#### DESCRIPTION RESCARE

Job Description Form

#### Mental Health Worker/Independent Living Skills Coach

Page 1 of 2



Job Title: Mental Health Wo	rker/ON-ILS Coach	Line of Business: Residential(MN – Mental Health)				
Reports to (Title): Team Lead	or Clinical Team Lead an	d Clinical Director				
Salary Grade:	Job Code: 736200	FLSA StatusExempt _XNon Exempt				
Created/Revised Date: 9/11	/15	Driving Position: X YesNo				
GENERAL SUMMARY						
The ILS/MHW works as part of	of an intensive residential	treatment team that provides care, treatment and				

rehabilitation for persons served who are experiencing significant mental health/psychiatric symptoms; who are

# demonstrating significant functional impairments; and who may have co-occurring disorders. ESSENTIAL JOB RESPONSIBILITIES

- \* Provides assistance to person(s) served in order to promote their physical, social, and psychological well-
- \* Interacts frequently and positively with person(s) served and support staff to promote the rights of the person(s) served to achieve an enhanced quality of life.
- Assist Psychiatric Rehabilitation Practitioners with requested needs.
- \* Follow agency procedures to promote optimum health care, safety practice and behavioral supports to maintain the well-being of person(s) served.
- \* Administrative duties (scanning, faxing, organizing)
- \* Stay awake during shift
- \* Oversees meal preparation and grocery shopping
- \* Cleaning
- Transport Clients
- \* Managing food/cleaning budget
- Provide group and individual services for clients
- \* Teach clients independent living skills
- \* Develop and maintain a cooperative working relationship with various teams.
- \* Provide the necessary financial management for the day-to-day operations of the program using established practices and procedures.
- \* Ensure compliance with training licensing regulations and company policies and procedures.
- Medication Administration and monitoring
- Maintain clean and safe work environment
- \* Manages the day to day therapeutic environment including the prevention of crisis at the lowest level of escalation.
- \* Develops and participates in community and in-house recreational and leisure activities.
- \* Completes all documentation as required to ensure quality services.
- Other duties as assigned

#### QUALIFICATIONS/EDUCATION

#### Independent Living Skills Coach I

- \* GED or High School Diploma with *under* 6,000 supervised hours in service delivery of adults with serious mental illness
- \* Holds a bachelor's degree in one of the behavioral sciences or relate fields from an accredited college or university and has less than 2,000 hours of supervised experience in the delivery of services to adults with mental illness

#### Independent Living Skills Coach II

- \* GED or High School Diploma with 6,000 supervised hours in the service delivery of adults with serious mental illness
- \* Holds a bachelor's degree in one of the behavioral sciences or relate fields from an accredited college or university and has at least 2,000 hours of supervised experience in the delivery of services to adults with mental illness.

#### **DESCRIPTION RESCARE**

Job Description Form Mental Health Worker/Independent Living Skills Coach Page 2 of 2

			L						

Moderate Travel

#### WORK ENVIRONMENT AND PHYSICAL DEMANDS

Physical demands: Must be able to utilize proper body mechanics while lifting up to 50 pounds, must be able to bend, stoop, push, pull reach, sit, and walk for periods of time. Must have fine vision, sustained vision, and peripheral vision. Must possess sufficient eye/hand coordination to operate office, adaptive, and household equipment.

Work environment: Light and ventilation as found in typical home or office setting. Hazards may exist if the employee fails to use proper body mechanics when lifting or transporting an individual or item, if vehicles are not operated safely, or if proper techniques are not used when intervening with individuals. The possibility of blood borne pathogens exists if universal precautions are not followed.

APPROVED:	Title	
I have read and understand the responsibiliti	ies and physical requirements for this position.	
Employee Name—Print		
	· · · · · · · · · · · · · · · · · · ·	
Employee Signature	Date	

This Job Description is not intended to be all inclusive. Therefore, the employee may be requested to perform other reasonable duties as assigned by the immediate supervisor or other management as required

The Company reserves the right to revise or change job duties as business requirements dictate. It is mutually agreed that the job description does not constitute a written or implied contract of employment. It is also understood that the company reserves the right to change work schedules as required, including overtime.

# Emergency Drills

Test Task	Month	Shift	Staff Responsible
Bomb Threat	Jan	1	JC
Medical Emergency	Feb	2	Stefan
Natural Disaster	March	3	Lyla
Power Outage	April	1	Gabe
Work Place Violence	April	2	Julie
Bomb Threat	May	2	Sinuon
Medical Emergency	June	3	Nolly
Natural Disaster	June	1	Deanne
Power Outage	July	2	Jess
Work Place Violence	August	3	Omare
Bomb Threat	September	3	Lyla
Medical Emergency	September	1	CeCe
Natural Disaster	October	2	Steph
Power Outage	November	3	Sam
Workplace Violence	December	1	Tenisha

# Fire Drill Schedule

Month	Staff Responsible	Shift	Location of Detector
January	CeCe	1	TV Room
February	Steph	2	Admin Office
March	Omare	3	Kitchen
April	Sam	1	Laundry Room
May	Stefan	2	Dining Room
June	Julius	3	Lower Level Hallway
July	Sinuon	1	Visiting Area
August	Julie	2	Med Office
September	Lyla	3	TV Room
October	Deanne	1	Admin Office
November	Jess	2	Visiting Are
December	Charlotte	3	Kitchen

# (3)

#### **Test of Emergency Plans Documentation and Review**

Date:	Staff completing test
List Staff Present:	
	blank fine drell forms , policy
Circle shift and type of test:	Firms 1
1 <sup>st</sup> shift	policy
2 <sup>nd</sup> Shift	
3 <sup>rd</sup> Shift	
Bomb Threats	
Natural Disasters, Fires	
Utility Failures	
Medical Emergencies	
Safety During Violent or oth	er Threatening Situations
Describe and analyze response	e to test by reviewing participant's response:
Describe improvement needed:	
Current practice affirmed: Yes	No
Confirmation of an unplanned to	est: Yes No

Forward completed document to Clinical Director for review.

# EMERGENCY EVACUATION REPORT Page 1 of 2

Purpose:	□ Fire	☐ Natural Disa	ıster □ Boml	b Threat	☐ Other Threats
Date	Shift: □	8:00 AM - 4:00 PM	□ 4:00 PM 11:0	00 PM 🗆	11:00 PM – 8:00A
Response Key:	0 – Not in	facility; 1 – independe	ent; 2 – verbal promp	ot; 3 – physica	l prompt; 4 - refused
		Resident Name			Response
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STAFF AND VI	SITORS				
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# EMERGENCY EVACUATION REPORT Page 1 of 2

Time required evacuating the buildingother events where evacuation is necessary)	_Complete Evacuation □ (I	For fire and bomb threat or
Move to a safe location within the building. Time requ	iired	(Severe weather)
Staff completing form:		

Forward completed document to Clinical Director for review.

Clinical Director or designee: scan document and upload to G Drive > EDOM and Best in Class > ResCare Fire Drill & Test of Emergency Procedures > Place document in your agency's folder

Last step is to update: DATA for Management Safety Committee spreadsheet for what type of drill and date.

## EMERGENCY AND EVACUATION POLICY AND PROCEDURE 1 of 3

#### I. PURPOSE

To set up procedures that in case of emergency or disaster clients will remain safe and essential program functions will be maintained

II. SCOPE All employees

#### III. POLICY

To ensure the safety needs of staff and clients

#### IV. PROCEDURE

#### Initial Response to Emergency

- A. Bomb Threats The first staff alerted to bomb threat will assign other staff to call 911 and then evacuate the building (including restrooms). Request evacuated persons to gather a safe distance from the building.
- B. Hostage situations Call 911 and seek the safest possible method of dealing with situation. Immediately evacuate everyone from the building that can safety be removed.
- C. Presence of firearms or explosives Call 911. Do not touch or handle the firearms or explosives. Wait for help. Evacuate and follow bomb threat procedure.
- D. Fire Engage the fire alarm, evacuate the building closing all doors as your leave the premises, call 911 or instruct another party to do so after evacuation of the building.
- E. Tornadoes When a warning is issued, go to the lowest area of the building away from windows. Northwest Residence: lower level bathrooms with the door to the bathroom closed.

Community Options Fridley: garage #1.

Community Options St. Paul: sitting room across from the laundry room.

Supportive Living Services Office Building: first floor hallway or basement.

lvy Apartments: lowest level hallway

Livingston Residence: Half in the hallway and half in the bathroom on the 1314 Livingston Av Side. Transitions on Broadway: Lower level conference room

- F. Floods, blizzards and snowstorms Follow the National Weather Service recommendations.
- G Major Disasters Call 211 to get information on evacuation areas and direction.
- H. Power Outages Get flashlights, turn on the emergency radio, and secure persons in the building in one location to determine the next step. Call the power company
- I. Gas Leaks Evacuate the building immediately. Do not use phones within the buildings. Call the gas company from a cell phone or neighboring house or business.
- J. Notified administration. In the case where media are involved do not give any information. Refer the media to the Executive Director and if he is not available to the Residential Operations Manager.
- K. Shelter in place- This is for when there is a threat outside the building and no one is to leave and in to be distinguished with response to tornados or other storms. There are several steps that should taken. By definition "Shelter in place" usually means a couple of hours so there is not a concern about suffocation
  - 1. Close the agency, bring everyone in the building shut and lock the doors
  - 2. Unless and imminent threat have staff contact all the emergency contacts
  - 3. Let all phone calls go to voicemail but change the answer to the business is closed
  - 4. Lock all windows doors, pull blinds down shut curtains and close any other openings
  - 5. Shut off all fans and furnaces if possible
  - 6. Gatherer all essential emergency supplies including food if available, water, first aid supplies radio and plastic bags. Use the bags to seal the windows if possible
  - 7. Move clients, staff and any visitor to an interior room above the ground floor with as few windows as possible
  - 8. If you are in a vehicle and you hear advice to shelter in place on the radio,
    - a. If close to a building go there and inside

b. If unable to go to a building go under a bridge and close off the vents in the car if possible and stay there until you are told it is save

## EMERGENCY AND EVACUATION POLICY AND PROCEDURE 2 of 3

#### **Evacuation Procedure**

- A. If available, take a written list of medications and emergency contact information for clients. Also take a laptop along with a phone if possible to use for internet access.
- B. If the evacuation is short (a few hours) and the van is available, staff should transport the clients to one of the other group homes (Northwest Residence, Community Options Fridley or St. Paul or Livingston Residence) depending on what is available. If a residential home is not available plan for clients go to Supportive Living Services.
- C. If the location becomes uninhabitable the Red Cross has locations available for up to 3 days with showers and a place to sleep. This will provide time to find other locations for the clients to be served. Other options include a motel if approved.
- D. If there is a large-scale disaster, the Red Cross can be called to request "Congregate Care." In this case, staff would need to be with the clients 24/7, but the Red Cross would provide shelter, food, clothing and minimum nursing support to obtain medications.
- E. In some cases it may be necessary for the ED to contact the DOGM to acquire some workers through the ResCare On-Call program (ROC). This will help in providing help in any large scale crisis.

#### Accounting for the Persons Served

The sign-out list as well as list of all the clients should be checked against those present.

#### Identification of Essential Services

Essential services are defined as those services that are necessary to the safety, care and welfare of the person served: shelter, clothing, food, and medications. Staff will be recalled to work and will be expected to work. Double coverage will be the goal and supportive counseling offered as time permits.

To ensure that all portions of all emergency plans are tested, different portions of the emergency plans are tested and reviewed at staff meeting. When actual incidents occur, the response is reviewed. A written analysis will be noted in the AWAIRS minutes.

#### Procedures for Medical Emergencies with Clients While in the Community

<u>Drills and Preparation</u> – Staff are trained in First Aid and CPR and Non-violent Crisis Intervention. Staff are trained to request medical evaluation to clients for non-emergency medical conditions; and to call 911 for serious conditions (listed under Medical Emergencies). Staff are directed not to transport seriously ill clients, but to access emergency medical personnel.

Staff are to report all incidents to their supervisor and fill out an accident/incident report.

If there are cancellations due to medical emergencies or gaps in coverage, staff are to call the on-call practitioner or any treatment director.

#### Office Emergency Medical Procedures

<u>Drills and Preparation</u> – Staff are trained in CPR every two years and First Aid every three years. Both trainings include Emergency Action Principal training, where staff learn about and practice dealing with medical emergencies. Training includes recognizing when an emergency has occurred, calling for emergency response personnel and providing basic First Aid until emergency personnel arrive. Medical Emergencies Include the Following:

- \* Is or becomes unconscious
- Has trouble breathing or is breathing in a strange way
- Has chest pain or pressure
- Is bleeding severely
- \* Has pressure or pain in the abdomen that does not go away

# EMERGENCY AND EVACUATION POLICY AND PROCEDURE 3 of 3

- \* Has blood present in vomit
- \* Having seizures
- \* Suspicion or reported evidence of ingestion of toxic substance
- \* Injuries to the head neck or back
- Possible broken bones

All supervisors are trained in the management of workplace injuries and worker's compensation procedures. The information is also posted in the office. Staff also receives information on blood-borne diseases and infection prevention. The AWAIRS committee reviews all work related injuries.

If the injury is life threatening, call 911 immediately. For emergency treatment, you may seek care form any available provider, including an emergency room.



Test of Emergency Plans D	4		
Date: 12/30/16	completed fore drell form	Turner	energia e e e e e e e e e e e e e e e e e e e
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10012		and the second	
Circle shift and type of test:		*	
1 <sup>st</sup> shift	2 <sup>nd</sup> Shift	3 <sup>rd</sup> Shift	
Bomb Threats	Natural Disasters, Fires		Utility Failures
Medical Emergencies	Safety During Violent or	other Threatening Situa	ations (1)
Describe and analyze responsible Staff ensur	nse to test by reviewing participa PLA CHENTS WEV OUT OF THE BY	nt's response: U allowntld widing,	for and
Prompt Cher Limbur May	HS to leave the	LR BEDTOOMS	An a more
Current practice affirmed:	YesNo	The property will be a second of the second	Section of
Confirmation of an unplanne	ed test: YesN	o ·	-
10	* ***		

Forward completed document to Clinical Director for review.

# EMERGENCY EVACUATION REPORT Page 1 of 2

Purpose:	TX Fire	□ Natural Disa	ister E	Bomb Threa	t E	Other Threats
Date <u>12-30-</u>	   UShift: □ 8:0	0 AM 4:00 PM	4:00 PM	I – 11:00 PM	□ 11:00 F	PM - 8:00A
Response Ke	y: 0 - Not in fac	ility; 1 – independe	ent; 2 – verbal	l prompt; 3 – pi	hysical prompt	; 4 - refused
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# EMERGENCY EVACUATION REPORT Page 1 of 2

Time required evacuating the building $3.5 \mathrm{MM}$ . Complete Evacuation $\Box$ (For fire and bomb threat of other events where evacuation is necessary)	Γ
Move to a safe location within the building. Time required MIA (Severe weather)	
Staff completing form: Clark Turner Additional Politics	

Forward completed document to Clinical Director for review.

Clinical Director or designee: scan document and upload to G Drive > EDOM and Best in Class > ResCare Fire Drill & Test of Emergency Procedures > Place document in your agency's folder

Last step is to update: DATA for Management Safety Committee spreadsheet for what type of drill and date.





#### ILS ResCare New IRTS Resident Orientation Check List

Date:	
ILS Staff Role	Resident/Staff Initials
ILS can work with persons served on living skills	
ILS can pass medications, and help with skill building	
Explain ILS related groups	
Chores/Meal Preps	
Explained chore expectations and chore board	
Where cleaning supplies are found	
Chore/Meal prep switching policy	
Explained meal prep expectations and sign up	
Building Orientation	
Tour of building	
Location of fire suppression equipment and first aid kits	
Sign-Out sheet explanation	
What to do if something breaks	
Snacks and snack cupboard	
Mail	
Visitor Policy	
No buying or lending things to other residents	
Smoking Policy	
Bedrooms	
Nothing can be stored on floor except laundry baskets and shoes	
No food or drinks besides water allowed in bedroom	
Rooms are to be cleaned thoroughly at least 1x/week	
Lock up personal items and room	
Emergency Preparedness	
Fire drills are mandatory/tour fire exits	
What to do during fire	
Severe weather policies and storm shelter areas	
Hygeine, Health Department and Dress Code	
Must wear shoes while in public areas of the house	
Dress appropriately, closed toes shoes while on meal prep	/
Maintain good hygiene	
Do you have toiletries?	
Linens to be washed weekly (minimum)	
Food allergy	
Email allergies to the nurse	

#### Program Abuse Prevention Plan ResCare MN, Inc. Community Options St. Paul St Paul Page 1 of 5



The purpose of the plan is to decrease the potential of maltreatment towards the consumers living at Community Options St. Paul. This plan applies to all the consumers who reside at Community Options St. Paul, which is an Intensive Residential Treatment Facility for up to 14 adults with serious and persistent mental illness.

This plan has two major components. The first component is an assessment of those characteristics of Community Options St. Paul that may contribute to the vulnerability of consumers and the potential for abuse. The second component provides corrective actions to address those characteristics and help minimize the potential abuse at Community Options St. Paul.

#### ASSESSMENT FACTORS

#### A. Population

- Applicants are aware that violent behavior toward themselves or others may result in discharge.
  If there is any history of violence, the applicant must demonstrate a plan for being non-violent
  while at Community Options St. Paul. However, it is recognized that aggressive behavior may
  manifest itself in some manner while the resident is in the program.
- 2. Aggressive incidents are dealt with using non-violent crisis strategies.
- 3. Each incident is addressed in individual or group counseling sessions and in the IRP
- 4. Persistent aggressive behavior results in termination of the individual from the program; the Clinical Director and Chief Operations Manager are responsible for this decision.
- 5. Any physical disability of a resident is assessed on an individual basis and addressed in the IRP.
- 6. Self destructive behavior is assessed individually and addressed in the IRP.
- Residents are trained in interpersonal effectiveness skills to help them express concerns in an assertive manner.
- 8. Residents who are disruptive to other residents have their behavior needs assessed. and their concerns dealt with in support groups, counseling, and IRPs. Staffs do not use physical restraint. Chemical restraints are not used unless ordered by the resident's physician, and even then they are not used as punishment, as a substitute for activities or programs, or in quantities that interfere with the resident's rehabilitation program. There is no corporal punishment, no seclusion, and no denial of a nutritionally adequate diet. Residents are not allowed to discipline another resident. For disruptive behaviors, residents are treated with natural consequences (like leaving the room) whenever possible.
- 9. Sexual activity within the house is strongly discouraged and not permitted unless specifically authorized for married couples in the IRP. Romantic relationships are discouraged.
- 10. Males and females have separate bedrooms
- 11. The population has been ages 18 to 65 with most of the clients being the 18 to 40 range.

  There are no special vulnerabilities related to age
- The persons served mental functioning and emotional health is assessed to determine that they
  would benefit from psychiatric rehabilitation services on an individual bases and plans adjusted
  accordingly.
- 13. Internal programming in the form of individual and group work helps to assess and educate residents about safety vulnerability issues.
- 14. There was no need at this time for further training for specific clients or need for a specialized program for specific clients. Evaluations of the need will be ongoing.
- 15. There were no circumstances assessed that would encourage abuse of persons served.
- 16. Many consumers served by Community Options St. Paul have histories of physical, sexual and emotional abuse, as well as histories of unsuccessful treatment. Some consumers, at times, behave in ways that are harmful to them.
- Due to the nature of mental illness, consumers are also prone to self-abuse, self-neglect, abusive/assaultive behavior towards others and exploitation by others.

- 18. An Individual Abuse Prevention Plan is developed with and for each consumer as part of the initial assessment and individual treatment plan. Each plan includes specific measures to be taken to minimize the risk of abuse and neglect including referrals to community resources. This plan will be reviewed weekly and updated as necessary. Each consumer and/or his/her representative will participate in the development and review of the Individual Abuse Prevention Plan/Risk Management Plan. Knowledge of previous abuse is used to asses for and minimizes the potential for abuse.
- 19. For persons who present with a history suicide attempts, a suicide prevention plan will be developed within the Risk Management Plan and implemented immediately upon admission. The internal reporting system for alleged neglect and abuse is explained to each consumer during the intake process.
- 20. The internal reporting system for alleged neglect and abuse is explained to each consumer during the intake process. Copies of the Code of Ethics Bill of Rights, the Vulnerable Adults Act, the HIPAA policy, and many other documents are provided in the orientation packet, are given to each consumer. A copy of the Consumer Responsibilities is given to each consumer within 24 hours of admission. Staff teaches and provides information to consumers to decrease their vulnerabilities.
- 21. Medications are supervised and charted in the EHR, and are stored in a double locked cabinet--only staff have keys to access this area.
- 22. Smoking is permitted only in the smoke shelter in the back of the property. Use of alcohol and street drugs is not allowed. Intoxicated consumers or those consumers suspected of chemical use may be subject to drug screens and transported to Detox.
- 23. For persons who present with a history suicide attempts, a suicide prevention plan will be developed within the Risk Management Plan and implemented immediately upon admission.

#### B. Internal Program

- 1. All consumers are provided the opportunity and expected to participate in therapeutic groups supported by evidence based practices. Groups provided include:
  - a. IMR (illness Management and Recovery)
  - b. IDDT (Integrated Dual Diagnosis Treatment)
  - c. Family Education (if applicable)
- Consumers with a dual diagnosis are encouraged to remain sober during their stay at Community Options St. Paul. Community Options St. Paul provides:
  - a. incentives with participation in AA and NA groups outside Northwest Residence programming
  - b. drug testing to encourage and support sobriety
- 3. Community Options St. Paul provides rehabilitation programming to encourage independence and support future success when consumers are discharged from the program
- 4. The agency provides multiple opportunities for training that educates the staff on VA issues and prevention that more than meet the requirements of the IRTS licensing regulations Here is a partial list list:
  - a. HIPAA and VA training with test
  - b. Emergency Procedures
  - c. Blood Born Pathogens
  - d. Cultural Awareness
  - e. Training in Mania Delusions and Schizophrenia
  - f. Med Training
  - g. Food Management
  - h. CPR and First Aid
  - i. Crisis Training and review

Program Abuse Prevention Plan ResCare MN, Inc. Community Options St. Paul St Paul Page 3 of 5

- j. IMR and IDDT training
- k. Therapeutic Communication
- I. Therapeutic Boundaries
- m. Nonviolent Crisis Intervention Part I-and 2
- 5. All staffs are trained on Assessments and Individual Treatment Plans. Treatment Plans are reviewed every 30 days with the consumer and their treatment team for the length of the consumer's stay in the program. They are also reviewed weekly in Team meetings under the direction of the Clinical Director Systematic training will be provided to each consumer in the areas of personal safety, self-preservation, and daily living skills acquisition (specific needs outlined in Risk Management Plans).

#### C. Staffing Patterns

- 1. Community Options St. Paul is staffed 24 hours a day. Night staffs are awake and available when needed. When at capacity (14) Community Options St. Paul is double-staffed at all times. An emergency cell phone is available 24 hours a day. The Clinical Director works Monday thru Friday and is on call. The Operations Manager is accessible by phone on a daily basis and does frequent the residence.
- 2. All consumers have support staff available to them as needed. Those staff include:
  - a. nurse (RN)
  - b. Clinical Director
  - c. Clinical Team Lead
  - d. Team Lead
  - e. Psychiatric Rehabilitation Practitioners (Mental Health Practitioners)
  - f. Living skills Coaches (Awake night and Day staff)
  - g. Peer Recovery Specialist
- D. <u>History of Previous Abuse/Neglect</u>

NA

#### E, Physical Plant

- The Community Options St. Paul program is housed in a building that had eleven separate apartments on three floors.
- 2. All the doors to the apartments have been removed and building modifications have resulted in all program space on the second floor. Three of fourteen beds are handicap accessible. All program space is handicap accessible.
- The building is smoke free.
- 4. Outside lighting has been installed at both the front, south side and back to promote safety in the night time hour.
- 5. There are two awake staff persons supervising the facility at all time. Also, a practitioner level staff person is on-call and available for consultation.
- 6. The Residential Operations Manager is responsible to arrange for snow removal from walkways and the parking lot; that the fire alarm system and sprinkler system are maintained; and that the building and grounds are repaired and maintained. All staff members are responsible to report any maintenance problems to the Residential Operations Manager or Clinical Director. General maintenance work is assigned to staff per their job assignment. Major maintenance tasks are completed by a contractor. For protection against fire, the program has monthly fire drills and regular fire protection system checks. No candles, open flames or extension cords are allowed. During the Independent Living Skills orientation the person served is instructed in locations of first aid kits, location of fire suppression equipment and severe weather shelter areas. A sprinkler system has been installed throughout the facility and also on the cooking stove to guard against grease fires.
- 7. The program abuse prevention plan is reviewed at least annually.

Program Abuse Prevention Plan ResCare MN, Inc. Community Options St. Paul St Paul Page 4 of 5

- 8. Staffs use the E-mail system to notify the Residential Operations Manager of any deficiencies on a regular basis. Our timeliness in completing repairs has been very good this year, and will continue to be a priority. On-going seasonal problems are ants and mice that get into the building. We have a contract with Adams to control ants, mice and other potential pests. Overnight staff set traps to control the mice as needed.
- Double floodlights illuminate the southern part of the building and also illuminate the parking
  lot. This along with the floodlight installed over the back side door, and the lighting for the
  entryway created a safer environment.
- 10. When clients are suffering increased symptoms and/or are isolating in their rooms, staff do additional eyes-on checks.
- 11. During day and evening hours, staff maintains awareness of client absence from milieu and seeks out clients who are not present in groups, meal time, and other activities.
- 12. During the night time, staff conducts bed checks at least two times per night, and more frequently for clients exhibiting increased symptoms.
- 13. Night staff is awake and alert at all times. Night staff works in the milieu and are alert for unusual sounds in the residence.
- 14. During the orientation period, each resident is oriented to the neighborhood by his or her psychiatric rehabilitation practitioner. Special attention is paid to the streets near the facility, to behavior respectful of the neighbors, shopping and community services in the areas, and to the schedule and procedure for using the bus. Individual neighborhood vulnerabilities are addressed in their Individual Rehabilitation Plan (IRP). Residents must sign out when they leave and write their destination and expected time of return. All traffic into and out of the building will use this main entrance. Outside the main entrance to the south of the building is a level back topped parking lot. The north side of the building is landscaped and grass. The east side has a sidewalk leading to a public sidewalk that borders Rice street. The south side is a grassy area with a slight slope. Both side doors are keyed and will be kept locked at all times. A building inspection is conducted during an evening shift change. All locks are secured and an inspection made of the lower level of the facility including the laundry room. Outside doors are locked and inside lights turned out. Outdoor lights remain on. Room checks are completed twice every night by both staff at the same time.
- 15. Visitors at the program must check in at the office or with the staff person in charge of the facility. Visitors are allowed only if they are visiting some identified staff person or resident. Any visitor who creates a disturbance will be asked by a staff person to leave. All clients are responsible for their guests. Visitors are allowed in resident bedrooms only with special staff permission

#### F. Environment

- During the orientation period, each resident is oriented to the neighborhood by his or her psychiatric rehabilitation practitioner. Special attention is paid to the streets near the facility, to behavior respectful of the neighbors, shopping and community services in the areas, and to the schedule and procedure for using the bus. Individual neighborhood vulnerabilities are addressed in their Individual Rehabilitation Plan (IRP). Residents are to sign out when they leave and write their destination and expected time of return. All traffic into and out of the building will use this main entrance. Both side doors are keyed and will be kept locked at all times. A building inspection is conducted during an evening shift change. All locks are secured and an inspection made of the lower level of the facility including the laundry room. Outside doors are locked and inside lights turned out. Outdoor lights remain on. Room checks are completed twice every night by both staff at the same time.
- Community Options St. Paul is staffed 24 hours a day, seven days a week. Supervisory staff
  carries an emergency cell phone and provide 24-hour on-call services. All staff are oriented to
  the philosophy and policies of ResCare Minnesota, Inc. and Community Options St. Paul, and
  to the specific needs of each consumer. Orientation to the Vulnerable Adults Act and our

# ResCare MN, Inc. Community Options St. Paul St Paul Page 5 of 5

- internal reporting system is provided to all staff within 72 hours of beginning employment. All staff are oriented to emergency procedures. On-going supervision is provided by the Clinical Director, including annual evaluations of staff performance Program Abuse Prevention Plan
- 3. Admission and demission policies are adhered to. Visiting Hours for Community Options St. Paul Fridley are from 9:00 a.m. to 9:00 p.m. Sunday through Thursday and 9:00 a.m. to 10:00 p.m. Friday and Saturday
- 4. Transportation may be provided by staff when necessary. Public transportation is available nearby.
- II. CORRECTIVE ACTIONS NA

#### III. OTHER REQUIREMENTS

- A. <u>Consumer Orientation</u>: Every consumer will be oriented to this policy within 24 hours after admission to the program. They will also indicate that orientation and understanding of the issues contained therein by signature. A consumer representative will be made available for the admitting consumer at their request.
- B. <u>Plan Posting</u>: Community Options St. Paul shall post a copy of the Program Abuse Prevention Plan and the internal reporting policies and procedures in a prominent location with the facility for review by the consumer, visitors, and consumer representatives. The location of this plan will be discussed with all consumers.
- C. <u>Orientation of Reporter/Staff</u>: At implementation of the Program Abuse Prevention Plan, an all staff in-service will address the general content and reporting requirements of the plan to make sure that all staff are current on their obligations under the plan. Thereafter, personnel shall provide an orientation for new mandated reporters/staff within 72 hours of employment and signed documentation of this orientation will be made part of the employee's personnel file.
- D. <u>Training</u>: Community Options St. Paul will provide in-service training at least annually for mandated reporters to review our obligations under the vulnerable adult reporting requirements: Minnesota Statutes Section 626.557, Minnesota Rules, parts 9555.-8000-8500, and all internal policies and procedures related to consumers
- E. <u>Mandated reporters list</u>: The program will establish and maintain a current list of persons who meet the definition of a mandated reporter. It should be noted that all Community Options St. Paul staff members are defined as mandated reporters
- F. <u>Plan Review</u>: The governing body of ResCare Minnesota Community Options St. Paul, Inc. will, on at least an annual basis, review the Program Abuse Prevention Plan using assessment factors in the plan and any reports of abuse that have occurred the previous year. The governing body will revise the plan if necessary to reflect the results of the review period

Governing Body Representative ResCare Minnesota, Inc.	Administrator ResCare Minnesota, Inc.	
		•
Treatment Director, Community Options St. Paul	-	

Life Safety Systems



Annual
Fire System
inspection
8

# FIRE ALARM AND EMERGENCY COMMUNICATIONS SYSTEMS INSPECTION REPORT FOR:

## **Community Options**

1585 Rice Street St. Paul MN 55117

### **Annual Fire Alarm System Inspection**

2/4/2016 1:00:00 PM

Prepared By:

Green, Cam

# FIRE ALARM AND EMERGENCY COMMUNICATIONS SYSTEMS INSPECTION REPORT FOR:

## **Community Options**

1585 Rice Street St. Paul MN 55117

## **Annual Fire Alarm System Inspection**

2/4/2016 1:00:00 PM

Prepared By:

Green, Cam

#### INSPECTION AND TESTING FORM

		INSPECTION DATE / TIME 2/4/2016 1:00:00 PM
ALARM SERVICE	COMPANY	PROPERTY NAME (USER)
Name:	Life Safety Systems Inc.	Site Name: Community Options
Address:	10351 Jamestown St. NE Blaine, MN 55449	Site Address: 1585 Rice Street
Representative:	Green, Cam	Site City and State: St. Paul MN 55117
.icense No.:	T\$-00368	Owner Contact: <u>Lon Levitre</u>
Telephone:	763-560-2048	Telephone: <u>651-487-8088</u>
MONITORING ENT	CI <b>TY</b>	APPROVING AGENCY
Contact:	LOCAL ONLY	Contact: <u>CITY OF ST. PAUL, MN.</u>
Telephone:		Telephone:
Account No.:		•
JL Certificate No.:		SERVICE
		Inspection: Annual Fire Alarm System Inspection
TYPE TRANSMISS	SION	Inspection Record: 11717 ID: 1423
í ype Transmission	Digital	
DACT Make/Model		FACP Make/Model: Pyrotronics SSL
	,	
		,
Circuit Styles:	IDC = B, NAC = Y	
Number of Circuits:	IDC = 5, NAC = 2	
Software Revision:		
ast Service Perfor	med:	
ast Software Upgr	ade:	Addressed to the second of
	· · · · · · · · · · · · · · · · · · ·	•
	ALARM-INITIATING DEVIC	ES AND CIRCUIT INFORMATION
Quantity	Circuit Style	
3	В	Manual Fire Alarm Boxes
0		Ion Detectors
27	•	Photo Detectors
0		Duct Detectors
	N/A	Heat Detectors
0		
0 1		Waterflow Switches
	B	Waterflow Switches Supervisory Switches

NOTIFICATIONS ARE MADE		Yes/No			1	Nho	Time		
Ionitoring Entity					LOCAL ONLY	<u></u>			
uilding Occupants					N/A				
uilding Management		. 💆		•	Lon Levitre		2/4/2016 1:00:00	PM	
ther (Specify)				•	N/A		terrelation affilia Maria Nava-		
HJ Notified of Any Impairmen	ts				N/A				
		SYSTEM	TEST	S AND IN	SPECTION	5			
YPE		Visual	Fur	ictional		Co	mments		
ontrol Unit		<b>✓</b>		<b>✓</b>					
nterface Equipment		✓		<b>✓</b>	WHY				
amps / LEDS		✓		<u>~</u>	<del></del>				
uses		✓		✓					
rimary Power Supply		✓		<b>Z</b>					
rouble Signals		<u> </u>		✓	*****				
isconnect Switches		<b>✓</b>							
round Fault Monitoring		✓							
ECONDARY POWER YPE		Visual	Fun	etional		Co	mments		
attery Condition		<b>✓</b> .							
pad Voltage				✓					
ischarge Test				<u>✓</u>					
harger Test					N/A				
pecific Gravity					N/A				
RANSIENT SUPPRESSORS					N/A		vm <u>— Anklaire ka</u>		
EMOTE ANNUNCIATORS					N/A				
OTIFICATION APPLIANCES	•								
udible		✓		✓					
sible		✓		<u>~</u>					
peakers					· N/A		1		
pice Clarity		_			N/A				
INIT	IATING A	ND SUPERV	'ISOR'	Y DEVICE	ETESTS AN	ID INSPECTI	ONS		
Location	Device ID	Device Type	Visual Check	Funtional Test	Factory Setting	Measured Setting	Test Time	Pa	
L LAUNDRY ROOM	01	Smoke Detect	$\checkmark$	✓			2/4/2016 1:12:10 PM	¥	
L BY FURNACE	02	Smoke Detect	✓	<b>7</b>			2/4/2016 1:12:25 PM	V	
L HALL BY LAUNDRY ROOM	03	Smoke Detect	¥				2/4/2016 1:12:32 PM	¥	
L FLOOR ROOM 2 LINIG R		Smoke Detect	¥	$\checkmark$		-	2/4/2016 1:21:05 PM	V	
L FLOOR ROOM 2 BED RM		Smoke Detect	V		•		2/4/2016 1:21:11 PM	¥	
ST FLOOR WEST EXIT		Pull Station	Y	✓		<del></del>	2/4/2016 1:21:29 PM	V	

1 4

Quantity	Circuit Style	
0	N/A	Bells
8	Y WITH STROBE	Horns
0	N/A	Chimes
0 ,	N/A	Strobes
0	N/A	Speakers
11	<u> </u>	Other (Specify) MINI SOUNDERS.
of alarm notification appli	iance circuits: 2	
droutte monitored for inte	agrity 🗸	
SUPE	ERVISORY SIGNAL-INITIATIN	IG DEVICES AND CIRCUIT INFORMATION
Quantity	Circuit Style	
0	N/A	Building Temp.
0	N/A	Site Water Temp.
0	N/A	Site Water Level
0	N/A	Fire Pump Power
0	N/A	Fire Pump Running
0	N/A	Fire Pump Auto Position
0	N/A	Fire Pump or Pump Controller Trouble
0	N/A	Generator In Auto Posistion
0	N/A	Generator or Controller Trouble
0	N/A	Switch Transer
0	N/A	Generator Engine Running
0	N/A	Other (Specify) N/A
NALING LINE CIRCUITS	•	
ntity and style of signalin	g line circuits connected to system (	(see NFPA 72, Table 6.6.1)
Quantity	0	Style(s) <u>N/A</u>
TEM POWER SUPPLIE	S	·
(a) Primery (Main): No	minal Voltag _120VAC	Amps <u>8A</u>
Overcurrent Protect	ion: Type <u>BREAKER</u>	Amps 20A
Location (of Primary	Supply Panelboard):	<u> </u>
Disconnecting Mear	ns Location: PANEL A JUST	RIGHT OF FACP CKT.#13
(b) Secondary (Standby	)	
Storage Battery: An	np-Hr. Rating <u>7AH @12V X(2)</u>	-
Calculated capacity	to operate system, in hours: 24	
Engine-driven gene	rator dedicated to fire alarm system:	
Location of fuel store	age: <u>N/A</u>	
E BATTERY		
	ead-Acid	<u> </u>
Type Battery: Sealed L	CCU"ACIU	
		y power supply, instead of using a secondary power supply:

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional		Comments
Phone Set			N/A	
thone Jacks			N/A	
Off-Hook Indicator			N/A	
mplifler(s)			N/A	
one Generator(s)			N/A	
Call-in Signal	$\overline{\Box}$	$\overline{\Box}$	N/A	
ystem Performance	$\overline{\Box}$	$\overline{\Box}$	N/A	
•		<u></u>		Simulated
NTERFACE EQUIPMENT	Visual	Device Operation		Operation
(Specify) DOOR HOLDERS	✓	lacksquare		
(Specify) N/A				
(Specify) N/A				
PECIAL HAZARD SYSTEMS	-			
(Specify) N/A	П	wi.*	ph.	. 🗆
(Specify) N/A				
(Specify) N/A				
•				
pecial Procedures: N/A				
Comments: LOCAL ONLY FIRE ALARM SYST	FM.			
SUPERVISING STATION MONITORING	Yes/No		Time	Comments
darm Signal	П			LOCAL ONLY SIGNAL
larm Restoration				LOCAL ONLY SIGNAL
rouble Signal				LOCAL ONLY SIGNAL
upervisory Signal				LOCAL ONLY SIGNAL
upervisory Restoration	. 🗆			LOCAL ONLY SIGNAL
IOTIFICATIONS THAT TESTING IS COMPLETE	Yes/No		Who	Time
	Lesuro	LOCAL	LONLY	•
Ionitoring Entity wilding Occupants		N/A	- VIII I	
· ·			evitre	2/4/2016 3:30:00 PN
uliding Management Ither (Specify)		N/A	ENING	61-11-2010 31-30100 PI
•		<u>IV/A</u>	<del></del>	
he following did not operate correctly:				and a history of the second of
****	SEE ATTAC	HED DEFICIEI	NCIES REPORT	T ####
ystem restored to normal operation: Date and Time:	2/4/2016	3:30:00 PM		
•				
HIS TESTING WAS PERFORMED IN ACCORDANC	E WITH APPL	ICABLE NEPA ST	ANDARDS,	
ame of Inspector: Green, Cam		i		
ignature:			Date:	Time:
gracure.				
ame of Owner or Representative:			······································	

#### INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Device ID	Location Device Type	Visual Functional	Senaltivity Range Measured	Test Date / Time	Central Station Time Royd / Zone	Restored	Inspection Comments
LL LAUNDRY	ROOM Smoke Detector	V V	Address of the state of the sta	2/4/2016 1:12:10 PM	to me a contract the total con-	<b>✓</b>	Maximization thanks the fourth order of the form of the form
LL BY FURNA	Smoke Detector	V	and News town to an interest	2/4/2016 1:12:25 PM	constraints of the description o	<b>Y</b>	Control of the Assessment of the control of the con
03	AUNDRY ROOM Smoke Detector	<b>V</b>	a to the age that the last of place to a sec-	2/4/2016 1:12:32 PM	- manager of spectroscales	V	and one agreement page and held facilities disc, the factor profit for a
25	Smoke Detector	V	Miller II orași nevere astronoli pro-	2/4/2016 1:21:05 PM	and the second of the second o	<b>Y</b>	general and the second
26	Smoke Detector			2/4/2016 1:21:11 PM		V V	6 A 19 Million To Inc. of colors and col
15T FLOOR V	Pull Station	. 2	Ass. 1 (100 S) 1 (100 S) 1 (100 S) 1 (100 S)	2/4/2016 1:21:29 PM	1111-1211	V V	and the second s
1ST FLOOR E	AST Pull Statton		The control of the co	2/4/2016 1:21:36 PM	the contraction of	V	the telegraph to the complete of the complete to the complete
MAIN EXIT	Pull Station			2/4/2016 1:23:29 PM	10 - 11 × 12 × 11 × 11 × 11	<b>Y</b>	A CONTRACTOR OF STREET STREET, AND A ASS.
KITCHEN HO	OD Waterflow		1	2/4/2016 1:40:57 PM	- Marrie X. (8) (8) (8)	V	test with viking
SITCHEN TAN	Tamper		, , , , , , , , , , , , , , , , , , ,	2/4/2016 1:41:13 PM	, contain a stant	Y	to the section shows with the event shows the contribution of the section of
MAIN LEVEL	Smoke Detector		The second section is the second section in the second section in the second section is second section in the second section in the second section is second section in the second section in the second section is second section in the second section in the second section is section in the second section in the second section is section in the second section in the second section in the second section is section in the second section in the section is section in the second section in the section is section in the section in the section is section in the section in the section in the section is section in the section in the section in the section is section in the section in the section in the section is section in the section in the section in the section in the section is section in the section in the section in the section is section in the section	2/4/2016 1:54:12 PM	1 May - 1 May	<b>V</b>	and the second of the second o
MAIN LEVEL	Smoke Detector		e a carbon december of the property of the pro	2/4/2016 1:54:21 PM	track	V	ann a gaileann ann an
07	AUNDRY ROOM Smoke Detector	Y	TOP CLEAR A STATE OF LAKE AND A STATE OF LAKE	2/4/2016 1:54:47 PM	· · · · · · · · · · · · · · · · · · ·	<b>V</b>	Mari that of the section was seen as the section of
MAIN LEVEL	Smoke Detector	Z Z	A TOTAL CONTRACTOR OF THE CONT	2/4/2016 1:54:55 PM	To a contract the second secon	Y	The transfer of the second of
MAIN FLOOR	ROOM 22 Smoke Detector	V V	والمراجع وال	2/4/2016 1:55:26 PM		<b>V</b>	and the state of t
MAIN FLOOR 21	ROOM 21 Smoke Detector	Z Z		2/4/2016 1:56:02 PM		<b>V</b>	Commence with the control of the con

Device ID	Location Device Type	Visual Functional	Sensitivity Range Measured	Test Date / Time	Central Station Time Rovd / Zone	Restored Pass	Inspection Comments
3RD FLOOR I	TALL		and the Clark Charles are to	2/4/2016	a analysis of the	<b>~</b>	
09	Smoke Detector		man the outline was confidently to high an investment	2:10:02 PM	g anglese cost out & one design to the	<u> </u>	e to partie de apparetente emperé ser es entre el serador de en circo constitue.
3RD FLOOR (	COMMUNITY ROOM		Above of community of the particular districts	2/4/2016 2:10:08 PM	en sos caras	<b>~</b>	
10	Smoke Detector	<b>V</b>	Beat New Joseph - and south yet a feet of	CO TOWARD AND AND WARRING OF	A principal and	<u> </u>	erang green, Ayang i penggapat alilikasa ta atan and a a atan a senerang ta in a
	COMMUNITY ROOM		er i Marie Mahir 47 aug 1520   Mahir 14 a	2/4/2016 2:10:14 PM		~	
11	Smoke Detector		and the second section of the second	les and a section	a american and a second	· 🗸	Company of the control of the contro
CALL WITH A PROPERTY AND A SHIP	COMMUNITY ROOM		CONTROL OF THESE CONTROL	2/4/2016 2:10:20 PM	70	<b>y</b>	
12	Smoke Detector		and the state of t		- v - v v olav ta nev dve av d	✓	A STATE OF THE STA
3RD FLOOR	"Harpiness and the mission of the second of	<b>V</b>	to make out the fine process of the process.	2/4/2016 2:10:26 PM	Alexandra rational	<b>2</b>	
13	Smoke Detector	<b>✓</b>	a statistica w ministracy por est.	ANIMARS OF EAST-A OLD STORM AND	asses or headed the indicated	<u> </u>	Manufacture and the control of the approximation of the control of
3RD FLOOR F	Smoke Detector			2/4/2016 2:10:30 PM		<b>✓</b> ,	a produce out one control
Processor Community	popy and the minimum of a power in a first or a section of	· · · · · · · · · · · · · · · · · · ·	and the state of t	2/4/2016			CONTRACTOR CONTRACTOR OF CONTRACTOR CONTRACT
3RD FLOOR F	Smoke Detector			2/4/2016 2:10:36 PM		<b>~</b>	
3RD FLOOR F	A CONTRACTOR OF STREET AND STREET	7	No. 20 To company of the State of	2/4/2016			And a control of the
16 F	Smoke Detector		. 19 C. S. M. H. H. H. L. L. L. L. S. M.	2:10:41 PM		<b>✓</b>	
3RD FLOOR F	ROOM 35			2/4/2016		<b>✓</b>	
17	Smoke Detector	Ø	in a title on the second to the second feet of the	2:10:47 PM	Fig. 1 Mars 1 Co. 191	<b>V</b>	Appel mentage of the control of the
3RD FLOOR F	ROOM 36	<b>Z</b>		2/4/2016	44.	V	
18	Smoke Detector		and the second second second	2:10:52 PM	· existing the same of the sam	<b>V</b>	portion and the state of the st
3RD FLOOR F	OOM 33	✓	المواد المراجع والرابع الماسا	2/4/2016 2:10:58 PM		V	
19	Smoke Detector	V	and the all entressed	Zituiso Pri	and the control of	✓	at Spate with the mile of the control of April 2011
3RD FLOOR F	a fall system sept. (a) Sold discontinuo di Constituto di			2/4/2016 2:11:04 PM		✓	j
20	Smoke Detector	✓	e com lessan per el establica	Section frames of	e grand and a reference less	✓	The state of the second control of the secon
LL COMMUNI	The state of the s		Andrea Tradition (17 to 18	2/4/2016 2:17:17 PM	A commercial real	✓.	a
04	Smoke Detector	✓	a par jalan is distributa Albas julia	The same reported the section of the	maintenance and	<u> </u>	processors of the section of the sec
LL FLOOR RC	compacts the resident forth the security of		-1547	2/4/2016 2:17:23 PM			
23	Smoke Detector	✓	e the cost they in the cost	Partie remaining a mark hale	5	<b>Y</b>	ADMINISTRAÇÃO DE CONTRACACIÓN DE CARCIOS DE SE CONTRACACIÓN.
LL FLOOR RO	OM 12 Smoke Detector	V	اور ا <sup>ین</sup> کا این رخواهمین ا معرضا	2/4/2016 2:17:28 PM	apparent.	<b>√</b>	į
A contract of the second	Secretaria permetante de actual de la material de la contra del la contra de la contra de la contra de la contra del la co		to a constitute approve a become	2/4/2016	- Company (Sept. 1974) (Per 1972)		The state of the section of the sect
LL FLOOR RO	OM 2 BED RM Smoke Detector	Y Y	a come a reserve to come have all they be a	2/4/2016 2:17:34 PM	A constraint	<b>✓</b>	· Lincoln and
LL LAUNDRY	Company of the particle of the		ay kao 1944 - Anno 44 ani 1944 - Anno 1944	2/4/2016		<u>~</u>	Account of the event and additional agents and it is not a series of the event of t
30	Waterflow	<b>Y</b>	Same to the second second	2:17:40 PM	. 1915	<b>∨</b>	to a contract to the contract
grangers by the terms	Egy and terror in terror power and market and the exhibit	<del></del>	Roman A - Mar - Maria a and a comp				

#### NOTIFICATION AND CONTROL DEVICE TESTS AND INSPECTIONS

Device ID	ocation Device Type	Visual Functional	Sensitivity Range Measured	Test Date / Time	Central Station Time Rovd / Zone	Restored Pass	Inspection Comments
81	Relay	V V	where course on a time or man of state of the	2/4/2016 1:41:25 PM	Jan. 11. 14	V	enter trice companies subsect and a question of publication and and
	+2 Horn Circuit	V	Take to the second seco	2/4/2016 2:44:23 PM	where the description of the second s	V	Annual transmission of the state of the stat
91	+1 Horn Circuit		-12 Md Ben - 45 7 Meth - 44 8 6 eta	2/4/2016 2:44:23 PM	n na katalan an anga sa maya sa	y V	V - 110 gently has govern processor and proc

#### BATTERY TESTS AND INSPECTIONS

Battery Location	Monitor Point	Installation Date	Inspection Date	Battery Size	LoadVoltage	Visual Inspect. Discharge Test Pass / Replaced
FACP LAUNDRY ROOM	with refine the tenth lands land	2/4/2016	2/4/2016 2:45:3	9 PM 12 Volt 7 Amp/Hour	REPLACED D	<b>V</b>
	•	•			•	

#### SYSTEM DEFICIENCIES AND RECOMENDATIONS

Deficiency ID Test Date / Time	Device ID	Device Type  Device Model Number	Location Device Label	Inspection / Deficiency Comments
			Extended Label	
3 2/4/2016	ng A. S. P. I Herbirg Ways p. I. B.	Battery 12 Volt 7 Amp/Hour	FACP LAUNDRY ROOM	Failed Load Test - REPLACED DUE TO AGE.
2:45:39 PM Corrected By:	CG/TL	The sale of the sale of the local	Date: 2/4/2016	<b>1</b>



Minnesota Department of Health Division of Environmental Health, EHS P.O. Box 64975 St. Paul, MN 55164-0975 651-201-4500





Type:

Full

Date: 01/15/16 Time: 09:38:22

Report: 8061161012

Food and Beverage Establishment Inspection Report Page 1

#### Location:

ResCare Minnesota, Inc. Progra

1585 Rice Street St Paul, MN55117 Ramsey County, 62

License Categories:

FBLB, HOSP, FBLE-14, SMBE

Expires on: 11/25/16

Establishment Info:

ID #: 0028948 Risk: Medium

Announced Inspection: No

Operator:

ResCare Minnesota, Inc.

Phone #: 6124908018

ID#: 38729

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

3-500C Microbial Control: date marking

3-501.17C

\*\* Critical Item \*\*

MN Rule 4626.0400 Date mark all refrigerated, ready-to-eat potentially hazardous food prepared and packaged by a food processing plant, to prevent food from being used after seven calendar days after the container is opened, including the day of opening.

MULTIPLE CONTAINERS OF DELI MEATS WERE OPENED YESTERDAY BUT WERE NOT DATE MARKED. DATE MARK FOOD AS STATED IN ABOVE RULE.

Comply By: 01/15/16

#### 4-700 Sanitizing Equipment and Utensils

4-703.11

\*\* Critical Item \*\*

MN Rule 4626.0905 Sanitize food contact surfaces of equipment and utensils after cleaning using one of the following methods:

A. Immersion for at least 30 seconds in hot water maintained as specified in rule;

B. Using mechanical hot water operations that achieve a utensil surface temperature of 160 degrees F (71 degrees Celsius) and are set up and maintained in accordance with the specifications of NSF International and the manufacturer's data plate.

C. Using an approved chemical sanitizer in manual or mechanical operations for 10 seconds for chlorine and 30 seconds for all other chemical sanitizers or an exposure time used in relation with a combination of temperature, concentration, and pH.

WARE WASHING MACHINE REACHED A MAXIMUM TEMPERATURE OF 156 DEG F. HOT WATER SANITIZING RINSE MUST ACHIEVE A UTENSIL SURFACE TEMPERATURE OF 160 DEG F AS STATED IN ABOVE RULE.

Comply By: 01/15/16

Type: Date:

Full

01/15/16

ResCare Minnesota, Inc. Progra

#### **Inspection Report** Time: 09:38:22 Report: 8061161012

#### 5-200B Plumbing: cross connections

#### 5-203.14I

\*\* Critical Item \*\*

MN Rule 4626.1085 Remove the control valve located on the discharge side of the atmospheric vacuum breaker backflow prevention device.

Food and Beverage Establishment

WYE ADAPTER FOUND INSTALLED ON THE MOP SINK FAUCET, REMOVE THE CONTROL VALVE LOCATED ON THE DISCHARGE SIDE OF THE ATMOSPHERIC VACUUM BREAKER AS STATED IN ABOVE RULE.

Comply By: 01/15/16

#### 4-500 Equipment Maintenance and Operation

#### 4-501.11AB

MN Rule 4626.0735 All equipment and components shall be in good repair and maintained and adjusted in accordance with manufacturer's specifications.

WARE WASHING MACHINE SANITIZING RINSE WAS NOT ABLE TO REACH A UTENSIL SURFACE TEMPERATURE OF 160 DEG F. THE MAXIMUM TEMPERATURE REACHED WAS 156 DEG F BUT THE INTEGRAL TEMPERATURE MEASURING DEVICE SHOWED A TEMPERATURE OF 126 DEG. REPAIR THE MACHINE.

Comply By: 01/15/16

#### Surface and Equipment Sanitizers

Hot Water: = at 156 Degrees Fahrenheit Location: WARE WASHING MACHINE

Violation Issued: Yes

#### **Food and Equipment Temperatures**

Process/Item: DELI MEAT

Temperature: 41 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

Process/Item: DELI MEAT

Temperature: 41 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

Process/Item: CHIX

Temperature: 41 Degrees Fahrenheit - Location: REFRIGERATOR

Violation Issued: No

Total Critical Orders This Report:

3

Total Non-Critical Orders This Report:

1 INSPECTION DONE BY SEE LEE WITH JC AND CECE. ESTABLISHMENT PREPARES FOOD ON SITE

AND SERVES 14 RESIDENTS.

#### THE FOLLOWING WAS DISCUSSED:

- EMPLOYEE ILLNESS AND REPORTING, ILLNESS LOG SENT WITH REPORT TO



Minnesota Department of Health Division of Environmental Health, EHS P.O. Box 64975 St. Paul, MN 55164-0975 651-201-4500

Type:

Full

Date:

01/15/16

Time: Report: 09:35:53 8061161001 Lodging Establishment Inspection Report

Page 1

#### Location:

ResCare Minnesota, Inc. Progra

1585 Rice Street St Paul, MN55117 Ramsey County, 62

License Categories:

FBLB, HOSP, FBLE-14, SMBE

Expires on: 11/25/16

Establishment Info:

ID#: 0028948 Risk: Medium

Announced Inspection: Yes

Operator:

ResCare Minnesota, Inc.

Phone #: 6124908018

ID#: 38729

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Total Points (All Re-Issued Orders): 0

Total Points (All New Orders):

0

Total Score This Report: 100

INSPECTION DONE BY SEE LEE WITH JC AND CECE. ROOM 22 (2 BEDS) AND 35 (1 BED) WERE INSPECTED. SMOKE DETECTORS ARE HARD WIRED AND COULD NOT BE TESTED BECAUSE IT WOULD ALERT THE FIRE DEPARTMENT.

**OBSERVATIONS AND MEASUREMENTS:** 

WATER TEMPERATURES:

1ST FLOOR BATHROOM: 95 DEG F 2ND FLOOR BATHROOM: 94 DEG F

FIRE EXTINGUISHERS WERE SERVICED IN APRIL 2015.

\* NO ORDERS WERE ISSUED DURING THIS INSPECTION.

Type: Date:

Time:

Full

01/15/16

09:35:53

Report: 8061161001

ResCare Minnesota, Inc. Progra

## Lodging Establishment Inspection Report

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations to the premises or its facilities.

I acknowledge receipt of the Minnesota Department of Health inspection report number 8061161001 of 01/15/16.

Inspection report reviewed with person in charge and emailed.

Signed:\_\_\_\_\_

JC CHIPECO MANAGER Signed:

See Lee Environmental Health Specialist

Freeman Office 651-201-4807

see.lee@state.mn.us

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Type: Date:

Full

01/15/16

09:38:22 Time:

Report: 8061161012

ResCare Minnesota, Inc. Progra

## Food and Beverage Establishment **Inspection Report**

Page 3

#### SUPPLEMENT ILLNESS POLICY.

- RECOMMENDED THAT KITCHEN MANAGER COMPLETE A FOOD SAFETY COURSE.

- WARE WASHING MACHINE WAS NOT ABLE TO SANITIZE UTENSILS/ DISHES DURING THE INSPECTION. USE SINGLE-USE PLATES AND SPOONS AND CONTACT INSPECTOR ONCE THE WARE WASHING MACHINE HAS BEEN REPAIRED AND VERIFIED TO BE IN WORKING ORDER.

NOTE: All new food equipment must meet the applicable standards of NSF International. Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

> I acknowledge receipt of the Minnesota Department of Health inspection report number 8061161012 of 01/15/16.

Certified Food Manager:	
Certification Number: E	expires://
Inspection report reviewed with person in	charge and emailed.
Signed:	Signed:
JC CHIPECO	See Lee
MANAGER	Environmental Health Specialist
	Freeman Office
•	651-201-4807
	see.lee@state.mn.us