

ALLEGHANY COUNTY GROUP HOMES, Inc.

Policy & Procedure Manual

16 September 2008

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ALLEGHANY COUNTY GROUP HOMES, INC.

SIGNATURE PAGE

I, the undersigned officer of the Board of Directors, have read and approve these “Alleghany County Group Home, Inc. “Policy and Procedure Manual” dated 16 September 2008 as written. I understand that it is the right of the Board of Directors to amend these policies as required. The Board of Directors approved these minutes at the September 16, 2008 Meeting. Revised and approved at the March 20, 2012 Board of Director’s meeting.

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Alleghany County Group Homes, Inc.
Signature of Board Approval

Chairman

3/20/12

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26C SECTION .0300 – DEATH REPORTING

26C .0301 SCOPE

(a) For purposes of this Section, facilities licensed in accordance with G.S. 122C, Article 2, state facilities operating in accordance with G.S. 122C Article 4, Part 5 and inpatient psychiatric units of hospitals licensed under G.S. 131E shall report client deaths to the Division of Facility Services.

Alleghany County Group Homes, Inc., (ACGH) falls under this criterion.

(b) Client deaths occurring in facilities not licensed in accordance with G.S. 122C, Article 2 or state facilities operating in accordance with G.S. 122C, Article 4, Part 5 shall be reported to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

26C .0302 DEFINITIONS

In addition to the definitions contained in G.S. 122C-3 and 10A NCAC 27G .0103, the following definitions shall apply with respect to this Section:

ACGH accepts the following definitions:

- (1) “Accident” means an unexpected, unnatural or irregular event contributing to a client’s death and includes, but is not limited to, medication errors, falls, fractures, choking , elopement (escape, run away from or abscond), exposure, poisoning drowning, burns or thermal injury, electrocution, misuse of equipment, motor vehicle accidents, and natural disasters.*
- (2) “Immediately” means at once, at or near the present time, without delay.*
- (3) “Violence” means physical force exerted for the purpose of violating, damaging, abusing or injuring.*

26C .0303 REPORTING REQUIREMENTS

(a) Upon learning of the death of a client currently receiving services, a facility shall file a report in accordance with G.S. 122C-31 and these Rules. A facility shall be deemed to have learned of a death when any facility staff obtains information the death occurred.

(b) A written notice containing the information listed under Paragraph (d) of this rule shall be made immediately for deaths occurring within seven days of physical restraint or seclusion of a client.

(c) A written notice containing the information listed under Paragraph (d) of this Rule shall be made immediately for death resulting from violence, accident, suicide or homicide.

(d) Written notice may be submitted in person, telefacsimile or electronic mail. If the reporting facility does not have the capacity or capability to submit a written notice immediately, the information contained in the notice can be reported by telephone following the same time requirements under Subparagraph (b) and (c) of this Rule until such time the written notice can be submitted. The notice shall include at least the following information:

(1) Reporting facility: name, address, county, license number (if applicable); Medicare/Medicaid provider number (if applicable); facility director and telephone number; name and title of person preparing report; first person to learn of death and first staff to receive report of death; facility telephone number; and date and time report prepared;

(2) Client information: name, client record number, unit/ward (if applicable); Medicare/Medicaid number (if applicable); date of birth, age, height, weight, sex, race, competency, admitting diagnoses, primary or secondary mental illness, T10A: 27G .0300 North Carolina Administrative Code 9 developmental disability or substance abuse diagnoses, primary/secondary physical illness/conditions diagnosed prior to death, date(s) of last two medical examinations (if known), date of most recent admission to a state-operated psychiatric, developmental disability or substance abuse facility (if known); and date of most recent admission to an acute care hospital for physical illness (if known);

(3) Circumstances of death: place and address where decedent died; date and time death was discovered; physical location decedent was found, cause of death (if known), whether or not decedent was restrained at the time of death or within seven days of death and if so, a description of the type of restraint and its usage; whether or not decedent was in seclusion at the time of death or within seven days of death and if so, a description of the seclusion episode(s); and a description of the events surrounding the death; and

(4) Other information: list of other authorities such as law enforcement or the County Department of Social Services that have been notified, have investigated or are in the process of investigating the death or events related to the death.

(e) The facility shall submit a written report, using a form pursuant to G.S. 122C-31(f). The facility shall provide, fully and accurately, all information sought on the form. If the facility is unable to obtain any information sought on the form, or if any such information is not yet available, the facility shall so explain on the form.

(f) In addition, the facility shall:

(1) notify the division specified in Rule .0301 of this Section, immediately whenever it has reason to believe that information provided may be erroneous, misleading, or otherwise unreliable;

(2) submit to the division specified in Rule .0301 of this Section, immediately after it becomes available, any information required by this Rule that was previously unavailable; and

(3) provide, upon request by the division specified in Rule .0301 of this Section, other information the facility obtains regarding the death, including, but not limited to, death certificates, autopsy reports, and reports by other authorities.

(g) With regard to any client death under circumstances described in G.S. 130A-383, a facility shall notify law enforcement authorities so the medical examiner of the county in which the body is found can be notified. Documentation of such notification shall be maintained by the facility and be made available for review by the division specified in Rule .0301 of this Section, upon request.

(h) In deaths not under the jurisdiction of the medical examiner, the facility shall notify the decedent's next -of-kin, or other individual authorized according to G.S. 130A-398, that an autopsy may be requested as designated in G.S. 130A-389.

(i) If the circumstances surrounding any client death reveal reason to believe that one or more disabled adults at the facility may be abused, neglected or exploited and in need of protective services, the facility shall initiate the procedures outlined in G.S. 108A, Article 6.

(j) If the circumstances surrounding any client death reveal reason to believe that one or more juveniles at the facility may be abused, neglected or exploited and in need of protective services, the facility shall initiate the procedures outlined in G.S. 7B, Article 3.

27G SECTION .0100 - GENERAL INFORMATION

.0101 SCOPE

(a) This Subchapter sets forth rules for mental health, developmental disabilities and substance abuse services, the facilities and agencies providing such services, and the area programs administering such services within the scope of G.S. 122C.

(b) These Rules and the applicable statutes govern licensing of facilities and accreditation of programs and services.

(1) Facilities are licensed by the Division of Facilities Services (DFS) in accordance with G.S. 122 and these Rules. Licensable facilities as defined in G.S. 122C-3 shall comply with these Rules to receive and maintain the licenses required by the statute. T10A: 27G .0100 North Carolina Administrative Code 10

(2) Area programs are accredited by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) to provide services in accordance with these Rules. Area programs shall comply with the rules to maintain accreditation of their programs and services.

(c) Unless otherwise provided in these Rules, when a facility or area program contracts with a person to provide services within the scope of these Rules, the facility or area program shall require that the contract services be provided in accordance with these Rules, and that the service provider be licensed if it is a licensable facility.

(d) These Rules are organized in the following manner:

(1) General rules governing mental health, developmental disabilities and substance abuse services are contained in Sections .0100 through .0900. These Rules are "core" rules that, unless otherwise specified, apply to all programs and facilities.

(2) Service-specific rules are contained in Sections .1000 through .6900.

Generally, rules related to service-specific facilities and services are grouped:

(A) .1000 - .1900: Mental Health

(B) .2000 - .2900: Developmental Disabilities

(C) .3000 - .4900: Substance Abuse

(D) .5000 - .6900: Services and Facilities for More Than One Disability.

(3) Service-specific rules may modify or expand the requirements of core rules.

(e) Failure to comply with these Rules shall be grounds for DFS to deny or revoke a license or for DMH/DD/SAS to deny or revoke area program service accreditation.

27G .0103 GENERAL DEFINITIONS

The following definitions are copied from APSM 30-1 and are recognized and used throughout this manual. Non-applicable definitions are not included.

(a) This Rule contains definitions that apply to all of the rules in this Subchapter.

(b) Unless otherwise indicated, the following terms shall have the meanings specified:

(1) "Accreditation" means the authorization granted to an area program by DMH/DD/SAS, as a result of demonstrated compliance with the standards established in these Rules, to provide specified services.

(2) "Administering medication" means direct application of a drug to the body of a client by injection, inhalation, ingestion, or any other means.

(4) "Adult" means a person 18 years of age or older or a person under 18 years of age who has been married or who has been emancipated by a court of competent jurisdiction or is a member of the armed forces.

(5) "Alcohol abuse" means psychoactive substance abuse which is a residual category for noting maladaptive patterns of psychoactive substance use that have never met the criteria for dependence for that particular class of substance and which continues despite adverse consequences. The criteria for alcohol abuse delineated in the DSM IV is incorporated by reference.

(6) "Alcohol dependence" means psychoactive substance dependence which is a cluster of cognitive behavioral, and physiologic symptoms that indicate that a person has impaired control of psychoactive substance use and continues use of the substance despite adverse consequences. The criteria for alcohol dependence delineated in the DSM IV is incorporated by reference.

(7) "Area program" means a legally constituted public agency providing mental health, developmental disabilities and substance abuse services for a catchment area designated by the Commission. For purposes of these Rules, the term "area program" means the same as "area authority" as defined in G.S. 122C-3.

(8) "Assessment" means a procedure for determining the nature and extent of the need for which the individual is seeking service.

(9),(10) NA

(11) "Client" means the same as defined in G.S. 122C-3. Unless otherwise specified, when used in the context of consent, consultation, or other function for a minor or for an adult who lacks the capacity to perform the required function, the term "client" shall include the legally responsible person.

(12) "Client record" means a documented account of all services provided to a client.

(13) "Commission" means the same as defined in G.S. 122C-3.

(14) "Contract agency" means a legally constituted entity with which the area program contracts for a service exclusive of intermittent purchase of service for an individually identified client.

(15) "Day/night service" means a service provided on a regular basis, in a structured environment that is offered to the same individual for a period of three or more hours within a 24-hour period.

(16) NA

(17) "DFS" means the Division of Facility Services, 701 Barbour Drive, Raleigh, N.C. 27603.

(18) "Direct care staff" means an individual who provides active direct care, treatment, rehabilitation or habilitation services to clients.

(19) "Division Director" means the Director of DMH/DD/SAS.

(20) "DMH/DD/SAS" means the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, 3001 Mail Service Center, Raleigh, NC 27699-3001.

(21) "Documentation" means provision of written or electronic, dated and authenticated evidence of the delivery of client services or compliance with statutes or rules, e.g., entries in the client record, policies and procedures, minutes of meetings, memoranda, reports, schedules, notices and announcements.

(22) "Drug abuse" means psychoactive substance abuse which is a residual category for noting maladaptive patterns of psychoactive substance use that have never met the criteria for dependence for that particular class of substance which continues despite adverse consequences. The criteria for drug abuse delineated in the DSM IV is incorporated by reference.

(23) "Drug dependence" means psychoactive substance dependence which is a cluster of cognitive behavioral, and physiologic symptoms that indicate that a person has impaired control of psychoactive substance use and continues use of the substance despite adverse consequences. The criteria for drug dependence delineated in the DSM IV is incorporated by reference.

(24) "DSM IV" means the publication of that title published by the American Psychiatric Association

(25) "DWI" means driving while impaired, as defined in G.S. 20-138.1.

(26) "Evaluation" means an assessment service that provides for an appraisal of a client in order to determine the nature of the client's problem and his need for services. The

services may include an assessment of the nature and extent of the client's problem through a systematic appraisal of any combination of mental, psychological, physical, behavioral, functional, social, economic, and intellectual resources, for the T10A: 27G .0100 North Carolina Administrative Code 11 purposes of diagnosis and determination of the disability of the client, the client's level of eligibility, and the most appropriate plan, if any, for services.

(27) *"Facility" means the same as defined in G.S. 122C-3.*

(28) *"Foster parent" means an individual who provides substitute care for a planned period for a child when his own family or legal guardian cannot care for him; and who is licensed by the N.C. Department of Health and Human Services and supervised by the County Department of Social Services, or by a private program licensed or approved to engage in child care or child placing activities.*

(29) *"Governing body" means, in the case of a corporation, the board of directors; in the case of an area authority, the area board; and in all other cases, the owner of the facility.*

(30) *"Habilitation" means the same as defined in G.S. 122C-3.*

(31) *"Hearing" means, unless otherwise specified, a contested case hearing under G.S. 150B, Article 3.*

(32) *"Incident" means any happening which is not consistent with the routine operation of a facility or service or the routine care of a client and that is likely to lead to adverse effects upon a client.*

(33), (34) NA

(35) *"Inpatient service" means a service provided in a hospital setting on a 24-hour basis under the direction of a physician. The service provides continuous, close supervision for individuals with moderate to severe mental or substance abuse problems.*

(36) *"Legend drug" means a drug that cannot be dispensed without a prescription.*

(37) *"License" means a permit to operate a facility which is issued by DFS under G.S. 122C, Article 2.*

(38) *"Medication" means a substance recognized in the official "United States Pharmacopoeia" or "National Formulary" intended for use in the diagnosis, mitigation, treatment or prevention of disease.*

(39) *"Minor" means a person under 18 years of age who has not been married or who has not been emancipated by a decree issued by a court of competent jurisdiction or is not a member of the armed forces.*

(40) *"Operator" means the designated agent of the governing body who is responsible for the management of a licensable facility.*

(41) *"Outpatient service" means the same as periodic service.*

(42) *"Parent" means the legally responsible person unless otherwise clear from the context.*

(43) *"Periodic service" means a service provided on an episodic basis, either regularly or intermittently, through short, recurring visits for persons with mental illness, developmental disability or who are substance abusers.*

(44) NA

(45) *"Prevailing wage" means the wage rate paid to an experienced worker who is not disabled for the work to be performed.*

(46) *"Private facility" means a facility not operated by or under contract with an area program.*

(47) "Provider" means an individual, agency or organization that provides mental health, developmental disabilities or substance abuse services.

(48) "Rehabilitation" means training, care and specialized therapies undertaken to assist a client to reacquire or maximize any or all lost skills or functional abilities.

(49) "Residential service," unless otherwise provided in these Rules, means a service provided in a 24-hour living environment in a non-hospital setting where room, board, and supervision are an integral part of the care, treatment, habilitation or rehabilitation provided to the individual.

(50) "School aged youth" means individuals from six through twenty-one years of age.

(51) "Screening" means an assessment service that provides for an appraisal of an individual who is not a client in order to determine the nature of the individual's problem and his need for services. The service may include an assessment of the nature and extent of the individual's problem through a systematic appraisal of any combination of mental, psychological, physical, behavioral, functional, social, economic, and intellectual resources, for the purposes of diagnosis and determination of the disability of the individual, level of eligibility, if the individual will become a client, and the most appropriate plan, if any, for services.

(52) "Secretary" means the Secretary of the Department of Health and Human Services or designee.

(53) "Service" means an activity or interaction intended to benefit another, with, or on behalf of, an individual

who is in need of assistance, care, habilitation, intervention, rehabilitation or treatment.

(54) "Service plan" means the same as treatment/habilitation plan defined in this Section.

(55) "Staff member" means any individual who is employed by the facility.

(56) "State facility" means the term as defined in G.S. 122C.

(57) "Support services" means services provided to enhance an individual's progress in his primary treatment/habilitation program.

(58) "System of care" means a spectrum of community based mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of emotionally disturbed children and adolescents.

(59) NA

(60) "Treatment" means the process of providing for the physical, emotional, psychological and social needs of clients through services.

(61) "Treatment/habilitation plan" means a plan in which one or more professionals, privileged in accordance with the governing body's policy, working with the client and family members or other service providers, document which services will be provided and the goals, objectives and strategies that will be implemented to achieve the identified outcomes. A treatment plan may also be called a service plan.

(62) "Twenty-four hour service" means a service which is provided to a client on a 24-hour continuous basis.

10A NCAC 27G .0104 STAFF DEFINITIONS

The following credentials and qualifications apply to staff described in this Subchapter:

(1) "Associate Professional (AP)" within the mental health, developmental disabilities and substance abuse services (mh/dd/sas) system of care means an individual who is a:

(a) graduate of a college or university with a Masters degree in a human service field with less than one year of full-time, post-graduate degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional with less than one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan shall be developed and supervision shall be provided by a qualified professional with the population served until the individual meets one year of experience; or

(b) graduate of a college or university with a bachelor's degree in a human service field with less than two years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional with less than two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets two years of experience; or

(c) graduate of a college or university with a bachelor's degree in a field other than human services with less than four years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional with less than four years of fulltime, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience; or

(d) registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing with less than four years of full-time accumulated experience in mh/dd/sas with the population served. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience.

(2),(3),(4),(5),(6) NA

(7) "Clinical" means having to do with the active direct treatment/habilitation of a client.

(8) "Clinical staff member" means a qualified professional or associate professional who provides active direct treatment/habilitation to a client.

(9) "Clinical/professional supervision" means regularly scheduled assistance by a qualified professional or associate professional to a staff member who is providing direct, therapeutic intervention to a client or clients. The purpose of clinical supervision is to ensure that each client receives appropriate treatment or habilitation which is consistent with accepted standards of practice and the needs of the client.

(10) "Clinical social worker" means a social worker who is licensed as such by the N.C. Social Work Certification and Licensure Board.

(11) "Director" means the individual who is responsible for the operation of the facility.

(12) "Licensed professional counselor (LPC)" means a counselor who is licensed as such by the North Carolina Board of Licensed Professional Counselors.

(13) "Nurse" means a person licensed to practice in the State of North Carolina either as a registered nurse or as a licensed practical nurse.

(14) "Paraprofessional" within the mh/dd/sas system of care means an individual who, with the exception of staff providing respite services or personal care services, has a GED or high school diploma; or no GED or high school diploma, employed prior to November 1, 2001 to provide a mh/dd/sas service. Upon hiring, an individualized supervision plan shall be developed and supervision shall be provided by a qualified professional or associate professional with the population served.

(15) "Psychiatrist" means an individual who is licensed to practice medicine in the State of North Carolina and who has completed an accredited training program in psychiatry.

(16) "Psychologist" means an individual who is licensed to practice psychology in the State of North Carolina as either a licensed psychologist or a licensed psychological associate.

(17) NA

(18) "Qualified professional" means, within the mh/dd/sas system of care:

(a) an individual who holds a license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession, except a registered nurse who is licensed to practice in the State of North

Carolina by the North Carolina Board of Nursing who also has four years of full-time accumulated experience in mh/dd/sa with the population served; or

(b) a graduate of a college or university with a Masters degree in a human service field and has one year of full-time, post-graduate degree accumulated mh/dd/sa experience with the population served, or a substance abuse

professional who has one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or

(c) a graduate of a college or university with a bachelor's degree in a human service field and has two years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse

professional who has two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or

(d) a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has four years of full-time, postbachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling.

27G - .0200 OPERATION AND MANAGEMENT RULES

.0201 GOVERNING BODY POLICIES:

The governing body for Alleghany County Group Homes, Inc. is the Board of Directors. A list of Directors and Officers is at **Attachment 1**.

(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:

(1) delegation of management authority for the operation of the facility and services;

The Board of Directors of Alleghany County Group Homes, Inc., with their signatures contained herein, delegate management authority for the operation of the Adult

Developmental Vocation Program (ADVP), Samuel C. Evans, Jr. Group Home, Community Alternatives Program (CAP), Developmental Therapy Services and Personal Assistance to the Executive Director. The Executive Director has the authority to delegate management authority in part or whole to the Director of Alleghany County Group Homes, Inc. An organizational chart is at **Attachment 2**.

(2) criteria for admission;

1. Referrals are taken from any agency. The Director of ACGH will gather all necessary paperwork, screening, assessment and schedule a meeting of the ACGH Admissions Committee. Approval of the Admissions Committee is required for admission into ADVP, Sam Evans or other services as defined by NC Laws and regulations. ACGH will not discriminate against any consumer or applicant for services based on race, gender, color, creed, national origin, age, sexual orientation, religion, or disability. The Admissions Committee will be composed of one board member, the Executive Director, the QP/supervisor and the ACGH director.

(3) criteria for discharge;

The best interests of all client(s) will be the overriding criteria for discharge. The following policies are provided for guidance and will be followed in spirit and intent.

A. Applicants are given a 90 day trial placement. This trial placement will give the applicant and ACGH an opportunity to insure that the placement is proper and in the best interests of the client. Within this 90 day trial period, service may be terminated without cause but not without due process. ACGH will do everything possible to insure a smooth transition to a new service. The client, case manager and guardian will be notified as early as possible so that alternate placement can be found.

B. When a discharge or transfer is initiated by the resident, ACGH will assist the client with the transition. Thirty days notice to ACGH is required for Sam Evans Group Home unless a delay in transfer would jeopardize the health or safety of the client or others in the home.

C. Discharges by ACGH will be done with due process. The well being of the client and other clients served will be the foremost consideration. The discharge of any resident is prohibited if it would violate any provision of these standards or the Domiciliary Home Resident's Bill of Rights (General Statute 131 D-21). The decision to discharge is delegated to the ACGH Admissions Committee with a majority vote required. The client will be represented by his/her case manager, guardian, parent or close relative. Dissenting opinions will be taken as guidance to proceed with due caution. The date of the discharge or transfer and the reasons for the move is to be recorded and placed in the client's file. *CAP Exit Summary requirements (**ATTACHMENT 18**)

D. The client case manager, if applicable, guardian and/or interested family members shall be notified as soon as possible in the discharge or transfer process.

(4) admissions assessments including:

(A) who will perform the assessment and;

(B) time frames for completing the assessment.

Following a client's first day in the program, the following schedule of assessment is followed by ACGH:

A. Within 30 days following enrollment, a report on the presenting condition will be written and entered into the client's record. To the greatest extent possible, staff will solicit information about the client's present condition from family members. If no family accompanies the client, an effort to obtain the information by phone will be made.

B. Within the contents of an overall social history assessment, information on the client's social developmental and medical histories shall be included.

C. Within the overall social history assessment, a section is included which reports on the need for referral to other resources for evaluations, assessments, tests, etc.

D. Reports of other assessment data from standardized or non-standardized tests will be made a part of the client records as they are received or performed within 30 days of client's admission.

E. A summary of client's strengths and weaknesses.

F. Psychological and other evaluations from other agencies or service providers will be made a part of the new client's record as they are received.

G. A medical examination is required for each new client entering ACGH and must be performed no earlier than 30 days prior to entry into the program. The report from the examining health care professional will be made a part of the client record.

H. The case manager will be responsible with help from the ACGH Director for writing a Screening and Admission Assessment and appropriate histories. In all cases, these forms will be completed within 30 days of admission.

(5) client record management, including:

(A) persons authorized to document;

Persons authorized to document are the ACGH Executive Director, ACGH Director, ACGH supervisor, case manager and teaching managers as delegated by the ACGH Director.

(B) transporting records;

Records will be transported in a locked briefcase.

(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;

All records will be safeguarded against loss, tampering, defacement or use by unauthorized persons. They will be securely stored in a locked file cabinet or within a locked office. Keys will be limited to authorized personnel only.

(D) assurance of record accessibility to authorized users at all times; and

All authorized personnel will be guaranteed access to records by properly identifying themselves and verifying a need to know. The ACGH Director is responsible for verifying identification and need to know. The Executive Director and the ACGH Supervisor may also grant access in the ACGH Directors absence.

(E) assurance of confidentiality of records.

ACGH will abide by the confidentiality regulations as required by the NC Division of Mental Health Developmental Disabilities and Substance Abuse Services to ensure confidentiality of records.

(6) screenings, which shall include:

(A) an assessment of the individual's presenting problem or need;

It is the policy of ACGH to serve those persons who are eligible as established by the State of North Carolina in APSM 40-2 section .0103 (81) and (84). Those standards specify the disabilities of "severely physically disabled persons" and substantially "mentally retarded persons" and give detailed definitions of eligibility within both disabilities. As a tool in aiding the screening of referrals for eligibility, appropriate state forms will be used but the primary tool for screenings and assessment for ACGH is the application located at **Attachment 6**.

(B) an assessment of whether or not the facility can provide services to address the individual's needs; and

ACGH will insure that the company is able to provide the service requested through use of the tools listed above. A final assessment is conducted by the admissions committee with case manager, guardian, client and family input.

(C) the disposition, including referrals and recommendations;

Should all ADVP or Group Home slots be full, an applicant will be placed on a waiting list for services. The waiting list will be kept in the Director's office. Open slots will be filled according to the applicant whose needs are felt to be greatest.

(7) quality assurance and quality improvement activities, including: See the ACGH Quality Management System.

(A) composition and activities of a quality assurance and quality improvement committee;

See the ACGH Quality Management System.

(B) written quality assurance and quality improvement plan;

The ACGH quality improvement plan is titled, "Quality Management System" and is contained in this binder.

(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;

See the ACGH Quality Management System.

(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;

ACGH direct care staff and Associate Professionals are supervised by a QP. A Supervision contract is written annually and is kept in each employee's personnel record.

(E) strategies for improving client care;

The primary method for improving client care is through the development and implementation of goals, collection of data and the systematic revision of goals and selection of new goals as needed. A client record is selected weekly and reviewed by the Director and staff. See **Attachment 6** in the Quality Management System. An IPP will be conducted annually to insure that goals are appropriate, that progress is being made and that needed revisions are implemented.

(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;

See the ACGH Quality Management System.

(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;

See "Death Reporting", section .0300 at the front of this policy.

(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, 'applicable standards of practice' means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge skill and care exercised by other practitioners in the field;

The ACGH supervisor, "Q" will hold weekly supervisory meetings. Client issues will be covered and strategies of habilitation/ treatment will be discussed. The supervisor will assure operational and programmatic performance meeting applicable standards of practice will be met. A record of this meeting will be kept as minutes of each supervisory meeting.

(8) use of medications by clients in accordance with the rules in the Section;

Administration:

A. Medications will be administered by authorized staff only upon written orders of the prescriber.

B. Non-prescription medications will be administered only with written orders by physician.

C. Only properly dispensed medications will be administered.

D. Only staff persons who have completed training in medications shall administer.

Training is provided by a registered nurse annually including testing and observation of administered medications. The contents of the training include: proper procedures of administration and sanitation, who may prescribe, dispense and administer medications, side effects of drugs being administered, dosages, proper time of administration, proper

route, PRN medications, proper storage, and proper documentation in the client record including disposal and medication errors.

E. Incompetent adults require written permission to self-administer medications.

F. The administration of medication, including the dosage must be recorded in the client record.

(9) reporting of any incident, unusual occurrence or medication error;

After appropriate action is taken to remedy the problem and to ensure the safety, well being and care of those individuals who are directly involved in the incident, then a report shall be completed. The report should be on the standardized incident reporting form. The report shall be completed in detail and shall include all pertinent facts such as time, place, persons involved, witnesses, extent of injury or damages and methods of remedy. The copy shall be placed in the incident file at the facility. The following is considered a “Critical Incident” and shall be reported on the “Critical Incident and Death Reporting Form” and forwarded to the Risk Management Nurse within 72 hours:

All deaths, including those with unknown cause

Alleged or suspected abuse, neglect or exploitation of a client

Injuries requiring treatment by a physician

Medication errors causing discomfort or jeopardy to a client

Client absences without notification for over 3 hours

Suspension or expulsion of a client from services

Arrest of a client

Fire or equipment failure resulting in death or injury

Death from suicide, accident, homicide or other violence must be reported to DHSR within 72 hours.

Alleged or suspected abuse, neglect or exploitation (see definition section) of a client must be reported to DSS verbally as soon as possible.

Refer to “Death Reporting”, section .0300 at the front of this policy.

See **Attachment 11** for guidance and appropriate form.

(10) voluntary non-compensated work performed by a client;

There will be no voluntary non-compensated work performed at ADVP. All work will be compensated. Group home residents will share in the responsibilities of daily chores of the home to the best of his/her ability including caring for himself/herself hygienically, planning and preparing meals, housekeeping chores, and vehicle care. Other than specific goal plans, any work done beyond general chores must be compensated.

(11) client fee assessment and collection practices;

Fees charged to the resident of ACGH are based on cost of care set forth by federal and state guidelines.

Fees for room and board policy:

1. Residents may qualify for financial assistance from one or more of the following sources: Social Security, Supplemental Income, Special Assistance and/or Medicaid from Social Services, or other pensions or benefits.
2. The ACGH Board of Directors requires that these benefits arrive in the resident's name at the group home.
3. The rates for room and board are set by the State of North Carolina. For a resident receiving the above benefits, the monthly spending money allowance will not be less than that specified by the State of North Carolina and the monthly charge will not exceed that specified by the State of North Carolina. All income in excess of the maximum monthly charge will be considered to be the resident's personal spending money.
4. Payment for room and board will be made monthly in advance.
5. The resident is charged for the day of admission.
6. A current Medical form DSS FL2 must be secured prior to admission.

CAP:

It is the policy of Alleghany County Group Homes, Inc. that any recipient of any Medicaid service will not be directly billed when that service is billed to Medicaid.

Alleghany County Group Homes, Inc. will not require a waiver recipient or their family to sign an agreement that they will not change provider agencies as a condition of providing services to the waiver recipient.

Any recipient of CAP services will receive services irregardless of the availability of primary staff. Relief staff will be available to meet the needs of clients when primary staff are not available due to any unplanned absence.

(12) medical preparedness plan to be utilized in a medical emergency;
In the event of any type of emergency situation, ACGH gives top priority status to the safety, well-being and preservation of the human life. Although every effort is made to prevent the occurrence of accidents or injuries, the following procedures have been developed as guidelines for staff in the event an accident, injury or other type emergency situation should present itself.

PROTOCOL FOR TREATMENT OF INJURIES OR ILLNESS

A. IF LIFE THREATENING:

1. DIRECT SOMEONE TO CALL 911.
2. FOLLOW ESTABLISHED FIRST AID PROCEDURES.

B. IF NON LIFE THREATENING:

1. NOTIFY YOUR SUPERVISOR, OR ON CALL PERSON.
2. EVALUATE THE HEALTH OF THE CLIENT AND REQUEST ASSISTANCE IF NEEDED.
3. ADMINISTER FIRST AID IF REQUIRED.
4. IF THE CLIENT HAS A PERSONAL CARE ISSUE, CLEAN THE CLIENT UP AND PUT ON FRESH CLEAN CLOTHES.

5. MAKE THE CLIENT AS COMFORTABLE AS POSSIBLE AND KEEP THE CLIENT UNDER YOUR IMMEDIATE AND CONSTANT SUPERVISION UNLESS RELIEVED BY ANOTHER STAFF PERSON.
6. FOLLOW-UP WITH RECHECKS THROUGHOUT THE DAY TO ENSURE THAT THE INJURY/ILLNESS DOES NOT WORSEN.
7. WRITE UP AN INCIDENT REPORT.

C. SUPERVISOR, OR ON CALL PERSON WILL:

1. OBTAIN MEDICAL TREATMENT IF NECESSARY.
2. NOTIFY GUARDIAN.
3. NOTIFY THE CASE MANAGER WHEN APPROPRIATE.
4. NOTIFY THE QP IF COTTAGE CLIENT.
5. NOTIFY THE EXECUTIVE DIRECTOR.
6. ARRANGE TRANSPORTATION HOME IF REQUIRED.
7. FORWARD THE INCIDENT REPORT TO THE SMOKY MT. CENTER CLINICAL NURSE IN BOONE, NC.

(13) authorization for and follow up of lab tests;

NA for ADVP

Samuel C. Evans, Jr. Group Home shall document in the client record the following information regarding each laboratory test administered:

1. Name and date of any laboratory test(s) ordered.
2. Name of physician ordering test and
3. Date and time specimen obtained.

The original copy of the report of laboratory test results shall be included in the client record. This rule shall not apply to testing done anonymously for HIV infection.

Psychological, developmental, educational and intelligence testing shall be performed by staff or evaluators who are appropriately licensed, certified or trained to utilize the particular testing instrument being administered.

(14) transportation, including the accessibility of emergency information for a client;

ACGH transportation policy is at **Attachment 3**.

(15) services of volunteers, including supervision and requirements for maintaining client confidentiality;

All volunteers will have supervision from ACGH staff. All will receive training in confidentiality and client rights policies and sign the required forms.

(16) areas in which staff, including non-professional staff, receive training and continuing education;

Initial training and continuing education is provided to all staff and volunteers as required. A checklist of required training is at **Attachment 4**. Tasks will not be performed by staff who have not received training in the appropriate area. ACGH training is conducted by educators who have the required qualifications. Documentation is kept in the employee's/ volunteer's personnel folder. Continuing education currency is

monitored and managed with a spreadsheet. The spreadsheet is color coded green for training due next month and red for training overdue. Continuing education is required for: Medical Administration, CPR, First Aid, Blood-borne Pathogen, North Carolina Interventions (NCI), Confidentiality and Client Rights. Updated training is required for client specific areas or when standards change.

(17) safety precautions and requirements for facility areas including special client activity areas; and

ACGH is annually inspected by the county's building, fire and health inspectors who evaluate the facilities for safety hazards. They make recommendations for improvements to the ACGH director. An aggressive safety education program is administered by staff. At a minimum, monthly meetings are held with one area of emphasis briefed to staff and clients. OSHA standards are complied with and required training is administered by the ACGH director. See the health and safety manual for further details.

ACGH special client activity areas are the conference room, classroom and cafeteria.

(18) client grievance policy, including procedures for review and disposition of client grievances.

Grievances, or any complaint, should be brought to the attention of staff. If you are not satisfied with the resolution of the grievance, you have the right to bring it to the attention of the following people until the grievance is resolved to your satisfaction:

1. All clients/guardians may request a meeting with the ACGH Director, QP or Executive Director at any time the complaint will be put into writing and the administration will give a written response to the client/guardian within 5 working days.
2. If the grievance is unresolved at this level, the client may request to meet with their NRBH case manager to help resolve the problem. Clients without a NRBH case manager may request a meeting with a NRBH representative. NRBH will follow their procedures and will give a written response within 5 days.
3. If the grievance is still unresolved, request a meeting with the HRC at the next scheduled HRC and the committee will review the matter at that meeting and will give a written response to the grievance within 5 days.
4. If the grievance is still unresolved, request a meeting with the ACGH Board of Directors and the Board will review the grievance at the next scheduled meeting and will respond in writing within 5 days.
5. If the grievance is still unresolved, contact the SMC client rights representative who will follow SMC provider grievance procedures and provide a response in writing according to SMC written requirements.
6. The decision of the SMC HRC exhausts the appeal.
7. Legal advice is available from:
 - Legal Services of the Blue Ridge at 171 Grand Blvd., Boone, NC 28607
 - Phone: 704-264-5640; or
 - Disability Rights North Carolina toll free Phone: 877-235-4210; or
 - The Governor's Advocacy Council, 800-821-6922

Any ACGH staff person will help you with this process.

ACGH will make all efforts to resolve complaints in a fair and timely manner. All clients will be informed of this program in the ADVP client handbook and Samuel C. Evans, Jr. “Resident’s Admission Manual” at **Attachment 5**. Complaints will be made in oral or written form to any staff person. At each level, a review/investigation of the complaint will be undertaken and a written response will be given as specified above. This response will include a notice of the client’s right to appeal to the next level of review.

Clients who have a grievance will be given the full assistance and cooperation of staff in preparing a written grievance. He/she may choose any person to assist in the process including staff, guardian or case manager. There will be no retaliation for making a complaint. A copy of the grievance will be placed in the client file with the outcome attached.

(b) Minutes of the governing body shall be permanently maintained.

Minutes of the governing body are permanently maintained in the Executive Director’s office.

.0202 PERSONNEL REQUIREMENTS

(a) All facilities shall have a written job description for the director and each staff position which:

ACGH requires that a written job description be filed in each employee’s personnel record containing, at a minimum, the following information:

- (1) specifies the minimum level of education, competency, work experience and other qualifications for the position;*
- (2) specifies the duties and responsibilities of the position;*
- (3) is signed by the staff member and the supervisor; and*
- (4) is retained in the staff member’s file.*

(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:

All employees of ACGH must meet the following minimum qualifications:

- (1) is at least 18 years of age;*
- (2) is able to read, write, understand and follow directions;*
- (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and*
- (4) has no substantiated finding of abuse or neglect listed on the North Carolina Healthcare Personnel Registry.*

(c) All facilities or services shall require that applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.

At the time of employment, each new employee shall be required to sign an authorization for a criminal background check by the SBI. Employees who have not been a resident of NC for at least five years require a Federal Background check. After the results of the check have been received, the Executive Director will evaluate the offense, if any, in relationship to the job for which the applicant is applying. A copy of the criminal background check will be kept in the employee's pay folder file. Prospective employees may be offered employment pending receipt of the criminal background check. Continual employment will be conditional of the satisfactory results of the pending criminal background check.

In addition to this requirement, a motor vehicle records check and healthcare registry records check will be completed prior to employment. Results will also be evaluated as described above.

Employees are required to report any criminal charge or motor vehicle citation to their supervisor within five days. Failure to do so will result in disciplinary action up to and including dismissal.

This company does not require updates to the above checks but the executive director may complete any of the above checks at any time if he feels they are necessary.

(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws, as appropriate to the services which are provided.

Professional staff are "privileged" to perform required tasks by the Privileging Committee. Paraprofessionals receive a job description signed and dated by the employee and the executive director. Documentation of privileging and other licenses, registrations, certifications and signed job descriptions are kept in each employee's personnel folder.

Training status for QP - Staff may be hired prior to being qualified for professional status. These staff will be given the status of intern until they finish all requirements leading up to their "privileging" as a "Qualified Professional" (QP) by the Privileging Committee. Until all training is completed and final qualifications are met, they may serve in a paraprofessional capacity under the supervision of a QP.

Note: Additional information on these subjects is contained in the Alleghany County Group Homes, Inc. Quality Management Plan.

(e) A personnel record shall be maintained for each individual employed indicating the training, experience, and other qualifications for the position, including verification appropriate to licensure, registration or certification.

ACGH keeps a pay folder containing the employee's application/resume including training, experience and other qualifications for the position. Additional training and

certifications are kept in the employee's personnel folder. Job descriptions for each position are also kept in the employee's personnel folder.

(f) Continuing education shall be documented.

Continuing education is documented and stored in the employee's personnel folder.

(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:

(1) general organizational orientation;

Attachment 4 includes a check sheet, which outlines ACGH's orientation program.

(2) training on client rights and confidentiality;

Training on client rights and confidentiality are conducted annually for all employees and the documentation is kept in each employee's personnel record.

*(3) training to assist clients with MH/DD/SA needs or clients with dual diagnoses;
and*

Staff receives initial training in MH/DD/SA and dual diagnosis during initial orientation. Additional training is provided during client specific training.

(4) training in infectious diseases and blood borne pathogens.

Staff will receive annual training in infectious diseases and blood-borne pathogens from a qualified instructor. This training will be documented and placed in the employee's personnel folder.

(h) Except as permitted under 10 NCAC 14V .5602(b), at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.

Whenever possible, all staff employed by ACGH will maintain currency in first aid, CPR, seizure management and the Heimlich maneuver. At a minimum, at least one staff member trained for the above will be available at each facility.

(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating, and controlling infectious and communicable diseases of personnel and clients.

ACGH has an infection control plan on file. This plan will be followed when and chance of infection occurs or is suspected. Documentation will be filed in each employee's medical record.

.0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS

(a) There shall be no privileging requirements for qualified professionals or associate professionals.

Qualified professionals undergo a rigorous inspection of their credentials prior to privileging. Any deficiencies in knowledge, skills or abilities are corrected with additional training prior to privileging by the privileging committee. See the ACGH Quality Management Plan for information on privileging.

(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills, and abilities required by the population served. See ACGH Quality Management System in this binder.

(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. When a competency-based employment system is established, ACGH will comply.

(d) Competence shall be demonstrated by exhibiting core skills including:

- (1) technical knowledge;*
- (2) cultural awareness;*
- (3) analytical skills;*
- (4) decision-making;*
- (5) interpersonal skills;*
- (6) communication skills; and*
- (7) clinical skills.*

See ACGH Quality Management System in this binder.

(e) Qualified professionals as specified in 10A NCAC 27G .0104(18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.

See ACGH Quality Management System in this binder.

(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.

See ACGH Quality Management System in this binder.

(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.

See ACGH Quality Management System in this binder.

.0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS

(a) There shall be no privileging requirements for paraprofessionals.

Paraprofessionals require a job description signed by the Executive Director and the paraprofessional. See the ACGH Quality Management Plan for additional information.

(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.

See the ACGH Quality Management Plan for information on supervision.

(c) Paraprofessionals shall demonstrate knowledge, skills, and abilities required by the population served.

Paraprofessionals undergo extensive training prior to providing services. Initial and continuation training is documented in each personnel folder. See the ACGH Quality Management Plan for additional information.

(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.

(e) Competence shall be demonstrated by exhibiting core skills including:

- (1) technical knowledge;*
- (2) cultural awareness;*
- (3) analytical skills;*
- (4) decision-making;*
- (5) interpersonal skills;*
- (6) communication skills; and*
- (7) clinical skills.*

See ACGH Quality Management System in this binder.

(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each paraprofessional.

See ACGH Quality Management System in this binder.

.0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN

(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:

- (1) the client's presenting problem;*
- (2) the client's needs and strengths;*
- (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;*
- (4) a pertinent social, family, and medical history; and*
- (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.*

ACGH uses the form Application for Admission, **Attachment 6**, to assess clients prior to delivery of services.

(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the ‘plan,’ strategies to address the client’s presenting problem shall be documented.

Within 30 days of admission, an Individual Program Plan will be developed for each client based on his evaluations. Plans will provide a symptomatic approach to reach appropriate individuals goals, based on each client’s developmental needs in social, educational or vocational areas.

(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.

The client and/or legally responsible person will be involved in these goal plans and will sign them. Staff members designated to implement the plans will also sign the goals. Progress on the Program Plans will be reviewed at least quarterly.

(d) The plan shall include:

- (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;*
- (2) strategies;*
- (3) staff responsible;*
- (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;*

Each client’s plan will include:

- client outcomes and the projected date of achievement
- strategies
- staff person responsible
- a review of the plan at least annually in consultation with the client or legally responsible person or both.
- (5) basis for evaluation or assessment of outcome achievement; and*

ACGH uses standardized testing and measurable goals in assessing outcome achievement.

- (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.*

The client and/or guardian shall sign each plan.

.0206 CLIENT RECORDS

(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:

- (1) an identification face sheet which includes:
 - (A) name (last, first, middle, maiden);*
 - (B) client record number;*
 - (C) date of birth;**

- (D) race, gender and marital status;
- (E) admission date;
- (F) discharge date;
- (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;
- (3) documentation of the screening and assessment;
- (4) treatment/habilitation or service plan;
- (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;
- (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;
- (7) documentation of services provided;
- (8) documentation of progress toward outcomes;
- (9) if applicable:
 - (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);
 - (B) medication orders;
 - (C) orders and copies of lab tests; and
 - (D) documentation of medication and administration errors and adverse drug reactions.

It is the responsibility of the ACGH Director to ensure that all records are kept in proper order, all previously mentioned can be found in each resident's folder. All information in the resident's folder will be kept updated and will be reviewed when their annual plan is due. ACGH will maintain a record abbreviation list (**attachment 14**) and staff signature list (**attachment 15**).

(b) Each facility shall ensure that information relative to AIDS related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.

All staff will have training as required and be made aware of the conditions as stated in GS130A-143.

.0207 EMERGENCY PLANS AND SUPPLIES

(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.

A written fire and area-wide disaster plan is at **Attachment 7**.

(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.

Both facilities of ACGH have a floor plan with exit routes marked for each room. The disaster plan is also available at each facility.

(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.

1. Fire and disaster drills will be held at least quarterly at each facility for each shift.
2. Drills shall be conducted under conditions that simulate fire emergencies in order to:
 - a. acquaint staff and clients with a means of evacuating the building that will ensure orderly and controlled exit without panic.
 - b. ensures that all staff members on all shifts are trained to perform assigned tasks and are familiar with fire fighting equipment in the facility.
 - c. provides documentation of problems that occurred during the drill and what was done to correct these problems.
3. Responsibility of planning the fire drills shall be the ACGH director or teaching manager.
4. Emphasis shall be on orderly evacuation rather than speed.
5. Staff members present, whether managers, relief or respite, shall participate in the drills.
6. Fire alarm systems shall be used regularly in fire drills where available. Where systems are not available, the sound of a smoke detector with verbal cue of “there is a fire, evacuate the building” shall be used.
7. Documentation must be completed using the “Fire Drill Log and Summary” at **Attachment 8**.

(d) Each facility shall have basic first aid supplies accessible for use.

ACGH will have a basic first aid box in all facilities. The supplies will be kept updated and in order. See health and safety manual for further details.

.0208 CLIENT SERVICES

(a) Facilities that provide activities for clients shall assure that:

- (1) space and supervision is provided to ensure the safety and welfare of the clients;*
- (2) activities are suitable for the ages, interests, and treatment/habilitation needs for the clients served; and*
- (3) clients participate in planning or determining activities.*

ACGH will provide adequate space for activities that are suitable for the ages and treatment or habilitation needs of the clients served. These activities include bowling, movies, volleyball, croquet, badminton, horseshoes, basketball, and other specially scheduled entertainment. All activities will be appropriate for the age group. All outdoor equipment shall be maintained in good repair, safe for use and age appropriate. When clients participate in water activities, an individual holding a current certificate in life saving from a nationally recognized recreation program shall be on site to provide direct supervision of water activities. Clients will assist staff in planning and/or determining activities that they in which they will be participating.

(b) Facilities or programs designated or described in these Rules as '24-hour' shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.

NA - ADVP

Samuel C. Evans, Jr. Group Home operates 24 hours per day, seven days per week, and 12 months per year. Staff shall be on call when all clients are out of the group home.

(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.

Dietary Services:

Purpose: To provide nutritional adequate food and in a form consistent with the mastication capabilities, meeting the dietary needs of each resident. Also to provide nutritional services that ensure optimal nutritional status of each resident at ACGH.

Policy: To ensure optimal nutritional status of each resident thereby 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. All residents eat or are fed regular meals in the dining room, except where contrary for health reasons or by the decision of the interdisciplinary team responsible for the resident's program. Family style table service is provided for all residents who can eat at a table at Samuel C. Evans, Jr. Group Home. ADVP meals are served cafeteria style. The dining areas are equipped with furniture, 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.

Procedure:

1. Residents eat all regular meals family style at Samuel C. Evans, Jr. Group Home and cafeteria style at ADVP.
2. Residents serve themselves with assistance from staff when necessary.
3. 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.
4. Staff members eat with the resident.

Policy: 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. 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. A dietary practice in keeping with religious requirements of the residents' faith groups is observed upon request. Substitutions are made for food allergies. Food dislikes are honored as much as possible.

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 Research Council.

Procedure: Meal Serving Times

Breakfast – 7:00 a.m.

Lunch - 12:00 p.m.

Dinner - 6:00 p.m.

Residents and staff prepare and place food on table as efficiently and attractively as possible. The right to omit certain foods from the diet on religious grounds is explained to the resident and parent/guardian. The ACGH director notes exceptions of this nature in resident folder and notifies all staff.

Food allergies are noted in residents' folders and all staff are notified.

Policy: 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.

Procedure:

Menus are approved by a registered dietitian to ensure that they meet the nutritional and developmental needs of the residents. A four week cycle menu is available. When changes are made, substitutions are noted. The changes have equal nutritional value. All changes will be noted on the menu change calendar and initialed. Menus and substitutions are kept on file with the menu in use posted in the kitchen. Modified/special diet patterns ordered by the physician must be in writing and kept in resident's file.

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

Procedure: Select appropriate recipe card.

Read through carefully before you begin.

Involve residents as much as possible.

Assemble all ingredients.

Follow instructions on recipe cards.

Policy: To ensure residents eat well balanced meals.

Procedure: Note portion size indicated in menu.

Staff encourages residents to serve themselves or be served appropriate portions. Staff verbally and by modeling encourages the eating of well-balanced meals.

Policy: To provide residents with snacks, available daily, in keeping with their total daily nutritional needs. Between meal nourishments are served on a special diets or to residents as necessary.

Procedure:

A light snack consisting of a beverage (juice, diet drink, etc.) and peanut butter crackers, fresh fruits, fresh vegetable, etc., are offered to residents in afternoon (before 5) and in evening (after 7) keeping within their daily caloric needs. When a client cannot tolerate normal sized meals, Nourishments are provided between meals at 10:00 a.m., 3:00 p.m. and 8:00 p.m. to residents on:

High caloric diets, high protein diets, acute bland diets and full liquid diets.

Policy: To have a constant supply of non-perishable foods to meet the requirements of planned menus. Provisions for a maximum of one week are provided.

Procedure: The teaching managers are responsible for food supplies, staple goods, canned goods etc. are bought in bulk from a wholesale food warehouse or in the most economical fashion monthly. Fresh foods are purchased according to the menu.

Perishables are brought locally as needed. A minimum stock level of one week is kept on hand.

Policy: To ensure food storage procedures meet state and local regulations.

Procedure: Perishable foods are stored at the proper temperature to preserve nutritive value. All food is stored in a sanitary manner. 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. Non-perishable food supplies are stored on wooden shelves in the cabinet. Stock shall be rotated and older stock used first. 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.) Perishables are stored in the refrigerator or freezer. Frozen foods are kept at a temperature of 0 degrees F. General storage (dairy, meat, fruit and vegetables) is 34-35 degrees F.

(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.

Transportation to the ADVP is provided by the Alleghany County Transportation Program, "Alleghany in Motion". Drivers receive the proper training on applying secure adaptive equipment.

(e) When two or more preschool children... NA

.0209 MEDICATION REQUIREMENTS

(a) Medication dispensing:

(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.

(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, container, and its contents are physically checked and approved by the authorized person prior to dispensing.

Medication shall be dispensed by a pharmacist or physician in a properly labeled container in accordance with state and federal law. Nurse practitioners and physicians' assistants may dispense medication in accordance with G.S. 90-181, G.S. 90-18.2 and rules adopted by the North Carolina Board of Pharmacy and Codified in 21 NAACO 46.1700.

1. No medication will be administered without a written order from a physician.
2. Verbal orders from a physician will only be accepted by a registered nurse.
3. Each time a resident is on more than the recommended amount, specific justification for the dosage should appear on the resident's chart.
4. The physician's orders are written on Physicians Order Sheets.
5. Staff will check all orders for accuracy.

6. All physician's orders are taken to the pharmacy by ACGH staff or called in by the physician.

PRN Medications

1. PRN medications may be given by the ACGH staff and recorded on PRN medication sheets.
2. PRN medications will include specific frequency, duration and intent for use.
3. All PRN orders have an automatic stop date of 3 days unless otherwise ordered.

(3) Methadone for take-home purposesNA

(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.

NA – ACGH facilities do not stock prescription drugs.

(b) Medication packaging and labeling:

(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;

The manufacturer's label will be retained at all times with the expiration date clearly visible.

(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;

All prescription medications will be maintained in their original containers. ACGH will inspect all medications before leaving the pharmacy to ensure that they are in tamper resistant packaging. For unit of use packaged drugs, a zip-lock plastic bag will be adequate.

(3) The packaging label of each prescription drug dispensed must include the following:

(A) the client's name;

(B) the prescriber's name;

(C) the current dispensing date;

(D) clear directions for self-administration;

(E) the name, strength, quantity, and expiration date of the prescribed drug; and

(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.

Before leaving the pharmacy, ACGH staff will inspect medications to ensure that they contain all the information listed above.

(c) Medication administration

(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.

Staff must have a written order prior to the administration of any medication.

(2) Medication shall be self-administered by clients only when authorized in writing by the client's physician.

Self-administration of medication by a client requires the authorization of the client's physician. Each client who is approved for self-administration of medication must be supervised by a staff person who has been certified for medical administration. The client will receive training to ensure that they are capable of self-administration.

Training will include:

1. The name, appearance and dosage regimen, intended use and common side effects of the medication.
2. Adverse reaction or uncomfortable side effects that should prompt call in a physician.
3. Food, drugs or beverages that should be avoided/taken with the medication.
4. An alternative dosage regimen if a dose is missed.
5. The expected length of the medication treatment.
6. Refill instructions.
7. The proper place to store the medication.

(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.

Before staff are privileged to administer medications, ACGH requires that unlicensed staff members be trained by a registered nurse or other legally qualified person. Training and administration testing will be completed and the documentation retained in each employee's personnel folder. The unlicensed staff will be re-certified annually. Staff who have not received training, or whose certification has lapsed, will not administer medications.

(4) A medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:

A MAR of all drugs administered to each client will be kept current and medications given will be recorded immediately after administration. The MAR will include the following:

- (A) client's name;*
- (B) name, strength, and quantity of the drug;*
- (C) instructions for administering the drug;*
- (D) date and time the drug is administered; and*
- (E) name or initials of person administering the drug.*

(5) Clients requests for medication changes or checks shall be recorded and kept with MAR file followed-up by appointment or consultation with a physician.

A request for a medication change or check will be recorded and kept with the MAR. A follow-up with the client's physician will be completed as soon as possible.

(d) Medication disposal:

(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.

(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.

Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.

(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.

The following protocol will be used for the disposal of medications:

1. Controlled substances: The medication will be returned to the pharmacy from which it was purchased. A record of returning the medication shall be maintained on the Medication Disposal Form (**Attachment 9**).

2. Non-controlled substances:

A. Disposal shall be done in a manner which ensures that the medication does not fall into the wrong hands. Acceptable methods include:

1. Transfer to a local pharmacy or regional hospital pharmacy for destruction.
2. Flush in a sewer system.
3. By incineration.

B. A record of medication disposal shall be maintained on the Medication Disposal Form (**Attachment 9**):

1. Client's name,
2. name and strength of medication,
3. pharmacy name and prescription number,
4. quantity to be disposed,
5. method of disposal,
6. date of disposal,
7. signature of employee disposing of the medication and the
8. signature of employee witnessing the disposal.

(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.

Medications of discharged clients will be properly disposed of unless it can be reasonably expected that they will return within 30 calendar days.

(e) Medication Storage:

(1) All medication shall be stored:

(A) in a securely locked cabinet in a clean well-lighted, ventilated room between 59 degrees and 86 degrees F.;

- (B) In a refrigerator, if required, between 36 degrees and 46 degrees F. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;*
- (C) separately for each client;*
- (D) separately for external and internal use;*
- (E) in a secure manner if approved by a physician for a client to self-medicate.*

ACGH has locked storage closets. The ADVP closet is inside the first aid room which also has a lockable door. Samuel C. Evans, Jr. Group Home storage closet is inside the staff office. Each resident has a separate compartment for their own medications. Internal medications are kept on the top shelf and external medications are kept on the lower shelf. Medication that must be stored in a refrigerator will be in a locked container away from any food item. Staff will be trained in storing any controlled substance and shall be in compliance with the North Carolina Controlled Substance Act. If a person is authorized to self-medicate, he/she is to receive instructions on how to store medication properly and be provided separate space, when appropriate, for the storage of medication in a secure manner.

(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act and shall be in compliance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. NA - ACGH does not maintain stocks of controlled substances.

(f) Medication review:

- (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.*
- (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.*

ACGH will work with the physician and the case manager in reviewing each client's medications every six months. The review will be documented on a six month drug re-evaluation sheet (**Attachment 10**). The sheet will be placed in the resident's folder.

(g) Medication education:

- (1) Each client started or maintained on a medication by an area program physician shall receive either oral or written education regarding the prescribed medication by the physician or their designee. In instances where the ability of the client to understand the education is questionable, a responsible person shall provide either oral or written instructions on behalf of the client.*
- (2) The medication education provided shall be sufficient to enable the client or other responsible person to make an informed consent, to safely administer the medication and to encourage compliance with the prescribed regimen.*

(3) The area program physician or designee shall document in the client record that education for the prescribed psychotropic medication was offered and either provided or declined. If provided, it shall be documented in what manner it was provided (either orally or written or both) and to who (client or responsible person).

When staff pick-up a medication from the pharmacy, they will also pick up an information sheet describing the medication. Staff will then read and explain the fact sheet to the client in understandable terms. If the staff have any concern regarding the medication they will immediately contact the physician or the on call nurse. Document the medication in the client record.

(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.

The person finding an error of any type will notify the on call supervisor and nurse or physician as required. The physician/nurse will make the decision as to what action should be taken. The error should be circled in the appropriate block in red on the MAR sheet. The person shall record the incident on an incident sheet. This will be turned into the Director's office who will then send it to Smoky Mt. Center QA person within 72 hours if the error is determined to be a critical incident as defined in .0201-(a)-(9).

.0210 RESEARCH REVIEW BOARD...NA

27G - .0300 PHYSICAL PLANT RULES

.0301 COMPLIANCE WITH BUILDING CODES

(a) Each new facility shall be in compliance with all applicable portions of the North Carolina State Building Code in effect at the time of licensing.

Future facilities will comply with the NC State Building Code.

(b) Each facility operating under a current license issued by DFS upon the effective date of this Rule shall be in compliance with all applicable portions of the North Carolina State Building Code in effect at the time the facility was constructed or last renovated.

Both facilities were in compliance with all applicable portions of the NC State Building Code at the time of construction or last renovation.

(c) Each facility shall maintain documented evidence of compliance with applicable fire, sanitation and building codes including an annual fire inspection.

ACGH facilities are required to have annual fire and sanitation inspections. These documents are available in the ACGH administrative offices.

(d) As used in these Rules, the term "new facility" refers to a facility that has not been licensed previously and for which an initial license is sought. The term includes

buildings converted from another use of containing facilities licensed for a different use than the facility for which an initial license is sought.

.0302 FACILITY CONSTRUCTION/ALTERATIONS/ADDITIONS

(a) When construction, use, alterations or additions are planned for a new or existing facility, work shall not begin until after consultation with the DFS Construction Section and with the local building and fire officials having jurisdiction. Governing bodies are encouraged to consult with DFS prior to purchasing property intended for use as a facility.

This Rule was complied with for the construction of both ACGH facilities.

(b) All required permits and approvals shall be obtained from the local authorities having jurisdiction.

This Rule was complied with for the construction of both ACGH facilities.

.0303 LOCATION AND EXTERIOR REQUIREMENTS

(a) Each facility shall be located on a site where:

(1) fire protection is available;

ACGH facilities are located on sites where fire protection is available.

(2) water supply, sewage and solid waste disposal services have been approved by the local health department;

Water, sewage and solid waste disposal services have been approved by the local health department.

(3) occupants are not exposed to hazards and pollutants that may constitute a threat to their health, safety and welfare; and

There are no known hazards or pollutants that may constitute a threat to health safety or welfare.

(4) local ordinances and zoning laws are met.

All ordinances, local and state, have been met.

(b) The site at which a 24-hour facility is located shall have sufficient outdoor area to permit clients to exercise their right to outdoor activity in accordance with the provisions of G.S. 122C-62.

Both facilities have generous outdoor recreational areas for various activities and recreation.

(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.

Each facility will be maintained in a safe, clean, attractive and orderly manner. Offensive odors will not be tolerated. Discrepancies will be brought to the attention of the ACGH Director at once for corrective action. The ACGH Director will perform monthly inspections to insure these Rules are met. See health and safety manual.

(d) Buildings shall be kept free from insects and rodents.

Both facilities will be kept free of insects and rodents at all times. A contract with an insect/rodent control company will be maintained as required.

.0304 FACILITY DESIGN AND EQUIPMENT

(a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities.

Both facilities have adequate facilities which insure the privacy of all clients.

(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.

All facilities have been constructed and equipped to meet all physical safety standards.

(1) All hallways, doorways, entrances, ramps, steps and corridors shall be kept clear and unobstructed at all times.

Staff who observe an obstruction to a hallway, doorway, entrance, ramp, step or corridor shall remove the obstruction at once. If unable, advise the ACGH Director immediately.

(2) All mattresses purchased for existing or new facilities shall be fire retardant.

All mattresses will be fire retardant.

(3) Electrical, mechanical and water systems shall be maintained in operating condition.

All electrical, mechanical and water systems will be operational at all times. Report any problems immediately to the ACGH Director for immediate correction.

(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.

ACGH maintains the temperature of water between 100 to 116 degrees Fahrenheit.

(5) All indoor areas to which clients have routine access shall be well-lighted. Lighting shall be adequate to permit occupants to comfortably engage in normal and appropriate daily activities such as reading, writing, working, sewing and grooming.

ACGH facilities have adequate lighting. Report any outages immediately to the ACGH Director. See health and safety manual for additional details.

(c) Comfort Zone: Each 24-hour facility shall provide heating and air-cooling equipment to maintain a comfort range between 68 and 80 degrees Fahrenheit.

Samuel C. Evans, Jr. Group Home is equipped with central heat and air. Thermostats will be set at 72 to 75 degrees for summer operation and 68 to 72 degrees for winter operation. Report any outages promptly to the ACGH Director.

(1) This requirement shall not apply to therapeutic (habilitative) camps and other 24-hour facilities for six or fewer clients. NA

(2) Facilities licensed prior to October 1, 1988 shall not be required to add or install cooling equipment if not already installed. NA

(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise

provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:

(1) Client bedrooms shall have at least 100 square feet for single occupancy and 80 square feet per client when more than one client occupies the bedroom.

Samuel C. Evans, Jr. Group Home is in compliance with the above Rules.

(2) Where bassinets and portable cribs for infants are used, a minimum of 40 square feet per bassinet or portable crib shall be provided. NA

(3) No more than two clients may share an individual bedroom regardless of bedroom size.

Samuel C. Evans, Jr. Group Home limits occupancy to one client per room.

(4) In facilities with overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms.

The Samuel C. Evans, Jr. Group Home staff quarters are separate from client bedrooms. Only staff are allowed to remain overnight.

(5) No client shall be permitted to sleep in an unfinished basement or in an attic.

Samuel C. Evans, Jr. Group Home does not have a basement or attic.

(6) In a residential facility licensed under residential building code standards and without elevators, bedrooms above or below the ground level shall be used only for individuals who are capable of moving up and down the steps independently.

NA Samuel C. Evans, Jr. Group Home is single story.

(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.

The minimum furnishings for client bedrooms will be a separate bed, bedding, pillow, bedside table and storage for personal belongings for each client.

(8) Only clients of the same sex may share a bedroom except for children age six or below, and married couples.

(9) Children and adolescents shall not share a bedroom with an adult.

Samuel C. Evans, Jr. Group Home bedrooms may only have one client per room.

(10) At least one full bathroom for each five or fewer persons including staff of the facility and their family shall be included in each facility.

Samuel C. Evans, Jr. Group Home has at least one bath for each three persons.

(11) Each facility, except for a private home provider, shall have a reception area for clients and visitors and private space for interviews and conferences with clients.

Samuel C. Evans, Jr. Group Home has a living room for the reception of visitors. The staff office and/or staff living room is available for private conferences. ADVP has a reception room and conference room for interviews and conferences.

(12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping areas.

Samuel C. Evans, Jr. Group Home conducts therapeutic and habilitative activities in various places but not routinely in the sleeping area.

(e) Where strict conformance with current requirements would be impractical, or because of extraordinary circumstances, new programs, or unusual conditions, DFS

may approve alternate methods, procedures, design criteria and functional variations from the physical plant requirements when the facility can effectively demonstrate to DFS's satisfaction:

- (1) That the intent of the physical plant requirements are met; and*
- (2) That the variation does not reduce the safety or operational effectiveness of the facility. NA*

27G - SECTION .0400 – LICENSING PROCEDURES

.0401 LICENSE REQUIRED

(a) No person shall establish, maintain or operate a licensable facility within the meaning of G.S. 122C-3 without first applying for and receiving a license from the Division of Facilities Services.

(b) Except for facilities excluded from licensure by G.S. 122C, DFS will deem any facility licensable if its primary purpose is to provide services for the care, treatment, habilitation or rehabilitation of individuals with mental illness, developmental disabilities, or substance abuse disorders.

(c) Living arrangements coordinated for adult clients in connection with case management or personal assistance services are not considered licensable facilities unless their primary purpose is to provide care, treatment, habilitation or rehabilitation, rather than simply to provide living accommodations.

ACGH has two licensed facilities and these licenses are posted on the premises.

27G - SECTION .0600 AREA AUTHORITY OR COUNTY PROGRAM MONITORING OF FACILITIES AND SERVICES

.0603 INCIDENT RESPONSE REQUIREMENTS FOR A AND B PROVIDERS

(a) Categories A and B providers shall respond to level I, II or III incidents by:

- (1) attending to the health and safety needs of individuals involved in the incident;*
- (2) determining the cause of the incident;*
- (3) developing and implementing corrective measures;*
- (4) developing and implementing measures to prevent similar incidents;*
- (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; and*
- (6) maintaining documentation regarding Subparagraphs (a)(1) through (a)(5) of this Rule.*

ACGH shall comply with all the above requirements.

(a) In addition to the requirements set forth in Paragraph (a) of this Rule, Categories A and B provider's shall respond to a level III incident that occurs while the client is in the care of a provider or on the provider's premises by:

(1) immediately securing the client record by: obtaining the client record; making photocopy; certifying the copy's completeness; and transferring the copy to a peer review team;

The Executive Director shall be responsible for immediately securing the client record as required above and transferring the copy to the Peer Review Team.

(2) convening a meeting of a peer review team within 24 hours of the incident.

ACGH Peer Review Team has been identified in writing and the letter appear in this binder. The Team shall:

The peer review team shall:

(A) review the copy of the client record as specified in Subparagraph (b)(1) of this Rule;

(B) gather other information needed; and

(C) issue a report concerning the incident to the provider and to the client's home area authority or county program to facilitate the monitoring of services as required by G.S. 122C-111 and other State statutes; and

(3) immediately notifying the following:

The Executive Director shall be responsible for immediately notify the persons/authorities listed below.

(A) the area authority or county program responsible for the catchment area where the services are provided pursuant to Rule .0604;

(B) the client's legal guardian, as applicable; and

(C) any other authorities required by law.

27G - .2300 ADULT DEVELOPMENTAL AND VOCATIONAL PROGRAMS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

27G .2301 SCOPE

(a) An Adult Developmental and Vocational Program (ADVP) is a day/night facility which provides organized developmental activities for adults with developmental disabilities to prepare the individual to live and work as independently as possible. The activities and services of an ADVP are designed to adhere to the principles of normalization and community integration aimed at increasing age-appropriate actions, images and appearance of the individual.

(b) An ADVP offers a diverse variety of specific services and activities. These include vocational evaluation, vocational training, remunerative employment, personal and community living skill development, adult basic education and long-term support and follow-up . Support services to clients' families and consultation with the clients' employers and other involved agencies may also be provided. The amount of time devoted to these areas varies considerably depending on the needs of the clients served.

(c) The rules contained in this Section are applicable to facility-based ADVP services. ACGH – ADVP is a facility-based service.

(d) The majority of the ADVP activities in this model, whether vocational or developmental in nature, are carried out on the premises of a site specifically designed for this purpose.

(e) It is the ADVP that shall be subject to licensure, not the location of the business or organization where the client may be placed for work.

.2302 DEFINITIONS

The following definitions are copied from APSM 30-1 and are recognized by ACGH.

In addition to the terms defined in Rule .0103 of this Subchapter and G.S. 122C-3, the following terms shall also apply:

(1) "Approved supported employment conversion plan" means a planned approach to changing the type of services delivered from ADVP facility-based to supported employment. Approval of the conversion plan is the responsibility of the Chief of the appropriate disability section of DMH/DD/SAS or his designee and the Area Director or his designee if the facility is operated by a contract agency of the area program or other service provider. DMH/DD/SAS shall request appropriate personnel from the Division of Vocational Rehabilitation to participate in the plan review process. The request for approval of the supported employment conversion plan shall include specific written information in the following areas:

- (a) number of clients to be moved into supported employment;***
- (b) types of supported employment models to be used;***
- (c) time frame for the conversion period;***
- (d) interim proposed facility staffing patterns and responsibilities; and***
- (e) proposed budget for the conversion plan.***

(2) "Supported employment" means a day/night service which involves paid work in a job which would otherwise be done by a non-disabled worker. Supported employment is carried out in an integrated work site where an individual or a small number of people with disabilities work together and where the work site is not immediately adjacent to another program serving persons with disabilities. It includes involvement of staff working with the individuals in these integrated settings.

0.2303 Staff

(a) Each Adult Developmental Vocational Program (ADVP) shall have a designated full-time program director.

ADVP has a full-time program director.

(b) The Program Director shall be at least a high school graduate or equivalent with three years of experience in developmental disabilities programming.

The program director will have at least a high school diploma or equivalent and at least three years of experience in developmental disabilities programming.

(c) Each facility shall have evaluation services available for all clients.

The ACGH QP, in conjunction with NRBH, provides evaluation services for all clients.

(d) Each facility shall maintain an over all direct service ratio of at least one full-time equivalent direct service staff member for every ten or fewer clients. Facilities having an approved supported employment conversion plan as defined in Rule .2302 of this Section may exclude a maximum of ten clients or 20 percent of a facility's average daily enrollment, whichever is greater, when calculating the required direct service ratio.

ACGH ADVP maintains a minimum of one full time equivalent staff for each ten clients.

(e) If the site is maintained by the ADVP:

(1) A safety committee comprised of staff members and clients shall be appointed and shall meet at least quarterly to review accident reports and to monitor the ADVP for safety; and

ADVP safety committee is comprised of staff members and all clients. A portion of each regularly scheduled client meeting is devoted to safety issues.

(2) Minutes shall be kept of all meetings.

Meetings are documented in the minutes. See health and safety manual.

0.2304 Operations

(a) Safety Educational Program. Each ADVP shall provide an ongoing educational program for staff and clients designed to teach them the principles of accident prevention and control of specific hazards. The program shall include training for clients in personal, work, and environmental safety.

ADVP holds regular client meetings where several topics are discussed. Training in personal, work and environmental safety are a mandatory part of each meeting.

(b) Business Practices

ACGH ADVP complies with all of the following:

(1) If the ADVP seeks or receives remuneration for goods or services provided to another individual, organization, or business:

(A) Supplies, material or tools, if provided by the ADVP, shall be identified as a separate amount in the bid price;

- (B) Wages paid to ADVP clients shall be on a price rate or hourly commensurate wage basis;*
- (C) Each client involved in productive work shall receive a written statement of each pay period, which indicates gross pay, hours worked, and deductions; and*
- (D) Prices for goods produced in the ADVP shall be equal to or exceed the cost of production (including commensurate wages, overhead, tools and materials).*

(2) If the client is an employee of another individual, organization, or business, the ADVP shall review client earnings information on at least an annual basis to ensure appropriateness of pay rates and amounts.

See the Client Handbook, “Work and Pay” and “Rules for Appropriate Behavior at ADVP” at **Attachment 5**.

(3) Clients shall be counseled concerning their rights and responsibilities in such matters as wages, hours, working conditions, social security, redress for injury and the consequences of their own tortuous or unethical conduct.

See Client Handbook at **Attachment 5**.

(c) Handbook. Each ADVP shall have a client handbook including, but not limited to, information about services and activities.

(1) The client handbook shall be written in a manner comprehensible to clients and reflective of adult status.

(2) Each client shall be given a handbook, and the handbook shall be reviewed with the client.

See **Attachment 5**.

(d) Hours of operation. ADVP services shall be available for client attendance at least six hours per day (exclusive of transportation time), five days per week, unless closed in accordance with governing with board policy.

ADVP is open Monday through Friday from 8:00 a.m. to 3:30 p.m.. ADVP is closed during recognized federal holidays (see Combined Personnel Handbook) and for one to two weeks over the Christmas and New Years holiday depending on the day of week that Christmas and New Year fall.

0.2305 PHYSICAL PLANT

If the site is maintained by the ADVP:

(1) Each site shall be inspected annually by an outside safety consultant with written documentation and follow-up on recommendations; and

ADVP is inspected annually by the fire and health departments. Corrections are made immediately and recommendations are followed.

(2) Each site shall be designed and equipped to promote training, employment, and adult status of clients.

The ADVP facility was designed and built and equipped to specifically promote training, employment and the adult status of clients.

0.2306 CLIENT ELIGIBILITY AND ADMISSIONS

See **Attachment – 6**. ADVP complies with the following standard. Alleghany county does not have a VR unit in county so those references do not apply.

(a) Eligibility. Clients served shall be eligible for ADVP regardless of financial resources with the exception of a client whose work earnings exceed 60% of the prevailing wage over a consecutive 90-day period. Eligibility for clients in non-supported employment settings whose earnings have exceeded over 60% of the prevailing wage for over 90 consecutive days may be extended for up to one calendar year if supported employment options are not available locally and the client is ineligible for other services for the Division of Vocational Rehabilitation, or if the client's social, behavioral, or vocational skill deficits preclude participation in supported employment options and results in ineligibility for other vocational rehabilitation services. The eligibility extension shall occur through the annual habilitation planning process carried out by the designated area program qualified developmental disabilities professional. Requests for the extension shall be based on a joint case review involving a representative of the involved ADVP, the local VR unit and the area program. The request shall identify the specific skill deficits precluding eligibility for supported employment or other vocational rehabilitation services and include plans for addressing the deficits. The certification extension may be reapplied for a maximum of two times only. The same criteria and procedures shall be followed in each instance of reapplication as are required for the initial extension.

(b) Admissions. Each ADVP shall have written admission policies and procedures.

(1) A pre-admission staffing shall be held for each client considered for admission to the ADVP. During the staffing, information shall be considered regarding the client's medical, psychological, social, and vocational histories.

Pre-admission staffing is conducted by the admissions committee which is composed of the Executive Director, ACGH QP, board member, guardian if applicable, client and the client's case manager. Other parties may be invited to attend such as family, if appropriate. All information shall be considered.

(2) Results of the pre-admission staffing shall be documented and forwarded to the referral or sponsoring agency. The client shall be notified of the results of the staffing.

Results of the pre-admission staffing will be documented and forwarded to the referral or sponsoring agency. The client shall be notified of the results of the staffing.

(3) A qualified developmental disabilities professional of the area program shall certify the eligibility of each client for the ADVP service.

A qualified developmental disabilities professional of NRBH shall certify the eligibility of each client for the ADVP service.

27G - SECTION .5600 - SUPERVISED LIVING FOR INDIVIDUALS OF ALL DISABILITY GROUPS

.5601 SCOPE

(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.

(b) A supervised living facility shall be licensed if the facility serves either:

- (1) one or more minor clients; or*
- (2) two or more adult clients.*

Minor and adult clients shall not reside in the same facility.

Samuel C. Evans, Jr. Group Home is a licensed facility. See Attachment 19 for Equal Housing Opportunity Rights and Responsibilities.

(c) Each supervised living facility shall be licensed to serve a specific population as designated below:

- (1) "A" – NA*
- (2) "B" – NA*
- (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;*
Samuel C. Evans, Jr. Group Home is a "C" licensed facility.
- (4) "D" – NA*
- (5) "E" – NA*
- (6) "F" – NA*

.5602 STAFF

(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.

(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. A minimum of one staff will be present at all times except when a client's treatment or habilitation plan documents that a client is capable of

remaining in the home or community without supervision. See Client Rights **Attachment 1** for ACGH “Independence Certification”.

(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: – NA

(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: – NA

.5603 OPERATIONS

(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.

Samuel C. Evans, Jr. Group Home is currently licensed to serve five clients.

(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. Samuel C. Evans, Jr. Group Home is supervised by the ACGH QP.

(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. Family and/or legally responsible person is an integral part of the client’s plan of care. Participation in all aspects of the client’s care is strongly encouraged. At a minimum the client’s legally responsible person will participate in the annual plan of care, sign the plan and receive a copy.

(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. Program activities are an integral part of each client’s plan of care. Weekly activities are the norm with a wide variety of opportunities available throughout the year such as a bi-annual beach trip, shopping, amusement parks and zoos, dinner and movies, bowling, Alleghany Wellness Center, local music and entertainment shows, church, and many others.

.5604 REQUIREMENTS FOR STATE/COUNTY SPECIAL ASSISTANCE RECIPIENTS

The following applies to facilities under Rule .5601 in Subparagraph (c)(1), (3) and (6) of this Section that admit clients who participate in the Special Assistance Program administered by the Division of Social Services:

(1) the facility shall be in compliance with the rules of this Subchapter prior to admitting Special Assistance Program recipients and receiving payment through the Special Assistance Program;

(2) forms required by the Secretary pursuant to these Rules which have been signed by a qualified professional shall be filed in the client's record and renewed annually; and

(3) the facility shall submit a signed DSS-1464 (Civil Rights Compliance Form) upon request and comply with the legal requirements as set forth in the Civil Rights Act of 1964.

ACGH will comply with the specifications of this rule.

CONFIDENTIALITY RULES

The Confidentiality Policy and Procedure Manual is located in a separate binder.

CLIENT RIGHTS

The Client Rights Policy and Procedure Manual is in a separate binder.

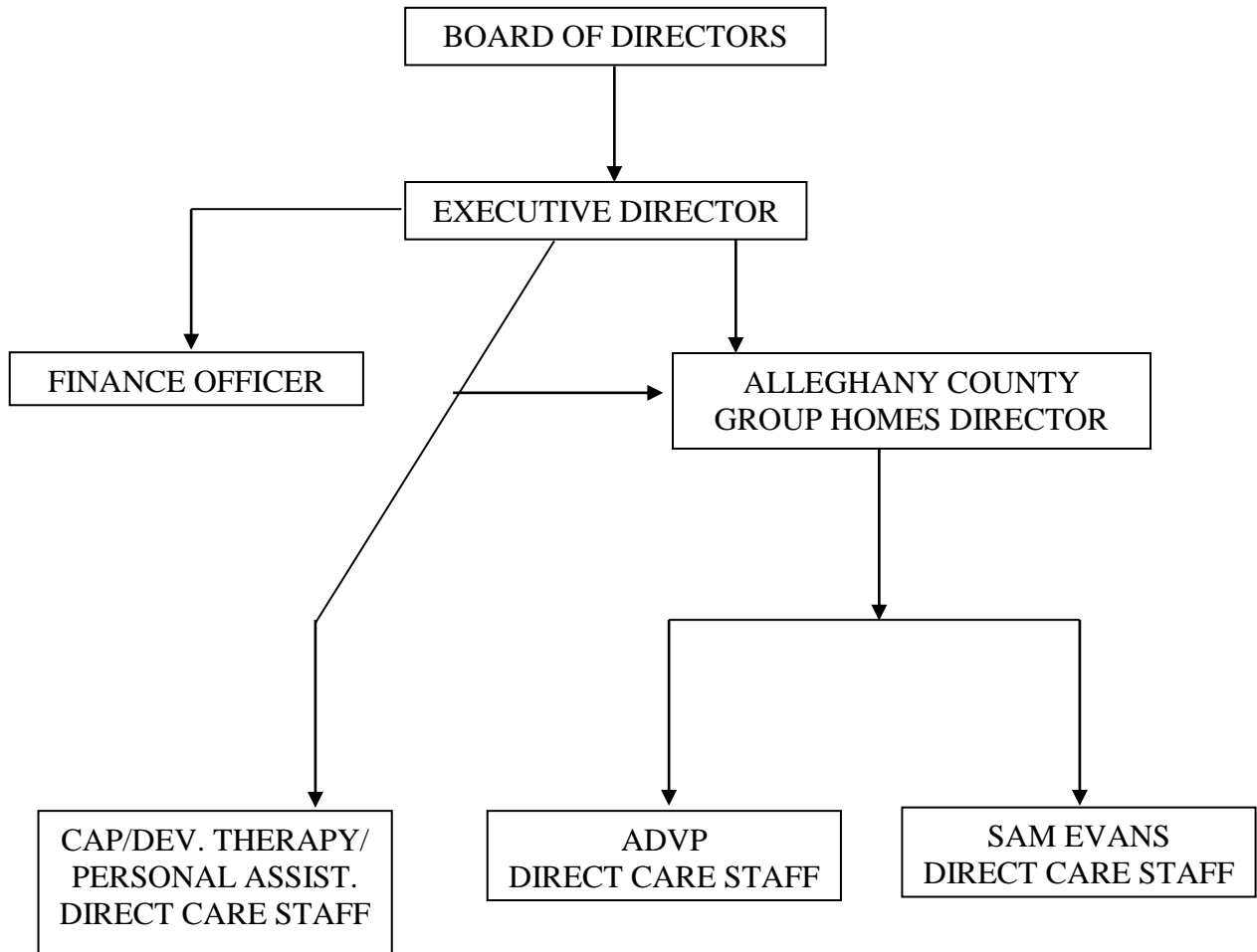
ATTACHMENT 1

Alleghany County Group Homes, Inc. BOARD OF DIRECTORS

Mr. Duane Davis	Chairman
Ms. Janice Linker	Vice Chairman
Ms. Debbie Kovachich	Secretary
Ms. Charity Gambill	Treasurer
Mr. Clarence Crouse	
Mr. Bryan Edwards	
Ms. Debbie Bare	

ATTACHMENT 2

ORGANIZATIONAL CHART



ATTACHMENT 3

TRANSPORTATION POLICIES AND PROCEDURES

The following documents will be on all ACGH vehicles:

1. A copy of this transportation policy
2. Motor vehicle registration
3. Motor vehicle insurance information
4. Current Medical Emergency Data Sheet for anyone transported
5. A current and valid driver's license for the vehicle operator

The following is a list of emergency phone numbers:

Emergency:	911
24 Hr. Towing:	372-2627
Hospital:	372-5511
Administrative office:	372-5671
Director	336-372-5053
Exec. Dir. – Home:	336-372-4588

All ACGH vehicles, will contain the following emergency equipment:

1. A properly stocked first aid kit and first aid instruction booklet.
2. A fire extinguisher
3. An operable flashlight
4. Blankets
5. Emergency flares

Adverse Weather procedures: ACGH has delegated responsibility for go, no go decisions during adverse weather to the van driver. If hazardous driving conditions exist:

1. Do not drive
2. Call the ACGH Director or Executive Director
3. Call the other drivers and advise them of your decision

In case of an accident:

1. Follow all state laws
2. Do not move vehicle
3. If vehicle is upright and safe, all passengers and driver will remain inside
4. If circumstances require, evacuation will be supervised and controlled by the driver
5. **DO NOT MOVE** an injured passenger unless a life threatening condition (fire) exists
5. If the vehicle is evacuated, keep all clients together and move to a safe area well off the roadway
6. Call 911 and ask for police/highway patrol and an ambulance
7. Administer first aid if required
8. Notify the Director/Executive Director

9. Fill out an incident/accident form

Authorized drivers: ACGH vehicles will only be driven by authorized drivers. A list of authorized drivers is kept in the Executive Director's office.

Authorized use of ACGH vehicles:

1. To and from ADVP
2. Client appointments such as Doctor, Dentist, therapists and counselors
3. Client recreational events
4. Client personal care transportation such as hair cuts, shopping and appointments
5. Any event in direct support of a client
6. Any event or meeting in support of company business
7. Any event authorized in writing by the Executive Director

Unauthorized use of ACGH vehicles:

1. Personal use
2. Any person or agency not associated with ACGH
3. Minors except for ADVP clients over the age of 16
4. If in doubt, ask for approval from the Executive Director
5. **HITCHHIKERS**

Rules for safe operation of vehicles:

1. Each seat will be equipped with a seat belt.
2. All passengers will wear a seat belt while the vehicle is in motion.
3. The driver will not move the vehicle until all passengers are seated and seat belts fastened.
4. Passengers will not engage in any activity that would be a distraction to the driver.
5. The driver will stop the vehicle as soon as possible if there is any distraction from passengers. The vehicle will not be moved until the distraction is resolved.

Rules for unruly passengers:

1. Stop the vehicle as expeditiously as possible consistent with safety.
2. Turn off the ignition and put the keys in pocket.
3. Make one attempt to gain control over the client causing the disruption.

4. Call for assistance from other ACGH staff.
5. If other ACGH staff are unavailable or the situation is more urgent, call 911.
6. If necessary for the safety of other passengers, evacuate the vehicle.
7. Do not move the vehicle until the situation is resolved. Safe operation of the vehicle and the safety of all passengers is paramount.

Drug and Alcohol Testing: ACGH conducts alcohol and drug testing if employees show symptoms of impairment and after all accidents. A copy of this policy is located in the Director's and Executive Director's offices.

ATTACHMENT 4

TRAINING AND CONTINUING EDUCATION

The training program is implemented and monitored by the Executive Director. A list of required training can be found on the following two pages. Required training is scheduled by the Executive Director and assisted, as required, by the Directors of each program.

Training status: An employee is designated as on "training status" until all required training is completed. A trainee is closely supervised and is only allowed to perform tasks for which the required training has been completed unless monitored by a qualified employee.

Training currency: Currency is tracked using a spreadsheet which is updated monthly by the Executive Director and posted in the administrative offices. Any employee whose training becomes non-current is not allowed to perform that task until the required training is completed.

Required training: A checklist of required training is on the following two pages. Training is documented with the required signatures and is kept in the Executive Director's office in each individual's training folder.

ON THE JOB TRAINING CHECKLIST
SAM EVANS

EMPLOYEE NAME: _____	<u>INITIALS</u>	<u>DATE</u>
1. CLIENT BOOK PREVIEW (READ & INITIAL)	_____	_____
2. HABILITATION PLAN REVIEW	_____	_____
3. CLIENT PROGRAMS	_____	_____
4. CLIENT RIGHTS REVIEW (CLIENT SPECIFIC)	_____	_____
5. SAFETY (FACILITY SPECIFIC)	_____	_____
6. SCHEDULE	_____	_____
7. GROCERIES	_____	_____
8. HOUSEKEEPING RESPONSIBILITIES	_____	_____
9. LOU MANUAL	_____	_____
10. NIGHTLY CENSUS	_____	_____
11. DRUG INVENTORY	_____	_____
12. INTRODUCTION TO FAMILY/ GUARDIANS	_____	_____
13. VAN LOG AND MAINTENANCE	_____	_____

- 14. STAFF NOTES _____
- 15. LOU MONTHLY INSPECTION CHECKLIST _____

ON THE JOB TRAINING CHECKLIST
CAP/DEVELOPMENTAL THERAPY

EMPLOYEE NAME: _____ INITIALS DATE

- 1. CORE COMPETENCIES _____
- 2. HABILITATION PLAN REVIEW _____
- 3. CLIENT PROGRAMS _____
- 4. SCHEDULE _____
- 5. INTRODUCTION TO CLIENT/FAMILY _____
- 6. DOCUMENTATION REQUIREMENTS _____

ATTACHMENT 5



CLIENT HANDBOOK



INTRODUCTION

This manual was developed to keep clients, their families and friends informed about the program. We hope that you will read it so that everyone has a better understanding of what takes place in the Adult Developmental Vocational Program (ADVP).

The program will initially provide basic services including Adult Basic Education, community living skills, transportation, evaluation, counseling, referral services and recreation programs. Staff members will also work closely with individual clients to set goals which will help develop skills to increase their ability to function independently. Gradually clients will be phased into work activities which will provide the opportunity for clients to develop vocational skills and appropriate work habits. Incorporation of the client into the work activities component will result in the clients being paid for their participation in the program. We operate five days a week, 8:00 a.m. until 3:30 p.m.. We are closed on the following holidays: New Years Day, Martin Luther King Day, Easter Monday, Memorial Day, Independence Day, Labor Day, Thanksgiving – two days, Veterans Day. Normally we close during Christmas week.

We appreciate the involvement of client's families and friends in the program and hope that if anyone has suggestions for this manual that they will share them with us.

ADMISSION PROCEDURES

Individuals who are interested in enrolling in ADVP should come by the center and fill out an application form. Applicants are responsible for getting a physical examination from their physician. The center will make arrangements for a psychological evaluation and a social history. After information is collected, Smoky Mountain Care Manager or ADVP Director shall determine if the applicant is appropriate for ADVP services. If approval is given, the applicant will be screened through the Admissions Committee for final approval to enroll. Acceptance into the program is based on available space and whether or not the client would benefit from the program.

EQUAL OPPORTUNITY

Alleghany County Group Homes, Inc. – ADVP operates without limitation by reason of race, religion, color, sex, creed, national origin, age, sexual orientation, socioeconomic status or non-job related disability. ACGH offers the same services to all clients regardless of type of sponsorship. Everyone shall have equal opportunity to use the same equipment where appropriate. Safety and health standards apply uniformly. Client and management meetings shall be held periodically as needed to discuss matters of mutual concern. This program complies with all federal laws concerning equal rights and equal pay.

CRITERIA FOR REFERRAL

Clients will be referred to less restrictive programs when all goals have been met and they have a reasonable opportunity to meet the standards of the new program. ADVP will also refer a client at the request of the client, guardian or family member.

The ADVP Director will have contact names and working relationships with sheltered workshops and other service agencies in the area so that the referral process can take place.

THE PURPOSE AND OBJECTIVES OF ADVP

1. To provide vocational training and therapeutic activities.
2. To provide an opportunity for personal enrichment.
3. To assist with community inclusion.
4. To provide an opportunity for leisure time activities.
5. To enhance personal and social skills.
6. To develop pre-vocational skills such as manual dexterity, attention to tasks, care of tools and materials and acceptance of supervision.
7. To develop community living skills such as mobility, personal safety, shopping, eating in public, communication, self-care and self-direction.

ACTIVITIES AND SERVICES OF ADVP

- | | |
|--------------------------|-------------------|
| 1. Work activity | 6. Evaluation |
| 2. Adult Basic Education | 7. Counseling |
| 3. Recreation | 8. Transportation |
| 4. Personal Hygiene | 9. Referral |
| 5. Community Integration | |

RULES FOR APPROPRIATE BEHAVIOR IN ADVP

The following rules deal with the various activities which take place daily at ADVP. We have tried to be specific without having too many rules. Most importantly, we expect clients to respect the rights of others and to participate in all phases of the program to the limit of their ability. We also expect clients to act in a manner which provides a safe working environment for themselves and others. Specific rules are listed below.

I. Work Area

- A. Report to our activity on time.
- B. Come to ADVP clean and wearing appropriate clothes.

- C. Stay at your assigned task and do not interfere with other clients.
- D. No use of tobacco during work periods or inside the building.
- E. Follow supervisor's directions.
- F. Do not leave the area without permission from your supervisor.
- G. Ask permission to use the telephone.
- H. Report all accidents, injuries and illnesses to your supervisor.
- I. Do not run inside of building.
- J. Keep all hallways, doorways and exits clean and unobstructed.
- K. Only operate tools for which you have been trained.
- L. Observe all safety rules and wear protective clothing as required.
- M. No use or possession of weapons, knives, alcohol, or drugs.

II. Lunch

- A. Eat in the dining room unless permission is granted to eat outside.
- B. Eat only the food on your tray and finish your lunch within the allotted 45 minute lunch period.
- C. Return your tray to the cleanup window.

III. Breaks

- A. Smoke only in designated areas.
- B. Do not leave ADVP grounds without permission.
- C. Take the opportunity to use the restroom.

IV. Bathrooms

- A. Leave the restroom as clean as you found it. Flush the toilet and urinal after use, put paper towels in the trash cans (**not down the toilet**) and do not leave water running in the sink.
- B. Do not put trash or rubbish in the commode.
- C. Limit your bathroom time to 3 minutes if possible.
- D. Wash your hands before leaving.

V. Van

- A. Always remain in your seat when the vehicle is moving with your seat belt fastened.
- B. Keep doors closed and locked.
- C. Stay seated until the van comes to a complete stop.
- D. Do not eat or drink on the van.
- E. Do not distract the driver in any way.
- F. Check traffic in both directions before entering or leaving the van.
- G. Be ready when the van arrives. The van will only wait 4 minutes.

VI. Classroom

- A. Report to the classroom on time.
- B. No loud talking.
- C. Follow directions and behave appropriately.

VIII. Community

- A. Walk only on sidewalks or proper side of road shoulder.
- B. Check for traffic before crossing streets.
- C. Cross only at intersections.
- D. Obey all traffic signals.

IX. Socialization

It is expected that all persons attending ADVP will act and perform in a respectful and mature manner. All “girl friend/boy friend” relationships will be put on hold until the appropriate social setting. ADVP is a workplace and behavior should be appropriate for the workplace. No touching (handshakes are allowed), kissing, holding hands or other actions of a sexual nature are allowed. We encourage interaction between clients as long as these actions are sociably acceptable for the workplace.

FAMILY INVOLVEMENT

We welcome family involvement and strongly recommend that you be as involved with your family member's plan of care as time permits. Please bring any suggestions or concerns to ADVP staff. We respond immediately to suggestions for improvement and new ideas. We recognize that family members are a rich source of information and can make significant contributions to help the client reach his/her goals.

We welcome visitors to ADVP. Please enter at the front door and check in with reception. A staff member will escort you into the work area. All of our clients are protected by strict confidentiality guidelines. Please do not discuss ADVP affairs, especially those dealing with clients, with anyone outside of ADVP staff. If you would like to be a frequent visitor, we will provide you with confidentiality training and ask you to sign an agreement .

GOAL PLANS

We hope that family and guardians will be involved with the teaching aspects of our program. On a regular basis we select specific goals for each client to work toward and welcome your input.

TRANSPORTATION POLICY

We operate a van for transportation to and from ADVP and Alleghany in motion (AIM) also assist with transportation. We hope to be able to continue this service even though transportation costs continue to rise. A set of policies have been developed for transportation and we hope you will cooperate with them so that the van can continue to operate. We hope that clients, families and staff will cooperate with the following rules:

Morning Pick-Up

1. Be ready when the van arrives. We will wait a maximum of 4 minutes.
2. Call the van driver or AIM by 6:00 a.m., or the evening prior, if you do not intend to ride the van.
3. Listen to the radio for cancellations due to bad weather.

On the Vehicles

1. For safety, all clients must wear their seat belt and remain seated while the vehicle is in motion.
2. No drinking or eating on the van.
3. Behave in a mature and adult manner. Do not distract the driver.
4. Disruptive or unsafe clients will not be transported.

DISASTER DRILLS

Monthly disaster drills are conducted to ensure that ADVP can be evacuated in a safe and timely manner. The fire alarm is a loud buzzer accompanied by flashing strobe lights. Alternatively, a fire alarm may be initiated by anyone by yelling “fire, fire, fire”. All staff and clients will respond immediately to ADVP fire drills. You will also practice other disaster drills like a tornado drill in which everyone will go into a center room of the building for protection.

CLIENT MEETINGS

ADVP holds a weekly client meeting where several subjects may be covered. Suggested topics include refresher training on work rules and other subjects of general interest. One safety and one client’s right topic will be covered in depth. This is also the forum for clients to bring up areas of general concern or make suggestions for the improvement of operations. Often, clients take this opportunity to suggest future recreational outings.

GRIEVANCES

Grievances, or any complaint, should be brought to the attention of staff. If you are not satisfied with the resolution of the grievance, you have the right to bring it to the attention of the following people until the grievance is resolved to your satisfaction:

1. All clients/guardians may request a meeting with the ACGH Director, QP or Executive Director at any time the complaint will be

put into writing and the administration will give a written response to the client/guardian within 5 working days.

2. If the grievance is unresolved at this level, the client may request to meet with their Smoky Mt. care manager to help resolve the problem. Clients without a Smoky Mt. care manager may request a meeting with a Smoky Mt. representative. Smoky Mt. Center will follow their procedures and will give a written response within 5 days.

3. If the grievance is still unresolved, request a meeting with the HRC at the next scheduled HRC and the committee will review the matter at that meeting and will give a written response to the grievance within 5 days.

4. If the grievance is still unresolved, request a meeting with the ACGH Board of Directors and the Board will review the grievance at the next scheduled meeting and will respond in writing within 5 days.

5. If the grievance is still unresolved, contact the SMC client rights representative who will follow SMC provider grievance procedures and provide a response in writing according to SMC written requirements.

6. The decision of the SMC HRC exhausts the appeal.

7. Legal advice is available from:

Legal Services of the Blue Ridge at 171 Grand Blvd., Boone, NC 28607

Phone: 704-264-5640; or

Disability Rights North Carolina toll free Phone: 877-235-4210; or

The Governor's Advocacy Council, 800-821-6922

Any ACGH staff person will help you with this process. There will be **no retaliation for making a complaint.**

CONFIDENTIALITY

ACGH will protect your confidentiality while enrolled in this program and will not release any confidential information about you without your consent. However disclosure may be made of pertinent information without your expressed consent in accordance with G.S. 122C-52 through 122C-56.

Access to a client record by the client or the client's legally responsible person shall be strictly controlled and a clinical staff member will be present in order to protect and explain the record. Client's have the right to see their record and access shall only be denied if the team feels that the information provided could cause harm or would not be in the client's best interest. The

Program Director, the QP and the Executive Director will meet to determine whether access will be granted or denied. The client or legally responsible person must request access in writing and give a reason for the request. The clinical staff member will document the review in the client record.

If the request is denied for any reason, that reason must be documented in the record and reported to the client. As an alternative, the client may request that the information be sent to a physician or psychologist of the client's choice.

YOUR RIGHTS

You have a right to dignity, privacy, humane care and freedom from physical punishment, abuse, neglect and exploitation.

You have a right to live as normally as possible while receiving care and treatment at this facility.

You have a right to receive care, services, and treatment based on a plan written especially for you. Your plan must be implemented within 30 days of your admission and it should help you to regain or increase your capabilities.

You have the right to express choice on composition of your service delivery team. Reasonable accommodations will be made if possible.

Once you agree to your plan, you will be informed of the benefits or risk involved in the services you will receive.

While you are receiving services at this facility, you have a right to be free from unnecessary or excessive medication of any kind. You have a right not to have medication used as punishment for discipline or for the convenience of staff.

You cannot be treated with electroshock therapy, experimental drugs or procedures, or be given surgery (unless it is emergency surgery), without your written permission.

If you have asked to receive services you always have a right to agree to or refuse any specific treatment. The only time you can be treated without your consent is:

In an emergency;

If your treatment has been ordered by the court, when more than one professional agrees that you need that specific treatment in order to improve or prevent harm; or

If you are under 18 years old, your parents can give permission even if you do not.

Physical restraints or seclusion may not be used, unless it is necessary to prevent danger or if we determine, based on very strict rules, that is necessary for your care.

The fact that you are receiving services, or any other information about your care is confidential. You have a right to see the information in your own record, unless more than one professional determines that it would be harmful for you to have it.

In general, under state and federal laws, no one can share information with others about the services you receive. These same laws, however, require us to share information with others under the following conditions:

Your next of kin may be informed that you are a client, if it is in your best interest; and if you are under 18, your parents may be informed about your care when it is in your best interest and not considered to be harmful; and with your permission, your next of kin, or a family member with a legitimate concern in your service, or another person who you name may be given other information about your care;

Or with any other person if you give us specific permission;

Or if you have or if we assign a client advocate to work in your behalf, the advocate may review your record;

Or if we are ordered by a court to release your record;

Or if our attorney needs to see your file because of a lawsuit, a commitment proceeding, or guardianship proceeding;

Or if we transfer your care to another public agency;

Or if you are a committed client and we need to share information about you in order to manage your care;

Or if you become imprisoned we may share your file with prison officials;

Or if there is an emergency, with another professional who is treating you;

Or with a physician or other professional who referred you to our facility; or that if we believe you are a danger to yourself or to others, or if we believe that you are likely to commit a crime, we may share information with law enforcement.

You have a right to:

- a) Proper adult supervision and guidance;
- b) Opportunities for normal maturation;
- c) Receive special education and vocational training
- d) Appropriate structure, supervision and control consistency rights, and
- e) Treatment apart and separate from adult clients, where practical and no conflict with your needs.

However, your visitors may not interfere with your school or treatment program.

When you turn 18, upon your request, you may have any court record related to your being here destroyed.

We are required to develop a discharge plan for you and give you a copy before you leave.

SPECIAL NOTE: If your primary need is related to the fact that you have mental retardation and you are receiving residential care you have an additional right. If we need to discharge you for any reason and you still need residential care, you will be assisted in finding another place to live. This right exists unless you have broken the rules you agreed to follow or if we offer another place that can meet your needs and you refuse that offer.

If you admitted yourself to this facility and you later wish to leave, in most cases you may do so. However, if we think that it would be dangerous for you to leave; we can keep you here for 72 hours even if you object, while we ask the court to commit you. If you are under 18 years old and the court agreed to your admission, you can only leave with our permission, or with agreement of the court.

If you leave without permission, we may notify law enforcement officers to pick you up and return you to the facility.

The fact that you are receiving services does not take away from you your basic civil rights. ONLY if a court has declared you incompetent, can these rights be limited. You still *HAVE THE RIGHT TO buy or sell property, to sign a contract, to register and vote, to sue others who have wronged you, and to marry or get a divorce.*

????QUESTIONS???

--The person responsible for your care, such as your therapist, teacher, aide, group home manager; or the facility director.

If you think that you have been denied your rights, you may want to contact...

--A family member;

--A client advocate or attorney; or The Client or Human Rights Committee, if there is one.

If at any time, or for any reason, you feel that you cannot get the information or help you need from people in our facility...

REMEMBER, you can get help about your rights from:

The Governor's Advocacy Council for Persons with Disabilities
1-800-821-6922

Disability Rights North Carolina
1-877-235-4210

Each of these toll-free numbers is open Monday through Friday, between 8:00 am and 5:00 PM

Other complaint lines:

*Smoky Mountain Center – Customer Service Center
1-877-757-5726*

*Department of Health and Human Services
Complaint Unit*

1-919-855-4500

CLIENT WORK and PAY

Clients are paid at hour or piece rates depending on their level of performance. ADVP performs time studies on all clients twice yearly. These studies are unannounced. At this time the performance of the client is measured against a time established by measuring a non-disabled staff. This client time is used to adjust wages based on each individuals capabilities. Clients are informed at the completion of each time study and advised of the wage they will be earning. Clients who perform below expectations are normally re-tested prior to the six month expiration date. The client pay period ends on Friday and pay day is the following Wednesday, every two weeks.

ADVP strives to provide the best working conditions possible. If you have a suggestion to make things better, please let staff know.

Social Security. Your wages at ADVP may affect your social security benefits if you earn too much money. We will provide you with additional information if necessary. If you are injured on the job, let staff know at once so that we can get you the proper medical attention.

Restrictive interventions: ADVP staff are trained and certified in restrictive interventions. If your conduct becomes a hazard to yourself, others or if your conduct results in destruction to company property, a trained staff person may resort to a restrictive intervention to insure your own safety, the safety of others or prevent the destruction of property.

I have read and understood the above policy:

Signature

Date

I have read and understood Alleghany County Group Homes, Inc. – ADVP Hand Book and the rules and regulations pertaining to my placement in this program. I have also been informed of my rights as a client and understand the privileges I am guaranteed through these rights.

Client Signature

Date

Witness Signature

Date

**ALLEGHANY COUNTY GROUP HOMES, INC
CONSENTS AND CONDITIONS FOR PROGRAM PARTICITATION**

Consumer Name: _____ **Record #:** _____

_____ **Consent for (treatment) assessment, program development and implementation by Alleghany County Group Homes, Inc.**

_____ **Consent for emergency dental and/or medical treatment**

_____ **Consent for personal photographs to be taken and used within Alleghany County Group Homes, Inc. programs, but not for outside use. Additional authorization (s) will be required for any outside photograph as needed.**

_____ **Consent for participation in field trips and recreational outings.**

This consent is in effect for the duration of treatment with Alleghany County Group Homes, Inc. You will have the right to revoke any Consent at any time by giving us written notice of your 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 your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

Date: _____

Consumer Signature: _____

Parent/Guardian Signature: _____

Witness Signature: _____

RESIDENT'S ADMISSIONS MANUAL

AGREEMENT BETWEEN RESIDENT &
ALLEGHANY COUNTY GROUP HOMES, INC.

1. Responsibility of the Group Home.

Alleghany County Group Homes, Inc., will provide necessary training for the resident to meet individual needs. These individual needs will be determined and addressed by the supervisor and group home manager. 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 consultant) and the resident to develop skills so that self-sufficiency of each resident will be obtained. Staff, or other advocates, will be available to aid the resident with money handling budgeting, purchasing, dressing, personal hygiene, and transportation, etc. The staff will share in the responsibilities of housekeeping chores and meal planning and preparation. Residents will be assisted in acquiring medical, dental and emergency care. The staff will see that proper medication is given when necessary following a doctor's prescription. Alleghany County Group Homes Inc., encourages visits from relatives and/or friends and encourages visits to families' or friends' places of residence. Alleghany County Group Homes Inc. will provide space for each resident to have personal belongings. A neat, clean homelike environment will be maintained at all times.

2. Responsibilities of Resident

The resident agrees to abide by the rules and regulations set forth in this agreement by Alleghany County Group Homes, Inc. Sparta, North Carolina, and pay the established cost of care by the 10th of each month. Rates for public assistance recipients will be the maximum amount allowed and approved in budgets set forth by the North Carolina General assembly. Responsible parties will be notified of any changes and this will be reflected with a signed amendment to the contract.

The resident agrees to follow house rules and attend house meetings when notified. Residents agree to abide by the home's decision in these meetings.

The resident agrees to give authorization to the Alleghany County Group Homes, Inc. to obtain necessary emergency, medical and dental care if and when authorization is required by the physician.

The resident understands that he/she will share in the responsibilities of the daily chores of the home, to the best of his ability, including caring for himself/herself hygienically, planning and preparing meals, housekeeping chores, and vehicle care. Other than for specific goal plans, any work done beyond general chores must be compensated.

The resident agrees to respect the rights and property of all other persons in the home, neighborhood, ADVP program.

The resident understands that he/she has the same rights as those of a normal home environment and that he/she may participate in leisure time activities, including stay in his room, go out of doors, visit family/friends, have family/friends visit the home and receive mail. The resident has all the rights of any citizen of the United States of America.

The resident agrees to cooperate with staff and peers, in the home, ADVP program, in all vehicles and public places and during visits with family/friends.

The resident understands that the home will provide transportation for all areas of the treatment plan, social events, medical care and visitations up to four times a year.

The resident is responsible for assuming all costs of medication including co-payment for prescription drugs, ambulance fees, hospital and physician fees not covered by Medicaid.

The resident is responsible for prompt payment of all toll and long distance calls made by the resident.

The resident is responsible for any damages to the facility or furnishings other than every-day wear.

HOUSE RULES

1. Residents are expected to behave in a responsible manner. Any serious breach of these rules will require the resident to find alternate placement.
2. Residents will alert the supervisor-in-charge if they plan to leave the facility and will provide the information required in the sign-out log.

3. If applicable, the guardian's approval is required for a client to leave the group home. A release must be signed by the responsible party relieving the home of all responsibility and liability during the time the resident is away from the home.
4. Guns, knives, or any other dangerous instrument, will not be permitted in the facility.
5. In order to contribute to their independence and a home-like atmosphere, residents will be asked to perform assigned household duties under staff supervision as part of independent living skills training.
6. Residents are encouraged to make their bed and straighten their room before leaving for the day's activities.
7. Personal items will be kept in each resident's own room.
8. Residents will wear street clothes when outside of their bedroom, except in the evening after their shower when a bathrobe is appropriate.
9. Naps will be taken in the bedroom only.
10. Quiet time begins at 10:00 p.m.. Residents will respect the rights of others to have a quiet and undisturbed nights rest.
11. Visiting hours are not restricted but should be limited to reasonable hours. Other residents rights will be respected.
12. Residents will have access to the phone. They will respect the rights of others to have access to the phone and not abuse this privilege.
13. Residents will enter another person's room only if invited and will immediately leave if asked to do so.
14. Residents who smoke must use the designated area for safety reasons. The home reserves the right to confiscate all smoking materials if the resident fails to abide by basic safety rules.
15. Residents who use snuff or chewing tobacco must use the designated smoking area. Waste will be disposed of appropriately.

16. All food items will be stored in the kitchen and pantry area. Residents are encouraged to consume food items in the kitchen/dining area for sanitation reasons.
17. Medication is given at required times under staff supervision unless permission is given by a physician for self-administration.
18. Physically aggressive behavior will not be tolerated.
19. The use of obscene, abusive or verbally aggressive language will not be tolerated.
20. The touching of another without his/her consent for the purpose of harassment, abuse, or exploitation will not be tolerated.
21. Residents will be asked to go to their room voluntarily for inappropriate behavior. If they refuse, and their behavior infringes on the rights of others or puts any resident or staff in danger, law enforcement will be called.
22. The ownership of this facility recognizes the right of residents to establish and sustain intimate relationships. However, the owners do not allow sexual activity by residents within this facility.

GRIEVANCE PROCEDURES

Grievances, or any complaint, should be brought to the attention of staff. If you are not satisfied with the resolution of the grievance, you have the right to bring it to the attention of the following people until the grievance is resolved to your satisfaction:

1. All clients/guardians may request a meeting with the ACGH Director, QP or Executive Director at any time the complaint will be put into writing and the administration will give a written response to the client/guardian within 5 working days.
2. If the grievance is unresolved at this level, the client may request to meet with their SMC care manager to help resolve the problem. Clients without a SMC caremanager may request a meeting with a SMC representative. SMC will follow their procedures and will give a written response within 5 days.

3. If the grievance is still unresolved, request a meeting with the HRC at the next scheduled HRC and the committee will review the matter at that meeting and will give a written response to the grievance within 5 days.
4. If the grievance is still unresolved, request a meeting with the ACGH Board of Directors and the Board will review the grievance at the next scheduled meeting and will respond in writing within 5 days.
5. If the grievance is still unresolved, contact the SMC client rights representative who will follow SMC provider grievance procedures and provide a response in writing according to SMC written requirements.
6. The decision of the SMC HRC exhausts the appeal.
7. Legal advice is available from:
 - Legal Services of the Blue Ridge at 171 Grand Blvd., Boone, NC 28607
Phone: 704-264-5640; or
 - Disability Rights North Carolina toll free Phone: 877-235-4210; or
 - The Governor's Advocacy Council, 800-821-6922

Any ACGH staff person will help you with this process. There will be no retaliation for making a complaint.

CIVIL RIGHTS STATEMENT

Alleghany County Group Homes, Inc. has signed DSS 1464 indicating its willingness to comply with title VI of Civil Rights Act. If Alleghany County Group Homes, Inc. fails to comply, it will not be able to provide care to residents receiving State-County Special Assistance nor will it receive supportive services from Alleghany County Department of Social Services.

RESIDENT'S PERSONAL FUNDS POLICY

Personal funds will be managed according to capabilities and desires of each resident.

1. Personal funds may be managed by the resident, or the group home manager.
2. Personal funds given to the resident after payment of cost of care will be dated and signed by resident.
3. Personal funds will be managed by the Group Home Manager (by the following procedure) if no other means are provided.

- a. written authorization of resident or responsible party
- b. at every transaction (receipts and disbursements) records will be initialed by resident.
- c. all or any portion of funds will be available to the resident, legal guardian or his/her payee anytime during business hours as long as the resident is residing in the home.
- d. if the resident gives notification to leave the home, the personal funds balance will be refunded as soon as possible after disbursements are made and will not exceed 30 days from discharge.

SUPERVISION AGREEMENT

Alleghany County Group Homes, Inc. is not a locked door facility. Although precautions have been taken to help insure that residents do not wander from the home, the possibility still remains that someone may leave without notice.

It is impossible for us to supervise every resident every moment of the day, therefore, we cannot be held responsible for someone leaving the building without supervision.

CHANGES IN A RESIDENT'S CONDITION

The director must discuss with the resident and his/her responsible person the need to make other plans for the resident:

1. The resident's physician indicates the resident's condition has improved to the point he/she can live outside the group home with family and/or community support service.
2. The resident's physician certifies that the resident needs professional nursing care or intermediate care under medical supervision. In this situation plans for other placement must be made as soon as possible and SMC care manager will assist the director and/or resident in making arrangements for necessary care when requested.
3. The resident's condition is such that he/she is a danger to himself/herself or others.
4. The resident makes a written request or otherwise indicates an earnest desire to transfer to another licensed home.

5. The resident's adjustment to the home is not satisfactory as determined by the director and the resident and/or his/her responsible person. This is only to be done after a reasonable period of time during which the resident was provided help with adjusting to the home. It is the responsibility of the director to contact the resident's responsible person and the SMC care manager and request assistance to help resident in adjusting. This request is to be made at the first indication of an adjustment problem.

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 resident's needs.

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

1. The appropriateness of resident placement is evaluated by the director 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 trial placement evaluation.
4. Trial placement can be extended. If the resident is unable to adjust to the home or if it is deemed that the home is an inappropriate placement, the resident can be terminated at any time. Parent/guardian or referral agency will be responsible for providing alternate placement for a terminated trial resident. The following procedure will be followed:

- A. Concerned agencies and designated individuals will receive a synopsis of the trial placement evaluation.
- B. Concerned agencies and designated individuals will take appropriated action to remove resident from the home.
- C. The Executive Director is to be kept informed as to new placement efforts.
- D. See discharge policy.

DISCHARGE/TRANSFER POLICIES

The Alleghany County Group Homes, Inc. 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. A post-institutional plan which clearly defines these needs will be entered into each resident's permanent record and reviewed annually.

1. When a discharge or transfer is initiated by the home, the director must provide the resident, his/her family or responsible person and the New River Developmental Disabilities Program with thirty days (30 days) prior written notification citing the reason(s) for the discharge or transfer.
2. When a discharge or transfer is initiated by the resident or his/her responsible person, the resident or his/her responsible person is to provide the director with a thirty day (30 days) prior written notification.
3. Exceptions to the required two weeks notice cited in Paragraphs 1 and 2 above are cases where a delay in discharge or transfer would jeopardize the health or safety, of the resident or others in the home.
4. The discharge of any resident is prohibited if it would violate any provision of these standards or the Group Home resident's Bill of rights (General Statue 131D-21).
5. The date of the discharge or transfer and the reason(s) for the move are to be recorded and placed on file.
6. At the request of the resident or his/her responsible person, copies of all pertinent information are to be given to the director of the licensed home to which the resident moves. The Form FL-2 is to be provided unless:
 - a. It was completed more than 90 days before the move; or
 - b. There has been an apparent change in the mental or physical condition of the resident.

CLOSING OF HOME

1. If the home plans to terminate its license, the director must provide at least 30 days prior notice to the Smoky Mountain Center and the residents' or their responsible persons.
2. If the home's license is revoked or terminated unexpectedly, the Smoky Mountain Center will notify the residents and provide them with assistance in moving to licensed homes or other living arrangements.

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 911 and inform them an ambulance is needed. Do not disturb the body or surroundings.
2. Immediately, following call for ambulance, the supervisor-in-charge will call the executive director.
3. As soon as a physician verbally confirms death, the next of kin or correspondent will be notified by the executive director.
4. The Supervisor-in-charge completes any necessary forms within 48 hours of death.
5. Notify the Risk Management Nurse with incident report.
6. If autopsy is indicated by examining physician, Director contacts next of kin, Alleghany County Group Homes, Inc. Executive Director, Case Manager and any other persons 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 Executive Director will contact the Department of Social Services, and Adult Home Specialist concerning the death of the resident.

SETTLEMENT OF COST OF CARE

1. If the resident, after being notified by the Home of its intent to discharge him/her in accordance with Section VI, E.1 (page 51) moves out of the home before two weeks (14 days) has elapsed, he/she is to receive a refund equal to the cost of care for the remainder of the month minus any nights spent in the home during the two week period. The refund is to be made within 14 days from the date of notice for a resident who is returning to an independent living arrangement in the community and within 30 days from the date of notice for all other circumstances where a resident is leaving the home.
2. If the resident, after giving notice to the home of his/her intent to leave in accordance with procedures, moves out of the home before two weeks (14 days) has elapsed, the resident owes the director an amount equal to the cost of care for the 14 days. If the two weeks' period for a resident receiving State-County Special Assistance extends into another month and

the resident leaves early, the former home is entitled to require payment before the new home receives any payment. The resident shall be refunded the remainder of any advance payment following settlement of the cost of care. The refund is to be made within 14 days from the date of notice for a resident who is returning to an independent living arrangement in the community and within 30 days notice for all other circumstances where a resident is leaving the home.

3. When there is an exception to the notice procedure to protect the health or safety of the resident or other in the home, the resident is only required to pay for any nights spent in the home. A refund is to be made within 14 days from the date of notice for a resident who is returning to an independent living arrangement in the community and within 30 days from the date of notice for all other circumstances where a resident is leaving the home.

4. When a resident leaves the home with the intent of returning, the following apply:

a. The home may reserve the resident's bed for a set number of days with a written agreement of the director and resident or his/her responsible person and thereby expect payment for the days the bed is held.

b. If, after leaving the home, the resident decides not to return, the resident, or someone acting on his/her behalf, may be required by the home to provide a two week; (14 days) written notice that he/she is not returning.

c. Requirement of two weeks notice, if it is applied by the home, must be a part of the written agreement and explained by the director to the resident and/or his/her family or responsible person before signing.

d. On notice by the resident or someone acting on his/her behalf that he/she will not be returning to the facility, the director must refund the remainder of any advance payment to the resident or his/her responsible person, minus an amount equal to the cost of care for the two weeks (14 days) covered by the agreement. The refund is to be made within 14 days from the date of notice for a resident who is returning to an independent living arrangement in the community and within 30 days from the date of notice for all other circumstances where a resident is leaving the home.

5. If a resident dies, the administrator of his/her estate or the Clerk of Superior Court; when no administrator for his/her estate has been

appointed, must be given a refund equal to the cost of care for the month minus any nights spent in the home during the month. This is to be done within 30 days after the resident's death.

DOMICILIARY HOME BILL OF RIGHTS

Every resident shall have the following rights:

1. To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy.
2. To receive care and services which are adequate, appropriate, and in compliance with relevant Federal and State Laws, rules and regulations.
3. To receive upon admission and during his or her stay a written statement of the services provided by the facility and the charges for these services.
4. To be free of mental and physical abuse, neglect, and exploitation.
5. Except in emergencies, to be free from chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical need.
6. To have his or her personal and medical records kept confidential and not disclosed without the written consent of the individual or guardian, which consent shall specify to whom disclosure may be made except as required by applicable state or federal statute or regulation or by third party contract.
7. To receive a reasonable response to his or her requests from the facility director and staff.
8. To associate and communicate privately and without restriction with people and groups of his or her own choice on his/her own or their initiative at any reasonable hour.
9. To have access at any reasonable hour to a telephone where he or she may speak privately.
10. To send and receive mail promptly and unopened, unless the resident requests that someone open and read mail, and to have access at his or her expense to writing instruments, stationary, and postage.
11. 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 of coercion or retaliation.
12. To have and use his or her own possessions where reasonable and have an accessible lockable space provided for security of personal valuables. This space shall be accessible only to the residents and the director, or supervisor-in-charge.

13. To manage his or her personal needs funds unless such authority has been delegated to the facility, the resident has the right to examine the account at any time.

14. To be notified when the facility is issued a provisional license by North Carolina Department of Human Resources and the basis on which the provisional license was issued. The resident's responsible family member or guardian shall also be notified.

15. 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.

16. To receive upon admission to the facility a copy of this section. The Ombudsman is an advocate for those who live in long term care facilities. For more information on resident rights, call Regional Long Term Care Ombudsman.

1. A program handbook delineating rules and responsibilities client are expected to follow and accept. See ACGH Policy and Procedure Manual, Attachment 5.
2. Client's right to contact the Disability Rights of North Carolina.
3. The rules that the client is expected to follow and possible penalties for violation of the rules.
4. The client's protections regarding disclosure of information, as delineated in G.S. 122C-52 through G.S. 122C-56.
5. The procedure for obtaining a copy of the client's treatment/habilitation plan.
6. Fee assessment and collection practices.
7. Grievance procedures including the individual to contact and a description of the assistance the client will be provided.
8. Suspension and expulsion from service policy.
9. Search and seizure policy.
10. Emergency use of restrictive interventions and permissible client right restrictions.
11. Notification of assistance with inventory of clothing/personal possessions.

Restrictive interventions: Sam Evans staff are trained and certified in restrictive interventions. If your conduct becomes a hazard to yourself, others or if your conduct results in destruction to company property, a trained staff person may resort to a restrictive intervention to insure your own safety, the safety of others or prevent the destruction of property.

I have read and understood the above policy:

Signature

Date

**ALLEGHANY COUNTY GROUP HOMES, INC
CONSENTS AND CONDITIONS FOR PROGRAM PARTICITATION**

Consumer Name:_____ **Record #:**_____

_____ **Consent for (treatment) assessment, program development and implementation by Alleghany County Group Homes, Inc.**

_____ **Consent for emergency dental and/or medical treatment**

_____ **Consent for personal photographs to be taken and used within Alleghany County Group Homes, Inc. programs, but not for outside use. Additional authorization (s) will be required for any outside photograph as needed.**

_____ **Consent for participation in field trips and recreational outings.**

This consent is in effect for the duration of treatment with Alleghany County Group Homes, Inc. You will have the right to revoke any Consent at any time by giving us written notice of your 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 your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

Date: _____

Consumer Signature: _____

Parent/Guardian Signature: _____

Witness Signature: _____

**AUTHORIZATION AND AGREEMENT BETWEEN
RESIDENT AND ALLEGHANY COUNTY GROUP HOMES, INC.**

I, _____ (print name) on this date _____, authorize and agree to the following by my initials and signature:

1. _____ Cost of care for Samuel C. Evans, Jr. Group Home is \$_____ per month. Special Assistance allocated for personal care is a minimum of \$_____ per month. You will never receive less than this amount even if your bill for cost of care is not fully paid. If your Social Security, SA or SSI income is decreased by your ADVP income or some other source of income, you will be asked pay any additional amount owed for cost of care from your personal account.
2. _____ Personal fund account. I request that Alleghany County Group Homes, Inc. manage my personal fund account for me in accordance with established procedures.
I decline and wish to manage my own personal funds: signature _____.
3. _____ Mail policy. I authorize Alleghany County Group Homes, Inc. staff to open mail which contains financial, medical or any type of information that is deemed essential for my financial responsibilities or medical necessities.
4. _____ I agree not to leave the facility without permission of staff. If I do so, I release Alleghany County Group Homes, Inc., or any employee from any and all liability.

5. _____ Emergency/medical/dental treatment. I authorize Alleghany County Group Homes, Inc. to obtain medical and dental treatment as necessary during my stay at Sam Evans Group Home.

6. _____ Client rights/confidentiality. My rights and protections have been explained and I have been provided written material on these subjects in the Admissions Manual. I understand that disclosure may be made of pertinent information without my expressed consent in accordance with G.S. 122C-52 through 122C-56

7. _____ Purchasing and administering medication. I authorize Alleghany County Group Homes, Inc. to purchase and administer medication while I am a resident.

8. _____ Receipt of Admissions Manual and agreement to conditions. I have received the Admissions Manual and agree to abide by all the rules, provisions and conditions contained in the Manual. Alleghany County Group Homes, Inc. agrees to protect my rights as a human being and my confidentiality. I understand that willful refusal not to agree to the terms within this Manual may result in the termination of services.

I, (signature of client) _____, on this date _____ have indicated with my initials that I agree to the terms above.

Guardians signature if applicable: _____ Date: _____

Alleghany County Group Homes, Inc.: _____ Date: _____

ATTACHMENT 6 - APPLICATION FOR ADMISSION

PERSONAL DATA

Name: _____ Record Number: _____

Preferred Name: _____ Date of application: _____

Address: _____ Phone: _____

Legal county of residence: _____

Age: _____ Date of Birth: _____ Social Security #: _____

Medicaid #: _____ Medicare #: _____

Sex: _____ Race: _____ Citizenship: _____ Language Spoken: _____

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

Identifying Marks: _____

Religious Preference: _____

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

Case Manager's Name: _____ Phone: _____

Parents: Father's name: _____

Address: _____

Place of Birth: _____ Phone: _____

Place of Employment: _____ Phone: _____

Mother's Maiden name: _____

Address: _____

Place of Birth: _____ Phone: _____

Place of Employment: _____ Phone: _____

Marital status of parents: _____

<u>Name of Siblings</u>	<u>Address</u>	<u>Phone</u>
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____

REFERRAL DATA

Referral Source: _____

Reason for Referral: _____

Name of Person Completing Application: _____

GUARDIANSHIP AND NEXT OF KIN INFORMATION

Type of guardianship: _____

County of Adjudication: _____ Date of Adjudication: _____

Guardian: _____ Phone: _____

Address: _____

Next of Kin: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Address: _____

CURRENT DIAGNOSES, DSM IV (Attach supporting documentation)

	<u>NAME</u>	<u>NUMBER</u>
AXIS I	Diagnosis 1 _____	_____
	Diagnosis 2 _____	_____
AXIS II	Diagnosis 1 _____	_____
	Diagnosis 2 _____	_____
AXIS III	Diagnosis 1 _____	_____
	Diagnosis 2 _____	_____

Date of Last Psychological Evaluation: _____ Measured IQ: _____

Examiner: _____

Date of Adaptive Behavior Evaluation: _____ Results: _____

Examiner: _____

Level of Adaptive Functioning: ___Mild ___Moderate ___Severe ___Profound

INDEPENDENT LIVING ABILITIES (Check appropriate box)

Ambulation: ___ Walks well ___ With difficulty ___ Uses walker

___ Does not walk ___ Uses a wheel chair

___ Crutches ___ Cannot sit alone

Dressing Skills: ___ Completely dresses self

___ Completely dresses self with verbal prompt

___ Pulls off or puts on clothes with help ___ Must be dressed

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

Bathing Skills: ___ Prefers shower ___ Prefers tub ___ Bathes independently

___ Needs supervision to bathe ___ Needs partial assistance bathing

___ Needs total assistance bathing

Leisure Skills: ___ Entertains self ___ Needs direction from others

Likes: ___ TV ___ Music ___ Outdoor activities

___ Privacy ___ Groups ___ Sports ___ Swimming

___ Movies ___ Games ___ Other _____

SUPERVISION NEEDED

- INDOORS: ___ Needs constant supervision ___ Can be left alone for up to ___
OUTDOORS: ___ Needs constant supervision ___ Can be left alone for up to ___

SOCIALIZATION

- ___ Initiates interaction with people ___ Initiates interaction selectively
___ Interacts with peers, staff, family ___ Interacts with staff, but not peers and family
___ Never, or rarely interacts with staff, peers and family

EXPRESSIVE COMMUNICATION

- ___ Uses expressive language clearly ___ Initiates expressive language with difficulty
___ Uses expressive communication and gestures
___ Uses augmentative communication ___ Uses selective vocalizations
___ Uses ASL ___ Uses signs

RECEPTIVE COMMUNICATION

- ___ Comprehends most spoken language ___ Comprehends little spoken language
___ Responds to gestures or auditory cues ___ attends to gestures or auditory cues
___ Does not respond to communication stimuli

SKILLS CHECKLIST (If the applicant can perform these skills, fill in the corresponding block with a “Y” for yes and a “S” for sometimes. Leave blank for no.)

SELF-HELP SKILLS

- ___ Uses knife and fork correctly ___ Table manners are acceptable ___ Can serve his/her own food
___ Can pour liquids ___ Can use knife for peeling/slicing ___ Can order own food
___ Combs hair when needed ___ Keeps self clean ___ Shaves self
___ Shampoos hair ___ Cuts own nails without prompt ___ Chooses appropriate clothes
___ Changes underwear without prompt ___ Washes and dries clothing
___ Crosses road safely by self ___ Visits neighbors by self ___ Can care for minor injuries
___ Knows how to obtain help in emergency ___ Washes dishes, sets table
___ Cleans own room, picks up after self ___ Can cook simple things

COMMUNICATION SKILLS

- ___ Tells others about daily events ___ Can answer telephone ___ Can make own calls
___ Can tell time correctly ___ Can keep appointments ___ Can write own name
___ Can write a letter ___ Reads simple instructions ___ Reads menu, TV guide
___ Reads newspaper ___ Reads aloud to others ___ Can read price tag

SOCIAL SKILLS

- ___ Can read shopping list ___ Chooses own clothing ___ Can ask directions
___ Is friendly to others ___ Understands and uses stamps ___ Has good manners
___ Does not steal ___ Knocks on doors before entry ___ Shares possessions

- Works cooperatively in group Washes dishes, sets table Follows directions willingly
 Can cook simple things Saves money consciously

COMMUNITY SKILLS

- Can give change for a quarter Can give change for dollar Can use vending machine
 Can make small purchases Can buy things on shopping list Knows own clothing size
 Purchases own clothing Asks sales clerk for items Saves money consciously
 Can ask for directions Uses public transportation unassisted

VOCATIONAL SKILLS

- Has good manual dexterity Works cooperatively in group Follows directions well
 Enjoys outdoor activities Has hobbies Is on time by self
 Works with little supervision Works well with few mistakes Corrects own mistakes
 Realizes mistakes, stops work Work done requires checking Is usually on time
 Usually on time with reminders Careful with tools and equipment Careful when reminded
 Works well with little supervision, but makes no effort to find a new job
 Is able to carry out several simple tasks with persistence and without constant supervision

COMMENTS: _____

PHYSICAL HEALTH CARE NEEDS

Allergies: _____

EMERGENCY CONTACT: _____ Phone: _____

Preferred Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Is Applicant currently under care of a doctor for any condition? Yes No

List illnesses or medical conditions: _____

Seizures: Yes No Type and Frequency _____

List any medications for seizures: _____

Diet or regimen required? Yes No (Attach Copy)

MEDICATIONS

Name	Dosage & Frequency	Route	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SELF-ADMINISTRATION OF MEDICATIONS

Can take medications in right doses at right time Can prepare and take medications with reminder
 Can take medications; needs help with preparation Unable to take medication without assistance

Person responsible for assisting: _____ Relationship: _____

VISION, HEARING AND DENTAL

Normal Sees with difficulty Sees with great difficulty
 Legally blind Totally blind Undetermined

Corrective Lenses? Yes No Glasses Contact lenses

Hearing: Normal Mild hearing loss Moderate Hearing loss
 Severe hearing loss Profound hearing loss Undetermined

Hearing aid? Yes No

Dental Appliances? Yes No

COMMENTS: _____

BEHAVIORAL CONCERNS

Does the applicant display any behaviors which are of concern to others? Yes No

If so, please rate all that apply as follows: 1 = severe; 2 = moderate; 3 = mild

<input type="checkbox"/> Self stimulation	<input type="checkbox"/> Assaultive behavior	<input type="checkbox"/> Stealing
<input type="checkbox"/> Loses temper easily	<input type="checkbox"/> Verbal threats	<input type="checkbox"/> Self-injurious behavior
<input type="checkbox"/> Property damage	<input type="checkbox"/> Excessive crying/screaming	<input type="checkbox"/> Non-compliance
<input type="checkbox"/> Lying	<input type="checkbox"/> Purposeful running away	<input type="checkbox"/> Aimless wandering away
<input type="checkbox"/> Inappropriate sexual behavior	<input type="checkbox"/> Eating of in-edibles	_____
_____	_____	_____

Please explain all above rated behaviors: _____

Any other information that you would like us to know: _____

Signature of Applicant: _____ Date: _____

Signature of Guardian or
Legally Responsible Person: _____ Date: _____

Alleghany County Group Homes, Inc.: _____ Date: _____

ATTACHMENT 7

**ALLEGHANY COUNTY GROUP HOMES, Inc.
EMERGENCY ACTION PLAN**

FACILITY: ADVP, 133 Health Services Road

1. Escape route procedures and route assignments. All employees will exit at the nearest available exit. This Emergency Action Plan and a diagram of building with outside evacuation and inside sheltering routes and assembly area will be posted in each room. Active the alarm system if needed or move employees to a safe area in the building. Call 911 if needed.
2. Critical plant operations before evacuation. None. All employees will exit the building immediately at the sound of the fire alarm. Do not delay exit from the building to shut down equipment.
3. Accounting of all employees after evacuation. The staff person which takes the morning attendance for clients is responsible for accounting for all clients. This staff will take the attendance sheet with him/her to the assembly area and do a role call to ensure that all clients have safely exited the building. The other staff on duty will check client restrooms prior to exit. The assembly area is at the rear of the building, 75 feet south of the exit. If necessary evacuate building to the nearest shelter which is located at Alleghany Memorial Hospital or temporarily to another building owned or operated by New River Cottage, Inc or Alleghany County Group Home, Inc.

4. Rescue and medical duties of specific employees. Upon determination that someone is not at the assembly area, two staff will check the building. One staff will remain at the nearest emergency exit while the other staff checks the interior. They will stay in verbal contact at all times. Staff will not penetrate smoke while searching the building. The supervisor in charge will meet emergency response personnel and communicate to them the number of missing people in the building including those attempting search and rescue. All staff current in first aid will administer to injured employees until relieved by emergency response personnel.

5. Natural Disaster. Staff should listen to the radio. Keep clients away from the windows. If necessary evacuate building to the nearest shelter which is located at Alleghany Memorial Hospital (only community shelter) or another safe company building.

6. Bomb Threats. Use the bomb threats and explosive procedures check sheet (see attached).

7. Utility Failures Staff should assess the situation to determine if there is any threat to consumers and take appropriate action. If alternative location is needed use another company site or the community shelter at Alleghany Memorial Hospital. If it is safe and a long term outage is expected ADVP services should be closes and the consumer transported back to their homes.

8. Medical Emergency Staff will use the protocol as outlined in the ACGH policy for medical and medication emergencies.

9. Other Emergency Staff will assess each situation individually and determine the best way to maintain a safe environment for all. If evacuation is needed the employees will either move to an area that is determined to be safe in the building, move outside the building to a safe area, or move to another shelter either a company site or community shelter site. Emergency services will be activated in all emergency situations and staff will follow the guidance of the emergency service personnel.

10. ADVP Closings In bad weather the ADVP program or the transportation services of Alleghany in Motion may choice to close for the day. If local schools are on a delay schedule then ADVP will go on time, unless an announcement is made on the local radio station. If local schools are closed, ADVP will be on a two hour delay at a minimum. A decision will be made within the two hours to determine the safe of opening the program. When the program is closed an announce will be made on the local radio station.

11. Emergency Equipment Each site will maintain a stocked and up to date emergency equipment. Each company vehicle will be maintained with a minimum of a fire extinguisher, first aid kit, working flash light, emergency procedures, emergency phone numbers, and emergency flair or sign. Each facility will maintain an emergency kit according to the service needs of each facility. ADVP will maintain a working flash lights, batteries, and a battery operated radio.

12. Reporting emergencies. Notify the on call supervisor of any actual emergency. If not able to locate by phone or beeper, notify the Executive Director. The on call supervisor will notify the Executive Director immediately after receiving a report of an emergency. Emergency phone numbers are located with each vehicle and each site. Contact list for facility repairs are at each site location.

ALLEGHANY COUNTY GROUP HOMES, Inc.
EMERGENCY ACTION PLAN

FACILITY: Sam Evans Group Home, 53 Estep Street

1. Escape route procedures and route assignments. All employees will exit at the nearest available exit. This Emergency Action Plan and a diagram of building with outside evacuation and inside sheltering routes and assembly area will be posted in each room.
2. Critical plant operations before evacuation. None. All employees will exit the building immediately at the sound of the fire alarm. Do not delay exit from the building to shut down equipment.
3. Accounting of all employees after evacuation. The group home manager will account for all clients.
4. Rescue and medical duties of specific employees. Upon determination that someone is not at the assembly area, the group home manager will search the building. Do not penetrate smoke. The group home manager will meet emergency response personnel and communicate to them that all people are accounted for or the likely location of any missing clients. The group home manager will administer to injured clients until relieved by emergency response personnel. If necessary evacuate building to the nearest shelter which is located at Alleghany Memorial Hospital or temporarily to another building owned or operated by New River Cottage, Inc or Alleghany County Group Home, Inc.

5. Natural Disaster. Staff should listen to the radio. Keep clients away from the windows. If necessary evacuate building to the nearest shelter which is located at Alleghany Memorial Hospital.
6. Reporting emergencies. Notify the on call supervisor of any actual emergency. If not able to locate by phone or beeper, notify the Executive Director. The on call supervisor will notify the Executive Director immediately after receiving a report of an emergency.
7. Bomb Threats. Use the bomb threats and explosive procedures check sheet (see attached).
8. Utility Failures. Staff should assess the situation to determine if there is any threat to consumers and take appropriate action. If alternative location is needed use another company site or the community shelter at Alleghany Memorial Hospital.
9. Medical Emergency. Staff will use the protocol as outlined in the ACGH policy for medical and medication emergencies.
10. Other Emergency. Staff will assess each situation individually and determine the best way to maintain a safe environment for all. If evacuation is needed the employees will either move to an area that is determined to be safe in the building, move outside the building to a safe area, or move to another shelter either a company site or community shelter site. Emergency services will be activated in all emergency situations and staff will follow the guidance of the emergency service personnel.
11. Emergency Equipment. Each site will maintain a stocked and up to date emergency equipment. Each company vehicle will be maintained with a minimum of a fire extinguisher, first aid kit, working flash light, emergency procedures, emergency phone numbers, and emergency flair or sign. Each facility will maintain an emergency kit according to the service needs of each facility. Sam Evans will maintain an emergency food supply, working flash lights, batteries, battery operated radio, and a cell phone. If medicine or medical care is needed this will be obtained through the local hospital.

ATTACHMENT 8

FIRE & DISASTER DRILL LOG

(to be completed quarterly on each shift)

Date of Drill: _____ Shift: _____

Start Time: _____ End Time: _____ Elapsed Time: _____

Circle type of drill: fire natural disaster – earthquake tornado **OR**
Circle type of drill staff performed: bomb threat utility failure violent behavior
medical other emergency _____

Persons Participating/Response/Response Time: (or attached checked attendance sheet)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Summary of Drill (including problems encountered): _____

Smoke alarms tested: ____ Yes ____ No Trouble areas?: _____

NRC & Sam Evans Group Home:

- Smoke detector and /or manual pull station tested and in working order (specify which sight tested and location): _____
- Fire extinguishers have seals intact and are charged: _____
- Back battery checked and is working: _____
- Next Fire Drill date: _____

1st shift 6am-2pm

2nd shift 2pm-10pm

3rd shift 10pm-6am

Drill is to be completed by the staff scheduled for the shift; no extra staff are to assist with the drill.

(Continued on Back of Form)

Plan of correction (objective, target date of completion and responsible party): **example:**

1. Ellen will have patriot system repair pull station within 48 hours/by 6/13/09.

Completion date: 6/12/09.

Weather Conditions at the time of the Fire Drill: _____

Staff Signature

Date

Fire Drill Method Used:

Verbal: _____

Pull Station: _____

Director's Signature

Date

ATTACHMENT 9

MEDICATION DISPOSAL FORM

Client Name: _____ Client Number: _____

Disposal of **Non-controlled substances** shall be done in a manner, which ensures that the medication does not fall into the wrong hands. Acceptable methods include transfer to the local pharmacy for destruction, flushing in a sewer system, or incineration.

ALL controlled substances should be returned to the pharmacy from which they were purchased.

Date of Disposal	Name of Medication	Strength of Medication	Quantity being Disposed	Method of Disposal	Pharmacy Name	Prescription Number	Signature of Person Disposing	Signature of Person Witnessing Disposal

ATTACHMENT 10

MEDICATION REVIEW for
PSYCHOTROPIC MEDICATIONS

CLIENT NAME: _____ #: _____

CLIENT DIAGNOSIS: _____

ALLERGIES: _____

CURRENT MEDICATION(S) & DOSAGE

1. _____
2. _____
3. _____
4. _____
5. _____

TARGET BEHAVIOR(S) / CONDITIONS

1. _____
2. _____
3. _____
4. _____
5. _____

CHANGES IN MEDICATIONS(S) DURING PREVIOUS SIX MONTHS:

CONTINUE: YES ____ NO ____ IF NO _____

PLAN FOR UPCOMING SIX MONTHS:

MD/Pharmacist: _____ DATE: _____

ATTACHMENT 11

Critical Incident Reporting

Incident and Death Response System

ATTACHMENT 12

Independence Certification

ATTACHMENT 13 -
ALLEGHANY COUNTY GROUP HOMES, INC.
CONSENT FOR USE AND DISCLOSURE
OF HEALTH INFORMATION

Name of Client giving consent: _____

Client #: _____

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your 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 of your protected health information that we maintain.

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your 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 your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

I _____, have had full opportunity to read and consider the contents of this consent form and your Privacy Practices. I understand that by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations for a period of one year from the date of my signature.

Signature of Client or Legal
Representative

Date: _____

If this consent is signed by a representative of the client, complete the following:

Representative's Name: _____

Relationship to Client: _____

ATTACHMENT - 14

Alleghany County Group Homes, Inc. CODE OF ETHICS

Preamble: This Alleghany County Group Homes, Inc. (ACGH) Code of Ethics has been developed to provide staff members with guidelines of professional conduct and standards of ethical practice. All licensed clinicians involved in the care of consumers are expected to adhere to their respective professional code of ethics.

Our Mission: To provide for the adult developmentally disabled persons needs of our community, emphasizing excellent service, safety and efficiency.

Our aim is to conduct ourselves professionally, with truth, accuracy, fairness and accountability to the public we serve.

2. ACGH shall provide services with respect for human dignity, and recognize the uniqueness and vulnerability of each person served. This includes the protection of rights to each individual to privacy, confidentiality, self-determination, autonomy, freedom of choice, and insuring that each individual is to be treated with respect.
3. ACGH shall accord respect to the diversity in all consumers' cultural, religious and social backgrounds. Staff will refrain from influencing consumers in the areas of the staffs' own personal beliefs and preferences.
4. ACGH will not allow any conduct that puts a consumer at significant risk of physical or psychological harm. Such conduct may result in disciplinary action up to and including dismissal.
5. ACGH marketing and public relations efforts shall adhere to the highest standards of truth and accuracy. The program shall avoid extravagant claims and comparisons and shall never intentionally use false or misleading information. Inaccurate information shall be corrected immediately if it is inadvertently disseminated.
6. ACGH will employ competent staff members and provide opportunities for advancement and improvement where appropriate.
7. ACGH staff shall safeguard the confidences and privileged information entrusted to them in the course of performing their duties.
8. ACGH shall not engage in any hiring practices that do not comply with all applicable laws, rules and regulations of an equal opportunity employer.
9. ACGH will not compromise quality of care and will make all care decisions based on identified patient health care needs.
10. ACGH will uphold honesty, integrity and fairness in its relationships with other providers, educational institutions, payers, and other customers doing business with ACGH.
11. ACGH will not discriminate against any consumer or applicant for services based on race, gender, color, creed, national origin, age, sexual orientation, or disability.
12. ACGH in the course of all services will protect human rights for each consumer as defined by State and Federal law.

13. ACGH staff will maintain a professional relationships between staff and consumers at all times. Each staff person must recognize the vulnerability of consumers and recognize his or her ability to influence or coerce them positively or negatively. Therefore it is necessary to maintain objectivity and neutrality between staff and consumers.
14. ACGH will under no circumstance allow staff to use alcoholic beverages, drugs, engage in gambling or view pornographic materials with consumers. These actions apply to both work and after work hours and on or off of agency premises.

Interpretation: These guidelines and practices recognize that there exists a body of federal, state and local laws and regulations, which govern the behavior, and practice of all healthcare institutions. It should be noted that this code in no way supersedes those.

Failure of ACGH to include a specific issue does not necessarily mean it is permissible.

Failure in upholding this code of ethics and Alleghany County Group Homes, Inc. rules of conduct are addressed in the Personnel Handbook dated 7/2008 in various sections including section 701 “Employee Conduct and Work Rules”, and section 716 “Progressive Discipline”.

Last Revised: 16 Sept. 2008

ATTACHMENT 15

Abbreviation List

ABBREVIATIONS LEGEND

āā	of equal parts
AADM	Adult on-set Diabetes Mellitus
AAMD	American Association of Mental Deficiency
a.c.	before meals
ACGH	Allegany County Group Homes, Inc
ad lib	freely as desired
ADA	American Diabetic Association
ADVP	Adult Developmental Vocational Program
A.M.	morning
AU	Both Ears
AV	atrioventricular
BC/BS	Blue Cross Blue Shield
B.D.	brain damage
b.i.d.	twice daily
BM	bowel movement
BS	bowel sounds
B. S.	Bachelor of Science Degree
c	with
C°	degrees Celsius
c.c.	cubic centimeter
cc	chief complaint
CA	chronological age
cap	capsule
CAP	Community Alternative Program
CBC	complete blood count
Δ	Change
CNS	central nervous system
conc.	Concentrate
CP	cerebral palsy
CTRS	Certified Therapeutic Recreation Specialist
C/O	complaint of
C & S	culture and sensitivity
↓	Decrease
db	decibel
d.c. or d/c	discontinue
D&I	dry and intact
diff	differential blood count
DNR	Do Not Resuscitate

DOB	date of birth
Dr.	doctor
d.r.i.	differential reinforcement of incompatible behaviors
d.r.o.	differential reinforcement of other behaviors
DSD	dry sterile dressing
D. T.	Developmental Therapy
Dx	diagnosis
EEG	electroencephalogram
EKG	electrocardiogram
ENT	ears, nose and throat
ER	emergency room
F°	degrees Fahrenheit
F/U	follow-up
fl. dr.	fluid dram
FUO	fever of unknown origin
GI	gastrointestinal
Gm, G, gm	gram
gr	grain
gtt	drop
H.	hypodermically
HCT	hematocrit
Hgb	hemoglobin
H O	water
h.s.	hours of sleep
H/O	history of
Hab. Tech.	Habilitation Technician
IBW	ideal body weight
↑	increase
ICF/MR	Intermediate Care Facility for the Mentally Retarded
ID	interdisciplinary team
IEP	individual education plan
IPP	individual program plan
IQ	intelligence quotient
I&O	intake and output
I.M.	intramuscularly
I.V.	intravenously
KG	kilogram
l	liter
lb.	pound
LLL	left lower lobe
LLQ	left lower quadrant
L/M	liter per minute
LMP	last menstrual period
LPN	licensed practical nurse
lt	left

LUL	left upper lobe
m.	minimum
MA	mental age
mcg	microgram
mg	milligram
ml	milliliter
mm	meter
M.O.M.	milk of magnesia
M.S.	Master of Science Degree
NARC	National Association of Retarded Citizens
NIDDM	non insulin dependent diabetes mellitus
Noct.	In the night
NRC	New River Cottage, Inc
NS	normal saline
O2	Oxygen.
o.d.	right eye
o.h.	every hour
o.s.	left eye
o.u.	both eyes
OT	occupational therapist
p.c.	after meals
PCP	Person Center Plan
POP	plan of corrections
P. M.	evening
p.o.	by mouth
p.r. or (r)	rectally
prn	as needed
P.T.	physical therapist
Per	through or by
PERRL	pupils equal round , reactive to light
PMS, pms	premenstrual syndrome
Post op.	post operative
q.d.	daily
q.h.	hourly
Q2h	every two hours
q.i.d.	four times a day
q.m	every morning
q.n.	every night
q.o.d.	every other day
QDDP	Qualified Developmental Disability Professional
QMRP	Qualified Mental Retardation Professional
QP	Qualified Professional
qt.	quart
R	response
R.D.	registered dietician
R.N.	registered nurse

R.T.	recreation therapist
R/O	rule out
RBC	red blood count
REM	rapid eye movements
RLL	right lower lobe
RLQ	right lower quadrant
ROM	range of motion
rt	right
RUL	right upper lobe
RUQ	right upper quadrant
Rx.	Take of prescription
s	without
S.W.	social worker
SC	subcutaneous
sig	write on label
SNF	skilled nursing facility
Sol.	Solution
SMC	Smoky Mountain Center
ss	one half ½
stat.	at once
sub. q.	subcutaneous (under the skin)
susp.	suspension
tab	tablet
t.i.d	three times a day
TM	Teaching Manager
TO	time out
TPR	temperature, pulse, respirations
Tx.	treatment
U/A	urinalysis
URI	upper respiratory infection
UTI	urinary tract infection
VS	vital signs
WAIS	Wechsler Adult Intelligence Scale
WBC	white blood count
WNL	within normal limits
	Dram (dr.)
	Ounce (oz.)
	pint

ATTACHMENT 16

STAFF SIGNATURE LIST

Error! Not a valid link.

ATTACHMENT 17

False Claim Reporting

ATTACHMENT 18

Added 11/18/08

CAP Exit Summary Report

CAP Exit Summary Report

Name: _____ Client #: _____ Date: _____

This report is to be completed within 30 days of discharge of any CAP MR/DD consumer.

Reason for Discharge: _____

Review of Programs and Progress since admission:
Programs in progress at discharge:

Programs that were deleted during training:

Programs that were meet prior to discharge:

Referral Suggestion and Made at Discharge:

Contact / Follow-up Notes post discharge
Date: _____

Date: _____

ATTACHMENT 19

Added 3/20/12

Equal Housing Opportunity Right and Responsibility