. The Designated Manager will document that this information was provided to the individual and/or their legal representative in the individual record.
- c. When Obtaining Informed Consent or Authorization for Release of Information, the Designated Manager must tell the person or the legal representative individual the following:
 1. At the time informed consent is being obtained the Program Administrator or Program Director must tell the person or the legal representative individual the following:
 - a. Why the data is being collected;
 - b. How the agency intends to use the information;
 - c. Whether the individual may refuse or is legally required to furnish the information;
 - d. What known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data. What the individual can do if they believe the information is incorrect or incomplete;
 - e. How the individual can see and get copies of the data collected about them; and any other rights that the individual may have regarding the specific type of information collected.
- d. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information [45 C.F.R. section 164](#)):
 1. Be written in plain language;
 2. Be dated;

3. Designate the particular agencies or person(s) who will get the information;
4. Specify the information which will be released;
5. Indicate the specific agencies or person who will release the information;
6. Specify the purposes for which the information will be used immediately and in the future;
7. Contain a reasonable expiration date of no more than one year; and
8. Specify the consequences for the person by signing the consent form, including: "Consequences: I know that state and federal privacy laws protect my records. I know:
 - a. Why I am being asked to release this information.
 - b. I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me.
 - c. If I do not consent, the information will not be released unless the law otherwise allows it.
 - d. I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
 - e. The person(s) or agency(ies) who get my information may be able to pass it on to others.
 - f. If my information is passed on to others by this program, it may no longer be protected by this authorization.
 - g. This consent will end one year from the date I sign it, unless the law allows for a longer period."
9. Maintain all informed consent documents in the persons served individual record.

e. 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. Medication times, appointment schedules, and all other personal information will not be posted in public areas. The use of initials does not ensure the protection of a person's privacy, and therefore, will not be used in public areas.
4. As a general rule, doubts about the correctness of sharing information should be referred to the supervisor.

e. Access to private data by persons served: The persons served 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.
5. If you have questions or concerns about data privacy, please call Zenith Services, Incorporated and ask for the responsible authority for data privacy.

- 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.

4.

Protection of Persons served Rights and Privacy

B. Grievance Policy

1. Policy

A grievance is defined as a complaint that someone receiving services or their expanded support team may make about unsatisfactory service received.

It is the policy of this Department of Human Services (DHS) licensed provider, Zenith Services, Incorporated 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.

2. Procedures

Those receiving services and/or their expanded support team should feel free to file a grievance/complaint without being afraid of losing services or any other negative consequences. If those receiving services and/or the expanded support team have a grievance, they may first fill out the "Person Served Complaint Form" or contact a member of the Chain of Command.

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

b. How to File a Grievance:

1. The person receiving services or person's authorized or legal representative:

a. Should talk your staff, Program Manager and/or Program Director with whom they feel comfortable about their complaint or problem;

b. Clearly inform your staff, Program Manager and/or or Program Director that they are filing a formal grievance and not just an informal complaint or problem; and

- c. May request the staff, Program Manager and/or Program Director 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 Program Administrator:
- 3. 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 Chief Operating Officer:

Cheryl Vennerstrom Chief Operating Officer
9400 Golden Valley Road, Golden Valley, Minnesota 55427

763-450-5007

- 4. 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:

Rebecca Thomley, Chief Executive Officer
9400 Golden Valley Road, Golden Valley, Minnesota 55427

763-450-5045

c. Response by the Program

- 1. Upon request, the Program Manager and/Program Director will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
 - a. The name, address, and telephone number of outside agencies to assist the person; and
 - b. Responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.
- 2. Zenith Services, Incorporated will respond promptly to grievances that affect the health and safety of service recipients.
- 3. All other complaints will be responded to within fourteen (14) calendar days of the receipt of the complaint.

4. All complaints will be resolved within thirty (30) calendar days of the receipt.
5. If the complaint is not resolved within thirty (30) calendar days, Zenith Services, Incorporated will document the reason for the delay and a plan for resolution.
6. Once a complaint is received, Zenith Services, Incorporated is required to complete a complaint review. The complaint review will be completed by the Quality Assurance Administrator. The complaint review will include an evaluation of whether:
 - a. Related policy and procedures were followed;
 - b. Related policy and procedures were adequate;
 - c. There is a need for additional staff training;
 - d. The complaint is similar to past complaints with the persons, staff, or services involved; and,
 - e. There is a need for corrective action by the license holder to protect the health and safety of persons receiving services.
7. Based on this review, Zenith Services, Incorporated must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.
8. Zenith Services, Incorporated 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.

- e. This is the person receiving services grievance procedure. The person may choose to represent him or herself during a grievance or may have someone else do it, such as family, Case Manager, or their legal representative. The person receiving services or someone he/she authorize may also seek mediation from Zenith Services, Incorporated's Quality Assurance representative (763-450-7915) at any time if you have a problem, concern, or grievance.

If the person receiving services want to file a grievance with a state, local, or advocacy agencies he/she can call, email, or ask for assistance in calling to make a formal complaint. When the person receiving services call, he/she can say that you are filing a formal complaint against Zenith Services, Incorporated and would like some assistance.

- 3. State, County, and Local Advocacy Agencies: These are the people the person receiving services or someone he/she authorize can call for help:

- | | | |
|----|--|--|
| a. | ARC Anoka/Ramsey
2446 University Avenue West
Suite 110
Saint Paul, Minnesota 55114 | 763-783-4958
Ask for information & assistance
www.arcgreatertwincities.org |
| b. | ARC Minnesota
800 Transfer Road
Suite 7A
Saint Paul, Minnesota 55114 | 612-827-5641
1-800-582-5256 (toll free)
www.arcmn.org |
| c. | Department of Human Services
444 Lafayette Road
Saint Paul, Minnesota 55155 | 651-431-2000
www.dhs.state.mn.us |
| d. | Disability Law Center
430 1st Avenue North
Suite 300
Minneapolis, Minnesota 55401 | 612-332-1441 (to get a lawyer)
www.mylegalaid.org |
| e. | Ombudsman's Office for MR/MI
121 7 th Place East 420
Metro Square Building
Saint Paul, Minnesota 55101 | 651-757-1800 1-800-657-3506
MN Relay Service 711
www.ombudmhdd@state.mn.us |

4.

Protection of Persons served Rights and Privacy

C. Ethical Guidelines and Standards Policy

1. What is a violation of the Code of the Ethical Guidelines and Standards?

A violation would constitute employees' intentional or unintentional failure to meet or to conduct themselves in accordance with the company's Code of the Ethical Guidelines and Standards.

2. What Can You Expect of the Ethical Guidelines and Standards Policy?

When you begin services, you will be given a copy of this policy. A staff person will explain this policy to you and your legal representative.

You should feel free to report a violation of the Ethical Guidelines and Standards without being afraid of losing your job, home, or having anything bad happen to you.

If you have a complaint or problem, you should follow the Grievance Policy, 4. B.

You or someone you authorize may also seek mediation from Meridian Services, Incorporated's Quality Assurance representative (at 763-450-7915) at any time and in regards to any matter.

4.

Protection of Persons served Rights and Privacy

D. Rights of Persons Served

1. Rights of Persons Served: The following rights are established by the Home and Community Based Standards Rule 245D and are applicable to all individuals receiving services.
 - a. Provide the person or the person's legal representative a copy of the service recipient rights and an explanation of the rights within five working days of service initiation and annually thereafter. Reasonable accommodations shall be made by the license holder 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;
 - b. Maintain documentation of the person's or the person's legal representative's receipt of a copy of the rights and an explanation of the rights; and
 - c. Ensure the exercise and protection of the rights of the persons served in the services provided by the license holder and authorized in the coordinated service and support plan.
2. Service-Related Rights: A person's service-related rights include the right to:
 - a. Participate in the development and evaluation of the services provided to the person:
 - b. Have services and supports identified in the coordinated service and support plan and the coordinated service support plan addendum provided in a manner that respects and takes into consideration the preferences of the persons served:
 - c. Refuse or terminate services and be informed of the consequences of refusing or terminating services;
 - d. Know, in advance, limits to the services available from the license holder, including Zenith Services, Incorporated's knowledge, skill, and ability to meet the person's service and support needs.

- e. Know conditions and terms governing the provision of services, including Zenith Services, Incorporated's admission criteria and policies and procedures related to temporary service suspension and service termination.
 - f. A coordinated transfer to ensure continuity of care when there will be a change in provider.
 - g. Know what the charges are for services, regardless of who will be paying for the services, and be notified upon request of changes in those charges;
 - h. Know, in advance, whether services are covered by insurance, government funding, or other sources, and be told of any charges the Persons served or other private party may have to pay; and
 - i. Receive licensed services from individuals who are competent and trained, who have professional certification or licensure, as required, and who meet additional qualifications identified in the person's coordinated service and support plan or coordinated service and support plan addendum.
3. Protection-Related Rights: The protection-related rights of the persons served include the right to:
- a. Have personal, financial, services, and medical information kept private, and to be advised of the Zenith Services, Incorporated's policies and procedures regarding disclosure of such information;
 - b. Access records and recorded information about the person in accordance with applicable state and federal law, regulation or rule;
 - c. Be free from maltreatment;
 - d. Be free from restraint, time out, or seclusion, restrictive intervention, or other prohibited procedure identified in section 245D.06, subdivision 5, or successor provisions, except for emergency use of manual restraint to protect the person from imminent danger to self or others; according to the requirements in section 245D.061 or successor provisions: or the use of safety interventions as part of a positive support transition plan under section 245D.06, subdivision 8, or successor provisions.
 - e. Receive services in a clean and safe environment when the license holder is the owner, lessor, or tenant of the service site;

- f. Be treated with courtesy and respect and receive respectful treatment of the person's property, including having a space to secure personal property;
 - g. Reasonable observance of cultural and ethnic practice and religion;
 - h. Be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation;
 - i. To be informed of and use Zenith Services, Incorporated's grievance policy and procedures, including knowing how to contact persons responsible for addressing problems and to appeal under section 256.045;
 - j. Know the name, telephone number, and the website, email, and street addresses of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices;
 - k. Assert these rights personally, or have them asserted by the person's family, authorized representative, or legal representative, without retaliation;
 - l. Give or withhold written informed consent to participate in any research or experimental treatment;
 - m. Associate with other persons of the individual's choice;
 - n. Personal privacy; and
 - o. Engage in chosen activities.
4. For a person residing in a residential site license according to chapter 245A or where the license holder is the owner, lessor, or tenant of the residential service site, protection-related rights also include the right to:
- a. 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;
 - b. Receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication;
 - c. Have use of and free access to common areas in the residence; and
 - d. 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.

- e. Have access to three nutritionally balanced meals and nutritious snacks between meals each day;
 - f. Have freedom and support to access food and potable water at any time;
 - g. Have the freedom to furnish and decorate the person's bedroom or living unit;
 - h. A setting that is clean and free from accumulation of dirt, grease, garbage, peeling paint, mold, vermin, and insects;
 - i. A setting that is free from hazards that threaten the person's health or safety; and
 - j. A setting that meets the definition of a dwelling unit within a residential occupancy as defined in the State Fire Code.
5. Rights Restrictions: Restriction of a person's rights under section (_3_), (m) to (o) or section (_4_) is allowed only if determined necessary to ensure the health, safety, and well -being of the persons served. Any restriction of those rights must be documented in the coordinated service plan or coordinated service support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect the person and provide support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner. The documentation must include the following information:
- a. The justification for the restriction based on an assessment of the person's vulnerability related to exercising the right without restriction;
 - b. The objective measures as conditions for ending the restrictions;
 - c. 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; and;
 - d. Signed and dated approval for the restriction from the persons served, or the person's legal representative, if any. A restriction may be implemented only when the required approval has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the rights must be immediately and fully restored.

4.

Protection of Rights and Privacy of Persons Served

E. Choice and Preferences of Persons Served

1. Each person served has the choice of what colors and décor are used to decorate their bedroom. Each person also has the choice of what possessions and personal furnishings are kept within their bedroom.
2. Each person served may choose to close and lock their bedroom door unless otherwise specified in the coordinated services support plan. Zenith Services, Incorporated will maintain a copy of the bedroom key for each person served to be used only in the event of an emergency.
3. Each person served may choose to color and style their hair to suit their preference. Hair color and styling will be done wherever and by whomever the persons served prefers. The persons served will pay for all hair coloring and styling costs.
4. Each person served may choose what personal clothing and accessories they wear on a daily basis.
5. Each person is free to come and go from their home unless otherwise specified in their CSSP.
6. Each person is free to move in and around the community, and determine how often they participate in social/community activities within the limits of the staffing pattern.
7. Each person has the choice of what they want to eat within options available. They also have the choice of when they eat, where they eat (dining room, kitchenette, living room), and choice of with whom they eat or to eat alone.
8. Each person has the choice of when they go to bed and when they get up.
9. Each person has the choice of when and how they bathe, and when a person needs assistance with personal care, it will be provided in private.

5.

Promotion of Continuity and Quality of Persons served Supports

A. Temporary Suspension of Service Policy

1. Policy: It is the policy of this DHS licensed provider Zenith Services, Incorporated to ensure our procedures for temporary service suspension promote continuity of care and service coordination for persons and the case manager and with other licensed caregivers, if any, who also provide support to the person receiving services.
2. Procedures:
 - A. Zenith Services, Incorporated will limit temporary service suspension to the following situations:
 1. The persons' conduct poses an imminent risk of physical harm to self or others and either:
 - a. Positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety; or
 - b. Less restrictive measures would not resolve the issues leading to the suspensions; OR
 2. The person has emergent medical issues that exceed the license holder's ability to meet the person's needs; OR
 3. The program has not been paid for services.

B. Prior to giving notice of temporary service suspension, Zenith Services, Incorporated must document actions taken to minimize or eliminate the need for service suspension.

1. Action taken by Zenith Services, Incorporated must include, at a minimum:

- a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
- b. A request to the case manager for intervention services identified, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.

2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program unable to consult with the person's team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.

C. The notice of temporary service suspension must meet the following requirements:

- a. This program must notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.
- b. If the temporary service suspension is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including ICF/DD, the program must also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
- c. Notice of temporary service suspension must be given on the first day of the service suspension.
- d. The written notice of service suspension must include the following elements:
 - 1. The reason for the action;
 - 2. A summary of actions taken to minimize or eliminate the need for temporary service suspension; and
 - 3. Why these measures failed to prevent the suspension.

- e. During the temporary suspension period Zenith Services, Incorporated must:
 - 1. Provide information requested by the person or case manager;
 - 2. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
 - 3. Maintain information about the service suspension, including the written notice of temporary service suspension in the person's record.
- D. A person has the right to return to receiving services during or following a service suspension with the following conditions.
 - 1. Based on a review by the person's support team or expanded support team, the person no longer poses an imminent risk of physical harm to self or others, the person has a right to return to receiving services.
 - 2. If, at the time of the service suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the support team or expanded support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to the program.
 - 3. If the support team or expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, the program must document the specific reasons why a contrary decision was made.

5.

Promotion of Continuity and Quality of Persons served Supports

B. Termination of Service Policy

1. Policy: It is the policy of this Department of Human Services (DHS) licensed provider, Zenith Services, Incorporated, to ensure our procedures for service termination promote continuity of care and service coordination for persons receiving services.
2. Service Termination Procedures:
 - A. Zenith Services, Incorporated must permit each person to remain in the program and must not terminate services unless:
 - a. The termination is necessary for the person's welfare and the person's needs cannot be met in the facility;
 - b. 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;
 - c. The health of the person or others in the program would otherwise be endangered;
 - d. The program has not been paid for services;
 - e. The program ceases to operate; or
 - f. The person has been terminated by the lead agency from waiver eligibility.

- B. Prior to giving notice of service termination, Zenith Services, Incorporated must document the actions taken to minimize or eliminate the need for termination.
- a. Action taken by the Zenith Services, Incorporated must include, at a minimum:
 - 1. Consultation with the person's support team or expanded support team to identify and resolve issues leading to the issuance of the notice; and
 - 2. A request to the case manager for intervention services, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program. The request for intervention services will not be made for service termination notices issued because the program has not been paid for services.
 - b. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program unable to consult with the person's team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.
- C. The notice of service termination must meet the following requirements:
- a. Zenith Services, Incorporated must notify the person or the person's legal representative and the case manager in writing of the intended service termination.
 - b. 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 Department of Human Services in writing. DHS notification will be provided by fax at 651-431-7406.

- c. The written notice of a proposed service termination must include all of the following elements:
 - 1. The reason for the action;
 - 2. 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 ceasing operation;
 - 3. The person's right to appeal the termination of services under Minnesota Statutes, section 256.045, subdivision 3, paragraph (a); and
 - 4. The person's right to seek a temporary order staying the termination of services according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).
- c. 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.
 - 1. 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.
 - 2. For those persons receiving other services, the notice must be provided at least 30 days before the proposed effective date of service termination.
- d. This notice may be given in conjunction with a notice of temporary service suspension.

E. During the service termination notice period, the program must:

- a. 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;
- b. Provide information requested by the person or case manager; and
- c. Maintain information about the service termination, including the written notice of intended service termination, in the person's record.

5.

Promotion of Continuity and Quality of Persons served Supports

C. Quality Services Measurement

1. Persons served Satisfaction Evaluation: Zenith Services, Incorporated will annually evaluate the quality of services by evaluating Persons served satisfaction with the services being provided. A report will be shared with the persons served and legal representatives that will include the following:
 - a. Summarized results of the evaluation.
 - b. The actions and timelines Zenith Services, Incorporated will take in response to improve satisfaction with services.
 - c. The procedures developed to evaluate Persons served satisfaction will:
 1. Be convenient for the persons served and their legal representatives by accommodating their timelines, schedules, etc. Zenith Services, Incorporated conducts this evaluation by sending out a written survey or questionnaire that is to be completed and returned.

Other options may include:

 - a. A staff person interviews using the items from a questionnaire immediately prior to the annual program planning meeting.
 - b. An annual group meeting of the Persons served legal representatives to discuss questionnaire items and provide verbal feedback that will be recorded by Zenith Services, Incorporated.
 2. Help educate persons serve and legal representatives of their rights in service delivery. Evaluation questions will utilize the Persons served Bill of Rights.
 3. Result in a safe and comfortable situation for persons served and their legal representatives to give honest and specific feedback regarding services without fear of retaliation. Feedback will be

shared with others aggregately, not specific to a Persons served or legal representative.

4. Result in Persons served and their legal representatives feeling their feedback will be handled by Zenith Services, Incorporated in a meaningful and responsive fashion.

2. Areas for evaluation of satisfaction:

- a. Assistance of staff on use of Rights
- b. Dignity and Respectful Treatment
- c. Individualized Lifestyle
- d. Relationships
- e. Personal Well-Being
- f. Location of Services

5.

Promotion of Continuity and Quality of Persons served Supports

D. Program Coordination, Evaluation and Oversight

1. Zenith Services, Incorporated is responsible for:
 - a. Coordination of service delivery and evaluation for each Persons served, served by Zenith Services, Incorporated as identified in 245D.081, subdivision 2;
 - b. Program management and oversight that includes the evaluation program's quality and program improvements for services provided by Zenith Services, Incorporated as identified in 245D.081 subdivision 3.
 - c. The same person may perform the functions in paragraph (a) if the work and education qualifications are met in 245D .081 subdivision 2 and 3
2. Coordination and evaluation of individual service delivery:
 - a. Delivery and evaluation of services provided by Zenith Services, Incorporated will be coordinated by a designated staff person. The designated coordinator will provide supervision, support, and evaluation of activities that include:
 1. Oversight of Zenith Services, Incorporated responsibilities assigned in the persons served coordinated service and support plan and the coordinated service and support plan addendum.
 2. Taking the action necessary to facilitate the accomplishment of the outcomes according to the requirements in section 245D.07.
 3. Instruction and assistance to direct support staff implementing the coordinated service and support plan and the service outcomes, including direct observation of service delivery sufficient to assess staff competency; and,

4. Evaluation of the effectiveness of service delivery. methodologies, and progress on the persons served outcomes based on the measures and observable criteria for identifying when the desired outcome has been achieved according to the requirements in section 245D.07.
 - b. Zenith Services, Incorporated will ensure that the designated coordinator is competent to perform the required duties identified in 245D.081 Subdivision 1 paragraph (1). (In this policy see section 1) through education and training in human service and disability-related fields, and work experience in providing direct care services and supports to persons with disabilities. The designated coordinator must have the skills and ability necessary to develop effective plans and to design and use data systems to measure effectiveness of services and supports. Zenith Services, Incorporated will verify and document competence according to the requirements in section 245D.09, subdivision 3.
 - c. The Designated Coordinator must minimally have:
 1. A baccalaureate degree in a field related to human services, and one year of full time work experience providing direct care services to persons with disabilities or persons age sixty-five (65) and older;
 2. An associate degree in a field related to human services, and two years of full time work experience providing direct care services to person with disabilities or person of age sixty-five (65) and older:
 3. A diploma in a field related to human services from an accredited postsecondary institution and three years of full-time work experience providing direct care services to person with disabilities or persons age sixty-five (65), and older; or
 4. A minimum of fifty (50) hours of education and training related to human services and disabilities; and four years of full time work experience providing direct care services to persons with disabilities or persons age sixty-five (65) and older under the supervision of a staff person who meets the qualifications identified in section c (1) to (3).
3. Program Management and oversight:
 - a. Zenith Services, Incorporated will designate a managerial staff person or persons to provide program management and oversight of the services provided by program.

- b. The Designated Manager is responsible for the following:
1. Maintaining a current understanding of licensing requirements sufficient to ensure compliance throughout the program as identified in section 245A.04, subdivision 1, paragraph (e), and when applicable, as identified in section 256B, subdivision 21, paragraph (b);
 2. Ensuring the duties of the designated coordinator are fulfilled according to the requirements in subdivision 2;
 3. Ensuring the program implements corrective action identified as necessary by the program following review of incident and emergency reports according to the requirements in section 245D.11, subdivision 2, clause (7). An internal review of incidents reports of alleged or suspected maltreatment must be conducted to the requirements in section 245A.65, subdivision 1, paragraph (b).
 4. Evaluation of satisfaction of persons served by the program, the person's legal representative, if any, and the case manager, with the service delivery and progress towards accomplishing outcomes identified in sections 245D.07 and 245D.071, and ensuring and protecting each person's rights as identified in section 245D.04.
 5. Ensuring staff competency requirements are met according to the requirements in section 245D.09, subdivision 3, and ensuring staff orientation and training is provided according to the requirements in section 245D.09, subdivisions 4, 4a, and 5;
 6. Ensuring corrective action is taken when ordered by the commissioner and that the terms and conditions of the license and any variances are met; and,
 7. Evaluating the information identified in clauses (1) to (6) to develop, document, and implement ongoing program improvements.
- c. The Designated Manager Requirements:
1. The Designated Manager must be competent to perform the duties required and must minimally meet the education and training requirements identified in 245D.081 subd. 2, paragraph b. (In this policy see section 2c (1-4), and
 2. The Designated Manager must have a minimum of three years of supervisory level experience in a program providing direct support services to person with disabilities or persons age 65 and older.

6.

Availability of Written Policies and Procedures

A. Informing Persons Served and Legal Representative of Policies and Procedures Upon Service Initiation

1. Zenith Services, Incorporated Management staff must inform the Persons served and case manager of the company's policies and procedures affecting the persons served's rights under section 245D.04, and provide copies of those policies and procedures, with in five working days of service initiation.
2. If Zenith Services, Incorporated only provides basic services and support, this includes,
 - a. Grievance Policy and Procedures required under 245D.10 subdivision 2
 - b. Service Suspension and termination Policy and Procedure required under 245D .10 subdivision 3
3. If Zenith Services, Incorporated provide Intensive Services and Supports, this includes:
 - a. Grievance Policy and Procedures required under 245D.10 subdivision 2
 - b. Service Suspension and termination Policy and Procedure required under 245D.10 subdivision 3.
 - c. Emergency Use of Manual Restraints Policy and Procedure required under section 245D.0621, subdivision 10
 - d. Data Privacy requirements under section 245D.11 subdivision 3
4. Upon request, copies of Zenith Policies and Procedures will be available to persons served, legal representatives, case manager, the county where services are located, Department of Human Services, Foster Care licensors, and the commissioner. Zenith Services, Incorporated may also need to share information with CARF and other accreditations services to meet quality standards.

6.

Availability of Written Policies and Procedures

B. Reviewing and Updating of Written Policies

1. Zenith Services, Incorporated Administrative staff will review and update, as needed, the written policies and procedures that are required as defined in Chapter 245 D. Zenith Services, Incorporated management staff will inform all Persons served, legal representatives, Case Managers, and employees of the revised policies and procedures when they affect service provision.
2. Zenith Services, Incorporated will provide a written notice to all Persons served or the persons served's Legal Representatives and the case managers at least 30 days before implementing any procedural revisions to policies affecting a person's service related or protection-related rights under section 245D.04 and maltreatment reporting policies and procedures. The notice must explain the revisions that were made and include a copy of the revised policy and procedure. Zenith Services will document the reasonable cause for not providing the notice at least 30 days before implementing the revisions.
3. Zenith will annually notify all Persons served, or the persons served's legal representatives, and case manager of any procedural revisions to policies required, other than those in section 2 of this policy. Upon request, Zenith will provide the Persons served, or the persons served's legal representative, and case manager with copies of the revised policies and procedures.
4. Before implementing revisions to required policies and procedures, Zenith Services, Incorporated will inform all employees of the revisions and provide training on implementation of the revised policy and procedures and document and maintain relevant information related to the policies and procedures.
5. Upon request, copies of Zenith Policies and Procedures will be available to Persons served, legal representatives, case manager, the county where services are located, Department of Human Services, Foster Care licensors, and the commissioner. Zenith Services may also need to share information with CARF and other accreditations services to meet quality standards.

7.

Persons Served Funds and Property

A. Persons Served Funds

1. The Designated Coordinator will ensure that the persons served retains the use and availability of personal funds or property unless restrictions are justified in the Coordinated Service Support Plan (CSSP).
2. The Designated Coordinator will obtain written consent from the persons served or the legal representative, and the Case Manager, to assist in the management of the person's funds and property. Whenever Zenith Services, Incorporated assists a persons served with safekeeping of funds or other property according to sections 245A.04, subdivision 13, Zenith Services, Incorporated must obtain written authorization to do so from the person or the person's legal representative and the case manager. Authorizations must be obtained within five working days of service initiation and renewed annually thereafter. This written consent will describe what are the terms and conditions of Zenith Services, Incorporated's assistance.
3. At the time of initial authorization is obtained, Zenith Services, Incorporated must survey, document and implement the preferences of the person or the person's legal representative and the case manager for frequency of receiving a statement that itemizes receipts and disbursements of funds or other property. Zenith Services, Incorporated must document changes to these preferences when they are requested.
4. The Designated Coordinator will ensure that funds of each persons served are stored separately from other person's funds, staff funds, and program funds.
5. The Designated Coordinator will ensure that all receipts and disbursements of persons served funds and property are documented.
- 6.. The Designated Coordinator will ensure that the persons served, legal representative and the Case Manager are annually surveyed about the frequency of receiving a statement that itemizes receipts and disbursements of the persons served funds or property.
7. The Designated Coordinator will ensure that annually the persons served, legal representative and the case manager preferences are documented and implemented.

8. The Designated Coordinator will ensure that all funds and property are returned to the persons served upon the person's request no later than three (3) working days after the request, subject to restrictions in the Coordinated Service Support Plan (CSSP).
9. All incidents of lost or stolen property will be documented and investigated.
10. Upon the transfer or death of a person, any funds or other property of the person must be surrendered to the person or the person's legal representative, or given to the executor or administrator of the estate in exchange for an itemized receipt.
11. The Designated Coordinator will ensure that the program and staff will not:
 - a. Borrow money from a persons served;
 - b. Purchase personal items from a persons served;
 - c. Sell merchandise or personal services to a persons served;
 - d. Require a persons served to purchase items for which the program is eligible for reimbursement.
 - e. Facilitate the lending or borrowing of items or funds between persons served or between persons served and other outside parties.
 - f. Have access to an ATM card owned by a persons served.
 - g. Use persons served funds in a manner that would violate the administration of Medical assistance for eligible recipients (section 256.04, or any rules promulgated under that section)
 - h. Accept powers-of attorney from a person receiving services from Zenith Services, Incorporated for any purpose, and may not accept an appointment as guardian or conservator of a person receiving services from the Zenith Services, Incorporated. This does not apply to license holders that are Minnesota county or other units of government or to staff persons employed or license holders who were acting as attorney-in-fact for specific individuals prior to implementation of this chapter. The licensed holder must maintain documentation of the power-of-attorney in the service recipient record.

- i. A license holder or staff person is restricted from accepting an appointment as a guardian as follows:
 - 1. Under section 524.5-309 of the Uniform Probate Code, any individual or agency that provides residence, custodial care, medical care, employment training, or other care of services for which the individual or agency receives a fee may not be appointed as guardian unless related to the respondent by blood, marriage, or adoption, and
 - 2. Under section 245A.03, subdivision 2, paragraph (a), clause (1), a related individual as defined under section 245A.02m subdivision 13, is excluded from licensure services provided by a license holder to a person under the license holders' guardianship are not licensed services.
- 12. The Designated Coordinator will provide additional detailed oversight in cases where financial exploitation has been identified in the person's Individual Abuse Prevention Plan.
- 13. Staff who have the responsibility of assisting persons served with budgeting or banking will have additional accountability for the assistance that they provide. Staff will have to provide their supervisors with accurate documentation of transactions and balances of the persons account each month.
- 14. Zenith Services, Incorporated must maintain documentation of the power-of-attorney in the service recipient record.

8.

Maltreatment of Vulnerable Adults Reporting and Internal Review Policy

A. Plan

1. Zenith Services, Incorporated is concerned with providing quality services to adults who are mentally and otherwise disabled adults. A commitment to the prevention of abuse and neglect of our persons served has been an integral part of our program. persons served, served by Zenith Services, Incorporated are vulnerable due to their various disabilities. Because of this, Zenith Services, Incorporated has established, and will review and enforce, a written abuse prevention plan. Specific measures taken to reduce the risk of abuse or neglect are outlined in the program abuse prevention plan, Risk Management Plan, and individual abuse prevention plan. Provisions for reporting abuse or neglect, investigation, record keeping and review are also detailed.
2. This policy is in compliance with the Vulnerable Adults Act, Minnesota Statutes 626.557, as defined in the original act passed in 1980 and amendments passed in 1982, 1983, 1985, 1997, 1999, 2000, 2001, 2002, 2004, 2005, 2006, 2007, 2009, 2010, 2011, 2013, 2013.

8.

Maltreatment of Vulnerable Adults Reporting and Internal Review Policy

B. Vulnerable Adult Definitions

1. "Vulnerable Adult" means any person eighteen (18) years of age or older and:
 - a. Who is a resident or inpatient of a facility;
 - b. Who received services at or from a facility required to be licensed to serve adults pursuant to sections 245 A.01 to 245 A .15, except 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).
 - c. Who 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
 - d. Who 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 impaired ability to protect the individual's self from maltreatment.
 - e. For purposes of this subdivision, "care or services" means care or services for the health, safety, welfare, or maintenance of an individual.

2. "Caretaker" means an individual or facility who has responsibility for the care of a vulnerable adult as a result of family relationship, or who has assumed responsibility for all or a portion of the care of a vulnerable adult voluntarily, or by contract or agreement.

"Mandated Reporter" means a professional or professional's delegate while engaged in social services; law enforcement; education; the care of vulnerable adults; any of the occupations referred to in section 214.01, subdivision 2; an employee of a rehabilitation facility certified by the commissioner of jobs and training for vocational rehabilitation; and employee or person providing services in a facility as defined in subdivision 6; or a person that performs the duties of the medical examiner or coroner. A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained must report.

3. "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 609.332; 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 and deprivation procedures, 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 and 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 situations 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 parentally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by;
 1. A vulnerable adult or person acting on behalf of a vulnerable adult, including an involved family member, to consent 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 care giving relationship.
 - 2. A personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the care giving relationship.
- 4. "Neglect" means:
 - a. The failure or omission by a caretaker to supply the 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.
 - a. Definition of an Accident: 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.
 - b. Definition of Therapeutic conduct: 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.
 - b. The absence or likelihood of absence of care or services, including but not limited to necessary 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

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 section 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 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 intentions vulnerable adult or with the expressed 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 sexual contact with: (i) a person, including a facility staff person, when a consensual sexual personal relationship existed prior to the care giving relationship; or (ii) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the care giving relationship; or
4. An individual 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. The 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), (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).

5. "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, 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;
 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 of supervise financial management for a vulnerable adult except as otherwise required by law.
6. Report: "Report" means a statement concerning all the circumstances surrounding the allege or suspected maltreatment, as defined in this section, of a vulnerable adult which are known to the reporter in the time the statement is made.

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Maltreatment of Vulnerable Adults Reporting and Internal Review Policy

C. Procedures for Reporting

1. Policy:

It is the Policy of this DHS licensed provider Zenith Services, Incorporated to protect the adults served by this program who are vulnerable to maltreatment and to require the reporting procedure of suspected maltreatment of vulnerable adults.

2. Procedure:

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

All employees of Zenith Services, Incorporated who suspect that maltreatment is occurring will take immediate action to stop the suspected maltreatment, including calling the police.

Staff are Mandated to Report

1. Any case or suspected case of maltreatment
2. Any injury not reasonably explained by the vulnerable adult's history of injuries.
3. Any case of vulnerable adult to vulnerable adult abuse in the form of verbal or physical aggression, emotional distress or self-injurious behavior if it causes harm.

4. Any error in therapeutic, where or not there is harm.

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

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

1. You may make an external report to the Minnesota Adult Abuse Reporting Center/MAARC at **844-880-1574**
2. You may make an internal report to your supervisor.
3. The supervisor will report this information at once to the appropriate Program Director or Program Administrator. The Program Administrator will report this information to the Chief Operating Officer.
4. If this person is involved in the alleged or suspected maltreatment, you must report to the Program Administrator or Chief Operating Officer.

c. Internal Report

1. When an internal report is received, the Chief Operating Officer is responsible for deciding if a report to the Minnesota Adult Abuse Reporting Center/MAARC is required, If that person involved in the suspected maltreatment, the Chief Executive Officer will assume responsibility for deciding if the report must be forwarded to the Minnesota Adult Abuse Reporting Center/MAARC.
2. The Program Administrator or Chief Operating officer will contact the Minnesota Adult Abuse Reporting Center/MAARC.
3. The report to the Minnesota Adult Abuse Reporting Center/MAARC must be as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.
4. In the event that the alleged or suspected maltreatment constitutes a criminal act, including, but not limited to assault, sexual assault, theft, etc. the Program Administrator or Chief Operating Officer will report the information to the police, verbally, as soon as possible, but no longer than twenty-four (24) hours from the time initial knowledge that the criminal act occurred.

5. If you have reported internally, you will receive, within two working days, a written notice from the Quality Assurance Administrator that tells you whether or not your report has been forwarded to the Minnesota Adult Abuse Reporting Center/MAARC. The written notice must be given to you in a manner that protects your confidentiality as a reporter. It shall inform you that if you are not satisfied with the action taken by the facility on whether to report the incident to the Minnesota Adult Abuse Reporting Center/MAARC, you may still make an external report to the Minnesota Adult Abuse Reporting Center/MAARC. It must also inform you that you are protected against retaliation by the program if you make a good faith report to the Minnesota Adult Abuse Reporting Center/MAARC.

d. External Reporting Procedures:

1. All employees of Zenith Services, Incorporated who suspect that maltreatment is occurring will take immediate action to stop the suspected maltreatment, including calling the police.
2. All employees who have a reasonable suspicion that maltreatment of a vulnerable adult has occurred will immediately report the suspicions to either their immediate supervisor or to outside authorities.
3. If the employee chooses to report directly to outside or external authorities, they will contact the Minnesota Adult Abuse Reporting Center/MAARC, local law enforcement, or Department of Human Services.
4. The report to the Minnesota Adult Abuse Reporting Center/MAARC must be as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.

e. What to Report:

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

the reporter believed might be helpful in investigating the suspected maltreatment.

3. In the event that the alleged or suspected maltreatment constitutes a criminal act, including, but not limited to assault, sexual assault, theft, etc. The information will be reported to the police, as well as the Minnesota Adult Abuse Reporting Center/MAARC, verbally, as soon as possible, but no longer than 24 hours from the time initial knowledge that the criminal act occurred.
- f. Failure to Report: A mandated reporter who negligently or intentionally fails to report suspected maltreatment of a vulnerable adult is liable for damages caused by the failure to report.
- g. Falsified Reports: A person or facility who intentionally makes a false report shall be liable in a civil suit for any actual damages suffered by the reported facility, person or persons and for punitive damages up to \$10,000 and attorney fees.
- h. Internal Review;
 1. When Zenith Services, Incorporated has reason to know that an internal or external report of all 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 vulnerable adults. Internal Reviews must be completed within 30 calendar days.
 2. The internal review must include an evaluation if whether:
 - a. Related policies and procedures were followed;
 - b. The policies and procedures were adequate;
 - c. There is a need for additional staff training;
 - d. The reported event is similar to past events with the vulnerable adults of the services involved; and
 - e. There is a need for corrective action by the license holder to protect the health and safety of vulnerable adults.
 3. Primary and Secondary Person or Position to Ensure Internal Reviews are completed
 - a. The internal review will be completed by the Quality Assurance Administrator
 - b. If this individual is involved in the alleged or suspected maltreatment, internal review will be completed by the Chief Operation Officer.

4. All employees will cooperate with investigations conducted internally by Quality Assurance.
5. Zenith Services, Incorporated, standard procedure is to suspend without pay any employee accused of committing a violation of the Minnesota Vulnerable Adult Act. Zenith Services will make every effort to conduct a speedy investigation. All employees are expected to cooperate with the investigation process. It may be grounds for termination if an employee fails to cooperate with the investigation process. It may be grounds for termination if an employee fails to cooperate with the investigation process. Any suspended employee may not return to work until they have been interviewed and the investigation process is completed, If the investigation determines that it is appropriate to do so the employee will be allowed to return to their normal work schedule.
6. The Quality Assurance Representative will call and set up interviews with the individuals that need to be interviewed for the investigation. Whenever possible Quality Assurance will interview the mandated reporter and any other witnesses first, prior to interviewing the alleged perpetrator. The interviews should take place in person, unless it is determined that a phone call interview will be sufficient.
7. Quality Assurance will begin the interview by asking general questions. As the interview progresses the questions should get more specific to the incident at hand. The interview questions should not be questions that lead the interviewee. It is the intent to get all personal accounts of the incident. The interview will be documented by Quality Assurance.
8. A report made by a mandated reporter is considered confidential and will not be discussed with anyone other than the supervisors responsible for the review and with those assisting with the investigations, both internally and externally.
9. Mandated reporters do not have access to the information relating to the investigation. Access to that information is limited to the supervisors responsible for the investigation and to those assisting with the investigation, both internally and externally.
10. All employees will cooperate fully during all internal and external investigations.

i. Documentation of internal review:

1. Zenith Services, Incorporated must document completion of the internal review and provide documentation of the review to DHS immediately upon the commissioner's request. When requested the internal review will also be sent to the county social service Agency (MINNESOTA ADULT ABUSE REPORTING CENTER/MAARC), Department of Human Services Investigation Unit, Chief Operating Officer, and the Chief Executive Officer. The original report will be filed securely with the original Vulnerable adult report.
 2. The Quality Assurance representative of a designee will serve as the contact of Zenith Services, Incorporated with all outside investigating authorities. The Quality Assurance Representative along the appropriate Program administrator will ensure that all employees cooperate with all outside agencies,
- j. Corrective Action Plan:
1. Based on the results of the internal review, Zenith Services, Incorporated must develop, document, and implement a corrective action plan designed to correct lapses and prevent future lapses in performance by individuals or the program, if any.
 2. Once the reports and reviews have been completed or received, the Quality Assurance Representative, will review the findings of every investigation with the Chief Operating Officer and Program Administrator. They will also share these findings with the Chief Executive Officer and Chief Program Administrator together they will determine the plan of corrections or action to be taken. The action to be taken may include:
 - a. A personal note to the staff person regarding the specific incident.
 - b. A retraining in the related area of the policy or procedure that was not followed by the staff person
 - c. The transfer of a staff person to a different program or site location
 - d. Termination
 - e. Any other conclusion as determined by the Chief Executive Officer (CEO), Chief Operating Officer (COO) or Chief Administrative Officer (CAO).

- f. The Chief Executive Officer (CEO), Chief Operating Officer (COO) or Chief Administrative Officer (CAO) will inform Quality Assurance of their decision so that it may be added to the conclusions of the internal investigation
- g. The Chief Operating Officer or Program Administrator will ensure that the implementation plan is completed and will provide evidence to the Quality Assurance Representative of its completion.

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Maltreatment of Vulnerable Adults Reporting and Internal Review Policy

D. Orientation for Person Receiving Services

1. In order to promote understanding of the Vulnerable Adults Act by persons served, Zenith Services, Incorporated will provide orientation and training to persons served and representatives in a manner familiar to each individual.
2. Zenith Services, Incorporated shall provide an orientation to the internal and external procedures to all persons receiving services. The orientation shall include the telephone number for the Common Entry Point. A person's legal representative must be notified of the orientation.
3. Orientation and training to persons served and representatives will be provided, the following procedure:
 - a. Zenith Services, Incorporated shall provide this orientation for each new person within 24 hours of admission, or for persons who would benefit more from a later orientation, the orientation may take place within 72 hours.
 - b. A orientation to the program abuse prevention plan will be provided to each Persons served, in a means familiar to them, within twenty-four (24) hours of admission.

- c. The Persons served, and their personal representative if involved, will be asked to sign a form stating they have been informed of their rights under the Vulnerable Adults Act, and understand the material. The orientation will be documented in the Persons served plan file by Direct Service Staff.

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Maltreatment of Vulnerable Adults Reporting and Internal Review Policy

E. Staff Orientation and Training

1. In order to ensure that employees understand their responsibilities and the rights of persons served under the Vulnerable Adults Act, Zenith Services, Incorporated will provide appropriate orientation and training to all employees (Mandated Reporters),
2. Orientation and training will be provided, using the following procedure:
 - a. Prior to employment, prospective applicants will be screened to determine if they have the background and characteristics suitable for working with people with developmentally disabilities.
 - b. Zenith Services, Incorporated shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporter of the requirements and definitions under Minnesota Statutes, section 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the programs program abuse prevention plan and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services.

- c. Opportunities will be available for questions, and a copy of these policies will be maintained in all Zenith Services, Incorporated offices and sites, to ensure that employee training is an ongoing process.
- d. Zenith Services, Incorporated must document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.
- e. After initial orientation, and after annual training, employees will be requested to sign a form indicating they have been informed about their responsibilities as mandated reporters and the procedures outlined in this policy.
- f. Employees will be brought up to date as changes occur in the Vulnerable Adults Act.
- g. Zenith Services, Incorporated will maintain a list of persons providing services to persons served who meet the definition of mandated reporters.

8.

Maltreatment of Vulnerable Adults Reporting and Internal Review Policy

F. Employee Rights

1. All employees will be informed of employee rights during their Vulnerable Adult training.
2. Employee Rights:
 - a. Employees may bypass the internal reporting procedure and report directly to outside authorities.
 - b. Persons who make a false report in bad faith are liable in a civil suit for actual and punitive damages set by the court or jury.
 - c. The name of the reporter will be disclosed only upon a finding that the report was false and was made in bad faith.
 - d. Persons who make reports in good faith have immunity from civil liability.

- e. An organization is prohibited from retaliation against any person who makes a report in good faith.
3. This reporting policy shall be posted in a prominent location, and be made available upon request.

8.

Maltreatment of Vulnerable Adults Reporting and Internal Review Policy

G. Common Entry Point Phone Numbers

1. Common Entry Point (C.E.P.) for Vulnerable Adult Maltreatment Reports:

COUNTY	DAY PHONE	EVENING/ WEEKEND	TTY
Aitkin	(218) 927-7200 1-800-328-3744	(218) 927-7400 Sheriff's Dept	
Anoka	(763) 422-7168	651-792-3022 Non-Secure Program	
Becker	(218) 847-5628 x 5382	(701) 235-3620 First Link	(701) 235-3620
Beltrami	(218) 333-4223	(218) 751-9111 Law Enforcement	

Benton	(320) 968-5087	(320) 968-7201 Sheriff's Dept	(320) 968-8842
Big Stone	(320) 839-2555	(320) 839-3558 Law Enforcement	(320) 839-6161
Blue Earth	(507) 304-4444	(507) 304-4319	
Brown	(507) 354-8246	(507) 233-6720 Sheriff's Dept	(507) 354-8246
Carlton	(218) 879-4511 1-888-818-4511	(218) 384-4185 Sheriff's Dept	(218) 878-2540
Carver	(952) 361-1600	952-442-7601 Crisis Team	
Cass	(218) 547-1340	(218) 547-1424 Law Enforcement	
Chippewa	(320) 269-6401	(320) 269-2121 Sheriff's Dept	
Chisago	(651) 213-5600	(651) 257-4100 Sheriff's Dept	
Clay	(218) 299-5200 1-800-757-3880	(218) 299-5171 Clay County Detox	
Clearwater	(218) 694-6164	(218) 694-6226 Sheriff's Dept	
Cook	(218) 387-3620	(218) 387-3030 Law Enforcement	
Cottonwood	(507) 831-1891	(507) 831-1375 Sheriff's Dept	
Crow Wing	(218) 824-1140	(218) 829-4749 Law Enforcement	
Dakota	(651) 554-6000	(952) 891-7171 Crisis Line	(952) 891-7202
Dodge	(507) 635-6170	(507) 635-6200 Sheriff's Dept	(507) 635-6200
Douglas	(320) 762-2302	(320) 762-8151 Law Enforcement	1-800-627-3529
Faribault	(507) 526-3265	(507) 526-5148 Sheriff's Dept	(507) 526-3265
Fillmore	(507) 765-2175	(507) 765-3874 Sheriff's Dept	
Freeborn	(507) 377-5400	(507) 383-8666	(507) 377-5519

		(507) 377-5200 Sheriff's Dept	
Goodhue	(651) 385-3232	(651) 385-3155 Sheriff's Dept	(651)385-3190
Grant	(218) 685-8200	(218) 685-5303 Sheriff's Dept	
Hennepin	(612) 348-8526	(612) 348-8526	
Houston	(507) 725-5811 or (507) 725-5838 x1288	(507) 725-3379 Sheriff's Dept	
Hubbard	(218) 732-1451	(218) 732-3331 Law Enforcement	
Isanti	(763) 689-1711	(763) 689-2141 Sheriff's Dept	
Itasca	(218) 327-2941	(218) 327-8565 First Call for Help	(218) 327-5549
Jackson	(507) 847-4000	(507) 847-4420 Sheriff's Dept	
Kanabec	(320) 679-6350	(320) 679-8400 Sheriff's Dept	
Kandiyohi	(320) 231-7800	(320) 235-2244 Sheriff's Dept	(320) 231-7076
Kittson	(218)-843-2689	(218)-843-3535 Sheriff's Dept	
Koochiching	(218) 283-7000	(218) 283-4416 Law Enforcement	(218) 283-7062
Lac Qui Parle	(320) 598-7594	(320) 598-3720 Sheriff's Dept	
Lake	(218) 834-8401	(218) 834-8385 Sheriff's Dept	
Lake of the Woods	(218) 634-2642	(218) 634-1143 Law Enforcement	
Le Sueur	(507) 357-8288	(507) 357-2251 Law Enforcement	
Lincoln	1-800-810-8816 or 1-888-964-8407	(507) 694-1664 Sheriff's Dept	(507) 694-1452
Lyon	1-800-810-8816 or 1-888-964-8407	(507) 537-7666 Sheriff's Dept	(507) 537-6747

Mahnomen	(218) 935-2568	(218) 935-2255 Sheriff's Dept	
Marshall	(218) 745-5124	(218) 745-5411	1-800-657-3529
Martin	(507) 238-4757	(507) 238-4481 Sheriff's Dept	
McLeod	(320) 864-3144 or 1-800-247-1756	(320) 864-3134 Sheriff's Dept	(320) 864-3144
Meeker	(320) 693-5300	(320) 693-5400 Law Enforcement	
Mille Lacs	(320) 983-8208	(320) 983-8257 Sheriff's Dept	
Morrison	(320) 632-2951	(320) 632-9233 Sheriff's Dept.	1-800-627-3529
Mower	(507) 437-9700	(507) 437-9400 LEC Dispatch	
Murray	1-800-810-8816 or 1-888-964-8407	(507) 836-6168 Sheriff's Dept	
Nicollet	(507) 934-8559	(507) 931-1570 1-800-247-5044 Sheriff's Dept	
Nobles	(507) 295-5213	(507) 372-2136 Law Enforcement	(507) 372-5094
Norman	(218) 784-5400	(218) 784-7114 Sheriff's Dept	
Olmsted	(507) 328-6400	(507) 281-6248 Connections & Referral Unit	
Otter Tail	(218) 998-8150	(218) 998-8555 Law Enforcement	
Pennington	(218) 681-2880	(218) 681-6161 Sheriff's Dept	
Pine	1-800-450-7263	1-800-629-3930 Sheriff's Dept	1-800-627-3529
Pipestone	1-800-810-8816 or 1-888-964-8407	(507) 825-6700	
Polk	(218) 281-3127	(218) 281-0431 Law Enforcement	
Pope	(320) 634-5750	(320) 634-5411	(320) 634-5750

		Sheriff's Dept	
Ramsey	(651) 266-4012	(651) 291-6795 Emergency Social Services	711
Red Lake	(218) 253-4131	(218) 253-2996 Sheriff's Dept	
Redwood	1-800-810-8816 or 1-888-964-8407	(507) 637-4036 Sheriff's Dept	
Renville	(320) 523-2202	(320) 523-1161 Sheriff's Dept	(320) 523-3783
Rice	(507) 332-6115	1-800-422-1286	(507) 332-6248
Rock	1-800-810-8816 or 1-888-964-8407	(507) 283-5000 Sheriff's Dept	(507) 283-5070
Roseau	(218) 463-2411	(218) 463-1421 Law Enforcement	
St. Louis	(218) 726-2164 1-800-450-9777	(218) 726-2164 1-877-474-4290	(218) 726-2222
Scott	(952) 445-7751	(952) 496-8484	
Sherburne	(763) 765-4000	(763) 765-3595 Sheriff's Dept	
Sibley	(507) 237-4000	(507) 237-4330 Sheriff's Dept	
Stearns	(320) 656-6000	(320) 656-6000	(320) 656-6204
Steele	(507) 444-7500	(507) 451-8232 Law Enforcement	
Stevens	(320) 208-6600	(320) 208-6500 Sheriff's Dept.	
Swift	(320) 843-3160	(320) 843-3133 Law Enforcement	
Todd	(320) 732-4500	(320) 732-2157 Law Enforcement	(320) 732-4500
Traverse (Grant)	(320) 563-8255 (218) 685-8200	(320) 563-4244 Sheriff's Dept	
Wabasha	(651) 565-3351	(651) 565-3361 Sheriff's Dept	
Wadena	(218) 631-7605	(218) 631-7600 Sheriff's Dept	

Waseca	(507) 835-0560	(507) 835-0500 Sheriff's Dept	
Washington	(651) 430-6484	(651) 291-6795 Canvas Health	(651) 430-6524
Watsonwan	(507) 375-3294	(507) 375-3121 Law Enforcement	
Wilkin	(218) 643-8013	(218) 643-8544 Sheriff's Dept	
Winona	(507) 457-6500	(507) 457-6368 Law Enforcement	
Wright	(763) 682-7400	(763) 682-7400	
Yellow Medicine	(320) 564-2211	(320) 564-2130 Sheriff's Dept	

2. The Office of Ombudsman and the Department of Human Services Licensing Division needs to be contacted immediately regarding issues of serious injury or death of a Persons served. Refer to section 3D Promotion of Persons served Health and Safety for definitions of what constitutes a serious injury.

- a. Office of Ombudsman:

651-757-1800
Fax: 651-797-1950

- b. Department of Human Services Licensing Division:

651-431-6500
Fax: 651-431-7673

Legal Authority: Minn. Stat. §§§§§ 626.557; 626.5572; 245A.65; 245A.04, subd. 14; 245D.09, subd. 4 (5)

8.

Maltreatment of Vulnerable Adults Reporting and Internal Review Policy

H. Minnesota Statutes

626.557 REPORTING OF MALTREATMENT OF VULNERABLE ADULTS.

Subdivision 1. Public policy. The legislature declares that the public policy of this state is to protect adults who, because of physical or mental disability or dependency on institutional services, are particularly vulnerable to maltreatment; to assist in providing safe environments for vulnerable adults; and to provide safe institutional or residential services, community-based services, or living environments for vulnerable adults who have been maltreated.

In addition, it is the policy of this state to require the reporting of suspected maltreatment of vulnerable adults, to provide for the voluntary reporting of maltreatment of vulnerable adults, to require the investigation of the reports, and to provide protective and counseling services in appropriate cases.

Subd. 2. [Repealed, 1995 c 229 art 1 s 24]

Subd. 3. Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:

(1) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or

(2) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4).

(b) A person not required to report under the provisions of this section may voluntarily report as described above.

(c) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.

(d) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.

(e) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency shall consider this information when making an initial disposition of the report under subdivision 9c.

Subd. 3a. Report not required. The following events are not required to be reported under this section:

(1) A circumstance where federal law specifically prohibits a person from disclosing patient identifying information in connection with a report of suspected maltreatment, unless the vulnerable adult, or the vulnerable adult's guardian, conservator, or legal representative, has consented to disclosure in a manner which conforms to federal requirements. Facilities whose patients or residents are covered by such a federal law shall seek consent to the disclosure of suspected maltreatment from each patient or resident, or a

guardian, conservator, or legal representative, upon the patient's or resident's admission to the facility. Persons who are prohibited by federal law from reporting an incident of suspected maltreatment shall immediately seek consent to make a report.

(2) Verbal or physical aggression occurring between patients, residents, or clients of a facility, or self-abusive behavior by these persons does not constitute abuse unless the behavior causes serious harm. The operator of the facility or a designee shall record incidents of aggression and self-abusive behavior to facilitate review by licensing agencies and county and local welfare agencies.

(3) Accidents as defined in section 626.5572, subdivision 3.

(4) Events occurring in a facility that result from an individual's error in the provision of therapeutic conduct to a vulnerable adult, as provided in section 626.5572, subdivision 17, paragraph (c), clause (4).

(5) Nothing in this section shall be construed to require a report of financial exploitation, as defined in section 626.5572, subdivision 9, solely on the basis of the transfer of money or property by gift or as compensation for services rendered.

Subd. 4. Reporting. (a) Except as provided in paragraph (b), a mandated reporter shall immediately make an oral report to the common entry point. The common entry point may accept electronic reports submitted through a Web-based reporting system established by the commissioner. Use of a telecommunications device for the deaf or other similar device shall be considered an oral report. The common entry point may not require written reports. To the extent possible, the report must be of sufficient content to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment. A mandated reporter may disclose not public data, as defined in section 13.02, and medical records under sections 144.291 to 144.298, to the extent necessary to comply with this subdivision.

(b) A boarding care home that is licensed under sections 144.50 to 144.58 and certified under Title 19 of the Social Security Act, a nursing home that is licensed under section 144A.02 and certified under Title 18 or Title 19 of the Social Security Act, or a hospital that is licensed under sections 144.50 to 144.58 and has swing beds certified under Code of Federal Regulations, title 42, section 482.66, may submit a report electronically to the common entry point instead of submitting an oral report. The report may be a duplicate of the initial report the facility submits electronically to the commissioner of health to comply with the reporting requirements under Code of Federal Regulations, title 42, section 483.13. The commissioner of health may modify these reporting requirements to include items required under paragraph (a) that are not currently included in the electronic reporting form.

Subd. 4a. Internal reporting of maltreatment. (a) Each facility shall establish and enforce an ongoing written procedure in compliance with applicable licensing rules to ensure that all cases of suspected maltreatment are reported. If a facility has an internal reporting procedure, a mandated reporter may meet the reporting requirements of this section by reporting internally. However, the facility remains responsible for complying with the immediate reporting requirements of this section.

(b) A facility with an internal reporting procedure that receives an internal report by a mandated reporter shall give the mandated reporter a written notice stating whether the facility has reported the incident to the common entry point. The written notice must be provided within two working days and in a manner that protects the confidentiality of the reporter.

(c) The written response to the mandated reporter shall note that if the mandated reporter is not satisfied with the action taken by the facility on whether to report the incident to the common entry point, then the mandated reporter may report externally.

(d) A facility may not prohibit a mandated reporter from reporting externally, and a facility is prohibited from retaliating against a mandated reporter who reports an incident to the common entry point in good faith. The written notice by the facility must inform the mandated reporter of this protection from retaliatory measures by the facility against the mandated reporter for reporting externally.

Subd. 5. Immunity; protection for reporters. (a) A person who makes a good faith report is immune from any civil or criminal liability that might otherwise result from making the report, or from participating in the investigation, or for failure to comply fully with the reporting obligation under section 609.234 or 626.557, subdivision 7.

(b) A person employed by a lead investigative agency or a state licensing agency who is conducting or supervising an investigation or enforcing the law in compliance with this section or any related rule or provision of law is immune from any civil or criminal liability that might otherwise result from the person's actions, if the person is acting in good faith and exercising due care.

(c) A person who knows or has reason to know a report has been made to a common entry point and who in good faith participates in an investigation of alleged maltreatment is immune from civil or criminal liability that otherwise might result from making the report, or from failure to comply with the reporting obligation or from participating in the investigation.

(d) The identity of any reporter may not be disclosed, except as provided in subdivision 12b.

(e) For purposes of this subdivision, "person" includes a natural person or any form of a business or legal entity.

Subd. 5a. Financial institution cooperation. Financial institutions shall cooperate with a lead investigative agency, law enforcement, or prosecuting authority that is investigating maltreatment of a vulnerable adult and comply with reasonable requests for the production of financial records as authorized under section 13A.02, subdivision 1. Financial

institutions are immune from any civil or criminal liability that might otherwise result from complying with this subdivision.

Subd. 6. Falsified reports. A person or facility who intentionally makes a false report under the provisions of this section shall be liable in a civil suit for any actual damages suffered by the reported facility, person or persons and for punitive damages up to \$10,000 and attorney fees.

Subd. 7. Failure to report. A mandated reporter who negligently or intentionally fails to report is liable for damages caused by the failure. Nothing in this subdivision imposes vicarious liability for the acts or omissions of others.

Subd. 8. Evidence not privileged. No evidence regarding the maltreatment of the vulnerable adult shall be excluded in any proceeding arising out of the alleged maltreatment on the grounds of lack of competency under section 595.02.

Subd. 9. Common entry point designation. (a) Each county board shall designate a common entry point for reports of suspected maltreatment, for use until the commissioner of human services establishes a common entry point. Two or more county boards may jointly designate a single common entry point. The commissioner of human services shall establish a common entry point effective July 1, 2015. The common entry point is the unit responsible for receiving the report of suspected maltreatment under this section.

(b) The common entry point must be available 24 hours per day to take calls from reporters of suspected maltreatment. The common entry point shall use a standard intake form that includes:

- (1) the time and date of the report;
 - (2) the name, address, and telephone number of the person reporting;
 - (3) the time, date, and location of the incident;
 - (4) the names of the persons involved, including but not limited to, perpetrators, alleged victims, and witnesses;
 - (5) whether there was a risk of imminent danger to the alleged victim;
 - (6) a description of the suspected maltreatment;
 - (7) the disability, if any, of the alleged victim;
 - (8) the relationship of the alleged perpetrator to the alleged victim;
 - (9) whether a facility was involved and, if so, which agency licenses the facility;
 - (10) any action taken by the common entry point;
 - (11) whether law enforcement has been notified;
 - (12) whether the reporter wishes to receive notification of the initial and final reports;
- and

(13) if the report is from a facility with an internal reporting procedure, the name, mailing address, and telephone number of the person who initiated the report internally.

(c) The common entry point is not required to complete each item on the form prior to dispatching the report to the appropriate lead investigative agency.

(d) The common entry point shall immediately report to a law enforcement agency any incident in which there is reason to believe a crime has been committed.

(e) If a report is initially made to a law enforcement agency or a lead investigative agency, those agencies shall take the report on the appropriate common entry point intake forms and immediately forward a copy to the common entry point.

(f) The common entry point staff must receive training on how to screen and dispatch reports efficiently and in accordance with this section.

(g) The commissioner of human services shall maintain a centralized database for the collection of common entry point data, lead investigative agency data including maltreatment report disposition, and appeals data. The common entry point shall have access to the centralized database and must log the reports into the database and immediately identify and locate prior reports of abuse, neglect, or exploitation.

(h) When appropriate, the common entry point staff must refer calls that do not allege the abuse, neglect, or exploitation of a vulnerable adult to other organizations that might resolve the reporter's concerns.

(i) A common entry point must be operated in a manner that enables the commissioner of human services

to:

(1) track critical steps in the reporting, evaluation, referral, response, disposition, and investigative process to ensure compliance with all requirements for all reports;

(2) maintain data to facilitate the production of aggregate statistical reports for monitoring patterns of abuse, neglect, or exploitation;

(3) serve as a resource for the evaluation, management, and planning of preventative and remedial services for vulnerable adults who have been subject to abuse, neglect, or exploitation;

(4) set standards, priorities, and policies to maximize the efficiency and effectiveness of the common entry point; and

(5) track and manage consumer complaints related to the common entry point.

(j) The commissioners of human services and health shall collaborate on the creation of a system for referring reports to the lead investigative agencies. This system shall enable the commissioner of human services to track critical steps in the reporting, evaluation, referral, response, disposition, investigation, notification, determination, and appeal processes.

Subd. 9a. Evaluation and referral of reports made to common entry point. (a) The common entry point must screen the reports of alleged or suspected maltreatment for immediate risk and make all necessary referrals as follows:

(1) if the common entry point determines that there is an immediate need for emergency adult protective services, the common entry point agency shall immediately notify the appropriate county agency;

(2) if the report contains suspected criminal activity against a vulnerable adult, the common entry point shall immediately notify the appropriate law enforcement agency;

(3) the common entry point shall refer all reports of alleged or suspected maltreatment to the appropriate lead investigative agency as soon as possible, but in any event no longer than two working days;

(4) if the report contains information about a suspicious death, the common entry point shall immediately notify the appropriate law enforcement agencies, the local medical examiner, and the ombudsman for mental health and developmental disabilities established under section 245.92. Law enforcement agencies shall coordinate with the local medical examiner and the ombudsman as provided by law; and

(5) for reports involving multiple locations or changing circumstances, the common entry point shall determine the county agency responsible for emergency adult protective services and the county responsible as the lead investigative agency, using referral guidelines established by the commissioner.

(b) If the lead investigative agency receiving a report believes the report was referred by the common entry point in error, the lead investigative agency shall immediately notify the common entry point of the error, including the basis for the lead investigative agency's belief that the referral was made in error. The common entry point shall review the information submitted by the lead investigative agency and immediately refer the report to the appropriate lead investigative agency.

Subd. 9b. Response to reports. Law enforcement is the primary agency to conduct investigations of any incident in which there is reason to believe a crime has been committed. Law enforcement shall initiate a response immediately. If the common entry point notified a county agency for emergency adult protective services, law enforcement shall cooperate with that county agency when both agencies are involved and shall exchange data to the extent authorized in subdivision 12b, paragraph (g). County adult protection shall initiate a response immediately. Each lead investigative agency shall complete the investigative process for

reports within its jurisdiction. A lead investigative agency, county, adult protective agency, licensed facility, or law enforcement agency shall cooperate with other agencies in the provision of protective services, coordinating its investigations, and assisting another agency within the limits of its resources and expertise and shall exchange data to the extent authorized in subdivision 12b, paragraph (g). The lead investigative agency shall obtain the results of any investigation conducted by law enforcement officials. The lead investigative agency has the right to enter facilities and inspect and copy records as part of investigations. The lead investigative agency has access to not public data, as defined in section 13.02, and medical records under sections 144.291 to 144.298, that are maintained by facilities to the extent necessary to conduct its investigation. Each lead investigative agency shall develop guidelines for prioritizing reports for investigation.

Subd. 9c. Lead investigative agency; notifications, dispositions, determinations. (a) Upon request of the reporter, the lead investigative agency shall notify the reporter that it has received the report, and provide information on the initial disposition of the report within five business days of receipt of the report, provided that the notification will not endanger the vulnerable adult or hamper the investigation.

(b) Upon conclusion of every investigation it conducts, the lead investigative agency shall make a final disposition as defined in section 626.5572, subdivision 8.

(c) When determining whether the facility or individual is the responsible party for substantiated maltreatment or whether both the facility and the individual are responsible for substantiated maltreatment, the lead investigative agency shall consider at least the following mitigating factors:

(1) whether the actions of the facility or the individual caregivers were in accordance with, and followed the terms of, an erroneous physician order, prescription, resident care plan, or directive. This is not a mitigating factor when the facility or caregiver is responsible for the issuance of the erroneous order, prescription, plan, or directive or knows or should have known of the errors and took no reasonable measures to correct the defect before administering care;

(2) the comparative responsibility between the facility, other caregivers, and requirements placed upon the employee, including but not limited to, the facility's compliance with related regulatory standards and factors such as the adequacy of facility policies and procedures, the adequacy of facility training, the adequacy of an individual's participation in the training, the adequacy of caregiver supervision, the adequacy of facility staffing levels, and a consideration of the scope of the individual employee's authority; and

(3) whether the facility or individual followed professional standards in exercising professional judgment.

(d) When substantiated maltreatment is determined to have been committed by an individual who is also the facility license holder, both the individual and the facility must be determined responsible for the maltreatment, and both the background study disqualification standards under section 245C.15, subdivision 4, and the licensing actions under section 245A.06 or 245A.07 apply.

(e) The lead investigative agency shall complete its final disposition within 60 calendar days. If the lead investigative agency is unable to complete its final disposition within 60 calendar days, the lead investigative agency shall notify the following persons provided that the notification will not endanger the vulnerable adult or hamper the investigation: (1) the vulnerable adult or the vulnerable adult's guardian or health care agent, when known, if the lead investigative agency knows them to be aware of the investigation; and (2) the facility, where applicable. The notice shall contain the reason for the delay and the projected completion date. If the lead investigative agency is unable to complete its final disposition by a subsequent projected completion date, the lead investigative agency shall again notify the vulnerable adult or the vulnerable adult's guardian or health care agent, when known if the lead investigative agency knows them to be aware of the investigation, and the facility, where applicable, of the reason for the delay and the revised projected completion date provided that the notification will not endanger the vulnerable adult or hamper the investigation. The lead investigative agency must notify the health care agent of the vulnerable adult only if the health care agent's authority to make health care decisions for the vulnerable adult is currently effective under section 145C.06 and not suspended under section 524.5-310 and the investigation relates to a duty assigned to the health care agent by the principal. A lead investigative agency's inability to complete the final disposition within 60 calendar days or by any projected completion date does not invalidate the final disposition.

(f) Within ten calendar days of completing the final disposition, the lead investigative agency shall provide a copy of the public investigation memorandum under subdivision 12b, paragraph (b), clause (1), when required to be completed under this section, to the following persons: (1) the vulnerable adult, or the vulnerable adult's guardian or health care agent, if known, unless the lead investigative agency knows that the notification would endanger the well-being of the vulnerable adult; (2) the reporter, if the reporter requested notification when making the report, provided this notification would not endanger the well-being of the vulnerable adult; (3) the alleged perpetrator, if known; (4) the facility; and (5) the ombudsman for long-term care, or the ombudsman for mental health and developmental disabilities, as appropriate.

(g) If, as a result of a reconsideration, review, or hearing, the lead investigative agency changes the final disposition, or if a final disposition is changed on appeal, the lead investigative agency shall notify the parties specified in paragraph (f).

(h) The lead investigative agency shall notify the vulnerable adult who is the subject of the report or the vulnerable adult's guardian or health care agent, if known, and any person or facility determined to have maltreated a vulnerable adult, of their appeal or review rights under this section or section 256.021.

(i) The lead investigative agency shall routinely provide investigation memoranda for substantiated reports to the appropriate licensing boards. These reports must include the names of substantiated perpetrators. The lead investigative agency may not provide investigative memoranda for inconclusive or false reports to the appropriate licensing boards unless the lead investigative agency's investigation gives reason to believe that

there may have been a violation of the applicable professional practice laws. If the investigation memorandum is provided to a licensing board, the subject of the investigation memorandum shall be notified and receive a summary of the investigative findings.

(j) In order to avoid duplication, licensing boards shall consider the findings of the lead investigative agency in their investigations if they choose to investigate. This does not preclude licensing boards from considering other information.

(k) The lead investigative agency must provide to the commissioner of human services its final dispositions, including the names of all substantiated perpetrators. The commissioner of human services shall establish records to retain the names of substantiated perpetrators.

Subd. 9d. Administrative reconsideration; review panel. (a) Except as provided under paragraph (e), any individual or facility which a lead investigative agency determines has maltreated a vulnerable adult, or the vulnerable adult or an interested person acting on behalf of the vulnerable adult, regardless of the lead investigative agency's determination, who contests the lead investigative agency's final disposition of an allegation of maltreatment, may request the lead investigative agency to reconsider its final disposition. The request for reconsideration must be submitted in writing to the lead investigative agency within 15 calendar days after receipt of notice of final disposition or, if the request is made by an interested person who is not entitled to notice, within 15 days after receipt of the notice by the vulnerable adult or the vulnerable adult's guardian or health care agent. If mailed, the request for reconsideration must be postmarked and sent to the lead investigative agency within 15 calendar days of the individual's or facility's receipt of the final disposition. If the request for reconsideration is made by personal service, it must be received by the lead investigative agency within 15 calendar days of the individual's or facility's receipt of the final disposition. An individual who was determined to have maltreated a vulnerable adult under this section and who was disqualified on the basis of serious or recurring maltreatment under sections 245C.14 and 245C.15, may request reconsideration of the maltreatment determination and the disqualification. The request for reconsideration of the maltreatment determination and the disqualification must be submitted in writing within 30 calendar days of the individual's receipt of the notice of disqualification under sections 245C.16 and 245C.17. If mailed, the request for reconsideration of the maltreatment determination and the disqualification must be postmarked and sent to the lead investigative agency within 30 calendar days of the individual's receipt of the notice of disqualification. If the request for reconsideration is made by personal service, it must be received by the lead investigative agency within 30 calendar days after the individual's receipt of the notice of disqualification.

(b) Except as provided under paragraphs (e) and (f), if the lead investigative agency denies the request or fails to act upon the request within 15 working days after receiving the request for reconsideration, the person or facility entitled to a fair hearing under section 256.045, may submit to the commissioner of human services a written request for a hearing under that statute. The vulnerable adult, or an interested person acting on behalf of the vulnerable adult, may request a review by the Vulnerable Adult Maltreatment Review Panel under section 256.021 if the lead investigative agency denies the request or fails to act

upon the request, or if the vulnerable adult or interested person contests a reconsidered disposition. The lead investigative agency shall notify persons who request reconsideration of their rights under this paragraph. The request must be submitted in writing to the review panel and a copy sent to the lead investigative agency within 30 calendar days of receipt of notice of a denial of a request for reconsideration or of a reconsidered disposition. The request must specifically identify the aspects of the lead investigative agency determination with which the person is dissatisfied.

(c) If, as a result of a reconsideration or review, the lead investigative agency changes the final disposition, it shall notify the parties specified in subdivision 9c, paragraph (f).

(d) For purposes of this subdivision, "interested person acting on behalf of the vulnerable adult" means a person designated in writing by the vulnerable adult to act on behalf of the vulnerable adult, or a legal guardian or conservator or other legal representative, a proxy or health care agent appointed under chapter 145B or 145C, or an individual who is related to the vulnerable adult, as defined in section 245A.02, subdivision 13.

(e) If an individual was disqualified under sections 245C.14 and 245C.15, on the basis of a determination of maltreatment, which was serious or recurring, and the individual has requested reconsideration of the maltreatment determination under paragraph (a) and reconsideration of the disqualification under sections 245C.21 to 245C.27, reconsideration of the maltreatment determination and requested reconsideration of the disqualification shall be consolidated into a single reconsideration. If reconsideration of the maltreatment determination is denied and the individual remains disqualified following a reconsideration decision, the individual may request a fair hearing under section 256.045. If an individual requests a fair hearing on the maltreatment determination and the disqualification, the scope of the fair hearing shall include both the maltreatment determination and the disqualification.

(f) If a maltreatment determination or a disqualification based on serious or recurring maltreatment is the basis for a denial of a license under section 245A.05 or a licensing sanction under section 245A.07, the license holder has the right to a contested case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. As provided for under section 245A.08, the scope of the contested case hearing must include the maltreatment determination, disqualification, and licensing sanction or denial of a license. In such cases, a fair hearing must not be conducted under section 256.045. Except for family child care and child foster care, reconsideration of a maltreatment determination under this subdivision, and reconsideration of a disqualification under section 245C.22, must not be conducted when:

(1) a denial of a license under section 245A.05, or a licensing sanction under section 245A.07, is based on a determination that the license holder is responsible for maltreatment or the disqualification of a license holder based on serious or recurring maltreatment;

(2) the denial of a license or licensing sanction is issued at the same time as the maltreatment determination or disqualification; and

(3) the license holder appeals the maltreatment determination or disqualification, and

denial of a license or licensing sanction.

Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment determination or disqualification, but does not appeal the denial of a license or a licensing sanction, reconsideration of the maltreatment determination shall be conducted under sections 626.556, subdivision 10i, and 626.557, subdivision 9d, and reconsideration of the disqualification shall be conducted under section 245C.22. In such cases, a fair hearing shall also be conducted as provided under sections 245C.27, 626.556, subdivision 10i, and 626.557, subdivision 9d.

If the disqualified subject is an individual other than the license holder and upon whom a background study must be conducted under chapter 245C, the hearings of all parties may be consolidated into a single contested case hearing upon consent of all parties and the administrative law judge.

(g) Until August 1, 2002, an individual or facility that was determined by the commissioner of human services or the commissioner of health to be responsible for neglect under section 626.5572, subdivision 17, after October 1, 1995, and before August 1, 2001, that believes that the finding of neglect does not meet an amended definition of neglect may request a reconsideration of the determination of neglect. The commissioner of human services or the commissioner of health shall mail a notice to the last known address of individuals who are eligible to seek this reconsideration. The request for reconsideration must state how the established findings no longer meet the elements of the definition of neglect. The commissioner shall review the request for reconsideration and make a determination within 15 calendar days. The commissioner's decision on this reconsideration is the final agency action.

(1) For purposes of compliance with the data destruction schedule under subdivision 12b, paragraph (d), when a finding of substantiated maltreatment has been changed as a result of a reconsideration under this paragraph, the date of the original finding of a substantiated maltreatment must be used to calculate the destruction date.

(2) For purposes of any background studies under chapter 245C, when a determination of substantiated maltreatment has been changed as a result of a reconsideration under this paragraph, any prior disqualification of the individual under chapter 245C that was based on this determination of maltreatment shall be rescinded, and for future background studies under chapter 245C the commissioner must not use the previous determination of substantiated maltreatment as a basis for disqualification or as a basis for referring the individual's maltreatment history to a health-related licensing board under section 245C.31.

Subd. 9e. Education requirements. (a) The commissioners of health, human services, and public safety shall cooperate in the development of a joint program for education of lead investigative agency investigators in the appropriate techniques for investigation of complaints of maltreatment. This program must be developed by July 1, 1996. The program must include but need not be limited to the following areas: (1) information collection and preservation; (2) analysis of facts; (3) levels of evidence; (4) conclusions based on evidence; (5) interviewing skills, including specialized training to interview people with unique needs; (6) report writing; (7) coordination and referral to other necessary agencies

such as law enforcement and judicial agencies; (8) human relations and cultural diversity; (9) the dynamics of adult abuse and neglect within family systems and the appropriate methods for interviewing relatives in the course of the assessment or investigation; (10) the protective social services that are available to protect alleged victims from further abuse, neglect, or financial exploitation; (11) the methods by which lead investigative agency investigators and law enforcement workers cooperate in conducting assessments and investigations in order to avoid duplication of efforts; and (12) data practices laws and procedures, including provisions for sharing data.

(b) The commissioner of human services shall conduct an outreach campaign to promote the common entry point for reporting vulnerable adult maltreatment. This campaign shall use the Internet and other means of communication.

(c) The commissioners of health, human services, and public safety shall offer at least annual education to others on the requirements of this section, on how this section is implemented, and investigation techniques.

(d) The commissioner of human services, in coordination with the commissioner of public safety shall provide training for the common entry point staff as required in this subdivision and the program courses described in this subdivision, at least four times per year. At a minimum, the training shall be held twice annually in the seven-county metropolitan area and twice annually outside the seven-county metropolitan area. The commissioners shall give priority in the program areas cited in paragraph (a) to persons currently performing assessments and investigations pursuant to this section.

(e) The commissioner of public safety shall notify in writing law enforcement personnel of any new requirements under this section. The commissioner of public safety shall conduct regional training for law enforcement personnel regarding their responsibility under this section.

(f) Each lead investigative agency investigator must complete the education program specified by this subdivision within the first 12 months of work as a lead investigative agency investigator.

A lead investigative agency investigator employed when these requirements take effect must complete the program within the first year after training is available or as soon as training is available.

All lead investigative agency investigators having responsibility for investigation duties under this section must receive a minimum of eight hours of continuing education or in-service training each year specific to their duties under this section.

Subd. 10. Duties of county social service agency. (a) When the common entry point refers a report to the county social service agency as the lead investigative agency or makes a referral to the county social service agency for emergency adult protective services, or when another lead investigative agency requests assistance from the county social service agency for adult protective services, the county social service agency shall immediately assess and offer emergency and continuing protective social services for purposes of preventing further maltreatment and for safeguarding the welfare of the

maltreated vulnerable adult. The county shall use a standardized tool made available by the commissioner. The information entered by the county into the standardized tool must be accessible to the Department of Human Services. In cases of suspected sexual abuse, the county social service agency shall immediately arrange for and make available to the vulnerable adult appropriate medical examination and treatment. When necessary in order to protect the vulnerable adult from further harm, the county social service agency shall seek authority to remove the vulnerable adult from the situation in which the maltreatment occurred. The county social service agency may also investigate to determine whether the conditions which resulted in the reported maltreatment place other vulnerable adults in jeopardy of being maltreated and offer protective social services that are called for by its determination.

(b) County social service agencies may enter facilities and inspect and copy records as part of an investigation. The county social service agency has access to not public data, as defined in section 13.02, and medical records under sections 144.291 to 144.298, that are maintained by facilities to the extent necessary to conduct its investigation. The inquiry is not limited to the written records of the facility, but may include every other available source of information.

(c) When necessary in order to protect a vulnerable adult from serious harm, the county social service agency shall immediately intervene on behalf of that adult to help the family, vulnerable adult, or other interested person by seeking any of the following:

(1) a restraining order or a court order for removal of the perpetrator from the residence of the vulnerable adult pursuant to section 518B.01;

(2) the appointment of a guardian or conservator pursuant to sections 524.5-101 to 524.5-502, or guardianship or conservatorship pursuant to chapter 252A;

(3) replacement of a guardian or conservator suspected of maltreatment and appointment of a suitable person as guardian or conservator, pursuant to sections 524.5-101 to 524.5-502; or

(4) a referral to the prosecuting attorney for possible criminal prosecution of the perpetrator under chapter 609.

The expenses of legal intervention must be paid by the county in the case of indigent persons, under section 524.5-502 and chapter 563.

In proceedings under sections 524.5-101 to 524.5-502, if a suitable relative or other person is not available to petition for guardianship or conservatorship, a county employee shall present the petition with representation by the county attorney. The county shall contract with or arrange for a suitable person or organization to provide ongoing guardianship services. If the county presents evidence to the court exercising probate jurisdiction that it has made a diligent effort and no other suitable person can be found, a county employee may serve as guardian or conservator. The county shall not retaliate against the employee for any action taken on behalf of the ward or protected person even if the action is adverse to the county's interest. Any person retaliated against in violation of this subdivision shall

have a cause of action against the county and shall be entitled to reasonable attorney fees and costs of the action if the action is upheld by the court.

Subd. 10a. [Repealed, 1995 c 229 art 1 s 24]

Subd. 10b. Investigations; guidelines. Each lead investigative agency shall develop guidelines for prioritizing reports for investigation. When investigating a report, the lead investigative agency shall conduct the following activities, as appropriate:

- (1) interview of the alleged victim;
- (2) interview of the reporter and others who may have relevant information;
- (3) interview of the alleged perpetrator;
- (4) examination of the environment surrounding the alleged incident;
- (5) review of pertinent documentation of the alleged incident; and
- (6) consultation with professionals.

Subd. 11. [Repealed, 1995 c 229 art 1 s 24]

Subd. 11a. [Repealed, 1995 c 229 art 1 s 24]

Subd. 12. [Repealed, 1995 c 229 art 1 s 24]

Subd. 12a. [Repealed, 1983 c 273 s 8]

Subd. 12b. Data management. (a) In performing any of the duties of this section as a lead investigative agency, the county social service agency shall maintain appropriate records. Data collected by the county social service agency under this section are welfare data under section 13.46. Notwithstanding section 13.46, subdivision 1, paragraph (a), data under this paragraph that are inactive investigative data on an individual who is a vendor of services are private data on individuals, as defined in section 13.02. The identity of the reporter may only be disclosed as provided in paragraph (c).

Data maintained by the common entry point are confidential data on individuals or protected nonpublic data as defined in section 13.02. Notwithstanding section 138.163, the common entry point shall maintain data for three calendar years after date of receipt and then destroy the data unless otherwise directed by federal requirements.

(b) The commissioners of health and human services shall prepare an investigation memorandum for each report alleging maltreatment investigated under this section. County social service agencies must maintain private data on individuals but are not required to prepare an investigation memorandum. During an investigation by the commissioner of health or the commissioner of human services, data collected under this section are confidential data on individuals or protected nonpublic data as defined in section 13.02. Upon completion of the investigation, the data are classified as provided in clauses (1) to (3) and paragraph (c).

- (1) The investigation memorandum must contain the following data, which are public:

- (i) the name of the facility investigated;
- (ii) a statement of the nature of the alleged maltreatment;
- (iii) pertinent information obtained from medical or other records reviewed;
- (iv) the identity of the investigator;
- (v) a summary of the investigation's findings;
- (vi) statement of whether the report was found to be substantiated, inconclusive, false, or that no determination will be made;
- (vii) a statement of any action taken by the facility;
- (viii) a statement of any action taken by the lead investigative agency; and
- (ix) when a lead investigative agency's determination has substantiated maltreatment, a statement of whether an individual, individuals, or a facility were responsible for the substantiated maltreatment, if known.

The investigation memorandum must be written in a manner which protects the identity of the reporter and of the vulnerable adult and may not contain the names or, to the extent possible, data on individuals or private data listed in clause (2).

(2) Data on individuals collected and maintained in the investigation memorandum are private data, including:

- (i) the name of the vulnerable adult;
- (ii) the identity of the individual alleged to be the perpetrator;
- (iii) the identity of the individual substantiated as the perpetrator; and
- (iv) the identity of all individuals interviewed as part of the investigation.

(3) Other data on individuals maintained as part of an investigation under this section are private data on individuals upon completion of the investigation.

(c) After the assessment or investigation is completed, the name of the reporter must be confidential. The subject of the report may compel disclosure of the name of the reporter only with the consent of the reporter or upon a written finding by a court that the report was false and there is evidence that the report was made in bad faith. This subdivision does not alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except that where the identity of the reporter is relevant to a criminal prosecution, the district court shall do an in-camera review prior to determining whether to order disclosure of the identity of the reporter.

(d) Notwithstanding section 138.163, data maintained under this section by the commissioners of health and human services must be maintained under the following schedule and then destroyed unless otherwise directed by federal requirements:

(1) data from reports determined to be false, maintained for three years after the finding was made;

(2) data from reports determined to be inconclusive, maintained for four years after the finding was made;

(3) data from reports determined to be substantiated, maintained for seven years after the finding was made; and

(4) data from reports which were not investigated by a lead investigative agency and for which there is no final disposition, maintained for three years from the date of the report.

(e) The commissioners of health and human services shall annually publish on their Web sites the number and type of reports of alleged maltreatment involving licensed facilities reported under this section, the number of those requiring investigation under this section, and the resolution of those investigations. On a biennial basis, the commissioners of health and human services shall jointly report the following information to the legislature and the governor:

(1) the number and type of reports of alleged maltreatment involving licensed facilities reported under this section, the number of those requiring investigations under this section, the resolution of those investigations, and which of the two lead agencies was responsible;

(2) trends about types of substantiated maltreatment found in the reporting period;

(3) if there are upward trends for types of maltreatment substantiated, recommendations for addressing and responding to them;

(4) efforts undertaken or recommended to improve the protection of vulnerable adults;

(5) whether and where backlogs of cases result in a failure to conform with statutory time frames and recommendations for reducing backlogs if applicable;

(6) recommended changes to statutes affecting the protection of vulnerable adults; and

(7) any other information that is relevant to the report trends and findings.

(f) Each lead investigative agency must have a record retention policy.

(g) Lead investigative agencies, prosecuting authorities, and law enforcement agencies may exchange not public data, as defined in section 13.02, if the agency or authority requesting the data determines that the data are pertinent and necessary to the requesting agency in initiating, furthering, or completing an investigation under this section. Data collected under this section must be made available to prosecuting authorities and law enforcement officials, local county agencies, and licensing agencies investigating the alleged maltreatment under this section. The lead investigative agency shall exchange not public data with the vulnerable adult maltreatment review panel established in section 256.021 if the data are pertinent and necessary for a review requested under that section. Notwithstanding section 138.17, upon completion of the review, not public data received by the review panel must be destroyed.

(h) Each lead investigative agency shall keep records of the length of time it takes to complete its investigations.

(i) A lead investigative agency may notify other affected parties and their authorized representative if the lead investigative agency has reason to believe maltreatment has occurred and determines the information will safeguard the well-being of the affected parties or dispel widespread rumor or unrest in the affected facility.

(j) Under any notification provision of this section, where federal law specifically prohibits the disclosure of patient identifying information, a lead investigative agency may not provide any notice unless the vulnerable adult has consented to disclosure in a manner which conforms to federal requirements.

Subd. 13. [Repealed, 1995 c 229 art 1 s 24]

Subd. 14. Abuse prevention plans. (a) Each facility, except home health agencies and personal care attendant services providers, shall establish and enforce an ongoing written abuse prevention plan. The plan shall contain an assessment of the physical plant, its environment, and its population identifying factors which may encourage or permit abuse, and a statement of specific measures to be taken to minimize the risk of abuse. The plan shall comply with any rules governing the plan promulgated by the licensing agency.

(b) Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

(c) If the facility, except home health agencies and personal care attendant services providers, knows that the vulnerable adult has committed a violent crime or an act of physical aggression toward others, the individual abuse prevention plan must detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. Under this section, a facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority or through a medical record prepared by another facility, another health care provider, or the facility's ongoing assessments of the vulnerable adult.

Subd. 15. [Repealed, 1995 c 229 art 1 s 24]

Subd. 16. [Repealed, 2014 c 262 art 4 s 9]

Subd. 17. Retaliation prohibited. (a) A facility or person shall not retaliate against any person who reports in good faith suspected maltreatment pursuant to this section, or against a vulnerable adult with respect to whom a report is made, because of the report.

(b) In addition to any remedies allowed under sections 181.931 to 181.935, any facility or person which retaliates against any person because of a report of suspected maltreatment is liable to that person for actual damages, punitive damages up to \$10,000, and attorney fees.

(c) There shall be a rebuttable presumption that any adverse action, as defined below, within 90 days of a report, is retaliatory. For purposes of this clause, the term "adverse action" refers to action taken by a facility or person involved in a report against the person making the report or the person with respect to whom the report was made because of the report, and includes, but is not limited to:

- (1) discharge or transfer from the facility;
- (2) discharge from or termination of employment;
- (3) demotion or reduction in remuneration for services;
- (4) restriction or prohibition of access to the facility or its residents; or
- (5) any restriction of rights set forth in section 144.651.

Subd. 18. Outreach. The commissioner of human services shall maintain an aggressive program to educate those required to report, as well as the general public, about the requirements of this section using a variety of media. The commissioner of human services shall print and make available the form developed under subdivision 9.

Subd. 19. [Repealed, 1995 c 229 art 1 s 24]

Subd. 20. Cause of action for financial exploitation; damages. (a) A vulnerable adult who is a victim of financial exploitation as defined in section 626.5572, subdivision 9, 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.

(b) In addition to damages under paragraph (a), 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.

- (c) An action may be brought under this subdivision regardless of whether there has been a report or final disposition under this section or a criminal complaint or conviction related to the financial exploitation.

Subd. 21. Contested case hearing. When an appeal of a lead investigative agency determination results in a contested case hearing under chapter 245A or 245C, the administrative law judge shall notify the vulnerable adult who is the subject of the maltreatment determination and, if known, a guardian of the vulnerable adult appointed under section 524.5-310, or a health care agent designated by the vulnerable adult in a health care directive that is currently effective under section 145C.06, and whose authority to make health care decisions is not suspended under section 524.5-310, of the hearing. The notice must be sent by certified mail and inform the vulnerable adult of the right to file a signed written statement in the proceedings. A guardian or health care agent who prepares or files a written statement for the vulnerable adult must indicate in the statement that the person is the vulnerable adult's guardian or health care agent and sign the statement in that capacity. The vulnerable adult, the guardian, or the health care agent may file a written statement with the administrative law judge hearing the case no later than five business days before commencement of the hearing. The administrative law judge shall include the written statement in the hearing record and consider the statement in deciding the appeal. This subdivision does not limit, prevent, or excuse the vulnerable adult from being called as a witness testifying at the hearing or grant the vulnerable adult, the guardian, or health care agent a right to participate in the proceedings or appeal the administrative law judge's decision in the case. The lead investigative agency must consider including the vulnerable adult victim of maltreatment as a witness in the hearing. If the lead investigative agency determines that participation in the hearing would endanger the well-being of the vulnerable adult or not be in the best interests of the vulnerable adult, the lead investigative agency shall inform the administrative law judge of the basis for this determination, which must be included in the final order. If the administrative law judge is not reasonably able to determine the address of the vulnerable adult, the guardian, or the health care agent, the administrative law judge is not required to send a hearing notice under this subdivision.

History: 1980 c 542 s 1; 1981 c 311 s 39; 1982 c 393 s 3,4; 1982 c 424 s 130; 1982 c 545 s 24; 1982 c 636 s 5,6; 1983 c 273 s 1-7; 1984 c 640 s 32; 1984 c 654 art 5 s 58; 1985 c 150 s 1-6; 1985 c 293 s 6,7; 1Sp1985 c 14 art 9 s 75; 1986 c 444; 1987 c 110 s 3; 1987 c 211 s 2; 1987 c 352 s 11; 1987 c 378 s 17; 1987 c 384 art 2 s 1; 1988 c 543 s 13; 1989 c 209 art 2 s 1; 1991 c 181 s 2; 1994 c 483 s 1; 1994 c 636 art 2 s 60-62; 1Sp1994 c 1 art 2 s 34; 1995 c 189 s 8; 1995 c 229 art 1 s 1-21; 1996 c 277 s 1; 1996 c 305 art 2 s 66; 2000 c 465 s 3-5; 1Sp2001 c 9 art 5 s 31; art 14 s 30,31; 2002 c 289 s 4; 2002 c 375 art 1 s 22,23; 2002 c 379 art 1 s 113; 2003 c 15 art 1 s 33; 2004 c 146 art 3 s 45; 2004 c 288 art 1 s 80; 2005 c 56 s 1; 2005 c 98 art 2 s 17; 2005 c 136 art 5 s 5; 1Sp2005 c 4 art 1 s 55,56; 2006 c 253 s 21; 2007 c 112 s 55,56; 2007 c 147 art 7 s 75; art 10 s 15; 2009 c 119 s 11-16; 2009 c 142 art 2 s 46,47; 2009 c 159 s 107; 2010 c 329 art 2 s 6; 2010 c 352 art 1 s 23; 2010 c 382 s 81; 2011 c 28 s 9-14,17; 2012 c 216 art 9 s 30,31; 2013 c 63 s 17; 2013 c 108 art 2 s 41-43; art 8 s 57; 2014 c 192 art 2 s 1; 2014 c 291 art 8 s 17; 2015 c 78 art 6 s 23-25

626.557 REPORTING OF MALTREATMENT OF VULNERABLE ADULTS.

Subdivision 1. Public policy. The legislature declares that the public policy of this state is to protect adults who, because of physical or mental disability or dependency on institutional services, are particularly vulnerable to maltreatment; to assist in providing safe environments for vulnerable adults; and to provide safe institutional or residential services, community-based services, or living environments for vulnerable adults who have been maltreated.

In addition, it is the policy of this state to require the reporting of suspected maltreatment of vulnerable adults, to provide for the voluntary reporting of maltreatment of vulnerable adults, to require the investigation of the reports, and to provide protective and counseling services in appropriate cases.

Subd. 2. [Repealed, 1995 c 229 art 1 s 24]

Subd. 3. Timing of report. (a) A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. If an individual is a vulnerable adult solely because the individual is admitted to a facility, a mandated reporter is not required to report suspected maltreatment of the individual that occurred prior to admission, unless:

(3) the individual was admitted to the facility from another facility and the reporter has reason to believe the vulnerable adult was maltreated in the previous facility; or

(4) the reporter knows or has reason to believe that the individual is a vulnerable adult as defined in section 626.5572, subdivision 21, paragraph (a), clause (4).

(f) A person not required to report under the provisions of this section may voluntarily report as described above.

(g) Nothing in this section requires a report of known or suspected maltreatment, if the reporter knows or has reason to know that a report has been made to the common entry point.

(h) Nothing in this section shall preclude a reporter from also reporting to a law enforcement agency.

(i) A mandated reporter who knows or has reason to believe that an error under section 626.5572, subdivision 17, paragraph (c), clause (5), occurred must make a report under this subdivision. If the reporter or a facility, at any time believes that an investigation by a lead investigative agency will determine or should determine that the reported error was not neglect according to the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5), the reporter or facility may provide to the common entry point or directly to the lead investigative agency information explaining how the event meets the criteria under section 626.5572, subdivision 17, paragraph (c), clause (5). The lead investigative agency

shall consider this information when making an initial disposition of the report under subdivision 9c.

Subd. 3a. Report not required. The following events are not required to be reported under this section:

(1) A circumstance where federal law specifically prohibits a person from disclosing patient identifying information in connection with a report of suspected maltreatment, unless the vulnerable adult, or the vulnerable adult's guardian, conservator, or legal representative, has consented to disclosure in a manner which conforms to federal requirements. Facilities whose patients or residents are covered by such a federal law shall seek consent to the disclosure of suspected maltreatment from each patient or resident, or a guardian, conservator, or legal representative, upon the patient's or resident's admission to the facility. Persons who are prohibited by federal law from reporting an incident of suspected maltreatment shall immediately seek consent to make a report.

(2) Verbal or physical aggression occurring between patients, residents, or clients of a facility, or self-abusive behavior by these persons does not constitute abuse unless the behavior causes serious harm. The operator of the facility or a designee shall record incidents of aggression and self-abusive behavior to facilitate review by licensing agencies and county and local welfare agencies.

(3) Accidents as defined in section 626.5572, subdivision 3.

(4) Events occurring in a facility that result from an individual's error in the provision of therapeutic conduct to a vulnerable adult, as provided in section 626.5572, subdivision 17, paragraph (c), clause (4).

(5) Nothing in this section shall be construed to require a report of financial exploitation, as defined in section 626.5572, subdivision 9, solely on the basis of the transfer of money or property by gift or as compensation for services rendered.

Subd. 4. Reporting. (a) Except as provided in paragraph (b), a mandated reporter shall immediately make an oral report to the common entry point. The common entry point may accept electronic reports submitted through a Web-based reporting system established by the commissioner. Use of a telecommunications device for the deaf or other similar device shall be considered an oral report. The common entry point may not require written reports. To the extent possible, the report must be of sufficient content to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment. A mandated reporter may disclose not public data, as defined in section 13.02, and medical records under sections 144.291 to 144.298, to the extent necessary to comply with this subdivision.

(b) A boarding care home that is licensed under sections 144.50 to 144.58 and certified under Title 19 of the Social Security Act, a nursing home that is licensed under section

144A.02 and certified under Title 18 or Title 19 of the Social Security Act, or a hospital that is licensed under sections 144.50 to 144.58 and has swing beds certified under Code of Federal Regulations, title 42, section 482.66, may submit a report electronically to the common entry point instead of submitting an oral report. The report may be a duplicate of the initial report the facility submits electronically to the commissioner of health to comply with the reporting requirements under Code of Federal Regulations, title 42, section 483.13. The commissioner of health may modify these reporting requirements to include items required under paragraph (a) that are not currently included in the electronic reporting form.

Subd. 4a. Internal reporting of maltreatment. (a) Each facility shall establish and enforce an ongoing written procedure in compliance with applicable licensing rules to ensure that all cases of suspected maltreatment are reported. If a facility has an internal reporting procedure, a mandated reporter may meet the reporting requirements of this section by reporting internally. However, the facility remains responsible for complying with the immediate reporting requirements of this section.

(e) A facility with an internal reporting procedure that receives an internal report by a mandated reporter shall give the mandated reporter a written notice stating whether the facility has reported the incident to the common entry point. The written notice must be provided within two working days and in a manner that protects the confidentiality of the reporter.

(f) The written response to the mandated reporter shall note that if the mandated reporter is not satisfied with the action taken by the facility on whether to report the incident to the common entry point, then the mandated reporter may report externally.

(g) A facility may not prohibit a mandated reporter from reporting externally, and a facility is prohibited from retaliating against a mandated reporter who reports an incident to the common entry point in good faith. The written notice by the facility must inform the mandated reporter of this protection from retaliatory measures by the facility against the mandated reporter for reporting externally.

Subd. 5. Immunity; protection for reporters. (a) A person who makes a good faith report is immune from any civil or criminal liability that might otherwise result from making the report, or from participating in the investigation, or for failure to comply fully with the reporting obligation under section 609.234 or 626.557, subdivision 7.

(f) A person employed by a lead investigative agency or a state licensing agency who is conducting or supervising an investigation or enforcing the law in compliance with this section or any related rule or provision of law is immune from any civil or criminal liability that might otherwise result from the person's actions, if the person is acting in good faith and exercising due care.

(g) A person who knows or has reason to know a report has been made to a common entry point and who in good faith participates in an investigation of alleged maltreatment is immune from civil or criminal liability that otherwise might result from making the report, or from failure to comply with the reporting obligation or from participating in the investigation.

- (h) The identity of any reporter may not be disclosed, except as provided in subdivision 12b.

- (i) For purposes of this subdivision, "person" includes a natural person or any form of a business or legal entity.

Subd. 5a. Financial institution cooperation. Financial institutions shall cooperate with a lead investigative agency, law enforcement, or prosecuting authority that is investigating maltreatment of a vulnerable adult and comply with reasonable requests for the production of financial records as authorized under section 13A.02, subdivision 1. Financial institutions are immune from any civil or criminal liability that might otherwise result from complying with this subdivision.

Subd. 6. Falsified reports. A person or facility who intentionally makes a false report under the provisions of this section shall be liable in a civil suit for any actual damages suffered by the reported facility, person or persons and for punitive damages up to \$10,000 and attorney fees.

Subd. 7. Failure to report. A mandated reporter who negligently or intentionally fails to report is liable for damages caused by the failure. Nothing in this subdivision imposes vicarious liability for the acts or omissions of others.

Subd. 8. Evidence not privileged. No evidence regarding the maltreatment of the vulnerable adult shall be excluded in any proceeding arising out of the alleged maltreatment on the grounds of lack of competency under section 595.02.

Subd. 9. Common entry point designation. (a) Each county board shall designate a common entry point for reports of suspected maltreatment, for use until the commissioner of human services establishes a common entry point. Two or more county boards may jointly designate a single common entry point. The commissioner of human services shall establish a common entry point effective July 1, 2015. The common entry point is the unit responsible for receiving the report of suspected maltreatment under this section.

- (k) The common entry point must be available 24 hours per day to take calls from reporters of suspected maltreatment. The common entry point shall use a standard intake form that includes:

- (1) the time and date of the report;
- (2) the name, address, and telephone number of the person reporting;
- (3) the time, date, and location of the incident;
- (4) the names of the persons involved, including but not limited to, perpetrators, alleged victims, and witnesses;
- (5) whether there was a risk of imminent danger to the alleged victim;
- (6) a description of the suspected maltreatment;
- (7) the disability, if any, of the alleged victim;

- (8) the relationship of the alleged perpetrator to the alleged victim;
 - (9) whether a facility was involved and, if so, which agency licenses the facility;
 - (10) any action taken by the common entry point;
 - (11) whether law enforcement has been notified;
 - (12) whether the reporter wishes to receive notification of the initial and final reports;
and
 - (13) if the report is from a facility with an internal reporting procedure, the name, mailing address, and telephone number of the person who initiated the report internally.
- (l) The common entry point is not required to complete each item on the form prior to dispatching the report to the appropriate lead investigative agency.
 - (m) The common entry point shall immediately report to a law enforcement agency any incident in which there is reason to believe a crime has been committed.
 - (n) If a report is initially made to a law enforcement agency or a lead investigative agency, those agencies shall take the report on the appropriate common entry point intake forms and immediately forward a copy to the common entry point.
 - (o) The common entry point staff must receive training on how to screen and dispatch reports efficiently and in accordance with this section.
 - (p) The commissioner of human services shall maintain a centralized database for the collection of common entry point data, lead investigative agency data including maltreatment report disposition, and appeals data. The common entry point shall have access to the centralized database and must log the reports into the database and immediately identify and locate prior reports of abuse, neglect, or exploitation.
 - (q) When appropriate, the common entry point staff must refer calls that do not allege the abuse, neglect, or exploitation of a vulnerable adult to other organizations that might resolve the reporter's concerns.
 - (r) A common entry point must be operated in a manner that enables the commissioner of human services to:
 - (6) track critical steps in the reporting, evaluation, referral, response, disposition, and investigative process to ensure compliance with all requirements for all reports;
 - (7) maintain data to facilitate the production of aggregate statistical reports for monitoring patterns of abuse, neglect, or exploitation;
 - (8) serve as a resource for the evaluation, management, and planning of preventative and remedial services for vulnerable adults who have been subject to abuse, neglect, or exploitation;
 - (9) set standards, priorities, and policies to maximize the efficiency and effectiveness

of the common entry point; and

(10) track and manage consumer complaints related to the common entry point.

- (s) The commissioners of human services and health shall collaborate on the creation of a system for referring reports to the lead investigative agencies. This system shall enable the commissioner of human services to track critical steps in the reporting, evaluation, referral, response, disposition, investigation, notification, determination, and appeal processes.

Subd. 9a. Evaluation and referral of reports made to common entry point. (a) The common entry point must screen the reports of alleged or suspected maltreatment for immediate risk and make all necessary referrals as follows:

(1) if the common entry point determines that there is an immediate need for emergency adult protective services, the common entry point agency shall immediately notify the appropriate county agency;

(2) if the report contains suspected criminal activity against a vulnerable adult, the common entry point shall immediately notify the appropriate law enforcement agency;

(3) the common entry point shall refer all reports of alleged or suspected maltreatment to the appropriate lead investigative agency as soon as possible, but in any event no longer than two working days;

(4) if the report contains information about a suspicious death, the common entry point shall immediately notify the appropriate law enforcement agencies, the local medical examiner, and the ombudsman for mental health and developmental disabilities established under section 245.92. Law enforcement agencies shall coordinate with the local medical examiner and the ombudsman as provided by law; and

(5) for reports involving multiple locations or changing circumstances, the common entry point shall determine the county agency responsible for emergency adult protective services and the county responsible as the lead investigative agency, using referral guidelines established by the commissioner.

(b) If the lead investigative agency receiving a report believes the report was referred by the common entry point in error, the lead investigative agency shall immediately notify the common entry point of the error, including the basis for the lead investigative agency's belief that the referral was made in error. The common entry point shall review the information submitted by the lead investigative agency and immediately refer the report to the appropriate lead investigative agency.

Subd. 9b. Response to reports. Law enforcement is the primary agency to conduct investigations of any incident in which there is reason to believe a crime has been committed. Law enforcement shall initiate a response immediately. If the common entry point notified a county agency for emergency adult protective services, law enforcement shall cooperate with that county agency when both agencies are involved and shall exchange data to the extent authorized in subdivision 12b, paragraph (g). County adult protection shall initiate a response immediately. Each lead investigative agency shall

complete the investigative process for reports within its jurisdiction. A lead investigative agency, county, adult protective agency, licensed facility, or law enforcement agency shall cooperate with other agencies in the provision of protective services, coordinating its investigations, and assisting another agency within the limits of its resources and expertise and shall exchange data to the extent authorized in subdivision 12b, paragraph (g). The lead investigative agency shall obtain the results of any investigation conducted by law enforcement officials. The lead investigative agency has the right to enter facilities and inspect and copy records as part of investigations. The lead investigative agency has access to not public data, as defined in section 13.02, and medical records under sections 144.291 to 144.298, that are maintained by facilities to the extent necessary to conduct its investigation. Each lead investigative agency shall develop guidelines for prioritizing reports for investigation.

Subd. 9c. Lead investigative agency; notifications, dispositions, determinations. (a) Upon request of the reporter, the lead investigative agency shall notify the reporter that it has received the report, and provide information on the initial disposition of the report within five business days of receipt of the report, provided that the notification will not endanger the vulnerable adult or hamper the investigation.

(l) Upon conclusion of every investigation it conducts, the lead investigative agency shall make a final disposition as defined in section 626.5572, subdivision 8.

(m) When determining whether the facility or individual is the responsible party for substantiated maltreatment or whether both the facility and the individual are responsible for substantiated maltreatment, the lead investigative agency shall consider at least the following mitigating factors:

(1) whether the actions of the facility or the individual caregivers were in accordance with, and followed the terms of, an erroneous physician order, prescription, resident care plan, or directive. This is not a mitigating factor when the facility or caregiver is responsible for the issuance of the erroneous order, prescription, plan, or directive or knows or should have known of the errors and took no reasonable measures to correct the defect before administering care;

(2) the comparative responsibility between the facility, other caregivers, and requirements placed upon the employee, including but not limited to, the facility's compliance with related regulatory standards and factors such as the adequacy of facility policies and procedures, the adequacy of facility training, the adequacy of an individual's participation in the training, the adequacy of caregiver supervision, the adequacy of facility staffing levels, and a consideration of the scope of the individual employee's authority; and

(3) whether the facility or individual followed professional standards in exercising professional judgment.

(n) When substantiated maltreatment is determined to have been committed by an individual who is also the facility license holder, both the individual and the facility must be determined responsible for the maltreatment, and both the background study disqualification standards under section 245C.15, subdivision 4, and the licensing actions under section 245A.06 or 245A.07 apply.

(o) The lead investigative agency shall complete its final disposition within 60 calendar days. If the lead investigative agency is unable to complete its final disposition within 60 calendar days, the lead investigative agency shall notify the following persons provided that the notification will not endanger the vulnerable adult or hamper the investigation: (1) the vulnerable adult or the vulnerable adult's guardian or health care agent, when known, if the lead investigative agency knows them to be aware of the investigation; and (2) the facility, where applicable. The notice shall contain the reason for the delay and the projected completion date. If the lead investigative agency is unable to complete its final disposition by a subsequent projected completion date, the lead investigative agency shall again notify the vulnerable adult or the vulnerable adult's guardian or health care agent, when known if the lead investigative agency knows them to be aware of the investigation, and the facility, where applicable, of the reason for the delay and the revised projected completion date provided that the notification will not endanger the vulnerable adult or hamper the investigation. The lead investigative agency must notify the health care agent of the vulnerable adult only if the health care agent's authority to make health care decisions for the vulnerable adult is currently effective under section 145C.06 and not suspended under section 524.5-310 and the investigation relates to a duty assigned to the health care agent by the principal. A lead investigative agency's inability to complete the final disposition within 60 calendar days or by any projected completion date does not invalidate the final disposition.

(p) Within ten calendar days of completing the final disposition, the lead investigative agency shall provide a copy of the public investigation memorandum under subdivision 12b, paragraph (b), clause (1), when required to be completed under this section, to the following persons: (1) the vulnerable adult, or the vulnerable adult's guardian or health care agent, if known, unless the lead investigative agency knows that the notification would endanger the well-being of the vulnerable adult; (2) the reporter, if the reporter requested notification when making the report, provided this notification would not endanger the well-being of the vulnerable adult; (3) the alleged perpetrator, if known; (4) the facility; and (5) the ombudsman for long-term care, or the ombudsman for mental health and developmental disabilities, as appropriate.

(q) If, as a result of a reconsideration, review, or hearing, the lead investigative agency changes the final disposition, or if a final disposition is changed on appeal, the lead investigative agency shall notify the parties specified in paragraph (f).

(r) The lead investigative agency shall notify the vulnerable adult who is the subject of the report or the vulnerable adult's guardian or health care agent, if known, and any person or facility determined to have maltreated a vulnerable adult, of their appeal or review rights under this section or section 256.021.

(s) The lead investigative agency shall routinely provide investigation memoranda for substantiated reports to the appropriate licensing boards. These reports must include the names of substantiated perpetrators. The lead investigative agency may not provide investigative memoranda for inconclusive or false reports to the appropriate licensing boards unless the lead investigative agency's investigation gives reason to believe that there may have been a violation of the applicable professional practice laws. If the

investigation memorandum is provided to a licensing board, the subject of the investigation memorandum shall be notified and receive a summary of the investigative findings.

(t) In order to avoid duplication, licensing boards shall consider the findings of the lead investigative agency in their investigations if they choose to investigate. This does not preclude licensing boards from considering other information.

(u) The lead investigative agency must provide to the commissioner of human services its final dispositions, including the names of all substantiated perpetrators. The commissioner of human services shall establish records to retain the names of substantiated perpetrators.

Subd. 9d. Administrative reconsideration; review panel. (a) Except as provided under paragraph (e), any individual or facility which a lead investigative agency determines has maltreated a vulnerable adult, or the vulnerable adult or an interested person acting on behalf of the vulnerable adult, regardless of the lead investigative agency's determination, who contests the lead investigative agency's final disposition of an allegation of maltreatment, may request the lead investigative agency to reconsider its final disposition. The request for reconsideration must be submitted in writing to the lead investigative agency within 15 calendar days after receipt of notice of final disposition or, if the request is made by an interested person who is not entitled to notice, within 15 days after receipt of the notice by the vulnerable adult or the vulnerable adult's guardian or health care agent. If mailed, the request for reconsideration must be postmarked and sent to the lead investigative agency within 15 calendar days of the individual's or facility's receipt of the final disposition. If the request for reconsideration is made by personal service, it must be received by the lead investigative agency within 15 calendar days of the individual's or facility's receipt of the final disposition. An individual who was determined to have maltreated a vulnerable adult under this section and who was disqualified on the basis of serious or recurring maltreatment under sections 245C.14 and 245C.15, may request reconsideration of the maltreatment determination and the disqualification. The request for reconsideration of the maltreatment determination and the disqualification must be submitted in writing within 30 calendar days of the individual's receipt of the notice of disqualification under sections 245C.16 and 245C.17. If mailed, the request for reconsideration of the maltreatment determination and the disqualification must be postmarked and sent to the lead investigative agency within 30 calendar days of the individual's receipt of the notice of disqualification. If the request for reconsideration is made by personal service, it must be received by the lead investigative agency within 30 calendar days after the individual's receipt of the notice of disqualification.

(h) Except as provided under paragraphs (e) and (f), if the lead investigative agency denies the request or fails to act upon the request within 15 working days after receiving the request for reconsideration, the person or facility entitled to a fair hearing under section 256.045, may submit to the commissioner of human services a written request for a hearing under that statute. The vulnerable adult, or an interested person acting on behalf of the vulnerable adult, may request a review by the Vulnerable Adult Maltreatment Review Panel under section 256.021 if the lead investigative agency denies the request or fails to act upon the request, or if the vulnerable adult or interested person contests a reconsidered

disposition. The lead investigative agency shall notify persons who request reconsideration of their rights under this paragraph. The request must be submitted in writing to the review panel and a copy sent to the lead investigative agency within 30 calendar days of receipt of notice of a denial of a request for reconsideration or of a reconsidered disposition. The request must specifically identify the aspects of the lead investigative agency determination with which the person is dissatisfied.

(i) If, as a result of a reconsideration or review, the lead investigative agency changes the final disposition, it shall notify the parties specified in subdivision 9c, paragraph (f).

(j) For purposes of this subdivision, "interested person acting on behalf of the vulnerable adult" means a person designated in writing by the vulnerable adult to act on behalf of the vulnerable adult, or a legal guardian or conservator or other legal representative, a proxy or health care agent appointed under chapter 145B or 145C, or an individual who is related to the vulnerable adult, as defined in section 245A.02, subdivision 13.

(k) If an individual was disqualified under sections 245C.14 and 245C.15, on the basis of a determination of maltreatment, which was serious or recurring, and the individual has requested reconsideration of the maltreatment determination under paragraph (a) and reconsideration of the disqualification under sections 245C.21 to 245C.27, reconsideration of the maltreatment determination and requested reconsideration of the disqualification shall be consolidated into a single reconsideration. If reconsideration of the maltreatment determination is denied and the individual remains disqualified following a reconsideration decision, the individual may request a fair hearing under section 256.045. If an individual requests a fair hearing on the maltreatment determination and the disqualification, the scope of the fair hearing shall include both the maltreatment determination and the disqualification.

(l) If a maltreatment determination or a disqualification based on serious or recurring maltreatment is the basis for a denial of a license under section 245A.05 or a licensing sanction under section 245A.07, the license holder has the right to a contested case hearing under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. As provided for under section 245A.08, the scope of the contested case hearing must include the maltreatment determination, disqualification, and licensing sanction or denial of a license. In such cases, a fair hearing must not be conducted under section 256.045. Except for family child care and child foster care, reconsideration of a maltreatment determination under this subdivision, and reconsideration of a disqualification under section 245C.22, must not be conducted when:

(1) a denial of a license under section 245A.05, or a licensing sanction under section 245A.07, is based on a determination that the license holder is responsible for maltreatment or the disqualification of a license holder based on serious or recurring maltreatment;

(2) the denial of a license or licensing sanction is issued at the same time as the maltreatment determination or disqualification; and

(3) the license holder appeals the maltreatment determination or disqualification, and denial of a license or licensing sanction.

Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment determination or disqualification, but does not appeal the denial of a license or a licensing sanction, reconsideration of the maltreatment determination shall be conducted under sections 626.556, subdivision 10i, and 626.557, subdivision 9d, and reconsideration of the disqualification shall be conducted under section 245C.22. In such cases, a fair hearing shall also be conducted as provided under sections 245C.27, 626.556, subdivision 10i, and 626.557, subdivision 9d.

If the disqualified subject is an individual other than the license holder and upon whom a background study must be conducted under chapter 245C, the hearings of all parties may be consolidated into a single contested case hearing upon consent of all parties and the administrative law judge.

(m) Until August 1, 2002, an individual or facility that was determined by the commissioner of human services or the commissioner of health to be responsible for neglect under section 626.5572, subdivision 17, after October 1, 1995, and before August 1, 2001, that believes that the finding of neglect does not meet an amended definition of neglect may request a reconsideration of the determination of neglect. The commissioner of human services or the commissioner of health shall mail a notice to the last known address of individuals who are eligible to seek this reconsideration. The request for reconsideration must state how the established findings no longer meet the elements of the definition of neglect. The commissioner shall review the request for reconsideration and make a determination within 15 calendar days. The commissioner's decision on this reconsideration is the final agency action.

(1) For purposes of compliance with the data destruction schedule under subdivision 12b, paragraph (d), when a finding of substantiated maltreatment has been changed as a result of a reconsideration under this paragraph, the date of the original finding of a substantiated maltreatment must be used to calculate the destruction date.

(2) For purposes of any background studies under chapter 245C, when a determination of substantiated maltreatment has been changed as a result of a reconsideration under this paragraph, any prior disqualification of the individual under chapter 245C that was based on this determination of maltreatment shall be rescinded, and for future background studies under chapter 245C the commissioner must not use the previous determination of substantiated maltreatment as a basis for disqualification or as a basis for referring the individual's maltreatment history to a health-related licensing board under section 245C.31.

Subd. 9e. Education requirements. (a) The commissioners of health, human services, and public safety shall cooperate in the development of a joint program for education of lead investigative agency investigators in the appropriate techniques for investigation of complaints of maltreatment. This program must be developed by July 1, 1996. The program must include but need not be limited to the following areas: (1) information collection and preservation; (2) analysis of facts; (3) levels of evidence; (4) conclusions based on evidence; (5) interviewing skills, including specialized training to interview people with unique needs; (6) report writing; (7) coordination and referral to other necessary agencies such as law enforcement and judicial agencies; (8) human relations and cultural diversity; (9) the dynamics of adult abuse and neglect within family systems and the appropriate

methods for interviewing relatives in the course of the assessment or investigation; (10) the protective social services that are available to protect alleged victims from further abuse, neglect, or financial exploitation; (11) the methods by which lead investigative agency investigators and law enforcement workers cooperate in conducting assessments and investigations in order to avoid duplication of efforts; and (12) data practices laws and procedures, including provisions for sharing data.

(g) The commissioner of human services shall conduct an outreach campaign to promote the common entry point for reporting vulnerable adult maltreatment. This campaign shall use the Internet and other means of communication.

(h) The commissioners of health, human services, and public safety shall offer at least annual education to others on the requirements of this section, on how this section is implemented, and investigation techniques.

(i) The commissioner of human services, in coordination with the commissioner of public safety shall provide training for the common entry point staff as required in this subdivision and the program courses described in this subdivision, at least four times per year. At a minimum, the training shall be held twice annually in the seven-county metropolitan area and twice annually outside the seven-county metropolitan area. The commissioners shall give priority in the program areas cited in paragraph (a) to persons currently performing assessments and investigations pursuant to this section.

(j) The commissioner of public safety shall notify in writing law enforcement personnel of any new requirements under this section. The commissioner of public safety shall conduct regional training for law enforcement personnel regarding their responsibility under this section.

(k) Each lead investigative agency investigator must complete the education program specified by this subdivision within the first 12 months of work as a lead investigative agency investigator.

A lead investigative agency investigator employed when these requirements take effect must complete the program within the first year after training is available or as soon as training is available.

All lead investigative agency investigators having responsibility for investigation duties under this section must receive a minimum of eight hours of continuing education or in-service training each year specific to their duties under this section.

Subd. 10. Duties of county social service agency. (a) When the common entry point refers a report to the county social service agency as the lead investigative agency or makes a referral to the county social service agency for emergency adult protective services, or when another lead investigative agency requests assistance from the county social service agency for adult protective services, the county social service agency shall immediately assess and offer emergency and continuing protective social services for purposes of preventing further maltreatment and for safeguarding the welfare of the maltreated vulnerable adult. The county shall use a standardized tool made available by the commissioner. The information entered by the county into the standardized tool must

be accessible to the Department of Human Services. In cases of suspected sexual abuse, the county social service agency shall immediately arrange for and make available to the vulnerable adult appropriate medical examination and treatment. When necessary in order to protect the vulnerable adult from further harm, the county social service agency shall seek authority to remove the vulnerable adult from the situation in which the maltreatment occurred. The county social service agency may also investigate to determine whether the conditions which resulted in the reported maltreatment place other vulnerable adults in jeopardy of being maltreated and offer protective social services that are called for by its determination.

(d) County social service agencies may enter facilities and inspect and copy records as part of an investigation. The county social service agency has access to not public data, as defined in section 13.02, and medical records under sections 144.291 to 144.298, that are maintained by facilities to the extent necessary to conduct its investigation. The inquiry is not limited to the written records of the facility, but may include every other available source of information.

(e) When necessary in order to protect a vulnerable adult from serious harm, the county social service agency shall immediately intervene on behalf of that adult to help the family, vulnerable adult, or other interested person by seeking any of the following:

(1) a restraining order or a court order for removal of the perpetrator from the residence of the vulnerable adult pursuant to section 518B.01;

(2) the appointment of a guardian or conservator pursuant to sections 524.5-101 to 524.5-502, or guardianship or conservatorship pursuant to chapter 252A;

(3) replacement of a guardian or conservator suspected of maltreatment and appointment of a suitable person as guardian or conservator, pursuant to sections 524.5-101 to 524.5-502; or

(4) a referral to the prosecuting attorney for possible criminal prosecution of the perpetrator under chapter 609.

The expenses of legal intervention must be paid by the county in the case of indigent persons, under section 524.5-502 and chapter 563.

In proceedings under sections 524.5-101 to 524.5-502, if a suitable relative or other person is not available to petition for guardianship or conservatorship, a county employee shall present the petition with representation by the county attorney. The county shall contract with or arrange for a suitable person or organization to provide ongoing guardianship services. If the county presents evidence to the court exercising probate jurisdiction that it has made a diligent effort and no other suitable person can be found, a county employee may serve as guardian or conservator. The county shall not retaliate against the employee for any action taken on behalf of the ward or protected person even if the action is adverse to the county's interest. Any person retaliated against in violation of this subdivision shall have a cause of action against the county and shall be entitled to reasonable attorney fees and costs of the action if the action is upheld by the court.

Subd. 10a. [Repealed, 1995 c 229 art 1 s 24]

Subd. 10b. Investigations; guidelines. Each lead investigative agency shall develop guidelines for prioritizing reports for investigation. When investigating a report, the lead investigative agency shall conduct the following activities, as appropriate:

- (7) interview of the alleged victim;
- (8) interview of the reporter and others who may have relevant information;
- (9) interview of the alleged perpetrator;
- (10) examination of the environment surrounding the alleged incident;

- (11) review of pertinent documentation of the alleged incident; and
- (12) consultation with professionals.

Subd. 11. [Repealed, 1995 c 229 art 1 s 24]

Subd. 11a. [Repealed, 1995 c 229 art 1 s 24]

Subd. 12. [Repealed, 1995 c 229 art 1 s 24]

Subd. 12a. [Repealed, 1983 c 273 s 8]

Subd. 12b. Data management. (a) In performing any of the duties of this section as a lead investigative agency, the county social service agency shall maintain appropriate records. Data collected by the county social service agency under this section are welfare data under section 13.46. Notwithstanding section 13.46, subdivision 1, paragraph (a), data under this paragraph that are inactive investigative data on an individual who is a vendor of services are private data on individuals, as defined in section 13.02. The identity of the reporter may only be disclosed as provided in paragraph (c).

Data maintained by the common entry point are confidential data on individuals or protected nonpublic data as defined in section 13.02. Notwithstanding section 138.163, the common entry point shall maintain data for three calendar years after date of receipt and then destroy the data unless otherwise directed by federal requirements.

(k) The commissioners of health and human services shall prepare an investigation memorandum for each report alleging maltreatment investigated under this section. County social service agencies must maintain private data on individuals but are not required to prepare an investigation memorandum. During an investigation by the commissioner of health or the commissioner of human services, data collected under this section are confidential data on individuals or protected nonpublic data as defined in section 13.02. Upon completion of the investigation, the data are classified as provided in clauses (1) to (3) and paragraph (c).

- (1) The investigation memorandum must contain the following data, which are public:
 - (i) the name of the facility investigated;
 - (ii) a statement of the nature of the alleged maltreatment;
 - (iii) pertinent information obtained from medical or other records reviewed;
 - (iv) the identity of the investigator;
 - (v) a summary of the investigation's findings;
 - (vi) statement of whether the report was found to be substantiated, inconclusive, false, or that no determination will be made;
 - (vii) a statement of any action taken by the facility;

(viii) a statement of any action taken by the lead investigative agency; and

(ix) when a lead investigative agency's determination has substantiated maltreatment, a statement of whether an individual, individuals, or a facility were responsible for the substantiated maltreatment, if known. The investigation memorandum must be written in a manner which protects the identity of the reporter and of the vulnerable adult and may not contain the names or, to the extent possible, data on individuals or private data listed in clause (2).

(2) Data on individuals collected and maintained in the investigation memorandum are private data, including:

(v) the name of the vulnerable adult;

(vi) the identity of the individual alleged to be the perpetrator;

(vii) the identity of the individual substantiated as the perpetrator; and

(viii) the identity of all individuals interviewed as part of the investigation.

(3) Other data on individuals maintained as part of an investigation under this section are private data on individuals upon completion of the investigation.

(l) After the assessment or investigation is completed, the name of the reporter must be confidential. The subject of the report may compel disclosure of the name of the reporter only with the consent of the reporter or upon a written finding by a court that the report was false and there is evidence that the report was made in bad faith. This subdivision does not alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except that where the identity of the reporter is relevant to a criminal prosecution, the district court shall do an in-camera review prior to determining whether to order disclosure of the identity of the reporter.

(m) Notwithstanding section 138.163, data maintained under this section by the commissioners of health and human services must be maintained under the following schedule and then destroyed unless otherwise directed by federal requirements:

(1) data from reports determined to be false, maintained for three years after the finding was made;

(2) data from reports determined to be inconclusive, maintained for four years after the finding was made;

(3) data from reports determined to be substantiated, maintained for seven years after the finding was made; and

(4) data from reports which were not investigated by a lead investigative agency and for which there is no final disposition, maintained for three years from the date of the report.

(n) The commissioners of health and human services shall annually publish on their Web sites the number and type of reports of alleged maltreatment involving licensed facilities reported under this section, the number of those requiring investigation under this section,

and the resolution of those investigations. On a biennial basis, the commissioners of health and human services shall jointly report the following information to the legislature and the governor:

- (1) the number and type of reports of alleged maltreatment involving licensed facilities reported under this section, the number of those requiring investigations under this section, the resolution of those investigations, and which of the two lead agencies was responsible;
- (2) trends about types of substantiated maltreatment found in the reporting period;
- (3) if there are upward trends for types of maltreatment substantiated, recommendations for addressing and responding to them;
- (4) efforts undertaken or recommended to improve the protection of vulnerable adults;
- (5) whether and where backlogs of cases result in a failure to conform with statutory time frames and recommendations for reducing backlogs if applicable;
- (6) recommended changes to statutes affecting the protection of vulnerable adults; and
- (7) any other information that is relevant to the report trends and findings.

(o) Each lead investigative agency must have a record retention policy.

(p) Lead investigative agencies, prosecuting authorities, and law enforcement agencies may exchange not public data, as defined in section 13.02, if the agency or authority requesting the data determines that the data are pertinent and necessary to the requesting agency in initiating, furthering, or completing an investigation under this section. Data collected under this section must be made available to prosecuting authorities and law enforcement officials, local county agencies, and licensing agencies investigating the alleged maltreatment under this section. The lead investigative agency shall exchange not public data with the vulnerable adult maltreatment review panel established in section 256.021 if the data are pertinent and necessary for a review requested under that section. Notwithstanding section 138.17, upon completion of the review, not public data received by the review panel must be destroyed.

(q) Each lead investigative agency shall keep records of the length of time it takes to complete its investigations.

(r) A lead investigative agency may notify other affected parties and their authorized representative if the lead investigative agency has reason to believe maltreatment has occurred and determines the information will safeguard the well-being of the affected parties or dispel widespread rumor or unrest in the affected facility.

(s) Under any notification provision of this section, where federal law specifically prohibits the disclosure of patient identifying information, a lead investigative agency may not provide any notice unless the vulnerable adult has consented to disclosure in a manner which conforms to federal requirements.

Subd. 13. [Repealed, 1995 c 229 art 1 s 24]

Subd. 14. Abuse prevention plans. (a) Each facility, except home health agencies and personal care attendant services providers, shall establish and enforce an ongoing written abuse prevention plan. The plan shall contain an assessment of the physical plant, its environment, and its population identifying factors which may encourage or permit abuse, and a statement of specific measures to be taken to minimize the risk of abuse. The plan shall comply with any rules governing the plan promulgated by the licensing agency.

(d) Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

(e) If the facility, except home health agencies and personal care attendant services providers, knows that the vulnerable adult has committed a violent crime or an act of physical aggression toward others, the individual abuse prevention plan must detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. Under this section, a facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority or through a medical record prepared by another facility, another health care provider, or the facility's ongoing assessments of the vulnerable adult.

Subd. 15. [Repealed, 1995 c 229 art 1 s 24]

Subd. 16. [Repealed, 2014 c 262 art 4 s 9]

Subd. 17. Retaliation prohibited. (a) A facility or person shall not retaliate against any person who reports in good faith suspected maltreatment pursuant to this section, or against a vulnerable adult with respect to whom a report is made, because of the report.

(d) In addition to any remedies allowed under sections 181.931 to 181.935, any facility or person which retaliates against any person because of a report of suspected maltreatment is liable to that person for actual damages, punitive damages up to \$10,000, and attorney fees.

(e) There shall be a rebuttable presumption that any adverse action, as defined below, within 90 days of a report, is retaliatory. For purposes of this clause, the term "adverse action" refers to action taken by a facility or person involved in a report against the person making the report or the person with respect to whom the report was made because of the report, and includes, but is not limited to:

- (1) discharge or transfer from the facility;
- (2) discharge from or termination of employment;

- (3) demotion or reduction in remuneration for services;
- (4) restriction or prohibition of access to the facility or its residents; or
- (5) any restriction of rights set forth in section 144.651.

Subd. 18. Outreach. The commissioner of human services shall maintain an aggressive program to educate those required to report, as well as the general public, about the requirements of this section using a variety of media. The commissioner of human services shall print and make available the form developed under subdivision 9.

Subd. 19. [Repealed, 1995 c 229 art 1 s 24]

Subd. 20. Cause of action for financial exploitation; damages. (a) A vulnerable adult who is a victim of financial exploitation as defined in section 626.5572, subdivision 9, 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.

(d) In addition to damages under paragraph (a), 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.

(e) An action may be brought under this subdivision regardless of whether there has been a report or final disposition under this section or a criminal complaint or conviction related to the financial exploitation.

Subd. 21. Contested case hearing. When an appeal of a lead investigative agency determination results in a contested case hearing under chapter 245A or 245C, the administrative law judge shall notify the vulnerable adult who is the subject of the maltreatment determination and, if known, a guardian of the vulnerable adult appointed under section 524.5-310, or a health care agent designated by the vulnerable adult in a health care directive that is currently effective under section 145C.06, and whose authority to make health care decisions is not suspended under section 524.5-310, of the hearing. The notice must be sent by certified mail and inform the vulnerable adult of the right to file a signed written statement in the proceedings. A guardian or health care agent who prepares or files a written statement for the vulnerable adult must indicate in the statement that the person is the vulnerable adult's guardian or health care agent and sign the statement in that capacity. The vulnerable adult, the guardian, or the health care agent may file a written statement with the administrative law judge hearing the case no later than five business days before commencement of the hearing. The administrative law judge shall include the written statement in the hearing record and consider the statement in deciding the appeal. This subdivision does not limit, prevent, or excuse the vulnerable adult from being called as a witness testifying at the hearing or grant the vulnerable adult, the guardian, or health care agent a right to participate in the proceedings or appeal the administrative law judge's decision in the case. The lead investigative agency must consider including the vulnerable adult victim of maltreatment

as a witness in the hearing. If the lead investigative agency determines that participation in the hearing would endanger the well-being of the vulnerable adult or not be in the best interests of the vulnerable adult, the lead investigative agency shall inform the administrative law judge of the basis for this determination, which must be included in the final order. If the administrative law judge is not reasonably able to determine the address of the vulnerable adult, the guardian, or the health care agent, the administrative law judge is not required to send a hearing notice under this subdivision.

History: 1980 c 542 s 1; 1981 c 311 s 39; 1982 c 393 s 3,4; 1982 c 424 s 130; 1982 c 545 s 24; 1982 c 636 s 5,6; 1983 c 273 s 1-7; 1984 c 640 s 32; 1984 c 654 art 5 s 58; 1985 c 150 s 1-6; 1985 c 293 s 6,7; 1Sp1985 c 14 art 9 s 75; 1986 c 444; 1987 c 110 s 3; 1987 c 211 s 2; 1987 c 352 s 11; 1987 c 378 s 17; 1987 c 384 art 2 s 1; 1988 c 543 s 13; 1989 c 209 art 2 s 1; 1991 c 181 s 2; 1994 c 483 s 1; 1994 c 636 art 2 s 60-62; 1Sp1994 c 1 art 2 s 34; 1995 c 189 s 8; 1995 c 229 art 1 s 1-21; 1996 c 277 s 1; 1996 c 305 art 2 s 66; 2000 c 465 s 3-5; 1Sp2001 c 9 art 5 s 31; art 14 s 30,31; 2002 c 289 s 4; 2002 c 375 art 1 s 22,23; 2002 c 379 art 1 s 113; 2003 c 15 art 1 s 33; 2004 c 146 art 3 s 45; 2004 c 288 art 1 s 80; 2005 c 56 s 1; 005 c 98 art 2 s 17; 2005 c 136 art 5 s 5; 1Sp2005 c 4 art 1 s 55,56; 2006 c 253 s 21; 2007 c 112 s 55,56; 2007 c 147 art 7 s 75; art 10 s 15; 2009 c 119 s 11-16; 2009 c 142 art 2 s 46,47; 2009 c 159 s 107; 2010 c 329 art 2 s 6; 2010 c 352 art 1 s 23; 2010 c 382 s 81; 2011 c 28 s 9-14,17; 2012 c 216 art 9 s 30,31; 2013 c 63 s 17; 2013 c 108 art 2 s 41-43; art 8 s 57; 2014 c 192 art 2 s 1; 2014 c 291 art 8 s 17; 2015 c 78 art 6 s 23-25

9.

Maltreatment of Minor Reporting and Internal Review Policy

A. Plan

1. Zenith Services, Incorporated is concerned with providing quality services to adults who are mentally and otherwise disabled adults. A commitment to the prevention of abuse and neglect of our Persons served has been an integral part of our program. Persons served, served by Zenith Services, Incorporated are vulnerable due to their various disabilities. Because of this, Zenith Services, Incorporated has established, and will review and enforce, a written abuse prevention plan. Specific measures taken to reduce the risk of abuse or neglect are outlined in the program abuse prevention plan, Risk Management Plan, and individual abuse prevention plan. Provisions for reporting abuse or neglect, investigation, record keeping and review are also detailed.
2. This policy is in compliance with the Maltreatment of Minors Act, Minnesota Statutes chapter 260E, as defined in the original act passed in 1975 and amendments passed in 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1997, 1988, 1989, 1990, 1991, 1993, 1995, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2012, 2013, 2020.

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Maltreatment of Minor Reporting and Internal Review Policy

B. Maltreatment of Minors Definitions

1. "Substantial child endangerment" means:

A person responsible for a child's care, and in the case of sexual abuse includes 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:

- a. Egregious harm as defined in section [260C.007, subdivision 14](#);
- b. Sexual abuse as defined in paragraph (d);
- c. Abandonment under section [260C.301, subdivision 2](#)
- d. 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
- e. Murder in the first, second, or third degree under section [609.185](#), [609.19](#), or [609.195](#)
- f. Manslaughter in the first or second degree under section [609.20](#) or [609.205](#);
- g. Assault in the first, second, or third degree under section [609.221](#), [609.222](#), or [609.223](#)
- h. Solicitation, inducement, and promotion of prostitution under section [609.322](#)
- i. Criminal sexual conduct under sections [609.342](#) to [609.3451](#);

- j. Solicitation of children to engage in sexual conduct under section [609.352](#);
 - k. Malicious punishment or neglect or endangerment of a child under section [609.377](#) or [609.378](#)
 - l. Use of a minor in sexual performance under section [617.246](#); or
 - m. Parental behavior, status, or condition which mandates that the county attorney file a termination of parental rights petition under section 260C.301, subdivision 2,
2. "Sexual abuse" means:
- The commission or omission of any of the acts specified under clauses (1) to (9) other than by accidental 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 [609.345](#) (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 which includes the status of a parent or household member who has committed a violation which requires registration as an offender under section 243.166, subdivision 1b, paragraph 9a0 or(b), or required registration under section 243.166, subdivision 1b, paragraph (a) or (b).
3. "Neglect" means:
- a. 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;
 - b. 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;

- c. 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;
- d. 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](#)
- e. 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;
- f. 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 or the presence of a fetal alcohol spectrum disorder.
- g. "Medical Neglect" as defined in section [260C.007, subdivision 6](#), clause (5)
- h. 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 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

4. "Physical abuse" means:

- a. 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](#).
- b. 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:
 1. Throwing, kicking, burning, biting, or cutting a child;
 2. Striking a child with a closed fist
 3. Shaking a child under age three;
 4. Striking or other actions which result in any non-accidental injury to a child under 18 months of age;
 5. Unreasonable interference with a child's breathing;
 6. Threatening a child with a weapon, as defined in section [609.02, subdivision 6](#);
 7. Striking a child under age one on the face or head;
 8. 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;
 9. Unreasonable physical confinement or restraint not permitted under section [609.379](#), including but not limited to tying, caging, or chaining;

10. 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](#).

5. "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

6. "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:

- a. 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;
- b. Been found to be palpably unfit under section [260C.301](#), paragraph (b), clause (4), or a similar law of another jurisdiction;
- c. Committed an act that has resulted in an involuntary termination of parental rights under section [260C.301](#), or a similar law of another jurisdiction;
- d. 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.

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.

7. "Accidental" means:

Sudden, not reasonably foreseeable, and unexpected occurrence or event which:

- a. Is not likely to occur and could not have been prevented by exercise of due care; and
- b. If occurring while a child 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 of event.

8. "Non-maltreatment mistake" means:

This definition only applies to child care centers licensed under Minnesota Rules, chapter 9503. If clauses (1) to (5) apply, rather making a determination of substantiated maltreatment by the individual, the commissioner of human services shall determine that a non-maltreatment mistake was made by the individual.

- a. At the time of the incident, the individual was performing duties identified in the centers child care program plan required under Minnesota Rules part 9503.0045;
- b. The individual has not been determined responsible for a similar incident that resulted in a finding of maltreatment for at least seven years:
- c. The individual has not been determined to have committed a similar non-maltreatment mistake under this paragraph for at least four years.
- d. Any injury to a child resulting from the incident, if treated, is treated only with remedies that are available over the counter, whether ordered by a medical professional or not: and
- e. Except for the period when the incident occurred, the facility and the individual providing services were both in compliance with all licensing requirements relevant to the incident.

9. "Person responsible for the child's care" means:

- a. 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

- b. 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.

10. "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.

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Maltreatment of Minors Reporting and Internal Review Policy

C. Procedures for Reporting

1. Policy:

It is the policy of this Department of Human Services (DHS) licensed provider, Zenith Services, Incorporated, to protect the children served by this program whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse.

2. Procedure:

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 and the local county social service agency (see county numbers attached to this policy).

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 service agency (See county numbers attached) or local law enforcement at (see local law enforcement numbers attached).
4. If your report does not involve possible abuse and 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, chapter 260E (Current definitions 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 and 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. Falsified Reports.

A person or facility who intentionally makes a false report shall be liable in a civil suit for any actual damages suffered by the reported facility, person or persons and for punitive damages up to \$10,000 and attorney fees.

f. Retaliation Prohibited

Zenith Services, Incorporated, 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.

g. Internal Reporting Procedure:

1. The Mandated reporter will contact the appropriate agency and report the suspected maltreatment within 24 hours.
2. When the Mandated Reporter chooses to notify Zenith Services, Incorporated of the alleged Maltreatment, Zenith Services, Incorporated will assist the Mandated Reporter in filling out the proper paper work as needed. If requested by the Mandated Reporter, Zenith Services, Incorporated will assist the Mandated Reporter in calling in the alleged maltreatment.
3. If this person is involved in the alleged or suspected maltreatment, you may report to the Program Administrator or Chief Operating Officer.
4. When Zenith Services, Incorporated is notified of the Maltreatment the supervisor will report this information at once to the appropriate Program Director or Program Administrator. The Program Administrator will report this information to the Chief Operating Officer.
5. When an internal report is received, the Chief Operating Officer will review the report.
6. To ensure that all information was reported to Child Protection by the Mandated reported, the Program Administrator or Chief Operating officer will contact Child Protection.

7. The report to Child Protection must be as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received,
 8. In the event that the alleged or suspected maltreatment constitutes a criminal act, including, but not limited to assault, sexual assault, theft, etc., the Program Administrator or Chief Operating Officer will report the information to the police, verbally, as soon as possible, but no longer than twenty-four (24) hours from the time initial knowledge that the criminal act occurred.
- h. Internal Review;
1. When Zenith Services, Incorporated has reason to know that an internal or external report of all alleged or suspected maltreatment has been made, the program must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care.
 2. The internal review must include an evaluation if 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 program to protect the health and safety of children in care.
 3. Primary and Secondary Person or Position to Ensure Internal Reviews are completed
 - a. The internal review will be completed by:
Quality Assurance Administrator
 - b. If this individual is involved in the alleged or suspected maltreatment, internal review will be completed by the Chief Operation Officer.

4. All employees will cooperate with investigations conducted internally by Quality Assurance.
5. Zenith Services, Incorporated's standard procedure is to suspend without pay any employee accused of committing a violation of the Minnesota Maltreatment of Minors Act. Zenith Services, Incorporated will make every effort to conduct a speedy investigation. All employees are expected to cooperate with the investigation process. It may be grounds for termination if an employee fails to cooperate with the investigation process. It may be grounds for termination if an employee fails to cooperate with the investigation process. Any suspended employee may not return to work until they have been interviewed and the investigation process is completed, If the investigation determines that it is appropriate to do so the employee will be allowed to return to their normal work schedule.
6. The Quality Assurance Representative will call and set up interviews with the individuals that need to be interviewed for the investigation. Whenever possible Quality Assurance will interview the mandated reporter and any other witnesses first, prior to interviewing the allege perpetrator. The interviews should take place in person, unless it is determined that a phone call interview will be sufficient.
7. Quality Assurance will begin the interview by asking general questions. As the interview progresses the questions should get more specific to the incident at hand. The interview questions should not be questions that lead the interviewee. It is the intent to get all personal accounts of the incident. The interview will be documented by Quality Assurance.
8. A report made by a mandated reporter is considered confidential and will not be discussed with anyone other than the supervisors responsible for the review and with those assisting with the investigations, both internally and externally.
9. Mandated reporters do not have access to the information relating to the investigation. Access to that information is limited to the supervisors responsible for the investigation and to those assisting with the investigation, both internally and externally.
10. All employee's will cooperate fully during all internal and external investigations.

i. Documentation of internal review:

1. Zenith Services, Incorporated must document completion of the internal review and provide documentation of the review to the commissioner immediately upon the commissioner's request. When requested, the internal review will also be sent to the county social service Agency, Department of Human Services Investigation Unit, Chief Operating Officer, and the Chief Executive Officer. The original report will be filed securely with the original Maltreatment of Minors report.
2. The Quality Assurance representative of a designee will serve as the contact of Zenith Services, Incorporated with all outside investigating authorities. The Quality Assurance Representative along the appropriate Program administrator will ensure that all employees cooperate with all outside agencies,

j. Corrective Action Plan:

1. Based on the results of the internal review, Zenith Services, Incorporated must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the program, if any.
2. Once the reports and reviews have been completed or received, the Quality Assurance Representative, will review the findings of every investigation with the Chief Operating Officer and Program Administrator. They will also share these findings with the Chief Executive Officer and Chief Program Administrator together they will determine the plan of corrections or action to be taken. The action to be taken may include:
 - a. A Personal Note to the staff person regarding the specific incident
 - b. A retraining in the related area of the policy or procedure that was not followed by the staff person
 - c. The transfer of a staff person to a different program or site location
 - d. Termination
 - e. Any other conclusion as determined by the CEO, COO or CAO

- f. The CEO, COO and CAO will inform Quality Assurance of their decision so that it may be added to the conclusions of the internal investigation
- g. The Chief Operating Officer or Program Administrator will ensure that the implementation plan is completed and will provide evidence to the Quality Assurance Representative of its completion.

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Maltreatment of Minors Reporting and Internal Review Policy

D. Orientation for Person Receiving Services

1. In order to promote understanding of the Maltreatment of Minors Act by Persons served, Zenith Services, Incorporated will provide orientation and training to Persons served and representatives in a manner familiar to each person.
2. Zenith Services, Incorporated shall provide an orientation to the reporting procedures to all persons receiving services. The orientation shall include the telephone number for the local county social service agency. A person's legal representative must be notified of the orientation.
3. Orientation and training to Persons served and representatives will be provided, the following procedure:
 - a. Zenith Services, Incorporated shall provide this orientation for each new person within 24 hours of admission, or for persons who would benefit more from a later orientation, the orientation may take place within seventy-two (72) hours.
 - b. A orientation to the program abuse prevention plan will be provided to each Persons served, in a means familiar to them, within twenty-four (24) hours of admission.
 - c. The Persons served, and their personal representative if involved, will be asked to sign a form stating they have been in informed of their rights under the Maltreatment of Minors, and understand the material. The orientation will be documented in the Persons served plan file by Direct Service Staff.

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Maltreatment of Minors Reporting and Internal Review Policy

E. Staff Orientation and Training

1. In order to ensure that employees understand their responsibilities and the rights of Persons served under the Maltreatment of Minors Act, Zenith Services, Incorporated will provide appropriate orientation and training to all employees (Mandated Reporters),
2. Orientation and training will be provided, using the following procedure:
 - a. Prior to employment, prospective applicants will be screened to determine if they have the background and characteristics suitable for working with people with developmentally disabilities.
 - b. Zenith Services, Incorporated shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a Child and annually thereafter. Zenith Services, Incorporated must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act Minnesota Statutes, chapter 260E). Zenith Services, Incorporated must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure the policy is readily assessable to staff, as specified under Minnesota Statutes, section 245.04, subdivision 14, and the program abuse prevention plan.
 - c. Opportunities will be available for questions. A copy of these policies will be maintained in all Zenith Services, Incorporated offices and sites, to ensure that employee training is an ongoing process.
 - d. Zenith Services, Incorporated must document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

- e. After initial orientation, and after annual training, employees will be requested to sign a form indicating they have been informed about their responsibilities as mandated reporters and the procedures outlined in this policy.
- f. Employees will be brought up to date as changes occur in the Maltreatment of Minors Act.
- g. Zenith Services, Incorporated will maintain a list of persons providing services to Persons served who meet the definition of mandated reporters.

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Maltreatment of Maltreatment of Minors Reporting and Internal Review Policy

F. Employee Rights

1. All employees will be informed of employee rights during their Maltreatment of Minors training.
2. Employee Rights:
 - a. Employees may bypass notifying Zenith Services, Incorporated internally, after they have made the initial report to local county social service agency.
 - b. Persons who make a false report in bad faith are liable in a civil suit for actual and punitive damages set by the court or jury.
 - c. The name of the reporter will be disclosed only upon a finding that the report was false and was made in bad faith.
 - d. Persons who make reports in good faith have immunity from civil liability.
 - e. An organization is prohibited from retaliation against any person who makes a report in good faith.

This reporting policy shall be posted in a prominent location, and be made available upon request.

9.

Maltreatment of Maltreatment of Minors Reporting and Internal Review Policy

G. County Phone Numbers

1. Local County Social Service Agencies and Law-Enforcement Agencies :

COUNTY	DAY PHONE	EVENING/ WEEKEND	TTY
Aitkin	(218) 927-7200 1-800-328-3744	(218) 927-7400 Sheriff's Dept	
Anoka	(763) 422-7125	651-792-3022 Non-Secure Program	
Becker	(218) 847-5628 x 5382	(701) 235-3620 First Link	(701) 235-3620
Beltrami	(218) 333-4140	(218) 751-9111 Law Enforcement	
Benton	(320) 968-5087	(320) 968-7201 Sheriff's Dept	(320) 968-8842
Big Stone	(320) 839-2555	(320) 839-3558 Law Enforcement	(320) 839-6161
Blue Earth	(507) 389-8444	(507) 304-4319	
Brown	(507) 354-8246	(507) 233-6720 Sheriff's Dept	(507) 354-8246
Carlton	(218) 879-4583 1-888-818-4511	(218) 384-4185 Sheriff's Dept	(218) 878-2540
Carver	(952) 361-1600	952-442-7601 Crisis Team	
Cass	(218) 547-1340	(218) 547-1424 Law Enforcement	
Chippewa	(320) 269-6401	(320) 269-2121 Sheriff's Dept	

Chisago	(651) 213-0324	(651) 257-4100 Sheriff's Dept	
Clay	(218) 299-5200 1-800-757-3880	(218) 299-5171 Clay County Detox	
Clearwater	(218) 694-6164	(218) 694-6226 Sheriff's Dept	
Cook	(218) 387-3620	(218) 387-3030 Law Enforcement	
Cottonwood	(507) 831-1891	(507) 831-1375 Sheriff's Dept	
Crow Wing	(218) 824-1140	(218) 829-4749 Law Enforcement	
Dakota	(651) 891-7480	(952) 891-7171 Crisis Line	(952) 891-7202
Dodge	(507) 635-6170	(507) 635-6200 Sheriff's Dept	(507) 635-6200
Douglas	(320) 762-2302	(320) 762-8151 Law Enforcement	1-800-627-3529
Faribault	(507) 526-3265	(507) 526-5148 Sheriff's Dept	(507) 526-3265
Fillmore	(507) 765-2175	(507) 765-3874 Sheriff's Dept	
Freeborn	(507) 377-5480	(507) 383-8666 (507) 377-5200 Sheriff's Dept	(507) 377-5519
Goodhue	(651) 385-3232	(651) 385-3155 Sheriff's Dept	(651)385-3190
Grant	(218) 685-4417	(218) 685-5303 Sheriff's Dept	
Hennepin	(612) 348-3552	(612) 348-8526	
Houston	(507) 725-5811 or (507) 725-5838 x1288	(507) 725-3379 Sheriff's Dept	
Hubbard	(218) 732-1451	(218) 732-3331 Law Enforcement	

Isanti	(763) 689-1711	(763) 689-2141 Sheriff's Dept	
Itasca	(218) 327-2941	(218) 327-8565 First Call for Help	(218) 327-5549
Jackson	(507) 847-4000	(507) 847-4420 Sheriff's Dept	
Kanabec	(320) 679-6350	(320) 679-8400 Sheriff's Dept	
Kandiyohi	(320) 231-7800	(320) 235-2244 Sheriff's Dept	(320) 231-7076
Kittson	(218)-843-2689	(218)-843-3535 Sheriff's Dept	
Koochiching	(218) 283-7000	(218) 283-4416 Law Enforcement	(218) 283-7062
Lac Qui Parle	(320) 598-7594	(320) 598-3720 Sheriff's Dept	
Lake	(218) 834-8400	(218) 834-8385 Sheriff's Dept	
Lake of the Woods	(218) 634-2642	(218) 634-1143 Law Enforcement	
Leech Lake Child Welfare Depart.	(218) 335-8270	(218)-335-8277 Sheriff's Department	
Le Sueur	(507) 357-2251	(507) 357-2251 Law Enforcement	
Lincoln	(507) 694-1452	(507) 694-1664 Sheriff's Dept	(507) 694-1452
Lyon	(507)-537-6747	(507) 537-7666 Sheriff's Dept	(507) 537-6747
Mahnomen	(218) 935-2568	(218) 935-2255 Sheriff's Dept	
Marshall	(218) 745-5124	(218) 745-5411	1-800-657-3529
Martin	(507) 238-4757	(507) 238-4481 Sheriff's Dept	

McLeod	(320) 864-3144 or 1-800-247-1756	(320) 864-3134 Sheriff's Dept	(320) 864-3144
Meeker	(320) 693-5300	(320) 693-5400 Law Enforcement	
Mille Lacs	(320) 983-8208	(320) 983-8257 Sheriff's Dept	
Morrison	(320) 632-2951	(320) 632-9233 Sheriff's Dept.	1-800-627-3529
Mower	(507) 437-9700	(507) 437-9400 LEC Dispatch	
Murray	(507) 836-6144	(507) 836-6168 Sheriff's Dept	
Nicollet	(507) 934-8559	(507) 931-1570 1-800-247-5044 Sheriff's Dept	
Nobles	(507) 372-2157	(507) 372-2136 Law Enforcement	(507) 372-5094
Norman	(218) 784-5400	(218) 784-7114 Sheriff's Dept	
Olmsted	(507) 285-7009	(507) 281-6248 Connections & Referral Unit	
Otter Tail	(218) 739-4491	(218) 998-8555 Law Enforcement	
Pennington	(218) 681-2880	(218) 681-6161 Sheriff's Dept	
Pine	1-800-450-7263	1-800-629-3930 Sheriff's Dept	1-800-627-3529
Pipestone	(507)-825-6720	(507) 825-6700	
Polk	(218) 281-3127	(218) 281-0431 Law Enforcement	
Pope	(320) 634-5750	(320) 634-5411 Sheriff's Dept	(320) 634-5750
Ramsey	(651) 266-4500	(651) 291-6795 Emergency Social Services	711

Red Lake	(218) 253-4131	(218) 253-2996 Sheriff's Dept	
Redwood	(507) 637-4050	(507) 637-4036 Sheriff's Dept	
Renville	(320) 523-2202	(320) 523-1161 Sheriff's Dept	(320) 523-3783
Rice	(507) 332-6115	1-800-422-1286	(507) 332-6248
Rock	(507) 332-6115	(507) 283-5000 Sheriff's Dept	(507) 283-5070
Roseau	(218) 463-2411	(218) 463-1421 Law Enforcement	
St. Louis	(218) 726-2012	(218) 726-2164 1-877-474-4290	(218) 726-2222
Scott	(952) 445-7751	(952)496-8484	
Sherburne	(763) 241-2600	(763) 765-3595 Sheriff's Dept	
Sibley	(507)237-4000	(507) 237-4330 Sheriff's Dept	
Stearns	(320) 656-6000	(320) 656-6000	(320) 656-6204
Steele	(507) 444-7500	(507) 451-8232 Law Enforcement	
Stevens	(320) 589-7400	(320) 208-6500 Sheriff's Dept.	
Swift	(320) 843-3160	(320) 843-3133 Law Enforcement	
Todd	(320) 732-4500	(320) 732-2157 Law Enforcement	(320) 732-4500
Traverse (Grant)	(320) 563-8255 (218) 685-8200	(320) 563-4244 Sheriff's Dept	
Wabasha	(651) 565-3351	(651) 565-3361 Sheriff's Dept	
Wadena	(218) 631-7605	(218) 631-7600 Sheriff's Dept	
Waseca	(507) 835-0560	(507) 835-0500 Sheriff's Dept	

Washington	(651) 430-6457	(651) 291-6795 Canvas Health	(651) 430-6524
Watsonwan	(507) 375-3294	(507) 375-3121 Law Enforcement	
White Earth Indian Child Welfare	(218)-983-4647	218-983-3281 Sheriff	
Wilkin	(218) 643-8013	(218) 643-8544 Sheriff's Dept	
Winona	(507) 457-6200	(507) 457-6368 Law Enforcement	
Wright	(763) 682-7400	(763) 682-7400	
Yellow Medicine	(320) 564-2211	(320) 564-2130 Sheriff's Dept	

2. The Office of Ombudsman and the Department of Human Services Licensing Division needs to be contacted immediately regarding issues of serious injury or death of a Persons served. Refer to section 3D Promotion of Persons served Health and Safety for definitions of what constitutes a serious injury.

Office of Ombudsman: 651-757-1800
Fax: 651-797-1950

Department of Human Services Licensing Division: 651-431-6500
Fax: 651-431-7673

9.

Maltreatment of Maltreatment of Minors Reporting and Internal Review Policy

H. 2020 Minnesota Statutes

CHAPTER 260E. REPORTING OF MALTREATMENT OF MINORS.

260E.01 POLICY.

(a) The legislature hereby declares that the public policy of this state is to protect children whose health or welfare may be jeopardized through maltreatment. While it is recognized that most parents want to keep their children safe, sometimes circumstances or conditions interfere with their ability to do so. When this occurs, the health and safety of the children must be of paramount concern. Intervention and prevention efforts must address immediate concerns for child safety and the ongoing risk of maltreatment and should engage the protective capacities of families. In furtherance of this public policy, it is the intent of the legislature under this chapter to:

- (1) protect children and promote child safety;
- (2) strengthen the family;
- (3) make the home, school, and community safe for children by promoting responsible child care in all settings; and
- (4) provide, when necessary, a safe temporary or permanent home environment for maltreated children.

(b) In addition, it is the policy of this state to:

- (1) require the reporting of maltreatment of children in the home, school, and community settings;
- (2) provide for the voluntary reporting of maltreatment of children;
- (3) require an investigation when the report alleges sexual abuse or substantial child endangerment;
- (4) provide a family assessment, if appropriate, when the report does not allege sexual abuse or substantial child endangerment; and
- (5) provide protective, family support, and family preservation services when needed in appropriate cases.

260E.02 MULTIDISCIPLINARY CHILD PROTECTION TEAM.

Subdivision 1. Establishment of team.

A county shall establish a multidisciplinary child protection team that may include, but not be limited to, the director of the local welfare agency or designees, the county attorney or designees, the county sheriff or designees, representatives of health and education, representatives of mental health or other appropriate human services or community-based agencies, and parent groups. As used in this section, a "community-based agency" may include, but is not limited to, schools, social services agencies, family service and mental health collaboratives, children's advocacy centers, early childhood and family education programs, Head Start, or other agencies serving children and families. A member of the team must be designated as the lead person of the team responsible for the planning process to develop standards for the team's activities with battered women's and domestic abuse programs and services.

Subd. 2. Duties of team.

A multidisciplinary child protection team may provide public and professional education, develop resources for prevention, intervention, and treatment, and provide case consultation to the local welfare agency or other interested community-based agencies. The community-based agencies may request case consultation from the multidisciplinary child protection team regarding a child or family for whom the community-based agency is providing services. As used in this section, "case consultation" means a case review process in which recommendations are made concerning services to be provided to the identified children and family. Case consultation may be performed by a committee or subcommittee of members representing human services, including mental health and chemical dependency; law enforcement, including probation and parole; the county attorney; a children's advocacy center; health care; education; community-based agencies and other necessary agencies; and persons directly involved in an individual case as designated by other members performing case consultation.

Subd. 3. Sexually exploited youth outreach program.

A multidisciplinary child protection team may assist the local welfare agency, local law enforcement agency, or an appropriate private organization in developing a program of outreach services for sexually exploited youth, including homeless, runaway, and truant youth who are at risk of sexual exploitation. For the purposes of this subdivision, at least one representative of a youth intervention program or, where this type of program is unavailable, one representative of a nonprofit agency serving youth in crisis shall be appointed to and serve on the multidisciplinary child protection team in addition to the standing members of the team. These services may include counseling, medical care, short-term shelter, alternative living arrangements, and drop-in centers. A juvenile's receipt of intervention services under this subdivision may not be conditioned upon the juvenile providing any evidence or testimony.

Subd. 4. Information sharing.

(a) The local welfare agency may make available to the case consultation committee or subcommittee all records collected and maintained by the agency under this chapter and in connection with case consultation. A case consultation committee or subcommittee member may share information acquired in the member's professional capacity with the committee or subcommittee to assist in case consultation.

(b) Case consultation committee or subcommittee members must annually sign a data sharing agreement, approved by the commissioner of human services, assuring compliance with chapter 13. Not public data, as defined in section [13.02, subdivision 8a](#), may be shared with members appointed to the committee or subcommittee in connection with an individual case when the members have signed the data sharing agreement.

(c) All data acquired by the case consultation committee or subcommittee in exercising case consultation duties are confidential as defined in section [13.02, subdivision 3](#), and shall not be disclosed except to the extent necessary to perform case consultation, and shall not be subject to subpoena or discovery.

(d) No members of a case consultation committee or subcommittee meeting shall disclose what transpired at a case consultation meeting, except to the extent necessary to carry out the case consultation plan. The proceedings and records of the case consultation meeting are not subject to discovery, and may not be introduced into evidence in any civil or criminal action against a professional or local welfare agency arising out of the matter or matters which are the subject of consideration of the case consultation meeting. Information, documents, or records otherwise available from original sources are not immune from discovery or use in any civil or criminal action merely because they were presented during a case consultation meeting. Any person who presented information before the consultation committee or subcommittee or who is a member shall not be prevented from testifying as to matters within the person's knowledge. However, in a civil or criminal proceeding a person shall not be questioned about the person's presentation of information before the case consultation committee or subcommittee or about opinions formed as a result of the case consultation meetings.

(e) A person who violates this subdivision is subject to the civil remedies and penalties provided under chapter 13.

Subd. 5.Children's advocacy center; definition.

(a) For purposes of this section, "children's advocacy center" means an organization using a multidisciplinary team approach whose primary purpose is to provide children who have been the victims of abuse and their nonoffending family members with:

- (1) support and advocacy;
- (2) specialized medical evaluation;
- (3) trauma-focused mental health services; and
- (4) forensic interviews.

(b) Children's advocacy centers provide multidisciplinary case review and the tracking and monitoring of case progress.

260E.03 DEFINITIONS.

Subdivision 1.Scope.

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

Subd. 2.Accidental.

"Accidental" means a sudden, not reasonably foreseeable, and unexpected occurrence or event that:

- (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 the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event.

Subd. 3.Child fatality.

"Child fatality" means the death of a child from maltreatment.

Subd. 4.Commissioner.

"Commissioner" means the commissioner of human services unless otherwise indicated in this chapter.

Subd. 5.Egregious harm.

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

Subd. 6.Facility.

"Facility" means:

(1) a licensed or unlicensed day care facility, certified license-exempt child care center, 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 144H, 245D, or 245H;

(2) a school as defined in section [120A.05, subdivisions 9, 11, and 13](#); and chapter 124E; or

(3) a nonlicensed personal care provider organization as defined in section [256B.0625](#), subdivision 19a.

Subd. 7.Family assessment.

"Family assessment" means a comprehensive assessment of child safety, risk of subsequent maltreatment, and family strengths and needs that is applied to a maltreatment report that does not allege sexual abuse or substantial child endangerment. Family assessment does not include a determination as to whether maltreatment occurred but does determine the need for services to address the safety of family members and the risk of subsequent maltreatment.

Subd. 8.Findings and information.

"Findings and information" means a written summary described in section [260E.35, subdivision 7](#), paragraph (b), of actions taken or services rendered by a local welfare agency following receipt of a report.

Subd. 9.Immediately.

"Immediately" means as soon as possible but in no event longer than 24 hours.

Subd. 10.Interested person acting on behalf of the child.

"Interested person acting on behalf of the child" means a parent or legal guardian; stepparent; grandparent; guardian ad litem; adult stepbrother, stepsister, or sibling; or adult aunt or uncle; unless the person has been determined to be the offender who committed the maltreatment.

Subd. 11.Investigation.

"Investigation" means fact gathering conducted during:

(1) a family investigation related to the current safety of a child and the risk of subsequent maltreatment that determines whether maltreatment occurred and whether child protective services are needed; or

(2) a facility investigation related to duties under section [260E.28](#).

Subd. 12. Maltreatment.

"Maltreatment" means any of the following acts or omissions:

- (1) egregious harm under subdivision 5;
- (2) neglect under subdivision 15;
- (3) physical abuse under subdivision 18;
- (4) sexual abuse under subdivision 20;
- (5) substantial child endangerment under subdivision 22;
- (6) threatened injury under subdivision 23;
- (7) mental injury under subdivision 13; and
- (8) maltreatment of a child in a facility.

Subd. 13. Mental injury.

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

Subd. 14. Near fatality.

"Near fatality" means a case in which a physician, advanced practice registered nurse, or physician assistant determines that a child is in serious or critical condition as the result of sickness or injury caused by maltreatment.

Subd. 15. Neglect.

(a) "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means:

(1) failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;

(2) failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

(3) failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;

(4) failure to ensure that the child is educated as defined in sections [120A.22](#) and [260C.163, subdivision 11](#), which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section [125A.091, subdivision 5](#);

(5) prenatal exposure to a controlled substance, as defined in section [253B.02, subdivision 2](#), used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;

(6) medical neglect, as defined in section [260C.007, subdivision 6](#), clause (5);

(7) chronic and severe use of alcohol or a controlled substance by a person responsible for the child's care that adversely affects the child's basic needs and safety; or

(8) emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.

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

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

Subd. 16. Person in a current or recent position of authority.

"Person in a current or recent position of authority" means an individual in a position of authority over a child and includes but is not limited to any person who is a parent or acting in the place of a parent and charged with any of a parent's rights, duties, or responsibilities to a child, or a person who is charged with any duty or responsibility for the health, welfare, or supervision of a child, either independently or through another, no matter how brief, within 120 days immediately preceding the act. Person in a position of authority includes a psychotherapist.

Subd. 17. Person responsible for the child's care.

"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 employee or agent, 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.

Subd. 18. Physical abuse.

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

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

(c) For the purposes of this subdivision, actions that are not reasonable and moderate include, but are not limited to, any of the following:

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

Subd. 19. Report.

"Report" means any communication received by the local welfare agency, police department, county sheriff, or agency responsible for child protection pursuant to this section that describes maltreatment of a child and contains sufficient content to identify the child and any person believed to be responsible for the maltreatment, if known.

Subd. 20. Sexual abuse.

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

Subd. 21. Significant relationship.

"Significant relationship" means a situation in which the alleged offender is:

- (1) the child's parent, stepparent, or guardian;
- (2) any of the following persons related to the child by blood, marriage, or adoption: brother, sister, stepbrother, stepsister, first cousin, aunt, uncle, nephew, niece, grandparent, great-grandparent, great-uncle, great-aunt; or
- (3) an adult who jointly resides intermittently or regularly in the same dwelling as the child and who is not the child's spouse.

Subd. 22. Substantial child endangerment.

"Substantial child endangerment" means that a person responsible for a child's care, by act or omission, commits or attempts to commit an act against a child under their care that constitutes any of the following:

- (1) egregious harm under subdivision 5;
- (2) abandonment under section [260C.301, subdivision 2](#);
- (3) neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
- (4) murder in the first, second, or third degree under section [609.185](#), [609.19](#), or [609.195](#);
- (5) manslaughter in the first or second degree under section [609.20](#) or [609.205](#);
- (6) assault in the first, second, or third degree under section [609.221](#), [609.222](#), or [609.223](#);

- (7) solicitation, inducement, and promotion of prostitution under section [609.322](#);
- (8) criminal sexual conduct under sections [609.342](#) to [609.3451](#);
- (9) solicitation of children to engage in sexual conduct under section [609.352](#);
- (10) malicious punishment or neglect or endangerment of a child under section [609.377](#) or [609.378](#);
- (11) use of a minor in sexual performance under section [617.246](#); or
- (12) parental behavior, status, or condition that mandates that the county attorney file a termination of parental rights petition under section [260C.503, subdivision 2](#).

Subd. 23. Threatened injury.

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

(b) Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in subdivision 17, who has:

(1) subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction;

(2) been found to be palpably unfit under section [260C.301, subdivision 1](#), paragraph (b), clause (4), or a similar law of another jurisdiction;

(3) committed an act that resulted in an involuntary termination of parental rights under section [260C.301](#), or a similar law of another jurisdiction; or

(4) committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section [260C.201](#), subdivision 11, paragraph (d), clause (1), section [260C.515, subdivision 4](#), or a similar law of another jurisdiction.

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

260E.04 EVIDENCE.

No evidence relating to the maltreatment of a child or to any prior incident of maltreatment involving any of the same persons accused of maltreatment shall be excluded in any proceeding arising out of the alleged maltreatment on the grounds of privilege set forth in section [595.02, subdivision 1](#), paragraph (a), (d), or (g).

260E.05 CULTURAL PRACTICES.

A person who conducts an assessment or investigation under this chapter shall take into account accepted child-rearing practices of the culture in which a child participates and accepted teacher discipline practices that are not injurious to the child's health, welfare, and safety.

260E.06 MALTREATMENT REPORTING.

Subdivision 1. Mandatory reporters.

(a) A person who knows or has reason to believe a child is being maltreated, as defined in section [260E.03](#), or has been maltreated within the preceding three years shall immediately report the information to the local welfare agency, agency responsible for assessing or investigating the report, police department, county sheriff, tribal social services agency, or tribal police department 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, correctional supervision, probation and correctional services, or law enforcement; 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).

(b) "Practice of social services" for the purposes of this subdivision includes but is not limited to employee assistance counseling and the provision of guardian ad litem and parenting time expeditor services.

Subd. 2. Voluntary reporters.

Any person may voluntarily report to the local welfare agency, agency responsible for assessing or investigating the report, police department, county sheriff, tribal social services agency, or tribal police department if the person knows, has reason to believe, or suspects a child is being or has been maltreated.

Subd. 3. Reporting in cases where selection of spiritual means or prayer for treatment or care may cause serious danger to child's health.

If 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, the parent, guardian, or caretaker or a person mandated to report pursuant to subdivision 1, has a duty to report if a lack of medical care may cause serious danger to the child's health.

Subd. 4. Licensing board duty to report.

A board or other entity whose licensees perform work within a school facility, upon receiving a complaint of alleged maltreatment, shall report the alleged maltreatment to the commissioner of education.

260E.07 RETALIATION PROHIBITED.

(a) An employer of any person required to make reports under section [260E.06, subdivision 1](#), or [260E.11, subdivision 1](#), shall not retaliate against the person for reporting in good faith maltreatment pursuant to this chapter or against a child with respect to whom a report is made, because of the report.

(b) The employer of any person required to report under section [260E.06, subdivision 1](#), or [260E.11, subdivision 1](#), who retaliates against the person because of a report of maltreatment is liable to that person for actual damages and, in addition, a penalty of up to \$10,000.

(c) There shall be a rebuttable presumption that any adverse action within 90 days of a report is retaliatory. For purposes of this paragraph, the term "adverse action" refers to action taken by an employer of a person required to report under section [260E.06, subdivision 1](#), or [260E.11, subdivision 1](#), which is involved in a report against the person making the report or the child with respect to whom the report was made because of the report, and includes, but is not limited to:

- (1) discharge, suspension, termination, or transfer from the facility, institution, school, or agency;
- (2) discharge from or termination of employment;
- (3) demotion or reduction in remuneration for services; or
- (4) restriction or prohibition of access to the facility, institution, school, agency, or persons affiliated with it.

260E.08 CRIMINAL PENALTIES FOR FAILURE TO REPORT; CIVIL PENALTY FOR MAKING FALSE REPORT.

(a) A person mandated by section [260E.06, subdivision 1](#), to report who knows or has reason to believe that a child is maltreated, as defined in section [260E.03](#), or has been maltreated within the preceding three years, and fails to report is guilty of a misdemeanor.

(b) A person mandated by section [260E.06, subdivision 1](#), to report who knows or has reason to believe that two or more children not related to the offender have been maltreated, as defined in section [260E.03](#), by the same offender within the preceding ten years, and fails to report is guilty of a gross misdemeanor.

(c) A parent, guardian, or caretaker who knows or reasonably should know that the child's health is in serious danger and who fails to report as required by section [260E.06, subdivision 3](#), is guilty of a gross misdemeanor if the child suffers substantial or great bodily harm because of the lack of medical care. If the child dies because of the lack of medical care, the person is guilty of a felony and may be sentenced to imprisonment for not more than two years or to payment of a fine of not more than \$4,000, or both. The provision in section [609.378, subdivision 1](#), paragraph (a), clause (1), providing that a parent, guardian, or caretaker may, in good faith, select and depend on spiritual means or prayer for treatment or care of a child, does not exempt a parent, guardian, or caretaker from the duty to report under this chapter.

(d) Any person who knowingly or recklessly makes a false report under the provisions of this chapter shall be liable in a civil suit for any actual damages suffered by the person or persons so reported and for any punitive damages set by the court or jury, plus costs and reasonable attorney fees.

260E.09 REPORTING REQUIREMENTS.

(a) An oral report shall be made immediately by telephone or otherwise. An oral report made by a person required under section [260E.06, subdivision 1](#), 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.

(b) Any report shall be of sufficient content to identify the child, any person believed to be responsible for the maltreatment of the child if the person is known, the nature and extent of the maltreatment, and the name and address of the reporter. The local welfare agency or agency responsible for assessing or investigating the report shall accept a report made under section [260E.06](#) notwithstanding refusal by a reporter to provide the reporter's name or address as long as the report is otherwise sufficient under this paragraph.

260E.10 NOTIFICATION TO REPORTERS.

Subdivision 1. Screening notification.

If requested, the agency responsible for assessing or investigating a report shall inform the reporter within ten days after the report was made, either orally or in writing, whether the report was accepted or not. If the responsible agency determines the report does not constitute a report under this chapter, the agency shall advise the reporter that the report was screened out.

Subd. 2. Final notification.

Any person mandated to report shall receive a summary of the disposition of any report made by that reporter, including whether the case has been opened for child protection or other services, or if a referral has been made to a community organization, unless release would be detrimental to the best interests of the child. Any person who is not mandated to report shall, upon request to the local welfare agency, receive a concise summary of the disposition of any report made by that reporter, unless release would be detrimental to the best interests of the child.

260E.11 AGENCY DESIGNATED TO RECEIVE REPORTS.

Subdivision 1. Reports of maltreatment in facility.

A person mandated to report child maltreatment occurring within a licensed facility shall report the information to the agency responsible for licensing or certifying the facility under sections [144.50](#) to [144.58](#), [241.021](#), and [245A.01](#) to [245A.16](#); or chapter 144H, 245D, or 245H; or a nonlicensed personal care provider organization as defined in section [256B.0625, subdivision 19a](#).

Subd. 2. Reporting deprivation of parental rights or kidnapping to law enforcement.

A person mandated to report under section [260E.06, subdivision 1](#), who knows or has reason to know of a violation of section [609.25](#) or [609.26](#) shall report the information to the local police department or the county sheriff.

Subd. 3. Report to medical examiner or coroner; notification to local agency and law enforcement; report ombudsman.

(a) A person mandated to report maltreatment who knows or has reason to believe a child has died as a result of maltreatment shall report that information to the appropriate medical examiner or coroner instead of the local welfare agency, police department, or county sheriff.

(b) The medical examiner or coroner shall notify the local welfare agency, police department, or county sheriff in instances in which the medical examiner or coroner believes that the child has died as a result of maltreatment. The medical examiner or coroner shall complete an investigation as soon as feasible and report the findings to the police department or county sheriff and the local welfare agency.

(c) If the child was receiving services or treatment for mental illness, developmental disability, chemical dependency, or emotional disturbance from an agency, facility, or program 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](#).

260E.12 REQUIRED ACTIONS OF THE RESPONSIBLE AGENCY AND LAW ENFORCEMENT UPON RECEIVING REPORT.

Subdivision 1. Police department or county sheriff.

(a) The police department or the county sheriff shall immediately notify the local welfare agency or agency responsible for child protection reports under this chapter orally and in writing when a report is received.

(b) Written reports received by a police department or the 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.

(c) The county sheriff and the head of each local welfare agency, agency responsible for child protection reports, and police department shall designate a person within the agency, department, or office who is responsible for ensuring that the notification duties of this section are carried out. If the alleged maltreatment occurs on tribal land, the local welfare agency or agency responsible for child protection reports and the local police department or county sheriff shall immediately notify the tribe's social services agency and tribal law enforcement orally and in writing when a report is received. When a police department or county determines that a child has been the subject of maltreatment by a person licensed by the Professional Educator Licensing and Standards Board or the Board of School Administrators, the department or sheriff shall, in addition to other duties under this section, immediately inform the licensing board.

(d) If a child is the victim of an alleged crime under subdivision 2, paragraph (c), the law enforcement agency shall immediately notify the local welfare agency, which shall offer appropriate social services for the purpose of safeguarding and enhancing the welfare of the maltreated child.

Subd. 2. Local welfare agency or agency responsible for maltreatment report.

(a) The local welfare agency or agency responsible for child protection reports shall immediately notify the local police department or the county sheriff orally and in writing when a report is received.

(b) Copies of written reports received by a local welfare agency or the agency responsible for assessing or investigating the report shall be forwarded immediately to the local police department or the county sheriff.

(c) Receipt by a local welfare agency of a report or notification of a report of kidnapping under section [609.25](#) or depriving another of custodial or parental rights under section [609.26](#) shall not be construed to invoke the duties under this chapter except notification of law enforcement and the offer of services under section [260E.20, subdivision 1](#), paragraph (a), as appropriate.

Subd. 3. Penalties for failure to cross notify.

(a) If a local welfare agency receives a report under section [260E.06](#) and fails to notify the local police department or county sheriff as required by subdivision 2, 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.

(b) If a local police department or a county sheriff receives a report under section [260E.06](#) and fails to notify the local welfare agency as required by subdivision 1, 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.

260E.13 REPORT TO OMBUDSMAN.

When a local welfare agency receives a report or otherwise has information indicating that a child who is a client, as defined in section [245.91](#), has been the subject of maltreatment at an agency, facility, or program, as defined in section [245.91](#), the local welfare agency shall, in addition to its other duties under this chapter, immediately inform the ombudsman established under sections [245.91](#) to [245.97](#). The commissioner of education shall inform the ombudsman established under sections [245.91](#) to [245.97](#) of reports regarding a child who is a client, as defined in section [245.91](#), that maltreatment occurred at a school as defined in section [120A.05](#), [subdivisions 9](#), 11, and 13, and chapter 124E.

260E.14 AGENCY RESPONSIBLE FOR SCREENING AND ASSESSMENT OR INVESTIGATION.

Subdivision 1. Facilities and schools.

(a) The local welfare agency is the agency responsible for investigating allegations of maltreatment in child foster care, family child care, legally nonlicensed child care, and reports involving children served by an unlicensed personal care provider organization under section [256B.0659](#). Copies of findings related to personal care provider organizations under section [256B.0659](#) must be forwarded to the Department of Human Services provider enrollment.

(b) The Department of Human Services is the agency responsible for screening and investigating allegations of maltreatment in juvenile correctional facilities listed under section [241.021](#) located in the local welfare agency's county and in facilities licensed or certified under chapters 245A, 245D, and 245H, except for child foster care and family child care.

(c) The Department of Health is the agency responsible for screening and investigating allegations of maltreatment in facilities licensed under sections [144.50](#) to [144.58](#) and [144A.43](#) to [144A.482](#) or chapter 144H.

(d) The Department of Education is the agency responsible for screening and investigating allegations of maltreatment in a school as defined in section [120A.05](#), [subdivisions 9](#), 11, and 13, and chapter 124E. The Department of Education's responsibility to screen and investigate includes allegations of maltreatment involving students 18 to 21 years of age, including students receiving special education services, up to and including graduation and the issuance of a secondary or high school diploma.

(e) A health or corrections agency receiving a report may request the local welfare agency to provide assistance pursuant to this section and sections [260E.20](#) and [260E.22](#).

Subd. 2. **Sexual abuse.**

(a) The local welfare agency is the agency responsible for investigating an allegation of sexual abuse if the alleged offender is the parent, guardian, sibling, or an individual functioning within the family unit as a person responsible for the child's care, or a person with a significant relationship to the child if that person resides in the child's household.

(b) The local welfare agency is also responsible for investigating when a child is identified as a victim of sex trafficking.

Subd. 3. **Neglect or physical abuse.**

The local welfare agency is responsible for immediately conducting a family assessment or investigation if the report alleges neglect or physical abuse by a parent, guardian, or individual functioning within the family unit as a person responsible for the child's care.

Subd. 4. **Birth match.**

(a) Upon receiving data under section [144.225](#), [subdivision 2b](#), contained in a birth record or recognition of parentage identifying a child who is subject to threatened injury under section [260E.03](#), [subdivision 23](#), the Department of Human Services shall send the data to the responsible local welfare agency. The data is known as "birth match data."

(b) Unless the responsible local welfare agency has already begun an investigation or assessment of the report due to the birth of the child or execution of the recognition of parentage and the parent's previous history with child protection, the agency shall accept the birth match data as a report under section [260E.03](#), [subdivision 23](#).

Subd. 5. Law enforcement.

(a) The local law enforcement agency is the agency responsible for investigating a report of maltreatment if a violation of a criminal statute is alleged.

(b) Law enforcement and the responsible agency must coordinate their investigations or assessments as required under this chapter when the report alleges maltreatment that is a violation of a criminal statute by a person who is a parent, guardian, sibling, person responsible for the child's care functioning within the family unit, or person who lives in the child's household and who has a significant relationship to the child, in a setting other than a facility as defined in section [260E.03](#).

260E.15 SCREENING GUIDELINES.

(a) Child protection staff, supervisors, and others involved in child protection screening shall follow the guidance provided in the maltreatment screening guidelines issued by the commissioner and, when notified by the commissioner, shall immediately implement updated procedures and protocols.

(b) Any modification to the screening guidelines must be preapproved by the commissioner and must not be less protective of children than is mandated by statute. The county agency must consult with the county attorney before proposing modifications to the commissioner. The guidelines may provide additional protection for children but must not limit reports that are screened in or provide additional limits on consideration of reports that were screened out in making a screening determination.

260E.16 TIMELINE FOR SCREENING.

(a) The local welfare agency shall determine if the report is to be screened in or out as soon as possible but in no event longer than 24 hours after the report is received.

(b) When determining whether a report will be screened in or out, the agency receiving the report must consider, when relevant, all previous history, including reports that were screened out. The agency may communicate with treating professionals and individuals specified under section [260E.35, subdivision 4](#), paragraph (b).

260E.17 RESPONSE PATH ASSIGNMENT.

Subdivision 1. Local welfare agency.

(a) Upon receipt of a report, the local welfare agency shall determine whether to conduct a family assessment or an investigation as appropriate to prevent or provide a remedy for maltreatment.

(b) The local welfare agency shall conduct an investigation when the report involves sexual abuse or substantial child endangerment.

(c) The local welfare agency shall begin an immediate investigation if, at any time when the local welfare agency is using a family assessment response, the local welfare agency determines that there is reason to believe that sexual abuse or substantial child endangerment or a serious threat to the child's safety exists.

(d) The local welfare agency may conduct a family assessment for reports that do not allege sexual abuse or substantial child endangerment. In determining that a family

assessment is appropriate, the local welfare agency may consider issues of child safety, parental cooperation, and the need for an immediate response.

(e) The local welfare agency may conduct a family assessment on a report that was initially screened and assigned for an investigation. In determining that a complete investigation is not required, the local welfare agency must document the reason for terminating the investigation and notify the local law enforcement agency if the local law enforcement agency is conducting a joint investigation.

Subd. 2. Responsible social service agency.

The responsible agency shall conduct an investigation when the report alleges maltreatment in a facility required to be licensed or certified under chapter 144H, 245A, 245D, or 245H; under sections [144.50](#) to [144.58](#) and [241.021](#); in a school as defined in section [120A.05](#), subdivisions 9, 11, and 13, and chapter 124E; or in a nonlicensed personal care provider association as defined in section [256B.0625](#), subdivision 19a.

260E.18 NOTICE TO CHILD'S TRIBE.

The local welfare agency shall provide immediate notice, according to section [260.761](#), subdivision 2, to an Indian child's tribe when the agency has reason to believe the family assessment or investigation may involve an Indian child. For purposes of this section, "immediate notice" means notice provided within 24 hours.

260E.19 CONFLICT OF INTEREST.

(a) A potential conflict of interest related to assisting in an investigation or assessment under this chapter resulting in a direct or shared financial interest with a child maltreatment treatment provider or resulting from a personal or family relationship with a party in the investigation must be considered by the local welfare agency in an effort to prevent unethical relationships.

(b) A person who conducts an investigation or assessment under this chapter may not have:

(1) any direct or shared financial interest or referral relationship resulting in a direct shared financial gain with a child maltreatment treatment provider; or

(2) a personal or family relationship with a party in the assessment or investigation.

(c) If an independent assessor is not available, the person responsible for making the determination under this chapter may use the services of an assessor with a financial interest, referral, or personal or family relationship.

260E.20 AGENCY DUTIES REGARDING INVESTIGATION AND ASSESSMENT.

Subdivision 1. General duties.

(a) The local welfare agency shall offer services to prevent future maltreatment, safeguarding and enhancing the welfare of the maltreated child, and supporting and preserving family life whenever possible.

(b) If the report alleges a violation of a criminal statute involving maltreatment or child endangerment under section [609.378](#), the local law enforcement agency and local welfare agency shall coordinate the planning and execution of their respective investigation and assessment efforts to avoid a duplication of fact-finding efforts and multiple interviews. Each agency shall prepare a separate report of the results of the agency's investigation or assessment.

(c) In cases of alleged child maltreatment resulting in death, the local agency may rely on the fact-finding efforts of a law enforcement investigation to make a determination of whether or not maltreatment occurred.

(d) When necessary, the local welfare agency shall seek authority to remove the child from the custody of a parent, guardian, or adult with whom the child is living.

(e) In performing any of these duties, the local welfare agency shall maintain an appropriate record.

(f) In conducting a family assessment or investigation, the local welfare agency shall gather information on the existence of substance abuse and domestic violence.

(g) If the family assessment or investigation indicates there is a potential for abuse of alcohol or other drugs by the parent, guardian, or person responsible for the child's care, the local welfare agency shall conduct a chemical use assessment pursuant to Minnesota Rules, part [9530.6615](#).

(h) The agency may use either a family assessment or investigation to determine whether the child is safe when responding to a report resulting from birth match data under section [260E.03, subdivision 23](#), paragraph (c). If the child subject of birth match data is determined to be safe, the agency shall consult with the county attorney to determine the appropriateness of filing a petition alleging the child is in need of protection or services under section [260C.007, subdivision 6](#), clause (16), in order to deliver needed services. If the child is determined not to be safe, the agency and the county attorney shall take appropriate action as required under section [260C.503, subdivision 2](#).

Subd. 2.Face-to-face contact.

(a) Upon receipt of a screened in report, the local welfare agency shall conduct a face-to-face contact with the child reported to be maltreated and with the child's primary caregiver sufficient to complete a safety assessment and ensure the immediate safety of the child.

(b) The face-to-face contact with the child and primary caregiver shall occur immediately if sexual abuse or substantial child endangerment is alleged and within five calendar days for all other reports. If the alleged offender was not already interviewed as the primary caregiver, the local welfare agency shall also conduct a face-to-face interview with the alleged offender in the early stages of the assessment or investigation.

(c) At the initial contact with the alleged offender, the local welfare agency or the agency responsible for assessing or investigating the report must inform the alleged offender of the complaints or allegations made against the individual in a manner consistent with laws protecting the rights of the person who made the report. The interview with the alleged offender may be postponed if it would jeopardize an active law enforcement investigation.

(d) The local welfare agency or the agency responsible for assessing or investigating the report must provide the alleged offender with an opportunity to make a statement. The alleged offender may submit supporting documentation relevant to the assessment or investigation.

Subd. 3.Collection of information.

(a) The local welfare agency responsible for conducting a family assessment or investigation shall collect available and relevant information to determine child safety, risk of subsequent maltreatment, and family strengths and needs and share not public information with an Indian's tribal social services agency without violating any law of the state that may otherwise impose a duty of confidentiality on the local welfare agency in order to implement the tribal state agreement.

(b) The local welfare agency or the agency responsible for investigating the report shall collect available and relevant information to ascertain whether maltreatment occurred and whether protective services are needed.

(c) Information collected includes, when relevant, information with regard to the person reporting the alleged maltreatment, including the nature of the reporter's relationship to the child and to the alleged offender, and the basis of the reporter's knowledge for the report; the child allegedly being maltreated; the alleged offender; the child's caretaker; and other collateral sources having relevant information related to the alleged maltreatment.

(d) Information relevant to the assessment or investigation must be asked for, and may include:

(1) the child's sex and age; prior reports of maltreatment, including any maltreatment reports that were screened out and not accepted for assessment or investigation; information relating to developmental functioning; credibility of the child's statement; and whether the information provided under this clause is consistent with other information collected during the course of the assessment or investigation;

(2) the alleged offender's age, a record check for prior reports of maltreatment, and criminal charges and convictions;

(3) collateral source information regarding the alleged maltreatment and care of the child. Collateral information includes, when relevant: (i) a medical examination of the child; (ii) prior medical records relating to the alleged maltreatment or the care of the child maintained by any facility, clinic, or health care professional and an interview with the treating professionals; and (iii) interviews with the child's caretakers, including the child's parent, guardian, foster parent, child care provider, teachers, counselors, family members, relatives, and other persons who may have knowledge regarding the alleged maltreatment and the care of the child; and

(4) information on the existence of domestic abuse and violence in the home of the child, and substance abuse.

(e) Nothing in this subdivision precludes the local welfare agency, the local law enforcement agency, or the agency responsible for assessing or investigating the report from collecting other relevant information necessary to conduct the assessment or investigation.

(f) Notwithstanding section [13.384](#) or [144.291](#) to [144.298](#), the local welfare agency has access to medical data and records for purposes of paragraph (d), clause (3).

Subd. 4. Consultation regarding alleged medical neglect.

If the report alleges medical neglect as defined in section [260C.007, subdivision 6](#), clause (5), the local welfare agency shall, in addition to its other duties under this section, immediately consult with designated hospital staff and with the parents of the infant to verify that appropriate nutrition, hydration, and medication are being provided; and shall immediately secure an independent medical review of the infant's medical charts and records and, if necessary, seek a court order for an independent medical examination of the infant.

Subd. 5. Law enforcement fact finding.

If the report alleges maltreatment by a person who is not a parent, guardian, sibling, person responsible for the child's care functioning within the family unit, or a person who lives in the child's household and who has a significant relationship to the child, in a setting other than a facility as defined in section [260E.03](#), the local welfare agency may rely on the fact-finding efforts of the law enforcement investigation to make a determination whether or not threatened injury or other maltreatment has occurred under section [260E.03, subdivision 12](#), if an alleged offender has minor children or lives with minors.

260E.21 SCREENED OUT REPORTS.

Subdivision 1. Records.

A report that is screened out must be maintained according to section [260E.35, subdivision 6](#), paragraph (b).

Subd. 2. Offer of social services.

A local welfare agency or agency responsible for investigating or assessing a report may use a screened out report for making an offer of social services to the subjects of the screened out report.

260E.22 INTERVIEWS.

Subdivision 1. Authority to interview.

(a) The agency responsible for assessing or investigating reports of maltreatment has the authority to interview the child, the person or persons responsible for the child's care, the alleged offender, and any other person with knowledge of the maltreatment for the purpose of gathering facts, assessing safety and risk to the child, and formulating a plan.

(b) Authority of the local welfare agency responsible for assessing or investigating the maltreatment report, the agency responsible for assessing or investigating the report, and the local law enforcement agency responsible for investigating the alleged maltreatment includes but is not limited to authority to interview, without parental consent, the alleged victim and any other children who currently reside with or who have resided with the alleged offender.

Subd. 2. Child interview procedure.

(a) The interview may take place at school or at any facility or other place where the alleged victim or other children might be found or the child may be transported to, and the interview may be conducted at a place appropriate for the interview of a child designated by the local welfare agency or law enforcement agency.

(b) The interview may take place outside the presence of the alleged offender or parent, legal custodian, guardian, or school official.

(c) For a family assessment, it is the preferred practice to request a parent or guardian's permission to interview the child before conducting the child interview, unless doing so would compromise the safety assessment.

Subd. 3. Notification after child interview.

(a) Except as provided in this subdivision, the parent, legal custodian, or guardian shall be notified by the responsible agency or local law enforcement agency no later than the conclusion of the investigation or assessment that the interview has occurred.

(b) Notwithstanding notice required under the Minnesota Rules of Juvenile Protection, the juvenile court may, after hearing on an ex parte motion by the local welfare agency, order that, where reasonable cause exists, the agency withhold notification of the interview from the parent, legal custodian, or guardian. If the interview took place or is to take place on school property, the order shall specify that school officials may not disclose to the parent, legal custodian, or guardian the contents of the notification of intent to interview the child on school property, as provided under this subdivision, and any other related information regarding the interview that may be a part of the child's school record. A copy of the order shall be sent by the local welfare or law enforcement agency to the appropriate school official.

Subd. 4. Tennesen notice not required.

In conducting investigations and assessments pursuant to this chapter, the notice required by section [13.04, subdivision 2](#), need not be provided to a child under the age of ten who is the alleged victim of maltreatment.

Subd. 5. Court order for child interview.

(a) Where the alleged offender or a person responsible for the care of the alleged victim or other child prevents access to the victim or other child by the local welfare agency, the juvenile court may order the parent, legal custodian, or guardian to produce the alleged victim or other child for questioning by the local welfare agency or the local law enforcement agency outside the presence of the alleged offender or any person responsible for the child's care at reasonable places and times as specified by court order.

(b) Before making an order under paragraph (a), the court shall issue an order to show cause, either upon its own motion or upon a verified petition, specifying the basis for the requested interview and fixing the time and place of the hearing. The order to show cause shall be served personally and shall be heard in the same manner as provided in other cases in the juvenile court. The court shall consider the need for appointment of a guardian ad litem to protect the best interests of the child. If appointed, the guardian ad litem shall be present at the hearing on the order to show cause.

Subd. 6. Interview format.

(a) When conducting an investigation, the local welfare agency shall use a question and answer interviewing format with questioning as nondirective as possible to elicit spontaneous responses.

(b) For investigations only, the following interviewing methods and procedures must be used whenever possible when collecting information:

- (1) audio recording of all interviews with witnesses and collateral sources; and
- (2) in a case of alleged sexual abuse, audio-video recording of each interview with the alleged victim and a child witness.

Subd. 7. Child interviews on school property.

(a) When the local welfare agency, local law enforcement agency, or the agency responsible for assessing or investigating a report of maltreatment determines that an interview should take place on school property, written notification of intent to interview the child on school property must be received by school officials before the interview. The notification shall include the name of the child to be interviewed, the purpose of the interview, and a reference to the statutory authority to conduct an interview on school property. For an interview conducted by the local welfare agency, the notification shall be signed by the chair of the local welfare agency or the chair's designee. The notification shall be private data on individuals subject to the provisions of this subdivision. School officials may not disclose to the parent, legal custodian, or guardian the contents of the notification or any other related information regarding the interview until notified in writing by the local welfare agency or local law enforcement agency that the investigation or assessment has been concluded, unless a school employee or agent is alleged to have maltreated the child. Until that time, the local welfare agency, local law enforcement agency, or the agency responsible for assessing or investigating a report of maltreatment shall be solely responsible for any disclosure regarding the nature of the assessment or investigation.

(b) Except where the alleged offender is believed to be a school official or employee, the time, place, and manner of the interview on school premises shall be within the discretion of school officials, but the local welfare agency or local law enforcement agency shall have the exclusive authority to determine who may attend the interview. The conditions as to time, place, and manner of the interview set by the school officials shall be reasonable, and the interview shall be conducted not more than 24 hours after the receipt of the notification unless another time is considered necessary by agreement between the school officials and the local welfare agency or local law enforcement agency. Where the school fails to comply with the provisions of this paragraph, the juvenile court may order the school to comply. Every effort must be made to reduce the disruption of the educational program of the child, other students, or school staff when an interview is conducted on school premises.

260E.23 DOCUMENTING INTERVIEWS WITH CHILD MALTREATMENT VICTIMS.

Subdivision 1. Policy.

It is the policy of this state to encourage adequate and accurate documentation of the number and content of interviews conducted with alleged child maltreatment victims during the course of a child maltreatment assessment or investigation, criminal investigation, or prosecution, and to discourage interviews that are unnecessary, duplicative, or otherwise not in the best interests of the child.

Subd. 2. Definitions.

As used in this section:

- (1) "government employee" means an employee of a state or local agency, and any person acting as an agent of a state or local agency;
- (2) "interview" means a statement of an alleged maltreatment victim which is given or made to a government employee during the course of a maltreatment assessment or investigation, criminal investigation, or prosecution; and
- (3) "record" means an audio or video recording of an interview, or a written record of an interview.

Subd. 3. Record required.

Whenever an interview is conducted, the interviewer must make a record of the interview. The record must contain the following information:

- (1) the date, time, place, and duration of the interview;
- (2) the identity of the persons present at the interview; and
- (3) if the record is in writing, a summary of the information obtained during the interview.

Subd. 4. Records maintained.

The records shall be maintained by the interviewer in accordance with applicable provisions of section [260E.35](#) and chapter 13.

Subd. 5. Guidelines on tape recording of interviews.

Every county attorney's office shall be responsible for developing written guidelines on the tape recording of interviews by government employees who conduct child maltreatment assessments or investigations, criminal investigations, or prosecutions. The guidelines are public data as defined in section [13.02, subdivision 14](#).

260E.24 CONCLUSION OF FAMILY ASSESSMENT OR FAMILY INVESTIGATION BY LOCAL WELFARE AGENCY.

Subdivision 1. Timing.

The local welfare agency shall conclude the family assessment or the investigation within 45 days of the receipt of a report. The conclusion of the assessment or investigation may be extended to permit the completion of a criminal investigation or the receipt of expert information requested within 45 days of the receipt of the report.

Subd. 2. Determination after family assessment.

After conducting a family assessment, the local welfare agency shall determine whether child protective services are needed to address the safety of the child and other family members and the risk of subsequent maltreatment.

Subd. 3. Determinations after family investigation.

(a) After conducting an investigation, the local welfare agency shall make two determinations: (1) whether maltreatment occurred; and (2) whether child protective services are needed.

(b) No determination of maltreatment shall be made when the alleged offender is a child under the age of ten.

(c) The local welfare agency or the agency responsible for investigating the report may make a determination of no maltreatment early in an investigation, close the case, and retain immunity, if the collected information shows no basis for a full investigation.

Subd. 4. Child protective services.

For the purposes of this chapter, except for section [260E.37](#), a determination that child protective services are needed means that the local welfare agency documented conditions during the assessment or investigation sufficient to cause a child protection worker, as defined in section [260E.37](#), to conclude that a child is at significant risk of maltreatment if protective intervention is not provided and that the individual or individuals responsible for the child's care have not taken or are not likely to take action to protect the child from maltreatment or risk of maltreatment.

Subd. 5. Notifications at conclusion of family investigation.

(a) Within ten working days of the conclusion of an investigation, the local welfare agency or agency responsible for investigating the report shall notify the parent or guardian of the child and the person determined to be maltreating the child, if not the parent or guardian of the child, of the determination and a summary of the specific reasons for the determination.

(b) The notice must include a certification that the information collection procedures under section [260E.20](#) 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.

(c) In addition, the notice shall include the length of time that the records will be kept under section [260E.35, subdivision 6](#). The investigating agency shall notify the parent or guardian of the child who is the subject of the report and any person determined to have maltreated the child of their appeal or review rights under this chapter.

(d) The notice must also state that a finding of maltreatment may result in denial of a license or certification application or background study disqualification under chapter 245C related to employment or services that are licensed or certified by the Department of Human Services under chapter 245A or 245H, 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.

Subd. 6. Required referral to early intervention services.

A child under age three who is involved in a substantiated case of maltreatment shall be referred for screening under the Individuals with Disabilities Education Act, part C. Parents must be informed that the evaluation and acceptance of services are voluntary. The commissioner of human services shall monitor referral rates by county and annually report the information to the legislature. Refusal to have a child screened is not a basis for a child in need of protection or services petition under chapter 260C.

Subd. 7. Notification at conclusion of family assessment.

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 maltreatment. The local welfare agency and the family may also jointly agree that family support and family preservation services are needed.

260E.25 PROVISION OF MEDICAL CARE.

(a) If lack of medical care due to a parent's, guardian's, or caretaker's good faith selection and dependence upon spiritual means or prayer for treatment or care of disease or remedial care for the child in lieu of medical care may result in serious danger to the child's health, the local welfare agency may ensure that necessary medical services are provided to the child.

(b) If the review or examination required under section [260E.20, subdivision 4](#), leads to a conclusion of medical neglect, the agency shall intervene on behalf of the infant by initiating legal proceedings under section [260C.141](#) and by filing an expedited motion to prevent the withholding of medically indicated treatment.

260E.26 PROVISION OF CHILD PROTECTIVE SERVICES.

The local welfare agency shall create a written plan, in collaboration with the family whenever possible, within 30 days of the determination that child protective services are needed or upon joint agreement of the local welfare agency and the family that family support and preservation services are needed. Child protective services for a family are voluntary unless ordered by the court.

260E.27 CONSULTATION WITH THE COUNTY ATTORNEY.

The local welfare agency shall consult with the county attorney to determine the appropriateness of filing a petition alleging the child is in need of protection or services under section [260C.007, subdivision 6](#), if:

- (1) the family does not accept or comply with a plan for child protective services;
- (2) voluntary child protective services may not provide sufficient protection for the child; or
- (3) the family is not cooperating with an investigation or assessment.

260E.28 CONDUCTING INVESTIGATION IN FACILITY OR SCHOOL.

Subdivision 1. Immediate investigation for alleged maltreatment in a facility.

(a) The commissioner of human services, health, or education, whichever is responsible for investigating the report, shall immediately investigate if the report alleges that:

- (1) a child who is in the care of a facility as defined in section [260E.03](#) is the victim of maltreatment in a facility by an individual in that facility or has been the victim of maltreatment in a facility by an individual in that facility within the three years preceding the report; or
- (2) a child is the victim of maltreatment in a facility by an individual in a facility defined in section [260E.03, subdivision 6](#), while in the care of that facility within the three years preceding the report.

(b) The commissioner of the agency responsible for investigating the report shall arrange for the transmittal to the commissioner of reports received by local agencies and may delegate to a local welfare agency the duty to investigate reports. The commissioner of the agency responsible for investigating the report or local welfare agency may interview any children who are or have been in the care of a facility under investigation and the children's parents, guardians, or legal custodians.

(c) In conducting an investigation under this section, the commissioner has the powers and duties specified for a local welfare agency under this chapter.

Subd. 2. Preinterview notification for facility investigation.

Before any interview related to maltreatment in a facility under the provisions of section [260E.22](#), the commissioner of the agency responsible for investigating the report or local welfare agency shall notify the parent, guardian, or legal custodian of a child who will be interviewed in the manner provided for in section [260E.22](#). If reasonable efforts to reach the parent, guardian, or legal custodian of a child in an out-of-home placement have failed, the child may be interviewed if there is reason to believe the interview is necessary to protect the child or other children in the facility. The commissioner of the agency responsible for assessing or investigating the report or local agency must provide the information required in this subdivision to the parent, guardian, or legal custodian of a child interviewed without parental notification as soon as possible after the interview. When the investigation is completed, any parent, guardian, or legal custodian notified under this subdivision shall receive the written memorandum provided for in section [260E.30, subdivision 5](#).

Subd. 3. Facility records.

The commissioner of human services, the ombudsman for mental health and developmental disabilities, the local welfare agencies responsible for investigating reports, the commissioner of education, and the local law enforcement agencies have the right to enter a facility as defined in section [260E.03](#) and to inspect and copy the facility's records, including medical records, as part of the investigation. Notwithstanding the provisions of chapter 13, the commissioner of human services, the ombudsman for mental health and developmental disabilities, the local welfare agencies responsible for investigating reports, the commissioner of education, and the local law enforcement agencies also have the right to inform the facility under investigation that an investigation is being conducted, to disclose to the facility the names of the individuals under investigation for maltreating a child, and to provide the facility with a copy of the report and the investigative findings.

Subd. 4. Access to information.

In conducting investigations under this chapter, the commissioner or local welfare agency shall obtain access to information consistent with section [260E.20, subdivision 3](#). In conducting investigations under this section, the commissioner of education shall obtain access to reports and investigative data that are relevant to a report of maltreatment and are in the possession of a school facility as defined in section [260E.03, subdivision 6](#), clause (2), notwithstanding the classification of the data as educational or personnel data under chapter 13. This includes but is not limited to school investigative reports, information concerning the conduct of school personnel alleged to have committed maltreatment of students, information about witnesses, and any protective or corrective action taken by the school facility regarding the school personnel alleged to have committed maltreatment.

Subd. 5. Investigation involving school facility.

In conducting an investigation involving a school facility as defined in section [260E.03, subdivision 6](#), clause (2), the commissioner of education shall collect available and relevant information and use the procedures in sections [260E.20, subdivisions 2](#) and 3, and [260E.22](#), except that the requirement for face-to-face observation of the child and face-to-face interview of the alleged offender is to occur in the initial stages of the investigation, provided that the commissioner may also base the investigation on investigative reports and data received from the school facility and local law enforcement agency, to the extent those investigations satisfy the requirements of sections [260E.20, subdivisions 2](#) and 3, and [260E.22](#).

260E.29 NOTIFICATION REQUIREMENTS FOR SCHOOLS AND FACILITIES.

Subdivision 1. Notification requirements for school facility.

(a) Notwithstanding section [260E.09](#), the commissioner of education must inform the parent, guardian, or legal custodian of the child who is the subject of a report of alleged maltreatment in a school facility within ten days of receiving the report, either orally or in writing, whether the commissioner is investigating the report of alleged maltreatment.

(b) Regardless of whether a report is made under section [260E.09](#), as soon as practicable after a school receives information regarding an incident that may constitute maltreatment of a child in a school facility, the school shall inform the parent, legal guardian, or custodian of the child that an incident occurred that may constitute maltreatment of the child, when the incident occurred, and the nature of the conduct that may constitute maltreatment.

Subd. 2. Notification requirements for other types of facilities.

When a report is received that alleges maltreatment of a child while in the care of a licensed or unlicensed day care facility, residential facility, agency, hospital, sanitarium, or other facility or institution required to be licensed or certified according to sections [144.50](#) to [144.58](#); [241.021](#); or [245A.01](#) to [245A.16](#); or chapter 144H, 245D, or 245H; or a school as defined in section [120A.05, subdivisions 9, 11, and 13](#); and chapter 124E; or a nonlicensed personal care provider organization as defined in section [256B.0625, subdivision 19a](#), the commissioner of the agency responsible for investigating the report or local welfare agency investigating the report shall provide the following information to the parent, guardian, or legal custodian of a child alleged to have been the victim of maltreatment in the facility: the name of the facility; the fact that a report alleging maltreatment in the facility has been received; the nature of the alleged maltreatment in the facility; 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.

Subd. 3. Discretionary notification.

The commissioner of the agency responsible for investigating the report or local welfare agency may also provide the information in subdivision 2 to the parent, guardian, or legal custodian of any other child in the facility if the investigative agency knows or has reason to believe the alleged maltreatment of a child in the facility occurred. In determining whether to exercise this authority, the commissioner of the agency responsible for investigating the report or local welfare agency shall consider the seriousness of the alleged maltreatment of a child in the facility; the number of alleged victims of maltreatment of a child in the facility; the number of alleged offenders; and the length of the investigation. The facility shall be notified whenever this discretion is exercised.

260E.30 CONCLUSION OF SCHOOL OR FACILITY INVESTIGATION.

Subdivision 1. Investigation involving a school facility.

If the commissioner of education conducts an investigation, the commissioner shall determine whether maltreatment occurred and what corrective or protective action was taken by the school facility. If a determination is made that maltreatment occurred, the commissioner shall report to the employer, the school board, and any appropriate licensing entity the determination that maltreatment occurred and what corrective or protective action was taken by the school facility. In all other cases, the commissioner shall inform the school board or employer that a report was received; the subject of the report; the date of the initial report; the category of maltreatment alleged as defined in section [260E.03, subdivision 12](#); the fact that maltreatment was not determined; and a summary of the specific reasons for the determination.

Subd. 2. Investigation involving a facility.

(a) When maltreatment is determined in an investigation involving a facility, the investigating agency shall also determine whether the facility or individual was responsible, or whether both the facility and the individual were responsible for the maltreatment using the mitigating factors in subdivision 4. Determinations under this subdivision must be made based on a preponderance of the evidence and are private data on individuals or nonpublic data as maintained by the commissioner of education.

(b) Any operator, employee, or volunteer worker at any facility who intentionally maltreats any child in the care of that facility may be charged with a violation of section [609.255](#), [609.377](#), or [609.378](#). Any operator of a facility who knowingly permits conditions to exist that result in maltreatment of a child in a facility while in the care of that facility may be charged with a violation of section [609.378](#). The facility operator shall inform all mandated reporters employed by or otherwise associated with the facility of the duties required of mandated reporters and shall inform all mandatory reporters of the prohibition against retaliation for reports made in good faith under this section.

Subd. 3. Nonmaltreatment mistake.

(a) If paragraph (b) applies, rather than making a determination of substantiated maltreatment by the individual, the commissioner of human services shall determine that a nonmaltreatment mistake was made by the individual.

(b) A nonmaltreatment mistake occurs when:

(1) at the time of the incident, the individual was performing duties identified in the center's child care program plan required under Minnesota Rules, part [9503.0045](#);

(2) the individual has not been determined responsible for a similar incident that resulted in a finding of maltreatment for at least seven years;

(3) the individual has not been determined to have committed a similar nonmaltreatment mistake under this paragraph for at least four years;

(4) any injury to a child resulting from the incident, if treated, is treated only with remedies that are available over the counter, whether ordered by a medical professional or not; and

(5) except for the period when the incident occurred, the facility and the individual providing services were both in compliance with all licensing requirements relevant to the incident.

(c) This subdivision only applies to child care centers licensed under Minnesota Rules, chapter 9503.

Subd. 4. Mitigating factors in investigating facilities.

(a) When determining whether the facility or individual is the responsible party or whether both the facility and the individual are responsible for determined maltreatment in a facility, the investigating agency shall consider at least the following mitigating factors:

(1) whether the actions of the facility or the individual caregivers were according to, and followed the terms of, an erroneous physician order, prescription, individual care plan, or directive; however, this is not a mitigating factor when the facility or caregiver was responsible for the issuance of the erroneous order, prescription, individual care plan, or directive or knew or should have known of the errors and took no reasonable measures to correct the defect before administering care;

(2) comparative responsibility between the facility, other caregivers, and requirements placed upon an employee, including the facility's compliance with related regulatory standards and the adequacy of facility policies and procedures, facility training, an individual's participation in the training, the caregiver's supervision, and facility staffing levels and the scope of the individual employee's authority and discretion; and

(3) whether the facility or individual followed professional standards in exercising professional judgment.

(b) The evaluation of the facility's responsibility under paragraph (a), clause (2), must not be based on the completeness of the risk assessment or risk reduction plan required under section [245A.66](#), but must be based on the facility's compliance with the regulatory standards for policies and procedures, training, and supervision as cited in Minnesota Statutes and Minnesota Rules.

(c) Notwithstanding paragraphs (a) and (b), when maltreatment is determined to have been committed by an individual who is also the facility license holder, both the individual and the facility must be determined responsible for the maltreatment, and both the background study disqualification standards under section [245C.15, subdivision 4](#), and the licensing or certification actions under sections [245A.06](#), [245A.07](#), [245H.06](#), or [245H.07](#) apply.

Subd. 5. Notification when school or facility investigation is completed.

(a) When the commissioner of the agency responsible for investigating the report or local welfare agency has completed its investigation, every parent, guardian, or legal custodian previously notified of the investigation by the commissioner or local welfare agency shall be provided with the following information in a written memorandum: the name of the facility investigated; the nature of the alleged maltreatment of a child in the facility; the investigator's name; a summary of the investigation findings; a statement of whether maltreatment was found; and the protective or corrective measures that are being or will be taken.

(b) The memorandum shall be written in a manner that protects the identity of the reporter and the child and shall not contain the name or, to the extent possible, reveal the identity of the alleged offender or the identity of individuals interviewed during the investigation.

(c) If maltreatment is determined to exist, the commissioner or local welfare agency shall also provide the written memorandum to the parent, guardian, or legal custodian of each child in the facility who had contact with the individual responsible for the maltreatment.

(d) When the facility is the responsible party for maltreatment, the commissioner or local welfare agency shall also provide the written memorandum to the parent, guardian, or legal custodian of each child who received services in the population of the facility where the maltreatment occurred.

(e) This notification must be provided to the parent, guardian, or legal custodian of each child receiving services from the time the maltreatment occurred until either the individual responsible for maltreatment is no longer in contact with a child or children in the facility or the conclusion of the investigation.

(f) In the case of maltreatment within a school facility, as defined in section [120A.05](#), subdivisions 9, 11, and 13, and chapter 124E, the commissioner of education need not provide notification to parents, guardians, or legal custodians of each child in the facility, but shall, within ten days after the investigation is completed, provide written notification to the parent, guardian, or legal custodian of any student alleged to have been maltreated.

(g) The commissioner of education may notify the parent, guardian, or legal custodian of any student involved as a witness to alleged maltreatment.

Subd. 6. Notification to parent, child, or offender following investigation.

(a) Within ten working days of the conclusion of an investigation, the local welfare agency or agency responsible for investigating the report of maltreatment in a facility shall notify the parent or guardian of the child, the person determined to be maltreating the child, and the director of the facility of the determination and a summary of the specific reasons for the determination.

(b) 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 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.

(c) The notice must also include a certification that the information collection procedures under section [260E.20, subdivision 3](#), 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.

(d) In addition, the notice shall include the length of time that the records will be kept under section [260E.35, subdivision 6](#).

(e) 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.

(f) The notice must also state that a finding of maltreatment may result in denial of a license or certification 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 or 245H, 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.

260E.31 REPORTING OF PRENATAL EXPOSURE TO CONTROLLED SUBSTANCES.

Subdivision 1. Reports required.

(a) Except as provided in paragraph (b), a person mandated to report under this chapter shall immediately report to the local welfare agency if the person knows or has reason to believe that a woman is pregnant and has used a controlled substance for a nonmedical purpose during the pregnancy, including but not limited to tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy in any way that is habitual or excessive.

(b) A health care professional or a social service professional who is mandated to report under this chapter is exempt from reporting under paragraph (a) a woman's use or consumption of tetrahydrocannabinol or alcoholic beverages during pregnancy if the professional is providing the woman with prenatal care or other health care services.

(c) Any person may make a voluntary report if the person knows or has reason to believe that a woman is pregnant and has used a controlled substance for a nonmedical purpose during the pregnancy, including but not limited to tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy in any way that is habitual or excessive.

(d) An oral report shall be made immediately by telephone or otherwise. An oral report made by a person required to report shall be followed within 72 hours, exclusive of weekends and holidays, by a report in writing to the local welfare agency. Any report shall be of sufficient content to identify the pregnant woman, the nature and extent of the use, if known, and the name and address of the reporter. The local welfare agency shall accept a report made under paragraph (c) notwithstanding refusal by a voluntary reporter to provide the reporter's name or address as long as the report is otherwise sufficient.

(e) For purposes of this section, "prenatal care" means the comprehensive package of medical and psychological support provided throughout the pregnancy.

Subd. 2. Local welfare agency.

Upon receipt of a report of prenatal exposure to a controlled substance required under subdivision 1, the local welfare agency shall immediately conduct an appropriate assessment and offer services indicated under the circumstances. Services offered may include but are not limited to a referral for chemical dependency assessment, a referral for chemical dependency treatment if recommended, and a referral for prenatal care. The local welfare agency may also take any appropriate action under chapter 253B, including seeking an emergency admission under section [253B.051](#). The local welfare agency shall seek an emergency admission under section [253B.051](#) if the pregnant woman refuses recommended voluntary services or fails recommended treatment.

Subd. 3. Related provisions.

Reports under this section are governed by sections [260E.05](#), [260E.06](#), [260E.34](#), and [260E.35](#).

Subd. 4. Controlled substances.

For purposes of this section and section [260E.32](#), "controlled substance" means a controlled substance listed in section [253B.02, subdivision 2](#).

260E.32 TOXICOLOGY TESTS REQUIRED.

Subdivision 1. Test; report.

(a) A physician shall administer a toxicology test to a pregnant woman under the physician's care or to a woman under the physician's care within eight hours after delivery to determine whether there is evidence that she has ingested a controlled substance if the woman has obstetrical complications that are a medical indication of possible use of a controlled substance for a nonmedical purpose.

(b) If the test results are positive, the physician shall report the results under section [260E.31](#). A negative test result does not eliminate the obligation to report under section [260E.31](#) if other evidence gives the physician reason to believe the patient has used a controlled substance for a nonmedical purpose.

Subd. 2. Newborns.

(a) A physician shall administer to each newborn infant born under the physician's care a toxicology test to determine whether there is evidence of prenatal exposure to a controlled substance if the physician has reason to believe, based on a medical assessment of the mother or the infant, that the mother used a controlled substance for a nonmedical purpose during pregnancy.

(b) If the test results are positive, the physician shall report the results as neglect under section [260E.03](#). A negative test result does not eliminate the obligation to report under this chapter if other medical evidence of prenatal exposure to a controlled substance is present.

Subd. 3. Report to Department of Health.

Physicians shall report to the Department of Health the results of tests performed under subdivisions 1 and 2. A report shall be made on the certificate of live birth medical supplement or the report of fetal death medical supplement filed on or after February 1, 1991. The reports are medical data under section [13.384](#).

Subd. 4. Reliability of tests.

A positive test result reported under this section must be obtained from a confirmatory test performed by a drug testing laboratory that meets the requirements of section [181.953](#) and must be performed according to the requirements for performance of confirmatory tests imposed by the licensing, accreditation, or certification program listed in section [181.953, subdivision 1](#), in which the laboratory participates.

260E.33 RECONSIDERATION AND APPEAL OF MALTREATMENT DETERMINATION FOLLOWING INVESTIGATION.

Subdivision 1. Following family assessment.

Administrative reconsideration is not applicable to a family assessment since no determination concerning maltreatment is made.

Subd. 2. Request for reconsideration.

(a) Except as provided under subdivision 5, an individual or facility that the commissioner of human services, a local welfare agency, or the commissioner of education determines has maltreated a child, an interested person acting on behalf of the child, regardless of the determination, who contests the investigating agency's final determination regarding maltreatment may request the investigating agency to reconsider its final determination regarding maltreatment. The request for reconsideration must be submitted in writing to the investigating agency within 15 calendar days after receipt of notice of the final determination regarding maltreatment or, if the request is made by an interested person who is not entitled to notice, within 15 days after receipt of the notice by the parent or guardian of the child. If mailed, the request for reconsideration must be postmarked and sent to the investigating agency within 15 calendar days of the individual's or facility's receipt of the final determination. If the request for reconsideration is made by personal service, it must be received by the investigating agency within 15 calendar days after the individual's or facility's receipt of the final determination.

(b) An individual who was determined to have maltreated a child under this chapter and who was disqualified on the basis of serious or recurring maltreatment under sections [245C.14](#) and [245C.15](#) may request reconsideration of the maltreatment determination and the disqualification. The request for reconsideration of the maltreatment determination and the disqualification must be submitted within 30 calendar days of the individual's receipt of the notice of disqualification under sections [245C.16](#) and [245C.17](#). If mailed, the request for reconsideration of the maltreatment determination and the disqualification must be postmarked and sent to the investigating agency within 30 calendar days of the individual's receipt of the maltreatment determination and notice of disqualification. If the request for reconsideration is made by personal service, it must be received by the investigating agency within 30 calendar days after the individual's receipt of the notice of disqualification.

Subd. 3. Request for fair hearing.

(a) Except as provided under subdivisions 5 and 6, if the investigating agency denies the request or fails to act upon the request within 15 working days after receiving the request for reconsideration, the person or facility entitled to a fair hearing under section [256.045](#) may submit to the commissioner of human services or the commissioner of education a written request for a hearing under section [256.045](#). Section [256.045](#) also governs hearings requested to contest a final determination of the commissioner of education. The investigating agency shall notify persons who request reconsideration of their rights under this paragraph. The hearings specified under this section are the only administrative appeal of a decision issued under subdivision 2. Determinations under this section are not subject to accuracy and completeness challenges under section [13.04](#).

(b) Except as provided under subdivision 6, if an individual or facility contests the investigating agency's final determination regarding maltreatment by requesting a fair hearing under section [256.045](#), the commissioner of human services shall ensure that the hearing is conducted and a decision is reached within 90 days of receipt of the request for a hearing. The time for action on the decision may be extended for as many days as the hearing is postponed or the record is held open for the benefit of either party.

Subd. 4. Change of maltreatment determination.

If, as a result of a reconsideration or fair hearing, the investigating agency changes the determination of maltreatment, that agency shall notify every parent, guardian, or legal custodian previously notified of the investigation, the commissioner of the agency responsible for assessing or investigating the report, the local welfare agency, and, if applicable, the director of the facility and the private licensing agency.

Subd. 5. Consolidation.

If an individual was disqualified under sections [245C.14](#) and [245C.15](#) on the basis of a determination of maltreatment which was serious or recurring, and the individual requested reconsideration of the maltreatment determination under subdivision 2 and requested reconsideration of the disqualification under sections [245C.21](#) to [245C.27](#), reconsideration of the maltreatment determination and reconsideration of the disqualification shall be consolidated into a single fair hearing. If reconsideration of the maltreatment determination is denied and the individual remains disqualified following a reconsideration decision, the individual may request a fair hearing under section [256.045](#). If an individual requests a fair hearing on the maltreatment determination and the disqualification, the scope of the fair hearing shall include both the maltreatment determination and the disqualification.

Subd. 6. Contested case hearing.

If a maltreatment determination or a disqualification based on serious or recurring maltreatment is the basis for a denial of a license under section [245A.05](#) or a licensing sanction under section [245A.07](#), the license holder has the right to a contested case hearing under chapter 14 and Minnesota Rules, parts [1400.8505](#) to [1400.8612](#). As provided for under section [245A.08, subdivision 2a](#), the scope of the contested case hearing shall include the maltreatment determination, disqualification, and licensing sanction or denial of a license. In such cases, a fair hearing regarding the maltreatment determination and disqualification shall not be conducted under section [256.045](#). Except for family child care and child foster care, reconsideration of a maltreatment determination as provided under this subdivision and reconsideration of a disqualification as provided under section [245C.22](#) shall also not be conducted when:

(1) a denial of a license under section [245A.05](#) or a licensing sanction under section [245A.07](#) is based on a determination that the license holder is responsible for maltreatment or the disqualification of a license holder based on serious or recurring maltreatment;

(2) the denial of a license or licensing sanction is issued at the same time as the maltreatment determination or disqualification; and

(3) the license holder appeals the maltreatment determination or disqualification and denial of a license or licensing sanction.

Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment determination or disqualification but does not appeal the denial of a license or a licensing sanction, reconsideration of the maltreatment determination shall be conducted under subdivision 2 and section [626.557, subdivision 9d](#), and reconsideration of the disqualification shall be conducted under section [245C.22](#). In such cases, a fair hearing shall also be conducted as provided under subdivision 2 and sections [245C.27](#) and [626.557, subdivision 9d](#).

If the disqualified subject is an individual other than the license holder and upon whom a background study must be conducted under chapter 245C, the hearings of all parties may be consolidated into a single contested case hearing upon consent of all parties and the administrative law judge.

Subd. 7. Process for correction order or decertification.

If a maltreatment determination is the basis for a correction order under section [245H.06](#) or decertification under section [245H.07](#), the certification holder has the right to request reconsideration under sections [245H.06](#) and [245H.07](#). If the certification holder appeals the maltreatment determination or disqualification, but does not appeal the correction order or decertification, reconsideration of the maltreatment determination shall be conducted under subdivision 2 and reconsideration of the disqualification shall be conducted under section [245C.22](#).

260E.34 IMMUNITY.

(a) The following persons are immune from any civil or criminal liability that otherwise might result from the person's actions if the person is acting in good faith:

(1) a person making a voluntary or mandated report under this chapter or assisting in an assessment under this chapter;

(2) a person with responsibility for performing duties under this section or supervisor employed by a local welfare agency, the commissioner of an agency responsible for operating or supervising a licensed or unlicensed day care facility, residential facility, agency, hospital, sanitarium, or other facility or institution required to be licensed or certified under sections [144.50](#) to [144.58](#); [241.021](#); [245A.01](#) to [245A.16](#); or chapter 245B or 245H; or a school as defined in section [120A.05, subdivisions 9, 11, and 13](#); and chapter 124E; or a nonlicensed personal care provider organization as defined in section [256B.0625, subdivision 19a](#), complying with sections [260E.23, subdivisions 2](#) and 3, and [260E.30](#); and

(3) a public or private school, facility as defined in section [260E.03](#), or the employee of any public or private school or facility who permits access by a local welfare agency, the Department of Education, or a local law enforcement agency and assists in an investigation or assessment pursuant to this chapter.

(b) A person who is a supervisor or person with responsibility for performing duties under this chapter employed by a local welfare agency, the commissioner of human services, or the commissioner of education complying with this chapter or any related rule or provision of law is immune from any civil or criminal liability that might otherwise result from the person's actions if the person is (1) acting in good faith and exercising due care, or (2) acting in good faith and following the information collection procedures established under section [260E.20, subdivision 3](#).

(c) Any physician or other medical personnel administering a toxicology test under section [260E.32](#) to determine the presence of a controlled substance in a pregnant woman, in a woman within eight hours after delivery, or in a child at birth or during the first month of life is immune from civil or criminal liability arising from administration of the test if the physician ordering the test believes in good faith that the test is required under this section and the test is administered in accordance with an established protocol and reasonable medical practice.

(d) This section does not provide immunity to any person for failure to make a required report or for committing maltreatment.

(e) If a person who makes a voluntary or mandatory report under section [260E.06](#) prevails in a civil action from which the person has been granted immunity under this section, the court may award the person attorney fees and costs.

260E.35 DATA PRACTICES.

Subdivision 1. Maintaining data.

Notwithstanding the data's classification in the possession of any other agency, data acquired by the local welfare agency or the agency responsible for assessing or investigating the report during the course of the assessment or investigation are private data on individuals and must be maintained according to this section.

Subd. 2. Data collected during investigation of maltreatment in school.

(a) Data of the commissioner of education collected or maintained during and for the purpose of an investigation of alleged maltreatment in a school are governed by this chapter, notwithstanding the data's classification as educational, licensing, or personnel data under chapter 13.

(b) In conducting an investigation involving a school facility as defined in section [260E.03, subdivision 6](#), clause (2), the commissioner of education shall collect investigative reports and data that are relevant to a report of maltreatment from local law enforcement and the school facility.

Subd. 3. **Classification and release of data.**

(a) 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 paragraphs (g) to (o).

(b) All reports and records created, collected, or maintained under this chapter by a local welfare agency or law enforcement agency may be disclosed to a local welfare or other child welfare agency of another state when the agency certifies that:

(1) the reports and records are necessary to conduct an investigation of actions that would qualify as maltreatment under this chapter; and

(2) the reports and records will be used only for purposes of a child protection assessment or investigation and will not be further disclosed to any other person or agency.

(c) The local social services agency or law enforcement agency in this state shall keep a record of all records or reports disclosed pursuant to this subdivision and of any agency to which the records or reports are disclosed. If, in any case, records or reports are disclosed before a determination is made under section [260E.24, subdivision 3](#), paragraph (a), or a disposition of a criminal proceeding is reached, the local social services agency or law enforcement agency in this state shall forward the determination or disposition to any agency that has received a report or record under this subdivision.

(d) The responsible authority of a local welfare agency or the responsible authority's designee may release private or confidential data on an active case involving assessment or investigation of actions that are defined as maltreatment under this chapter to a court services agency if:

(1) the court services agency has an active case involving a common client who is the subject of the data; and

(2) the data are necessary for the court services agency to effectively process the court services agency's case, including investigating or performing other duties relating to the case required by law.

(e) The data disclosed under paragraph (d) may be used only for purposes of the active court services case described in paragraph (d), clause (1), and may not be further disclosed to any other person or agency, except as authorized by law.

(f) Records maintained under subdivision 4, paragraph (b), may be shared with another local welfare agency that requests the information because it is conducting an assessment or investigation under this section of the subject of the records.

(g) Except as provided in paragraphs (b), (h), (i), (o), and (p); subdivision 1; and sections [260E.22, subdivision 2](#); and [260E.23](#), all records concerning individuals maintained by a local welfare agency or agency responsible for assessing or investigating the report under this chapter, including any written reports filed under sections [260E.06](#) and [260E.09](#), shall be private data on individuals, except insofar as copies of reports are required by section [260E.12, subdivision 1](#) or 2, to be sent to the local police department or the county sheriff.

(h) All records concerning determinations of maltreatment by a facility are nonpublic data as maintained by the Department of Education, except insofar as copies of reports are required by section [260E.12, subdivision 1](#) or 2, to be sent to the local police department or the county sheriff.

(i) Reports maintained by any police department or the county sheriff shall be private data on individuals, except the reports shall be made available to the investigating, petitioning, or prosecuting authority, including a county medical examiner or county coroner.

(j) Section [13.82, subdivisions 8, 9, and 14](#), apply to law enforcement data other than the reports.

(k) The local welfare agency or agency responsible for assessing or investigating the report shall make available to the investigating, petitioning, or prosecuting authority, including a county medical examiner or county coroner or a professional delegate, any records that contain information relating to a specific incident of maltreatment that is under investigation, petition, or prosecution and information relating to any prior incident of maltreatment involving any of the same persons. The records shall be collected and maintained according to chapter 13.

(l) An individual subject of a record shall have access to the record according to those sections, except that the name of the reporter shall be confidential while the report is under assessment or investigation except as otherwise permitted by this section.

(m) Any person conducting an investigation or assessment under this section who intentionally discloses the identity of a reporter before the completion of the investigation or assessment is guilty of a misdemeanor. After the assessment or investigation is completed, the name of the reporter shall be confidential. The subject of the report may compel disclosure of the name of the reporter only with the consent of the reporter or upon a written finding by the court that the report was false and that there is evidence that the report was made in bad faith. This subdivision does not alter disclosure responsibilities or obligations under the Rules of Criminal Procedure.

(n) Upon request of the legislative auditor, data on individuals maintained under this chapter must be released to the legislative auditor in order for the auditor to fulfill the auditor's duties under section [3.971](#). The auditor shall maintain the data according to chapter 13.

(o) Active law enforcement investigative data received by a local welfare agency or agency responsible for assessing or investigating the report under this chapter are confidential data on individuals. When this data become inactive in the law enforcement agency, the data are private data on individuals.

(p) Section [13.03, subdivision 4](#), applies to data received by the commissioner of education from a licensing entity.

Subd. 4.Data disclosed to reporter.

(a) A local welfare or child protection agency or the agency responsible for assessing or investigating the report of maltreatment shall provide relevant private data on individuals obtained under this chapter to a mandated reporter who made the report and who has an ongoing responsibility for the health, education, or welfare of a child affected by the data, unless the agency determines that providing the data would not be in the best interests of the child.

(b) The agency may provide the data to other mandated reporters with ongoing responsibility for the health, education, or welfare of the child. Mandated reporters with ongoing responsibility for the health, education, or welfare of a child affected by the data include the child's teachers or other appropriate school personnel, foster parents, health care providers, respite care workers, therapists, social workers, child care providers, residential care staff, crisis nursery staff, probation officers, and court services personnel. Under this chapter, a mandated reporter need not have made the report to be considered a person with ongoing responsibility for the health, education, or welfare of a child affected by the data. Data provided under this chapter must be limited to data pertinent to the individual's responsibility for caring for the child.

(c) A reporter who receives private data on individuals under this subdivision must treat the data according to that classification, regardless of whether the reporter is an employee of a government entity. The remedies and penalties under sections [13.08](#) and [13.09](#) apply if a reporter releases data in violation of this chapter or other law.

Subd. 5.Data provided to commissioner of education.

The commissioner of education must be provided with all requested data that are relevant to a report of maltreatment and are in possession of a school facility as defined in section [260E.03, subdivision 6](#), clause (2), when the data are requested pursuant to an assessment or investigation of a maltreatment report of a student in a school. If the commissioner of education makes a determination of maltreatment involving an individual performing work within a school facility who is licensed by a board or other agency, the commissioner shall provide a copy of its offender maltreatment determination report to the licensing entity with all student-identifying information removed. The offender maltreatment determination report shall include but is not limited to the following sections: report of alleged maltreatment; legal standard; investigation; summary of findings; determination; corrective action by a school; reconsideration process; and a listing of records related to the investigation. Notwithstanding section [13.03, subdivision 4](#), data received by a licensing entity under this paragraph are governed by section [13.41](#) or other applicable law governing data of the receiving entity, except that this section applies to the classification of and access to data on the reporter of the maltreatment.

Subd. 6.Data retention.

(a) Notwithstanding sections [138.163](#) and [138.17](#), a record maintained or a record derived from a report of maltreatment by a local welfare agency, agency responsible for assessing or investigating the report, court services agency, or school under this chapter shall be destroyed as provided in paragraphs (b) to (e) by the responsible authority.

(b) For a report alleging maltreatment that was not accepted for assessment or investigation, a family assessment case, and a case where an investigation results in no determination of maltreatment or the need for child protective services, the record must be maintained for a period of five years after the date the report was not accepted for assessment or investigation or the date of the final entry in the case record. A record of a report that was not accepted must contain sufficient information to identify the subjects of the report, the nature of the alleged maltreatment, and the reasons as to why the report was not accepted. Records under this paragraph may not be used for employment, background checks, or purposes other than to assist in future screening decisions and risk and safety assessments.

(c) All records relating to reports that, upon investigation, indicate either maltreatment or a need for child protective services shall be maintained for ten years after the date of the final entry in the case record.

(d) All records regarding a report of maltreatment, including a notification of intent to interview that was received by a school under section [260E.22, subdivision 7](#), shall be destroyed by the school when ordered to do so by the agency conducting the assessment or investigation. The agency shall order the destruction of the notification when other records relating to the report under investigation or assessment are destroyed under this subdivision.

(e) Private or confidential data released to a court services agency under subdivision 3, paragraph (d), must be destroyed by the court services agency when ordered to do so by the local welfare agency that released the data. The local welfare agency or agency responsible for assessing or investigating the report shall order destruction of the data when other records relating to the assessment or investigation are destroyed under this subdivision.

Subd. 7.Disclosure to public.

(a) Notwithstanding any other provision of law and subject to this subdivision, a public agency shall disclose to the public, upon request, the findings and information related to a child fatality or near fatality if:

(1) a person is criminally charged with having caused the child fatality or near fatality;

(2) a county attorney certifies that a person would have been charged with having caused the child fatality or near fatality but for that person's death; or

(3) a child protection investigation resulted in a determination of maltreatment.

(b) Findings and information disclosed under this subdivision consist of a written summary that includes any of the following information the agency is able to provide:

- (1) the cause and circumstances regarding the child fatality or near fatality;
 - (2) the age and gender of the child;
 - (3) information on any previous reports of maltreatment that are pertinent to the maltreatment that led to the child fatality or near fatality;
 - (4) information on any previous investigations that are pertinent to the maltreatment that led to the child fatality or near fatality;
 - (5) the result of any investigations described in clause (4);
 - (6) actions of and services provided by the local welfare agency on behalf of a child that are pertinent to the maltreatment that led to the child fatality or near fatality; and
 - (7) the result of any review of the state child mortality review panel, a local child mortality review panel, a local community child protection team, or any public agency.
- (c) Nothing in this subdivision authorizes access to the private data in the custody of a local welfare agency or the disclosure to the public of the records or content of any psychiatric, psychological, or therapeutic evaluation or the disclosure of information that would reveal the identities of persons who provided information related to maltreatment of the child.
- (d) A person whose request is denied may apply to the appropriate court for an order compelling disclosure of all or part of the findings and information of the public agency. The application must set forth, with reasonable particularity, factors supporting the application. The court has jurisdiction to issue these orders. Actions under this chapter must be set down for immediate hearing and subsequent proceedings in those actions must be given priority by the appellate courts.
- (e) A public agency or its employees acting in good faith in disclosing or declining to disclose information under this chapter are immune from criminal or civil liability that might otherwise be incurred or imposed for that action.

Subd. 8. Disclosure not required.

When interviewing a child under this chapter, an individual does not include the parent or guardian of the child for purposes of section [13.04](#), subdivision 2, when the parent or guardian is the alleged offender.

260E.36 SPECIALIZED TRAINING AND EDUCATION REQUIRED.

Subdivision 1. Job classification; continuing education.

(a) The commissioner of human services, for employees subject to the Minnesota Merit System, and directors of county personnel systems, for counties not subject to the Minnesota Merit System, shall establish a job classification consisting exclusively of persons with the specialized knowledge, skills, and experience required to satisfactorily perform child protection duties pursuant to this chapter.

(b) All child protection workers or social services staff having responsibility for child protection duties under this chapter shall receive 15 hours of continuing education or in-service training each year relevant to providing child protective services. The local welfare agency shall maintain a record of training completed by each employee having responsibility for performing child protection duties.

Subd. 2. Child protection worker foundation education.

An individual who seeks employment as a child protection worker after the commissioner of human services has implemented the foundation training program developed under section [260E.37](#) must complete competency-based foundation training during their first six months of employment as a child protection worker.

Subd. 3. Background studies.

(a) County employees hired on or after July 1, 2015, who have responsibility for child protection duties or current county employees who are assigned new child protection duties on or after July 1, 2015, are required to undergo a background study. A county may complete these background studies by either:

(1) use of the Department of Human Services NETStudy 2.0 system according to sections [245C.03](#) and [245C.10](#); or

(2) an alternative process defined by the county.

(b) County social services agencies and local welfare agencies must initiate background studies before an individual begins a position allowing direct contact with persons served by the agency.

Subd. 4. Joint training.

The commissioners of human services and public safety shall cooperate in the development of a joint program for training child maltreatment services professionals in the appropriate techniques for child maltreatment assessment and investigation. The program shall include but need not be limited to the following areas:

(1) the public policy goals of the state as set forth in section [260C.001](#) and the role of the assessment or investigation in meeting these goals;

(2) the special duties of child protection workers and law enforcement officers under this chapter;

(3) the appropriate methods for directing and managing affiliated professionals who may be utilized in providing protective services and strengthening family ties;

(4) the appropriate methods for interviewing alleged victims of child maltreatment and other children in the course of performing an assessment or an investigation;

(5) the dynamics of child maltreatment within family systems and the appropriate methods for interviewing parents in the course of the assessment or investigation, including training in recognizing cases in which one of the parents is a victim of domestic abuse and in need of special legal or medical services;

(6) the legal, evidentiary considerations that may be relevant to the conduct of an assessment or an investigation;

(7) the circumstances under which it is appropriate to remove the alleged offender or the alleged victim from the home;

(8) the protective social services that are available to protect alleged victims from further maltreatment, to prevent child maltreatment and domestic abuse, and to preserve the family unit; and training in the preparation of case plans to coordinate services for the alleged child victim with services for any parents who are victims of domestic abuse;

(9) the methods by which child protection workers and law enforcement workers cooperate in conducting assessments and investigations in order to avoid duplication of efforts; and

(10) appropriate methods for interviewing alleged victims and conducting investigations in cases where the alleged victim is developmentally, physically, or mentally disabled.

Subd. 5. Priority training.

The commissioners of human services and public safety shall provide the program courses described in subdivision 2 at convenient times and locations in the state. The commissioners shall give training priority in the program areas cited in subdivision 2 to persons currently performing assessments and investigations pursuant to this chapter.

Subd. 6. Revenue.

(a) The commissioner of human services shall add the following funds to the funds appropriated under section [260E.37, subdivision 2](#), to develop and support training.

(b) The commissioner of human services shall submit claims for federal reimbursement earned through the activities and services supported through Department of Human Services child protection or child welfare training funds. Federal revenue earned must be used to improve and expand training services by the department. The department expenditures eligible for federal reimbursement under this section must not be made from federal funds or funds used to match other federal funds.

(c) Each year, the commissioner of human services shall withhold from funds distributed to each county under Minnesota Rules, parts [9550.0300](#) to [9550.0370](#), an amount equivalent to 1.5 percent of each county's annual title XX allocation under section [256M.50](#). The commissioner must use these funds to ensure decentralization of training.

(d) The federal revenue under this subdivision is available for these purposes until the funds are expended.

260E.37 CHILD PROTECTION WORKERS; TRAINING.

Subdivision 1. Definitions.

(a) As used in this section, the following terms have the meanings given unless the specific context indicates otherwise.

(b) "Advanced training" means training provided to a local child protection worker after the person has performed an initial six months of employment as a child protection worker.

(c) "Child protection agency" means an agency authorized to receive reports, conduct assessments and investigations, and make determinations pursuant to this chapter.

(d) "Child protection services" means the receipt and assessment of reports of maltreatment and the provision of services to families and children when maltreatment has occurred or when there is risk of maltreatment. These services include:

- (1) the assessment of risk to a child alleged to have been maltreated;
- (2) interviews of any person alleged to have maltreated a child and the child or children involved in the report, and interviews with persons having facts or knowledge necessary to assess the level of risk to a child and the need for protective intervention;
- (3) the gathering of written or evidentiary materials;
- (4) the recording of case findings and determinations; and
- (5) other actions required by this chapter, administrative rule, or agency policy.

(e) "Competency-based training" means a course of instruction that provides both information and skills practice which is based upon clearly stated and measurable instructional objectives and which requires demonstration of the achievement of a particular standard of skills and knowledge for satisfactory completion.

(f) "Foundation training" means training provided to a local child protection worker after the person has begun to perform child protection duties but before the expiration of six months of employment as a child protection worker. This foundation training must occur during the performance of job duties and must include an evaluation of the employee's application of skills and knowledge.

Subd. 2. Training program; development.

The commissioner of human services shall develop a program of competency-based foundation and advanced training for child protection workers if funds are appropriated to the commissioner for this purpose.

260E.38 AUDIT.

Subdivision 1. Audit required.

The commissioner shall regularly audit for accuracy the data reported by counties on maltreatment of children.

Subd. 2. Audit procedure.

The commissioner shall develop a plan to perform quality assurance reviews of local welfare agency screening practices and decisions. The commissioner shall provide oversight and guidance to counties to ensure consistent application of screening guidelines, thorough and appropriate screening decisions, and correct documentation and maintenance of reports.

Subd. 3. Report required.

The commissioner shall produce an annual report of the summary results of the reviews. The report must only contain aggregate data and may not include any data that could be used to personally identify any subject whose data is included in the report. The report is public information and must be provided to the chairs and ranking minority members of the legislative committees having jurisdiction over child protection issues.

History:

[1975 c 221 s 1](#); [1977 c 130 s 9](#); [1977 c 212 s 2,3](#); [1978 c 755 s 1-9](#); [1979 c 143 s 1](#); [1979 c 255 s 7](#); [1980 c 509 s 50,181](#); [1981 c 240 s 2](#); [1981 c 273 s 12](#); [1981 c 311 s 39](#); [1Sp1981 c 4 art 1 s 15](#); [1982 c 393 s 1,2](#); [1982 c 545 s 24](#); [1982 c 636 s 1-4](#); [1983 c 217 s 8](#); [1983 c 229 s 1,2](#); [1983 c 345 s 13-19](#); [1984 c 484 s 3](#); [1984 c 573 s 10](#); [1984 c 577 s 1-6](#); [1984 c 588 s 12](#); [1984 c 654 art 5 s 58](#); [1984 c 655 art 2 s 14 subd 1](#); [1985 c 266 s 5-15](#); [1985 c 283 s 2-4](#); [1985 c 286 s 19,20](#); [1985 c 293 s 3-5](#); [1986 c 351 s 19,20](#); [1986 c 380 s 3](#); [1986 c 444](#); [1986 c 469 s 2](#); [1Sp1986 c 3 art 1 s 77](#); [1987 c 91 s 1-3](#); [1987 c 110 s 2](#); [1987 c 135 s 1-3](#); [1987 c 211 s 1](#); [1987 c 333 s 22](#); [1987 c 352 s 9,10](#); [1988 c 543 s 11,12](#); [1988 c 625 s 2-8](#); [1988 c 662 s 4](#); [1989 c 177 s 2,3](#); [1989 c 209 art 2 s 1](#); [1989 c 282 art 2 s 200,201](#); [1989 c 290 art 5 s 4](#); [1990 c 426 art 1 s 55](#); [1990 c 542 s 20-26](#); [1991 c 181 s 1](#); [1991 c 319 s 24,25](#); [1993 c 13 art 1 s 50](#); [1993 c 296 s 3](#); [1993 c 306 s 18,19](#); [1993 c 326 art 6 s 23](#); [1993 c 351 s 37,38](#); [1994 c 434 s 810](#); [1994 c 631 s 31](#); [1994 c 636 art 2 s 57-59](#); [art 4 s 30](#); [1995 c 187 s 1-7](#); [1995 c 229 art 4 s 20](#); [1997 c 203 art 5 s 25-30](#); [1997 c 245 art 2 s 8](#); [1Sp1997 c 3 s 44](#); [3Sp1997 c 3 s 10](#); [1998 c 406 art 1 s 36,37](#); [art 4 s 2-7](#); [1998 c 407 art 9 s 35](#); [1Sp1998 c 3 s 25](#); [1999 c 139 art 4 s 2](#); [1999 c 227 s 22](#); [1999 c 241 art 2 s 54](#); [art 10 s 3](#); [1999 c 245 art 4 s 102](#); [art 8 s 66-79](#); [2000 c 401 s 1](#); [2000 c 444 art 2 s 47](#); [2001 c 7 s 88](#); [2001 c 136 s 1](#); [2001 c 178 art 1 s 40,44](#); [art 2 s 7-17](#); [1Sp2001 c 6 art 3 s 16](#); [1Sp2001 c 9 art 11 s 6-12](#); [art 14 s 29](#); [2002 c 375 art 1 s 21](#); [2002 c 379 art 1 s 107,113](#); [2002 c 385 s 9](#); [2003 c 15 art 1 s 33](#); [2003 c 130 s 12](#); [2004 c 288 art 1 s 78,79](#); [2004 c 294 art 5 s 18](#); [2005 c 56 s 1](#); [2005 c 136 art 3 s 25](#); [2005 c 159 art 1 s 1-13](#); [1Sp2005 c 4 art 1 s 54](#); [2006 c 263 art 7 s 6](#); [2006 c 264 s 14](#); [2006 c 283 s 1](#); [2007 c 112 s 52-54](#); [2007 c 147 art 1 s 24-31](#); [art 10 s 15](#); [2008 c 361 art 6 s 55,56](#); [2009 c 79 art 8 s 74](#); [2009 c 86 art 1 s 86](#); [2009 c 142 art 2 s 43-45](#); [2009 c 173 art 1 s 39](#); [2010 c 276 s 1,2](#); [2010 c 301 art 3 s 10](#); [2010 c 329 art 1 s 19,20](#); [art 2 s 5](#); [2010 c 385 s 13](#); [2012 c 153 s 2](#); [2012 c 216 art 1 s 47-50](#); [art 6 s 7-13](#); [2012 c 247 art 3 s 24](#); [2013 c 82 s 38](#); [2013 c 108 art 9 s 1315](#); [2013 c 125 art 1 s 99](#); [1Sp2020 c 2 art 7 s 1](#); [1Sp2020 c 2 art 7 s 2](#); [1Sp2020 c 2 art 7 s 3](#); [1Sp2020 c 2 art 7 s 4](#); [1Sp2020 c 2 art 7 s 5](#); [1Sp2020 c 2 art 7 s 6](#); [1Sp2020 c 2 art 7 s 7](#); [1Sp2020 c 2 art 7 s 8](#); [1Sp2020 c 2 art 7 s 9](#); [1Sp2020 c 2 art 7 s 10](#); [1Sp2020 c 2 art 7 s 11](#); [1Sp2020 c 2 art 7 s 12](#); [1Sp2020 c 2 art 7 s 13](#); [1Sp2020 c 2 art 7 s 14](#); [1Sp2020 c 2 art 7 s 15](#); [1Sp2020 c 2 art 7 s 16](#); [1Sp2020 c 2 art 7 s 17](#); [1Sp2020 c 2 art 7 s 18](#); [1Sp2020 c 2 art 7 s 19](#); [1Sp2020 c 2 art 7 s 20](#); [1Sp2020 c 2 art 7 s 21](#); [1Sp2020 c 2 art 7 s 22](#); [1Sp2020 c 2 art 7 s 23](#); [1Sp2020 c 2 art 7 s 24](#); [1Sp2020 c 2 art 7 s 25](#); [1Sp2020 c 2 art 7 s 26](#); [1Sp2020 c 2 art 7 s 27](#); [1Sp2020 c 2 art 7 s 28](#); [1Sp2020 c 2 art 7 s 29](#); [1Sp2020 c 2 art 7 s 30](#); [1Sp2020 c 2 art 7 s 31](#); [1Sp2020 c 2 art 7 s 32](#); [1Sp2020 c 2 art 7 s 33](#); [1Sp2020 c 2 art 7 s 34](#); [1Sp2020 c 2 art 7 s 35](#); [1Sp2020 c 2 art 7 s 36](#); [1Sp2020 c 2 art 7 s 37](#); [1Sp2020 c 2 art 7 s 38](#)

10.

Persons served Protection Standards

A. Environment

1. Zenith Services, Incorporated will ensure that services are provided in a safe and hazard-free environment when Zenith Services, Incorporated is the owner, lessor, or tenant of the service site. Zenith Services, Incorporated shall inform the Persons served or the persons served's legal representative and case manager about any environmental safety concerns in writing.
2. Zenith Services, Incorporated will ensure that toxic substances or dangerous items are inaccessible to persons served by the program only to protect the safety of a person receiving services when a known safety threat exists and not as a substitute for staff supervision or interactions with a person who is receiving services. If toxic substances or dangerous items are made in accessible, the license holder must document an assessment of the physical plant, its environment and its population identifying the risk factors which require toxic substances or dangerous items to be inaccessible and a statement of specific measures to be taken to minimize the safety risk to persons receiving services and to restore accessibility to all person receiving services at the service site.
3. Doors are locked from the inside to prevent a person from exiting only when necessary to protect the safety of a person receiving services and not as a substitute for staff supervision or interactions with the person. If doors are locked from the inside, the program must document an assessment of the physical plant, the environment and the population served identifying the risk factors which require the use of locked doors, and a statement of specific measures to be taken to minimize the safety risk to persons receiving services at the service site: and
4. Zenith Services incorporated will ensure a staff person is available at the service site who is trained in basic first aid and, when required in a person's coordinated service and support plan or coordinated service and support plan addendum, cardiopulmonary resuscitation (CPR) whenever persons are present and staff are required to be at the site to provide direct support service. The CPR training must include in-person instruction, hands on practice, and an observed skills assessment under the direct supervision of a CPR instructor:

5. Zenith Services, Incorporated will follow universal precautions and sanitary practices, including hand washing for infection prevention and control, and to prevent communicable diseases
6. Zenith Services, Incorporated will maintain equipment, vehicles, supplies, and materials owned or leased by Zenith Services, Incorporated in good condition.
7. Zenith Services, Incorporated will be prepared for emergencies and follow emergency response procedures to ensure the person's safety in an emergency
8. Zenith Services will follow procedures to ensure safe transportation, handling, and transfers of the person and any equipment used by the person, when the program is responsible for transportation of a person or a person's equipment.

11.

Risk Management

A. Individual Abuse Prevention Plan

1. In order to minimize the risk of abuse or neglect for each Persons served, an Individual Abuse Prevention Plan will become part of the Individual Program Plan (IPP). Management staff of Zenith Services, Incorporated, as members of the persons served's Interdisciplinary Team (IDT), will develop, review, implement and provide training to direct care staff in the individual abuse and neglect prevention plan for each Persons served that includes health, safety, and environmental issues and the supports necessary to minimize risk.

Zenith Services will incorporate the Individual Abuse Prevention Plan into the Persons served Risk Management Plan.

2. At the time of service initiation, the 45-day review, and annually thereafter, an assessment of each persons served's susceptibility to abuse, will be conducted including self-abuse, and neglect. Any information regarding previous abuse or neglect relevant to minimizing the risk of further abuse or neglect will be taken into account in the assessment.
 - a. A plan for each area of vulnerability will be formulated to minimize the risk of abuse and neglect when the individual assessment indicates a need. Any necessary Direct Service Staff training will be provided to effectively implement the plan. Community resources may be utilized, as appropriate, to further minimize the risk of abuse or neglect when identified.
 - b. The individual abuse and neglect prevention plan will be reviewed and evaluated as a part of the persons served's individual program plan.
 - c. The Persons served and/or Persons served representative, as members of the Interdisciplinary Team (IDT), will participate in the development of the individual abuse and neglect prevention plan.
 - d. Should suspected abuse or neglect occur, the Interdisciplinary Team (IDT) will be contacted and a plan will be developed immediately to prevent further abuse or neglect.

3. In order to minimize the risk of abuse or neglect, Zenith Services, Incorporated will conduct assessments of the population, facility and environment at least annually. Corrective action and timelines for implementation will be detailed when problem areas are identified.
 - a. All persons served are Vulnerable Adults by definition.
 - b. Zenith Services, Incorporated will assist persons served in a transfer, or will discharge any Persons served, if unable to meet identified program needs.
 - c. Each Persons served is assessed in an Individual Abuse Prevention Plan.

12.

Review Committee

A. The Safety Committee

1. Rationale: A formal mechanism designed to protect the health and safety of those we serve has always been a primary concern and responsibility of Zenith Services, Incorporated.
2. Purpose: The purpose of this policy is to establish a formal, routine mechanism to assure that health and safety standards are in place and are continually monitored and maintained in order to protect our persons served and staff in their working and living environment
3. Responsibility:
 - a. The Board of Directors of Zenith Services, Incorporated is responsible for creating or changing this policy.
 - b. The President and Chief Executive Officer of Orion Associates are responsible for the administration of this policy, and may consult with the Board of Directors of Zenith Services, Incorporated as needed.
 - c. The President and Chief Executive Officer will delegate the implementation of this policy to the established Safety Committee of Zenith Services, Incorporated.
4. Application: This policy applies to all Zenith Services Incorporated's Program Services.
5. Standards Governing the Operation of the Safety Committee:
 - a. Functions: The Safety Committee performs the following functions:
 1. Review incident reports, analyze trends and make recommendations or action plans to reduce risk of injury.
 2. Review and revise needed Zenith Services health and Safety Policies, and the sufficiency of safety training that is provided to staff and those we serve.
 3. Review Workman's Compensation claims.

- b. Committee Membership: The Safety Committee includes the Program Administrator from Zenith Services. One of the Committee members is a Registered Nurse. The committee also includes the Zenith Services, Incorporated Program Manager, and an Orion Associates representative from Quality Assurance.
- c. Policy:
 - 1. The Safety Committee reviews incident reports and analyzes trends in regards to incidents that involve the persons served.
 - a. The Safety Committee requests that these reports be sent upon completion, in order to review at the meeting dates.
 - b. The Safety Committee will make recommendations to the program where the incident occurred as is necessary.
- d. Orientation and Training:

The Safety Committee members are oriented and trained in those areas related to the committee's purpose and function and policy. This training will be completed by the Administrative members of the Safety Committee.
- f. Confidentiality:
 - 1. Only Zenith Services and Orion Associates employees will be reviewing reports regarding persons served receiving services from Zenith Services.
 - 2. During routine case reviews by the Safety Committee, the written information distributed to it, or the reports prepared by it, are limited to use of only the information needed, in order to protect the confidentiality of the Persons served.
- g. Reporting:

Minutes of all meetings are kept and maintained by the committee.

13.

General Policies

A. Emergency Use of Manual Restraints

1. Policy: It is the policy of this Department of Human Services (DHS) licensed provider Zenith Services, Incorporated to promote the rights of persons served by this program and to protect their health and safety during the emergency use of manual restraints.

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

2. 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 Support Strategies:

1. Staff should identify early warning signs that indicate that the individual is becoming agitated.
2. Staff should become aware of their own agitation and emotions, and strive to maintain a calm presence.
3. Staff should be mindful of the communication that they are using with the person, and that they are using verbal and non-verbal communication that matches the style and needs of the Persons served. Generally, the staff should use a slow, soft tone of voice with low volume.
4. Staff should approach the situation with the positive attitude of helping an individual who is having a difficult time.

5. Staff should attempt to eliminate or alter components of the physical and social environment that may be contributing to the person's agitation, such as noise, lighting, heat, and other people.
 6. Staff should listen to the concerns of the individual who is agitated. Staff should help the individual to identify the problems that the individual is experiencing stress with, and talk about possible solutions that may work for the individual.
 7. Staff should redirect the individual to a conversation that would change the individual's focus.
 8. Staff should suggest activities that would be calming for the individual and that would create a new focus, such as listening to music, playing a game, sensory activities, going for a walk, or assembling a puzzle.
 9. Staff should scan the room and eliminate objects that can be used to injure themselves or others.
 10. Staff should follow the individual's PRN medication protocol.
 11. Staff should follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum.
- b. Zenith Services, Incorporated will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each persons served when required in order to:
1. Eliminate the use of prohibited procedures as identified in section 3 of this policy;
 2. Avoid the emergency use of manual restraint as identified in section I of this policy;
 3. Prevent the person from physically harming self or others; or
 4. Phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

3. Permitted Actions and Procedures: Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by this program. When used on a continuous basis, it must be addressed in a person's coordinated service and support plan addendum.
 - a. Physical contact or instructional techniques must be the least restrictive alternative possible to meet the needs of the person and may be used to:
 1. Calm or comfort a person by holding that person with no resistance from that person;
 2. Protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;
 3. Facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
 4. To block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others with less than sixty (60) seconds of physical contact by staff; or
 5. To redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than sixty (60) seconds of physical contact by staff.
 - b. Restraint may be used as an intervention procedure to:
 1. Allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
 2. Assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm.
 3. Position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.
 4. Any use of manual restraint as allowed in this paragraph must comply with the restrictions identified in subdivision 6. Paragraph (b) (section 7 of this policy)

5. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.
4. 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:
 - a. Chemical restraint
 - b. Mechanical restraint
 - c. Manual restraint
 - d. Time out
 - e. Seclusion; or
 - f. Any aversive or deprivation procedure
5. Manual Restraints Allowed in Emergencies:
 - a. Zenith Services, Incorporated 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:

Allowed Restraints:

 1. Standing two-person restraint: Each staff stands on a side of the individual while bracing the individual's arm to his/her torso.
 2. Two-person physical escort: Each staff braces one arm of the individual while walking the individual to a safe area.
 3. Two-person supine restraint: While the individual is lying on his back, each staff holds one arm to the floor and positioning his/her leg over the individual's leg to secure it to the floor. Staff must not put weight on the individual's torso. The individual's head must be elevated off the ground to assure a safe airway.
 4. One person, one-arm restraint: One staff secures one arm of the individual to the lower torso of the individual. The staff can be in a seated or standing position behind the individual

5. One person, two-arm restraint: One staff secures both arms of the individual to the lower torso of the individual. The staff can be in a seated or standing position behind the individual.

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. Zenith Services, Incorporated 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.
6. 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.

7. Restrictions When Implementing Emergency Use of Manual Restraint:
Emergency use of manual restraint must not:
- a. Be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury; as defined in section 626.556, subdivision 2
 - b. Be implemented with an adult in a manner that constitutes abuse or neglect; as defined in section 626.5572, subdivision 2 or 17
 - c. Be implemented in a manner that violates a person's rights and protection; identified in section 245D.04
 - d. Be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations
 - e. Restrict a person's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing; or any protection required by state licensing standards or federal regulations governing the program
 - f. Restrict a person's normal access to any protection required by state licensing standards and federal regulations governing this program;
 - g. Deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
 - h. Be used for the convenience of staff, as punishment, as a substitute for adequate staffing, or as a consequence if the person refuses to participate in the treatment or services provided by this program;
 - i. Use prone restraint. For purposes of this section, "Prone restraint" means use of manual restraint that places a person in a face-down position. Prone restraint 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
 - j. Apply back or chest pressure while a person is in a prone position as identified in clause (7), supine position, or side-lying position
 - k. Be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.

8. Monitoring Emergency Use of Manual Restraint:

- a. Zenith Services, Incorporated 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 Department of Human Services, must be completed for each incident involving the emergency use of a manual restraint.

9. 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. The record must be uniform and legible.

- d. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:
 - 1. After implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
 - 2. Upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
 - 3. Staff must immediately re-implement the manual restraint in order to maintain safety.
10. Internal Review of Emergency Use of Manual Restraint:
- a. Within 5 business days after the date of the emergency use of a manual restraint, the program must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.
 - b. The internal review must include an evaluation of whether:
 - 1. The person's service and support strategies need to be revised;
 - 2. Related policies and procedures were followed;
 - 3. The policies and procedures were adequate;
 - 4. There is need for additional staff training;
 - 5. The reported event is similar to past events with the persons, staff, or the services involved; and
 - 6. There is a need for corrective action by the program to protect the health and safety of persons.
 - c. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or the program.
 - d. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.

- e. The program has identified the following person or position responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary: Program Administrator
11. Expanded Support team Review of Emergency Use of Manual Restraint: Within five (5) working days after the completion of the internal review, the program must consult with the expanded support team to:
- a. Discuss the incident to:
 - 1. Define the antecedent or event that gave rise to the behavior resulting in the manual restraint: and,
 - 2. Identify the perceived function the behavior served.
 - b. Determine whether the person's coordinated service and support plan addendum needs to be revised to:
 - 1. Positively and effectively help the person maintain stability: and,
 - 2. Reduce or eliminate future occurrences of manual restraint.
 - 3. Zenith Services, Incorporated must maintain a written summary of the expanded support team's discussion and decisions in the person's service recipient record.
 - 4. Zenith Services, Incorporated had identified the following position responsible for conducting the expanded support team review and for ensuring that the person's coordinated service and support plan addendum is revised, when determined necessary: Program Administrator
12. 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 behavior intervention reporting form which automatically routes the report to the Office of the Ombudsman for Mental Health and Developmental Disabilities:
- a. Report of the emergency use of a manual restraint;
 - b. The internal review and corrective action plan; and
 - c. the expanded support team review written summary.

3. Staff Training: Before staff may implement manual restraints on an emergency basis the program must provide the training required in this section.
 - a. Zenith Services, Incorporated 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. Zenith Services, Incorporated must maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.
14. Description of Manual Restraints: The following are descriptions of each of the manual restraints trained staff are allowed to use and the instructions for the safe and correct implementation of those procedures.

Allowed Restraints

- a. Standing two-person restraint:
 - 1. On staff implements the full "Two Arm Hold"
 - 2. The second staff approaches the Persons served & the restraining staff from either the left or the right side
 - 3. As the second staff arrives next to the Persons served, the second staff spreads his feet to ensure balance, & takes both hands/arms and wraps them around both of the Persons served's arm's between the shoulders and the elbows
 - 4. The second staff locks his fingers together, bends at the knees to make use of his weight & pulls tightly
 - 5. The second staff bends his head down behind the Persons served, and restraining staff if possible, to avoid bites or head butting
 - 6. The second staff must watch carefully that the Persons served does not kick or bite him

Two-person physical escort: Each staff braces one arm of the individual while walking the individual to a safe area.

Two-person supine restraint:

1. One staff will approach the Persons served on the Persons served's right side, and the other will approach the Persons served on the left side. Both staff will be facing the Persons served's anterior.
2. Each staff will grasp the Persons served's wrist on their perspective sides with his/her outside hand.
3. While holding the Persons served's arm out 90 degrees from the Persons served's body, each staff will hook his/her arm under the Persons served's arm pit while pulling the Persons served's arm toward his or her torso.
4. Each staff will take one step with his/her inside foot and position that foot behind the Persons served's closest leg.
5. When ready, each staff will take a large step with his/her outside foot. While doing so, the staff will gently guide the Persons served to the ground until the Persons served is sitting on her buttocks.
6. Each staff will then place his/her inside hand on the Persons served's shoulder, guide the shoulder to the floor.
7. While the Persons served is lying on the mat, both staff should approach the Persons served from each side, then turn toward her head.
8. Each staff should drop to one knee at her waistline, approximately six inches away from her body. They should continue facing the Persons served's head.
9. With his/her hand furthest away from the Persons served, each staff should gain control of the Persons served's arm. Each staff should form a "C" with his/her hand and place it on the Persons served's shoulder. The thumb of the hand should be in the Persons served's armpit.
10. Each staff should gently push the Persons served's shoulder toward the floor until it is secured to the floor. Continue to hold the shoulder tightly to the floor. If staff need to re-position themselves to maintain the hold they may lean on their elbow which will be on the floor next to the Persons served's and not on the Persons served her/himself.

11. Each staff should move the Persons served's arm to the position where it is extended, flat on the floor, and at a 45-degree angle from her body. The palm should be facing down. Each staff should hold the forearm tightly to the floor.
12. Each staff should place his/her knee that is closest to the Persons served approximately six inches away from the outside of his/her knees.
13. Each staff should then rotate that leg so that each foot is positioned between her legs. Their knees should remain on the outside of her legs.
14. Each staff should shift his/her weight to the leg that is lying across the Persons served's leg so that her leg is pinned to the ground.
15. Each staff should maintain even pressure on the shoulder, the hand, and the legs.
16. The Persons served will often spit at staff while he is being held. Staff should turn their heads away from him or down in order to avoid him spitting in their eyes or mouth.
17. If there is a third staff available to assist with the manual restraint, the staff person could assist by gently holding the Persons served's head. The third staff may assist by taking over the restraint for one of the staff.
18. Do not talk to the Persons served while he/she is being held to the floor.
19. When the Persons served has gone one minute without struggling, one staff should ask, "*insert name*, are you okay?"
20. If the Persons served does indicate that he/she is calm, the same staff should reply, "Okay, we are going to let you go. Show me calm" Staff will then count to five using direct eye contact. The Persons served will rest his/her hands while he/she is being released. Staff should gradually release their pressure and let go of the Persons served's arms and back away from the Persons served.
21. If the Persons served makes a sudden struggle or attempt to grab at staff, each staff should reapply the pressure.

One person, one-arm restraint:

b. Basic One Arm Hold

1. Move behind the Persons served with chest touching the Persons served's back
2. Adopt a natural stance
3. Place right hand on Persons served's right shoulder
4. Slide the right hand over the Persons served's shoulder & down the Persons served's upper right arm to just above the Persons served's right elbow
5. DO NOT GRAB AHOLD OF THE PERSONS SERVED'S RIGHT WRIST OR ANYWHERE BELOW THE RIGHT ELBOW- CONTROLLING THE UPPER ARM MEANS CONTROL OVER THE ENTIRE ARM
6. Push the Persons served's right arm across the Persons served's chest
7. As the Persons served's right arm moves across the chest, push the left hand between the Persons served's left arm & rib case, then grab the Persons served's right arm with this left hand on the forearm (between wrist & elbow)
8. DO NOT GRAB THE PERSONS SERVED'S WRIST-THIS IS NOT THE "GASKET HOLD!"
9. When the Persons served's forearm is securely held by the left hand, remove the right hand from the upper arm & push it between the Persons served's right arm & ribcage
10. Grab hold of the Persons served's right arm (held by the left hand) with the right hand and hold the forearm with both hands
11. Rotate the Persons served's right forearm down a quarter turn, so that the weak points of your grip, (i.e. between the fingers & thumb), are against the Persons served's stomach
12. Match intensity of effort with the Persons served's response, i.e. Hold tightly when the Persons served struggles, then relax/loosen slightly when the Persons served rests

13. Re-impose hold when Persons served begins to struggle again, often signaled with an intake of breath
- c. One Arm Hold with a Trap
1. Move behind the Persons served with chest touching the Persons served's back
 2. Adopt a natural stance
 3. Place right hand on Persons served's right shoulder
 4. Slide the right hand over the Persons served's shoulder & down the Persons served's upper right arm to just above the Persons served's right elbow
 5. DO NOT GRAB A HOLD OF THE PERSONS SERVED'S RIGHT WRIST OR ANYWHERE BELOW THE RIGHT ELBOW- CONTROLLING THE UPPER ARM MEANS CONTROL OVER THE ENTIRE ARM
 6. Push the Persons served's right arm across the Persons served's chest
 7. As the Persons served's right arm moves across the chest, push the left hand between the Persons served's left arm & rib cage, then grab the Persons served's right arm with his left hand on the forearm (between wrist & elbow)
 8. DO NOT GRAB THE PERSONS SERVED'S WRIST-THIS IS NOT THE "BASKET HOLD!"
 9. When the Persons served's forearm is securely held by the left hand, remove the right hand from the upper arm & push it between the Persons served's right arm & ribcage
 10. Grab hold of the Persons served's right arm (held by the left hand) with the right hand & hold the forearm with both hands
 11. If the Persons served's left arm (free arm) begins to cause trouble, then remove the left hand from the Persons served's right forearm, use the "crawl" swimming stroke over the Persons served's left shoulder, & return the left hand to its original spot on the Persons served's right forearm-the Persons served's left arm should be "trapped" between the crook of your left elbow & the Persons served's body

12. If the Persons served manages to maneuver the Persons served's left arm out from the trap-repeat the swimming crawl motion & move quickly
 13. Rotate the Persons served's right forearm down a quarter turn, so that the weak points of the grip, i.e. Between the fingers & thumb, are against the Persons served's stomach.
 14. Match intensity of effort with the Persons served's response—i.e. hold tightly when the Persons served struggles, then relax/loosen slightly when the Persons served rests
 15. Re-impose hold when Persons served begins to struggle again, often signaled with an in intake of breath
- d. One person, two-arm restraint:
1. Move behind the Persons served with chest touching the Persons served's back and belly up against buttocks
 2. Adopt a natural stance
 3. Place right hand on Persons served's right shoulder
 4. Slide the right hand over Persons served's shoulder & down the Persons served's upper right arm to just above the Persons served's right elbow
 5. DO NOT GRAB AHOLD OF THE PERSONS SERVED'S RIGHT WRIST OR ANYWHERE BELOW THE RIGHT ELBOW—CONTROLLING THE UPPER ARM MEANS CONTROL OVER THE ENTIRE ARM
 6. Push the Persons served's right arm across the Persons served's chest
 7. As the Persons served's right arm moves across the chest, push the left hand between the Persons served's left arm & rib cage, then grab the Persons served's right arm with this left hand on the forearm (between wrist & elbow)
 8. DO NOT GRAB THE PERSONS SERVED'S WRIST—THIS IS NOT THE "BASKET HOLD!"

9. When the Persons served's forearm is securely held by the left hand, remove the right hand from the upper arm & push it between the Persons served's right arm & ribcage
 10. Grab hold of the Persons served's right arm (held by the left hand) with the right hand & hold the forearm with both hands
 11. If the Persons served's struggles are too strong to be contained with either the "Basic One Arm Hold" or the "One Arm Hold with a Trap," remove the left hand from the Persons served's right forearm & place it on the Persons served's left shoulder, then slide the left hand over the Persons served's left shoulder & down the Persons served's upper left arm to just above the Persons served's left elbow—continue to hold the Persons served's right forearm with the right hand
 12. DO NOT GRAB THE PERSONS SERVED'S LEFT WRIST OR ANYWHERE BELOW THE LEFT ELBOW
 13. Push the Persons served's left arm across the Persons served's chest
 14. As the Persons served's left arm approaches the right hand that is holding the Persons served's right forearm, quickly switch the right hand to the Persons served's left forearm & grab the Persons served just released right forearm with the left hand
 15. If done correctly, the left hand must be holding the Persons served's right forearm and the right hand must be holding the Persons served's left forearm
 16. Rotate both the Persons served's right & left forearms down a quarter turn, so that the weak points of the grip, i.e. Between the fingers & thumb, are against the Persons served's stomach
 17. Much intensity of effort with the Persons served's response—i.e., hold lightly when the Persons served struggles, then relax/loosen slightly when the Persons served rests
 18. Re-impose hold when Persons served begins to struggle again, often signaled with an intake of breath
15. Assignment of Best Qualified Employees: In order to insure the safety of individuals we serve, as well as other people served and employees present in a behavioral situation which requires physical restraint, those employees who are best qualified to respond, in terms of training, prior work experience, strength, size, etc. should be assigned and/or must otherwise be prepared to respond as necessary.

13.

General Policies

B. Quality Assurance

1. Rationale: Assuring quality is essential as a provider of services in the human services field. Advocates, license requirements and competition have helped to highlight and define the types of services that should be provided to today's Persons served. Zenith Services, Incorporated seeks to design a monitoring system that assures the quality of its programs are the best available.
2. Purpose: The purpose of this policy is to establish a system of checks and balances that assures that the environments and services provided by Zenith Services Incorporated meet licensing requirements, and are of the highest in quality.
3. Responsibility:
 - a. The Board of Directors of Zenith Services, Incorporated is responsible for the creation or changing of this policy.
 - b. The President and Chief Executive Officer of Orion Associates are responsible for the administration of this policy, and may consult with the Board of Directors of Zenith Services, Incorporated as needed.
 - c. The President and Chief Executive Officer may delegate the Implementation of this policy to others as necessary.
4. Application: This policy applies to all employees of Zenith Services, Incorporated.

5. Standards Governing the Operation of Quality Assurance:

- a. All services provided by Zenith Services, Incorporated will meet the standards outlined by the rules and regulations by which they are licensed or certified.
- b. All services provided by Zenith Services, Incorporated will meet or exceed the conditions defined by the Individual Performance Plan (IPP) for each Persons served as well as the contracts made with the consultants and subcontractors.
- c. All services provided by Zenith Services, Incorporated will meet or exceed the expectations of the Persons served and/or the Persons served's family / guardian.
- d. Quality Services Measurement: Persons served Satisfaction Evaluation:
 1. Zenith Services, Incorporated will annually evaluate the quality of services by evaluating Persons served satisfaction with the services being provided. A report will be shared with the Persons served and legal representatives that will include the following:
 - a. Summarized results of the evaluation.
 - b. The actions and timelines Zenith Services, Incorporated will take in response to improve satisfaction with services.
 2. The procedures developed to evaluate Persons served satisfaction will:
 - a. Be convenient for Persons served and their legal representatives by accommodating their timelines, schedules, etc. Zenith Services, Incorporated conducts this evaluation by sending out a written survey or questionnaire that is to be completed and returned.

Other options may include:

 1. A staff person interviews using the items from a questionnaire immediately prior to the annual program planning meeting.
 2. An annual group meeting of Persons served legal representatives to discuss questionnaire items and provide verbal feedback that will be recorded by Zenith Services, Incorporated.

- b. Help educate Persons served and legal representatives of their rights in service delivery. Evaluation questions will utilize the Persons served Bill of Rights.
- c. Result in a safe and comfortable situation for Persons served and their legal representatives to give honest and specific feedback regarding services without fear of retaliation. Feedback will be shared with others aggregately, not specific to a Persons served or legal representative.
- d. Result in Persons served and their legal representatives feeling their feedback will be handled by Zenith Services, Incorporated in a meaningful and responsive fashion.
- e. Areas for evaluation of satisfaction:
 - 1. Assistance of staff on use of Rights
 - 2. Dignity and Respectful Treatment
 - 3. Individualized Lifestyle
 - 4. Relationships
 - 5. Personal Well-Being
 - 6. Location of Services
- e. All services provided by Zenith Services, Incorporated will run according to the established systems and guidelines of the organization.

13.

General Policies

C. Reporting Incidents: Injury and Accident

1. In accordance with the requirements of Minnesota Rule 245B, an "Incident" means any serious injury including fractures, dislocations, evidence of internal injuries, head injuries with loss of consciousness, lacerations involving injuries to tendons, organs, and those for which complications are present, extensive second or third degree burns, and other burns for which complications are present, extensive second or third degree frostbite, and others for which complications are present, irreversible mobility or avulsion of teeth, injuries to the eyeball, ingestion of foreign substances and objects that are harmful, near drowning, heat exhaustion or sunstroke, and all other injuries considered serious by a physician. Other incidents which must be reported include any medical emergencies, unexpected serious illnesses, or accidents that require physician treatment or hospitalization, a Persons served's unauthorized absence, fires, involvement with law enforcement agencies, Persons served to Persons served aggression which causes physical pain, injury or persistent emotional distress, including but not limited to hitting, kicking, biting, slapping, scratching, pushing, pinching, or spitting, sexual activity between Persons served involving force or coercion, and vulnerable adult or maltreatment minor reports. Furthermore, information must be maintained regarding incidents involving verbal and physical aggression between Persons served, and self-abuse affecting the Persons served.
2. As the situation warrants, within twenty-four (24) hours of the incident, the Qualified Mental Retardation Professional (QMRP) or Chief Operating Officer will notify the county, the person's family, and the person's legal representative of the incident.
3. All incident reports will be in the plan file within twenty-four (24) hours of the incident and the Qualified Mental Retardation Professional (QMRP) will provide coordination, support, and evaluation of services that includes a review of incidents that require inpatient or outpatient medical treatment or law enforcement assistance and must take appropriate action within twenty-four (24) hours of the occurrence of the incident.

4. The Qualified Mental Retardation Professional (QMRP) will also provide coordination, support, and evaluation of services that includes a review of all incident reports about the person receiving services at least once each month and include identification of incident patterns and corrective action as necessary.

13.

General Policies

D. Retention of Persons served's Records

1. Zenith Services, Incorporated, as the license holder, will retain the records required for Persons served for at least three years following the termination of services.
2. Confidential documents, Vulnerable Adults Reports, and records relating to Persons served will be kept secured in a locked place. Vulnerable Adult Reports will be kept separate from all other files.

13.

General Policies

E. Internal Audit

1. Supervisors and Management: The direct supervisors will conduct an audit using the "Self-Audit Checklist" upon written notification by the Quality Assurance Representative.
2. Quality Assurance
 - a. The Quality Assurance Representative will maintain forms for auditing Zenith Services, Incorporated.
 - b. The Quality Assurance Representative will annually conduct an internal audit of each Zenith Services, Incorporated site with each Program Administrator.
 - c. The President and Chief Executive Officer or the Chief Operating Officer of Orion Associates may request an audit at any time.
 - d. The Quality Assurance Representative will cue the Chief Operating Officer of the impending audit two (2) weeks in advance.
 - e. The audit will review the following:
 1. Physical plant.
 2. Personnel records.
 3. Policy and Procedure manuals.
 4. Ten (10) percent of all Persons served records.
 5. Persons served Funds system.
 6. Interview of Persons served.
 7. Interview of direct service employees.

- f. Upon completion of the audit, The Quality Assurance Representative will:
 - 1. Conduct an exit interview with the direct supervisor
 - 2. Prepare a report including recommendations with deadlines that will be distributed to the direct supervisor (Program Administrator or Manager), the Chief Operating Officer, and the President and Chief Executive Officer.
- g. The Chief Operating Officer will decide which recommendations to implement and devise a plan with the direct supervisor and keep the Quality Assurance Representative informed.
- h. The Quality Assurance Representative will send out a list of all Individual Program Plan (IPP) Annuals and Quarterlies due each month to the direct supervisor.
- i. The direct supervisor will notify the Quality Assurance Representative using the Persons served Change Notice when annual dates change.

13.

General Policies

F. Relicensing

1. If requested by the Chief Operating Officer, the Quality Assurance Representative will do an audit of the program's compliance with licensing requirements before an expected survey is due.
2. The direct supervisor will notify the Chief Administrative Officer to collect the program's personnel and training records for the licensing surveyors to review.
3. All direct supervisors, Program Administrators, and the Quality Assurance Representative will be present during the survey. The Chief Administrative Officer and the Chief Operating Officer will be present during the exit interview.
4. The Chief Operating Officer, the Quality Assurance Representative, and the direct supervisor will determine the plan of correction, including methods, responsibilities, and deadlines in response to the surveyors' formal notification of findings.
5. The Chief Operating Officer and the Quality Assurance Representative will complete and mail the written plan of correction to the surveyors' after reaching a consensus.
6. The Chief Operating Officer and direct supervisors will implement the corrections according to the deadlines, with the necessary coordination between all parties.
7. If the surveyor(s) arrive at the site to re-check the correction orders, steps 3. to 6. will be followed.

13.

General Policies

G. Debriefing

1. Zenith Services, Incorporated employees may experience extraordinarily stressful situations in the course of their duties resulting in the need for professional intervention or debriefing. A debriefing is a discussion of facts and feelings surrounding stressful events. It recognizes that following a disaster, multiple stress reactions may arise and that these reactions may continue for weeks, months or years. These situations may include a Persons served or fellow employee's death, serious injury, or some other type of disaster while on duty.
2. Intervention may be provided in several ways. Intervention may be group debriefing offered by an individual who was not affected by the crisis situation, either an employee of Zenith Services, Incorporated or an outside consultant. In specific situations, intervention may be individual debriefing sessions through referral to a psychologist.
3. In a crisis situation, Zenith Services, Incorporated administration may decide to offer intervention by a psychologist to support key individuals involved in the situation. While this support may be offered for immediate crisis intervention, individuals seeking long term support would need to do so using their own medical coverage.
4. Individual debriefing sessions will be limited to one (1) to three (3) sessions, to be determined through consultation between Zenith Services, Incorporated administration and the psychologist.

13.

General Policies

H. Safety

1. Summer and Winter Safety: It is Zenith Services, Incorporated's philosophy to provide our persons served with activities and opportunities to make natural connections to their own communities whenever possible. It is also our goal to ensure the safety of all people we support during these community experiences. The following guideline must be considered and utilized prior to taking any Zenith Services, Incorporated persons served on a community activity.
 - a. Sun Protection: Direct Support Professionals must offer all persons served sunscreen with a rating of at least thirty (30) SPF while participating in an outdoors activity unless the person's physician recommends other precautions. If persons served are especially sensitive to the sun due, to medication side effect or personal sensitivity, this will be addressed in their Coordinated Services Support Plan addendum (CSSP), and those persons served will be offered other sun protection as addressed by the team, such as a hat or umbrella. Issues to be covered in the CSSP will include, but are not limited to, staff ratio for activity, designated areas for activities to occur, and other safety equipment for the persons served.
 - b. High and Low Temperature Safety: If a team approved protocol related to temperature and activities is not in place, Direct Support Professionals will obtain management approval prior to community outings when the temperature exceeds ninety (90) degrees Fahrenheit. Management will assess the safety of the outdoor activity based on specific person served needs. For example, persons served may be more sensitive to the heat if they are on specific types of medication, have a seizure disorder, or wear specialized equipment.

Similarly, during the winter months, staff will obtain management approval prior to attending an outdoor activity when the temperature drops below twenty-five (25) degrees Fahrenheit. As mentioned above, if there is a team approved protocol in place for a specific person, then management does not need to be contacted.

c. **Swimming / Water Activity Safety:** All swimming and / or activities based in or around the water, such as boating, water skiing, tubing, and jet skiing, will be coordinated and approved by the management team. Swimming events will only be authorized in areas, such as a marked or roped off areas, where a lifeguard is present and on duty during the entire activity. Individual teams for persons served will assess the staff ratio for water activities. At no point will a person served enter the water without a life jacket, unless otherwise indicated by the team in the person's CSSP. A buddy system will be used when swimming. Staff will be assigned to support a specific persons served and will account for their whereabouts at all times.

d. **Severe Weather:** Staff will monitor media for information regarding storm watches and warnings. If at the residence, staff will remain there with persons served if a severe storm warning or tornado warning has been issued. Staff will account for all persons served in the event they need to take cover from the weather. Upon hearing sirens or a "take cover" warning from the media, staff will assist persons served to designated area. The staff will bring a battery powered radio, first aid kit, and a flashlight. Staff and persons served will remain in the designated area until the all clear is given by the media.

In the event of a severe thunderstorm watch or a tornado watch staff need to remain within fifteen (15) minutes of the residence in case they would need to assist the persons served to take cover from the weather, as the conditions for severe weather is favorable.

e. **Biking / Skating / Roller Blading:** Persons served taking part in biking, skating, and / or roller blading should always to wear a helmet during the activity. It will be, however, the responsibility of individual, and their team, to assess each area and agree upon recommendations. This plan will be documented in the person's CSSP. Issues to be covered in CSSP will include, but may not be limited to, staff ratio for activity, designated areas, times and seasons for activities to occur, and other safety equipment for the person, such as headlights on bike.

2. **Safe Environment:** Zenith Services is committed to providing a safe environment for persons served, employees, and public, and to comply with state and federal laws.

a. **Purpose:** To monitor and evaluate internal safety in order to ensure that the home / work environment is safe and to comply with OSHA regulations.

- b. Responsibilities: Zenith Services is responsible to develop and test emergency procedures, including scheduling internal and external safety inspections, monitoring first aid supplies, providing periodic safety orientation and training, and reviewing, investigating, and analyzing accidents and incidents.

Zenith Services is responsible to develop, implement, and monitor medication procedures, health procedures, and blood-borne pathogens policies and procedures.

Zenith Services is responsible to make recommendations relative to preventative measures to reduce accidents, training, equipment needs, building and vehicle issues, safety practices and procedures, and the implementation of approved Safety Committee recommendations or external audit recommendations.

- c. Safety Committee: Zenith Services will establish a Safety Committee which will meet applicable regulations regarding its membership, meeting schedule and the matters to be reviewed.

- 3. Hazardous Materials: Zenith Services is committed to ensuring a safe and healthy environment by properly storing and disposing of any materials that are considered hazardous. All staff members are responsible for identifying and ensuring the proper handling of hazardous waste. People served who may be at risk of handling materials that present a health and safety danger are to have that vulnerability documented in their CSSP.

- a. Definition: A waste which because of its quantity, concentration, or physical, chemical, or infectious characteristics may:
 - 1. Cause, or significantly contribute to, an increase in mortality or an increase in serious irreversible or incapacitating reversible, illness; or:
 - 2. Pose a substantial presenter potential hazard to human health or the environment when improperly treated, stored, transported, or disposed of, or otherwise managed.
- b. Examples: Examples of materials considered hazardous waste include:
 - 1. General hazardous waste management
 - 2. Antifreeze
 - 3. Aqueous cleaners / solutions

4. Batteries
 5. Circuit boards, computers, telecommunications equipment
 6. Fuels - gasoline, fuel oil, fuel and water mixtures
 7. Mercury and PCBs
 8. Oil
- c. Hazardous Waste Disposal: Acomplete Listing of Hazardous Waste Disposal Sites is available at:
- <http://www.hennepin.us/~media/hennepinus/Business/recycling-hazardous-waste/documents/hazardous-waste-disposal-companies.pdf>
- d. Procedures:
1. All staff members are responsible for identification of hazardous materials that pose a threat to the organizations persons served and employees. Hazardous materials should be immediately reported to the chain of command. Some forms of hazardous waste can be safely stored in the office or site garages prior to disposal. Examples include batteries and computers.
 2. Program management will contact maintenance staff to inform them of the hazardous waste and to request disposal or to seek advice on disposal.
 3. Hazardous waste that cannot be safely stored because of the vulnerability of the persons served must be removed from the site.
 4. Program management should immediately notify maintenance staff so that the hazardous material is removed and/or disposed of immediately.
 5. All questions regarding identification and disposal of hazardous waste should be reported to the Chain of Command and to Peter Thomley, Property Manager.

13.

General Policies

I. Smoking

1. Smoking: Zenith Services, Incorporated offices, buildings and vehicles are "smoke-free" environments. No smoking is allowed. Procedures for smoking outside the buildings must be followed at all times. These procedures will be developed for each site, including outdoor locations where smoking will be permitted.
2. Off-Site: Employees are not allowed to smoke in a Persons served's residence, while transporting a Persons served, in public, or at any other time while working with a Persons served. Persons served may not smoke in personal vehicles without the owners' permission. Persons served may smoke in public locations in which smoking is permitted.

13.

General Policies

J. Pets

1. Pets: Zenith Services, Incorporated permits employee pets in offices, buildings, and vehicles with Program Administrator approval. Pets are not allowed in offices, buildings, and vehicles when a Persons served will be present and the Persons served's legal representative has not provided written authorization for the Persons served to be in a pet's presence.

13.

General Policies

K. Visitors

1. Open Door Policy: Family and friends of persons served are welcome in the person's home at any time, unless otherwise limited or restricted in Coordinated Support Services Plan of the persons served. All friends and family will be responsible for their own transportation to and from the home of the persons served. Zenith Services, Incorporated is unable to assist with transporting guests.
2. Visitor Conduct: Zenith Services, Incorporated reserves the right to ask a guest of a persons served to leave the premises when the supervisor determines, for any reason and entirely at the supervisor's discretion that the guest should leave. Reasons may include, but are not limited to: creating an environment that is hostile or disruptive to the persons served or employees; bringing drugs, alcohol, or weapons, or anything that might appear to be a weapon, into the site; behavior that is perceived as impaired; property destruction or theft. This policy is implemented at that supervisor's discretion, not the employees' discretion. If the supervisor is not on site, the employees will contact the supervisor in order to implement this policy.

14.

Manual Revisions Record

1. Original Manual Approval: June 4, 2002

2. Revisions: September 17, 2002

Ethical Guidelines and Standards revised

3. C.	9. A. 3. h.
3. D.	
3. E.	13. A. 20.
3. F.	13. A. 21.
3. G.	13. C. 1.

3. Revisions: November 12, 2002

Sections: 4. B.

4. Revisions: February 11, 2003

Sections: 3.	9.
5.	11.

5. Revisions: September 9, 2003

Sections: 3. D. 1. d.	6. A. 2.
3. F. 1.	6. B. 1.
3. G.	
	9. A. 2. e
4. A.	9. A. 2. f.
4. B.	9. A. 2. g.
4. C.	9. B. 13.
5. A. 2. b.	

6. Revisions: February 22, 2005

Sections: 3. A.

7. Revisions: June 7, 2005

Sections: 3. A.

8. Revisions: November 1, 2005

Sections: 3. A. 1. c.
3. A. 2.
3. D. 1. c.
3. D. 1. d.
3. D. 1. e. 5.
3. D. 1. f.

9. Revisions: February 7, 2006

Sections: 14. I.
14. J.
14. K.

10. Revisions: June 6, 2006

Sections: 3. A. 11.

Sections: 8. B. 4. b.
8. B. 4. e.

11. Revisions: February 6, 2007

Sections: 3. A. 2.

7. A. 8. f.
7. A. 9.
7. A. 10

12. Revisions: March 4, 2008

Sections: 3. A.

Sections: 9.

13. Revisions: June 10, 2008

Sections reordered: 3. A. becomes 3. B.
3. B. becomes 3. C.
3. C. becomes 3. D.
3. D. becomes 3. E.
3. E. becomes 3. A.

Sections (as reordered): 3. A.
3. B.

14. Revisions: September 16, 2008

Sections: 9. A. 2. d.

15. Revisions: November 11, 2008

Sections: 8. B.
8. C.

16. Revisions: April 14, 2009

Sections: 3. B. 2
3. B. 3
3. B. 6.

17. Revisions: September 15, 2009

Sections: 3. G. 1. d.
3. G. 1. e.

18. Revisions: November 10, 2009

Sections: 3. A. 1. g. 8. e.

19. Revisions: April 10, 2012

Ethical Guidelines and Standards revised

Section: 4. D.

20. Revisions: November 6, 2012

Section: 4. B. 2.

21. Revisions: February 14, 2013

Section:	3. B.	6. A.
	3. D.	6. B.
	3. G.	
	3. H.	7. A.
	4. B.	10. A.
	4. D.	

22. Revisions: November 5, 2013

Section:	3. A.	5. A.
		5. B.
	4. A.	5. D.
	4. B.	
	4. D.	6. A.
		6. B.

23. Revisions: January 1, 2014

Section:	3. A.	7. A.
	3. B.	
	3. C.	8.
	3. D.	
	3. E.	9.
	3. G.	
	3. J.	10. A.
	4. B. 2. b. 1. a.	14. A.
	4. B. 2. c. 3.	
	4. B. 2. e. 4.	

24. Revisions: July 1, 2014

Section:	3. A.	7. A. 10. h.
	3. E. 1.	7. A. 10. i.
	4. D. 3. d.	10. A.
	4. D. 5.	
		14. A. 2. a. 11.
	5. A.	14. A. 3.
	5. B. 2.	14. A. 7.
		14. A. 11.

25. Revisions: June 2, 2015

Section: 3. A.

26. Revisions: November 5, 2015

Section: 13. A. 15.

Assignment of Best Qualified Employees: In order to insure the safety of individuals we serve, as well as other people served and employees present in a behavioral situation which requires physical restraint, those employees who are best qualified to respond, in terms of training, prior work experience, strength, size, etc. should be assigned and/or must otherwise be prepared to respond as necessary.

27. Revisions: December 1, 2016

General Revisions

Section:	3. A.	5. A.
	3. B.	5. B.
	3. C.	
	3. D.	8. C.
	3. E.	
	3. G.	9. C.
	3. J.	
		13. A.
	4. A.	
	4. B.	

28. Revisions: April 12, 2016

Section: 14. A. 14.

Description of Manual Restraints: The following are descriptions of each of the manual restraints trained staff are allowed to use and the instructions for the safe and correct implementation of those procedures

General Revisions Throughout Policy

29. Revisions: January 1, 2017

Section: 3. B. 2. a. 6.

Emergency drills are documented on the Emergency Drill form, and are completed on a monthly basis. Fire drills are completed on a quarterly basis.

30. Revisions: February 1, 2017

Section:	4. A.	7. A.
	4. D.	
	4. E.	13. K.

General Revisions Throughout Policies

31. Revisions: January 1, 2018
Section: 13. A. Policy Removed
32. Revisions: January 1, 2018
Section: 3. G.
Section: 13. A. Policy Removed
33. Revisions: June 5, 2018
Ethical Guidelines and Standards revised
Section: 3. A. 3. e. 1. F. 5.
9. C. 2. b. 2.
34. Revisions: December 3, 2019
Section: 3. D.
4. C. 2.
4. D. 4.
35. Revisions: November 11, 2020
Section: 9.
General Revisions Throughout Policies
36. Revisions: July 1, 2021
Section: 13. H.
General Revisions Throughout Policies