

Purpose, Scope and Description of Services

AGENCY will ensure that each client has either an individual service plan (ISP) or a course of action written by an appropriate licensed health care professional that specifies the medical, physical, behavioral, and social needs of the client and the services, supports, care, or treatment that the resident will receive from AGENCY. The Individual Service Plan shall reflect the preferences of the client as well as perspectives from those individuals or agencies participating in the services, supports, care, or treatment of the client. The ISP shall reflect both formal (paid) and informal services, supports, care, or treatment as appropriate. The individual service plan or course of action shall contain at least the following information:

- Identified areas of life in which the client requires services, supports, care, or treatment.
- Goals, outcomes, or what is expected to be achieved through the service, supports, care, or treatment.
- Objectives or what the client will do to achieve the goal
- Interventions or what services, supports, care, or treatment will be carried out by staff to achieve the goal, including the name or title of staff responsible for the intervention and the frequency of the intervention, and
- Indicators that will signify the need for decrease or increase in intensity of services

RESIDENTIAL PROVIDERS ONLY.....

AGENCY will ensure that the residence shall not restrict a resident's free access to common areas of the residence or to the residents own bedroom unless the rationale for not meeting this requirement is documented in the individual service plan of the resident, which justifies that expectations are based on the needs of the resident. Services will be provided by appropriately qualified & trained staff members designated by the administrator. Intensity of services required by each resident shall be noted in the individual service plan for each resident. Upon admission to

the home, the following services will be discussed with the resident, next of kin or responsible party declared to the home.

- Room, Meals, and Services that are commensurate with the needs of the residents
- Three (3) nutritious meals and Two (2) snacks per day
- Protective care and watchful oversight by staff on a daily basis
- Supervision of nutrition
- Personal Hygiene assistance shall be given to those residents who are unable to keep themselves neat and clean.
- Each resident will be taught the techniques of "Standard Precautions as appropriate to the resident's ability, or shall support each resident in the performance of the techniques of "Standard Precautions." This shall include washing hands thoroughly after toileting, sneezing, or any other activity during which the resident's hands may become contaminated.
- Housekeeping
- Laundry facility
- Towels
- Toilet Tissue
- Soap
- Bedding and supplies
- Light Bulbs
- A range of Recreational, social, and educational activities shall be offered as required to meet the needs and preferences of each resident.
- The routine of the residence shall be such that a resident may spend the majority of his or her non-sleeping hours out of the bedroom if he or she so chooses.
- Information to surrogate, relative or representative regarding resident's needs

- The administrator or his or her designee shall be available to any person within the residence, including each resident, in the event of an emergency.
- Residence shall not restrict a resident's free access to common areas of the residence or to the resident's own bedroom unless the rationale for not meeting this requirement is documented in the individual service plan of the resident, which justifies that exceptions are based on the needs of the resident.
- Continuous assessment of needs and condition
- Referral for appropriate services when needed

HIPPA and CONFIDENTIALITY OF Individual Information, both written and spoken:

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and related Department of Community Health (DCA) policies, AGENCY has implemented a Confidentiality Policy to protect and secure the privacy of all individuals that we serve.

All staff members and individual CLIENT of the home must review HIPAA Privacy Rules as outlined at 45 CFR Parts 160 and 164.

AGENCY shall have the individuals we serve complete a Release of Information Form, properly executed, before any information of a private or confidential nature is released to any other individual or AGENCY.

If verbally discussing an individual, this must be done privately and out of the ear range of other persons in the home.

AGENCY shall maintain the confidentiality of its clients in all areas, including, but not limited to:

- ◇ Personal Individual Information and Records
- ◇ Billing and Financial Information
- ◇ All information relating to treatment of services provided by AGENCY
- ◇ Electronic information

RELEASE of INFORMATION

Prior to the release of any information relating to an individual resident, a Release of Information Form must be completed and properly executed by the individual whose information is sought.

The Release of Information must, at a minimum, provide:

- ◇ Specific information requested for release or obtained;
- ◇ To whom the information may be released or given;
- ◇ The time period that the release authorization remains in effect (reasonable based on the topic of information, generally not to exceed a year)
- ◇ A statement that authorization may be revoked at any time by the individual in advance of the exchange of information.

A Release of Information Form is not needed in the following situations:

- ◇ The release is required or permitted by law
- ◇ Release is authorized by law as a valid exception
- ◇ A valid court order or subpoena is served
- ◇ When required to share individual information with the Department of DBHDD or any provider under contract LOA with the Department of DBHDD for the purpose of meeting your own obligations to DCH.
- ◇ In the event of a medical emergency and the individual is unable to give permission, the information must be released to serve in the best interest of the client

SUBSTANCE ABUSE:

In the event an individual served by the AGENCY has a history of substance abuse, the AGENCY will ensure that the individual's records comply with 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, Final Rule (June 9, 1987).

ELECTRONIC INFORMATION:

To protect information on the computer, the computer must be password protected. The pass word must be changed quarterly to ensure protection of the files on the computer. Only manager must have access to the password.

EMERGENCY CIRCUMSTANCES: In an emergency situation where the individual is unable to consent to a disclosure AGENCY:

- ◊ Consistent with prior expresses of the individual, in any, that is known to AGENCY
- ◊ In the individual's best interest as determined by AGENCY, in the exercise of its professional judgment
- ◊ AGENCY must inform the individual and provide an opportunity to object to uses or disclosure as outlined in the HIPAA Guidelines.

All staff of AGENCY will receive confidentiality training prior to any direct contact working with individual residents. During training, staff will be informed that they are not to discuss any individual resident in the presence of any other residents, family members, other staff members or anyone not personally involved with the individual. If anyone involved in the individual's life would like to view the individual's file, he or she must sign the last form on the ISP.

If a staff member violates the individual's privacy, he or she will be reprimanded by the manager. After the second violation, the staff member will be suspended for one week. If there is a third violation, she or he will be terminated.

AGENCY shall ensure that all individual's records are safely secured, maintained and retained for a minimum of six (6) years from the date of its creation or the date when it was last in effect, whichever is later.

CLIENT'S RIGHTS and RESPONSIBILITIES

AGENCY respects the rights of the individuals we serve and will provide all individuals with a copy of their rights upon admission to the home. The rights must be reviewed annually and be represented in a language the individual can easily understand.

The Client's Rights and Responsibility Form must be signed by the individual or the individual's representative. If the individual feels his or her rights were violated, a grievance must be filed and a thorough investigation will be conducted. Any staff member who violates an individual's rights will be suspended pending an investigation.

Prior to direct contact with individual residents, staff must be trained in Client's Rights and Responsibilities. **A signed copy of proof of training must be kept in the staff member's file.**

PROCEDURES:

- ◇ A copy of the Client's Rights and Responsibilities will be provided to the individual or the individual's representative upon admission to the home.
- ◇ The client or representative shall sign a copy of the receipt of the Client's Rights and Responsibilities.
- ◇ A copy of the signed Client's Rights and Responsibilities will be placed in each staff member file.
- ◇ All complaints of violation of a client's rights will be investigated.
- ◇ All incoming individuals will be introduced to the Ombudsman poster posted in the commons area with the name, address and phone number stated.

Requirements for Recognizing Reporting of Suspected Abuse, neglect and exploitation

Types of Abuse:

There are different types of abuse in their definitions, including physical abuse, neglect, sexual abuse, and emotional abuse.

Physical Abuse

Physical abuse is generally defined as "any non-accidental physical injury to a person" and can include striking, kicking, burning, or biting, or any action that results in a physical impairment.

Neglect

Neglect is frequently defined in terms of deprivation of adequate food, clothing, shelter, medical care, or supervision.

Sexual Abuse/Exploitation

Fondled or penetrated against ones will. Sexual exploitation includes allowing someone to engage in prostitution or in the production of pornography.

Emotional Abuse

Injury to the psychological capacity or emotional stability of the individual as evidenced by an observable or substantial change in behavior, emotional response, or cognition," or as evidenced by "anxiety, depression, withdrawal, or aggressive behavior

All alleged instances of abuse, exploitation, retaliation, humiliation, and neglect of a Client will be reported immediately to the **immediate supervisor, DBHDD, regulatory or licensing agencies, law enforcement, Administrator, and Chief Executive Officer**. All alleged instances of abuse or neglect will be thoroughly investigated and the findings documented as required by the Administrative Rules and Regulations of the State of Georgia.

- ◇ Results of the investigation will be summarized with recommendations and presented to the Quality Management Team.
- ◇ Staff who suspect or have evidence of abuse or neglect of residents, who are served by AGENCY is required by law to report the information to the Local Department of Family and Children Services.
- ◇ Notify Department of Community Health of any rape, assault, any battery on a resident, or any abuse, neglect, exploitation, of a client in accordance with the long term care resident abuse reporting act.

Person centered values, principles and approaches:

Person centered is the individual's life is to be planned by the individual with assistance of others involved in their care.

If people who use disability services are to have control over their lives, and if they are to have self directed lives within their communities, then those who are around the person, need person centered thinking skills.

Separating what is important to from what is important for and finding a balance between them
A simple grid for recording what is learned

Defining the roles and responsibilities of those who are paid to support The "donut sort" – looking at core responsibilities, where to use judgment and creativity, what is not the responsibility of those who are paid

Getting a good match between those who are paid and those who use the services. A table to record the learning and techniques to structure the learning

Learning, using, and recording how people communicate (esp. with people who do not communicate with words)

A chart to record the learning and structured ways to use the chart

Supporting mind full learning

- a. Sorting what is working and what is not working from the perspective of the person and those around the person.
- b. Using 4 questions to quickly and effectively record the current learning
- c. Using a learning log to record what is working and what is not working

Recognizing important to and important for is the fundamental person centered thinking skill. What we have seen over the years is that nearly anyone in need of long term services, who is in circumstances where others exercise control, has what is important for them addressed while what is important to them is often largely ignored or seen as what is done when time permits.

Definition of person focused planning:

Person focused planning is a value-driven process for planning services and supports for individuals. The planning process honors the individual's preferences, choices and abilities. A "circle of support" that includes people who know the individual well assist in this process (i.e., family, friends, clergy, etc.)

Components of person focus planning:

- Scheduling
- Inviting
- Facilitating
- Follow up

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Person focus meetings:

Productive meeting strategies:

- Use internet based negotiations
- Respect all contributions
- focus on accomplishments

Setting the tone:

- Comfortable and relaxed
- Describe the purpose
- Determine meeting rules

Participant Responsibilities:

- Leave personal issues and agendas behind
- Do not pressure other members to assume responsibilities
- Be courteous and responsible about timelines set
- Provide support network for focus on the person
- Notify facilitator if unable to complete assignments

Focus of meeting:

- Abilities
- Dreams
- Preferences
- Identifying barriers and strategies to support the person's dreams and preference

Role of the facilitator:

- Provide guidance
- keep group focused
- help identify and build circle of support
- be a member of the team
- foster respect and inclusion

Responsibilities of the facilitator:

- work with focus individual to choose participants
- distinguish between facilitator role and participant
- organize the team meeting times
- establish meeting time/place
- prepare for the meeting
- obtain info relevant to the focus individual's needs/supports/services
- restate problems/solutions to clarify and confirm group understanding
- engage all group members in this process
- records decisions including assignments and timeliness
- assure communication supports are available, as needed
- identify barriers to success and address them openly in the group.

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HOLISTIC CARE

The term holistic health comes from the word whole, meaning complete. Look at the self from a whole (holistic) perspective and to understand the mind, body and spirit connection and the importance of balancing all aspects of one's life.

Every person is a combination of many characteristics and would identify some of those characteristics as "strengths" and others as "weakness". Most people do not describe themselves in terms of a specific characteristic because no single characteristic could completely describe an individual.

For example, we do not go around introducing ourselves by saying "I am Mary White, an average intelligence person." And even if Mary White was introduced to us in that way, what would we really know about Mary White? Would we know what she liked to do, what she was "good" at, what made her happy or sad, where she worked or how she got along with others? The same courtesy and respect have not been extended to people with developmental disabilities or other handicapping conditions. They have been introduced and described as a "developmentally delayed girl" or a handicapped boy." Listeners have made great assumptions based on this description and somehow the individuality of people with special needs has been diminished.

EMPHASIZE THE PERSON, NOT THE DISABILITY

For example....

A person with cerebral palsy is not a cerebral palsied person.

A person with autism is not a person who is autistic.

A person with mental retardation is not retarded.

A person who cannot speak is not a deaf/mute.

A person who uses a wheelchair is not confined to a wheelchair.

A person who has Down Syndrome is not affiliated with Down Syndrome.

Medical, Physical, Behavioral and social needs and characteristics of persons served:

Developmental disability is a term used in the United States to describe life-long, disabilities attributable to mental and/or physical or combination of mental and physical impairments, manifested prior to age 18. The term is used most commonly in the United States to refer to disabilities affecting daily functioning in three or more of the following areas:

- ◊ Capacity for independent living
- ◊ Economic self-sufficiency
- ◊ Learning
- ◊ Mobility
- ◊ Receptive and expressive language
- ◊ Self-care
- ◊ Self-direction

The term first appeared in U.S. law in 1970, when congress used the term to describe the population of individual who had historically been placed in the state institutions, in its effort to improve conditions in these dehumanizing facilities.

Frequently, people with mental retardation, cerebral palsy, autism spectrum disorder, various genetic and chromosomal disorders such as Down syndrome and Fragile X syndrome, and fetal Alcohol Spectrum Disorder are described as having developmental disabilities.

Developmental disabilities are usually classified as severe, profound, moderate or mild, as assessed by the individual's need for supports, which may be life long.

Causes of developmental disabilities

There are many social, environmental and physical causes of developmental disabilities, although for some a definitive cause may never be determined. Common factors causing developmental disabilities include:

- ◊ Brain injury or infection before, during or after birth.
- ◊ Growth or nutrition problems.
- ◊ Abnormalities of chromosomes and genes.
- ◊ Birth long before the expected birth date – also called extreme prematurity.
- ◊ Poor diet and health care.
- ◊ Drug misuse during pregnancy, including alcohol intake and smoking.
- ◊ Child abuse, which can severely affect a child's socio-emotional development.
- ◊ An autism spectrum disorder.

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Associated Issues

Physical health issues

There are many physical health factors associated with developmental disabilities. For some specific syndromes and diagnoses, these are inherent (such as poor heart function in people with Down's syndrome); however lack of access to health services and lack of understanding by medical professionals is also a major contributing factor. People with severe communication difficulties find it difficult to articulate their health needs, and without adequate support and education might not recognize ill health. Epilepsy, sensory problems (such as poor vision and hearing), obesity and poor dental health are over-represented in this population. Life expectancy among people with developmental disabilities as a group is estimated at 20 years below average, although this is improving with advancements in adaptive and medical technologies, and as people are leading healthier, more fulfilling lives and some specific diagnoses (such as Freeman-Sheldon syndrome) do not impact life expectancy.

HUMAN and CIVIL RIGHTS POLICY

AGENCY values the rights of our residents and does not allow any discrimination whatsoever, based on gender, race, creed, national origin religion, sexual preference, political preference, color, disability or age. AGENCY incorporates the rights of each individual resident into its organization. This is represented through the adaptation of services which will meet the cultural and human rights needs of our staff and individual residents. Within the first sixty (60) days of hire, staff will be trained in Human and Civil Rights Policy. Upon admission to a AGENCY home, each individual resident shall receive his or her copy to their rights and the AGENCY policy. The rights will be reviewed annually.

AGENCY has implemented policies and procedures that practice and promote:

- ◊ Non-Discrimination
- ◊ Respecting the rights of the individual residents
- ◊ Care in the least restrictive environment
- ◊ Promote receiving equitable support from the organization
- ◊ Providing services, supports, and treatment in the least restrictive environment
- ◊ Humane treatment or habilitation that affords protection from harm, exploitation or coercion
- ◊ Emphasizing the use of positive communication and less restrictive interventions
- ◊ Incorporating Individual Rights as applicable to the organization
- ◊ Delineating the rights and responsibilities of persons served in a language they can understand

AGENCY assures that access to appropriate services, support, care and treatment is available to all with our regard to:

1. Special diets
2. Age
3. Ethnicity
4. Gender
5. Religion
6. Social Status
7. Physical handicap
8. Mental handicap
9. Prayer source
10. Style of dress
11. Preference of music
12. Day and hour of worship
13. Books of preference
14. Client Rights
15. Disability
16. Personal opinions
17. Any and all rights outlined by HFR and/or the Office of DBHDD policies

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AGENCY assures that there are no barriers precluding access to services, supports, care and treatment offered by AGENCY including but not limited to:

- ◊ Geographic
- ◊ Architectural
- ◊ Communication: Language access is provided to individuals with limited English proficiency or who may be sensory impaired. DHR policy 1701 is followed in these instances.
- ◊ Attitudinal;
- ◊ Procedural; and
- ◊ Organizational scheduling or availability

Unless adjudicated incompetent by a court of law, the consumer must be legally competent for any purpose without due process of law, including to maintain;

- ◊ Civil Rights
- ◊ Political Rights
- ◊ Personal Rights
- ◊ Property Rights

All staff members are expected to respect the human and civil rights of all individual residents and other staff members. This entails, but is not limited to:

- ◊ Accepting and respecting the diversity and human rights of all individual residents and other staff members
- ◊ Annual training in diversity and human rights
- ◊ Having knowledge in the diversity of individuals we serve
- ◊ Adaptation to the environment to embrace our surrounding diverse groups and respecting everyone's human and civil rights.
- ◊ Adjusting work style to take into consideration our diverse population.

AGENCY is proud to be an equal opportunity employer and provider of care and does not condone any form of discrimination towards residents or employee staff members.

Any employee accused of violating an individual's human rights will be suspended pending an investigation into the matter.

AGENCY will hire staff that is competent to do the job with no regards to gender, race, creed, national origin, religion, sexual preferences, political preferences, color, disability or age.

AGENCY will admit individuals for residence whose needs can be met without regard to gender, ethnicity, creed, national origin, religion, sexual or political preferences, color, disability, age or race.

AGENCY will review its human rights policy to ensure that its goals are met through survey of staff, residents and family members/legal guardians.

All individual residents that receive service from AGENCY determine how their right to confidentiality will be addressed, including but not limited to who they wish to be informed about their services, supports, care and treatment.

Cameras may not be used in the following instances:

- ◊ In an individual's personal residence

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- ◊ In lieu of staff presence; or
- ◊ In the bedroom of an individual resident as it is an invasion of privacy and is strictly prohibited

Individual residents must be respected and treated at all times in a humane manner regardless of their disability.

The following are prohibited at AGENCY:

- ◊ Any form of abuse
- ◊ Threats (overt or implied)
- ◊ Any form of intimidation
- ◊ Fear eliciting procedures
- ◊ Corporal punishment
- ◊ Chemical restraints of any type
- ◊ Restriction of egress
- ◊ Withholding of nutrition or nutritional care
- ◊ Withholding of any basic necessity such as clothing, shelter, rest, or sleep
- ◊ Withholding of personal property

The opinions of the individual must be valued and taken into consideration in order to preserve their human rights and dignity.

SUBSTANCE ABUSE

For individual residents with substance abuse concerns, AGENCY adhere to DBHHD Rules and Regulations for Client Rights, Chapter 290-4-9, confidentiality procedures for substance abuse and individual records shall comply with 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, Final Rule, or any subsequent revisions thereof:

- ◊ All substance abuse individuals are provided with written notice about the confidentiality of substance abuse records at the time of admission or soon thereafter when the individual is capable of rational communication
- ◊ This notification is documented in the individual's record
- ◊ The individual's signature on the notification form serves as documentation of notification

RIGHTS COMMITTEE

AGENCY ensures that the rights of the individual residents are overseen by the Rights Committee. The Rights Committee is made up of individuals, family members, staff members, community members and everyone that has a legitimate and genuine interest in the wellbeing of the individual residents being served. The Committee shall meet twice a year to review the individual rights and responsibilities at AGENCY and request any changes that need to be made if they so desire. The Rights Committee shall review all grievances filed and assess whether or not the outcomes were in the best interest of the individual resident being served.

The individual clients of the AGENCY are entitled to the rights like all others citizens. These include but are not limited to freedom of speech, religion, association, equal protection under the law and the right to vote. The Rights Committee shall ensure that individuals have a quality of life regardless of their disabilities.

In the event that an individual needs to file a grievance, the individual may bypass the internal process and file the grievance directly with the Region or DBHDD Constituent Services. The external information for filing the grievance is:

Regional Office
Region 3 DBHHD
1000 Crescent Centre Parkway
Suite 900
Tucker, Georgia 30084

DBHDD Constituent Services
Telephone Number (404) 657-5964
Fax: (404) 657-1137
E-Mail DBHDDconstitutentservices@dhr.state.ga.us

The Rights Committee shall review all new policies being implemented into the AGENCY to ensure they do not violate the rights of the individual residents at the facility. If the committee is concerned that a policy infringes upon the rights of individual residents at the facility, this must be conveyed to the DDP and/or Administrator at AGENCY in writing within seventy two (72) hours.

The Rights Committee must document minutes at each meeting and list the names of all attendees.

PROMOTING POSITIVE, APPROPRIATE RESPONSIVE RELATIONSHIPS WITH PERSONS SERVED AND FAMILIES RELATIONSHIPS:

Effective facilitation= recognizing when silence speaks louder than words.

Definition of facilitate: To make easier or less difficult; help forward (an action, a process, etc)
To assist the progress of (a person)

Definition of facilitator: Somebody enabling something to happen; somebody who enables a process to happen, especially somebody who encourages people to find their own solutions to problems or tasks.

Meeting organizer: an organizer and provider of services for a meeting, seminar, or other event ... or as a change agent.....

How are some other ways we can think about facilitation?

1. An opportunity for groups to act together on what they care deeply about....
2. An opportunity to create an environment for a respectful exploration of differences....
3. An opportunity to enhance the group's capacity for action... working with people where they are....
4. An opportunity to honor differences while building on what people have in common... validating individual experiences.

Organizing meetings.....

Organize based on purpose- ISP meeting, crisis situation, addendum, allocation meeting, etc....

Ask yourself the following questions;

1. Have all stakeholders been invited?
2. Are all voices being heard?
3. Is the team working toward the future by creating common ground?
4. Have all aspects been considered- past and present?

Creating helpful boundaries

- Make sure our role is explained and understood by the group when/if you "change hats".....
- Refer to the group as "us" and "we".....
- Clarify the purpose of the meeting....
- Assure that the meeting participants are all provided equal opportunity for contributions...
- Provide enough time for the discussion....

Definition of insanity; Doing what you have always done and expecting different results...

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Utilization positive communication behavior supports, Crisis Intervention techniques:

No matter who the person is that we work with (friend, co-worker, person that we support), we can ALL support people in positive ways. You probably already use these approaches and don't know that they are also called "positive behavior supports".

A. What can I do on a day-to-day basis that might be helpful to the person?

Consistency is important in working with others. Keep your word! Follow through on what you promise. This is important in cultivating the trust of persons we serve. Being genuine goes hand-in-glove with consistency.

All of us working with other persons can be sensitive to the comfort needs of an individual.

For example:

1. If the person is hungry, provide a snack, if permitted.
 2. If the person is thirsty, provide water or other suitable drink, if permitted.
 3. If the person is hot or cold, alter the environment or assist them into more comfortable clothing.
 4. If the person is sad, talk with them about what is making them sad.
 5. If the person is bored, talk with them about what they want to do; help them with getting the resources necessary to feel occupied and productive.
 6. If a person is uncooperative, provide incentives or offer choices.
 7. If a person is being annoying to you, try ignoring the behavior or see if you can figure out what is behind the behavior that is annoying to you.
 8. If the person needs to get away from stimulation, support them in finding a quiet place.
 9. If the person cannot concentrate during an activity or event, see what you can do to structure the activity or event to be more manageable for them.
 10. If the person is not feeling well and does not want to attend what is "required", permit a "sick day" or figure out how to help them feel better.
- B. Combining person-centered planning with positive behavior supports

All of us have dreams or goals we want to achieve. And every environment has certain rules and regulations that we must follow in order to achieve those goals or dreams. When working with someone who has identified a goal or dream, you must find out what the person already understands AND what skills the person already has before you teach new rules or skills that will help them achieve a goal or dream.

The steps to take to help the person reach a goal or dream may not be immediately clear. Sometimes you have to figure out how you can help someone reach a goal of "I want to get a part-time job in housekeeping" or "I want to live with my sister". What follows is one example of how staff helped an individual increase control over his environment so that he could reach a desired goal.

Emmanuel wanted to continue to live with his sister, Beatrice. Beatrice said he could not live with her because Emmanuel leaves smoldering cigarettes in the ashtrays. So the "rule" was that Emmanuel must put out his cigarettes completely in order to continue living there.

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Emmanuel DID know how to get his cigarettes into an ashtray, but he DID NOT extinguish the cigarette. Staff had to teach Emmanuel how to completely extinguish his cigarettes. Staff also had to figure out what he needed that would help him get the cigarette all the way out.

By figuring out what the person already knows how to do, what they don't know how to do, and what they might need to achieve a goal, we can come to understand how information might be capture.

CULTURAL DIVERSITY POLICY

AGENCY. values the diversity of our staff and individuals and does not discriminate on the basis of gender, race, creed, national origin, religion, sexual preference, political preference, color, disability, age or race. AGENCY. incorporates the diversity of the individuals and staff population in its organization. This is represented through the adaptation of services which will meet the cultural needs of our staff and individuals. These services entail but are not limited to:

Respecting and adhering to an individual's:

- ◇ Special Diet
- ◇ Style of dress
- ◇ Preference of music
- ◇ Day and hour of worship
- ◇ Books of preference

All staff members are expected to respect the diversity of other staff members and individuals. This entails, but not limited to:

- ◇ Accepting the diversity of other staff members
- ◇ Annual training in diversity
- ◇ Having trouble in the diversity of individuals we serve
- ◇ Adaptation to the environment to embrace our surrounding diverse groups
- ◇ Adjusting work style to take into consideration our diverse population

AGENCY is proud to be an equal opportunity employer and does not condone any form of discrimination towards employees or individuals.

AGENCY. will hire staff that is competent to do the job with no regards to gender, race, creed, national origin, religion, sexual preference, political preference, color, disability, age or race.

AGENCY will admit individuals whose needs can be met through the AGENCY with no regards to gender, race, creed, national origin, religion, sexual preference, political preference, color, disability, age or race.

AGENCY will review its diversity policy to assure its goals are met through survey from staff, individual, and individuals family members.

AGENCY. will ensure that staff members:

- ◇ Articulate understanding of the social, cultural, religions and other needs and differences unique to the individual.
- ◇ Honor these differences and preferences (such as worship or dietary preferences) in the daily care of the individual.

The practice of cultural diversity is tracked as part of the quality improvement process.

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Ethics and Values

Personal Care Workers shall function in accordance with the values, ethics, and standards of the profession, recognizing how personal and professional values may conflict with or accommodate the needs of diverse individuals.

Self-Awareness

Personal Care workers shall seek to develop an understanding of their own personal, cultural values and beliefs as one way of appreciating the importance of multicultural identities in the lives of people.

Cross-Cultural Knowledge

Personal Care workers shall have and continue to develop specialized knowledge and understanding about the history, traditions, values, family systems, and artistic expressions of the individual groups that they serve.

Cross-Cultural Skills

Personal Care workers shall use appropriate methodological approaches, skills, and techniques that reflect the workers' understanding of the role of culture in the helping process.

Service Delivery

Personal Care workers shall be knowledgeable about and skillful in the use of services available in the community and broader society and be able to participate in different social events with the diverse individuals in their care

Empowerment and Advocacy

Personal Care workers shall be aware of the effect of social policies and programs on diverse individual populations, advocating for and with individuals whenever appropriate.

Diverse Workforce

Personal Care workers shall support and advocate for recruitment, admissions and hiring, and retention efforts in the personal care home that ensure diversity within the home.

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Professional Education

Personal Care workers shall advocate for and participate in educational and training programs that help advance cultural competence within the workplace.

Cross-Cultural Leadership

Personal Care workers shall be able to communicate information about diverse individual groups to other professionals.

Fire Safety



A **portable fire extinguisher** is a “first aid” device and is very effective when used while the fire is small. Portable fire extinguishers must be installed in workplaces regardless of other firefighting measures. The successful performance of a fire extinguisher in a fire situation largely depends on its proper selection, inspection, maintenance, and distribution.

Classification of Fires and Selection of Extinguishers

Fires are classified into four general categories depending on the type of material or fuel involved. The type of fire determines the type of extinguisher that should be used to extinguish it.

1. **Class A fires** involve materials such as wood, paper, and cloth which produce glowing embers or char.
2. **Class B fires** involve flammable gases, liquids, and greases, including gasoline and most hydrocarbon liquids which must be vaporized for combustion to occur.
3. **Class C fires** involve fires in live electrical equipment or in materials near electrically powered equipment.
4. **Class D fires** involve combustible metals, such as magnesium, zirconium, potassium, and sodium.

Extinguishers will be selected according to the potential fire hazard, the construction and occupancy of facilities, the asset to be protected, and other factors pertinent to the situation.

What do you do if there is a fire?

- R Retain the fire so it spreads slowly
- A Alarm so that individual can exit
- C Call 9-1-1
- E Extinguish the fire if possible

Monthly fire drills will be performed and recorded. Fire extinguishers will also need to be checked monthly and recorded. Every year they need to be inspected and tagged.

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DISASTER PREPAREDNESS PLAN:

AGENCY has implemented an emergency disaster plan to guide the staff and management of procedures to follow in case of an emergency. As a part of the emergency disaster, each home operated by AGENCY must have a three (3) day emergency food and water supply. If individuals are to be relocated due to a facility being uninhabitable, the manager of the home is responsible for notifying family member, physicians, the Region, Department of Community Health and any other AGENCY or person involved in the resident's life. Family members have the option to keep the individual until the facility is deemed safe to occupy.

In case of emergency, the individual residents will be transferred to the following address:

The hospital that residents are taken to in case of emergency:

NAME: _____

ADDRESS: _____

PHONE #: _____

Emergency contact information for the utility companies are:**WATER**

NAME: _____

PHONE #: _____

ELECTRIC

NAME: _____

PHONE #: _____

GAS

NAME: _____

PHONE #: _____

REVIEW

This plan has been reviewed and approved by AGENCY PERSONELL.

This plan is subject to change at any time in the discretion of AGENCY management. If there is a change in the plan, staff will be trained in the implementation of the new plan.

This plan will be tested at least quarterly for emergencies that occur locally on a less frequent basis such as but not limited to flood, tornado or hurricane.

If there is a greater potential for the emergency, the drills will take place more frequently as needed.

AGENCY management is responsible for providing transportation to all residents in the event of an emergency. Individual records must be transferred with them to the temporary location. Once the individuals have been transferred to a new location, management must call the family members and provide them with the address and telephone number of the new location.

As part of the AGENCY safety measures, fire drills are conducted monthly. At a minimum, two (2) of these drills must be conducted during sleeping hours. Disaster drills are to be done bi-monthly.

If a resident dies during an emergency situation, the Department of Community Health must be notified within 24 hours.

If a resident is hospitalized, seriously injured or missing an Incident Report Form must be filed and a copy sent to all pertinent agencies that are involved in the life of the individual.

In case of an emergency evacuation, the resident physician and responsible parties will be notified. 911 shall be called for emergency transportation to the hospital. Non-emergency transportation shall be provided by staff at AGENCY.

All resident records and medication must accompany the resident to the new location.

The Department of Community Health must be notified of any extreme disaster or other emergencies that affect the continued safe operation of the resident facility.

FIRE/EXPLOSION

In case of fire, staff must follow these procedures:

- ◊ Call 911 to report the fire
- ◊ Rescue any and all individual residents in immediate danger and lead them to nearest exist
- ◊ Once all individual are outside of the facility do a head count to ensure that all individual residents are safely accounted for
- ◊ Notify Management
- ◊ Manager will notify family members of the situation
- ◊ If the home is deemed uninhabitable, the individuals shall be relocated.

BOMB SCARE

In the event that a AGENCY home should receive a bomb threat, the staff member must make note of any and all information that may identify the caller. This includes whether or not is a male or female voice, any accent, tone of voice, etc. After hanging up, the staff member must perform an evacuation plan immediately. All residents must be relocated to

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the designated emergency location. The manager will notify all pertinent agencies and family members that all resident individuals have been relocated. Residents and staff members must not enter the facility until it has been determined safe by appropriate authorities.

INTERRUPTION OF UTILITIES:

Electricity

In the event of a loss of electricity, notify Georgia Power at 1-888-660-5890. Utilize flashlights. It is against the policy of AGENCY to use candles. If the loss of electricity will extend more than 24 hours, all individual residents must be relocated.

Gas

In the event of a gas leak or other loss of gas, notify Georgia natural gas at 877-850-6200. Explain the nature of our business. The home uses gas for heat and hot water and cooking purposes. Utilize the emergency food supply as needed. If loss of gas occurs during the winter months, individuals have to dress in extra layers of clothing. If the loss of gas will extend longer than two (2) hours, the individual residents must be relocated. Staff will notify management of the situation as soon as practicably possible.

WATER:

In the event that there is a loss of water at the facility, staff shall notify Clayton water authority at 770-603-5611. Each individual must be given two (2) gallons of water, one gallon for flushing and one for personal hygiene. Replace empty bottles as needed. If the loss of water will be for more than 24 hours, the individual residents must be relocated.

LOSS OF HEATING & AIR

In the event of loss of heat and/or air, the manager must call a heating and air technician immediately. If the loss occurs during the winter months, have the individuals dress in extra layers of clothing. Serve the residents warm drinks such as soup, tea, coffee, etc., to help keep them warm. Give a blanket to each resident to keep themselves warm.

During winter months, temperature during waking hours, should be maintained at 70-75 degrees Fahrenheit and shall not drop below 62 degrees Fahrenheit during sleeping hours. If the loss occurs during the summer months, open the windows and utilize the use of fans to cool the facility. Dress the residents in cool clothing and give them plenty of cool liquids to keep them hydrated.

No resident shall be in any area of the facility that exceeds 85 degrees Fahrenheit.

If the loss of heating and air will continue over night, the individuals must be relocated.

SEVERE WEATHER

Tornado/Hurricane/Wind

In the event of severe weather, lead all the resident individuals to the hallway and close all doors that exit to the hallway. Listen to the weather radio for ongoing information relative to the storm. Have the individual residents kneel facing the wall and their backs out to face

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the brunt of any flying objects or debris. Residents shall go to the floor in the closets by the dining room of the facility.

Damage to the Facility

If there is damage to the facility the individual residents must be relocated to one of the emergency locations. Management must follow protocol and notify the necessary parties.

FLOOD

In the event of a flood, all resident individuals and staff must evacuate to higher levels in the home. Listen to the local radio or authorities for instructions on evacuating to a safe area.

Residents will be transported by owner, manager, family member or EMS. Family members and physician will be notified by the manager of the welfare of the individual.

PHYSICAL DAMAGE

Notify manager to assess situation. If unsafe for the residents to occupy the facility, they must be taken to the emergency location.

MISSING PATIENT

- ◇ Upon realizing a resident is missing, notify management immediately.
- ◇ Do a search of the immediate area.
- ◇ If the individual is not found within thirty (30) minutes, implement a Mattie's call and contact 911.
- ◇ Provide 911 personnel with a picture and full description of what the individual was wearing.
- ◇ Notify the individual's family.
- ◇ The home manager must complete an Incident Report.
- ◇ Follow-up must be maintained as required.
- ◇ Notify the Department of Community Health.

INFECTION CONTROL

AGENCY has implemented the necessary precautions to protect staff and residents from the transmission of infection, illnesses, cross-contamination and the handling of biohazard materials. All bodily fluids such as blood, urine, mucus and feces are considered infectious and therefore, require precautions. Staff members are trained to implement Universal Precautions which refers to the practice, in medical and care giving facilities, to avoiding contact with any patient bodily fluids, by wearing of nonporous articles such as medical gloves, goggles, gown and face shields as established by the CDC Guidelines. These policies are implemented in order to ensure the safety and wellbeing of individual residents and AGENCY staff.

This policy shall be reviewed biannually for effectiveness. Any needed revisions and are to be updated with new health concerns that are expressed by the CDC.

Training for Infection Control must be completed within thirty (30) days of employment.

Infection Control Training shall include, but not be limited to the following criteria:

1. Getting rid of biohazard materials such as needles, lancets, tweezers, scissors, feces, vomit, urine and blood
2. The importance and requirement of washing of hands after any contact with biohazard material
3. Wearing of gloves
4. Handling soiled linen
5. Dealing with blood and contaminated biohazard items
6. Cleaning up biohazard spills and mishaps
7. Using the bleach solution
8. Preventing Cross-Contamination
9. Washing kitchen utensils, plated, cups, silverware, etc, in hot water
10. Infectious diseases
11. Quality Improvement

Staff must, at all times when addressing a biohazard situation:

- ◊ Implement proper precautions as stated and expressed during the Infection Control Training session
- ◊ Take proper precautions to prevent injuries caused by needles or any other sharp instrument. Handle needles with care and discard properly in a puncture resistant container. Particular care and precaution should be taken to avoid attempts to recap, break or bend any needle.
- ◊ DO NOT REPORT FOR WORK if exposed to TB, Hepatitis or any form or type of communicable disease.
- ◊ Refrain from any and all direct individual care or the handling of individual care equipment if any open sores or weeping lesions are noted.

HAND WASHING:

Proper hand washing is one of the most effective techniques in preventing infections. In order for hand washing to be effect, it must be done correctly.

AGENCY staff shall be trained in the proper technique of hand washing to prevent the spread or transmission of infection.

1. Wet hands thoroughly
2. Use soap...any kind
3. Rub hands together for thirty (30) seconds
4. Rinse well
5. Dry with paper towel
6. Turn off the faucet with the towel...not your clean hands

Staff must adhere, at all times, to the following requirements:

- ◇ Staff must wash their hands prior to putting on gloves and after removal of same
- ◇ Staff must wash their hands when transferring from on individual to another to provide care
- ◇ Staff must wear gloves when changing individual linen
- ◇ Staff must wash hands immediately after coming in contact with any soiled or contaminated items
- ◇ Staff must wear gloves when assisting an individual in the bathroom
- ◇ Staff must wear gloves when handling soiled linen
- ◇ Staff must wear gloves if handling an individual who has cuts, bruises, lesions or open sores
- ◇ Gloves must not be reused
- ◇ Gloves must be disposed of in the proper receptacle
- ◇ Staff must not come to work if they have any evidence of an illness that may compromise the health of Residential living residents or staff members

PETS

In order to ensure the safety of the residents and staff of AGENCY homes, any animal or pet must be inoculated for rabies annually. No vicious animals of any type or breed are allowed in the facility at any time. If an individual resident desires to have an exotic animal as a pet, the animal must be obtained from a federally approved source. Any parrots or psittacine family birds must be inspected by the USDA and branded.

EQUIPMENT

Equipment must be cleaned prior to use. This includes walkers and wheelchairs. Prior to the individual using the equipment, it must be cleaned with warm water and dishwashing liquid detergent solution. Personal equipment must not be shared with other residents of the home. This includes, but is not limited to, combs, toothbrushes, hair brushes, washcloths, walkers, wheelchairs and clothes.

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C-PAP MACHINE

If an individual resident uses a C-PAP machine, it must be cleaned via the following methods:

- ◊ Unplug the CPAP machine from its power source, as there may be a danger of electric shock if you do not.
- ◊ Disconnect the mask from the CPAP tubing. If the mask has a headgear, detach it. If there are other component pieces that are easily reattached, these can also be separated for cleaning.
- ◊ Remove the CPAP tubing from any connectors, the humidifier, or from the CPAP machine itself, if it connects directly.
- ◊ Remove the humidifier unit from the CPAP machine, and separate it into its own pieces for cleaning.
- ◊ Take a soft cloth and wet it with warm water. Gently wipe down the external surface of the CPAP machine.
- ◊ Fill a small sink, tub or basin with warm water. Add a small amount of gentle dish soap.
- ◊ Submerge the mask, headgear, tubing and connectors in the warm soapy water. Allow it to soak for a short period of time (30 minutes recommended).
- ◊ Alternately wipe out the mask with a soft cloth and warm water, and swish soapy water through the tubing. Allow everything to air dry on a towel. These items should ideally be cleaned on a daily basis.
- ◊ The humidifier should be cleaned with hot water and mild soap. It should also be allowed to air dry. Remember to only put distilled water in the humidifier. If you do not, there is an increased risk of illness as well as the possibility that hard minerals will build up on the equipment. The humidifier should ideally be cleaned on a weekly basis.
- ◊ If the C-PAP machine has a filter in place, review the manufacturer's instructions or ask the equipment provider about how it should be maintained. Some filters can be washed while others may require replacement.
- ◊ After everything has been allowed to air dry, reassemble the various parts. Apply the headgear to your mask, hook the mask back onto the tubing and any connectors, and then connect the tubing back to the humidifier or directly to the C-PAP machine. Turn the machine on briefly and listen for any air leaks that weren't there previously.

SHOWER CHAIR

After the use of a shower chair, rinse the chair with a solution containing bleach and allow it to air dry. Prior to using the chair, rinse with warm water before allowing an individual to use it.

BIOHAZARD/BODY FLUIDS

Gloves must be worn prior to cleaning up spills, vomit, mucus or any other bodily fluids. Gowns may also be worn if deemed necessary that there may be a possibility of splashing. The area where the spill occurred must be cleaned with an appropriately approved disinfectant. Staff must contain the biohazard material as much as possible with little or no agitation. The item must be double bagged in leak resistant bagging prior to being disposed of in the appropriate receptacle. All bagging must take place where the infection occurred to prevent cross-contamination.

Needles, lancets, scissors, tweezers and other sharp instruments must be disposed of in a biohazard container and locked away out of the reach of all residents. The biohazard container must be disposed of by a company that specializes in the removal and destruction of biohazard materials.

FECES

Staff must be double gloved. Staff must keep the feces contained to prevent cross-contamination. Staff must use a non-porous material to clean up the feces in the area where the contamination occurred. The cleaning material and the feces must be double bagged and then discarded off in a lined plastic container. The area must then be cleaned with an approved disinfectant or solution containing bleach.

SOILED LINEN

Staff must be double gloved. Staff must carefully fold the linen to prevent splashing, spreading or cross-contamination. The linen must be double bagged in the area where the contamination occurred. The linen must then be washed in detergent and bleach. After washing the linen, the staff must remove the linen and do an "empty wash" using bleach and hot water before the machine is used again.

LAUNDERING

In order to prevent cross-contamination, each individual resident's clothes must be washed separately. Personal items such as towels, linen, cloths, etc. belonging to an individual must be washed separately and not with those belonging to another individual. Unlike material must not be washed together, for example, socks and linens or clothes and towels, etc.

BLOOD

Staff must be double gloved. The blood must be cleaned up with a non-porous material. The material must be double bagged and then disposed of in a plastic lined receptacle. The area where the blood contamination occurred must then be cleaned with an approved disinfectant or bleach/water solution.

URINE

Staff must be double gloved. The urine must be cleaned up with a non-porous material. The material must be double bagged and then disposed of in a plastic lined receptacle. The area where the urine was deposited must then be cleaned with an approved disinfectant or bleach solution with water.

VOMIT

Staff must be double gloved. Staff must keep the vomit contained to prevent cross-contamination or splashing. If there is a possibility that splashing may occur, staff must also wear a disposable gown. Staff must use a non-porous material to clean up the vomit in the area where the contamination occurred. The cleaning material and the vomit must be double bagged and then discarded off in a lined plastic container. The area must then be cleaned with an approved disinfectant or bleach solution.

DISPOSAL OF DIAPERS

Soiled diapers must be double bagged and tied then immediately disposed of in the large receptacle outside of the building.

REMOVING THE GLOVES

Staff must carefully remove the gloves after each cleaning to prevent contaminating the skin. Staff will be trained to remove the gloves carefully without snapping as this can cause contaminants to fly into the eyes or mouth or the staff person or others that may be around them and cause contamination. Staff must wash hands after removing gloves.

DISPOSAL OF SHARP TWEEZERS NEEDLES and RELATED ITEMS

A special sharp container is used to dispose of any sharp instrument or needles used in the care of resident clients. The container is kept away from all residents when not in use by a staff person. At the time of use, the container is brought to the place where the injection is given. The needle is disposed of and the container is returned to a safe and protected area.

INFESTATION

AGENCY provide routine pest control services to eliminate the spread of disease and infection. The AGENCY facility shall have routine maintenance by a pest control AGENCY for the prevention of infestation by insects, rodents or pests.

TOWELS and BED LINENS

AGENCY maintain an adequate supply of bed linens and towels that is sufficient for the individual residents of the facility. These items must be washed, stored, and transported in a manner that prevents the spread of infection. (ALL STORED INDIVIDUALLY)

PERSONAL ITEMS

Each individual's personal items shall be stored separately. This includes, but is not limited to a toothbrush, hairbrush, razors, nail clippers, combs, etc are to be maintained separately from other residents and kept in a sanitary condition. The container must be labeled with the individual resident's name.

INDIVIDUAL RESIDENT CARE

FUNGUS

For individuals with fungal infection, staff must keep the individual's feet clean and have the individual wear sandals as much as possible to keep the feet dry and prevent sweating. Wash the individual's linen daily in bleach to prevent contamination. Wash the tub/shower with bleach solution after each use by the individual to prevent spreading any contamination and infection of others. Inform the individual's physician of his/her condition and see if the physician can prescribe an anti-fungal medication. Follow all orders prescribed by the doctor.

YEAST INFECTION

Staff must ensure that the individual keeps the area of the yeast infection clean and dry. Wash the individual's linen daily to prevent cross-contamination and once the individual removes their clothing, bag and launder immediately to prevent spreading and contamination. Notify the individual's physician once symptoms appear and follow all orders. If the individual is given a suppository for vaginal yeast infection, after the insertion of the suppository, staff must double bag the suppository aid and dispose of properly. Staff must ensure the individual washes her hands after every toileting use to prevent infection and/or cross-contamination.

HEAD LICE

If an individual has contracted head lice, avoid head-to-head contact with other individuals in the facility. Disinfect all combs and brushes used by the individual by soaking them in hot water of at least 130 degrees F for 5 to 10 minutes. Remove linens daily from the individual's room and wash in hot water. When the individual removes his or her clothes, wash the clothes immediately separate from others in hot water. Use high heat when drying the laundry.

Inform the AGENCY Administrator of the individual's condition and one of them will contact the individual's physician and obtain guidance on how to treat the condition.

SHAVING

Each individual must have his own electric razors. Under no circumstances must individuals share razors. If an individual needs assistance shaving, staff must wear gloves before assisting the individual. After shaving, the razor must be rinsed with alcohol and put away correctly. The shaved hair from the individual must be bagged and disposed in the trash. The area where the individual shaved must be wiped down with a bleach solution.

RESPIRATORY INFECTIONS

Have the individual use disposable tissue and dispose of properly in the trash can. The individual must periodically wash hands to prevent cross contamination. Utensils used by the individual must be thoroughly washed in hot water and dish detergent. Have the other individual residents be distanced from the individual to prevent their being exposed to potential contamination. Show the individual how to cough/sneeze into his or her elbow.

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GASTROENTERITIS

If an individual has gastroenteritis, notify his or her doctor immediately. Make sure the individual washes his or her hands periodically to prevent spreading the illness. Prevent the individual from having close contact with other residents of the facility. Do not allow the individual to share equipments, such as glasses, utensils and plates with other individuals in the home. Any equipment used by the individual must be washed thoroughly in hot water and dish detergent. Treat the condition as instructed by the doctor.

TUBERCULOSIS (TB) TESTING

Each staff member and individual resident is expected to undergo a TB test/chest x-ray prior to hire or being admitted as a resident of a AGENCY home. TB skin test will be conducted annually and chest x-ray If any member has been exposed to TB, he or she must undergo another TB test. If the test is positive to TB, the individual staff member or proposed resident must be kept away from the AGENCY home until permission is given by a licensed physician that the individual is no longer contaminated and may be around other people. This must be certified in writing from the licensed physician who made the determination. If the person has a chest x-ray in place of TB skin test the chest x-ray is valid for 5 years.

MRSA

MRSA is a virus that has come from the staph infection virus known as "Staph Aurous". If an individual has been diagnosed with MRSA necessary precautions must be taken to prevent cross-contamination. Wash the individual's linen daily in isolation. These items must be bagged at their current location and taken directly to the wash room. After the wash, do an empty wash with one cup bleach added to the water. When the individual removes his or her clothing, bag same at the location and take directly to the wash room and follow the same procedure used for laundry of linens. All washed items must be dried in the dryer. Utensils used by the individual must be washed in hot water and detergent. Gloves procedures must be enforced when handling the individual or the individual's belonging.

The infected individual must be kept in isolation to prevent the bacteria from spreading. Cover cuts and scrapes with a clean bandage. This will help the wounds to heal. It will also prevent spreading the bacteria to other people. The individual must be under the care of a physician once diagnosed with the infection. Follow the physician's orders in caring for the infected individual and contact the doctor with any questions or concerns.

INFLUENZA (FLU) of H1N1

Consult with all individual residents' doctors about their patients getting the flu/H1N1 vaccine, but in the event an individual has contracted the flue/H1N1, ensure that the necessary precautions are taken to prevent other residents and staff from getting infected. Have the individual cough or sneeze into tissue paper and then wrap in a plastic bag and dispose of correctly. Prevent the individual from having close contact with other residents of the household. All utensils used by the individual must be washed in hot water. Follow all instructions as directed by the treating physician.

OVERVIEW

The risk of disease transmission from individual to the next is a condition that can be prevented. Staff is expected to adhere to the Infection Control Policy and to notify management of any concerns or questions.

COMMON & SPECIFIC INDIVIDUAL MEDICATIONS AND SIDE EFFECTS:

Dilantin is used for seizures and behaviors. It is necessary to check cbc blood levels, renal and liver panels.

*** It can cause overgrowth of gums which requires regular dental care. Monitor gait coordination for toxicity. Neuropathy, blood sugar, bruising, bleeding, jaundice and skin/eyes. Take with food.

Ferrous sulfate is used for anemia.

*** Some side effects are nausea, constipation, black stools, false positive guaic test, GI upset, take between meals, CBC, take with juice to increase absorption. DO NOT SUBSTITUTE FOR OTHER IRON PRODUCTS.

Humulin is used to treat diabetes.

*** It can cause hypoglycemia, lipoatrophy, monitor glucose levels, multiple drug/drug interactions, monitor magnesium and potassium levels, rotate injection sites, give only as directed.

Lactulose is used to treat constipation.

*** It can cause decrease in potassium blood levels.

Lisinopril is used to treat hypertension. It can cause dizziness, orthostatic hypotension, nasal congestion, diarrhea, hyperkalemia, CBC, monitor BP, monitor LFT's, avoid salt substitutes containing potassium.

ALL STAFF STILL NEED TO BE TRAINED
ON EACH INDIVIDUALS MEDICATION,
RISKS AND BENEFITS. THIS IS NOT A
REPLACEMENT

MEDICATION SUPERVISION

AGENCY provides quality and exceptional services in the medication management and supervision.

All medications must be stored in a locked cabinet only accessible to staff members. For medications that are substance controlled, these medications must be double locked and signed out before each use and counted at the end of each shift or day. The key must be locked up in a combination lock.

All direct care staff and management personnel will be thoroughly trained to meet the medication management and supervision competency requirements. Training to staff and management personnel of AGENCY will be conducted by a qualified individual.

Staff is not allowed to administer medication. Only licensed medical personnel may administer medication.

All direct care staff and management personnel will receive training to assist individuals in medication supervision. Documentation of training will be kept in the staff member's personnel file.

Medication supervision and management training will be conducted with 30 days of employment with AGENCY.

TRAINING: The training will include, but not limited to, the following:

- Supervising and monitoring the individual taking his/her medication
- The individual's right to refuse medication
- Identifying side effects of medications
- How medication is stored
- Documentation on the MAR
- Documenting sample medications

The "Eight Rights"

Right person

Right medication

Right time

Right dosage

Right route

Right position

Right documentation

Right to refuse

Identifying the individual to ensure the correct individual is taking the medication
 Disposing of medication
 Call in prescription
 Medication Monitoring
 Educating the individual about his/her medication
 Ensuring a copy of each prescription is in the individual's file
 Benefits and risks of the medication

In summary staff will also be educated on medications taken by individual, including risks and benefits, monitoring and supervision of individuals self – administration of medications, the individuals right to refuse medication, and documentation of medication requirements. Staff will be educated on the fact that an informed consent is required prior to the doctor prescribing a psychotropic. The consent has to be done by the doctor and has to be signed by the individual/legal guardian prior to him prescribing a psychotropic. Staff will at that time obtain a copy of the consent and a copy will remain in the chart. A consent is required for each psychotropic medication.

Staff will be trained on Aims testing; Any one on a psychotropic has to have an Aims test conducted every 6 months by the psychiatrist or our AGENCY nurse (RN) or more frequently if indicated by doctor.

Staff will also be educated on individuals that are on specific medications that require monitoring of levels such as **depakote** which generally requires **valproic** acid levels and liver function tests. **Phenobarbital** requires **phenobarbital** levels as often as prescribed. Levothyroxine requires monitoring thyroid function levels specifically TSH.

The Medication Management training must be documented in the staff member's file.

AGENCY will develop an immediate plan of action for incompetent staff:

First Training: the information received from the first training will be represented as study material, reschedule training will be delivered by the registered nurse.

Second Training: The nurse shall reschedule intensified training.

Third Training: The staff member shall receive progressive discipline in the following order: verbal counseling, not to exceed three before a written counseling; admonishment, reprimand, suspension and then termination

Information on the MAR must contain the following:

The individual's name
 The name of the medication
 The route of the medication
 The name of the individual's prescribing physician
 The full name of the staff who supervises the individual taking the medication
 The frequency of the medication
 The title of the staff
 Any allergies the individual has
 The dosage of the medication

Legend:

H=HOSPITAL
 R=REFUSED
 NPO=NOTHING BY MOUTH
 HM=HOME VISIT
 DS=DAY SERVICES

Over the counter medications must have a physician's order and documented in the MAR in the same manner as a prescribed medication. OTC must also have a label from pharmacy:

The AGENCY will keep a copy of each individual's prescription in the individual's file. The manager of the home must compare the prescription to the information on the MAR and the medication container to make sure they are all the same.

Medication errors are as follows:

Staff member did not initial MAR to indicate individual received the medication
 Individual initial MAR and individual did not receive medication
 The medication is dropped
 Individual misses a dosage
 Individual does not receive the medication within one hour of the scheduled time
 Individual is given the wrong medication
 Individual is given the wrong dosage
 The wrong route is on the MAR
 The MAR has the wrong individual's name
 The medication container has the wrong individual's name
 Individual does not receive medication on scheduled trips, family visits etc.
 Individual receives medication in the wrong frequency
 Discarding medication in the trash
 Disregard of Physician's Order
 Falsifying Medication Administration Record (MAR)
 Giving an individual the wrong medication(s), dosage, time, route, frequency

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We will ensure that all staff members are trained identifying the individual using two identifiers prior to the medication being taken and in the "Eight Rights" of medication supervision:

- Right person
- Right medication
- Right time
- Right dosage
- Right route
- Right position
- Right documentation
- Right to refuse

Eight Rights for medication management:

Right person: Staff will ensure the correct individual is receiving the prescribed medication by requesting that the individual provide staff with his or her name. Staff will check the name with the MAR to ensure both are the same. Staff will also check the individual's date of birth. If the individual is not verbal, staff will utilize a picture of the individual kept with the individual's record. In addition staff will use a secondary identifier such as "mole on left cheek" or "birthmark scar on the forehead."

Right medication: Staff will ensure the correct individual is taking the correct medication by checking the description on the MAR along with the actual description of the medication. The description includes color, shape and texture.

Right time: Staff will ensure the medication is given at the right time by checking the time on the packaging of the medication, the time on the MAR and the actual time the medication is given.

Right dosage: Staff must check the dosage on the prescription and the dosage on the MAR. They both must be the same. If there is any discrepancy, staff must contact the pharmacy, the AGENCY's nurse and the prescribing doctor.

Right route: All prescriptions and MAR must state the route. Staff must ensure the medications are given by the route mentioned on the MAR and the prescription. (e.g. orally, in the right eye etc.)

Right position: This refers to the position the individual must be in when receiving certain medications. (e.g. For rectal suppositories, it may state, "Individual must be lying on the left side with the right knee pulled up." For injections, "In the right arm." etc.)

Right documentation: The MAR must be documented at the time the medication is given. Staff must initial the correct area on the MAR stating the date and time the medication was

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given to the individual. If it is not documented then it will be implied that the medication was not given. This is considered a medication error.

Right to Refuse: If the individual refuses to take his or her medication, try encouraging the individual to take the medication. If an hour passes and the individual still has not taken the medication notify the prescribing physician and complete an incident report. If the missed medication causes an adverse reaction, complete a CIR and email it to the Office of Investigations for DBHDD. This must be completed within 24 hours.

PRESCRIBING

Prescriptions are only to be obtained from a licensed physician. A copy of the physician's order or current prescription must be placed in the individual's record for every medication administered or self-administered with supervision. In order for the prescription to be valid, it must contain:

The individual's name

The name of the medication

The dose

The route

The frequency

Special instructions, if needed

The physician's signature

A copy of the Medical Office Visit Record with the highlighted physician's order may also be kept as documentation

Anti-psychotic medications must only be prescribed by a psychiatrist or a psychiatric nurse practitioner. Anti-psychotic must not be prescribed as a PRN med to control behavior.

MEDICATION ERROR INCIDENTS

Medication errors must be reported to the nurse, the individual's physician and the AGENCY immediately. The medication error must be documented on a Medication Error Form immediately. If a medication error does not cause an adverse reaction, the incident must be reported and documented within the AGENCY. If a medication Error causes an adverse reaction, the Department of Behavior Health and Developmental Disabilities must be notified via email with a Critical Incident Report. The AGENCY will develop a plan of correction to prevent re-occurrences of medication errors.

TIMEFRAMES FOR CONTACTING THE PRESCRIBING OFFICIAL WITH AN ISSUE

The following timeframes must be used for contacting the prescribing professional.

Drug Reaction: The prescribing official must be notified immediately.

Medication problems: The prescribing official must be notified immediately.

Medication Errors: The prescribing official must be notified immediately.

Refusal of medication by the individual: The prescribing official must be notified within 24 hours.

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AUTHENTICATION OF PHONE ORDERS

All prescription must be authenticated by the physician who prescribed the medication. If the prescription is done by phone, a signed copy must be received by the MD within 72 hrs as proof of authentication by the physician.

STORAGE OF MEDICATION

All medications must be stored in a locked container and then locked in a room only accessible to staff members. For medications that are substance controlled, these medications must be double locked and then stored in a locked file cabinet or locked cupboard. Only staff supervising medications may have the keys for accessibility to the medications.

The manager must do a daily inventory of controlled medications. The number of pills must coincide with how many pills must be in the package based on cross-referencing the MAR. If there is an error, management must be notified immediately.

There are safeguards utilized for medications known to have substantial risks or undesirable effects, including but not limited to;

1. Storage
2. Handling
3. Insuring appropriate lab testing or assessment tools accompany the use of the medication
4. Obtaining and maintaining copies of appropriate lab testing and assessment tools that accompany the use of the medications prescribed from the individuals physician for the individuals clinical record, or at a minimum, documenting in the clinical record the requests for the copies of these tests and assessments.

EDUCATING THE INDIVIDUAL

The onsite manager or the AGENCY's nurse must go over the prescription with the individual and explain the risks and benefits. This must be explained to the individual in a language he or she can understand things such as risks and benefits of taking the medication(s).

PSYCHOTROPIC DRUGS

Individuals taking psychotropic drugs must sign an 'Informed Consent for Psychotropic Drugs.' It must be conveyed in a language the individual can understand. The physician must give information to the individual when the medication is prescribed and have the individual sign or indicate that they understand.

MEDICATION ADMINISTRATION

Medication can only be administered by staff who are licensed in an area of medical training. Staff may appropriately administer epinephrine for anaphylactic reaction, insulin required for diabetes, suppositories for ameliorating serious seizure activity, and medications through a nebulizer under the following conditions:

The AGENCY shall have written protocol for the administration of the medications ordered by the physician of the individual

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The staff has been trained by a licensed nurse or physician's assistant in the written protocol and proper technique for the administration of the medications as ordered by a physician for the individual

The written protocol and staff training shall be updated annually

A licensed nurse or physician's assistant shall verify the training and ability of the unlicensed staff members by signing and dating a copy of the written protocol. The signed and dated copy shall be kept in the file of the staff member.

The staff member has completed a course in Department of Technical Adult Education (DTAE) school and is certified as a Certified Nursing Assistant (CNA) and Qualified Medication Aide (QMA)

The staff member has satisfactorily passed the NCLEX-style exam for QMAs

An RN supervises the staff member.

Staff may appropriately administer epinephrine for anaphylactic reaction, insulin required for diabetes, suppositories for ameliorating serious seizure activity, and medications through a nebulizer under the following conditions:

Residential living shall have written protocol for the administration of the medication as ordered by a physician of a resident.

The staff shall have been trained by a licensed nurse or physician's assistant in the written protocol and proper technique for the administration of the medication as ordered by a physician for a resident.

The written protocol and staff training shall be updated annually

A licensed nurse or physician's assistant shall verify the training ability of the unlicensed staff member by signing and dating a copy of the written protocol. The signed and dated copy shall be kept in the file of the staff member.

SELF-ADMINISTRATION

All medications required by a resident shall be self-administered by the resident except when a resident, although generally capable of self-administration, require administration of oral or topical medication by or under supervision of a functionally literate staff person, through arrangements made by the resident of the home. Injectable medications may only be self-administered or administered by an appropriately licensed person with the following exceptions:

Administration of epinephrine under established medical protocol by a staff person to residents with a known anaphylactic reaction

Administration of insulin under established medical protocol by a staff's person provided that the individual's personal physician has designated a staff person or persons who have been trained and are qualified to administer the insulin to that particular resident. The statement from the resident's physician certifying which staff person or persons have been trained must be maintained in the resident's file.

SUPERVISION OF SELF-ADMINISTRATION

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Individuals who are capable of self-administration must have the medication documented on a MAR. The staff member must supervise the individual self-administering the medication. The staff must initial the MAR in the date and time section for the medication given. The staff member's full name must be on the MAR and the title of the staff member. The medication must be recorded each day and time it is given. Any medication that is missed, refused or not given for any reason must be documented, including adverse reactions or implications. The individual must be observed for any side-effects of the medication. Individuals who self-administer their own medication must have a MAR of file. The MAR must have all the pertinent information required on MARs. This includes the individual's name, allergies, name of medication, route, dosage, time, position. The staff supervising the individual self-administering the medication must initial the MAR in the correct area indicating that the individual was supervised self-administering the medication. The staff member must verify the physician's medication order and compare it to the MAR and ensure both are the same. Staff may assist the individual by using hand-over-hand if needed. In summary; Staff, unless certified as QMA or licensed healthcare professional (RN, LPN) cannot administer meds. Staff are not allowed to take medication out of the bubble pack/packaging/bottle and place in individuals hand/med cup/ mouth or prescribed route unless providing hand over hand assistance. Staff cannot place medication in and individuals mouth. The staff can only provide hand over hand assistance. Staff may supervise individuals with taking their medication.

IDENTIFIERS

To ensure the individual is the right person taking the medication, the staff member must use two identifiers. The first identifier is a picture on the individual in the individual's file. For the second identifier, the staff member must ask the individual his/her name and verify this is the individual by comparing him/her with the picture in the file. If the individual is non-verbal, the individual may be identified by a mark on the body such as "mole on left cheek" or "birthmark scar on the forehead."

ACCURACY OF MEDICATION

Medication time is the time the pharmacy designates on the MAR. To verify the right medication is correct, staff must check the description of the medication on the MAR along with what is actually in the medication container. Staff must read the label for the medication prior to the individual taking it to ensure the right dose, route and position are set in place before the individual takes the medication.

TRACKING MEDICATION ERRORS

A copy of all medication errors must be sent to the management of AGENCY The errors will be reviewed by management. Management will develop a plan to eliminate the medication errors. This involves, but not limited to, retraining the staff and terminating a staff that has a history of repetitive medication errors. The home manager is responsible for tracking and documenting all medication errors. Once the violations are corrected, the home manager must turn in an attestation that the issues have been corrected.

BIENNIAL (EVERY TWO YEARS) ASSESSMENT

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There must be a biennial assessment of the AGENCY's practice of management of medication at all sites housing medications. This must be conducted by an independent licensed pharmacist or licensed registered nurse. The report shall include, but not limited to:

A written report of findings, including corrections required

A photocopy of the pharmacist license or a photocopy of the license of the registered nurse.

A statement of attestation from the independent licensed pharmacist or licensed Registered Nurse that all issues have been corrected.

CALLED IN PRESCRIPTIONS/VERBAL ORDERS

Verbal orders for medication can be done by the nurse of the AGENCY.

SAMPLE MEDICATIONS

AGENCY does not use sample medications.

ILLICIT DRUGS

The taking of illicit drugs by staff or individuals will not be condoned. In the event there is evidence of illicit drugs in the home, the drug will be confiscated by a manager who shall turn it in to the proper authorities without releasing the identity of the individual. Staff must educate the individual about the serious consequences of the combination of the prescribed drugs and illegal drugs and other serious effects that can occur from using illegal drugs. The AGENCY will provide any support needed for the individual to prevent a reoccurrence. The sheriff department shall be notified that illicit drugs were brought into the home.

LICIT DRUGS

If an individual brings a licit medication to the facility that is missing a label, over-the-counter, from a family member or friend, management will confiscate the medication turn the medication in to the pharmacy. Two staff members shall turn the medication in to the pharmacy.

PROCURING MEDICATIONS AND REFILLS

AGENCY obtains the residents' medications from

_____ Pharmacy. The number is

_____. Staff members are not allowed to re-package medication. Individuals who have the ability to re-package their medications in "day minders" may do so with staff supervision. Each individual will receive an MAR documenting the medications s/he receives. If the medication changes during the month, the home manger is responsible for obtaining the new medication and documenting the new information on the MAR.

The home manager is responsible for ensuring medications are refilled as needed. Medications that are refilled must be documented on the MAR in the same manner as the other medications.

All prescriptions and over-the-counter drugs must be filled within 24 hours of receipt of the prescription and refills must be completed before 24 hours of the exhaustion of the current

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supply. After obtaining a prescription from the doctor, staff will fax/deliver prescription to the pharmacy. Staff will call to verify receipt of prescription if faxed. It is our policy that prescriptions must be filled and started with 24 hrs. If the medication is not in stock and the pharmacy has to order the med staff will document this info in the progress note. In this case the medication will be started when received from the pharmacy within 72 business hours.

REFRIGERATED MEDICATION

Refrigerated medications must be kept separately from food. If a separate refrigerator is not available, these medications may be placed in a locked container in the same refrigerator in which food is stored. The temperature of the refrigerator shall be maintained between 36 degrees Fahrenheit and 41 degrees Fahrenheit. A temperature log must be kept on file for all refrigerated medications.

DISPENSING

Medications may only be dispensed by a physician or pharmacist.

REFUSAL OF MEDICATION

If a resident refuses to take his/her medication, the staff must encourage the individual to take his/her medication. If the allowable time frame passes by, one hour after the prescribed time, a Medication Error Form must be filled out. The reason for the medication error must be documented as "R" for "Refused." The error must be reported to the home manager and the individual's physician. Any adverse reaction or implication must be documented. If the refusal of the medication causes an adverse reaction, causes an adverse reaction, the Department of Behavior Health and Developmental Disabilities must be notified via email with a Critical Incident Report within 24 hours. If the missed medication does not cause an adverse reaction, an internal incident report must be completed.

MONITORING OF MEDICATION

For individuals taking psychotropic medication and require monitoring of their blood levels, the levels must be checked as required by the physician. A copy of the lab report must be kept in the individual's records and a copy is requested from the individual's physician. The home manager is responsible for ensuring that all medication monitoring are performed as required by the individual's physician. This includes blood levels check and blood pressure monitoring. Also if an individual shows evidence of side effects, this information must be monitored and the AGENCY's nurse notified within 24 hours. If the medication is completed and staff believes the individual still needs the medication, this information must be relayed to the physician. The staff must explain they in full details why they believe the individual still needs continuous use of the medication.

For individuals on drugs that may cause tardive dyskinesia, they must be monitored at prescribed intervals using the Abnormal Involuntary Movement Scale as requested by the physician. The AGENCY RN does the AIMS or his nurse or staff member trained to do AIMS. A copy of the AIMS test results is requested for individual record every six months for the physician who performed the examination.

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LABELING

All medications must be labeled with a pharmaceutical label. If there is not a label on the medication do not give it to the individual. The label must document, but not limited to the following:

- Individual's name
- Name, address and phone number for the pharmacy
- Name of the medication
- Prescribing Physician
- Dosage of the medication
- How often the medication must be taken
- The number pills in the container

DISCONTINUED MEDICATION

If a medication is discontinued, a copy of the physician's discontinued order must be kept in the individual's file. On the MAR, D/C must be written on the day and time the medication was discontinued and a line drawn through the remaining days of the medication and then signed by the staff documenting the discontinuation of the medication.

MEDICATION RECORDING

AGENCY records all medications in order to ensure the care and welfare of the individuals and to ensure each individual receives the medication(s) prescribed. The medication recording must document the individual's name, medication, time, dose, route and position.

All special instructions must be adhered to such as:

Must be taken with meals

Must be taken with juice

May not be taken with milk or milk products

If the individual takes the medication more than one time a day, there must be a corresponding line on the MAR for each time the individual must take the drug.

All line preceding the day and time the individual was prescribed the medication must have a single line drawn through these days and times.

There must be a legend on the MAR clarifies the identity of authorized staff initials using full signature and title. The legend must also document the reason why a medication may not be given, is held or otherwise not received by the individual, such as but not limited to:

"H" - Hospital

"R" - Refused

"HM" - Home Visit

"NPO" - Nothing by mouth

"D" - Day Habilitation

PERIODIC MEDICATIONS

Medications that are taken on a periodic basis, including over the counter medications, must be documented on a separate discreet portion of the Medication Administration Record.

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There must be a full replication of the physician's order for each periodic medication. The documentation for the periodic medication must include, but not limited to:

Name of the medication;

Dose as ordered;

Route as ordered;

Purpose of the medication such as but not limited to:

For upset stomach;

For fever over 100F;

For itching;

Frequency that the medication may be taken:

Every four hours not to exceed five doses in 24 hours;

Not to exceed two doses in 24 hours;

Every four hours until fever drops below 100F.

The date and time the medication is taken or received is documented for each use;

When 'prn' or 'as needed' medication is used, the effectiveness is documented. The documentation must include when it was given; time it was given; why it was given and what was the result.

PRIOR AUTHORIZATION AND MEDICATIONS

All prescriptions must be filled within 24 hours. If a medication requires a Prior Authorization (PA), the house manager must fill the medication for one week to give the PA time to get processed. On the fourth day, if the PA has not been processed, the home manager must go ahead and fill the entire prescription and the AGENCY will pay for the medication.

MEDICATION DISPOSAL

AGENCY disposes of all individuals' discontinued and expired medication in a correct and safe manner. This includes mixing the medication with coffee grounds or unused cat litter. When disposing of medication staff will sign the disposal record and another staff will witness the disposal.

To dispose of expired or discontinued medication, the following must be in effect:

A Medication Disposal Log must be completed by a staff member and manager

Medications must not be placed in garbage containers

Medications must not be flushed down the toilet

A manager must sign off on the disposal log

Medications must be returned to the pharmacy for destruction or disposal or dispose of in an environmentally friendly manner.

Medications must be examined during in-home inspection by management staff for expiration or discontinuation.

Behavior management/Restraints/seclusion/time out

The staff and management of AGENCY shall work with individuals, family members and staff to provide behavior support for the clients we serve.

A Behavior Support Plan is a plan that provides positive behavior support for the individual while respecting the individual rights and responsibilities. The plan is created using assessments of the challenging behavior that includes understanding the strengths, preferences and interests of the individual; the goal that is to be achieved; and the A-B-C's related to the behavior that is of concern. In order for the BSP to be effective, everyone working with the individual must be consistent in delivering the plan while working with the individual.

Behavior is a form of communication, but when the behavior interferes with the individual's norms of society or the safety of the individual or those around him, the behavior is now considered to be challenging. All challenging behaviors shall be addressed by the DDP who will work in cohesion with the Behavior Consultant to assist the individual to produce more acceptable behavior.

If a staff member is concerned that an individual may be in need of behavior support, the staff must contact the DDP, so that the necessary steps can be taken to evaluate the situation. The DDP shall work with the staff and collect data using the ABC-Chart to identify the cause of the behavior. Once The DDP has taken all the steps to assist the individual with the challenging behaviors and there is no success, she DDP may refer the client to a Behavior Consultant.

The Behavior Support Plan must be developed in accordance with Best Practice Standards for Behavioral Support Services. The document can be accessed from the DBHDD website.

The approaches implemented for the individuals with challenging behaviors must be addressed as specified in the Guidelines for Supporting Adults with Challenging Behaviors in Community Settings.

Staff will be trained to look for indicators that an individual may need a Behavior Support Plan. If an individual begins to exhibit behavior of concern, the correct protocol is as follows:

- ◊ If the individual is able to communicate, talk to the individual to try and find out what is causing the behavior. Work with the individual. Find out his desires and be respectful.
- ◊ If the individual is unable to communicate, try and figure out if there is any stimuli that is causing the behavior. Some examples are as follows:
 - Physiological causes -- Is the individual sick or in pain; Was there a recent medication change; Is the individual hungry or thirsty.
 - Social causes — Was there a recent change in the individual's life; Is there a change in staff/individual in the home; Does the individual feel unsafe.
 - Psychological causes—Is the client anxious about an upcoming event; Is there reason for the individual to be worried.
 - Environmental Issues—Is there something in the environment that is triggering the behavior.

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After carefully eliminating the possibilities of internal or external stimuli for causing the behavior, staff must document the situation surrounding the behavior(s) using the ABC approach.

A–Antecedent: What was the situation before the behavior occurred?

B–Behavior: What was the behavior?

C–Consequences: What influential event(s) took place after the behavior?

The ABC Chart must be used for this documentation.

If the ABC Chart is unable to identify the reason(s) for a challenging behavior, a qualified individual must be consulted to create a Behavior Plan. The Behavior Plan must use only positive interventions to replace the challenging behavior with an acceptable behavior.

The Behavior Plan must not consist of using chemical restraints or any unpleasant or dehumanizing way to control the individual's behavior.

Chemical restraint may never be used under any circumstance. Chemical restraint is defined as a medication that is:

- ◊ Used to control behavior;
- ◊ Used to restrict the individual's freedom of movement; and
- ◊ That is not a standard treatment for the individual's medical or psychiatric condition.
- ◊ Examples of chemical restraint are the following:
 - ◊ The use of over the counter medications such as for the purpose of decreasing an individual's activity level during regular waking hours;
 - ◊ The use of an antipsychotic medication for a person who is not psychotic but simply 'pacing' or mildly agitated

PRN DRUGS

AGENCY does not allow PRN antipsychotic and mood stabilizer medications for behavior control.

BEHAVIOR SUPPORT PLAN

The Behavior Plan must be signed by the individual or the individual's legal guardian.

Everyone involved in with the individual must follow the Behavior Plan as it will be incorporated in the individual's ISP. Staff working with the individual must be trained to incorporate the plan.

If the Behavior Plan is deemed to be ineffective, contact the professional who wrote the plan so the plan can be re-evaluated; talk to the individual about the plan; check with staff and see if the plan has been implemented in the correct manner; find out from the staff which parts of the plan were successful; tweak the plan as needed, invite the interdisciplinary and multidisciplinary team to discuss the plan; seek additional consultation and invite staff from the DBHDD Regional Office as needed.

Once the Behavior Support Plan has been created, there must be evidence that the following issues have been addressed.

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The plan is:

- ◊ Individualized;
- ◊ Based on a functional assessment;
- ◊ One that incorporates the “rule out” of medical issues;
- ◊ Developed and overseen by a qualified professional;
- ◊ Inclusive of rationale for the following:
 - Use of identified approaches;
 - The timing of their use;
 - An assessment of the impact on personal choice of the individual;
 - The targeted behavior; and
 - How the targeted behavior will be recognized for success
- ◊ Implemented by trained and competent staff;
- ◊ Discussed with the individual and family (as permitted by the individual);
- ◊ Intensive, restrictive or special treatment procedures must be clearly justified, authorized and supervised by an in-field professional and may not be in conflict with federal or state laws, rules, regulations or standards

SAFETY/CRISIS PLAN

If the individual’s behavior interferes with his safety or the safety of other individuals, a safety plan needs to be completed. The safety plan must go a step further from the Behavior Plan by delineating steps to take while responding to a challenging behavior.

ADAPTIVE SUPPORTS

Adaptive supports/medical devices will be used per doctor’s order.

Adaptive supports or medical devices can only be used per a doctor’s order and must be incorporated in the ISP. Documentation must be kept on file in the individual’s chart.

CRISIS INTERVENTION

If the individual is in a crisis, assure the individual you are there to support him/her. Utilize the techniques taught in the CPI to safely de-escalate the situation. Be an active listener to any information the individual is trying to convey to staff. Staff must remain calm and supportive at all times and continue working with the individual to de-escalate the situation. Notify management and the DDP immediately of the situation.

BRIEF HAND HOLDING

AGENCY will utilize the use of brief-hand holding.

The brief-hand holding process consists of holding or physically guiding an individual to interrupt or prevent inappropriate behavior. Brief hand holding must not be used to restrict the individual in any form.

Brief hand holding should be less than ten seconds.

PERSONAL RESTRAINTS

AGENCY will use personal restraints as a last resort.

Personal restraints may be used to restrict the individual from free movement. If personal restraints are used on an individual, it must be documented in the individual's ISP. Only staff trained in the use of personal restraints for the individual may implement its use. Personal restraints must not include the use of any devices. Personal restraints must be used as a last resort when all other method of interventions failed in de-escalating the individual and the individual is a threat to self or others. The use of personal restraints may be used for a period of ten seconds or more, but not exceed 5 minutes.

TIME OUT

AGENCY will NOT use time-out.

SECLUSION

Under no circumstance is seclusion allowed.

CORRECTIVE BEHAVIOR

AGENCY always promotes constructive behaviors by the individual in order to:

- ◇ Improve the individual's quality of life
- ◇ Helps in the development of a better environment
- ◇ Elevates the standard of life for other individuals
- ◇ Develop greater communication among individuals and staff
- ◇ Interact better within the community
- ◇ Become recognized as a law abiding citizen

The individual or legal guardian has the right to choose the individual he/she wishes to provide the behavior support.

CRITICAL INCIDENT/DEATH REPORTING (CIR)

A critical incident is any event that involves an immediate threat to the care, health or safety of an individual in residential services, on site with a community provider or hospital, or absent without leave from an inpatient or residential services facility.

The Incident Reporting Policy shall adhere to Department of Behavior Health and Developmental Disability (DBHDD) Policy Number 6001-101.

All staff members will be trained on the internal and external procedures for reporting incidents by the house manager.

Critical Incidents include but are not limited to:

- ◊ All Deaths
- ◊ Rape, Sexual Assault or Sexual Exploitation of an individual
- ◊ Attempted Suicide
- ◊ Any incident that requires transfer of the individual to a medical facility as an inpatient or outpatient where treatment is for a fracture to a bone
- ◊ Seclusion or restraint that results in an injury
- ◊ An individual who is absent without leave
- ◊ Any incident where a resident assaults another resident
- ◊ Criminal conduct by or against an individual resident.

Incidents are defined by two categories, Category I and Category II:

CATEGORY I

- ◊ Death
- ◊ Allegations of Physical Abuse
- ◊ Allegations of Staff to individual sexual assault or sexual exploitation
- ◊ Allegations of Individual to Individual sexual assault or exploitation
- ◊ Medication errors with adverse consequences
- ◊ Seclusion or restraint resulting in injury that requires treatment beyond first aid
- ◊ Suicide attempts that result in hospitalization.

CATEGORY II

- ◊ Allegations of verbal abuse
- ◊ Allegations of Financial Exploitation
- ◊ Individual resident who leaves the grounds of a state hospital without permission
- ◊ Individual who is unexpectedly absent from a community residential or day program
- ◊ Seclusion or restraint resulting in injury requiring minor first aid.
- ◊ Vehicular accident with injury while individual is in a state vehicle or being transported by community hospital or staff members
- ◊ Incident occurring at a provider's site which required intervention by law enforcement services
- ◊ Criminal conduct by an individual resident
- ◊ Individual to individual assault with injury requiring more than first aid to address
- ◊ Medical hospitalization of an individual of a state hospital (including state operated community programs) or community residential program
- ◊ Individual injury which requires treatment beyond first aid

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- ◊ Staff injury caused by an individual resident that requires treatment (State-operated programs only)

Definitions and Reporting Time Frames for Serious Incidents:

Death– The death of an individual while being housed in a community residential program. Suicide is a reportable death. All deaths are Reportable within 2 hours.

(Allegation of) Neglect–The failure of an employee or an organization to provide goods, services and supervision necessary to avoid physical harm, mental anguish or creates a significant risk of injury or death of an individual. Reportable within 24 hours

- (Allegation of) Staff to individual sexual assault or exploitation–Any sexual contact between an employee and an individual resident. Includes the solicitation of an individual by an employee for sexual purposes.
Reportable within 24 hours
- (Allegation of) Individual resident to Individual Resident sexual assault or exploitation–Forced sexual activity between individual residents
Reportable within 24 hours
- Medication Errors with adverse consequences–Medication error includes omission and wrong dose, time, person, medication, route, position, technique/method and form. Adverse consequences are those that cause the individual discomfort or which jeopardizes his or her health, safety and welfare. This does not include refusal by the individual to take his or her medication.
Reportable within 24 hours
- Seclusion or restraint resulting in injury which requires treatment beyond first aid– Seclusion or restraint includes physical holding, as well as mechanical restraints and time out. This does not include postural supports or restraints for medical or surgical procedures. Injury includes any physical harm or damage that requires treatment beyond first or more serious treatment.
Reportable within 24 hours
- Suicide Attempts that result in medical hospitalization–The individual has to receive treatment or is hospitalized for medical reasons related to or from a suicide attempt.
Reportable within 24 hours
- (Allegation of) Verbal Abuse–The use of words or gestures by an employee to threaten, coerce, intimidate, harass or humiliate a individual resident.
Reportable within 24 hours
- (Allegation of) Financial Exploitation–The illegal or improper use of an individual's labor, property or resources for another's profit or advantage. The failure to account for an individual resident's funds by a payee.
Reportable within 24 hours
- Individual who is unexpectedly absent from a community residential program– Individual has left the residence without knowledge of staff and whose location is not known. Includes all absences where law enforcement is notified.
Reportable within 24 hours

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- Seclusion or restraint resulting in injury requiring minor first—Seclusion or restraint includes physical holding, as well as mechanical restraints and time out. This does not include postural supports or restraints for medical or surgical procedures. Injury includes any physical harm or damage that required minor first aid treatment.
Reportable within 24 hours
- Vehicular accidents with injury while individual in a state vehicle or is being transported by community or hospital staff—The injury required treatment beyond minor first aid. The injury received is severe enough to require treatment of an individual resident by a licensed medical doctor/physician. The injury is not serious enough to receive hospitalization.
Reportable within 24 hours
- Incidents occurring with an individual resident that we serve that require the intervention of law enforcement—Includes 911 calls from staff for assistance, as well as reports to law enforcement of theft of individual property by employees or non-employees while at the provider site or accompanied by staff.
Reportable within 24 hours
- Criminal Conduct by an individual resident—Criminal Conduct by an individual resident on the site of the provided or when accompanied by a staff member.
Reportable within 24 hours
- Individual to Individual assault that results in injury that requires treatment beyond first aid—assaults or incidents occurring at the provider site or while in the presence of provider staff. The injury received is severe enough to require the treatment of an individual by a licensed medical doctor/physician.
Reportable within 24 hours
- Individual to Individual assault with injury requiring minor first aide—Assaults or incidents occurring at the provider site or while in the company of a provider staff person. Minor first aid include treatment such as the application of a band-aid, steri-strips, derma bond, cleaning of abrasions, applications of an ice pack for minor bruising, and use of OTC medications such as antibiotic creams, aspirin or acetaminophen.
Reportable within 24 hours
- Medication hospitalization of an individual of a state hospital or community residential program—An emergency admission to a medical facility, either directly or through the facility's emergency room.
Reportable within 24 hours
- Individual Injury requiring treatment beyond first aid—Includes accidents, but does not include illness. The injury received is severe enough to require the treatment of an individual by a licensed medical doctor/physician. The injury is not serious enough to require hospitalization.
Reportable within 24 hours
- If a staff member is considered to have been involved in the incident, he or she must immediately be removed from the presence of the individual resident until such time that it is proven by the proper authorities that such separation is not necessary.
Reportable within 24 hours

- The manager must review the report and convey any concerns to the CEO.
All incident reports must be completed within 24 hours unless it involves a death. Death must be reported within 2 hours. If there is going to be an appeal, it must be filed within 48 hours

Staff must take the necessary measures to ensure the safety, health and rights of the individual involved in the incident and the other individuals in the home facility.

High Visibility Serious Incident which:

- ◊ Has system wide impact
- ◊ Is or may be reported to the media

The manager for the home must ensure that external incident reports are e-mailed to the Office of Investigations in the required timeframe and internal reports are completed and reported to the CEO. The CEO is responsible for providing the Board with documentation of internal and external incidents filed within the AGENCY.

It is the policy of AGENCY to report all incidents to the appropriate agencies and to conduct a thorough investigation in order to identify problems and to develop actions to prevent re-occurrences.

PROCEDURES: For serious incidents such as rape, individual injury which requires hospitalization, or any other high visibility incident, the staff person who received knowledge of the incident shall immediately call:

- ◊ 911 or other emergency service
- ◊ Local Law Enforcement
- ◊ The On-Site Manager

The manager will notify the next-of-kin, Support Coordinator and other agencies such as APS or DFACS that may have an interest in the wellbeing of the individual resident that is involved.

If a staff member is considered to have been involved in the incident, he or she must immediately be removed from the presence of the individual resident until such time that it is proven by the proper authorities that such separation is not necessary.

Staff must take the necessary measures to ensure the safety, health and rights of the individual involved in the incident and the other individual residents in the home facility.

If a crime has been committed, the manager must immediately contact the Department of Behavior and Developmental Disability (DBHDD) Office of Investigation. The number is 404-657-5964. The number to report death and high visibility incidents is 404-657-1139. If the staff member is unable to get in touch with a manager, he or she must go ahead and contact the required agencies.

All external incidents must be reported using the ODIS Directive #6001-101 and 201 process. The form, ODIS Directive #6001-101, Attachment B, must be completed and sent electronically to DBHDDIncidents@DBHDD.state.ga.us.

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The manager will e-mail an Incident Report to the DBHDD Office of Investigations. The e mail address is DBHDD-Incidents@DBHDD.state.ga.us. The e mail must be sent within 24 hours of the incident. If the incident is a death it must be reported within 2 hours.

The manager will also notify other agencies as deemed appropriate such as, but not limited to ORS, Adult Protective Services, Support Coordinator and DFACS. The manager shall also contact the individual's next-of-kin and physician.

The management shall ensure that all staff persons cooperate with the investigation of any information required by the DBHDD Office of Investigations is provided within a 24 hours timeframe. The forms can be obtained at <http://www.dbhdd.georgia.gov>.

Click on Provider Information and then look for the link; "Reporting & Investigating Death and Critical Incidents" link.

Management will follow-up with a 30 Day Final Investigation Report that must be mailed to:

DCH/DBHDD
Investigation Section
2 Peachtree Street
24th Floor
Atlanta, GA 30303

INTERNAL INCIDENT REPORTING (These Incidents Are Not Reportable to the Office of DBHDD)

AGENCY will train all staff member on internal reporting. Internal incidents are those incidents that are not reportable to the state or the DBHDD. All internal incidents must be investigated and a plan of correction implemented to prevent a reoccurrence. The house manager must report all incidents to the CEO within 24 hours of occurrence.

An appeal must be filed within 48 hours.

A plan of Correction must be completed within 2 weeks.

A follow-up to the Plan of Correction must be completed at the end of two (2) weeks to determine whether or not the POC is effective.

Definitions:

An incident is an occurrence that is not within the norms of daily activities and is a threat to the welfare of the individual involved.

An accident is an occurrence that causes injury to an individual

All incidents that do not qualify to be reported to the Investigations Office of DBHDD must be reported internally.

These incidents include, but are not limited to:

- ◊ Medication error-no adverse consequences
- ◊ Individual fall-no treatment needed
- ◊ Injury to staff while on duty
- ◊ Individual to Individual assault-No treatment required
- ◊ Vehicle accidents with no resulting injury
- ◊ Property Damage

An internal incident form must be completed and turned in to the manager for the home where the resident resides. The manager is responsible for doing an investigation and ensuring there is a follow-up with a POC to prevent a re-occurrence. The manager must report the progress of the investigation to the CEO.

All internal incidents must be documented on the quarterly review check and become a part of the quality assessment of the AGENCY so that preventive measures can be implemented to protect the safety of the residents.

The CEO is responsible for making the final decision on the internal process quarterly report of quality improvement that includes review of areas of risk to individual served. The CEO must then present her decision to the Board for approval.

The end result of the investigation must be reviewed by the administrative team to identify and correct issues of the AGENCY and a report sent to the Board.

The CEO shall review all incidents and create a POC to prevent a reoccurrence and present the Board for approval. All POCs must be followed up on within two (2) weeks to determine if the POC is effective.

All investigations must be completed with four (4) weeks. A detailed report of the investigation shall be sent to the CEO delineating the entire process of the investigation.

All incidents reports shall be reviewed and incorporated in the Quality Improvement Activities as area of risk to individuals served.

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INDIVIDUAL SERVICE PLAN

TRAIN YOUR
STAFF ON
YOUR
INDIVIDUAL
SPECIFIC ISP

EMPLOYEE NAME: _____ DATE: _____

16 HOUR EMPLOYEE TRAINING COMPETENCIES

(YOU MUST NOT RECEIVE MORE THAN 7 (3 POINTS EACH) INCORRECT ANSWERS FOR THE SUCCESSFUL COMPLETION OF THE 16 HR MANDATORY TRAINING REQUIREMENT)

Scope and description of services:

- 1.) AGENCY will ensure each resident has either an ISP or a course of action written by an appropriate licensed health care professional. T/F
- 2.) AGENCY will provide 2 nutritious meals and 3 snacks. T/F
- 3.) AGENCY will provide protective care and watchful oversight on a daily basis. T/F
- 4.) AGENCY is not responsible for providing laundering facilities. T/F

HIPPA and Confidentiality of Individual Information, both written and spoken:

- 5.) You have just been called by a reporter who is asking for information about someone in your care. What is the correct response to requests for information from the media?
 - a. I can only verify that the person is a client.
 - b. I can't give any information about anyone without an authorization from the person.
 - c. Yes I know the person, but I'm not at liberty to say anything else.

CLIENT'S RIGHTS and RESPONSIBILITIES:

- 6.) Any staff member who violates an individual's rights will be suspended pending an investigation.

Requirements for Recognizing Reporting of Suspected Abuse, neglect and exploitation:

- 7.) The four most common types of abuse are _____, _____, _____, _____.
- 8.) Suspicions of abuse will be reported immediately to _____, _____, _____.

Person centered values, principles and approaches:

- 9.) There are 7 Tools and 5 skills you should know about Person Centered Care. T/F

Holistic approach to care for the individual:

- 10.) The term holistic comes from the word whole, meaning complete. T/F
- 11.) We should emphasize the _____ not the _____.

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Medical, Physical, Behavioral and social needs and characteristics of persons served:

12.) Developmental disability is a term used in the United States to describe life-long disabilities attributable to mental and/or physical or combination of mental & physical impairments, manifested prior to age 18. T/F

Human Right & Responsibilities:

13.) People with developmental disabilities have the right to proper medical care. T/F

14.) HHRCs provide recommendations regarding rights issues and necessary action. T/F

Promoting Positive, appropriate and responsive relationships with persons served, their families and stakeholders:

15.) Effective facilitation is recognizing when silence speaks louder than words. T/F

Utilization pos comm., behav supports, Crisis Intervention techniques:

16.) When supporting people in positive ways, we should keep our word & follow through on what we promise. T/F

Ethics, Cultural preferences and awareness:

17.) Culture implies the integrated pattern of human behavior that includes:

- a. Customs
- b. Values
- c. Thoughts
- d. All the above

18.) Diversity includes all of the following Social-cultural experiences except:

- a. Social Class
- b. Spiritual beliefs
- c. Color of shoes
- d. Gender

19.) You need to make sure you have the right fire extinguisher for the fire before you start to extinguish the fire? True or False

20.) If a dishcloth catches fire and starts to burn, this would be considered a Class D fire. True or False

- 21.) When you detect a fire as started you should:
- a. STOMP
 - b. CLAP
 - c. RACE
 - d. STOP

Emergency and disaster plans and procedures:

22.) If a resident is hospitalized, seriously injured or missing an Incident Report Form must be filed and a copy sent to all pertinent agencies that are involved in the life of the individual. (T/F)

Infection Control:

23.) proper technique of hand washing to prevent the spread or transmission of infection ARE:.

Common & Specific Medications

- 24.) Dilantin is used to treat seizure activity. T/F
- 25.) Ferrous Sulfate is the same as Iron & is used to treat anemia. T/F
- 26.) Humalin is used to treat diabetes. T/F
- 27.) Lactulose is a stool softener used treat diarrhea. T/F
- 28.) Lisinopril is used for treatment of low blood pressure. T/F

Medication Supervision:

29.) All medication administered must be properly labeled with resident's name, medication, dosage and administration directions. T/F

30.) List the 8 rights

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

h. _____

31.) Anyone can administer medications as long as they are a CNA. T/F
use or access. T/F

Medication administration sheets should include;

- a.) _____
- b.) _____
- c.) _____
- d.) _____

Restraints/seclusion/time out:

31.) Before using a medical protection device/ adaptive support device it has to be authorized specifically in the ISP. T/F

32.) Withdrawal to a quiet area is also known as "time out" or "quiet time" T/F

Incident Reporting:

33.) For serious incidents such as rape, individual injury which requires hospitalization, or any other high visibility incident, the staff person who received knowledge of the incident shall immediately call:

- ◇ 911 or other emergency service
- ◇ Local Law Enforcement
- ◇ The On-Site Manager

T/F