# Program Abuse Prevention Plan

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| Program: | ***River Place*** |
| Program Address: | 705 North Second Street |
| Warren, MN 56762 |
| Date plan developed: | 02-19-2021 |

**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: *Consumers 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 recipient documenting his/her vulnerability. The IAPP is updated as changes occur and annually during the recipient Expanded Interdisciplinary Team Meeting. Program staff review each individual recipient'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 there would be discussion at monthly staff meeting (as appropriate) to provide training for all staff.*
3. Gender of persons the program plans to serve: Currently serving, 3 males and 1 female reside at this location. 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 has added an additional bedroom making it a five-bed facility. Currently no one occupies that bed permanently but is used as a respite bed. Each recipient has his or her own room and are supervised using a 24-hour plan of care. Inappropriate touch is described at a level the recipient may understand. An Individual Abuse Prevention Plan (IAPP) is written for each recipient documenting his/her vulnerability. The IAPP is updated as changes occur and annually during the recipient Expanded Interdisciplinary Team Meeting. Program staff review each individual recipient'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 two individuals with severe mental retardation, one individual with profound mental retardation and one individual with normal intellect. All recipients have been diagnosed by a licensed psychologist and meet the admission requirements established by Marshall County Group Homes, Inc. Three of the Four recipients participate in the work program at the Occupational Development Center (ODC). The program would serve individuals with mild to profound cognitive disabilities or related condition and with normal intellect with other medical needs or related conditions.*

6. What specific measure has the program taken 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 recipients IAPP before they work with the recipient independently. After annual meeting for all recipients 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 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. 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 Multiple Sclerosis. Two individuals have a diagnosis of Cerebral Palsy and Spastic Quadriplegia. Two individuals have a seizure diagnosis or epilepsy. One individual has autistic disorder. One individual is legally blind. Two individuals have depression and/or anxiety. All four individuals in this program are non-ambulatory. Two individuals in this program use a two person lift to transfer with equipment and all four use a wheelchair for ambulation/transportation. Two individuals can transfer with one staff assistance due to ability to bare-weight. Three individuals in this program see a Psychiatrist/psychologist/psychiatric NP due to depression and/or anxiety, obsessive compulsive disorder, or other psychiatric disorders. All four individuals are completely dependent upon others for all activities of daily living. One individual is semi-independent for some activities of daily living. The program would serve individuals with physical disabilities, ambulatory, non-ambulatory or using a wheelchair, secondary mental illnesses, or Traumatic Brain Injury or other related conditions.*

8. 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 recipients IAPP before they work with the recipient independently. Each plan will contain an individualized assessment of each recipient’s susceptibility to abuse and a statement regarding protections for that recipient. After annual meetings for all recipients 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. Internal review of liquid medications has assisted in the implementation of new procedures for monitoring when liquid medications are prescribed.*

9. Describe the range of adaptive/maladaptive behavior(s) of persons the program plans to serve: *The recipients maladaptive behaviors range from stereotypical behavior such as rocking and echolalia, to self-injurious behaviors of self-biting, head banging, to tantrums (crying). Repetitive phrase statements due to autistic and obsessive-compulsive disorders. Recipients have transition difficulties and lack of cooperation with following directions. One individual has extreme difficulty with transitions to other locations of community, which may require medication in order to attend medical appointments.*

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 recipient 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: Alluma, 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. Recipients 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:

 *Care for a suprapubic catheter. Training was provided regarding pharyngeal dysphagia and correct eating/swallowing techniques and food preparation.*

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? *Three of the recipients in this program have regularly scheduled sessions with their psychiatrist to monitor behaviors and medication management and their primary care providers to monitor overall health and wellbeing. 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 program has access to behavioral training expertise through Mental Health Services such as: Alluma, Rural Psychiatry Associates, Sanford Behavioral Health Clinic. Outside agencies would be accessed for other specialized needs of the individuals served.*

13. Describe the need for specific staff training to meet individual service needs: *The recipients 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 recipients served by the program. Staff in this program have received specialized training related to Dynavox communication device used by one individual. Suprapubic catheter training regarding its use and cleaning, message unit training, use of lifts and other transfer equipment. Behavior bag of Tricks.*

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 Registered Nurse and a Licensed Practical Nurse on staff that provide training on specific medical needs such as: specialized medication monitoring, seizures, suprapubic catheter, diabetes, equipment, other specialized diets or health care related needs. If training is not available through internal staff or our online training program; outside training resources will be accessed as applicable. If recipient’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 recipients being verbally aggressive towards other recipients and staff members.*

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 interdisciplinary team. All behavior incidents are communicated with the recipient case manager, residential staff and legal guardian/families. Recipients target behaviors are monitored as appropriate so positive de-escalation techniques can be used to deescalate situations that arise per physician order.*

**PHYSICAL PLANT ASSESSMENT:**

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

*The building was built in 2009. The home was designed as an Adult foster Care Home for recipients with physical and intellectual challenges, in Warren, MN. Inside this home are several smoke and carbon dioxide detectors. Fire extinguishers are located in the kitchen, living room, hallway, garage, and in the vehicle. The doorways are wider for easier use and passage for the wheelchairs. The home is located on the north edge of Warren. The building has an attached garage and sidewalk to Highway 75 and to the west of the building. The garage opens to an alley in the back. Three empty lots are to the south leading to the Snake River. Second Street is to the east and an electrical business is located to the north, there are other residential location to the north, east and west. Recipients are provided orientation to the community on a regular basis. They are not allowed out into the community without supervision or as stated in on the IAPP. Access to the building is by one of three doors which can all be used as fire exits. All doors lock to prevent anyone from coming in at night and can be unlocked from the inside. There are 3 accesses plus the garage door to the home and none have steps.*

*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 newer and in good condition. Building and equipment repairs are made as quickly as possible to maintain a healthy and safe environment. A maintenance checklist is placed in the tall cabinet to the north of the sink 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 meetings. Poisonous substances and medications are locked. A well-stocked First-Aid kit and AED is located in the home. Fire extinguishers are checked monthly by staff and annually by an outside company. All 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 there are no areas that are 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? *During awake hours Two staff are available to assist recipient’s ease of escape in emergency situations such as a fire. Staff check recipients 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 northeast part of the small rural community of Warren. The recipients are recognized by several of the community citizens and their presence is generally accepted. The home receives support and cooperation in our program of service for the recipients. There is a sidewalk leading to the street from the front door and the garage leads to an unpaved alley on the west side of the home. There is a business to the north of the home and 3 empty lots to the south. There are residential homes to the north, east and west.*
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 recipients 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 recipients, 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 recipient from getting lost, and to alert staff to possible emergencies or unsafe situations if the recipient does not return as scheduled. Local community merchants are contacted and asked for suggestions in needed training and for cooperation in helping recipients learn appropriate social skills.*
3. Describe the type of grounds and terrain that surround the facility: *Grounds of the facility are mostly flat grassy with sidewalks around the south and east of the building. There is a patio area on the south side of the building. 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. 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 Recipients: Internal programming includes goals to assist recipients to become as independent as possible in self-care, behavior, activities and in the community. The recipients do complete some of the household duties as is appropriate to their skills and abilities. Positive behavior programming will be attempted for all recipient 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 restrains following procedures as described in our policies.*

*For Staff: Personnel policies are in effect which cover recruitment and hiring procedures, in-service 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 recipients. 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 ADM/RPC. Recommendations are then made to the entire Board of Directors for review. All employees are instructed and required to document progress for recipients on an individual basis per direction of the RPC.*

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 is 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 recipients and/or legal guardians: Vulnerable Adult/CEP Phone Number, Recipient 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, Resident Program Coordinator, Administrative Assistant, and Maintenance Person (these positions serve all programs). River Place staff include: Direct Care Coordinator, Direct Care Assistant, 2 Overnight Resident Programmers who share the position, RN, LPN, and Direct Care Support. These include 4 full-time staff; 2 part-time scheduled staff and the remainder are part-time non-scheduled relief staff 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 is two staff persons on duty at the home at all times when the recipients are all at home during awake hours. If there is a service need or an emergency for additional staff needs of the recipients 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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ADM print name ADM Signature Date

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

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