

ALLEGHANY COUNTY GROUP HOMES, Inc.

**CLIENT RIGHTS
Policy & Procedures**

1 July 2001

ALLEGHANY COUNTY GROUP HOMES, INC.

SIGNATURE PAGE

I, the undersigned officers of the Board of Directors, have read and approve these “Alleghany County Group Home, Inc. “Client Rights Policy and Procedures” dated 1 July 2001 as written. I understand that it is the right of the Board of Directors to amend these policies as required.

.....
Alleghany County Group Homes, Inc.

Chairman

Vice-Chairman

Date

Date

Secretary

Treasurer

Date

Date

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CLIENT RIGHTS

14P PROCEDURES AND GENERAL INFORMATION

.0100 SCOPE AND DEFINITIONS

.0101 SCOPE

(b) A facility is deemed to be in compliance with these rules if the facility is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Council on Accreditation of Rehabilitation Facilities (CARF), or is certified by the Health Care Financing Administration (HCFA) as an Intermediate Care Facility for the Mentally Retarded (ICF/MR)

(C) When any of the accrediting bodies as specified in (b) of this rule set client rights standards which become effective after January 1, 1992, the Division shall present to the Commission an analysis of the comparability of those standards with 10 NCAC 14P through 14S.

14Q

.0100 GENERAL POLICIES AND PROCEDURES

.0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS

.0101A The governing body shall develop policy that assures the implementation of G.S. 122C-59, 122C-65, and G.S. 122C-66.

.0101B The governing body shall develop and implement policy to assure that:

.0101B-1 all instances of alleged or suspected abuse, neglect or exploitation of client are reported to the County Department of Social Services as specified in G.S. 108A, Article 44; and

All employees of Alleghany County Group Homes, Inc. (ACGH) have a moral, legal and ethical obligation to make a report to the Department of Social Services (DSS) if they have any reason to believe that a disabled adult needs protective services. Any employee who suspects an instance of alleged or suspected abuse, neglect or exploitation of a client, by any party, inside or outside this company, will immediately report the circumstances to DSS, and to their supervisor. The Executive Director and/or supervisor will insure that the report is filed as specified in *G.S. 108A, Article 44*. All staff will cooperate fully with DSS if an investigation is warranted. Any employee who reports suspected abuse, neglect or exploitation of a client to DSS may do so without fear of reprisal from the company.

Steps for reporting abuse, neglect or exploitation:

1. All reports must be made to the DSS within 24 hours of the time one becomes aware of the alleged incident.
2. Contact DSS Protective Services by phone, in person or in writing.
3. Be prepared to report the following information:
 - A. Identify yourself, where you work and a telephone number where you can be reached.

- B. Identify the alleged person's name and address, age, residence, nature and extent of injury or condition of abuse, neglect or exploitation.
4. Make a notation in the client's record that a report has been filed with DSS.
5. Complete and submit a clinical incident report to the Risk Management Nurse.
6. Notify supervisor and/or Executive Director prior to making the report but do not delay the report if they are not available.
7. If the employee is dissatisfied with the outcome of the investigation he/she may discuss the case with the Executive Director.
8. The employee may further appeal to the Board of Directors if still not satisfied with the outcome.

If in doubt, make a report. If the report is made in good faith, there is immunity from civil liability for reports to DSS. The identity of any employee making a report who cooperates in an ensuing investigation may generally not be disclosed without his/her consent.

This is a mandatory reporting law. Failure to report suspected abuse, neglect or exploitation may result in civil action. Failure to report may also result in disciplinary action and/or dismissal.

.0101B-2 procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.
NA

.0101C In addition to those procedures prohibited in Subchapter 14R .0102(1), the governing body of each facility shall develop and implement policy that identifies;
1. any restrictive intervention that is prohibited from use within the facility; and

The following rights may not be restricted by company employees and each client may exercise these rights at all reasonable time. The company will assist clients without the means to exercise these rights if at all possible.

1. Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary.
2. Contact and consult with, at his/her own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, mental retardation, or substance abuse professional of his/her choice.
3. Contact and consult with a client advocate if there is a client advocate.

The following interventions are prohibited and are not to be used under any circumstances:

1. Any disrespectful, intolerant, or pernicious interaction that would be considered by most reasonable people to constitute verbal, emotional or psychological abuse.

2. Degrading punishment.
3. Forced physical exercise solely for the purpose of eliminating behavior rather than for instructive or athletic value.
4. Punitive work assignments.
5. Group punishment for one person's behavior.
6. Contingent use of painful body contact.
7. Substances administered to induce painful bodily reactions.
8. Electric shock.
9. Insulin shock.
10. Mechanical restraints.
11. Unpleasant tasting foodstuffs.
12. Contingent application of any noxious substances which includes, but is not limited to, noise, bad smells or splashing with water.
13. Any potentially physically painful procedure or stimulus which is administered to the client for the purpose of reducing the frequency or intensity of a behavior, excluding prescribed infections.
14. Unnecessary or excessive medication used for punishment, discipline or staff convenience.
15. Abuse, neglect or exploitation of a client.
16. Any withholding of nutrition, hydration or other basic necessity.

2. in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.

.0101D If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62 (b) and (d) are allowed, the policy shall identify:

- 1. the permitted restrictive interventions or allowed restriction;*
- 2. individual responsible for informing the client*
- 3. the due process procedures for an involuntary client who refuses the use of restrictive interventions*

The following rights cannot be restricted without thorough documentation and attention to all governing regulations and rules:

1. Make and receive confidential telephone calls. All long distance calls shall be paid for by the client within 10 days of receiving the monthly phone bill, otherwise long distance service may be discontinued.
2. Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however, visiting shall not take precedence over therapies. In addition visits are not allowed during ADVP work hours, 8:00 a.m. to 3:30 p.m. Monday through Friday except during scheduled lunch or break times. All visitors must report to administration and are not allowed in the work area without the Director's approval.

3. Communicate and meet under appropriate supervision with individuals of his or her choice upon the consent of the individuals.
4. Make visits outside the custody of the Group Home after they have completed the necessary training and documentation to ensure their safety.
See Independence Certification at Attachment –1.
5. Be out of doors daily and have access to facilities and equipment for physical exercise several times per week.
6. Except as prohibited by law, keep and use personal clothing and possessions.
7. Participate in religious worship.
8. Keep and spend a reasonable sum of his/her own money.
9. Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.
10. Have access to individual storage space for his/her private use.

.0101E If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with section 14R .0100 of these Rules, which includes:

ACGH provides services in the least restrictive environments possible but recognizes that there are times when the restriction of a client's right may be necessary. ACGH prohibits the restriction or abridgement of any person's rights for the sake of programmatic ease or staff convenience. Staff are instructed to consider any restriction of a consumer's rights only as a last resort, and after all other less restrictive and positive interventions and supports have been utilized and have failed. These include the deliberate teaching and reinforcement of behaviors which are non-injurious, the improvement of conditions associated with non-injurious behaviors such as enriched educational and social environments, the alteration or elimination of environmental conditions which are reliably correlated with self-injurious or aggressive behaviors, and de-escalation techniques for aggressive behaviors.

Rights are never to be abridged without due process; that is, staff are prohibited from making decisions to restrict a person's rights on an extemporaneous or impromptu basis, and must follow the procedure accompanying this policy. Any restriction of a consumer's right is to be applied only in a caring and humane manner, consistent with the consumer's needs, preferences, and goals.

Any interaction, either behavioral or therapeutic, that results in the reduction of a client's ability to exercise his/her rights must utilize the following procedure prior to the restriction of the right. Such restrictive interventions range from the contingent deprivation of access to activities to the use of physical restraint, isolation time-out or seclusion.

The process for any proposed rights restriction is as follows: Any proposed restrictive intervention must be the result of a team decision. It must be justified and clinically sound. Permission from the client, guardian or legally responsible person must be obtained. There must be clear documentation of previous ongoing supports and positive

interventions utilized prior to the decision to restrict the person's right. The restriction must be time-limited, and part of a plan to reinstate the right to the person at a specified target date. The person's current treatment plan must include a goal that addresses the restricted right. An Application for Approval of Human Rights Restriction (NRBH form at Attachment - 2) must be completed by the appropriate staff person and given to the ACGH supervisor. The supervisor will staff the requested intervention with the requesting person, the QDDP, case manager and the Executive Director. If a consensus is reached, and no viable less restrictive measure is available, then the request for a restriction will be presented at the next meeting of the Human Rights Committee (HRC). Approval of the HRC is required prior to implementation of any restriction. There is an expedited procedure for approval of a restriction in the event of an emergency. In lieu of a meeting of the HRC, the HRC Chairman may be contacted for approval. It is the Chairman's responsibility, assisted by ACGH staff, to contact the members of the HRC for approval. The HRC Chairman's signature indicates that members of the HRC concur with the proposed restriction.

Any use of physical restraint, isolation time-out and seclusion as defined by NC state rules, is permitted only in an emergency. An emergency is defined as when immediate danger of injury to a person is imminent. Strict requirements apply to the use of physical restraints, isolation time-out and seclusion as stated in the NC Division of Mental Health/Developmental Disabilities/Substance Abuse rules for community programs. These requirements cover certification, documentation, observation, supervision and reauthorization of such interventions and are included in a separate policy. Physical restraints are to be utilized only by people who hold current certification in the Protective Intervention Course (PIC) and using standard PIC techniques approved by the agency. Mechanical restraints require the order of a physician or licensed (PH.D) psychologist. Their use in ACGH facilities is prohibited.

Monitoring of Rights Restrictions and Documentation in the record:

After approval by the Human Rights Committee, all restrictive interventions must be supervised by the QDDP and reviewed no less than weekly. Documentation will be included in the client's record. The QDDP is responsible for informing clients/guardians or the responsible person when rights are restricted and documentation will be placed in the client's record. A restrictive intervention will not exceed 30 days but may be renewed by the QDDP. A written record will be entered into the client's record.

If at any time, side effects such as illness, severe physical or emotional stress or potential or actual tissue damage occur as a result of a restrictive intervention, or if an intervention should be deemed unacceptable according to prevailing community standards, the intervention must be discontinued immediately and an alternative intervention employed.

The HRC reserves the right to review an approved restriction at any time following implementation.

The following definitions will be used by ACGH employees:

“Time Out” and “Exclusionary Time-Out” AS DEFINED HERE are NOT restrictive interventions. They do not need prior approval before use, nor do they require additional documentation. They are, however, to be used only when less restrictive interventions such as positive reinforcement, redirection, verbal prompting and de-escalation techniques have failed.

Time-Out: The removal of a person from positive reinforcement and from other people to another space within the same activity area for the purpose of modifying behavior. This must be less than one hour in duration.

Exclusionary Time-Out: The removal of a person to a separate area or room from which the exit is not barred for the purpose of modifying behavior. Must be less than fifteen minutes in duration.

The following ARE Restrictive Interventions. They are to be used only in case of emergency; that is, if there is **IMMINENT** danger of someone being hurt; and as a last resort. Their use requires immediate notification of one’s supervisor or QDDP, the person’s legally responsible person, submission of an incident report, and completion of a restrictive intervention report.

Isolation Time-out: The removal of a person to a separate room from which the exit is barred by staff but not locked and where there is continuous supervision by staff for the purpose of modifying behavior. Must be in the ADVP time-out room which was specifically designed for this purpose. The person must be continuously supervised by a staff person with no other immediate responsibility than to monitor the person who is placed in isolation time-out.

Seclusion: Isolating a person in a separate locked room for the purpose of controlling behavior. This Restricted Intervention is not allowed at ACGH.

Restraint: Any limitation of one’s freedom of movement. Includes the following:

Physical Restraint: This applies to restraints of any duration, and must be executed **ONLY** by those with current PIC certification, utilizing certified PIC restraint techniques.

Mechanical Restraint: This Restricted Intervention is not allowed at ACGH.

1. the designation of an individual to provide written authorization for the use of restrictive interventions in excess of 24 continuous hours;

The approval authority for restricted interventions in is the QDDP, after coordination with the client/ responsible adult and the HRC.

2. the designation of an individual to be responsible for reviews of the use of restrictive interventions; and

The individual responsible for review of the use of restrictive interventions is the QDDP.

3. the establishment of a process for appeal for the resolution of any disagreement over the planned use of restrictive intervention.

Restrictive interventions will only be implemented after all team members and HRC have reached a consensus that the intervention is necessary. Disagreement should be a warning flag that alternative measures should be investigated. It is the Executive Director's responsibility to seek advice from other professionals and make a recommendation for the implementation or amendment of the restrictive measure. It is imperative that all team members and HRC are in agreement and that all measures are exhausted until a consensus is reached. The ACGH Board of Directors is the final arbiter and decision maker for implementing a restrictive measure if a consensus cannot be reached.

.0102 SUSPENSION AND EXPULSION POLICY

.0102A Each client shall be free from threat or fear of unwarranted suspension or expulsion from the facility

The threat of suspension will be used only if team members believe it to be a reasonable approach at attaining a habilitation goal. It is not to be used by staff members below the level of ACGH director. The threat of suspension will always be documented in writing and placed in the client's record.

The threat of expulsion will not be used as a means of attaining a habilitation goal. The only approach allowed is a letter of statement of fact explaining the circumstances that will require his/her expulsion. It will be made clear to the client that expulsion will become necessary if certain conditions are not met and that expulsion will not result as a form of punishment but as a natural result of these unmet circumstances.

.0102B The governing body shall develop and implement policy for suspending or expelling a client from a service. The policy shall address the criteria to be used for suspension, expulsion or other discharge not mutually agreed upon and shall establish documentation requirements that include:

- 1. the specific time and conditions for resuming services following a suspension;*
- 2. efforts by staff of the facility to identify an alternative service to meet the client's needs and designation at such service; and*
- 3. the discharge plan, if any.*

Suspension/discharge from services may occur upon recommendation of the Admissions Committee. The case manager will be consulted during this process.

At the discretion of the Executive Director, the consumer may continue to receive services until he/she has had the opportunity to use the ACGH complaint/grievance process. Length of time for suspension will depend upon the reason for suspension but

should not normally exceed one week for a first offense and a maximum of 30 days for serious and/or repeat offenses.

The following justification for suspension/discharge will be entered into the client record:

1. Justification for suspension/discharge.
2. Other interventions utilized prior to suspension/discharge.
3. Specific date and time the action will be implemented.
4. Conditions for resuming services (if applicable).
5. Date and time services will resume (if applicable).
6. If discharged, documentation that the client has been informed of alternative services if available.
7. Documentation that the client has been informed that emergency services will not be denied.

Notification of client/guardian/other support agencies:

1. The ACGH Director will notify the client, guardian/legally responsible person of the decision to suspend or discharge from services and inform them that emergency services are available to the client.
2. Notification shall include:
 - Copy of the ACGH complaint/grievance procedure (Client Handbook).
 - Explanation of the need for suspension/discharge as determined by the treatment team.
 - Specific date and time services will terminate and resume.
 - Conditions for resuming services.
 - Notification of alternative services.
 - Assurance of availability services.
 - The client or legally responsible person will be requested to sign the notification of suspension/discharge of services.
3. The area coordinator will receive a copy of the notification of suspension/discharge when unable to participate in the treatment team decision.

Discharge plan: If services are to be terminated, a written discharge plan is required. This plan shall include documentation of alternative services identified by NRBH staff to meet the client's needs. In all situations involving discharge from Samuel C. Evans, Jr. Group Home, the Single Portal Discharge Information Form (See Attachment – 3) must be completed and submitted to the Single Portal Coordinator as follows: Thirty days prior to discharge from the group home and immediately upon notification of any emergency discharge.

Definitions:

Suspension: Temporary discontinuation of any service (not longer than 24 hours *), that is not initiated or agreed upon by the client, for which there are plans to resume the service after a specified amount of time.

Discharge: Discontinuation of any service that is not initiated or agreed upon by the client and for which there are no plans to resume service.

Reasons that may warrant suspension or discharge may include, but are not limited to:

1. Refusal of the client to participate in treatment and/or training.
2. Inability to meet program/service admission criteria.
3. Failure to adapt to an approved or appropriate treatment plan.
4. Refusal to give consent or the withdrawal of consent by a client/legally responsible person for approved treatment.
5. When a consumer or his/her legal guardian moves outside the geographic area served by ACGH.
6. When the continuation of services places staff and/or other clients in danger of imminent physical harm.

Suspension and discharge are to be implemented only after all other less restrictive interventions have been utilized and have proved ineffective.

Suspension/discharge will occur only as a result of due process. they are never to occur as retaliation for actions taken by clients, guardians or other legally responsible persons.

*Occasionally, services may be discontinued for less than a day due to disruptive or extremely agitated behavior on the part of the client. Such brief discontinuation is considered a “cooling off” period after which services will resume. This does not constitute a suspension.

.0103 SEARCH AND SEIZURE POLICY

.0103A Each client shall be free from unwarranted invasion of privacy.

It is the policy of ACGH that all clients will be free from unwarranted invasion of privacy.

.0103B The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedure for seizure of the client’s belonging, or property in the possession of the client.

There must be reasonable evidence which substantiates that search or seizure is warranted. The intent of the search will be to look for prohibited articles and must occur in accordance with this policy. Clients and guardians must be provided a copy of the Search and Seizure Policy upon admission. See Attachment - 4.

Conditions of Search: The search of a client or a client’s private living area may not occur except under the following conditions of suspicion:

1. Concealment of alcohol, illegal substances, potentially harmful chemicals or contraband.
2. Possession of weapons such as knives, guns, heavy blunt or sharp objects.

3. Possession of items prohibited per habilitation or treatment/needs.
4. Possession of stolen property.
5. Dangerous articles or substances not otherwise noted.

Clients will be provided an opportunity to participate in the search by emptying pockets, opening drawers, etc.. Any of the above named or other prohibited or dangerous articles may be seized by the ACGH staff. Non-prescription drugs will be disposed of by the Sheriff's Department. Stolen property will be returned to the owner. Other articles will be either held and returned to the legal guardian after discharge or disposed of according to the treatment team's decision.

Procedure for search and seizure:

1. Notify the ACGH Director that a need exists to conduct a search of a client or his personal property.
2. Advise client that a search will be conducted and explain why it is necessary.
3. Provide client an opportunity to participate in the search.
4. Restore property to original state.
5. Document the search and seizure on the form at Attachment – 5.
6. Lock up seized property until the treatment team can make a decision about the disposition of the property.

.0103C Every search or seizure shall be documented. Documentation shall include:

Documentation of Search: The ACGH Director shall be responsible for ensuring documentation of the search and seizure and document the following in the client record: ACGH will include the following documentation in the client record:

1. *scope of search*
2. *reason of search*
3. *procedures followed in the search*
4. *a description of any property seized; and*
5. *an account of the disposition of seized property.*

.0104 PERIODIC INTERNAL REVIEW

.0104A The governing body shall assure the conduct, no less than every three years, of review in each of its facilities regarding the implementation of Client Rights Rules as specified in Subchapter 14P, 14Q, 14R, and 14S.

.0104B The review shall assure that:

1. *there is compliance with applicable provisions of the federal law governing advocacy services to the mentally ill, as specified in the Protection and Advocacy for Mentally Ill individuals Act of 1986 (Public Law 99-319) and amended by Public Law 100-509 (1988); and*
2. *there is compliance with applicable provisions of the federal laws governing advocacy services to the developmentally disabled, the Developmental Disabilities Assistance and Bill of Rights Act, 42 U.S.C. 6000 et. seq.*

.0104B-2C The governing body shall maintain the three most recent written reports of the findings of such reviews.

ACGH will conduct an audit of its compliance with client rights statutes and rules as specified 10 NCAC 14P, 14Q, 14R and 14S (APSM 95-2) at least once every three years.

Deficiencies shall be noted and plans of correction developed and implemented.

The three most recent written audits will be maintained.

The result of this audit will be forwarded to the NRBH Quality Improvement Committee.

.0200 INFORMING CLIENTS AND STAFF OF RIGHTS

.0201A A written summary of client rights as specified in G.S. 122C, Article 3 shall be made available to each client and legally responsible person.

.0201B Each client shall be informed of his right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD), the statewide agency designated under Federal and State law to protect and advocate the rights of persons with disabilities.

.0201C Each client shall be informed regarding the issues specified in Paragraph (d) and, if applicable in Paragraph (e), at this Rule, upon admission or entry into a service, or

- 1. in a facility where a day/night or periodic service is provided, within 3 visits;*
- or*
- 2. in a 24-hour facility within 72 hours.*

.0201D In each facility, the information provided to the client or legally responsible person shall include:

- 1. the rules that the client is expected to follow and possible penalties for violations of the rules;*
- 2. the client's protection regarding disclosure of confidential information, as delineated in G.S. 122C-52 through G.S. 122C-56;*
- 3. the procedure for obtaining a copy of the client's treatment/habilitation plan; and*
- 4. governing body policy regarding:*
 - A. fee assessment and collection practices for treatment/habilitation services;*
 - B. grievance procedures including the individual to contact and a description of the assistance the client will be provided;*
 - C. suspension and expulsion from service; and*
 - D. search and seizure.*
 - E. in addition, for the client whose treatment/habilitation is likely to include the use of restrictive interventions, or for the client in a 24-hour*

facility whose rights as specified in G.S. 122C-62 (b) or (d) may be restricted. The client or legally responsible person shall also be informed:

- .0201E-1. of the purposes, goals and reinforcement structure of any behavior management system that is allowed;*
 - .0201E-2. of potential restrictions or the potential use of restrictive interventions;*
 - .0201E-3. of notification provisions regarding emergency use of restrictive intervention procedures;*
 - .0201E-4. that the legally responsible person of a minor or incompetent adult client may request notification after any occurrence of the use of a restrictive intervention;*
 - .0201E-5. that the competent adult client may designate an individual to receive notification, in accordance with G.S. 122C-53(a), after any occurrence of the use of a restrictive intervention; and*
 - .0201E-6. of notification provisions regarding the restriction at client rights as specified in G.S. 122C-62(e)*
- .0201F There shall be documentation in the client record that client rights have been explained.*

It is the policy of ACGH to inform clients/legal guardians of their rights and other information identified in APSM 95-2. The client/guardian must sign a “notification of Client Rights” form upon receipt of the information.

Procedure: The client/guardian shall receive the following policies and notification no later than 72 hours subsequent to admission in Sam C. Evans, Jr. Group Home.

1. A program handbook delineating rules and responsibilities client are expected to follow and accept. See ACGH Policy and Procedure Manual, Attachment - 5.
2. Client’s right to contact the Governor’s Advocacy Council for Persons with Disabilities.
3. The rules that the client is expected to follow and possible penalties for violation of the rules.
4. The client’s protections regarding disclosure of information, as delineated in G.S. 122C-52 through G.S. 122C-56.
5. The procedure for obtaining a copy of the client’s treatment/habilitation plan.
6. Fee assessment and collection practices.
7. Grievance procedures including the individual to contact and a description of the assistance the client will be provided.
8. Suspension and expulsion form service policy.
9. Search and seizure policy.

10. Emergency use of restrictive interventions and permissible client right restrictions.
11. Notification of assistance with inventory of clothing/personal possessions.

See “Your Rights as a Client in Our Facility” form at Attachment – 6.

Grievance Procedures: All clients served by ACGH have the right to voice concern regarding their treatment and the services they are provided. ACGH has several forums where the client may voice his/her concerns. All are encouraged to communicate directly with staff if they have a problem or a concern and all have the right, and are encouraged to speak at any time with the ACGH Director. In addition, weekly client meetings encourage open communication between clients and staff about all problems and concerns. The following grievance procedures have been established if the client is unable to solve his/her problem concern at or below the ACGH Director level. This is a generalized list but specific names and phone numbers will be provided in the Client Handbook.

1. All clients/guardians may request a meeting with the ACGH QDDP and/or Executive Director.
2. If the grievance is unresolved at this level, the client may request to meet with their NRBH case manager to help resolve the problem. Clients without a NRBH case manager may request a meeting with a NRBH representative.
3. If the grievance is still unresolved, request a meeting with the HRC.
4. If the grievance is still unresolved, request a meeting with the ACGH Board of Directors.
5. If the grievance is still unresolved, contact the NRBH client rights representative who in turn may refer the case to the NRBH HRC.
6. The decision of the NRBH HRC exhausts the appeal.
7. Legal advice is available from
 - Legal Services of the Blue Ridge at 171 Grand Blvd., Boone, NC 28607
Phone: 704-264-5640; or
 - Legal Services for the Developmentally Disable Person, 325 N. Salisbury Street, Raleigh; Phone: 919-834-7023; or
 - The Governor’s Advocacy Council, 800-821-6922

A copy of this grievance policy, with appropriate names and phone numbers is posted at each facility location.

Staff members will assist clients with these procedures if needed. Complaint forms and further information is located at Attachment - 7.

.0204 INFORMING STAFF

The governing body shall develop and implement policy to assure that all staff are kept informed of the rights of clients as specified in 122C, Article 3, all applicable Rules, and policies of the governing body. Documentation of receipt of information shall be signed by each staff member and maintained by the facility.

ACGH will insure that all staff are informed of the rights of clients as specified in 122C Article 3, all applicable client rights committee rules and policies of the ACGH Board of Directors.

ACGH will conduct the following training:

1. Orientation training including review of all policies and procedures and the client handbook.
2. Annual Client Rights training.
3. Training when required by changes in Statutes, Rules or Policies dictate.

Documentation will include the signatures of instructor and trainee, and date of training. This form will be filed in the employee's personnel record.

.0300 GENERAL CIVIL, LEGAL AND HUMAN RIGHTS

.0301 SOCIAL INTEGRATION

Each client in a day/night or 24 hour facility shall be encouraged to participate in appropriate and generally acceptable social interactions and activities with other clients and non-client members of the community. A client shall not be prohibited from such social interactions unless restricted in writing in the client record in accordance with G.S. 122C-62(e)

It is the policy of ACGH that all clients will be encouraged to participate in appropriate and generally acceptable social interactions with other clients and community members. Both ADVP and Samuel C. Evans, Jr. Group Home have active and frequent recreational programs which give each client many opportunities to socially interact in a variety of settings. Clients are involved in the selection of recreational opportunities during weekly client meetings.

.0302 CLIENT SELF-GOVERNANCE

In a day/night or 24-hour facility, the governing body shall develop and implement policy which allows client input into facility governance and the development of client self-governance groups.

It is the policy of ACGH to encourage client input into program and facility governance. Clients are given the opportunity to be present for at least a portion of their treatment team meetings and will be allowed time to ask questions, voice concerns and make suggestions related to their treatment.

ACGH also allows clients to participate in self-governance during weekly client meetings. All subjects and issues are open for discussion and clients are called on individually to express their opinions. These client meetings are documented with minutes, signed by the conducting staff member and reviewed by the ACGH Director and Executive Director. Client inputs and concerns are summarized at the bi-monthly Board of Directors Meeting by the Executive Director.

.0303 INFORMED CONSENT

.0303A Each client, or legally responsible person, shall be informed about:

- 1. the alleged benefits, potential risks, and possible alternative methods of treatment/habilitation; and*
- 2. the length of time for which the consent is valid and the procedures that are to be followed if he chooses to withdraw consent. The length of time for a consent for the planned use of a restrictive intervention shall not exceed six months.*

.0303B A consent required in accordance with G.S. 122C-57(f) or by the Rules in Subchapter 14R, Section .0100, shall be obtained in writing. Other procedures requiring written consent shall include but are not limited to, the prescription or administration of the following drugs:

- 1. Antabuse; and*
- 2. Depo-Provera when used for non-FDA approved uses.*

.0303C Each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation in accordance with G.S. 122C-57(d). A voluntary client's refusal of consent shall not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility.

.0303D Documentation of informed consent shall be placed in the client's record.

It is the policy of ACGH to comply with APSM 95-2 in regards to releases of information inclusive of consents for treatment.

Procedure:

1. All consents will be time limited inclusive of the date consent is given and the date by which the specified consent would become invalidated. Consents for planned restrictive interventions shall not exceed six months without renewal of consents occurring.
2. Consents shall be obtained prior to treatment. A verbal consent is permissible until written consent is obtained except for planned or restrictive interventions. Verbal consent must be documented on the consent form with the signature of the QDDP and date of consent noted. Planned restrictive interventions require documentation of written consent in the client record prior to the initiation of the intervention.
3. Consents shall be obtained prior to implementation for:
 - a. Release of any client information.
 - b. Participation in treatment which includes potentially invasive or harmful procedures.
 - c. Release of a client's discharge summary to authorized persons.

- d. Participation on any program designed to manage inappropriate behavior or any other program which involves risks to client protection and rights.
 - e. Research projects/activities. (NA)
 - f. Medication usage/changes.
 - g. Electroshock. (NA)
 - h. Use of experimental drugs or procedures. (NA)
 - i. Use of restrictive intervention (expressed and informed written consent must be obtained and documented in the client record prior to the initiation of the intervention).
4. For restrictive interventions, individuals must be made aware of:
- a. Specific intended proposal, treatment and program.
 - b. Procedure that would be implemented.
 - c. Identity of persons proposed to perform the treatment activity.
 - d. Intended outcome of proposal, treatment or program.
 - e. Anticipated benefits.
 - f. Possible risks, side effects, discomfort.
 - g. Steps taken to minimize risks.
5. Consents for treatment concerning restrictive programs to manage behavior must include awareness of:
- a. Risks involved if consent is not given.
 - b. Acceptable alternatives to the proposed activity, specifically those offering less risk or adverse effects.
6. Consents will be given voluntarily with the individual given the opportunity to ask and have answered questions about the activity.
7. Consent can be withdrawn at any time without risk of punitive action.
8. Individual should be made aware of the impact of refusal of acceptable alternative treatment or the lack of acceptable alternative treatment.
9. ACGH would have to assess what the effects of refusal of treatment may have on:
- a. Other clients.
 - b. The individual himself/herself.
 - c. The ACGH company.
- ACGH will determine if it could continue to treat the individual in compliance with current regulations.
10. The following individuals may sign for consent for release of information:
- a. Adult clients who have not been adjudicated incompetent.
 - b. The client's legally responsible person.
 - c. Minor client's under the following conditions:

- 1) When seeking services for venereal disease and other diseases reportable under G.S. 130A-134, pregnancy abuse of controlled substances or alcohol, or other emotional disturbances under G.S. 90-21.5.
 - 2) When married or divorced.
 - 3) When emancipated by a decree issued by a court of competent jurisdiction.
 - 4) When a member of the armed forces.
 - 5) When consenting for release of information to his/her own attorney.
- d. Personal representatives of a deceased client if the estate is being settled or next of kin of a deceased client if the estate is not being settled.

11. Verification of authorization in case of doubt: Whenever the validity of an authorization is in question, ACGH will contact the client or client's legally responsible person to confirm that the consent is valid. Such determination of the validity of the consent shall be documented.

.305 PROTECTION FROM HARM ABUSE, NEGLECT OR EXPLOITATION

.305A Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.

.305B Employees shall not subject a client to any sort of neglect or indignity, or inflict abuse upon any client.

.305C Goods or services shall not be sold to or purchased from a client except through established governing body policy.

.305D Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of Intervention procedures shall be in compliance with Subchapter 14R of this chapter.

.305E Any violation by an employee of paragraphs (a)-(d) of the rule shall be grounds for dismissal of the employee.

It is the policy of ACGH to actively promote respect for all individuals provided services. Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.

Procedure: Clients will not be subjected to physical, verbal, sexual, or emotional abuse, corporal punishment or neglect. They will be free from chemical and physical restraint unless it has been authorized by a qualified professional.

Staff, unless using reasonable force as specified in G.S. 122C-60 (Use of physical restraints or seclusion), may not knowingly cause pain or injury to a client. Staff shall use only the degree of force necessary to repel or secure a violent client. Degree of force depends upon individual characteristics such as age, size, physical and mental health, and degree of aggressiveness displayed by the client.

Staff are obligated to report any knowledge of abuse/exploitation in compliance with the Abuse/Neglect Reporting Policy.

Procedure: Goods or services shall not be sold to or purchased from a client who is not the employer or owner of an established business. Staff shall not borrow or take real property from a client. Doing so is a misdemeanor and is punishable by law. Staff shall not borrow from or loan money to a client.

Procedure: It is unlawful to engage in any of the following areas of activities with clients as specified below per G.S. 122C-65 (offenses relating to clients):

1. To assist, advise or solicit, or to offer to assist, advise or solicit a client to leave without authority.
2. To transport or to offer to transport a client to or from any place without the ACGH Director's permission.
3. To receive or to offer to receive a minor client into any place, structure, building or conveyance for the purpose of engaging in any act that would constitute a sex offense.
4. To hide and not report to proper authorities an individual who has left the premises without permission.
5. To engage in or offer to engage in an act with a client that would constitute a sex offense.

Procedure: When medications are prescribed, per the treatment needs of the client, procedures and safeguards in accordance with sound medical practice shall be necessary when medication is known to present a serious risk to the client for whom it is prescribed. Particular attention shall be given to the use of neuroleptic medications.

Medication shall be administered in accordance with acceptable medical standards and only upon order of a physician as documented in the client's record.

Clients shall be free from unnecessary or excessive medications. Medication shall not be used for punishment, discipline or staff convenience.

14R TREATMENT OR HABILITATION RIGHTS

.0100 PROTECTION REGARDING INTERVENTION PROCEDURES

.0101 LEAST RESTRICTIVE ALTERNATIVE

.0101A to provide services using the least restrictive, most appropriate and effective positive treatment modality shall be a goal for each facility;

.0101B The use of restrictive intervention procedure designed to reduce behavior shall always be accompanied by positive treatment or habilitation methods which shall include:

- 1. the deliberative teaching and reinforcement of behaviors which are non-injurious;*
- 2. the improvement of conditions associated with non-injurious behaviors such as an enriched educational and social environment; and*
- 3. the alteration or elimination of environmental conditions which are reliably correlated with self-injury.*

ACGH policy is to provide services using the least restrictive, most appropriate and effective treatment modality. Treatments are prescribed by a treatment team comprised of the assigned teaching manager, ACGH Director, Case Manager and QDDP. Client, guardian and/or responsible adult are involved in treatment decisions. Positive reinforcement will always be the first choice for modifying behavior and the least restrictive intervention necessary to make progress will be used when necessary and after due process. ACGH Teaching Managers will be proactive in removing stressors before inappropriate behavior escalate to the point that a restrictive intervention is required.

A formal education program is furnished by ACGH in the ADVP classroom. Wilkes Community College supplies the instructor. Classroom instruction includes literacy and math skills, computer skills, budgeting and money management skills and life safety skills. Frequent recreational opportunities are provided with emphasis on client involvement in choosing the activity and providing a variety of opportunities from which to choose.

Any environmental condition that is suspected to correlate with self injurious behavior will be brought immediately to the attention of the Executive Director for corrective action.

.0102 PROHIBITED PROCEDURES

In each facility the following types of procedures shall be prohibited:

ACGH prohibits the following interventions. Any violation will result in severe disciplinary action up to and including dismissal.

.0102-1 those interventions which have been prohibited by statute or rule which shall include:

- A. any intervention which would be considered corporal punishment under G.S. 122C-59;*
- B. the contingent use of painful body contact;*
- C. substances administered to induce painful bodily reactions, exclusive of Antabuse;*
- D. electric shock (excluding medically administered electroconvulsive therapy);*
- E. insulin shock;*
- F. unpleasant tasting foodstuffs;*

- G. contingent application of any noxious substances which include but are not limited to noise, bad smells or splashing with water; and*
- H. any potentially physically painful procedure, excluding prescribed injections, or stimulus which is administered to the client for the purpose of reducing the frequency or intensity of a behavior*

.0102-2 those interventions determined by the governing body to be unacceptable for or prohibited from use in the facility.

At Samuel C. Evans, Jr. Group Home, staff are prohibited from placing hands on a client or using PIC to control behavior unless imminent danger to staff or clients is present.

ACGH policy for dealing with violent behavior at the Group Home is to:

1. Request assistance before the situation escalates to violent behavior by calling the ACGH on call person, an additional staff and/or the NRBH on call person.
- 2.. If the situation continues to escalate, remove self and clients from the situation; behind a locked door if possible.
3. Call 911 and ask for police assistance.

Group Home staff are not to deal with violent behavior one on one because if the staff person is incapacitated it will place the remaining clients at risk.

.0103 GENERAL POLICIES REGARDING INTERVENTION PROCEDURES

.0103A The following procedures shall only be employed when clinically or medically indicated as a method of therapeutic treatment:

ACGH policy is that the following procedures shall only be employed when clinically or medically indicated as a method of therapeutic treatment. Only a physician or a licensed practicing psychologist who has been formally trained and privileged may authorize these procedures.

- 1. planned non-attention to specific undesirable behaviors when those behavior are health threatening;*
- 2. contingent deprivation of any basic necessity; or*
- 3. other professionally acceptable behavior modification procedures that are not prohibited by Section 14R .0102 or covered by Section 14R .0104.*

.0103B The determination that a procedure is clinically or medically indicated, and the authorization for the use of such treatment for a specific client, shall only be made by either a physician or a licensed practicing psychologist who has been formally trained and privileged in the use of the procedure.

ACGH policy is that the determination that a procedure is clinically or medically indicated, and the authorization for the use of such treatment for a specific client, shall only be made by either a physician or a licensed practicing psychologist who has been formally trained and privileged in the use of the procedure.

.0104 SECLUSION, RESTRAINT AND ISOLATION TIME-OUT

.0104A This Rule governs the use of restrictive interventions which shall include:

- 1. seclusion;*
- 2. physical restraint, excluding protective devices; and*
- 3. isolation timeout.*

.0104B The use of restrictive interventions shall be limited to:

ACGH limits the use of restrictive interventions to:

- 1. emergency situations in order to terminate a behavior or action in which a client is in imminent danger of abuse or injury to self or other persons or when substantial property damage is occurring; or*
- 2. as a planned measure of therapeutic treatment as specified in Paragraph (g) at this Rule.*

.0104C Restrictive interventions shall not be employed as retaliation or for the convenience of staff. Restrictive interventions shall not be used in a manner that causes harm or abuse.

.0104D In accordance with 10NCAC 140.0101, the governing body shall have policy that delineates the permissible use of restrictive interventions within a facility.

.0104E Within a facility where restrictive intervention may be used, the policy and procedures shall be in accordance with the provisions of Subparagraph (1) or (2) of this paragraph.

1. The governing body of the facility may develop its own policy. Such policy and facility procedures shall be submitted to and approved by the Commission and shall insure:

- A. timely notice and explanations to the person who is legally responsible;*
- B. valid opportunities to consent to or refuse planned interventions;*
- C. the intervention is justified, properly time-limited, and that appropriate positive and less restrictive alternatives are thoroughly, systematically and continuously considered and used;*
- D. when the restrictive intervention is used on a recurring or planned basis, it will be incorporated into a treatment/habilitation plan;*
- E. implementation by trained staff, closely supervised by a qualified professional;*
- F. manner, conditions and location of the intervention are safe and humane;*
- G. implementation is monitored and the results are disseminated to assure follow-through, continuing justification and timely adjustment to meet changing circumstances; and*
- H. that the safeguards in this Rule are documented.*

2. If the governing body chooses not to develop its own policy, facility policy shall include provisions that specify:

- A. *the process for identifying and privileging facility employees who may authorize and implement restrictive interventions;*
- B. *the duties and responsibilities of qualified or responsible professionals regarding the use of restrictive interventions;*
- C. *the person responsible for documentation when restrictive interventions are used;*
- D. *the person responsible for the notification of others when restrictive interventions are used; and*
- E. *the person responsible for the identification of a client with a reasonably foreseeable physical consequence to the use of physical restraint and I such cases there shall be procedures regarding:*
 - 1. *documentation if a client with physical disability or past surgical procedures that would make affected nerves and bones sensitive to injury; and*
 - 2. *the identification and documentation of alternative emergency procedures, if needed.*

.0104F *If the governing body chooses to comply with Subparagraph (e) (2) of this rule the following provisions shall be applicable:*

- 1. *Any room used for seclusion or isolation time-out shall meet the following criteria:*

The ADVP time-out room was designed and built to meet all the following specifications. No other room will be used for seclusion or isolation time-out.

- A. *the room shall be designed and constructed to ensure the health, safety and well-being of the client;*
- B. *the floor space shall not be less than 50 square a ceiling height of not less than eight feet;*
- C. *the floor and wall coverings, as well as any contents of the room shall have a one hour fire rating and shall not produce toxic fumes if burned;*
- D. *the walls shall be kept completely free of objects;*
- E. *a lighting fixture equipped with a minimum of a 75-watt bulb, shall be mounted in the ceiling and be screened to prevent tampering by the client;*
- F. *one door of the room shall be equipped with a window mounted in a manner which allows inspection of the entire room;*
- G. *glass in any windows shall be impact resistant and shatterproof;*
- H. *the room temperature and ventilation shall be comparable and compatible with the rest of the facility; and*
- I. *in a lockable room the lock shall be interlocked with the fire alarm system so that the door automatically unlocks when the fire alarm is activated if the room is to be used for seclusion*

- 2. *Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum:*

- A. *notation of the frequency, intensity and duration of the behavior which led to the intervention, and any participating circumstances contributing to the onset of the behavior;*
 - B. *the rationale for the use of the intervention, which also addresses the inadequacy of less restrictive intervention techniques;*
 - C. *a description of the intervention and the date, time and duration of its use;*
 - D. *a description of accompanying positive methods of intervention; and*
 - E. *signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.*
3. *The emergency use of restrictive interventions shall be limited, as follows:*
- A. *a facility employee privileged to administer emergency interventions may employ such procedures for up to 15 minutes without further authorization;*
 - B. *the continued use of such interventions shall be authorized only by the responsible professional or another qualified professional who is privileged to use the restrictive intervention based on experience and training;*
 - C. *the responsible or qualified professional shall meet with and conduct an assessment of the client and write a continuation authorization as soon as possible after the time of initial employment of the intervention. If the responsible professional or a qualified professional is not immediately available to conduct an assessment of the client, but concurs that the intervention is justified after discussion with the facility employee, continuation of the intervention may be verbally authorized until an on-site assessment of the client can be made: and*
 - D. *a verbal authorization shall not exceed 24 hours after the time of initial employment of the intervention.*
4. *The following precautions and actions shall be employed whenever a client in:*
- A. *seclusion or physical restraint excluding protective devices: periodic observation of the client shall occur at least every 15 minutes, or more often as necessary, to assure the safety of the client; appropriate attention shall be paid to the provision of regular meals, bathing, and the use of the toilet and such observation and attention shall be documented in the client record.*
 - B. *isolation time-out: there shall be a facility employee in attendance with no other immediate responsibility than to monitor the client who is placed in isolation time-out; there shall be continuous observation and verbal interaction with the client when appropriate; and such observation shall be documented in the client record.*
 - C. *physical restraint, excluding protective devices, and the client may be subject to injury: a facility employee will remain present with the client continuously.*
5. *The use of a restrictive intervention shall be discontinued as soon as therapeutically appropriate but in no case later than 30 minutes after the client gains behavioral control. If the client is unable to gain behavioral control within*

the time frame specified in the authorization of the intervention, a new authorization must be obtained.

6. The written approval of the designee of the governing body shall be required when a restrictive intervention is utilized for longer than 24 continuous hours

7. The use of a restrictive intervention in excess of 24 continuous hours shall be considered a restriction of the client's rights as specified in G.S. 122C-62 (b) or (d). The documentation requirements in this Rule shall satisfy the requirements specified in G.S. 122C-62 (e) for rights restrictions.

8. When any restrictive intervention is utilized for a client, notification of others shall occur as follows:

A. those to be notified as soon as possible but no more than 2 hours after the behavior has been controlled to include:

1. the treatment or habilitation team, or its designee, after each use of intervention; and

2. a designee of the governing body.

B. in a timely fashion, of the legally responsible person of a minor client or an incompetent adult client when such notification has been requested.

9. The facility shall conduct reviews and reports on any and all use of restrictive interventions, including:

A. a regular review by a designee of the governing body;

B. an investigation of any unusual or possibly unwarranted patterns of utilization; and

C. documentation of the following shall be maintained on a log:

1. name of client

2. name of the responsible professional

3. date of each intervention;

4. time of each intervention;

5. type of intervention;

6. duration of each intervention, and

7. reason for use of the intervention.

10. Nothing in this Rule shall be interpreted to prohibit the use of voluntary restrictive interventions at the client's request; however, the procedures in this Rule shall apply with the exception of Subparagraph (f)(3) at this Rule,

.104G The restrictive intervention shall be considered a planned intervention and shall be included in the client's treatment/habilitation plan whenever it is used:

1. more than four times, or for more than 40 hours, in 30 consecutive days;

2. in a single episode for 24 or more continuous hours in an emergency; or

3. as a measure of therapeutic treatment designed to reduce dangerous, aggressive, self-injurious, or undesirable behaviors to a level which will allow the use of less restrictive treatment or habilitation procedures;

.0104H When a restrictive intervention is used as a planned intervention, facility policy shall specify:

1. the requirement that a consent or approval shall be considered valid for no more than six months and that the decision to continue the specific intervention

shall be based on clear and recent behavioral evidence that the intervention is having a positive impact and continues to be needed:

2. prior to the initiation or continued use of any planned intervention, the following written notifications, consents and approvals shall be obtained and documented in the client record:

A. approval of the plan by the responsible professional and the treatment or habilitation team, if applicable, shall be based on an assessment of the client and a review of the documentation required by Subparagraph (e) (1) (H) or (f) (2) of this Rule, whichever is applicable:

B. consent of the client or legally responsible person, after the specific intervention and the reason for it have been explained in accordance with Subchapter 140.0201;

C. notification of a client advocate that the specific intervention has been planned for the client and the rationale for utilization of the intervention; and

D. physician approval, after an initial medical examination, when the plan includes a specific intervention with reasonably foreseeable physical consequences. In such cases, periodic planned monitoring by a physician shall be incorporated into the plan.

3. Within 30 days of initiation of the use at a planned intervention, the Intervention Advisory Committee established in accordance with Rule .0107 of this section, by majority vote, may recommend approval or disapproval of the plan or may abstain from making a recommendation.

4. At any time during the use of a planned intervention, if requested, the Intervention Advisory Committee shall be given the opportunity to review the treatment/habilitation plan.

5. If any of the persons or committee specified in Subparagraphs (h)(2) or (3) of this Rule do not approve the initial use of continued use of a planned intervention, the intervention shall not be initiated or continued. Appeals regarding the resolution of any disagreement over the use of the planned intervention shall be handled in accordance with governing body policy.

6. Documentation in the client record regarding the use of a planned intervention shall indicate:

A. the weekly evaluation of the planned intervention by staff who implement the intervention; and

B. the biweekly review by a qualified professional.

ACGH allows the use of emergency physical intervention when utilized in a safe and humane manner. An emergency is defined as a situation where it becomes necessary to terminate a behavior or action in which a client is in an imminent danger of abuse or

injury to self or other persons or when substantial property damage is occurring. This policy shall also apply to clients who voluntarily request use of physical intervention.

Procedure: Emergency Use of Physical Intervention:

1. Employment of physical intervention in excess of 15 minutes shall be considered a restrictive intervention used solely for the purpose of terminating a behavior or action in which a client is in imminent danger of abuse or injury to self or other persons or when substantial property damage is occurring. It shall not be for the convenience of staff or employed as retaliation by staff.
2. At any point physical intervention meets criteria for a planned intervention as specified in APSM 95-2-14R .0104-9G the intervention shall become a planned measure of therapeutic treatment and shall become a part of the habilitation/treatment plan in compliance with the ACGH policy for “planned interventions”.
3. Physical intervention may only be implemented by trained and privileged staff who are supervised by a qualified professional.
4. Staff who implement emergency physical intervention shall ensure justification for its use and utilize physical intervention only when the manner, conditions and location of the intervention are safe and humane. Staff will monitor client while in restraint to assure the safety of the client, at least each 15 minutes or more often as necessary. This observation shall be noted in the documentation of the restraint.
5. Emergency physical intervention can be employed up to 15 minutes by trained and privileged staff without further authorization (the initial 15 minutes is not considered restrictive per the definition of “physical intervention”).
6. To continue physical intervention beyond 15 minutes only the ACGH QDDP or their designee, privileged to use the intervention based on experience and training shall authorize the continued use of physical interventions.
7. When possible, the QDDP shall meet with and conduct an assessment of the client and write a continuation authorization as soon as possible after the time of initial employment of the intervention.
8. If the QDDP or designee is not immediately available to conduct an assessment of the client, but concurs that the intervention is justified after discussion with the ACGH employee, continuation of the intervention may be verbally authorized until an on-site assessment of the client can be made.
9. A verbal authorization shall not exceed 24 hours after the time of initial employment of the intervention.

10. When in physical restraint, excluding protective devices, and the client may be subject to injury, the ACGH employee shall remain present with the client continuously.
11. The use of a restrictive intervention shall be discontinued as soon as therapeutically appropriate but in no case later than 30 minutes after the client gains behavioral control.
12. If the client is unable to gain behavioral control within the timeframe specified in the authorization of the intervention, a new authorization must be obtained from the qualified professional.
13. The written approval of a licensed psychologist shall be required when a restrictive intervention is utilized for longer than 24 continuous hours.
14. The use of a restrictive intervention in excess of 24 continuous hours shall be considered a restriction of the client's rights as specified in G.S. 122C-62(b) or (d).
15. The documentation requirements for restrictive interventions 14R .0104 shall satisfy the requirements specified in G.S. 122C-62(c) for rights restrictions. Staff would not need to follow criteria for restricting clients' rights as outlined in ACGH policy "Restricting Client Rights in 24 Hour Facilities".
16. When emergency physical intervention is utilized for a client, notification of others shall occur as follows by the QDDP or their designee:
 - A. Those to be notified as soon as possible, but no more than 72 hours after the behavior has been controlled are as follows:
 - 1) QDDP
 - 2) Executive Director
 - B. Within 72 hours the legally responsible person of a minor client or an incompetent adult client when such notification has been requested.
 - C. The competent adult client may designate an individual to receive notification after any occurrence of the use of emergency physical intervention. See Attachment - 8.
17. The QDDP shall be responsible for identifying any client with a reasonably foreseeable physical consequence to the use of physical restraint and in such cases shall:
 - A. Document in client treatment/habilitation plan that a client has a physical disability or had a past surgical procedure that could affect nerves and bones causing sensitivity to injury.
 - B. The identification and documentation of alternative emergency procedures if needed.
18. The QDDP shall complete an incident report on the form "Restrictive Intervention Report" following implementation of physical intervention. See Attachment - 9.

19. The QDDP shall conduct reviews and reports every six months on all uses of restrictive interventions in compliance with ACGH policy and procedure for “Reviewing Restrictive Interventions”.

.0105 PROTECTIVE DEVICES

.0105A Whenever a protective device is utilized for a client, the governing body shall develop and implement policy to ensure that:

The following criteria and procedures will be strictly followed whenever a protective device is utilized for a client.

- 1. the necessity for the protective device has been assessed and the device applied by a facility employee who has been trained and privileged in the utilization of protective devices;*
- 2. the protective device is the least restrictive appropriate measure;*
- 3. the client is frequently observed and provided opportunities for toileting, exercise, etc. as needed. When a protective device limits the client’s freedom of movement, the client shall be observed as least every hour. Whenever the client is restrained and subject to injury by another client, a facility employee shall remain present with the client continuously. Observations and interventions shall be documented in the client record;*
- 4. protective devices are cleaned at regular intervals; and*
- 5. the utilization of protective devices in the treatment/habilitation plan shall be subject to review by the Client Rights Committee, if there is one.*

.0105B The use of any protective device for the purpose of with the intent to controlling unacceptable behavior shall be considered a mechanical restraint and shall comply with the requirements of Rule .0104 of this Section.

ACGH will ensure the use of protective devices are specifically for support of medically fragile or self-injurious clients. Procedures outlined in this policy are applicable when a device is used for the purpose of modifying a behavior. It is not applicable when a device is used to assist an individual in daily life. A statement should be obtained from the individual’s physician which stipulates the need for the device when the device is used to assist an individual in daily life. The statement should be maintained in the medical section of the individual’s client record.

Protective device is defined as follows: An intervention that provides support for a medically fragile client or enhances the safety of a self-injurious client. Such devices may include geri-chairs or table top chairs to provide support and safety for a client with a major physical handicap; devices such as seizure helmets or helmets and mittens for self-injurious behaviors; prosthetic devices or assistive technology which are designed to increase client adaptive skills. Except as provided in Rule .0105(b) (Protective Devices) of Subchapter 14R in APSM 95-2, a protective device is not mechanical intervention.

When it is determined that protective devices are appropriate for modifying behavior, the following procedures will be followed:

1. Written justification for the device shall be presented to the QDDP with documentation that the device is the least restrictive measure.
2. The use of the device shall be incorporated into the existing treatment plan.
 - A. The plan shall include how frequently the client is to be observed;
 - B. How protection from other clients will be provided;
 - C. When freedom of movement is restricted, the client shall be observed at least hourly;
 - D. When subject to injury by another client, a staff person shall be present continuously;
 - E. Toileting and exercise must be provided as needed.
3. The client record shall contain documentation of required observations, in the form of progress notes, of the client as required per the treatment/service plan and documentation of any protective interventions implemented to protect the client from other clients.
4. The client legally responsible person shall approve the use of the protective device.
5. The device shall be applied only by a professional who is trained and privileged in the utilization of the device.
6. The device shall be cleaned regularly.
7. The device shall be subject to review by the HRC.

.0107 INTERVENTION ADVISORY COMMITTEES

.0107A An Intervention Advisory Committee shall be established to provide additional safeguards in a facility that utilizes restrictive interventions as planned interventions as specified in Rule .0104(g) of this Section.

.0107B The membership of the Intervention Advisory Committee shall include at least one person who is or has been a consumer of direct Services provided by the governing body or who is a close relative of a consumer and:

- 1. for a facility operated by an area program, the Intervention Advisory Committee shall be the Client Rights Committee or a subcommittee of it, which may include other members;*
- 2. for a facility that is not operated by an area program, but for which a voluntary client rights or human rights committee has been appointed by the governing body, the Intervention Advisory Committee shall be that committee or a subcommittee of it which may include other members; or*

3. for a facility that does not meet the conditions of Subparagraph (1) (2), the committee shall include at least three citizens who are not employees of, or members of the governing body.

.0107C The Intervention Advisory Committee specified in Subparagraphs (b) (2) or (3) shall have a member of a regular independent consultant who is a professional with training and expertise in the use at the type at interventions being utilized, and who is not directly involved in the treatment or habilitation of the client.

.0107D The Intervention Advisory Committee shall:

- 1. have policy that governs its operation and requirements that:
 - A. access to client information shall be given only when necessary for committee members to perform their duties;*
 - B. committee members shall have access to client records on a need to know basis only upon the written consent of the client or his legally responsible person as specified in G.S. 122C-53 (a) and*
 - C. information in the client record shall be treated as confidential information in accordance with G.S. 122C-52 through G.S. 122C-56.**
- 2. receive specific training and orientation as to the charge of the committee;*
- 3. be provided with copies of appropriate statutes and rules governing client rights and related issues;*
- 4. be provided, when available, with copies of literature about the use of a proposed intervention and any alternatives;*
- 5. maintain minutes of each meeting; and*
- 6. make an annual written report to the governing body on the activities of the committee.*

A Human Rights Committee (HRC) has been established in Alleghany County for the purpose ensuring that all clients enjoy safe, humane and secure conditions. The HRC is an independent agency governed by its own by-laws. The HRC is composed of not less than six persons, no more than 12 persons. Committee members include:

1. Parent/Guardian
2. Pharmacist
3. DD Specialist
4. Attorney
5. Minister
6. Teacher
7. Community Representative
8. NRBH Representative
9. DSS Representative

Non voting members include the following:

1. ACGH/New River Cottage Executive Director
2. ACGH/New River Cottage QDDP
3. ACGH Director

New members are nominated and approved by the HRC committee.

The HRC shall review the facilities and programming for its adherence to the rights of clients in general and the following specific issues:

1. All behavioral management plans and/or techniques which are restrictive of individual rights.
2. All procedures which may restrict client's rights.
3. All committee members are invited and encouraged to visit with any of the group homes and ADVP facilities.
4. All abuse charges shall be reported to the HRC.
5. All other issues determined by the Chairman or facility managers to be of a nature appropriate for review.

Minutes of each meeting will be written and approved by HRC members.

Education: It is the responsibility of members of the HRC to educate themselves with the material provided to them by HRC officers including confidentiality and client's rights. ACGH staff will assist as necessary by providing written materials and specific training.

Meetings will be held at least quarterly. The Chairman will be responsible for calling an emergency meeting of the committee in response to critical incidents or potential for the same as reported by the ACGH, QDDP or Executive Director.

The HRC will make an annual report to the ACGH and New River Cottage Boards of Directors within 30 days after the first meeting following the end of the fiscal year.

Confidentiality: HRC members will not refer to client names during meetings. Access to client information and records will be only on a need to know basis with the consent of the client or the legally responsible person. The consent will be valid for a specified length of time and will be subject to revocation by the consenting individual. Members will not disclose information to which they have access unless it is disclosed in compliance with G.S. 122C-52 through 56.

.0200 PROTECTION REGARDING MEDICATIONS

.0201 SAFEGUARDS REGARDING MEDICATIONS

.0201A The use of experimental drugs or medication shall be considered research and shall be governed by G.S. 122C-57 (f), applicable federal law, licensure requirements codified in 10 NCAC 14K .0350 through .0355, or any other applicable licensure requirements not inconsistent with State or Federal law. NA

.0201B The use of other drugs or medications as a treatment measure shall be governed by G.S. 122C-57, and G.S. 90, Articles 1, 4A and 9A.

Use of drugs as a treatment measure requires a written program developed by a psychologist, a physician's written order and the approval of the client or responsible

person. A plan should be in place to eliminate the reliance on the medication as soon as possible.

SUBCHAPTER 14S – 24 HOUR FACILITIES

.0100 – SPECIFIC RULES FOR 24-HOUR FACILITIES

.0102 COMMUNICATON RIGHTS

.0102A Except as provided in G.S. 122C-62(e), clients in 24-hour facilities shall maintain communication rights as specified in G.S. 122C-62 at all reasonable times.

.0102B In order to ensure the protection of client rights specified in G.S. 122C-62 (a) (1) and G.S. 122C-62 (d) (2), each facility shall make limited postage available to indigent clients.

.0102C Adult clients shall have access to telephones in private areas, when requested by the client, in order to ensure the protection of the client right specified in G.S. 122C-62 (b) (1), access shall also be in accordance with Section 504 of the Rehabilitation Act of 1973 and 1978.

Communication rights will be maintained at all reasonable times. Restrictions on communication rights will be allowed only if necessary to assist client in meeting treatment goals. Restrictions will be noted on the client's individual treatment plan.

Clients will also have limited postage made available.

Adult clients will also have access to telephones in private areas when requested by the client.

.0103 LIVING ENVIRONMENT

.0103A Efforts shall be made to:

- 1. provide a quiet atmosphere for uninterrupted sleep during scheduled sleeping hours; and*
- 2. provide areas accessible to the client for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team.*

.0103B Each client may suitably decorate his room, or portion of a multi-resident room, with respect to the client's choice, normalization principles, and with respect for the physical structure. The governing body may establish written policies and justifications which limit this right in certain circumstances such as resource limitations and for special admissions (e.g. short-term admissions where admission is for less than 30 days).

Samuel C. Evans, Jr. Group Home provides a quiet atmosphere for uninterrupted sleep during scheduled sleeping hours. Each client has a private room that is always available in the group home. Each client is encouraged to participate in group activities and socialize with other clients at appropriate times. During active treatment, the client is

expected to participate, however, during times of stress, the private room is available as a refuge.

Each client will be allowed to decorate his/her room with respect to the client's choice, normalization principles, the physical structure and personal funds available. Any decoration considered to be inappropriate in relationship to the client's treatment and/or program lifestyle and values may be limited by the client's treatment team. Extensive modifications which would be expensive to return the room to its original condition will require a security deposit by the client equal to the cost of repair.

.0104 HEALTH, HYGIENE AND GROOMING

All clients are guaranteed the following personal rights by ACGH.

.0104A Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:

- 1. opportunity for a shower or tub bath daily, or more often as needed;*
- 2. opportunity to shave at least daily;*
- 3. opportunity to obtain the services of a barber or a beautician; and*
- 4. provision of linens and towels, toilet paper and soap for each client and other individual hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.*

.0104B Bathtubs or showers and toilets which ensure individual privacy shall be available.

.0104C Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.

.0105 STORAGE AND PROTECTION OF CLOTHING AND POSSESSIONS

Facility employees shall make every effort to protect each client's personal clothing and possessions from theft, damage, destruction, loss and misplacement. This includes, but need not be limited to, assisting the client in developing and maintaining an inventory of clothing and personal possessions if the client or legally responsible person desires.

ACGH will make every effort to protect each client's personal clothing and possessions from theft, damage, destruction, loss and misplacement.

ACGH will assist the client in developing and maintaining an inventory of personal possessions if requested by the client or responsible person.

Restrictions on access to personal possessions will be allowed only if necessary to assist the client in meeting treatment goals. Restrictions will be noted on the individual plan.

.0106 CLIENT'S PERSONAL FUNDS

.0106A This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.

.0106B Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account either that at the facility. This shall include, but need not limited to, investment of funds in interest-bearing accounts.

.0106C If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:

- 1. assure to the client the right to deposit and withdraw money;*
- 2. regulate the receipt and distribution of funds in a personal fund account;*
- 3. provide for the receipt of deposits made by friends, relatives or others;*
- 4. provide for the keeping of adequate financial records on all transactions affecting funds on deposit in a personal fund account:*
- 5. assure that a client's personal funds will be kept separate from any operating funds of the facility;*
- 6. provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;*
- 7. provide for the issuance of receipts to persons depositing or withdrawing funds; and*
- 8. provide the client with a quarterly accounting of his personal funds account*

.0106D Authorization by the client or legally responsible person is required before a deduction can be made from a personal fund account for any amount owed or alleged to be owed for damages done or alleged to have been done by the client:

- 1. to the facility;*
- 2. an employee of the facility*
- 3. to a visitor of the facility; or*
- 4. to another client of the facility.*

Samuel C. Evans, Jr. Group Home encourages and assists each client to maintain or invest his/her money in a personal fund account other than at the group home. This includes investment in interest-bearing accounts if desired. If funds are managed for the client by staff, the following procedures will be followed:

1. The personal account is maintained by the ACGH Finance Officer.
2. The client has the right to deposit and withdraw money from 8:00 a.m. to 3:30 p.m., Monday through Friday.
3. Allow for the deposits by friends, relatives or others.
4. Provide for the keeping of financial records on all transactions affecting funds on deposit in a personal fund account.
5. Client personal funds will be kept separate from company operating funds.
6. Client personal funds that are required to supplement payment for treatment will be authorized by the client or legally responsible person.
7. Receipts will be issued for the deposit or withdrawal of funds.

8. The client will be provided with a quarterly accounting of his/her personal fund account.
9. These rights may be limited if therapeutic and authorized by the written treatment plan.

Authorization by the client or legally responsible person is required before a deduction can be made from a personal fund account for any amount owed or alleged to be owed for damages done or alleged to have been done by the client to the group home, an employee, a visitor or another client.

ATTACHMENT 1

CERTIFICATION FOR INDEPENDENCE

The New River Behavioral HealthCare form for the “Certification for Independence”, pages 1 – 5 is located behind this page.

ATTACHMENT 2

Alleghany County Group Homes, Inc.
APPLICATION for APPROVAL OF HUMAN RIGHTS RESTRICTION

Name of client: _____ Age: _____

Diagnoses: _____

Brief history: _____

Members of team imposing restriction: _____

Reason for restrictive measure: _____

Description of restrictive measure: _____

Other options utilized before restriction: _____

Length of restriction: _____

What must be done to reinstate restricted right? _____

Which treatment goal is associated with plan? _____

Comments, recommendations of Human Rights Committee: Date presented: _____

HRC Signature: _____ Date: _____

Client Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

QDDP Signature: _____ Date: _____

ATTACHMENT 3

SINGLE PORTAL DISCHARGE INFORMATION

The New River Area Programs Developmental Disabilities Services “Single Portal Discharge Information” form follows this page.

ATTACHMENT 4

NOTIFICATION OF SEARCH AND SEIZURE POLICY

Alleghany County Group Homes, Inc. is obligated at the time of admission of a client to inform the client or the legal guardian of our policy and procedure regarding search and seizure as well as items prohibited on the premise of the facility.

Prohibited items include: Dangerous articles or substances, alcohol, illegal substances or contraband, potentially harmful chemicals, drugs except for legend (prescription) medications or non-legend (over-the-counter) medications ordered by a physician, potential weapons such as heavy blunt or sharp objects, weapons such as knives or guns, pornographic or satanic materials and stolen property.

Subsequent to admission, a change may occur in the policy regarding prohibited items, i.e. individual client treatment dictates the need for prohibition of items, or the facility needs to document additional prohibitions. Should this occur the client or guardian shall be advised to any changes and be provided an updated copy of the Search and Seizure Policy.

Client Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

ACGH Director's Signature: _____ Date: _____

NOTE: The original copy of the notification should be filed in the client record. A copy of the notification should be given to the client and guardian.

ATTACHMENT 5

SEARCH AND SEIZURE REPORT

Name of Client: _____ Date: _____ Time: _____

1. Scope of search:

2. Reason for search:

3. Procedure followed:

4. Property seized (include description):

5. Disposition (recommendations and action taken) of seized property:

6. Additional information:

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Staff Signature: _____ Date: _____

ATTACHMENT 6

Allegheny County Group Homes, Inc.
YOUR RIGHTS AS A CLIENT IN OUR FACILITY

I have received and read a copy of “Your Rights as a Client in Our Facility” which is a written summary of 122C, Article 3. I understand its contents regarding client rights and responsibilities. Staff have answered my questions.

I have received the following information:

1. **Client Handbook/Admission Manual delineating rules and responsibilities that I am expected to follow, and that I accept the penalties for any violation of the rules.
2. Protections regarding disclosure of confidentiality.
3. Procedure for obtaining a copy of my treatment plan.
4. Policies addressing fee assessment and collection practices for my treatment and habilitation.
5. Grievance policy/procedure.
6. Suspension and expulsion policy notification.
7. **Search and seizure policy notification.
8. **Notification of permissible client rights restrictive interventions.
9. Notification of provision regarding emergency use of restrictive interventions.
10. Upon request of the client/guardian, Sam Evans Group Home staff will assist in developing and maintaining an inventory of clothing and personal possessions.
11. **Declaration of resident’s rights.

Please check one of the following (Sam Evans only).

_____ I request clothing/personal possessions inventory assistance.

_____ I do not request clothing/personal possessions inventory assistance.

Client/Legally Responsible Person’s Signature

Date

Witness

Date

*Form must be signed within 72 hours of admission.

**Documented and placed in service record upon admission to service.

ATTACHMENT 7

COMPLAINT FORM

The New River Behavioral HealthCare “Complaint Form” and the Client instructions for registering a complaint follow this page.

ATTACHMENT 8

NOTIFICATION OF RESTRICTIVE EMERGENCY INTERVENTIONS

The New River Behavioral Healthcare form on “Notification of Restrictive Interventions” follows this page.

ATTACHMENT 9

RESTRICTIVE INTERVENTION REPORT

The New River Behavioral Healthcare form on “Restrictive Intervention Report” follows this page.