# Program Abuse Prevention Plan

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| Program: | ***Cedar Place South*** |
| Program Address: | 601 Cedar Avenue North |
| Argyle, MN 56713 |
| Date plan developed: | 11/22/21 |

**EACH PROGRAM MUST ENSURE THAT:**

A. People receiving services are provided with an orientation to the Program Abuse Prevention Plan. This orientation must be within 24 hours of admission or within 72 hours for individuals who would benefit from a later orientation.

B. The license holder’s governing body or the governing body’s delegated representative shall review the plan at least annually using the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review period. The governing body or the governing body’s delegated representative shall revise the plan, if necessary, to reflect the review results.

C. A copy of the Program Abuse Prevention Plan must be posted in a prominent place in the facility and be available, upon request, to mandated reporters, people receiving services, and legal representatives.

D. If the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the Program Abuse Prevention Plan, the Individual Abuse Prevention Plan must document this determination.

E. In addition to the Program Abuse Prevention Plan, an Individual Abuse Prevention Plan must be developed for each new person receiving services. A review of the Individual Abuse Prevention Plan must be done as part of the review of the program plan. The persons receiving services must participate in the development of the Individual Abuse Prevention Plan to the best of their abilities. All abuse prevention plans must be reviewed at least annually by the interdisciplinary team.

**POPULATION ASSESSMENT:**

1. Age range of persons the program plans to serve: *Individuals will be adults at 18 or older. They will be supervised 24 hours each day or as stated in their IAPP or CSSP.*
2. What specific measures has the program taken to minimize the risk of abuse to people as related to the age of people receiving services? *The individuals in the program are provided a 24-hour plan of care. An Individual Abuse Prevention Plan (IAPP) is written for each Individual documenting his/her vulnerability. The IAPP is updated as changes occur and annually during the Individual Expanded Interdisciplinary Team Meeting. Program staff review each individual Individual's Health Care Plan as there are significant changes to health and annually, at interdisciplinary team meetings. As issues related to age, abuse or harm arise they would be discussed at monthly staff meeting (as appropriate) to provide training for all staff.*
3. Gender of persons the program plans to serve: Currently serving 1 male and 2 females. This program can serve either males or females.
4. What specific measures has the program taken to minimize the risk of abuse to people as related to the gender of people receiving services? *This home is a five-bed facility.* *Currently no one occupies the forth or fifth bed. Each Individual has his or her own room and are supervised using a 24-hour plan of care. Inappropriate touch is described at a level the Individual may understand. An Individual Abuse Prevention Plan (IAPP) is written for each Individual documenting his/her vulnerability. The IAPP is updated as changes occur and annually during the Individual Expanded Interdisciplinary Team Meeting. Program staff review each Individual's Health Care Plan as there are significant changes to health and annually at interdisciplinary team meetings. As issues related to gender abuse or harm arise there would be discussion at monthly staff meeting (as appropriate) to provide training for all staff.*
5. Describe the range of mental functioning of persons the program plans to serve: *The current population consists of three individuals with severe intellectual disabilities. All Individuals have been diagnosed by a licensed psychologist and meet the admission requirements established Marshall County Group Homes, Inc. Two Individuals participate in the leisure program at the Occupational Development Center (ODC). The program would serve individuals with mild to profound cognitive disabilities or related conditions.*
6. What specific measure has the program take to minimize the risk of abuse to people as related to the mental functioning of people receiving services? *All support staff are oriented to the Individuals IAPP before they work with the Individual independently. After an annual meeting for all Individuals, the staff are updated at staff meetings on any changes to the IAPP and as changes occur regarding mental health or behavior. All staff are trained upon hire using the Staff Orientation and Training Packet and annually thereafter on Vulnerable Adult. The individuals in this program are required to have a 24-hour plan of care. If less restrictive requirements are appropriate the plan will be described in the IAPP or CSSP and addendums.*

7. Describe the range of physical and emotional health of persons the program plans to serve: *The current population consists of one adult individual with Cerebral Palsy, a seizure disorder and vision impairments. All three individuals require assistance while ambulating, using a gait belt. Two individuals require the use of a wheelchair when leaving the home for community activities. The other individual requires the use of a gait belt with staff assist. One individual sees a Psychiatrist due to depression and/or anxiety. All three individuals are completely dependent upon others for all activities of daily living.* *The program would serve individuals with physical disabilities, ambulatory/non-ambulatory or using a wheelchair/walker, secondary mental illnesses, autism spectrum disorders, or Traumatic Brain Injury.*

1. What specific measure has the program taken to minimize the risk of abuse to people as related to the physical and emotional health of people receiving services served? *All support staff are oriented to the Individuals IAPP before they work with the Individual independently. Each plan will contain an individualized assessment of each Individual’s susceptibility to abuse and a statement regarding protections for that Individual. After annual meetings for all Individuals the staff are updated at staff meetings on any changes to the IAPP and as changes occur regarding physical and emotional health. All staff are trained on hire using the Staff Orientation and Training Packet and annually thereafter on Vulnerable Adult. The individuals in this program are required to have a 24-hour plan of care. Also available is a health care plan which describes the physical and emotional health needs of the individuals.*

9. Describe the range of adaptive/maladaptive behavior(s) of persons the program plans to serve:

*The Individual’s maladaptive behaviors range from stereotypical behavior such as attention-seeking behaviors such as smearing his/her bowel movement on the bathroom wall, not wanting to feed his/herself, ignoring staff when being talked to, Individuals can have transition difficulties and lack of cooperation with following directions.*

10. What specific measures has the program taken to minimize the risk of abuse to people as related to the adaptive/maladaptive behavior(s) of the people receiving services served? *The program staff would follow a Positive Support Transition Plan specific to each Individual as required. This plan is developed by the expanded support team to implement positive support strategies as recommended by the team and physician. Staff are trained how to redirect behaviors to more positive options. All Staff are trained in Therapeutic Intervention techniques on hire and annually thereafter. The program has access to behavioral training expertise through Mental Health Services such as: Northwest Mental Health Center, Rural Psychiatry Associates, Sanford Behavioral Health Clinic. Any changes to the Positive Support Transition Plan are reviewed at staff meetings as a change would occur or after annual Interdisciplinary team meetings. Individuals in this program have regularly scheduled sessions with their psychiatrist/psychologist/psychiatric NP as recommended to monitor behaviors and medication management and all four receive care with their primary care providers to monitor overall health and wellbeing.*

11. Describe the need for specialized programs of care for persons the program plans to serve: *Training has been provided to staff for individuals with special diets such as: pureed food, mechanical soft diet, ground meats, pudding thick liquids, what foods to prepare according to the special diet. An individualized seizure protocol was developed for two individuals with a seizure disorder and staff were trained what to do when the individual has a seizure.*

12. What specific measures has the program taken to minimize the risk of abuse to people as related to the need for specialized programs of care for people receiving services? *If tube feeding were needed again all staff members would be retrained by hospital nursing staff and/or our facility RN. The program has Registered Nurse and a Licensed Practical Nurse that are available as needed for any health related needs or health related changes. The Individuals in this program have regularly scheduled sessions with their psychiatrist/psychologist/psychiatric to monitor behaviors and medication management. Their primary care provider monitor overall health and wellbeing. The program has access to behavioral training expertise through Mental Health Services such as: Northwest Mental Health Center, Rural Psychiatry Associates, Sanford Behavioral Health Clinic. Other outside training resources will be accessed as applicable to meet the needs of a specific individual.*

13. Describe the need for specific staff training to meet individual service needs: *The Individuals Expanded Interdisciplinary Team will meet on an as needed basis, at a minimum of annually, to review the individual’s program plan of service. Staff training is provided as scheduled on the Inservice Training Record and/or through our College of Direct Support online training program. The program's Vulnerable Adult Policy is reviewed annually with all staff. Special training is provided as appropriate to meet the needs of the Individuals served by the program.*

14. What specific measures has the program taken to minimize the risk of abuse to people as related to the need for specific staff training designed to meet individual service needs? *The program has a Registered Nurse and a Licensed Practical Nurse on staff that provide training on specific medical needs such as: specialized medication monitoring, seizures, transfers, specialized diets or health care related needs. If training is not available through internal staff or through our online training program; outside training resources will be accessed as applicable. If Individual’s program plan of service or health care plan require specialized training that training will be provided as required for each individual in the program.*

15. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services:  *There have been incidents of Individuals being physically aggressive towards other Individuals and staff.*

16. What specific measures has the program taken to minimize the risk of abuse to people as related to the knowledge of previous abuse? *If abuse occurred, the program would update/revise policies and procedures to assure abuse would not likely occur again as determined in an internal review. The program provides supervision at all times unless specified differently in the individuals plan of service per the expanded interdiciplinary team. All behavior incidents are communicated with the Individual case manager, residential staff and legal guardian/families. Individuals target behaviors are monitored as appropriate so positive de-escalation techniques can be used to de-escalate situations that arise.*

**PHYSICAL PLANT ASSESSMENT:**

1. Describe the condition and design of the facility as it relates to safety for the people receiving services:

*The home was originally an ICF-MR facility designed and constructed for the intention of its current use, a residential facility for adult mentally handicapped individuals. The building was originally built in 1976. In 1999 it was remodeled as an Adult Foster Care, each half is a duplex and includes: 5 bedrooms, 2 bathrooms (one has a walk-in shower), a laundry area, kitchen, living room and dining room areas. Each portion of the duplex occupies 1700 square feet. Fire extinguishers, smoke detectors, carbon dioxide detectors, sprinkler systems, are in place from the previous home ramps and railings. In 2014 new decks and ramps were added to the home. The ramps and parking lot distinguish it from other family homes in Argyle. In 2016 one of the bathroom was remodeled to allow for a more handicapped accessible bathroom facility used for showering individuals that needed wheelchairs. In 2018 the Kitchen and Laundry areas were updated with new cabinets. None of this would lead to unusual risk of maltreatment. It is located on the west edge of Argyle. The home is 6 blocks west of Highway 75. It is bordered by a street to the east and fields on all other sides. There is a fence on the southwest side of the building. Individuals are provided orientation to the community on a regular basis. They are not allowed out into the community without supervision until they are independent in community safety skills or as stated in the IAPP. Access to the home is by one of 3 doors which can be used as fire exits. One of the doors connects this facility to Cedar North next door. All outside doors lock to prevent anyone from coming in at night and can be unlocked from the inside.* *All outside doors have coded key entries to unlock them from the outside.*

*2.* What specific measures has the program taken to minimize the risk of abuse to people as related to the condition and design of the facility in terms of safety for people receiving services? *The building is in good condition. Building and equipment repairs are made as quickly as possible to maintain a healthy and safe environment. A maintenance checklist is in the closet in the living room area. If repair is urgent staff are to call the maintenance person. All building repairs and equipment needing repair will be logged on the maintenance checklist for the maintenance person to repair as needed. Items this person is unable to repair will be referred quickly to a professional. Health and safety are discussed at monthly staff/safety meetings. Poisonous substances and medications are locked. A well-stocked First-Aid kit and AED are located in the home. Fire extinguishers and AED’s are checked monthly. All smoke detectors are checked per the drill rotation list by staff (as assigned at staff meetings) to ensure that they are in working order. Batteries are changed as needed or at least biannually.*

3. Describe any areas of the facility that are difficult to supervise: *This home has a very open floor plan and most areas are not difficult to supervise.*

4. What specific measures has the program taken to minimize the risk of abuse to people as related to the areas of the facility that are difficult to supervise?  *There is a heavy gate at the top of the stairs entering the basement which does deter individuals from going down to the basement and allows staff to hear the gate opening and closing.* S*taff are available to assist Individual’s ease of escape in emergency situations such as a fire. Staff check Individuals after arriving on shift and several times during each shift to assure health and safety.*

**ENVIRONMENTAL ASSESSMENT:**

1. Describe the location of the facility including information about the neighborhood and community in which the facility is located: *The home is located on the west edge of the small rural community of Argyle. The Individuals are recognized by nearly all of the community citizens and their presence is generally accepted. The home receives support and cooperation in our program of service for the Individuals. The home is bordered by a street on the east side and fields on all others. East of garage is a large concrete area for parking. There are sidewalks in front of the building, the south side of the building and on the southwest side extending to the outdoor swings.*
2. What specific measures has the program taken to minimize the risk of abuse to people as related to the location of the facility, including factors about the neighborhood and community? *Only Individuals that have been assessed by staff as independent in community mobility are allowed to leave the home alone with the approval of the Expanded Interdisciplinary Team and per the IAPP. These Individuals, after informing staff of intentions to leave will inform staff of departure, destination, and estimated time of return. These precautions are taken to prevent the Individual from getting lost, and to alert staff to possible emergencies or unsafe situations if the Individual does not return as scheduled. Local community merchants are contacted and asked for suggestions in needed training and for cooperation in helping Individuals learn appropriate social skills. At this time, no individuals access the community on their own; staff accompany them at all times.*
3. Describe the type of grounds and terrain that surround the facility: *Grounds of the facility are flat grassy with cement areas near the garage and sidewalks and patio/deck areas around the facility. The grounds are flat and easy to navigate.*

4. What specific measures has the program taken to minimize the risk of abuse to people as related to the type of grounds and terrain that surround the facility? *The cement is marked with yellow or red paint in areas that become uneven for walking due to seasonal changes. Areas that need repairs will be taken care of as soon as possible and as appropriate to the season. In winter season all walkways are kept clear of snow and ice.*

5. Describe the type of internal programming provided at the program:

*For Individuals: Internal programming includes goals to assist Individuals to become as independent as possible in self-care, behavior, activities and in the community. The Individuals do complete some of the household duties as is appropriate to their skills and abilities. Positive behavior programming will be attempted for all Individual behaviors. If positive reinforcement is documented as unsuccessful, other methods will be implemented with written authorization from a licensed psychologist. Under no circumstances will corporal punishment, seclusion, physical restraint, or chemical restraint be allowed except in cases of emergency by following Emergency use of Manual Restraints following procedures as described in our policies.*

*For Staff: Personnel policies are in effect which cover recruitment and hiring procedures, inservice and staff training, Vulnerable Adult Policy and VA internal mandated reporting requirements, therapeutic intervention training, job descriptions, and qualifications, fringe benefits and termination policies. A formal staff orientation is provided to new employees. Staff members participate in the development of Individual Program Plans for all Individuals. A 90-day employee evaluation is conducted for all full and part-time new staff and annually thereafter. All policies and procedures are reviewed at least annually by the MCGH Administrator/Resident Program Supervisor. Recommendations are then made to the entire Board of Directors for review. All employees are instructed and required to document progress for Individuals on an individual basis per direction of the Resident Program Supervisor.*

6. What specific measures has the program taken to minimize the risk of abuse to people through the type of internal programming provided at the program? *Monthly staff meetings are held to discuss any concerns and recommendations. Monthly safety meeting are held prior to all staff meetings to review safety. Quarterly, Staff review varying types of emergencies and what to do in those emergencies. Staff are assigned drills of varying types such as: fire, health emergency, bomb threat, severe weather, power outage etc. Minutes are taken at the monthly staff and safety meetings and a copy is left in the home for future staff reference and one in the main office. The following mandatory policies and procedures are reviewed annually with staff and Individuals and/or legal guardians: Vulnerable Adult/CEP Phone Number, Individual Rights, Confidentiality/HIPPA review, Emergency Response Plan, Maltreatment of Minor (if applicable), Funds and Property Authorization, and Emergency Medical Authorization. Throughout the year internal staff training is provided per the Record of Inservice training and through the college of direct support online curriculum. Policies are in place which cover admission, record keeping, documentation, Coordinated Service and Support Plan (CSSP) and addendums, consultants and volunteers. Copies are made available by request.*

7. Describe the program’s staffing pattern: *Administrator (ADM), Resident Program Supervisor (RPS), Administrative Assistant and Maintenance Person (these positions serve all programs). Cedar Place South staff include: Direct Care Coordinator (DCC), Direct Care Assistant (DCA), Overnight Resident Programmer (ONP), RN, LPN and Direct Care Support (DCS). These include 3 full-time staff and two part-time scheduled positions, and the remainder are part-time non-scheduled Direct Care Support positions.*

8. What specific measures has the program taken to minimize the risk of abuse to people through the program’s staffing pattern? *The program's staffing pattern is in accordance with the requirements of the Coordinated Service and Support Plan and addendums. There are two staff persons on duty at the home at all times when the Individuals are all at home. If there is a service need or an emergency for one or more of the Individuals another staff person is called in or scheduled to work. Staff are assigned responsibilities based on job descriptions, household cleaning and duties checklists.*

Governing Body or Governing Body’s Delegated Representative will be the Administrator.

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Administrator Print Name Administrator Signature Date

Date(s) of last plan review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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