

**NEW RIVER COTTAGE, INC.
ICF/MR
GROUP HOME**

POLICIES & PROCEDURES

Revised 5/19/2008

New River Cottage, Inc.
New River Cottage, Inc. Policies and Procedures

A. Introduction

The New River Cottage, Inc. is an Intermediate Care Facility operated by New River Cottage Board of Directors, a non-profit corporation. The Group Home provides interim residential placement for five adults who are substantially mentally retarded.

The New River Cottage, Inc. is located at 82 Davis Lane in Sparta, NC and primarily serves Alleghany County.

B. Philosophy

Every human being has the inherent right to enhance their development and maximize their achievement of self-determination and autonomy. The Group Home is one opportunity available to adults who are developmentally disabled, to enable them to becoming free-thinking, self-sufficient members of society.

C. Purpose & Goal

The purpose of the New River Cottage, Inc. ICF/MR is to provide an environment necessary for the highest quality of living for human beings.

Residents will be involved in an Active Treatment Plan which contributes to growth and development. These plans will be implemented in the least restrictive environment and as normally as possible.

The goals of the New River Cottage, Inc. ICF/MR Group Home are to provide specialized services and encourage the individual resident to develop skills enabling him/her to become more self-sufficient, independent and to maximize social acceptance.

In an effort to achieve these goals the following services are available for each resident as needs are identified:

- Medical and nursing care,
- Physical and occupation therapy,
- Psychological,
- Speech, Language and Hearing,
- Social Work, Recreational,
- Educational and Vocational,
- Nutritional Services

D. Programs and Services

The New River Cottage, Inc. ICF/MR Group Home views individuals with mentally and physically handicapping conditions as people having potential for further growth and development of intellectual and adaptive skills. To meet the special individualized needs of the residents, an Interdisciplinary Team, made-up of Specialized Consultants, develops an active treatment plan for each resident. The individual needs may be met through community resources and through day treatment services. The following services are available as needs are assessed:

Medical and nursing,
Physical and Occupational Therapy,
Psychological, speech, language, hearing,
Recreational, educational/vocational and nutritional services.

Direct care staff are trained to implement the Individualized Program Plan (IPP) in the least restrictive environments and as normally as possible.

Parents/Guardians and residents are urged to become involved in both the development and implementation of the plan.

Services are provided to residents without regard to race, color, creed, religion or national origin.

E. Funding Resources

The cost of New River Cottage, Inc. ICF/MR Group Home is primarily absorbed by Medicaid reimbursement.

Medicaid

Through the County of origin Department of Social Services, applications for funds are available for eligible families to cover the cost of residential ICF/MR placement. This process of applying for Medicaid will be implemented for all residents in the ICF/MR group home. Medicaid reimbursements comprise the majority of revenues for this program.

Private Funding

Individuals who do not qualify for Medicaid Services may pay for residential services through private funding until Medicaid Services are available to the individual.

If individuals or families want to provide personal properties or other services not included in the active treatment plan of the individual, these costs will be the responsibility of the family or individual resident.

F. Licensure

1. Group Home

Licensure for the New River Cottage, Inc. ICF/MR Group Home will depend on the following requirements:

- a. Compliance with State Licensure requirements for a group home and physical plant.
- b. Compliance with Standards for Institutions for Mentally Retarded or Persons with Related Conditions established by the Department of Health, Education, and Welfare (HEW).

The Division of Facility Services, Raleigh, North Carolina certifies the group home.

2. Personnel

Each staff member, prior to employment, will be required to follow the same certification procedures for staff members in similar positions. A copy of the staff member's credentials, including the annual physical will be kept in their personnel file.

See Personnel Policies & Procedure section for further details.

G. Administration of Program

1. Board of Directors

A private, non-profit Board of Directors governs the New River Cottage, Inc. ICF/MR Group Home. As representatives of the community, the Board members are able to generate local interest in the group home program and to coordinate areas of expertise in the successful management of the home.

2. Board of Directors Responsibilities

- a. Establish committees to ensure guidance, support, protection and evaluation of residents and the program as a unit.
- b. Establish committee for admissions/discharge of both residents and staff.
- c. Establish policies and procedures.
- d. Ensure adherence to County, State and Federal standards.
- e. Make final decisions on appeals by residents and staff.
- f. Coordinate and approve financial securities.
- g. Continue development and education of Board members.

3. List of Board of Directors – see attachment #1

4. List of Standing committees – see attachment #2

5. Organizational Chart – see attachment #3

H. Confidentiality

The Confidentiality Regulations as developed by the Division of Mental Health will be adhered to, to insure the privileged and confidential nature of client information. See Appendix for Confidentiality Regulations.

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BOARD OF DIRECTORS

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Alleghany County Group Homes, Inc.

New River Cottage, Inc.

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Chairman

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Hm: 372-4254
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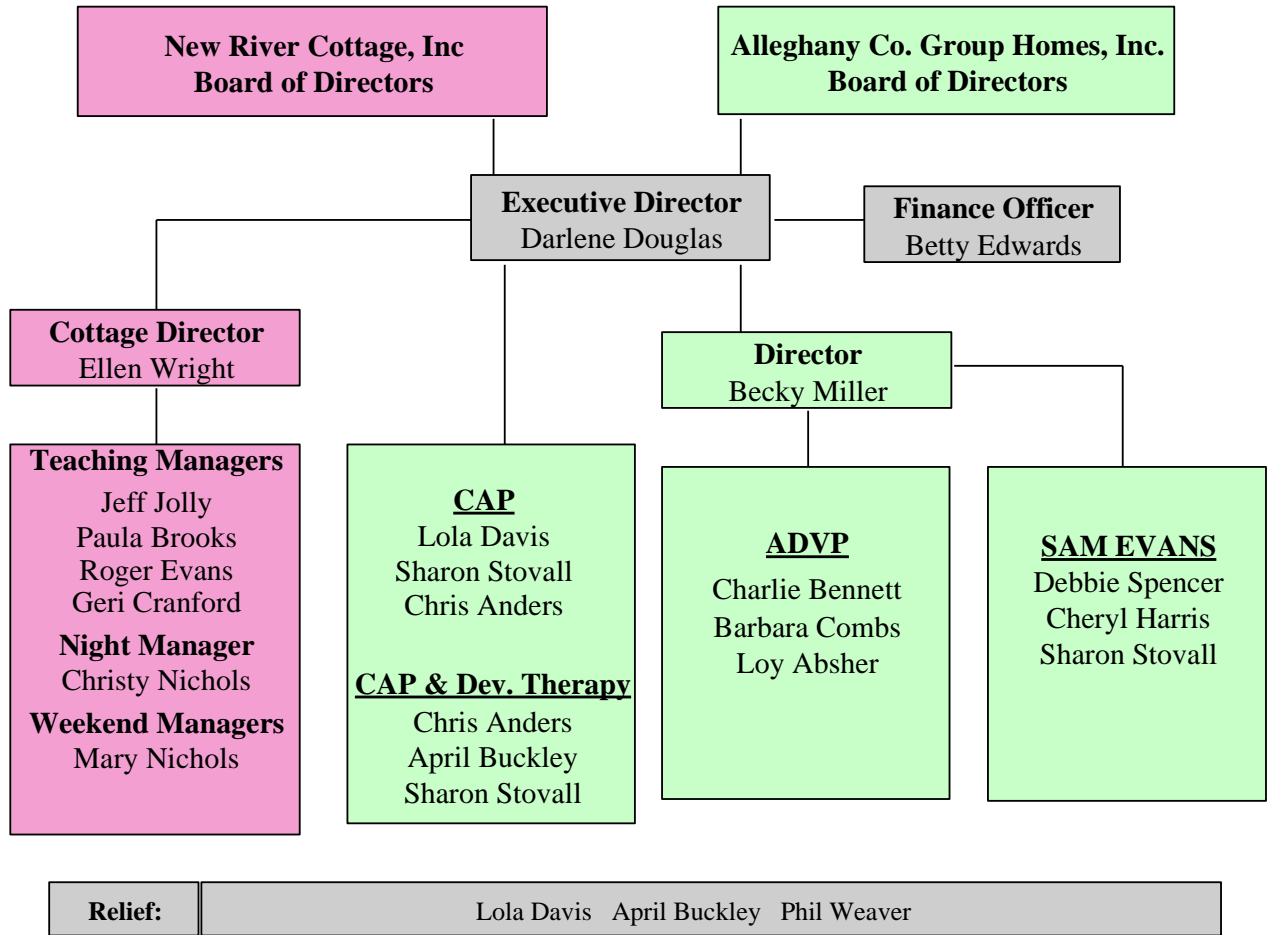
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NEW RIVER COTTAGE, INC ICF/MR GROUP HOME

I. Interdisciplinary Team Process

The interdisciplinary Team will be made up of all persons drawn from or representing such professions, disciplines or services areas that are relevant to each individual resident need.

The Qualified Mental Retardation Professional (QMRP) who is responsible for forming the team will chair the team.

The QMRP is responsible for supervising the implementation of each resident's plan of care, integrating the various aspects of the group home program, recording each resident's progress, and initiating periodic reviews of each individual plan for necessary modification. The results of these 30-day reviews must be recorded in the resident's record, and all staff shall read these progress reports. Any information of this type shall be available to the resident's guardian/family, and shall be interpreted to them by the QMRP or Social Worker.

The QMRP also functions as an in-house advocate for each resident by ensuring that the quality and quantity of services provided meet the resident's needs.

The team shall develop an initial plan of care for each resident within 30 days of that resident's admission to the home. The team shall review and update the pre-admission evaluations and record these updates in the resident's folder, develop a plan of care that best meets the resident's needs and ensure that direct care personnel and resident's parent/guardian are informed of the specific actions to be taken in training and caring for the resident.

The team shall develop a plan of care for each resident at least annually, after the initial plan of care, and may redevelop this plan at more frequent intervals if the resident's progress or failure to progress indicates need for re-evaluation. This plan of care must set forth-measurable goals and behaviorally stated objectives and must prescribe an integrated program of individually designed activities, experiences or therapies necessary to achieve such goals and objectives. The overall objective of the plan is to attain or maintain the optimal physical, intellectual, social or vocational functioning of which the resident is presently or potentially capable. The plan should include short and long range goals which can be measured and must include an assessment of the resident's potential for a less restrictive environment, specifying the type and care and services that will be needed to enable the resident to function in a different environment.

The plan of care shall be developed in part from evaluations submitted by the individuals representing disciplines or professions relevant to the individual resident. Annual evaluations must be by the physician, social worker, and psychologist. All other disciplines

or professions who have provided service to the resident in the previous year or who may have relevant input into that resident's plan of care must also submit evaluations.

It is the responsibility of the QMRP to ensure that a plan of care meeting is scheduled annually. The QMRP should receive evaluations from the professionals prior to the meeting in order to better prepare for the team discussions. The format for the evaluation process is left to the discretion of the professional.

The QMRP shall conduct the plan of care team meeting, although the entire team contributes to the content of the plan of care, delineating the needs of the resident and determining which discipline or disciplines are primarily responsible for ensuring that the need is met. The QMRP should be prepared to lead this process so as to develop a comprehensive, coherent plan for this resident's care, and should mediate issues and assign duties as necessary. The QMRP shall also be responsible for writing the plan of care, which should be completed and in the resident's record within two weeks of the date of the meeting.

The QMRP should call mini-team meetings as necessary to update the plan of care or deal with problems that are encroaching on the progress of the plan. The mini-team shall consist of any individuals the QMRP believes to be to alleviate the presenting problem. The Mini-team shall hold a "special review" to assume decision-making responsibilities to revise or amend the existing plan of care.

If changes in the plan of care are needed between review times, other team members shall inform the QMRP before updating the plan, for this process must include the QMRP and the affected discipline. Any change in services provided to the resident that impacts on the plan of care must be accomplished in conjunction with the QMRP, including such changes as discontinuing a program or changing medications or behavior programs.

The aforementioned protocol is in keeping with the 1981 Health and Human Services philosophy "Active Treatment." See Attachment #4 "Active Treatment."

II. Admission and Discharge

A. Admission/Re-admission policies

The New River Cottage, Inc. ICF/MR Group Home accepts adults who are mentally retarded over the age of eighteen years. Based on apparent community needs and available resources, and Admissions Committee determines appropriateness and feasibility of placement according to the following criteria:

1. Must be at least 18 years of age.
2. Must be functioning in the moderate to profound range of mental retardation.
3. May be physically handicapped.
4. Must be ambulatory.

The following information must be submitted to the Admissions Committee before appropriateness of services can be determined.

1. A completed application to the New River Cottage, Inc. ICF/MR Group Home (see attached application).
2. A current psychological evaluation.
3. A current physical, medical history and special instructions necessary for care.
4. A current post institutional plan if coming from a state facility.
5. A current Social History.

(Current means within 90 days)

If the Admissions Committee feels that placement is appropriate then the resident will be placed on a waiting list, and a pre-admission interview will be scheduled. Parent/Guardian are urged to attend. At this time the resident and family/guardian will be given explanation of the program and their rights and responsibilities.

If the facility, resident and family/guardian agree upon placement, then a date of admission will be set. Upon admission, the following will be required:

1. Current medical and dental evaluation
2. Medicaid Number
3. Review and signing of Client Right Policies

4. Review and signing Agreement between resident, family/guardian and group home; resident rights, financial agreement, and house rules.(see attached)

B. Trial Placement

It is the purpose of this policy to evaluate residents' ability to adjust to Group Home placement and the ability of the Group Home to meet the residents' needs.

Once admitted to the Group Home, each resident is on a ninety-day trial period. The following procedure will be employed:

1. The Interdisciplinary Team evaluates the appropriateness of resident placement at the end of 90 days in the Group Home.
2. A written report of the meeting will be placed in the residents' record.
3. Concerned agencies and designated individuals will receive a synopsis of the evaluation.
4. Trial placement can be extended.

If the resident is unable to adjust to the Group Home or if it is deemed that the Group Home is an inappropriate placement, resident can be terminated at any time. Parent/Guardian or referral agency will be responsible for providing alternate placement for terminated trial resident.

The following procedure will be followed:

1. Concerned agencies and designated individuals will receive synopsis of the trial placement evaluation.
2. Concerned agencies and designated individuals will take appropriate action to remove resident from the home.
3. Group Home QMRP is kept informed as to new placement efforts.
4. See discharge policy.

C. Discharge/Transfer Policies

The New River Cottage, Inc. ICF/MR Group Home offers appropriate services to its residents, to enable them to become self-sufficient and contributing members of society. We are aware at all times of the individual needs and community resources

available for each resident's community placement. Discharge Planning which clearly defines these needs will be entered into each resident's permanent record and reviewed annually,

The decision to discharge will be recommended by the interdisciplinary team and reviewed annually.

When a resident is transferred to another facility, there will be:

1. Written documentation of the reason for transfer.
2. Except in emergency, prior knowledge and, ordinarily, the written consent of the resident and/or guardian.
3. At the time of permanent release or transfer, there will be recorded a summary of the following information:
 - a. Findings, event in progress during the period of service to the individual.
 - b. Resident's progress made during his enrollment in the home.
 - c. Specific recommendations and arrangements for future programs and follow-up services.
 - d. Group Home's evaluation of the appropriateness of the reason for terminating services.

Examples of Transfer/discharge of a resident:

1. For medical reasons based on resident's needs determined and documented by the physician.
2. For his/her own physical, social or emotional well being, or that of other residents.
3. For non-payment for services rendered, except as prohibited by Title XIX.
4. Voluntary request by resident/parent/guardian. Counseling will be available.

D. Death

In case of death the following procedures will be followed:

1. As soon as the death is discovered the person in charge shall call the doctor, the hospital, and inform them an ambulance is needed. Do not disturb the body or surroundings.
2. Immediately following the call for ambulance, the person in charge will call the QMRP, and the Executive Director.
3. The person in charge calls in at least one relief person for assistance.
4. As soon as a physician verbally confirms death, the next of kin or correspondent is notified by the QMRP.
5. Person-in-charge completes DDS form within 48 hours of death.

6. If autopsy is indicated by examining physician, QMRP contacts next of kin, and any other person deemed necessary.
7. Request assistance of a minister or other expert in this area for death counseling for remaining residents in the home.
8. The following working day the QMRP will contact the Department of Social Services, Adult Home Specialist, concerning death of resident.
9. Also see Incident and Death reporting requirements

NEW RIVER COTTAGE, Inc. – ICF/MR GROUP HOME

APPLICATION FOR ADMISSION

Date of application: _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____ Phone: _____

Place of Birth: _____

Nickname or Preferred Name: _____

Sex: M F Race: _____ Citizenship: _____ Language Spoken: _____

Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____

Identifying Marks: _____

Social Security Number: _____

Financial Support: Social Security _____
Medicaid _____
VA _____
Other _____

Parents: Father's name: _____

Address: _____ Phone: _____

Place of Birth: _____

Place of Employment: _____

Address: _____

Phone: _____

Mother's Maiden name: _____

Address: _____ Phone: _____

Place of Birth: _____

Place of Employment: _____

Address: _____

Phone: _____

Marital status of parents: _____

Name of Siblings

Address

Date of Birth

_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____

Emergency Contact Person: _____

Address: _____ Phone: _____

Guardian, if applicable, Name: _____

Address: _____ Phone: _____

Next of Kin Name: _____

Address: _____ Phone: _____

Legal Status: _____ Date if Adjudicated: _____

Religious Preference: _____ Family Physician: _____

Family Dentist: _____ Hospital Choice: _____

DEVELOPMENTAL STATUS:

A. Ambulation: Walks well ____ With difficulty ____ Uses walker ____

Does not walk ____ Uses a wheel chair ____

Crutches ____ Cannot sit alone ____

Capable of bed to chair transfer ____

B. Vision: Normal ____ Mild loss ____ Moderate loss ____ Severe Loss ____

No vision at all ____ Undetermined ____

C. Hearing: Normal ____ Mild loss ____ Moderate loss ____ Severe loss ____

D. Speech: Can express language clearly ____

Uses expressive language with difficulty ____

Uses sign language ____

Does not intentionally express self ____

Understands language ____

Attends to gestures and/or auditory cues ____

Responds to communication ____

Does to respond to communication ____

E. Dressing Skills: Completely dresses self ____

Completely dresses self with verbal prompt ___

Pulls off or puts on clothes with help ___

Must be dressed ___

F. Eating Skills: Uses utensils correctly ___

Feeds self w/spoon & fork neatly ___

Feeds self w/considerable spilling ___

Feeds self w/fingers ___

Does not chew ___

G. Toileting Skills: Never has accidents ___

Occasionally has accidents during day ___

Occasionally has accidents during night ___

Frequently has accidents during day ___ # day ___

Is not toilet trained ___

Bedwetting ___ Frequency ___

H. Socialization Skills: Interacts with peers ___ Does not interact ___

Interacts with others ___ Does not interact ___

Initiates interactions ___ Does not initiate ___

I. Behavioral Concerns: Aggressive verbal ___ physical ___

Self injurious ___ Injurious to others ___

Non-compliant ___ Wanders ___

Other _____

MEDICAL INFORMATION:

A. Seizures: No ___ Yes ___ Type and Frequency _____

List any medications for seizures: _____

B. Allergies: (food, drug, other) _____

C. Medications: List all medications person is presently using:

D. Handicaps: List and briefly explain any handicapping condition, medical or behavioral problem:

E. Please list any appliance, adaptive equipment necessary for care: _____

OTHER INFORMATION:

Interests and hobbies:

Please make a statement as to your reason for admission:

Any other information that you would like us to know:

Date: _____

Signature _____

Person applying

Signature _____

Person completing application

AGREEMENT BETWEEN RESIDENT, FAMILY/GUARDIAN AND GROUP HOME
RESIDENT RIGHTS
FINANCIAL AGREEMENT
HOUSE RULES

Resident	Guardian

QMRP	Date

Resident	Guardian

QMRP	Date

Resident	Guardian

QMRP	Date

Resident	Guardian

QMRP	Date

Resident	Guardian

QMRP	Date

III.

A. AGREEMENT BETWEEN RESIDENT, FAMILY/GUARDIAN, AND GROUP HOME

To ensure that the residents receive appropriate treatment during their placement at the Group Home, the following agreement will be entered into. This agreement will be thoroughly explained and reviewed to the resident and/or family/guardian.

1. Responsibility of the Group Home

The Group Home will provide necessary training for the residents to meet individual needs. These individual needs will be determined and addressed by an Interdisciplinary Team who will in turn develop an Individualized Program Plan (IPP) for each resident. Implementation scope and sequence of the IPP will constitute the active treatment. Opportunities for recreational and varied community activities will be provided at least weekly. Opportunities for development of social, self-help and community living skills will be provided. The residents will also be allowed free time for personal activities. The above areas of active treatment will be coordinated by the staff (including consultants) and the resident to develop skills so that self-sufficiency of each resident will be obtained. Staff will be available to aid resident with money handling and budgeting, purchasing, dressing, transportation, etc. Or other counseling as needed. Residents may also have conferences with advocates. Residents program will not allow for more than 2 hours dead time in any 24-hour period.

The staff will share in the responsibilities of housekeeping chores and meal planning and preparation.

The Group Home will abide by the Human Rights Statutes for the mentally retarded including informing him/her of these statutes. Residents will be assisted in acquiring medical, dental and emergency care. The staff will see that proper medication is given when necessary following doctor's orders.

The Group Home encourages visits from relatives and/or friends and encourages visits to families' or friends' place of residence.

The Group Home will provide space for each resident to have personal belongings. A neat, clean, homelike environment will be maintained at all times.

2. Responsibility of the resident

The resident voluntarily agrees to become a resident of the New River Cottage, Inc. ICF/MR Group Home, Sparta, N.C.

The resident agrees to abide by the rules and regulations set forth by New River Cottage.

The resident agrees to participate in the planning and development of his/her objective and treatment plan.

The resident/guardian agrees to give authorization to New River Cottage to obtain necessary emergency, medical and dental care.

The resident understands to the best of his/her ability that he/she will share in the responsibilities of the daily chores of the home, including caring for himself/herself hygienically, planning and preparing meals, housekeeping chores, general yard work and vehicle care. Furthermore, the resident understands that he/she is not to be used for sheer labor. Any work done beyond general chores and goals will be compensated.

The resident agrees to respect the rights and property of all other persons in the home, neighborhood, day program and general public areas.

The resident understands that he/she has the same rights, including that of a normal home environment and that he/she may participate in leisure time activities, including staying in his/her room, going out of doors, visiting family/friends, having family/friends visit the home, receive and send mail privately, use of telephone, spend his/her personal money and ask help in all of these areas. The resident has all the rights of any other citizen of the United States of America.

The resident agrees to cooperate in the home, day program, in all vehicles and public places, also while visiting family/friends.

The resident understands that the home will provide transportation for all areas of the treatment plan. Social events, medical care and visitation (if other means cannot be worked out).

The resident agrees that services provided beyond that of the Interdisciplinary Team will be at the cost of himself/herself or his/her family, if these are not covered by Medicaid.

3. Responsibility of the parent/guardian

The parents/guardians and family are vital to New River Cottage. Parents/guardians are encouraged to work cooperatively with the staff.

The parent/guardian agrees that whenever possible he/she will participate in the development and implementation of the IPP.

The parent/guardian agrees to pay any expenses above that absorbed by Medicaid and State Funds, if the resident is unable to pay.

The parent/guardian agrees to follow the procedure for grievance as explained during admission.

The parent/guardian agrees to make a positive attempt to visit the home and enjoy an intimacy with the resident and to take the resident to their home; to be supportive and caring in the growth and development of their family member.

The parent/guardian agrees to give authorization to New River Cottage to obtain necessary emergency, medical and dental care as needed.

4) Resident's Rights

It is the purpose of this policy to encourage residents' development of a responsible attitude, to assure the civil rights of each resident and to clearly define residents' rights.

The rights of the developmentally disabled, to the maximum degree of feasibility, are the same as any other citizen. These rights include, but are not limited to, the Domiciliary Home Residents' Bill of Rights.

- A. To be treated with respect, consideration, dignity and full recognition of his/her individuality and right to privacy.
 - 1. Staff speaks courteously to the resident at all times.
 - 2. Staff demonstrates an awareness of and sensitivity to problems, feelings and needs of the resident.
 - 3. Staff encourages residents to exercise choice in individual preferences such as clothing, social, educational or religious activities, friendships and other areas where it is possible to encourage individuality.
 - 4. Staff ensures privacy of resident's body at all times.

- B. To receive care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations.
 - 1. The resident has a right to know that the facility is properly licensed and staffed and that it delivers the care and services for which it was licensed.
 - 2. Staff of the Group Home must be qualified for the jobs they perform.
 - 3. The Group Home must comply with state and local laws governing sanitation, fire, safety and other relevant codes and regulations.

- C. To receive upon admission and during his or her stay a written statement of services provided by the facility and the charges for these services.
 - 1. The statement identifies services and supplies, which are to be provided, and the rates charged for these services.
 - 2. When rates change, the resident or the responsible party must be notified in writing 15 days in advance by the QMRP and acknowledged by the resident.
 - 3. When standards are revised and there are added services, these must be included in the written statement and given to the resident for his signature.

- D. To be free of mental and physical abuse, neglect and exploitation.
 - 1. All staff needs to be aware of the importance of being sensitive to residents' feelings with respect to what constitutes mental anguish for a particular person.
 - 2. A thorough record of the residents' money is kept.
 - 3. Staff members who are mentally or physically abusive will be dismissed.

- E. To be free from chemical and physical restraint unless authorized for a specific period of time by a physician according to clear and indicated medical need.
 - 1. Chemical and physical restraints may be used only by a physician's order. The order must be written to specify when and under what circumstances a restraint may be used.
 - 2. Neither chemical nor physical restraints can be used to control resident's mobility for the convenience of the staff, for punishment, for unlimited periods of time, or as a substitute for supervision.
 - 3. Restraints may be used, when necessary, to protect a resident from injuring himself or others during an emergency, but must not be used as a routine method of dealing with a chronic behavior problem.

- F. To have his or her personal and medical records kept confidential and not disclosed unless required by state or federal law or regulation.

- G. To receive a reasonable response to his or her requests from the Group Home QMRP and staff.
 - 1. Requests for services required under the standards must be granted.
 - 2. Requests for services not required under the standards deserve consideration, particularly requests which would improve the quality of life of a resident.
 - 3. When requests are denied the reason should be carefully explained.

- H. To associate and communicate privately and without restriction with people and groups of his or her own choice on his/her own or his/her initiative at any reasonable hour.
 - 1. The Group Home provides a place where a resident may meet privately with family or with friends.
 - 2. See visitation policy.

- I. To have access at any reasonable hour to a telephone where he or she may speak privately.

- J. To send and receive mail promptly and unopened, unless the resident requests that someone open and read mail, and to have access, at his/her expense, to writing instruments, stationery and postage.

- K. To be encouraged to exercise his or her rights as a resident and citizen, and to be permitted to make complaints and suggestions without fear or coercion or retaliation.

1. Grievance policies should be formalized in writing so that a resident may feel free to criticize.
 2. Criticisms and complaints should be received objectively and heeded where possible.
 3. As citizens, residents should register and vote.
- L. To have and use his/her possessions where reasonable and have an accessible lockable space provided for security of personal valuables. This space shall be accessible only to the resident, the QMRP, or supervisor in charge.
- M. To manage his/her personal needs funds unless such authority has been delegated to another. If authority to manage personal need funds has been delegated to the Group Home, the resident has the right to examine the account at any time.
1. To the extent possible the residents should be encouraged to handle their own personal needs funds.
 2. The resident is due his personal need funds as soon as the check is received and can be cashed.
 3. The management of personal need funds can be delegated to the facility only through a written statement in the resident's records.
 4. If the resident requests to look at his/her account, the Group Home must let him/her examine it.
 5. The resident can terminate this agreement at any time (as long as he has paid what he owes). Any balance belonging to the resident must be delivered promptly.
- N. To be notified when the facility is issued a provisional license by the North Carolina Department of Facility Services and the basis on which issue a provisional licensee was issued. The resident's responsible family member or guardian shall also be notified.
- O. To have freedom to participate by choice in accessible community activities and in social, political, medical and religious resources and to have freedom to refuse such participation.
1. Policies and procedures must be clear that residents are encouraged in their pursuits of entering the community life.
 2. The Group Home furnishes transportation and staff assistance to community resources.
 3. The resident has the right to choose his own physician/dentist in the community.
 4. Residents are encouraged to advocate for themselves.
- P. To receive upon admission to the facility a copy of these rights. In the resident's records there is a signed statement that the resident was read the rights, also the rights were discussed with the resident and a copy was given to him/her.

5. Financial Assistance Request

I, _____ (do) (do not) request assistance from the group home with my financial account and other financial matters.

I understand my finances will be discussed with me at my request and /or at least annually. This consent will be reviewed and updated with the client and/or guardian at least annually or as necessary.

My signature and/or my guardian's signature on this agreement gives the Group Home permission to manage my financial account and other financial matters.

House Rules

- A. Resident will comply with the Agreement between the Group Home and Residents.
- B. Residents who smoke must use smoking areas: outside, residents may smoke directly outside of home when weather permits. Smoking will not be permitted in any room inside the house.
- C. Residents will not take any medication unless the physician has approved self-medication and a form has been signed. This includes over-the-counter drugs. A doctor must give written notice that a resident can self-medicate and keep drugs in his/her room. Consideration will be given to the presence of other residents in the room.
- D. Resident may visit away from Group Home, with the Teaching Manager's knowledge.
- E. Residents may have houseguests and overnight guests with the knowledge of the house manager and other residents. It must meet with approval.
- F. Residents may have guest for meals. Please notify the house manager in advance.
- G. Residents may enter other resident's rooms only when given permission or invited.
- H. Residents may use other resident's possessions (t.v. stereo, etc.) only with permission.
- I. Residents will be considerate of others in the home when using the t.v., stereo, radio.
- J. Residents will communicate either verbally or non-verbally with staff about any discontent or problems.

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

Purpose of Consent: Client will consent to our use and disclosure of protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: The client has the right to read our Notice of Privacy Practices before deciding whether to sign the Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of protected health information, and of other important matters about protected health information. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any protected health information that we maintain.

Right to Revoke: The client has the right to revoke this Consent at any time by giving us written notice of the revocation submitted to the agency. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received the revocation, and that we may decline to treat the client or to continue treating the client if the Consent is revoked.

IV. Grievance Procedures For Residents and/or Parent/Guardian

To promote and maintain the best possible living conditions and community placement program for all residents and to promote cooperative relationships between parents/guardians and staff, prompt, equitable settlement of problems and differences through an orderly and just process is encouraged.

Every resident or other concerned individual has the right to present problems or grievances in accordance with these procedures, with or without a representative of the resident's own choosing. The presentation will be free from interference, coercion, restraint, discrimination, penalty, or reprisal. This includes any cause for dissatisfaction outside the resident's control or anything connected with the Group Home environment that the resident/parent/guardian feels is wrong.

- A. The QMRP is notified of grievance either verbally or in writing. If the grievance falls into the "abuse" category, see Abuse Policy.
- B. Where possible an initial attempt should be made to resolve the problems informally with those directly involved.
- C. Grievances that cannot be handled informally are subject to investigation by the QMRP and the Executive Director.
- D. Following the investigation, the resident/resident's advocate, QMRP and other interested persons and accused will meet and attempt resolution.
- E. Complaints that cannot be resolved at the Group Home level will be heard by the Human Rights Committee.
- F. Subsequently, the complaint may be heard by the full Board of Directors.
- G. The grievance and action agreed upon will be a part of the resident record.

V. Advocacy Policies

It is the purpose of these policies to represent and protect the rights, needs and interests of each resident.

Advocacy services will be accomplished through the Human Rights Committee which will service as case advocate for the residents at New River Cottage, Inc. Group Home. The members of the Human Rights Committee will insure that all residents of the home are entitled to the same human and legal rights enjoyed by other citizens. Residents are encouraged and educated to represent their rights and interest, whenever possible. For those individuals who desire or need assistance, members of the Human Rights Committee are available to act in conjunction with or on behalf of an individual resident.

A major responsibility of the program is to provide resident's education in representing themselves. Information is provided regarding civil rights, legal rights and voting rights. Upon admission and annually, the resident and parent/guardian are provided an explanation of residents' rights. (A presentation is provided by staff during a general orientation)

A member of the Human Rights Committee is included in interdisciplinary team meeting, admission, transfer and discharge meeting. Other responsibilities include monitoring the resident programs and living environments. Also, the Human Rights Committee insures that the least restrictive environment alternative are sought by the Interdisciplinary Team. If residents' rights are restricted, this restriction must be approved and reviewed annually by the Human Rights Committee.

Advocates are available to residents and staff. Staff is responsible for reporting all severe emergency restrictions and incidents of an unusual nature to the Human Rights Committee. On site inspection of severe emergency restriction of rights may occur. Any allegations of abuse, neglect, exploitation, or use of corporal punishment of residents by staff is reported to the Human Rights Committee. An investigation will be conducted by the Human Rights Committee, QMRP, and Executive Director.

VI. Residents' Rights

It is the purpose of this policy to encourage residents' development of a responsible attitude, to assure the civil rights of each resident and to clearly define residents' rights.

The right of the developmentally disabled, to the maximum degree of feasibility, are the same as any other citizen. These rights include, but are not limited to, the Domiciliary Home Residents' Bill of Rights.

- A. To be treated with respect, consideration, dignity and full recognition of his/her individuality and right to privacy.
 - 1. Staff speaks courteously to the resident at all times.
 - 2. Staff demonstrates an awareness of and sensitivity to problems, feelings and needs of the resident.
 - 3. Staff encourages residents to exercise choice in individual preferences such as clothing, social, educational or religious activities, friendships and other areas where it is possible to encourage individuality.
 - 4. Staff ensures privacy of resident's body at all times.

- B. To receive care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations.
 - 1. The resident has a right to know that the facility is properly licensed and staffed and that it delivers the care and services for which it was licensed.
 - 2. Staff of the Group Home must be qualified for the jobs they perform.
 - 3. The Group Home must comply with state and local laws governing sanitation, fire, safety and other relevant codes and regulations.

- C. To receive upon admission and during his or her stay a written statement of services provided by the facility and the charges for these services.
 - 1. The statement identifies services and supplies, which are to be provided, and the rates charged for these services.
 - 2. When rates change, the resident or the responsible party must be notified in writing 15 days in advance by the QMRP and acknowledged by the resident.
 - 3. When standards are revised and there are added services, these must be included in the written statement and given to the resident for his signature.

- D. To be free of mental and physical abuse, neglect and exploitation.
 - 1. All staff needs to be aware of the importance of being sensitive to residents' feelings with respect to what constitutes mental anguish for a particular person.
 - 2. A thorough record of the residents' money is kept.
 - 3. Staff members who are mentally or physically abusive will be dismissed.

- E. To be free from chemical and physical restraint unless authorized for a specific period of time by a physician according to clear and indicated medical need.
 - 1. Chemical and physical restraints may be used only by a physician's order. The order must be written to specify when and under what circumstances a restraint may be used.
 - 2. Neither chemical nor physical restraints can be used to control resident's mobility for the convenience of the staff, for punishment, for unlimited periods of time, or as a substitute for supervision.
 - 3. Restraints may be used, when necessary, to protect a resident from injuring himself or others during an emergency, but must not be used as a routine method of dealing with a chronic behavior problem.

- F. To have his or her personal and medical records kept confidential and not disclosed if he or she objects in writing unless required by state or federal law or regulation.

- G. To receive a reasonable response to his or her requests from the Group Home
 - 1. Requests for services required under the standards must be granted.
 - 2. Requests for services not required under the standards deserve consideration, particularly requests which would improve the quality of life of a resident.
 - 3. When requests are denied the reason should be carefully explained.

- H. To associate and communicate privately and without restriction with people and groups of his or her own choice on his/her own or his/her initiative at any reasonable hour.
 - 1. The Group Home provides a place where a resident may meet privately with family or with friends.
 - 2. See visitation policy.

- I. To have access at any reasonable hour to a telephone where he or she may speak privately.

- J. To send and receive mail promptly and unopened, unless the resident requests that someone open and read mail, and to have access, at his/her expense, to writing instruments, stationery and postage.

- K. To be encouraged to exercise his or her rights as a resident and citizen, and to be permitted to make complaints and suggestions without fear or coercion or retaliation.
 - 1. Grievance policies should be formalized in writing so that a resident may feel free to criticize.
 - 2. Criticisms and complaints should be received objectively and heeded where possible.
 - 3. As citizens, residents should register and vote.

- L. To have and use his/her possessions where reasonable and have an accessible lockable space provided for security of personal valuables. This space shall be accessible only to the resident, the QMRP, or supervisor in charge.
- M. To manage his/her personal needs funds unless such authority has been delegated to another. If authority to manage personal need funds has been delegated to the Group Home, the resident has the right to examine the account at any time.
 - 1. To the extent possible the residents should be encouraged to handle their own personal needs funds.
 - 2. The resident is due his personal need funds as soon as the check is received and can be cashed.
 - 3. The management of personal need funds can be delegated to the facility only through a written statement in the resident's records.
 - 4. If the resident requests to look at his/her account, the Group Home must let him/her examine it.
 - 5. The resident can terminate this agreement at any time (as long as he has paid what he owes). Any balance belonging to the resident must be delivered promptly.
- N. To be notified when the North Carolina Department of Facility Services and the basis on which issue a provisional licensee the facility the provisional license was issued. The resident's responsible family member or guardian shall also be notified.
- O. To have freedom to participate by choice in accessible community activities and in social, political, medical and religious resources and to have freedom to refuse such participation.
 - 1. Policies and procedures must be clear that residents are encouraged in their pursuits of entering the community life.
 - 2. The Group Home furnishes transportation and staff assistance to community resources.
 - 3. The resident has the right to choose his own physician/dentist in the community.
 - 4. Residents are encouraged to advocate for themselves.
- P. To receive upon admission to the facility a copy of these rights. In the resident's records there is a signed statement that the resident was read the rights, also the rights were discussed with the resident and a copy was given to him/her.

VII. Behavior Management

The purpose of Behavior Management is to promote socially adaptive behaviors for Group Home residents who exhibit inappropriate behavior patterns. The term “restrictive procedure” refers to any technique that:

1. Restricts individual freedom of movement;
2. Causes the loss of objects or privileges the individual normally enjoys;
3. Forces the individual to engage in behavior that may be against his will;
4. Causes a reduction in behavior frequency or intensity through use of psychotropic drugs; and
5. Results in the application of a painful stimulus.

Restrictive procedures must be monitored frequently and carefully revised if they are not effective. The method used in the treatment of maladaptive behavior must be the most benign and least restrictive alternative that is available and which is effective.

Definitions:

1. **Intrinsic Motivation/Reinforcement:** The reward of learned behavior through internal satisfaction or pleasure gained through the demonstration of the behavior itself.
2. **Extrinsic Motivation/Reinforcement:** The addition of pleasant or reinforcing events (e.g., praise, positive physical touch, edibles, special privileges) to the environment in the event that a resident displays an appropriate behavior.
3. **Inappropriate Behaviors:** Actions, to include verbalizations, that although appropriate in certain environments, are counter productive to or interfere with ongoing, scheduled programs or activities in a particular, targeted environment.
4. **Incompatible Behavior:** Actions that cannot be performed at the same time as another action or other actions.
5. **Maladaptive Behaviors:** Actions that preclude learning and advancement toward discharge to a less-restrictive placement, or actions that are incompatible with the expectations of community member for person of the same age, sex, and culture.
6. **Severe Maladaptive Behavior:** A physical action on the part of a resident that in the opinion of staff, is causing, or is likely to cause, injury to self or others or substantial property damage.
7. **Time-Out:** Procedures designed to restrict residents’ opportunities to receive reinforcers. They vary in restrictiveness and may be used in response to dangerous or inappropriate behaviors. Time-out procedures do not deny a resident freedom to leave the situation and can be used only after a resident has been given opportunities to earn reinforcers for adaptive behaviors.
 - Level 1 Time-out:** Cease interaction with the resident, ignore inappropriate behavior, and give no rewards or attention.
 - Level 2 Time-out:** Move the resident away from the group, keeping him in the room somewhere other than in the corner.
 - Level 3 Time-out:** Place the resident in the corner of the room, using minimal physical assistance but do not hold him there.

Level 4 Time-out: Send the resident to his bedroom or other appropriate vacant room approved for time-out, using minimal physical assistance. Keep the door open and provide continuous monitoring.

Level 5 Time-out: Place the resident in an approved unlocked time-out room. Continuously monitor the resident's behavior after shutting the door.

Procedures:

A. General Principles and Policies:

1. It is recognized that the optimum method of eliminating maladaptive behaviors is the shaping of appropriate and adaptive behaviors. It is further recognized that the optimum method of shaping appropriate behaviors is to provide learning experiences that are intrinsically reinforcing and rewarding.
2. In the event that the self-reinforcing aspects of sequence programming based on evaluation results and interdisciplinary planning are not apparent to residents, then verbal mediation and the provision of extrinsic motivation will be used.
3. Should these approaches, nevertheless, fail to minimize the acquisition or maintenance of inappropriate or maladaptive behaviors, then it is recognized that negative consequences for these behaviors (when the resident is physiologically capable of performing or exhibiting a desired behavior) should, predictably, lessen their frequency and intensity.
4. Negative consequences, when necessary, are to be implemented only to the extent necessary to reduced or eliminate the targeted behaviors. Progressively more interventive or more restrictive behavior management techniques are to be proposed only when the data indicate that less restrictive methods have been sufficiently explored and systematically implemented to no avail.
5. Such methods, when necessary, are to be implemented only after thorough review by the Interdisciplinary Team and required committees. This review process must include identification of any attendant physical or mental harm or risk to the resident. Programs will be approved only after the ID team has determined that the probable desirable outcome to the resident outweighs any potential harm or risk.
6. Neither the ID team or the Human Rights Committee may consider or approve any procedure which includes or is likely to result in:
 - a. verbal, mental, physical abuse, corporal punishment, or neglect;
 - b. the disciplining of a resident by another resident or other residents, except as an integral part of an authorized and voluntary self-government program or system;

- c. placement of a resident in a barred enclosure, or an adaptive device not prescribed for prosthetic purposes by a physician;
 - d. placement of a resident in a locked room;
 - e. denial of any human or legal right without due process;
 - f. any procedure implemented primarily for the convenience of staff or family members/guardians, etc.; and
 - g. any procedure implemented at time when the resident does not have a scheduled opportunity to behave appropriately and receive recognition for same.
7. Staff must be alert to ensure that maladaptive behavior interventions do not result in denial of a resident's meal or in unreasonable delays in the serving of scheduled meals and access to toilets or water. If severe maladaptive behaviors occur during meal time, accommodations will be made to hold the meal. A meal will not be withheld for more than 30 minutes due to behaviors.

B. Hierarchical Interventions:

Listed below are representative habilitative procedures given in order from least interventive or restrictive to most interventive or restrictive. Except as provided in Guidelines for Emergency Behaviors, no otherwise appropriate intervention may be implemented unless all appropriate procedures occupying a lower position in the hierarchy have been tried and proven ineffective.

1. Procedures that may be implemented by staff in lieu of a written program approved by the ID Team include the following:
 - a. reinforcement of appropriate, incompatible behaviors;
 - b. extinction – withholding attention (e.g., eye contact, verbal or gestural communication) in the presence of minor maladaptive behaviors; level 2 and level 3 time-out;
 - c. counseling – an interpersonal helping procedure, informing a resident that the particular behavior is unacceptable and offering an alternative acceptable behavior;
 - d. modeling – staff, through their own actions, demonstrate example of appropriate – acceptable behaviors;
 - e. restoration – requiring the resident to restore materials, clothes, food stuff or other aspects of the environment as close as possible to the original or proper condition or place; this is done only once per occurrence and only using verbal or gestural prompts and is not to exceed 5 consecutive minutes.

2. 4th level time-out may be implemented provided there is a written program approved by the ID Team.
3. Procedures that require a written program approved by an ID Team, and the Human Rights Committee include:
 - a. 5th level time-out;
 - b. response cost – withdrawing reinforcers or reinforcing activities or events;
 - c. overcorrection, positive practice, or restoration (except when used on a one time basis) using graduated guidance – requiring the resident to restore aspects of the environment to their proper condition; requiring demonstration of appropriate, incompatible movements or activities; may be repetitive; am not exceed 15 minutes in duration;
 - d. physical restraints and carries – NCI holds or transfers;
 - e. behavior modifying drugs;
 - f. any other procedure having a degree of interventiveness or restrictiveness equivalent to these procedures.

C. Procedures:

1. When implementing a procedure which does not require ID Team approval, staff are to document the behavior and the actions taken in the resident's record.
2. For procedures that require a written program approved by the ID Team and Human Rights Committee shall contain the following:
 - a. the name and a description of the physical and mental state of the resident;
 - b. the targeted behavior;
 - c. a specification of the past and predicted future consequences of the behavior;
 - d. a history of previous interventions (for the past six months) and their effects on the frequency (or severity, if appropriate) of the targeted behavior;
 - e. an identification of the opportunities the resident has to engage in appropriate behaviors that are incompatible with the targeted behavior;
 - f. a full description of the procedures to include:
 1. a rationale in terms of support for the procedure;

2. the behavioral objective;
 3. the schedule;
 4. an identification of the persons who are to implement the program and the training they are to receive;
 5. a full disclosure of any possible mental or physical harm associated with the procedure;
 6. the data to be collected;
 7. documentation of approval by the ID Team and the resident or parent or guardian;
 8. documentation of Human Rights Committee approval.
3. The Human Rights Committee and the ID Team must approve all restrictive programs on an annual basis, unless they desire to do so more frequently.

D. Guidelines for Emergency Situation:

1. When a maladaptive behavior is displayed by a resident for which there is no active plan of intervention in the treatment plan and the resident is potential about to harm himself or others, the staff may implement an emergency procedure. Each technique should be used for the minimal amount of time necessary and should not exceed 30 minutes. Each incident which requires the use of an emergency technique must be reported to the QMRP or specified on-call supervisor.
2. Approved emergency procedure techniques:
 - a. time-out (level 2 through 4);
 - b. NCI Restraint Procedures.

VIII. Guardianship

It shall be the policy of the New River Cottage, Inc. ICF/MR Group Home that as long as a resident can make basic decisions concerning his/her life and can within a reasonable degree of understand money/value exchange, no guardianship limitations will be initiated. Should the resident request or should it be found necessary to the well-being and protection of the resident, limited guardianship procedures will be initiated for the areas needed.

If a limited guardian is necessary, one may be appointed by the Clerk of the Superior Court.

Any guardian process necessary will be responsibility of the Social Worker.

IX. Residents' Personal Funds

To ensure that resident's funds are accurately accounted for and that each resident has his/her own money, the following policy exists.

1. The Group Home maintains individual account records for each resident's personal funds that includes:

A petty cash bag with all expenditures recorded by staff as they occur by date, voucher, amount and balance. All vouchers are maintained in petty cash bag until the Financial Officer balances as needed. Once the petty cash has been balanced by the Financial Officer, vouchers with a summary sheet is filed in the resident's file folder.

2. A savings account bank book is kept with all expenditures and deposits recorded by the Financial Officer as they occur by date, voucher, amount and balance. All receipts and check stubs are maintained in residents' file folders. Bank reconciliation is completed quarterly and maintained in residents' file folder.
3. Residents' personal funds are deposited in residents' savings accounts by the Financial Officer or designated staff upon receipt of such funds.

X. Statement of Services and Charges

A. Services provided by New River Cottage, Inc.

1. Twenty-four hour supervision.
2. Three meals a day plus snacks.
3. Living space in accordance with state law.
4. Developmental programming as needed.
 - a. Speech Therapy
 - b. Dietician
 - c. Social Worker
 - d. Physical Therapy
 - e. Medical and Nursing Care
 - f. Audiologist
 - g. Recreational Therapy
 - h. Education
 - i. Occupational Therapy
 - j. Psychological Services
 - k. Vocational/Day placement
 - l. Transportation
 - m. Volunteer Services

B. Residents are expected to pay for:

1. patient liability as determined by the Department of Social Services;
2. any doctor visits over allotted Medicaid visits;
3. any social events not included in the New River Cottage's planned events (i.e. eating out with family or friends, outings with family or friends, etc..)

If residents are unable to pay these expenses it will be the responsibility of the parent/guardian.

XI. Visiting

New River Cottage, Inc. welcomes visitors. However, as a home it is expected that visitors exercise the same courtesies expected in visiting any home.

- A. Family and friends of residents are encouraged to visit frequently and informally. A telephone call prior to arrival might assure that the family member or friend will be home.

The following procedure will be employed:

1. contact the resident or staff to let them know you are coming;
2. exercise courtesy by realizing that residents are involved in a full programming schedule which does not allow them to be constantly available;
3. visiting time generally should be between 9am and 10pm; and
4. If you plan to visit during meal times, please contact a staff person.

C. Interested Others

Anyone else wanting to visit the Group Home should contact the Director to arrange for an appropriate time. Visits are generally scheduled when residents are out of the home. Staff persons will be available to answer questions.

The following procedure will be used:

1. contact QMRP;
2. explain purpose of visit;
3. plan tentative schedule, date and time; and
4. groups are generally limited to five.

D. Overnight Visits

Residents are encouraged to maintain and develop family/friend relationships. To help develop communication and decision-making skills, residents need to visit with family and friends. To enhance this type of growth, visitations are an expected element of the program. Residents are encouraged to visit in the homes of family and friends when the resident so desires, and if the family or friend is willing to have the resident visit.

The following procedures will be used:

1. resident/family/friend notifies staff of the impending visit. Several days (3) is sufficient notice for an overnight visit;
2. family/friend notifies staff of the time of arrival to pick-up resident and when they expect to return or makes arrangements with staff for transportation to the visit by staff and set meeting times for delivery and pick-up;

3. family/friend plans time, before taking resident, to talk with staff about special needs or procedures to follow with resident; and
4. if a problem arises with the resident or if return time changes, the family/friend should immediately notify New River Cottage staff.

The New River Cottage, Inc. is not responsible for residents while they are visiting the family, friends or volunteers.

XII. Obtaining Human Rights Committee Approval

In any case in which an Interdisciplinary Team recommends the use of a severe restrictive procedure to deal with a maladaptive behavior, prior approval must be obtained from the Human Rights Committee before that procedure can be implemented.

It is the responsibility of the Psychologist requesting the use of the severe restrictive procedure to write a behavioral program. This program must include:

- a. the name and a description of the physical and mental state of the resident;
- b. the targeted behavior;
- c. a specification of the past and predicted future consequences of the behavior;
- d. a history of previous interventions (for the past six months) and their effects on the frequency (or severity, if appropriate) of the targeted behavior;
- e. an identification of the opportunities the resident has to engage in appropriate behaviors that are incompatible with the targeted behavior;
- f. a full description of the procedures to include:
 1. a rationale in terms of support for the procedure;
 2. the behavioral objective;
 3. the schedule;
 4. an identification of the persons who are to implement the program and the training they are to receive;
 5. a full disclosure of any possible mental or physical harm associated with the procedure;
 6. the data to be collected;
 7. documentation of approval by the ID Team and the resident or parent or guardian;
 8. documentation of Human Rights Committee approval with signature of the resident, family or guardian, Psychologist, Human Rights Committee Chairperson, and QMRP.

When the situation demands rapid action, interim approval can be give to a restrictive procedure by the Human Rights Committee Chairperson. In cases where a program is approved on a interim basis, final approval must be obtained at the next scheduled Human Rights Committee meeting.

XIII. Obtaining Informed Consent

In addition to requiring the prior approval of the Human Rights Committee for the implementation of any severe restrictive procedure, also required, is the informed consent of the resident in question or of his parent or legal guardian. Informed consent is defined as:

The knowing consent of an individual or his legally authorized representative, so situated as to be able to exercise free power of choice without inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion.

The basic elements of informed consent include the following:

1. a fair explanation of the procedures to be followed, and their purposes, including identification of any procedures which are experimental;
2. a description of any attendant discomforts and risks reasonably to be expected;
3. a description of any benefits reasonably to be expected;
4. a disclosure of any appropriate alternative procedures that might be utilized if available;
5. an offer to answer any questions concerning the procedures and;
6. an instruction that the person is free to withdraw his consent at any time without prejudice to the subject.

A written individualized consent document embodying these six elements must be executed before the procedures in questions can be implemented. If consent is withdrawn at any time, it must be done so in writing.

The process of obtaining informed consent should be first, if feasible. Verbal permission can be given by the resident/guardian/family member while awaiting signature on the consent form. An resident over age 18, who has not be legally declared incompetent may provide informed consent, however, if the ID Team feels the resident is unable to completely understand the full implications of the procedure, approval will obtained from the parent/family members involved in the resident's treatment. If a resident is legally declared incompetent there guardian/parent must provide consent for an severe restrictive procedure.

XIV. Abuse, Neglect and Exploitation of Residents

This policy is to assure that residents are not abused, neglected or exploited.

Abuse shall be defines as "...the willful infliction of physical pain, injury or mental anguish, unreasonable confinement, or the willful deprivation by a caretaker of services which are necessary to mental and physical health."

Neglect shall be defined as "...not receiving the services necessary to maintain mental and physical health from a caretaker."

Physical abuse includes but need not be limited to:

- striking a resident;
- slapping a resident;
- pulling a resident's hair;
- pushing or shoving a resident;
- pinching a resident;
- staff encouragement of one resident to abuse or mistreat another, peer control
- restraining residents unnecessarily and without the appropriate approval and documentation;
- spraying in the face with strong force of water during bathing;
- using extremely hot or cold water during bathing;
- denying food as a form of punishment.

The above definitions do not include:

the reasonable use of physical restraint by an employee with a resident whose condition places him beyond response to verbal requests and whose behavior poses a threat to his safety or the safety of others around him shall not be regarded as abuse when such action is part of an approved documented treatment program, or an approved emergency intervention.

Emotional abuse: defined as abuse that takes on a non-physical form. This term is associated with acts of harassment or other behaviors that belittle or attack the ego of the person or may cause or causes emotional harm, including, but not limited to:

- unnecessary teasing;
- use of obscenities or profanity in the presence of, or directed toward a resident;
- ethnic or racial slurs;
- threatening defined as the expression of intention to inflict evil, injury, or damage;
- name-calling such as referring to a resident as crazy, idiot, dummy, etc.

Neglect: any New River Cottage employee whether directly responsible for the residents care or not, has a duty to respond within a reasonable period of time as determined by the circumstances of the incident to any situation which would adversely affect the health, safety, or well-being of a resident. Neglect includes, but need not be limited to:

- failure to intervene to protect a resident from harm, abuse, neglect or exploitation
- failure to bathe, change or attend to a resident's basic needs;
- failure to provide supervision of a resident as indicated based on the resident's need;
- failure to respond to a resident's absence when said absence without supervision may create a dangerous situation for the resident;
- failure to report observed or suspected abuse.

Exploitation: the illegal or improper use of a disabled person or his resources for another's profit or advantage including, but not limited to:

- staff members spending resident's personal funds for other than the resident's benefit;
- encouraging residents to participate in sexual activities
- allowing a resident to sexually exploit another without appropriate intervention;
- making a resident do an employee's work without payment for work performed;
- failure to pay residents for work performed
- staff member buying any item from a resident or selling any item to a resident without authorization;
- failure to protect residents from exploiting one another.
- staff willfully destroying a resident's personal property or allowing another resident to willfully destroy a resident's personal property without intervention.

Corporal Punishment: defined as a "painful" stimulus to the body in an attempt to terminate behavior or as a penalty for behavior. North Carolina General Statute 122C-59 and APSM 95-1 14 I .0102 forbids the use of corporal punishment.

Residents are not subject to mental or physical abuse, neglect or exploitation. All accusations, allegations, and potential rights' violations must be addressed immediately. Examples of violations include neglect, abuse (physical, sexual and emotional) fraud/theft of client's belongings, and injuries of unknown origin. Staff are to report all potential consumer rights' violations immediately to their QMRP or the on-call supervisor, who will follow the procedures outlined in the Alleghany County Group Homes/New River Cottage Investigation Procedures Manual.

The first thing the QMRP must do is to ensure the involved consumer as well as all consumers are out of the threat of danger. Involved staff may require suspension from work while the investigation is occurring. In the event that a physical injury has

occurred, the QMRP will notify the nurse immediately for an assessment of the resident. The medical findings and treatments will be recorded in the resident's record in the nurses notes section. Staff should fill out an Accident/Incident report form. An investigation/inquiry should begin, using the Alleghany County Group Homes/New River Cottage Investigation Procedures Manual.

If the Investigation reveals that an intentional action or inaction of staff has resulted in abuse, neglect or mistreatment which is a serious and immediate threat to the resident's health and safety, the staff person's employment will be terminated.

Investigations of Suspected or Known Abuse, Neglect and Exploitation

Refer to the Alleghany County Group Homes/New River Cottage, Inc. Investigation Procedure Manual.

XV. Research Policy

This policy exists to protect residents involved in research.

A resident may become involved in research only with his/her written consent. The following procedures will be followed:

1. Researcher submits statement of intention to the ID Team. The team may either deny the request or allow researchers to begin consent process.
2. Any research which involves severe restrictive procedures will additionally require approval from the Human Rights Committee prior beginning the consent process.
3. Researcher must obtain written consent to discuss with a resident the possibility of becoming involved in a research project.
4. The researcher must explain the research project to the resident or guardian and must obtain written permission from the resident/guardian prior to start of the research project.

Residents or their guardians may withdraw from research upon ID Team recommendation or his/her own volition and the researcher must agree to this condition prior to start of the research project.

XVI. Emergency Training Policy

A. Fire and Emergency Procedures Training.

It is the purpose of this policy to ensure that each resident receives training regarding the appropriate action to take in an emergency.

Specific safety devices and features and their correct use are demonstrated during resident orientation upon admission to New River Cottage. There will be a monthly fire/emergency evacuation of the building. Staff will discuss the evacuation procedures with the residents each month during the drill time. The fire drills will occur on each shift each quarter and will be conducted only by the staff scheduled with no extra assistance from any additional staff.

1. Staff will review safety and evacuation procedures after and during each practice drill.
2. Resident's will "role play" safe exits from specific rooms during an evacuation.
3. A calendar of scheduled fire/emergency drills will be provided to staff by the QMRP.
4. Staff will notify Emergency Services that a drill is taking place.
5. Staff will activate the fire alarm for each fire drill.
6. Residents will move out of the home as rapidly and orderly as possible. Staff will provide the least assistance necessary to evacuate the Cottage during a drill.
7. Staff will do a head count to assure that all individuals have evacuated the building.
8. Resident and staff will move to a safe location away from the building.
9. Staff will check the alarm each drill to insure that everything is working properly.
10. Staff will complete the fire drill report and send the report to the QMRP.

Copies of all emergency procedures are posted in the Group Home. Other emergencies than fire are routinely discussed during the fire drills i.e. actions to be taken when there is a tornado, flood, earthquake, etc... (See the section marked disaster plan).

B. Emergency Medical Plan

In the event of a medical emergency/life threatening injury or illness in the Group Home, the staff member on duty will:

1. Call 911 – Emergency Medical Services (EMS) to send an ambulance.
2. If there are two staff on duty, one will administer first aid as needed, while there staff calls for assistance.
3. If there is only one staff on duty, the call to 911(EMS) should be made prior to administering first aid.

4. After EMS has been called and the resident has received first aid the staff should notify the QMRP or on-call supervisor.
5. If possible a staff member should accompany the resident to the hospital, or the QMRP/on-call supervisor will make arrangement for a staff to come to the hospital. Staff should take insurance, medical, and medication information to the hospital.
6. Parents/Guardian will be contacted as soon as possible and directed to come to the hospital if possible.
7. Emergency Phone Numbers will be posted at each phone at New River Cottage.

Section 3

XVII. Personnel Policies and Procedures

- A. See Attached “Combined Personnel Policies” for Alleghany County Group Homes, Inc. & New River Cottage, Inc. dated 21 July, 1998.
- B. Staff will be given an initial orientation of the policies and procedures prior to employment and as needed.
- C. Training will be offered in the following areas:
 - 1. First Aid
 - 2. CPR
 - 3. Infection Control
 - 4. Bloodborne Pathogens
 - 5. NCI
 - 6. Behavior Management
 - 7. Other areas as needed
- D. Documentation of the training will be maintained in the staff’s personnel folder.

XVIII. Record Keeping Policy

The purpose of this policy is to standardize record procedures to safe-guard resident records, and to assure the protection of the legal right of all residents, facility, and the staff.

A. Record Policy

New River Cottage, Inc. maintains information concerning the identification and characteristics of the individuals served, as well as other functional records that are essential for individual program planning and implementation. New River Cottage has both a centralized record system maintained at the Administrative Office, and a working record maintained at the facility. The centralized record system includes maintaining a master copy that includes financial information, social information not pertinent to program needs, past admission information, and diagnosis and non-current resident information purged from the working file and replaced by more current information. The working record's primary purpose is to provide current information necessary to all staff for on-going programs and shall contain that information. Parts of the essential record may be duplicated if necessary to be used in the working record. There is careful coordination of both record systems to avoid unnecessary duplication and to ensure that current information is in the hands of the service provider at all times. In all instances confidentiality and other protection of resident rights is to be maintained. Records of residents of New River Cottage may not be taken from grounds of New River Cottage or the Administrative Offices of New River Cottage, except by court order, subpoena, in accordance with statutes, or as necessary to provide medical services to residents that can not be provided on New River Cottage ground, i.e. emergency room visit. Free access to all resident records shall be afforded to all staff involved in active treatment with a resident. Records used in study and research shall be in accordance with the confidentiality policy. Written consent is required for release of resident information. Agency policy on confidentiality shall be adhered to at all times. (See Confidentiality Policy)

B. Documentation: Procedures related to working records.

1. Only approved record forms are to be used in a resident's record.
2. No notes should be made on a form unless the resident's name and case numbers are clearly entered on the form.
3. All entries must be legible, dated and authenticated by signature and title of the person making the entry.

4. The use of initials in lieu of a full signature is allowed for certain record entries provided authenticated signatures are filed, i.e. medication administration records.
 5. A signature with a minimum of first initial, last name and title are required on Individualized Program Plans, all progress notes, all medical notes, medical orders, and evaluations.
 6. Symbols and abbreviations may be used in record entries only if they are on the approved abbreviation legend found in the first section of the chart.
 7. All record entries should be made in black ink.
 8. No erasure or altering of any record entry is allowed. No covering or eradicating materials may be used.
 9. Errors are corrected by drawing a single line through the error and writing error, initial and date.
 10. All entries are to be dated and signed on the day the entry is made. (Never try to squeeze in a entry or falsely date an entry)
 11. All entries should be as brief as possible but should contain sufficient information to allow another reader to know what has occurred with the resident.
 12. Reports and evaluations should be in a summary format.
 13. All pages should be filled completely. If a page is not filled completely and a new page has been started, unused lines on the previous page should be marked through with a single line.
 14. All entries must be in chronological order and must follow the last one entered.
- C. Procedures concerning resident-specific entries and storage of files.
1. Do not use the name of any resident in another resident's record.
 2. Record entries must not be deprecatory or inappropriate language which could cause harm or potential harm to the resident.
 3. Upon discharge all record material will be sent to the Administrative Offices of New River Cottage for keep in the Central Record Keeping System.
 4. Destruction of resident record materials or duplicate copies shall be shredded by administration only. At no time may resident information be tossed in waste basket.

5. Retention of resident records shall be for a period consistent with Health and Human Services regulations and legal statutes of limitations of the State of North Carolina.
6. Central records shall be kept in a locked secure area at the Administrative Offices of New River Cottage.
7. All resident records at New River Cottage shall be numbered in accordance with Health and Human Services numbering system.

D. Record Review

1. Records will be reviewed by the Utilization Review Committee on each resident at least every six months for the purpose of assurance of completeness and to determine that all records meet the standards set forth in the ICF/MR regulations.
2. QMRP will review records on each resident monthly to assure record completeness and content of records. QMRP will also regularly determine status of individualized program plan's progress.
3. Interdisciplinary Team will review previous assessment and formulate a new individualized program plan on annual basis.

E. Confidentiality of Records

The purpose of this section is to assure the protection of the legal rights relative to confidentiality of residents of New River Cottage.

1. All information contained in a resident record shall be considered confidential.
2. Duplication and dissemination of information contained in a resident's record will be with the written consent of the resident's legal guardian and will only contain such information as is necessary to facilitate proper care by the appropriate professional or consultative personnel. In case of medical emergency, such information as is needed for emergency care of resident will be given to medical sources involved.
3. Only authorized persons will have access to resident records. Authorized persons are defined as direct care staff at New River Cottage, New River Cottage consultants, appropriate survey and review boards, New River Cottage Board members, and Local Human Rights Committee.
4. Resident records are kept in areas accessible only to authorized persons.
5. Central records are kept at the Administrative Office in a secure area.

6. Working records are kept in the staff office at New River Cottage. The office is locked at all times when a staff is not present.
7. Resident records will be removed from the grounds of New River Cottage only in accordance with court order, subpoena, or status.
8. New River Cottage employee and volunteers working with the residents are trained in confidentiality prior to working with the residents. Employees sign an acknowledgement of confidentiality requirements upon employment.

XIX. Management Audit

It is the purpose of this policy to insure compliance with ICF/MR standards, state laws and regulations, and to assure an adequate level of care.

- A. The New River Cottage QMRP will monitor consumer records and record keeping process, and evaluate the quality of care in order to promote the delivery of the highest quality of care for the group home residents.
- B. The Division of Facility Services ICF/MR office conducts an initial survey to determine eligibility for ICF/MR certification, therefore, an annual survey is conducted to determine recommendations for recertification of the facility. Follow-up visits between surveys determine compliance toward correcting deficiencies during the period of certification.
- C. Department of Social Services conducts an annual review of residents financial affairs to determine continued eligibility for residential Medicaid.
- D. Utilization review is conducted semi-annually to ensure appropriateness of services.
 1. Utilization Review Plan
 - a. The object of the Utilization Review (UR) plan is to promote maintenance of high quality residential care and more effective and appropriate use of services. This is accomplished through a review of patterns of care with respect to maximum utilization of the interdisciplinary team services and to assure continuity of services.
 - b. The UR will be coordinated by the QMRP and New River Cottage nurse.
 - c. The UR committee will review UR forms at least every six months and more if deemed necessary and will review all records, as needed at least every six months.
 - d. Findings and recommendations of the committee are reported to the Executive Director.
 - e. The UR committee will review records within six months after admission.
 - f. The UR will be used to assess each resident's need for the services provided by New River Cottage. If the UR committee decided that continued stay is needed the next UR review date will be set.

- g. If the committee feels the resident does not need continued ICF/MR level of care the QMRP and the family will be notified and may present any additional information.
- h. The Executive Director and the Division of Social Services will be notified of the committees final decision.
- i. The QMRP will act upon the committees final decision and will coordinate coordinate functions with appropriate staff.
- j. UR forms will be completed by the committee with one form mailed to the Division of Medical Assistance Services – Utilization Review Section, and one copy will be maintained in the resident’s record.

XX. Maintenance Policy for New River Cottage

Maintenance for New River Cottage, Inc. will be established as follows:

A. The group home is owned by New River Cottage, Inc. The owner agrees to:

1. Maintain the roof, exterior walls, plateglass windows, foundations, sidewalks, and parking lot.
2. Maintain the exterior wood trim and repaint said trim when reasonably necessary.
3. Maintain and repair interior wiring, interior floors; ceilings and plumbing due to structural defects, fair wear and tear,
4. Repair any major fault
5. Provide Hazard Insurance not less than \$70,000.00.
6. To provide content insurance.
7. Maintain interior in good condition, agreeing to provide routine maintenance and repairs.

B. Water Temperature Control

The owner will ensure the water temperature does not exceed 110 degrees F. throughout the home, except for the dishwasher.

XXI. MEDICAL SERVICE

Section 5

This policy is provided to ensure prompt and effective medical treatment as needed by the residents and to make appropriate arrangements for medical services.

Alleghany Memorial Hospital provides 24-hour medical service to the residents. Medical staff are legally certified to provide medical services.

A resident, if he so chooses, can use a private physician.

The Group Home will be responsible for providing transportation for all residents to meet scheduled appointments and minor emergency situations.

Appropriate documents for all services rendered will be entered into the residents' record accordingly:

- A. The medical staff enters progress notes upon each visit and a plan of treatment in the resident's record.
- B. All laboratory, x-ray records, consultations, are kept in each resident's records.
- C. Completed evaluative medical summaries are entered into each resident's record.

Medications administered in the Group Home are prescribed by physician and administered by trained staff.

Medications are reviewed at least every 90 days by the physician and nurse. Nurse and QMRP will confer as needed to review medications.

Infection control issues are reviewed each quarter along with all medications at the Quarterly Drug Review (QDR). QDR is attended by the doctor, nurse, pharmacist, social worker, QMRP, and Psychologist.

The resident is informed by medical staff of the state of his/her health unless contraindicated by a medical condition. This will be documented in the resident's record.

MEDICATION ORDERS

Medication orders should be written by the physician in the resident's record. When the order is telephoned to the pharmacist the verbal order must be entered into the record within 48 hours. If the nurse receives the order, she should record it in the resident's record including the name of

the physician, the time received and the signature of the nurse. The order should be read back to the physician for confirmation and co-signed within 24 hours.

XXII. BREAST EXAM

A. This policy is to identify who may perform breast exams for clients of New River Cottage. The purpose of regular breast exams is to ensure prompt and effective medical treatment and to make appropriate arrangements for any additional medical services.

B. A currently licensed registered nurse may perform breast exams as prescribed by the physician for clients at New River Cottage. The registered nurse should be a graduate of an accredited nursing school and should have two years of medical-surgical experience.

C. Breast exams will be performed at New River Cottage in a designated area (i.e. client's private bedroom).

XXIII. MEDICATION POLICIES

A. POLICY

1. PHYSICIAN'S ORDERS

- a. No medication will be administered without written order of a physician.
- b. Verbal orders from a physician will be accepted by a registered nurse, or Pharmacist and must be signed within 24 hours by the physician.
- c. The physician will take into consideration the information provided by the nurse and Interdisciplinary Team in prescribing medical treatment for resident.
- d. It is the responsibility of the nurse on the team to inform and discuss with the team the new medication orders and to educate the team as to the effects and possible side effects of that particular medication.
- e. The physician and nurses' progress notes should indicate the effectiveness of the medication.
- f. The pharmacist will notify the physician on residents who are on more than the FDA recommended amount of medication.
- g. Each time a resident is on more than the recommended amount, specific justification for the dosage should appear on resident's chart.
- h. All physician's orders are taken to the pharmacy by Group Home staff or called in by physician.
- i. The physician's orders are written on Physician's Order Sheets.
- j. The nurse or designated staff will note all orders.

2. STOP DATES

- a. All medications will have an automatic stop date of three months.
- b. All antibiotics will have an automatic stop date of 10 days, including ointments, unless specifically designated otherwise.

- c. All PRN orders have an automatic stop date of 3 days, unless otherwise ordered.

- d. All parental barbiturates and tranquilizers, narcotics, corticosteroids, anti-coagulants, physical therapy employing heat, cold, and sound have automatic stop dates of 3 days.

3. PSYCHOTROPIC DRUGS

- a. It is the responsibility of the nurse to convey information to the physician from the team and from the team to the physician relative to indications for psychotropic drugs.

- b. The nurse shall relay to the team orders for the psychotropic drug and explain the effects and side effects of the medication.

4. PRN MEDICATIONS

- a. PRN medications may be given by the Intermediate Care Facility Staff and recorded on staff medical progress notes.

- b. PRN medications will include specific frequency, duration and intent for use.

XXIV. ADMINISTRATION OF MEDICATION

The purpose of this policy is to identify the personnel who are authorized to administer medications.

Medications will be administered by staff completing a mini-course on Medication Administration, with annual continued education, by a medical professional.

To assure that residents receive prescribed medications, the following procedures will be employed:

- A. Prepare equipment and supplies (profile book, water, juice or other element to be used).
- B. Begin with first resident's name. (In profile book)
- C. Check the time columns to make sure time for administering medication is correct.
- D. For each medication to be given at this administration time, check the medication bottle with the client's name on the profile sheet.
- E. Obtain medication from the proper labeled bottle.
- F. Check to see that the name of the medication on the container correctly corresponds to the name found on the profile sheet to the left of the time column.
- G. Check to see that the name of that medication, strength, and administration form corresponds with the information on profile sheet.
- H. If there are several medications to be given to this resident at the same time, get all the doses from the containers and compare each medication as indicated above.
- I. Pour proper medication and dosage into soufflé cup.
- J. Administer to resident with water, juice or whatever is appropriate. (Do not pour medication into large quantities of water, juice etc., and do not pour medication ahead of time).
- K. Return to profile and chart all medications given to that resident, using the full initials of person administering, and check again to be sure that all medications for that time period have been given or accounted for.
- L. Proceed to the next profile sheet in the book and repeat all steps above for each resident,

charting each one.

- M. When all medication has been given, go back through the profile book page by page to be sure that all doses have been administered and charted.

XXV. RECORDING AND REPORTING MEDICATIONS

A. RECORDING

1. All medications administered must be cleared in the appropriate block by the person administering with the full initials.
2. All initials must be identified in each Master Signature Sheet.

B. OMITTED DOSES

1. For any omitted dose, place the appropriate code on the MAR in the appropriate box.
2. No medication should be omitted without prior knowledge of the nurse.
3. If resident refuses medication, place the appropriate code on the MAR and notify the nurse for instructions.

C. HOME

1. When a resident is home, the appropriate code should be written in the block on the MAR sheet for each dose of medication omitted because of being home.
2. Medication instructions should be given to the person assuming responsibility of the resident.

D. ERRORS

1. The person finding the error of any type should notify the nurse.
2. The nurse should investigate the error and make the decision as to what action should be taken.
3. The error should be circled in the appropriate block in RED on the profile sheet.
4. The person shall record in the nurses' notes what action was taken and this information shall be recorded on the Medication Error Report by the appropriate staff person.

This policy is to ensure the highest quality of Pharmaceutical Services to the residents of New River Cottage, Inc.. All aspects of drug utilization in the home will be carefully evaluated in order that drug therapy will be safe and of optimum benefit to each resident.

A. DRUG STORAGE

1. Each resident has a shelf for his medication. The shelves are in a locked closet.
2. External medications are separated from all internal ones and stored in a locked closet.
3. A locked box is available for the storage of drugs requiring refrigeration. Thermometer will be located in refrigerator to ensure proper temperature.
4. Medication closet is locked at all times.
5. All expired, deteriorated or discontinued drugs are properly taken to the pharmacist for proper disposition and a form signed by the pharmacist.

B. PROCUREMENT AND LABELING OF DRUGS.

1. The labeling of all pharmaceuticals is the responsibility of the pharmacist. The nurse or staff should never label or re-label a package containing more than one dose.
2. Drug samples must be properly labeled by the pharmacist before personnel may administer them.
3. Each Rx label should indicate the names of the resident, pharmacists and physician; the Rx number, the name of the drug, direction for use, strength of drug, date of issue, name and address and the telephone number of the pharmacy.
4. No labels are to be imposed over pre-existing labels, except by the pharmacist.
5. Empty containers are to be discarded and not used for other medications, chemicals, etc.
6. All labels should be clearly legible and firmly affixed to the outside of the container.

7. Whenever the directions for the administration of a prescription drug changes, the directions on the label should be changed accordingly by the pharmacist.
8. The physician's orders should be written legibly and include the following:
 - a. Name of medication.
 - b. Date.
 - c. Dosage.
 - d. Administration.
 - e. Duration of order, if applicable.
 - f. Signature of physician.

The pharmacist or nurse should inquire of the physician whenever questionable orders occur.

9. Automatic stop order provides that after a predetermined time a drug order is stopped unless:
 - a. The order indicates an exact period of time for the administration of the drug.
 - b. A specific number of doses are to be given.
 - c. The attending physician reorders the drug.

The staff will always ask physician before discontinuing a prescribed drug. The following time intervals for the various drug classifications are in effect:

- a. Narcotics - 48 hours
- b. Antibiotics - 10 days
- c. Anticoagulants - 7 days
- d. Antiemetics - 48 hours
- e. Sulfonamides - 10 days
- f. Cold and cough pres. - 10 days
- g. Anti-neoplastics - 7 days

- h. Anti-histamines - 10 days
- i. Dermatologicals - 10 days
- j. Hormones - 30 days
- k. All others - 7 days

For orders not specifying the number of doses or the duration of administration the pharmacist will dispense only enough medication to last until the specified stop is reached. The physician should be notified before the last dose is given so that he may reorder the drug if necessary. The pharmacist and Group Home staff will keep resident medication records and can notify the physician and have the physician reorder or stop the drugs. Cardiovascular, antidiabetic and anti-convulsant drugs are not to be stopped without the approval of the physician.

DRUG ADMINISTRATION:

A. POLICY

1. Only staff members who have received training may administer drugs.
2. A medication profile sheet is used for all medications which contains name, medication per dosage, times of medication administration. Blocks are available for person administering medication to initial.
3. All administered medications shall be noted on the resident's medication profile sheet. If medication is not given the block should carry a reference number and a note is made in the progress notes.
4. No medication should be borrowed from one resident and given to another. Prescription depletions should be anticipated and addition medication obtained in advance. Remaining medication should not be transferred to the new container, but should be used from the old one.
5. Once a dose has been removed from the container, it should not be returned for future use. It should be destroyed and so noted on the medication chart.
6. A line should be drawn through all discontinued orders and staff deactivating the order should initial the chart. Medication chart must be current.
7. Medications errors shall be reported by completion of a medication error report. The nurse shall be notified immediately and her instructions followed and documented the daily log.

8. Whenever an adverse drug reaction occurs, all drugs should be stopped and the nurse telephoned immediately.
9. In case of accidental poisoning or drug overdose, the physician or pharmacist should be telephoned immediately. Appropriate first aid may be given by the staff or nurse. For further information, contact **Duke Poison Control Center** at **1-800-845-7633** or **1-800-672-1697**.
10. Medication will be counted and recorded when received.

CONTROL OF NARCOTICS, BARBITUATES AND OTHER CONTROLLED DRUGS

A. POLICY

1. All narcotics and control drugs are stored under double lock and separated from other drugs.
2. Narcotics and control drugs are administered and charted as other medications.
3. Unused or discontinued narcotics will be collected by the pharmacist and properly disposed. Accountability of controlled substances will be maintained through the counting of controlled substances between shifts and recording results on Controlled Drug Count Sheet. Have pharmacist sign returned medications forms.
4. If the Controlled Drug Count Sheet conflicts with the actual medication present, the following course of action shall be taken:
 - a. Recount medication.
 - b. Check the Controlled Drug Sheet for errors.
 - c. Report error immediately to the QMRP.
 - d. QMRP will recheck medication and drug sheet for errors, if issue is still unresolved then contact R.N., then pharmacist.

SELF MEDICATION

A. PURPOSE

1. To define which residents and conditions under which a resident administer his/her own medication.

B. POLICY

1. A resident may administer his/her own medication if the following conditions are met:

C. PROCEDURE

1. The resident has a physician's written order to administer his/her own medication.
2. The treatment team has recommended that the resident administer his/her own medication.
3. The resident demonstrates proficient in administering his/her medication through (a) successful completion of a medication self-administration goal or (b) verification that the resident has been successfully self-administering medications for two or more years prior to admission to the Group Home.
4. Consideration is given to other residents in the home.

STANDING ORDERS

A. POLICY

1. The purpose of PRN medications is clearly stated on the label.

B. POLICY

1. All PRN medication are subject to the same review and reorder as all other medications.
2. PRN medications can be used for no more than 3 consecutive days. If PRN medication is needed past three days a doctors order must be obtained to continue using the medication.

APPROVE FORMULARY

FOR THE WRITING OR PRESCRIPTIONS BY PERSONS APPROVED

TO PRESCRIBE DRUGS UNDER TH PROVISIONS

G.S. 90-18.1 & 90 - 18.S

No controlled substances (Schedule 2, 2N, 3, 3N, 4, 5) defined by the Federal Controlled Substances Act may be prescribed.

No parenteral preparations (except Insulin) may be prescribed.

Any pure form or combinations of the following generic classes of drugs may be prescribed, unless the drug or class of drug is listed as excluded from the formulary. Nor drugs or classes of drugs that are excluded may be prescribed.

ANTI-HISTAMINES

ANTI-INFECTIVE AGENTS

drugs excluded under this generic category:

Amebicides
Carbarsome

Diodohydroquin
Emetine
Glycobiarsol
Chloramphenicol

Oxacillin
Minocycline
Pediatric Tetracycline
Clindamycin
Plasmodicides
Amodisquine
Chloroquine
Hydroxychloroquine
Primaquine
Pyrimethamine

DIAGNOSTIC AGENTS

ELECTROLYTIC, CALORIC AND WATER BALANCE
ENZYMES

EXPECTORANTS AND COUGH PREPARATIONS

EYE, EAR, NOSE AND THROAT PREPARATIONS
Drugs excluded under this generic category:

Any preparation containing an excluded drug.

GASTROINTESTINAL DRUGS

HORMONES AND SYNTHETIC SUBSTITUTES

Drugs excluded under this generic category:
Parathyroid hormones and synthetics/Pituitary hormones and synthetics

ANTINEOPLASTIC AGENTS

All agents are excluded under this category.

AUTONOMIC DRUGS

BLOOD FORMATION AND COAGULATION

Drugs excluded under this category.

Anticoagulants

CARDIVASCULAR DRUGS

CENTRAL NERVOUS SYSTEM DRUGS SPASMOLYTIC AGENTS

Drugs excluded under this generic category:

Psycholtherapeutic agents

Antidepressants

Tranquilizers

Benactyzine

Lithium

Respiratory Stimulants

Cerebral Stimulants

Sedatives and hypnotics

OXYTOCICS

All agents are excluded under this generic category.

RADIOACTIVE AGENTS

All agents are excluded under this generic category.

SKIN AND MUCOUS MEMBRANE PREPARATIONS

Drug excluded under this generic category.

Any preparation containing an excluded drug.

VITAMINS

OTHER CRITERIA:

According to N.C. General Statue 90-18.1 and 90- 18.2, written standing orders must be used.

A prescription may not indicate a refill.

Every prescription must be entered on the patient's chart. A second prescription for the same medication may be authorized by telephone and must be entered on the patient's chart and countersigned by the physician within 72 hours.

Amount of drug can be no more than 100 dosages units or a one-month supply.

DRUG FORMULARY

1. Analgesic Drugs

Acetaminophen with codeine
Fiorinal
Fiorinal with codeine
Demerol
Percodan
Talwin
Darvon Compound - 65
Aspirin Emeric Coated
Darvocet N
Merpergan Fortis
Tylox

2. Anti-Arthritic Drugs

Motrin
Indocin
Butazolidin Alka
Nalfon
Tolectin

3. Anti-Asthmatic Drugs

Lufyllin
Lufyllin GG
Dilor
Dilor GG
Isuprel
Alupent
Brethine
Marax
Asbron
Sustaire

4. Anti-Histamines

Dimetane
Chlortrimeton
Teldrin
Polaramine
Benedryl
Phenegran

5. Anti-Infectives

Amoxicillin
Ampocillin

Penicillin VK
Tetracycline
Doxycycline
Erythromycin
Trimethoprim/Sulfamethoxazole
Urex
Macrochantin
Pyridium
Keflex
Velosef

6. Anti-Obesity

Tenuate Dospan
Preludin
Fastin

7. Anti-Parkinsonism

Cogentin
Sinemet
Artane

8. Cardiovascular - Anti-Hypertension

Isemlin
Apresoline
Aldomet
Minipress
Inderal
Diuril
Hygroton
Lasix
Hydrochlorthiazide
Diupres
Regroton
Alisoril
Apresazide
Hydropress
Aldactazide

9. Coronary Vasodilators

Dipyridamole (Persantin)
Isodril
Nitroglycerine
Peritrate

10. Cough - Cold

Tussionex
Actifed C
Dimetapp
Tuss-Ornade
Ordane
Naldecon
Singlet
Actifed
Robitussin
Robitussin - Actifed
Dimetane DC

11. Gastro - Intestinal Drugs

Librax
Bentyl
Pathibamate
Probanthine
Tagamet

12. Hypnotics

Dalmane
Doriden
Placidyl

13. Hypo-Glycemic Drugs

Dymelor
Diabinese
Orinase
Tolinase

14. Oral Contraceptives

Demulen
Ovulen
Ovral
Lo Ovral
Ortho Novum

15. Psychotherapeutic Drugs (Anti-Anxiety)

Librium	Vistaril
Tranxene	Serax
Valium	Myprobamate
Atarax	

16. Anti-Psychotic Drugs

Thorazine
Prolixin
Haldol
Lithium Carbonate
Trilafom
Mellaril
Navane
Stelazine

17. Thyroid Preps

Synthroid
Cytemol
Thyrolar
Thyroid

18. Muscle Relaxants

Parafom Forte
Robaxin
Robaxisal
Norgesic
Norgesic Forte
Flexeril

19. Anti-Depressants

Elavil
Triavil
Norpramine
Sinequan
Tofranil
Aventyl

20. Anticonvulsants

Depakene
Dilantin
Gemonil
Mysoline
Paradione
Peganone
Phenurone
Phenobarbital
Valium
Zarontin

It will be the prerogative of the attending physician to prescribe any FDA approved drug not included in this formulary.

(2/22/00: Attempted to update drug formulary with pharmacist. He recommended no changes.)

DRUGS CAUSING FEQUENT OCCURRENCE OF PHOTSENSITIVITY REACTIONS

Phenothiazines

Mellaril
Therazine
Triavil
Prolixen
Compazine
Sparine
Phenergan
Stelazine

OTHER DRUGS

Librium
Hydrodiuril
Tytracycline
Vibramycin
Cyclamates
Essential Oils (Various)
Griseofulvin
Mestranol (Ortho-Novum, Ovulen, Enovid, Norinyl, etc.)
Methotrexate
NegGram
PABA
Psoralens (a sunscreen)
Sulfonamides (Gantrisin, Gantanol, etc.)
Dantrium

METRIC AND APOTHOECARY MEASUREMENTS

CONVERSION FACTORS

1 milligram (mg.) = 1/64 grain
64.79 (65) milligrams = 1 grain
1 gram = 15.43 grains
1 cubic centimeter (cc) = 16 minims
3.888 (4) cubic centimeter = 1 milliliter (ml.)
1 dram = 1 teaspoon
31.103 (30) cubic centimeters or grams = 1 ounce
473.167 (500) cubic centimeters = 1 pint

METRIC AND APOTHECARY

0.0001 gram - 0.1 mg. - 1/640 grain (1/600 grain)
0.0001 gram - 1 mg. - 1/64 grain (1/60 grain)
0.01 gram = 10 mg - 1/5 grain (12 mg)
0.015 gram - 13 mg. - 1/5 grain (12 mg)
0.016 gram - 16 mg. - 1/4 grain (15 mg)
0.02 gram - 20 mg. 1/3 grain
0.025 gram - 25 mg. - 3/8 grain
0.03 gram - 30 mg. - 2/5 grain (1/2 grain)
0.01 gram - 40 mg. - 3/5 grain (2/3 grain)
0.05 gram - 50 mg. - 3/4 grain
0.06 gram - 60 mg. - 9/10 grain (1 grain)
0.07 gram - 70 mg. - 1 1/20 grains
0.08 gram - 80 mg. - 1 1/5 grains
0.09 gram - 90 mg. - 1 1/3 grains
0.2 gram - 200 mg. - 3 grains
0.3 gram - 300 mg. - 4 1/2 grains
0.4 gram - 400 mg. - 6 grains
0.5 gram - 500 mg. - 7 1/2 grains
0.6 gram - 600 mg. - 9 grains
0.65 - 650 mg. - 10 grains (0.6 gram)
1. grams - 1000 mg. - 16 grains
1.06 grams - 1060 mg. - 16 grains
1/18 grams - 1180 mg. - 18 grains
1.50 grams - 1500 mg. 22 grain
2 grams - 2000 mg. - 30 grains (1/2 dram)
4 grams - 1 dram (60 grains)
8 grams - 2 drams (7.5 grams)
15 grams - 4 drams
30 grams - 1 ounce
0.06 cubic centimeter - 1 minim

0.3 cubic centimeter - 5 minims
 1 cubic centimeter - 15 minims
 2 cubic centimeters - 30 minims
 3 cubic centimeters - 45 minims
 4 cubic centimeters - 1 fluid dram
 8 cubic centimeters - 2 fluid drams
 30 cubic centimeters - 1 fluid ounce
 500 cubic centimeters - 1 pint
 1000 cubic centimeters - 1 quart

CONVERSION OF METRIC, APOTHECARIES AND HOUSEHOLD UNITS

CONVERTING GRAMS TO MILLIGRAMS

1 G. - 100 mg. (a milligram is one/thousandth of a gram). To convert grams to milligrams, move the decimal point of the grams three places to the right. For example: 0.1 Gm - 100 mg. when the decimal point is moved three places to the right. Observe the following conversions where the decimal is moved three places to the right:

0.2 Gm - 200 mg.
 .250 Gm - 250 mg.
 .0006 Gm - .6 mg.
 .004 Gm - 4 mg.

CONVERTING MILLIGRAMS TO GRAMS

1000 mg. = 1 Gm (a Gram is one thousand x a milligram). To convert a milligram to a gram, move the decimal point three places to the left of the milligram. Examples:

200 mg. = .2 Gm.
 0.6 mg. = .0006 Gm.
 500 mg. = .5 Gm.
 12.5 mg. = .0125 Gm.

CONVERTING GRAMS TO GRAINS

To convert grams to grains, multiply by 15, since 1 Gm = 15 grains. Examples: converting 15 Gm. to grains.

1 Gm. = 15 grains
 15 Gm. = 15 x 15 = 225 gr.

CONVERTING GRAINS TO GRAMS

To convert grains to grams, divide by 15 since 15 grains = 1 Gm.

Example: 1. Change 30 grains to grams: $30 \text{ divided by } 15 = 2 \text{ Gm.}$

Example: 2. Change 5 grains to grams: $5 \text{ divided by } 15 = 1/3 \text{ or } .3 \text{ Gm.}$

CONVERTING GRAINS TO MILLIGRAMS (1 gr. = 60 mg)

To convert grains to milligrams, multiply by 60. Example: Change 5 grains to milligrams: $5 \times 60 = 300 \text{ mg.}$

CONVERTING MILLIGRAMS TO GRAINS (60 mg. = 1 gr.)

To convert milligrams to grains, divide by 60. Example: Change 120 mg. to grains: $120 \text{ mg. divided by } 60 = 2 \text{ grains.}$

CONVERTING MILLILITERS AND CUBIC CENTIMETERS (cc's) INTO OUNCES (1 ounce = 30 cc. or 30 ml.)

To convert milliliters and cubic centimeters into ounces, divide by 30.

Example: change 45 cc. into ounces: $45 \text{ cc. divided by } 30 = 1.5 \text{ ounces}$

CONVERTING PINTS TO QUARTS

Divide the number of quarts by 4 since 1 gallon = 4 qts.

Example: Convert 8 quarts into gallons: $8 \text{ divided by } 4 = 2 \text{ gallons}$

XXVII. DENTAL SERVICES

The purpose of this policy is to provide comprehensive dental care to all residents in the New River Cottage, Inc.

Residents receive dental services in accordance with their needs as determined by diagnosis and evaluation. These services are provided to maximize residents general health by maintaining and optimal level of oral health and by treating or correcting existing oral disease.

- A. Dental services are rendered directly through personal contact with residents by the consulting dentist and his staff, and indirectly through the teaching staff.
- B. Dental services includes:
 - 1. Dental evaluation and diagnosis.
 - 2. Dental treatment.
 - 3. Comprehensive preventive dentistry program.
 - 4. Education and training in the maintenance of oral health.
- C. Following admission and annually thereafter each resident receives a complete oral examination through the office of the consulting dentist.
- D. There is available emergency treatment for residents on a 24-hour basis, 7 days a week, by a qualified dentist.
- E. Comprehensive preventive dentistry program includes:
 - 1. Fluoride therapy as prescribed by the dentist.
 - 2. Periodic oral care as prescribed by a dentist or dental hygienist.
 - 3. Daily oral care as prescribed by a dentist or dental hygienist including tooth brushing and tooth brushing aids and monitoring of the program to ensure its effectiveness.
 - 4. Provisions of diets in a form that stimulates chewing and improvement of oral health care or assistance for residents.
- F. Education and training in the maintenance of oral health includes:
 - 1. In-service training of direct care staff in providing proper daily oral health care

or assistance for residents.

2. Providing dental health care education to direct care staff.
 3. A dental hygiene program that includes:
 - a. Development of teaching techniques most effective for individual residents.
 - b. Imparting information regarding nutrition and diet control measures to resident and staff.
 4. Instruction of residents in proper oral hygiene methods.
 5. Motivation of residents to promote and maintain good oral hygiene.
- G. A permanent dental record is maintained for each resident receiving dental services and a summary dental progress report is entered in resident's record annually.
- H. All dentists providing services to residents shall adhere to the Code of Ethics published by the American Dental Association.

XXVIII. PSYCHOLOGICAL SERVICES

A. PURPOSE

1. To provide psychological services to assess and facilitate the maximum intellectual, emotional and adaptive capacity of each resident of the New River Cottage, Inc. Psychological services are intended solely to maximize the personal freedom and sense of well-being needed by individuals.

B. POLICY

1. Psychological services are provided by a licensed clinician.

C. PROCEDURE

1. Each resident receives an initial evaluation from the licensed clinician using standardized psychological test with thirty (30) days of admission.
2. Each resident is examined by the licensed clinician at least annually and when special needs arise. Standardized testing is repeated when the licensed clinician judges the most recent test results to be outdated.
3. Treatment goals identified by the Interdisciplinary Team as psychological in nature are the responsibility of the psychologist who trains and monitors staff in the specified plan.
4. A specific methodology will be developed for each treatment goal.
5. The treatment plan is developed in consultation with direct-care staff who implements the plan.
6. Direct-care staff maintains charts, graphs, baseline data and other indices to assure the continued application of specific programs and the quantitative measurement of change.
7. Any treatment is fully and clearly explained to the resident prior to implementation.

D. POLICY

1. The psychologist participates in all initial and subsequent Interdisciplinary Team evaluation meetings appropriate to the discipline. Reports of psychological evaluations, treatment programs and progress are utilized in the development and modification of each resident's active treatment plan. The dissemination of evaluative test results is done in a manner that provides

useful, practical information for staff and other involved professionals.

E. PROCEDURE

1. When a psychological need is indicated during an Interdisciplinary Team evaluation meeting, a detailed program plan (methodology) is included in resident's record.
2. The program plan for each psychological treatment goal is updated as needed and each resident's performance is reviewed and noted in the resident's record on a monthly basis by the consulting psychologist.
3. Progress and completion of each psychological treatment goal is reviewed annually at the Interdisciplinary Team evaluation meetings.

F. POLICY

1. Treatment plans which are psychological in nature generally include goals which attempt to maximize each resident's development and acquisition of (a) social skills; (b) self-direction and independent functioning; and (c) emotional stability.

H. POLICY - Behavior Management- reference Section X.

I. PROCEDURE

1. Every effort will be made to utilize positive reinforcement, especially social reward and to avoid response cost, overcorrection and punishment.
2. More aversive punishment such as the application of an aversive physical stimulus is strictly forbidden.
3. When a behavioral procedure is used, a special effort is taken to ensure that the least restrictive and normative measures are employed.
4. Psychological services conform to the ethics of the American Psychological Association and the State laws and guidelines on human rights.
5. On all occasions, psychological services employ the most humanitarian procedures.

XXIX. SOCIAL WORK

A. PURPOSE

1. To provide the guidelines for the social worker to utilize in providing professional social work skills and knowledge to the staff and residents of the New River Cottage, Inc.

B. POLICY

1. The social worker is responsible for professional qualifications and will maintain a high quality of professional skills and ethics.

C. PROCEDURE

1. The social worker is qualified with a minimum of B.S.W. from a Council of Social Work Education approved School of Social Work.
2. The social worker participates in available in-service training activities for professional growth and development.
3. The National Association of Social Workers Code of Ethics applies to the social worker and is reviewed periodically by the social worker to ensure compliance with those standards.

D. POLICY

1. The social worker provides professional psycho-social evaluations both formal and informal, on each resident of the Group Home, and participates in a Interdisciplinary Team planning and implementation of services.

E. PROCEDURE

1. The social worker participates in the pre-admission evaluation of a resident to determine if the Group Home is the appropriate placement for the resident. Information gathered from the applicant, the family and involved agencies is compiled to provide a written social history for the treatment team at the time of the pre-admission meeting.
2. The social worker will provide formal, written evaluation of each Group Home resident at the time of the initial Program Plan meeting and for each Annual Review thereafter. This psycho-social evaluation will include the social factors in the resident's day-to-day behavior, including staff-resident interactions. It also include an analysis of the dynamics of the resident's family and an evaluation of the resident's competency, in light of guardianship

considerations. The social work evaluation includes the psycho-social needs of each resident and recommendations for interventions according to those needs. These interventions may be direct work with the resident, indirect work through staff or family members, or indirect work by changing working or living spaces.

3. The social worker participates in the development of the Individual Program Plan for each resident by attending the meetings and providing information in the appropriate areas.
4. After the development of the Individual Program Plan, the social worker, as needed, provides goal plans for each resident in those goal areas that are decided upon by the treatment team and deemed appropriate for the social worker to provide. These goal plans are based on the resident's needs as determined by the interdisciplinary evaluations and shall include long and short range quantifiable objectives, therapy procedures and target achievement dates. They should be directed toward maximizing the social functioning of each resident, enhancing the coping capacity of the family and safeguarding the rights of the resident and his family.
5. The social worker provides the specific services recommended in the Program Plan for each resident.
6. The social worker provides informal evaluations of a resident as needed by other staff members.

F. POLICY

1. The social worker is responsible for facilitation open and clear communication between the Group Home and the family of each resident and between each resident and his/her family.

G. PROCEDURE

1. The social worker maintains contact with the family through correspondence, telephone conversations and/or home visits. These contacts are made at least quarterly to provide the family with current information on the resident's status in the Group Home. More frequent contact is made in the event of important changes or events in the resident's life to inform the family and request their input. The parents or guardians of the Group Home residents are considered to be an integral part of the resident's treatment team and every effort is made to include them in major decision-making processes.
2. The social worker and/or QMRP informs the family of a resident of the date and time of the annual Program Plan team meeting so that they may attend. At this contact the family's input and wishes are explored. The social worker and/or QMRP is responsible for making this information known to the members of the

treatment team. Following the meeting, an interpretative letter and follow-up verbal interpretation of the treatment plan is made for the resident's family to inform them of the treatment plans. This is done whether or not a family member is able to attend. All questions are fully answered and further information provided if necessary.

3. The social worker assists the family in participating in the Program Plan of the resident. This is done by aiding the family in providing those experiences and encouragement's considered necessary for the resident, both at the time of home visits of the resident, and family visits to the Group Home. Explanations of the treatment and support for the family are offered.
4. The social worker and/or QMRP is responsible for assisting the resident and his family in arranging home visits, family visits and telephone contacts. This assistance may include contact with various family members and may include assistance with transportation arrangements. The social worker should be aware of current family situations and dynamics in order to assess the climate of the home when arranging home visits for the resident.

The social worker is responsible for evaluating the success of the resident's family contacts, especially home visits. This is done through interviews with the family and the resident. As an aid in this evaluation a visitation sheet is utilized by the Group Home staff to record any contact between a resident and his family, along with comments deemed appropriate.

If appropriate, the social worker intervenes with referral for services and/or family counseling in those instances where evaluations have shown that the family interaction is not always beneficial to the client. Referring the family for services and aiding them in obtaining those services may be necessary when financial stresses or interpersonal conflicts are disrupting the quality of the resident's family visits.

The social worker's evaluation of the resident's family and the effects of visitation is shared with the other members of the treatment team at the time of the Program Plan meeting and at other times whenever appropriate.

5. Family counseling is offered to the resident and his family when appropriate. The counseling approach is for problem-solving and increasing communication skills. Counseling is offered to a family when the social worker finds it appropriate, if it is requested by the family, the resident or the treatment team.

H. POLICY

1. The social worker is responsible for the initiation of consideration of guardianship proceedings for a resident and for implementing the Program Plan goal in that area.

I. PROCEDURE

1. The social worker is familiar with the current state of the law regarding guardianship for mentally retarded persons and with the procedures for obtaining guardianship.
2. The social worker evaluates each resident regarding their competency and the necessity for attempting to obtain guardianship for them. These recommendations are made to the team at the time of the Plan meeting, the Annual Review or when appropriate.
3. The social worker provides counseling to both the resident and potential guardian regarding their rights and obligations as stated in the guardianship laws.
4. The social worker aids and supports the potential guardian in making petition to the court and providing the documentation of incompetency as needed.

J. POLICY

1. The social worker provides referrals for services for the residents of the Group Home.

K. PROCEDURE

1. When outside services are needed for a resident, the social worker explores the availability of services and contacts the outside service provider in order to arrange services for the resident. The recommendation for outside services may come from the treatment team, the QMRP or the social worker. The social worker also refers the family of a resident for services when appropriate.

L. POLICY

1. The social worker is responsible for participating in the maintenance of the civil and legal right of each resident in the Group Home.

M. PROCEDURE

1. The social worker and QMRP certifies that the Client Right Policies of the Group Home have been explained to each resident and to his family and will, along with other staff members, implement those policies so that the rights of each resident are not abridged.

2. The social worker attends and participates on behalf of the New River Cottage Residents in the Local Human Rights Committee meeting on a quarterly basis.
3. The social worker is responsible for assisting a resident and/or his /her family in registering a complaint with the Group Home. This assistance may take the form of an explanation of the Grievance Procedures of the Group Home and/or providing representation and a advocacy for the resident/family member.
4. The social worker will follow the N.A.S.W. Code of Ethics standards and with treat each resident and his family member with respect and dignity and sense of self-worth.
5. The social worker assists in the planning and implementation of any transfer of a resident out of the Group Home.

O. PROCEDURE

1. The social worker is responsible as a team member for the decision to transfer a resident to another placement. This decision will be based on the resident's needs and the needs of the other residents in the Group Home.
2. In the event of a transfer, the social worker informs and counsels the resident and the resident's family of the impending change. All information necessary and support needed to smoothly effectuate the transition is offered by the social worker. If the family or the resident disagrees with the team decision, the social worker facilitates communication and aids in compromise of the situation and safeguards the civil and legal right of those involved.
3. The social worker is responsible for preparing the transition of a resident from the Group Home to another placement of contacting all interested parties and helping with the sharing of information.
4. After a transfer has been made, the social worker provides follow-up support to the resident and the outside agency or person through periodic contacts and visits, as are appropriate. The social worker informs the treatment team of the placement process and the follow-up contacts.

P. POLICY

1. The social worker provides in-service training for other Group Home staff when appropriate.

Q. PROCEDURE

1. When approved by the Group Home QMRP, the social worker provides training in skill areas that are needed by the staff. These areas may involve skills that are generally necessary to the treatment and maintenance of the Group Home residents in general, or to the treatment plan of one resident in particular.

R. POLICY

1. The social worker is responsible for keeping accurate and current records for each resident of the Group Home.

S. PROCEDURE

1. Quarterly progress notes are written in each resident's record to document services provided, progress made in each social work goal area, status of infractions between the resident and his family, staff and other residents and any other information appropriate at that time.
2. The social worker places copies of all correspondence with family members and outside agencies in each resident's record.
3. The social worker places copies of all psycho-social evaluations and social histories written for each resident in his/her file

XXX. PHYSICAL THERAPY

A. PURPOSE

1. To provide, directly and indirectly, the highest level of professional care and treatment to residents in need of physical therapy to the residents of the New River Cottage, Inc.

B. POLICY

1. Every new admission to the Group Home that the physician deems necessary will receive an initial evaluation which includes an appropriate evaluation of performance and motivation in the areas of sensor-motor function, perception, behavior and self-help.

C. PROCEDURE

1. The written evaluation of each resident includes the findings and recommendations and is placed in resident's file.
2. The physical therapist functions as a part of the Interdisciplinary Team in establishing current individualized program plan.
3. Each resident is re-evaluated as deemed necessary by the Physical Therapist and as ordered by the physician.
4. Treatment programs are written by the physical therapist to maintain or increase the resident's capabilities in areas such as range of motion, strength, posture, coordination, balance, gait and other activities of daily living. To prevent the development or progression of deformities, orthotic and adaptive appliances, positioning and behavior adaptations are used.
5. The treatment program is carried out by appropriately trained staff member.
6. Data on treatment progress is collected and recorded in monthly progress notes.
7. The progress notes are evaluated periodically as a means of determining the appropriateness and effectiveness of the program. If termination or modification of the physical therapy goal is indicated before the Interdisciplinary Team Meeting it is discussed with the QMRP and other appropriate team members.
8. The physical therapist is responsible for in-service training of staff in appropriate techniques used with residents in their programming.

9. Any treatment plan is fully and clearly explained to the residents prior to implementation.
10. A referral to physical therapy from a physician in the State of North Carolina is on record for each resident who receives physical therapy evaluation or treatment.

XXXI. DIETARY SERVICES

A. PURPOSE

1. To provide nutritionally adequate food and in a form consistent with the mastication capabilities, meeting the dietary needs of each resident. And, to provide nutritional services that ensure optimal nutritional status of each resident at the New River Cottage, Inc.

SPECIFIC NUTRITIONAL NEEDS OF RESIDENTS

A. POLICY

1. To ensure optimal nutritional status of each resident there by enhancing physical, emotional and social well-being; to provide a nutritionally adequate diet in a form consistent with the developmental level and to meet the dietary needs of each resident.

B. PROCEDURE

1. The consulting dietician will complete an initial nutritional assessment on each resident within 30 days of admission.
2. The assessment will include the following information:
 - a. Anthropometric measures
 - b. Biochemical values
 - c. Clinical information (doctors food prescription, etc.)
 - d. Dietary history
 - e. Feeding skills
3. Maintenance of a continuing and annually reviewed nutritional record for each resident is the responsibility of the consulting dietician.

C. POLICY

1. All residents eat or are fed regular meals in the dining or breakfast room; except where contrary for health reasons, or by the decision of the Interdisciplinary team responsible for the resident's program.

D. POLICY

1. Family style table service is provided for all residents who can eat at the table. The dining areas are equipped with table chairs (where necessary) eating utensils and dishes designed to meet the developmental needs of each resident.

Dining promotes a pleasant and homelike environment and is designed to stimulate maximum self-development and social interaction.

E. PROCEDURE

1. Residents eat all regular meals family style.
2. Food is prepared according to the menu and placed on the table.
3. Residents serve themselves with assistance from staff, when necessary.
4. Meal times are adequately staffed for the direction of self-help eating procedures and to assure that each resident receives an adequate amount and variety of food.
5. Staff members eat with the resident.

MEAL SERVICE

A. POLICY

1. Meal times are comparable to those normally observed in the community. There are three meals served daily at regular times with not more than a 14-hour span between a substantial evening meal and breakfast the next morning, unless directed in writing by a physician. Except weekend and holidays when three meals will be served daily at regular times with no more than a 16-hour span between a substantial evening meal and breakfast the next morning, unless directed in writing by a physician.

B. POLICY

1. Food is served as soon as possible after preparation in order to conserve nutritive values. Food is served in an attractive manner, in appropriate quantity, at the developmental level of the resident.

C. POLICY

1. Dietary practices, in keeping with religious requirements of the resident's faith groups, is observed upon request. Substitutions are made for food allergies. Food likes and dislikes are honored as much as is practical.
2. The food prescriptions are carried out to provide the proper consistency and the proper nutritional content of the diet. Special diets must also meet the need of the daily allowance of the Food and Nutrition Board of the National Council.

D. PROCEDURE

1. Meal serving times:
Breakfast - 7:00 am
Lunch - 12:00 PM
Dinner - 6:00 PM
2. Resident and staff prepare and place food on table as efficiently and attractively as possible.
3. The right to omit certain foods from the diet on religious grounds is explained to the resident, parents/guardians. QMRP notes exceptions of this nature in resident folder and notifies all staff.
4. Food allergies are noted in residents folders, all staff are notified.
5. The consulting dietitian is notified of the diet order and is responsible for incorporating all diet into the menu plan followed for meal preparation.

MENUS

A. POLICY

1. To meet food and nutritional needs of the residents in accordance with USDA Recommended Dietary Allowances. Adjustments are made for age, sex, activity level and disability.

B. PROCEDURE

1. Menus are approved by a Registered Dietitian to ensure that they meet the nutritional and developmental needs of the residents.
2. A four-week cycle menu is used.
3. When changes are made, substitutions are noted. The changes have equal nutritional value. All changes will be noted on Menu Change Form and initialed.
4. Menus and substitutions are kept on file for one year with menu in use posted in the kitchen.
5. Modified/special diet patterns ordered by the physician must be in writing and kept in resident's file.

RECIPES

A. POLICY

1. To ensure relatively standardized meals, recipes on file in the kitchen, are used while preparing foods.

B. PROCEDURE

1. Select appropriate recipe cards as needed.
2. Read through careful before you begin.
3. Involve residents as much as possible.
4. Assemble all ingredients.
5. Follow instructions on recipe cards.

STANDARDIZED PORTIONS

A. POLICY

1. To ensure residents eat well balanced meals.

B. PROCEDURE

1. Note portion size indicated in menu.
2. Staff encourages residents to serve themselves or be served appropriate portions.
3. Staff, verbally and by modeling, encourage the eating of well-balanced meals.

SNACKS

A. POLICY

1. To provide residents with snacks, available daily, in keeping with their total daily nutritional needs. Between meals nourishment's are served on special diets or to residents as necessary.

B. PROCEDURE

1. A light snack consisting of a beverage (juice, diet drinks, etc..) and peanut butter crackers, fresh fruit, fresh vegetables, etc., are offered to residents during the day and in evening (after 7) keeping within their daily needs.

2. Nourishments* are provided between meals at 10:00 am, 3:00 PM and 8:00 PM to residents on:
 - High caloric diet
 - High protein diet
 - Acute bland diet
 - Full liquid dietWhen a resident cannot tolerate three normal sized meals daily.

C. POLICY

1. To have a constant supply of non-perishable foods to meet the requirements of planned menus. Provisions for a maximum of one week (7 days) are provided.

C. PROCEDURE

1. The Teaching Managers are responsible for food supplies.
2. Staple goods, canned goods, etc., are bought weekly or as needed.
3. Fresh foods are purchased according to the menu.
4. Perishables are bought locally as needed.
5. A minimum stock level of one week (7 days) is kept on hand.

FOOD STORAGE

A. POLICY

1. To ensure food storage procedures meet state and local regulations.

B. PROCEDURE

1. Perishable foods are stored at the proper temperature to preserve nutritive values.
2. All food is stored in a sanitary manner.
3. Dry or staple food items are stored at least twelve inches above the floor, in a ventilated room, not subjected to sewage, waste water back flow or contaminated by leakage, rodents or vermin.
4. Non-perishable food supplies are stored on wooden shelves in the cabinet.
5. Stock shall be rotated and older stock used first.

6. Food is kept in airtight containers to prevent spoilage and keep out bacteria. Food is stored to keep out bacteria (containers with lids, plastic wrap, etc.).
7. Perishables are stored in the refrigerator or freezer. Frozen foods are kept at a temperature of 0 -F. General storage (dairy meat, fruit and vegetables) is 34-35 -F.

WASTE DISPOSAL

A. POLICY

1. To ensure all garbage is handled and stored in a sanitary manner.

B. PROCEDURE

1. All garbage containers in the kitchen have plastic liners (bags) and are covered.
2. All garbage is placed in a garbage container.
3. Filled garbage bags are placed in large outdoor containers with lids.
4. Garbage is taken to the dump daily or ADVP garbage collection container.
5. Unsightly garbage areas, inside or out, are not tolerated at any time.
6. Garbage areas are sprayed to control flies, rats, roaches, etc.
7. Garbage containers are washed when they are soiled.

PERSONAL HYGIENE OF FOOD PREPARERS

A. POLICY

1. To maintain a high standard of personal hygiene.

B. PROCEDURE

1. Food preparers maintain a high standard of bodily cleanliness.
2. Clean clothes are worn daily.
3. Hair is groomed and arranged in a manner of compatible with food preparation.
4. Hands washed, nails scrubbed:
 - a. Before beginning work on food production or serving.

- b. Before resuming work after using the toilet.
 - c. Any other time the hands become soiled or contaminated.
 - d. After handling soiled dishes.
 - e. Before handling food.
 - f. After smoking a cigarette.
 - g. After handling face or hair.
5. Smoking is not allowed while food is being prepared or served.
 6. Food prepares do not work around food when they have a cold, infection, boils, etc., that may be transmitted to the food.

ISOLATION TRAYS

A. POLICY

1. To provide isolation trays handled in such a manner to prevent cross contamination of bacteria, in the event that a resident must be isolated for medical reasons.

B. PROCEDURE

1. Trays sent from the kitchen use all disposable appliances (plate, knife, fork, etc.).
2. After resident has eaten, all disposable, uneaten food, etc., is placed into a small plastic trash bag.
3. The bag is immediately sealed and put into outdoor trash container.
4. "Regular" dishes and utensils **are not** used.

IN-SERVICE

A. POLICY

1. To provide training in utilizing and implementing dietary and nutritional services.

B. PROCEDURE

1. Consulting dietician or designee will conduct in-service classes on
 - a. Sanitation
 - b. Food preparation
 - c. Basic nutrition
 - d. Diets
2. Attendance in classes for staff is mandatory.

SAFETY

A. POLICY

1. Safe work procedures are essential and are to be practiced at all times.

B. PROCEDURE

1. Prevent accidents!! Accidents don't just happen, and in most cases they are caused by carelessness. Ninety-eight percent of all accident are considered preventable. Accidents are costly and no one wins!!

Watch for know hazards:

- a. Stairways should be equipped with hand rails.
- b. All equipment should be kept in good working condition and equipped with safety guards and emergency stops. Review instructions on the use and care of equipment before it is used.
- c. Be careful when handling grease.
- d. Be careful with knives, dull and sharp, broken glass, jagged edges of cans, all equipment, etc.
- e. Wipe/mop up any spills or wet spots as soon as they happen.
- f. Keep a check on electrical wiring. Get it repaired as it becomes faulty. Never try to repair frayed cords yourself.
- g. Be alert and concentrate on what you are doing.
- h. Never leave electrical equipment running and unattended.
- i. Never jerk electrical cords form sockets by the cord. Plug the cord by the plug.
- j. Never mix cleaning chemical products.
- k. Wear rubber gloves when using cleaning products.
- l. Smoke only in authorized areas.

Lift objects safely:

- A. Size up the load, consider your physical ability. Place your feet close to the object, 8-10 inches apart for good balance. Bend the knees, getting a good hold on the object. Lift the load straight up smoothly; pushing with the leg muscles. Never bend the back and use the back muscles to lift.
- B. Setting the load down is just as important as picking it up. Use the legs to lower the load slowly onto the floor, etc.

XXXII. SPEECH AND LANGUAGES

A. PURPOSE

1. To provide professional speech, language and hearing services for improve and/or development of communication skills for residents in need of the service at New River Cottage, Inc.

B. POLICY

1. Speech therapist provides direct contact with the resident, and works with staff to implement communication improvement programs for the residents in the home.

C. PROCEDURE

1. The speech therapist implements direct training programs for residents identified as needing the service.
2. The speech therapist provides in-service for staff to provide carryover in the home, at the workshop and during other specialized programs so that communication skills can be improved.
3. Speech therapist participates in the continuing interdisciplinary evaluation of residents.

D. POLICY

1. Speech therapy and audiology services available to the Group Home residents include:
 - a. Screening and evaluation of residents.
 - b. Provision for the procurement, maintenance and replacement of hearing aids as specified by a qualified audiologist.
 - c. Training Programs as determined by the interdisciplinary team in the IPP.

E. PROCEDURE

1. All residents receive full speech and language evaluation within 30 days of admission.
2. Comprehensive audiological assessment is provided for each resident as needed. Need is determined by speech therapist during initial evaluation

3. If a comprehensive audiological assessment is indicated, the speech pathologist refers the resident to a certified audiologist.
 - a. The audiologist provides assessment for the possible use of amplification if resident has hearing loss that interferes with training or events of daily living.
 - b. The certified audiologist determines the need for and procures necessary hearing aids; the speech therapist is responsible for qualitative checks, maintenance of the hearing aid and communicating with the audiologist regarding adjustments or replacements.
 - c. Qualitative checks and maintenance schedule is specified by the audiologist.
4. The speech therapist counsels with residents as needed and maintains communication with staff to facilitate resident's speech and receptive and expressive language improvements.
5. The Speech Therapist develops communication plans, trains staff, and completes a monthly summary of progress towards program goals by the 10th day of each month.

XXXIII. NURSING

A. PURPOSE

1. To provide immediate nursing care and supervision in providing direct nursing care services to residents of the New River Cottage, Inc., and to assist, monitor, train staff by providing nursing skills and knowledge to the New River Cottage staff.

B. POLICY

1. The nurse is responsible for professional qualifications and will maintain a high quality of professional skills and ethics.

C. PROCEDURE

1. The nurse is qualified with the minimum North Carolina registered nursing standards; or is employed through the local public health agency working under the direct supervision of a registered nurse; and has minimum of one year experience working with developmentally disabled.
2. The nurse participated on available in-service training activities for professional growth and development.

D. POLICY

1. The nurse provides professional nursing evaluations both formal and informal on each resident of the Group Home, and participates in all Interdisciplinary Team planning and implementation of services.

E. PROCEDURE

1. The nurse participates in the pre-admission evaluation of a resident to determine if the Group Home is the appropriate placement for the resident. Information gathered from the applicant, the family and involved agencies is compiled to provide a written social history for the treatment team at the time of the pre-admission meeting.
2. The nurse will provide formal, written evaluation of each Group Home resident at the time of the initial program plan meeting and for each Annual Review thereafter. The nursing evaluation will include the social factors in the resident's day-to-day behavior, including staff-resident interactions. It also includes an analysis of the dynamics of the resident's family and an evaluation of the resident's competency, in light of guardianship considerations. The nursing evaluation includes the nursing needs of each resident and

recommendations for interventions according to those needs. These interventions may be direct work with the resident, indirect work through staff or family members, or indirect work by changing working or living spaces.

3. The nurse participates in the development of the Nursing Care Plan for each resident by attending the meetings and providing information in the appropriate areas.
4. After the development of the Nursing Care Plan, the nurse provides goal plans for each resident in those goal areas that are decided upon by the treatment team and deemed appropriate for the nurse to provide. These goal plans are based on the resident's needs as determined by the Interdisciplinary evaluations and shall include long and short range quantifiable objectives therapy procedures and target achievement dates. They should be directed toward maximizing the functioning of each resident, enhancing the coping capacity of the family and safeguarding the rights of the resident and his family.
5. The nurse provides or designates staff to provide the specific services recommended in the Nursing Care Plan.
6. The nurse provides informal evaluation of a resident as needed by other staff members.
7. The nurse makes sure the order specifies how long to run the order.
8. The nurse also makes nurse notes when she checks someone and writes follow up note after treatment or order has ended.
9. Every 3 months, the nurse will write in Nurses Note the following:
 - a. Nursing summary and Drug Regime Review and it should discuss what has happened that quarter and;
 1. diet, weight
 2. medication and treatments
 3. any special medical problems
10. Doctor's orders should be updated every 3 months.
11. Provides recommendations to the doctor for routine examinations i.e. pap smears.

XXXIV. EDUCATION/VOCATIONAL SERVICES

A. POLICY

1. To provide educational/vocational services as needed to all residents regardless of chronological age, degree of retardation or accompanying disabilities. Such services will be provided by New River Cottage, Inc.

B. PROCEDURE

1. Resident Reports

a. Resident goal reports

Each resident will be evaluated and needs assessed at least initially and annually. Each resident will be trained on a number of goal programs within the educational/vocational setting. Program shall be determined at each resident's team meeting and will be based on all members recommendations. All goals will have a written goal statement. Other non-goal needs may be taught informally. Both short and long term goals will be identified during the assessment process.

b. Progress Notes

Monthly progress notes regarding programs and other relevant information are required. They will be written and turned in to the QMRP by the 10th of each month.

c. Initiating goals between yearly staffings

During the year between annual team meetings, a change may occur in the goal plan, if this happens, the change may be written up and presented to the QMRP. The QMRP may find it necessary to contact other members of the team. If new goal statements are compiled, then this will take the form of an addendum to the current Individualized Program Plan.

XXXV. RECREATION SERVICES

A. PURPOSE

1. To provide the guidelines for recreational therapist to utilize in providing professional recreational skills and knowledge to the staff and residents of the New River Cottage, Inc.
2. To provide resident with skills necessary to exercise freedom of choice in fulfilling leisure time.
3. To provide therapeutic recreational intervention activities in a deliberate, and purposeful intervention to enhance the individual resident's development by appropriately modifying the rate and direction of behavior.

B. POLICY

1. The recreational therapist is responsible for professional qualifications and will maintain a high quality of professional skills and ethics.

C. PROCEDURE

1. The recreational therapist is qualified with a minimum of BS in Recreation, Health, Physical Education or an allied field; and registered at the National level as a recreational therapist.
2. The recreational therapist participates in available in-service training activities for professional growth and development.

D. POLICY

1. The recreational therapist provides as needed professional evaluations both formal and informal, on each resident of the Group Home, and participates in all Interdisciplinary Team planning and implementation of services. The ID team will determine if a professional Recreation Therapist services are needed by each resident.

E. PROCEDURE

1. The recreational therapist will provide formal, written evaluation of each Group Home resident at the time of the initial Program Plan meeting and for each Annual Review thereafter. This evaluation will include the recreation factors in the resident's day-to-day behavior, including staff-resident interactions. It also includes an analysis of the dynamics of the resident's family and an evaluation of the resident's competency, in light

of guardianship considerations. The recreational evaluation includes the recreational needs of each resident and recommendations for interventions according to those needs. These interventions may be direct work with the resident.

Monthly Recreational Schedule

Staff, with client input, will prepare a schedule of recreational activities on a monthly basis. The schedule will include routine exercise as ordered by the physician, church activities, outings, etc. The QMRP will review the calendar before implementation each month. The QMRP will approve any outings, determine the benefits of the trip vs. the risks, assign additional staff as needed, etc. The QMRP will notify the staff when approval is complete.

XXXVI. OCCUPATIONAL THERAPY

A. PURPOSE

1. To provide the guidelines for the occupational therapist to utilize in providing professional occupational therapeutic skills and knowledge to the staff and residents of the New River Cottage, Inc.

B. POLICY

1. The occupational therapist is responsible for professional qualifications and will maintain a high quality of professional skills and ethics.

C. PRODECURE

1. The occupational therapist is qualified with a minimum of BS in Occupational Therapy from an accredited college or university and is registered with the state of North Carolina.
2. The occupational therapist participates in available in-service training activities for professional growth and development.

D. POLICY

1. The occupational therapist provides professional evaluations as needed and order by the Physician both formal and informal, on each resident of the Group Home, and participates in all Interdisciplinary Team planning and implementation of services.
2. The occupational therapist evaluates the resident's performance; assess resident's developmental level as well as functional abilities and deficits in the following areas:
 - a. occupational performance
 - b. motor skills
 - c. sensory integration

E. PROCEDURE

1. The Occupational Therapist will provide a formal, written evaluation of a resident when the ID team deems necessary and the Physician orders the services. This evaluation will include the factors in the resident's day-to-day behavior, including staff-resident interaction. It also includes an analysis of the dynamics of the resident's family and an evaluation of the resident's competency, in light of guardianship considerations. The occupational evaluation includes the occupational needs of each resident and recommendations for interventions according to those needs. These interventions may be direct work with the resident.

XXXVII. EMERGENCY PLAN

Purpose: Safety of the residents and staff is a paramount concern to New River Cottage. Measures to ensure safety and security are emphasized constantly in program operations. However, the agency recognizes that emergencies may unavoidably occur which may threaten residents or staff. New River Cottage will make preparations for these emergencies so that if they do occur, proper actions can be taken to avoid or minimize harm.

A. Procedures

1. New River Cottage employees will be familiar with the Emergency Response Plan.
2. The New River Cottage building and vehicles will be supplied with necessary emergency response equipment to include:
 - a. first aid kit in the home and in the vehicle
 - b. fire extinguisher in the home and in the vehicle
 - c. operational telephones in the home and in the vehicle
 - d. fire alarm in the home which is directly connected to the fire department.
3. Emergency Response Training
 - a. Specific safety devices and features and their correct use are demonstrated during resident orientation. New residents participate in a fire drill on the day of admission. There are monthly fire/emergency evacuations with one on each shift each quarter.
 - b. Each staff will receive training incorporated into the routine new employee orientation and then periodic review of emergency response procedures. Training will include the following areas:
 1. implementation of the Emergency Response Plan;
 2. fire safety;
 3. fire alarm operation;
 4. fire fighting and containment;
 5. first aid;
 6. cpr;
 7. behavior management;
 8. use of emergency medical system (911, police, fire, ambulance, poison control,...)
4. The emergency procedures and information will be readily available for quick reference. The following information will be posted in the cottage and as needed in any Cottage vehicle:
 - a. Emergency Response Plan
 - b. Instructions for use of the fire alarm system and extinguishers

- c. Evacuation routes
 - d. Emergency phone numbers
 - e. First aid instructions
5. Emergency Response Drill Guidelines
- a. A monthly fire drill will be held with one fire drill on each shift each quarter.
 - b. Staff will contact the Sparta dispatcher and or fire alarm monitoring company prior to the drill to inform him/her of the drill.
 - c. Residents will move out the home in a rapid and orderly manner. Any resident who does not leave will be given minimal assistance necessary to leave the building.
 - d. Staff will check to make sure the building is completely evacuated. A head count will be completed.
 - e. Residents will be moved to a safe location and one staff will remain with the residents.
 - f. If possible, the other staff will evacuate the resident records, close all doors, and attempt to control the fire with a fire extinguisher without risk to personal safety.
 - g. Staff will complete an Emergency Fire Drill record and submit it to the QMRP for recommendations. A copy of the Fire Drill Schedule and completed Fire Drill logs will be maintained at the Cottage. The original fire drill records will be maintained by the QMRP.
6. Staff Emergency Response
- a. Should first ensure the safety and health of the clients by evacuating them to a safe and secure facility, where the clients' health needs can be met. Depending on the type of emergency will determine the evacuation needs of the clients. Staff may use a community shelter such as Alleghany Memorial Hospital or the ADVP building or Sam Evans Group Home building temporarily. If necessary the home may move clients to a local motel in needed, until more suitable long-term placements can be made or rented.
 - b. As soon as possible after evacuation, the QMRP or designated supervisor will notify the Division of Health Service Regulation Mental Health Licensure and Certification Section (919)855-3795 and Construction Section (919) 855-3893 via phone and explain the situation and the reason for relocating the clients.
 - c. The QMRP or designated supervisor will submit in writing by facsimile (919) 715-8078 or mail the following information to DHSR:

- Explanation and rationale for evacuating the facility and moving the clients to a new location.
 - The name and address of the site where clients were relocated.
 - Contact person and phone number.
 - How the facility implemented their emergency plan in accordance with 10A NCAC 27G.0207—Emergency Plans and Supplies.
 - A copy of the facility emergency plan. The facility’s emergency plan should include the identification of potential evacuation sites to which clients might be moved in the event of an emergency, with assurance that the evacuation site will be able to accommodate the health and safety needs of the clients.
 - When the provider anticipates moving the clients back to the facility or in the case where the facility can not be used, when and how the clients will be moved to an appropriately licensed setting.
 - Names and phone numbers of all individuals involved with the clients.
- d. If the facility cannot be used in the immediate future, a plan must be put into place and documented, regarding relocation of clients to a permanent licensed setting.

NEW RIVER COTTAGE
EMERGENCY RESPONSE PLAN

EMERGENCY	PROCEDURE	FOLLOW-UP
<p><u>Medical Emergency</u>-a Emergency cannot or should not wait for a doctors appointment, e.g., broken bones, heavy bleeding, use judgement and arrange immediate transport to Alleghany Hospital by Rescue squad.</p>	<ol style="list-style-type: none"> 1. Call Rescue Squad 2. Medical Consultation: Call Nurse at 372-2754 or call doctor at (276) 773-2865. Administer first aid. 3. Poison: Call Duke Poison Control Center 800-845-7633 or 800-672-1697. Administer first aid as needed. 4. Notify QMRP or designated on call staff. 5. Take insurance information to hospital 6. Accompany resident to hospital if possible 	<p>Follow direction of Rescue squad Follow nurse or doctors instructions Arrange for additional staff if needed Document incident Client record Accident/incident Report form</p>
<p><u>Fire</u></p>	<ol style="list-style-type: none"> 1. Determine whether fire can be contained quickly without Endangering lives; if so use fire extinguisher to do so. 2. If fire can not be put out quickly; <ol style="list-style-type: none"> a. sound fire alarm b. assist in evacuation c. close door to burning room d. move residents to a safe area e. one staff must stay with the residents at all times f. if possible, only without personal risk remove resident records to a safe area g. Notify QMRP or On-call staff 	<p>Follow directions of the fireman Arrange for additional staff if needed Document incident Accident/incident report form Fire drill form other as needed</p>

Emergency Numbers: QMRP 200-3602
Executive Director (276) 236-3176
Emergency Number 911

EMERGENCY	PROCEDURE	FOLLOW-UP
<p><u>Behavior Management</u> Resident behavior is out of control and no active plan is in place and all efforts to calm the resident has failed. (behavior at risk to harm self or others or cause substantial property destruction)</p>	<p>When a maladaptive behavior is displayed by a resident for which there is no active plan of intervention in the treatment plan and the resident is potential about to harm himself or others, the staff may implement an emergency procedure. Each technique should be used for the minimal amount of time necessary and should not exceed 30 minutes. Each incident which requires the use of an emergency technique must be reported to the QMRP or specified on-call supervisor.</p> <p>Approved emergency procedure techniques:</p> <ol style="list-style-type: none"> 1. time-out (level 2 through 4); 2. NCI Restraint Procedures. <p>Move other residents to a safe location Notify QMRP or on-call staff</p>	<p>Document the incident Client record & incident form Debrief the incident with other staff</p> <p>Discuss with ID team and develop plan as needed</p>
<p><u>Natural Disaster</u> e.g. tornado, hurricane</p>	<p>Listen to the radio Keep residents in the center of the room, away from windows. If necessary evacuate building to the nearest shelter which is located at Alleghany Memorial Hospital. Notify QMRP or on-call staff</p>	<p>Follow procedure for medical emergency If needed Document incident client record Accident/incident form Other as needed</p>
<p>Emergency Numbers: QMRP 200-3602 Executive Director (276) 236-3176 Emergency Number 911</p>		

EMERGENCY

PROCEDURE

FOLLOW-UP

Missing Person

- | | |
|--|---|
| <ol style="list-style-type: none">1. Conduct a through search of the surrounding area.2. If the resident has not been found within 15 minutes notify the police.3. Notify QMRP or on-call supervisor as soon as possible while searching.4. Call in additional staff members to assist in search. | <ol style="list-style-type: none">1. Do a body check to insure that no injury has occurred2. Notify family of incident
Complete documentation
Client record
Accident/incident form
Other as needed3. Call the nurse to assess for injuries4. Discuss incident with ID team and develop plan as needed. |
|--|---|

Emergency Numbers: QMRP 200-3602
Executive Director (276) 236-3176
Emergency Number 911

Staff Emergency Response additional guidelines:

1. Should first ensure the safety and health of the clients by evacuating them to a safe and secure facility, where the clients' health needs can be met. Depending on the type of emergency will determine the evacuation needs of the clients. Staff may use a community shelter such as Alleghany Memorial Hospital or the ADVP building or Sam Evans Group Home building temporarily. If necessary the home may move clients to a local motel in needed, until more suitable long-term placements can be made or rented.
2. As soon as possible after evacuation, the QMRP or designated supervisor will notify the Division of Health Service Regulation Mental Health Licensure and Certification Section (919)855-3795 and Construction Section (919) 855-3893 via phone and explain the situation and the reason for relocating the clients.
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 - A copy of the facility emergency plan. The facility's emergency plan should include the identification of potential evacuation sites to which clients might be moved in the event of an emergency, with assurance that the evacuation site will be able to accommodate the health and safety needs of the clients.
 - When the provider anticipates moving the clients back to the facility or in the case where the facility can not be used, when and how the clients will be moved to an appropriately licensed setting.
 - Names and phone numbers of all individuals involved with the clients.
4. If the facility cannot be used in the immediate future, a plan must be put into place and documented, regarding relocation of clients to a permanent licensed setting.

**Emergency Numbers: QMRP 200-3602
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