



DESCRIPTION RESCARE

Job Description Form

Mental Health Worker/Independent Living Skills Coach

Page 1 of 2

Job Title: Mental Health Worker/ON-ILS Coach		Line of Business: Residential(MN – Mental Health)	
Reports to (Title): Team Lead or Clinical Team Lead and Clinical Director			
Salary Grade:	Job Code: 736200	FLSA Status	<input type="checkbox"/> Exempt <input checked="" type="checkbox"/> NonExempt
Created/Revised Date: 9/11/15		Driving Position: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL SUMMARY

The ILS/MHW works as part 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-being.
- * 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.

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TRAVEL REQUIREMENTS
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 responsibilities 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

Test of Emergency Plans Documentation and Review

Date: _____

Staff completing test _____

List Staff Present:

blank
fire drill
forms &
policy

Circle shift and type of test:

- 1st shift
- 2nd Shift
- 3rd Shift
- Bomb Threats
- Natural Disasters, Fires
- Utility Failures
- Medical Emergencies
- Safety During Violent or other Threatening Situations

Describe and analyze response to test by reviewing participant's response:

Describe improvement needed:

Current practice affirmed: Yes ___ No ___

Confirmation of an unplanned test: Yes ___ No ___

Forward completed document to Clinical Director for review.

EMERGENCY EVACUATION REPORT

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Purpose: Fire Natural Disaster Bomb Threat Other Threats

Date _____ Shift: 8:00 AM – 4:00 PM 4:00 PM – 11:00 PM 11:00 PM – 8:00A

Response Key: 0 – Not in facility; 1 – independent; 2 – verbal prompt; 3 – physical prompt; 4 - refused

	Resident Name	Response
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____

STAFF AND VISITORS

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

EMERGENCY EVACUATION REPORT

Page 1 of 2

Time required evacuating the building _____ Complete Evacuation (For fire and bomb threat or other events where evacuation is necessary)

Move to a safe location within the building. Time required _____ (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 safely 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 you 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.
Ivy 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 be 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 safe

EMERGENCY AND EVACUATION POLICY AND PROCEDURE

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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

Drills and Preparation – 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

Drills and Preparation – 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

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- * 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 from any available provider, including an emergency room.

Test of Emergency Plans Docu

Date: 12/30/16

completed fire drill form

Turner

List Staff Present:
Sinoun
Steph
Toniz

Circle shift and type of test:

1st shift

2nd Shift

3rd Shift

Bomb Threats

Natural Disasters, Fires

Utility Failures

Medical Emergencies

Safety During Violent or other Threatening Situations

Describe and analyze response to test by reviewing participant's response:

All staff ensured client's were accounted for and made it safely out of the building.

Describe improvement needed:

Prompt clients to leave their bedrooms in a more timely manner

Current practice affirmed: Yes No

Confirmation of an unplanned test: Yes No

Forward completed document to Clinical Director for review.

EMERGENCY EVACUATION REPORT

Page 1 of 2

Purpose: Fire Natural Disaster Bomb Threat Other Threats

Date: 12-30-16 Shift: 8:00 AM - 4:00 PM 4:00 PM - 11:00 PM 11:00 PM - 8:00A

Response Key: 0 - Not in facility; 1 - independent; 2 - verbal prompt; 3 - physical prompt; 4 - refused

	Resident Name	Response
1.	S [redacted] B [redacted]	2
2.	T [redacted] D [redacted]	2
3.	J [redacted] F [redacted]	2
4.	J [redacted] F [redacted]	2
5.	O [redacted] M [redacted]	2
6.	M [redacted] N [redacted]	1
7.	G [redacted] O [redacted]	2
8.	J [redacted] P [redacted]	3
9.	V [redacted] D [redacted]	2
10.	S [redacted] S [redacted]	1
11.	N [redacted] S [redacted]	2
12.	J [redacted] W [redacted]	2
13.	D [redacted] W [redacted]	1
14.		
15.		
16.		

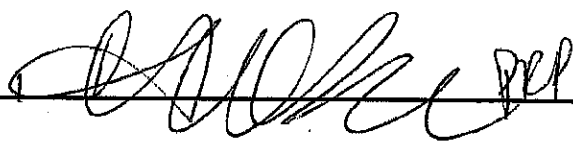

STAFF AND VISITORS

1.	Cele T.	
2.	Sinoun L.	
3.	Steph. L.	
4.	Tonia Y.	
5.		
6.		

EMERGENCY EVACUATION REPORT
Page 1 of 2

Time required evacuating the building 3.5 min. Complete Evacuation (For fire and bomb threat or other events where evacuation is necessary)

Move to a safe location within the building. Time required N/A (Severe weather)

Staff completing form: C. C. Turner  

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.



5

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

_____/_____

Hygiene, 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

_____/_____

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.

I. ASSESSMENT FACTORS

A. Population

1. 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.
7. 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
12. 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.
17. 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 assess for and minimize the potential for abuse.
19. For persons who present with a history of 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 of 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)
2. 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:
 - a. HIPAA and VA training with test
 - b. Emergency Procedures
 - c. Blood Borne 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

- j. IMR and IDDT training
 - k. Therapeutic Communication
 - l. 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. History of Previous Abuse/Neglect

NA

E. Physical Plant

1. 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.
3. 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.

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.
9. 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

1. 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.
2. 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

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. Consumer Orientation: 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. Plan Posting: 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. Orientation of Reporter/Staff: 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. Training: 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. Mandated reporters list: 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. Plan Review: 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

LSS

Life Safety Systems

7

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

Friday, February 05, 2016



Life Safety Systems

**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

Friday, February 05, 2016

10381 Jamestown Street NE #120 Blaine, MN 55448 763 - 660 - 2048 Fax: 763 - 666 - 4474

INSPECTION AND TESTING FORM

INSPECTION DATE / TIME 2/4/2016 1:00:00 PM

ALARM SERVICE COMPANY

Name: Life Safety Systems Inc.
 Address: 10351 Jamestown St. NE Blaine, MN 55449
 Representative: Green, Cam
 License No.: TS-00368
 Telephone: 763-560-2048

PROPERTY NAME (USER)

Site Name: Community Options
 Site Address: 1585 Rice Street
 Site City and State: St. Paul MN 55117
 Owner Contact: Lon Levitre
 Telephone: 651-487-8088

MONITORING ENTITY

Contact: LOCAL ONLY
 Telephone: _____
 Account No.: _____
 UL Certificate No.: _____
 UL Certificate Exp.: _____

APPROVING AGENCY

Contact: CITY OF ST. PAUL, MN.
 Telephone: _____

TYPE TRANSMISSION

Type Transmission Digital

SERVICE

Inspection: Annual Fire Alarm System Inspection
 Inspection Record: 11717 ID: 1423

DACT Make/Model: _____
 DACT Phone Lines _____

FACP Make/Model: Pyrotech SSL

Circuit Styles: IDC = B, NAC = Y
 Number of Circuits: IDC = 5, NAC = 2
 Software Revision: _____
 Last Service Performed: _____
 Last Software Upgrade: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>3</u>	<u>B</u>	Manual Fire Alarm Boxes
<u>0</u>	<u>N/A</u>	Ion Detectors
<u>27</u>	<u>B</u>	Photo Detectors
<u>0</u>	<u>N/A</u>	Duct Detectors
<u>0</u>	<u>N/A</u>	Heat Detectors
<u>1</u>	<u>B</u>	Waterflow Switches
<u>1</u>	<u>B</u>	Supervisory Switches
<u>0</u>	<u>N/A</u>	Other (Specify) <u>N/A</u>

Alarm verification feature is enabled

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes/No	Who	Time
Monitoring Entity	<input type="checkbox"/>	LOCAL ONLY	
Building Occupants	<input type="checkbox"/>	N/A	
Building Management	<input checked="" type="checkbox"/>	Lon Levitre	2/4/2016 1:00:00 PM
Other (Specify)	<input type="checkbox"/>	N/A	
AHJ Notified of Any Impairments	<input type="checkbox"/>	N/A	

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps / LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECONDARY POWER TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input type="checkbox"/>	N/A
Specific Gravity		<input type="checkbox"/>	N/A

TRANSIENT SUPPRESSORS N/A

REMOTE ANNUNCIATORS N/A

NOTIFICATION APPLIANCES	Visual	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Voice Clarity		<input type="checkbox"/>	N/A

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location	Device ID	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Test Time	Pass
LL LAUNDRY ROOM	01	Smoke Detect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2/4/2016 1:12:10 PM	<input checked="" type="checkbox"/>
LL BY FURNACE	02	Smoke Detect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2/4/2016 1:12:25 PM	<input checked="" type="checkbox"/>
LL HALL BY LAUNDRY ROOM	03	Smoke Detect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2/4/2016 1:12:32 PM	<input checked="" type="checkbox"/>
LL FLOOR ROOM 2 LINIG R	25	Smoke Detect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2/4/2016 1:21:05 PM	<input checked="" type="checkbox"/>
LL FLOOR ROOM 2 BED RM	26	Smoke Detect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2/4/2016 1:21:11 PM	<input checked="" type="checkbox"/>
1ST FLOOR WEST EXIT	40	Pull Station	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2/4/2016 1:21:29 PM	<input checked="" type="checkbox"/>

Comments: _____

**** SEE ATTACHED INITIATING AND SUPERVISORY DEVICE TEST REPORT ****

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>0</u>	<u>N/A</u>	Bells
<u>8</u>	<u>Y WITH STROBE</u>	Horns
<u>0</u>	<u>N/A</u>	Chimes
<u>0</u>	<u>N/A</u>	Strobes
<u>0</u>	<u>N/A</u>	Speakers
<u>11</u>	<u>Y</u>	Other (Specify) <u>MINI SOUNDERS.</u>

No. of alarm notification appliance circuits: 2

Are circuits monitored for integrity

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>0</u>	<u>N/A</u>	Building Temp.
<u>0</u>	<u>N/A</u>	Site Water Temp.
<u>0</u>	<u>N/A</u>	Site Water Level
<u>0</u>	<u>N/A</u>	Fire Pump Power
<u>0</u>	<u>N/A</u>	Fire Pump Running
<u>0</u>	<u>N/A</u>	Fire Pump Auto Position
<u>0</u>	<u>N/A</u>	Fire Pump or Pump Controller Trouble
<u>0</u>	<u>N/A</u>	Generator In Auto Position
<u>0</u>	<u>N/A</u>	Generator or Controller Trouble
<u>0</u>	<u>N/A</u>	Switch Transer
<u>0</u>	<u>N/A</u>	Generator Engine Running
<u>0</u>	<u>N/A</u>	Other (Specify) <u>N/A</u>

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1)

Quantity 0 Style(s) N/A

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltag 120VAC Amps 8A

Overcurrent Protection: Type BREAKER Amps 20A

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: PANEL A JUST RIGHT OF FACP CKT.#13

(b) Secondary (Standby)

Storage Battery: Amp-Hr. Rating 7AH @12V X(2)

Calculated capacity to operate system, in hours: 24

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: N/A

TYPE BATTERY

Type Battery: Sealed Lead-Acid

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- Emergency system described in NFPA 70, Article 700
- Legally required described in NFPA 70, Article 701
- Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation
(Specify) <u>DOOR HOLDERS</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: N/AComments: LOCAL ONLY FIRE ALARM SYSTEM.**SUPERVISING STATION MONITORING**

	Yes/No	Time	Comments
Alarm Signal	<input type="checkbox"/>	_____	<u>LOCAL ONLY SIGNAL</u>
Alarm Restoration	<input type="checkbox"/>	_____	<u>LOCAL ONLY SIGNAL</u>
Trouble Signal	<input type="checkbox"/>	_____	<u>LOCAL ONLY SIGNAL</u>
Supervisory Signal	<input type="checkbox"/>	_____	<u>LOCAL ONLY SIGNAL</u>
Supervisory Restoration	<input type="checkbox"/>	_____	<u>LOCAL ONLY SIGNAL</u>

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes/No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<u>LOCAL ONLY</u>	_____
Building Occupants	<input type="checkbox"/>	<u>N/A</u>	_____
Building Management	<input checked="" type="checkbox"/>	<u>Lon Levitre</u>	<u>2/4/2016 3:30:00 PM</u>
Other (Specify) _____	<input type="checkbox"/>	<u>N/A</u>	_____

The following did not operate correctly:

***** **SEE ATTACHED DEFICIENCIES REPORT** *****System restored to normal operation: Date and Time: 2/4/2016 3:30:00 PM**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**Name of Inspector: Green, Cam

Signature: _____ Date: _____ Time: _____

Name of Owner or Representative: _____

Signature: _____ Date: _____ Time: _____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Device ID	Location Device Type	Visual Functional	Sensitivity Range Measured	Test Date / Time	Central Station Time Rcvd / Zone	Restored Pass	Inspection Comments
LL LAUNDRY ROOM 01	Smoke Detector	<input checked="" type="checkbox"/>		2/4/2016 1:12:10 PM		<input checked="" type="checkbox"/>	
LL BY FURNACE 02	Smoke Detector	<input checked="" type="checkbox"/>		2/4/2016 1:12:25 PM		<input checked="" type="checkbox"/>	
LL HALL BY LAUNDRY ROOM 03	Smoke Detector	<input checked="" type="checkbox"/>		2/4/2016 1:12:32 PM		<input checked="" type="checkbox"/>	
LL FLOOR ROOM 2 LINIG RM 25	Smoke Detector	<input checked="" type="checkbox"/>		2/4/2016 1:21:05 PM		<input checked="" type="checkbox"/>	
LL FLOOR ROOM 2 BED RM 26	Smoke Detector	<input checked="" type="checkbox"/>		2/4/2016 1:21:11 PM		<input checked="" type="checkbox"/>	
1ST FLOOR WEST EXIT 40	Pull Station	<input checked="" type="checkbox"/>		2/4/2016 1:21:29 PM		<input checked="" type="checkbox"/>	
1ST FLOOR EAST 42	Pull Station	<input checked="" type="checkbox"/>		2/4/2016 1:21:36 PM		<input checked="" type="checkbox"/>	
MAIN EXIT 41	Pull Station	<input checked="" type="checkbox"/>		2/4/2016 1:23:29 PM		<input checked="" type="checkbox"/>	
KITCHEN HOOD 31	Waterflow	<input checked="" type="checkbox"/>		2/4/2016 1:40:57 PM		<input checked="" type="checkbox"/>	test with viking
KITCHEN TAMPER 32	Tamper	<input checked="" type="checkbox"/>		2/4/2016 1:41:13 PM		<input checked="" type="checkbox"/>	
MAIN LEVEL HALL 05	Smoke Detector	<input checked="" type="checkbox"/>		2/4/2016 1:54:12 PM		<input checked="" type="checkbox"/>	
MAIN LEVEL BY TV ROOM 06	Smoke Detector	<input checked="" type="checkbox"/>		2/4/2016 1:54:21 PM		<input checked="" type="checkbox"/>	
MAIN LEVEL LAUNDRY ROOM 07	Smoke Detector	<input checked="" type="checkbox"/>		2/4/2016 1:54:47 PM		<input checked="" type="checkbox"/>	
MAIN LEVEL DINING ROOM 08	Smoke Detector	<input checked="" type="checkbox"/>		2/4/2016 1:54:55 PM		<input checked="" type="checkbox"/>	
MAIN FLOOR ROOM 22 22	Smoke Detector	<input checked="" type="checkbox"/>		2/4/2016 1:55:26 PM		<input checked="" type="checkbox"/>	
MAIN FLOOR ROOM 21 21	Smoke Detector	<input checked="" type="checkbox"/>		2/4/2016 1:56:02 PM		<input checked="" type="checkbox"/>	

Device ID	Location Device Type	Visual Functional	Sensitivity Range Measured	Test Date / Time	Central Station Time Rcvd / Zone	Restored Pass	Inspection Comments
09	3RD FLOOR HALL Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:10:02 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
10	3RD FLOOR COMMUNITY ROOM Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:10:08 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
11	3RD FLOOR COMMUNITY ROOM Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:10:14 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
12	3RD FLOOR COMMUNITY ROOM Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:10:20 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
13	3RD FLOOR ROOM 31 Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:10:26 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
14	3RD FLOOR ROOM 32 Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:10:30 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
15	3RD FLOOR ROOM 37 Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:10:36 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
16	3RD FLOOR ROOM 38 Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:10:41 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
17	3RD FLOOR ROOM 35 Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:10:47 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
18	3RD FLOOR ROOM 36 Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:10:52 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
19	3RD FLOOR ROOM 33 Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:10:58 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
20	3RD FLOOR ROOM 34 Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:11:04 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
04	LL COMMUNITY ROOM Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:17:17 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
23	LL FLOOR ROOM 11 Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:17:23 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
24	LL FLOOR ROOM 12 Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:17:28 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
27	LL FLOOR ROOM 2 BED RM Smoke Detector	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:17:34 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
30	LL LAUNDRY ROOM Waterflow	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		2/4/2016 2:17:40 PM		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	

NOTIFICATION AND CONTROL DEVICE TESTS AND INSPECTIONS

Location		Visual	Sensitivity	Test	Central Station	Restored	Inspection Comments
Device ID	Device Type	Functional	Range Measured	Date / Time	Time Rcvd / Zone	Pass	
DOOR HOLDERS		<input checked="" type="checkbox"/>		2/4/2016		<input checked="" type="checkbox"/>	
81	Relay	<input checked="" type="checkbox"/>		1:41:25 PM		<input checked="" type="checkbox"/>	
NAC CIRCUIT #2		<input checked="" type="checkbox"/>		2/4/2016		<input checked="" type="checkbox"/>	
92	Horn Circuit	<input checked="" type="checkbox"/>		2:44:23 PM		<input checked="" type="checkbox"/>	
NAC CIRCUIT #1		<input checked="" type="checkbox"/>		2/4/2016		<input checked="" type="checkbox"/>	
91	Horn Circuit	<input checked="" type="checkbox"/>		2:44:23 PM		<input checked="" type="checkbox"/>	

BATTERY TESTS AND INSPECTIONS

Battery Location	Monitor Point	Installation Date	Inspection Date	Battery Size	LoadVoltage	Visual Inspect. Discharge Test Pass / Replaced
FACP LAUNDRY ROOM		2/4/2016	2/4/2016 2:45:39 PM	12 Volt 7 Amp/Hour	REPLACED D	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

SYSTEM DEFICIENCIES AND RECOMENDATIONS

Deficiency ID	Device ID	Device Type	Location	Inspection / Deficiency Comments
Test Date / Time	Device Model Number	Device Label	Extended Label	

3		Battery	FACP LAUNDRY ROOM	Failed Load Test - REPLACED DUE TO AGE.
2/4/2016 2:45:39 PM		12 Volt 7 Amp/Hour		
Corrected By:	CG/TL		Date:	2/4/2016



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

Annual
 MN Dept
 of Health
 inspection 8

8

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

Establishment Info:
 ID #: 0028948
 Risk: Medium
 Announced Inspection: No

License Categories:
 FBLB, HOSP, FBLE-14, SMBE

 Expires on: 11/25/16

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: Full
Date: 01/15/16
Time: 09:38:22
Report: 8061161012
ResCare Minnesota, Inc. Progra

Food and Beverage Establishment Inspection Report

Page 2

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.

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: 09:35:53
Report: 8061161001

Lodging Establishment Inspection Report

Page 1

Location:

ResCare Minnesota, Inc. Progra
1585 Rice Street
St Paul, MN55117
Ramsey County, 62

Establishment Info:

ID #: 0028948
Risk: Medium
Announced Inspection: Yes

License Categories:

FBLB, HOSP, FBLE-14, SMBE

Expires on: 11/25/16

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: Full
Date: 01/15/16
Time: 09:35:53
Report: 8061161001
ResCare Minnesota, Inc. Progra

Lodging Establishment Inspection Report

Page 2

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

Report #: 8081181012

Food Establishment Inspection Report



Minnesota Department of Health
 Division of Environmental Health, EHS
 P.O. Box 64976
 St. Paul, MN 55164-0976

No. of RF/PHI Categories Out: 2
 No. of Repeat RF/PHI Categories Out: 0
 Legal Authority MN Rules Chapter 4626

Date: 01/15/16
 Time In: 08:38:22
 Time Out:

ResCare Minnesota, Inc. Progra	Address 1585 Rice Street	City/State St Paul, MN	Zip Code 55117	Telephone 8124908018
License/Permit # 0028948	Permit Holder ResCare Minnesota, Inc.	Purpose of Inspection Full	Est Type	Risk Category M

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/A= not applicable COS=corrected on-site during inspection R= repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Operator/Staff Knowledge							
1A	IN			16	IN		
1B	IN			17	IN		
Employee Health							
2	IN			18	IN		
3	IN			19	IN		
Good Hygienic Practices							
4	IN			20	IN		
5	IN			21	IN		
6	IN			22	IN		
7	IN			Consumer Advisory			
8	IN			23	N/A		
Approved Source							
9	IN			Highly Susceptible Populations			
10	IN			24	N/A		
11	IN			Choking Hazards			
12	IN			25	IN		
Prevention from Contamination							
13	IN			26	IN		
14	IN			Compliance with Approved Procedures			
15	IN			27	IN		

Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions (PHI) are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water							
28				Proper Use of Utensils			
29				41			
30	N/A			42			
Food Temperature Control							
31				43			
32	N/A			44			
33				Utensil Equipment and Venting			
34				45	X		
Food Protection							
35				46			
36				47			
37				Physical Facilities			
38				48			
39				49	X		
40				50			
Food Recalls:							
51 Toilet facilities: properly constructed, supplied, & cleaned 52 Garbage & refuse properly disposed; facilities maintained 53 Physical facilities installed, maintained, & clean 54 Adequate ventilation & lighting; designated areas used 55 Compliance with MCIAA & Choking Poster 56 Compliance with licensing & plan review							

Person in Charge (Signature): _____ Date: 01/15/16

Inspector (Signature): *S. L. [Signature]*

Follow-up Needed: YES NO (Circle one) Follow-up Date: / /

Type: Full
Date: 01/15/16
Time: 09:38:22
Report: 8061161012
ResCare Minnesota, Inc. Progra

Food and Beverage Establishment Inspection Report

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: _____ Expires: / / _____

Inspection report reviewed with person in charge and emailed.

Signed: _____

JC CHIPECO
MANAGER

Signed:  _____

See Lee
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