



Monthly Program Staff Meeting - Training Record

Program: Spruce Date: 4/8/24

Trainer / Facilitator(s): Jana Schweitzer, Sandy Phillips

Begin: _____ End: _____ Training Hours: _____

SUBJECT / TOPICS: _____
Spruce PAPA Review 2024

Employees Attending:

<u>Ellen Albee</u>	_____
<u>Rich Reuse</u>	_____
<u>Cheryl Suppett</u>	_____
<u>Jana Schweitzer</u>	_____
<u>Dina Krozon</u>	_____
_____	_____
_____	_____

Employees not Attending:

Reason:

_____	_____	Excused	_____	Not Excused	_____
_____	_____	Excused	_____	Not Excused	_____
_____	_____	Excused	_____	Not Excused	_____

Print Name

Signature

Designated Coordinator / DSSC / CSSC

Posted to: Database Spreadsheet Meeting Log

Filed: Original

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**HEARTLAND HOMES INC.
PROGRAM ABUSE PREVENTION PLAN**

Spruce
13716 Ettenmoor Lane.
Park Rapids, MN 56470

03/26/2024

I. Assessment of population receiving services and how the program will reduce the potential of abuse and/or harm:

A. Age:

Heartland Homes Inc. provides residential support services to those 18 years of age and older.

B. Gender:

Heartland Homes Inc. provides support services to both men and women. The current population at Spruce is one male and three females. The one male and 3 females have 2 full bathrooms and one half bath that they all share, but use individually. House is licensed for 4 people

C. Mental functioning:

Heartland Homes Inc. provides support services to those with no cognitive impairments to those diagnosed with severe cognitive impairments.

D. Physical:

Heartland Homes Inc. provides support services to individuals with no physical limitations/illnesses to those with physical disabilities/chronic illnesses including such diagnoses as blindness, deafness and cerebral palsy within the realm of direct support staff training. Heartland Homes Inc. does not employ a certified health care professional, but utilizes local health care professionals for consultation and staff teaching.

E. Emotional health:

Heartland Homes Inc. provides support services to individuals who may have a mental health condition and are able to function in a structured community setting without exhibiting behaviors which could jeopardize their health and safety or the health and safety of others. Heartland Homes Inc. does not employ a certified mental health care professional, but utilizes local mental health services for treatment, consultation and staff training.

F. Maladaptive behavior(s):

Heartland Homes Inc. provides support services to individuals that exhibit behaviors such as wandering and excessive slowness as long as they can safely spend time in group settings (without the need for continuous one to one staff attention). Positive practice approaches are used to teach behavior modification.

G. Specialized programs to reduce the potential of abuse in the population being served:

- Heartland Homes Inc. staff have been trained in and found to be competent in assisting with activities of daily living, supporting instrumental activities of daily living, service recipient rights, first aid, identifying & minimizing sexual abuse and medication administration.

- Heartland Homes Inc. encourages and supports community integration based on the desires and interests of the individuals being served.
- Heartland Homes Inc. assists and supports in health management including transportation to medical appointments, advocating with health care professionals and promoting follow through of medical orders.
- Heartland Homes Inc. supports open communication with other service providers to promote continuity of care.
- Residents are encouraged and supported in maintaining relationships with family, friends and other interested persons. Visitation is open between the recommended hours of 10:00 am and 9:00 pm, but not limited to these hours. Other visiting hours are allowed with respect to all clients in the house.

H. Staff training to meet needs:

Heartland Homes Inc. staff are trained to meet the needs of the individuals being served through seminars, in-service trainings, monthly program staff meetings and individual study. Annual training will include, but is not limited to, that listed above and vulnerable adult training regarding prevention, documentation and reporting. Other topics are based on individual needs and diagnoses.

I. Knowledge of previous abuse issues:

Pertinent staff are made aware of knowledge of any previous abuse. This information is used for planning to minimize the risk of future incidents.

II. Assessment of physical plant and how the program will reduce the potential of abuse and/or harm:

A. Condition and design: Spruce was constructed in 2006. Purchased and remodeled by Heartland Homes in 2014. It is considered a single family dwelling with 4 (four) bedrooms, an office, 2.5 (two full and one half) bathrooms all on the main floor. Spruce has an attached garage with a company vehicle to meet the transportation needs of its residents. All living space is on one level with a full partly finished and un-finished basement containing the utilities, accessibility for weather related emergencies and indoor recreational activities. When basement is being used by residents, staff is usually accompanying the activity in the basement, but if staff is called away a voice monitor is available may be used to communicate with resident(s) in the basement. The main level of the home has shared space consisting of a laundry room, kitchen, living room and an exercise room. There is one main entrance, an entrance from the garage and 3 (three) French style patio entrances coming off a back deck. The deck is only 2 (two) feet off ground level but is equipped with a standard railing for safety. Semi-annual household safety checks are conducted to ensure proper upkeep of the home. (Review checklist for details.)

B. Areas difficult to supervise: One bedroom is down a short hallway and can be difficult to supervise. The home has an open design with bedrooms, baths and laundry connected off the central living and kitchen area. Basement at times is monitored via voice/sound monitoring system. Part of the basement that contains utilities and used for storage is kept locked and residents are not permitted to enter without staff supervision.

C. Adaptions made to reduce the potential of abuse within the physical plant: The front entrance has two steps as does the back deck area. To accommodate physical disabilities a ramp has been built in the garage to allow entry more swiftly and safely. A gate is located in front of the stairwell that leads to the basement. This is kept closed to prevent falls. A

detached storage shed is located off the side driveway and is kept locked and prevents clients from entering the shed without an accompanying staff person. A voice/sound monitoring system may be used in basement if client is utilizing the basement for periods of time without a staff also in basement. Door opening bells are attached to the four exits in the home, mainly as a help to alert staff that a door has been opened. A variance for an employee was applied for and granted for one year, the variance required the one staff non access to client funds., Funds are kept in a locked closet in locked money boxes. This practice will be in place until MDH drops the restriction.

III. Assessment of environment and how the program will reduce the potential of abuse and/or harm:

A. Location and description of neighborhood/community: Spruce is located in a residential area on the northwest outskirts of the city of Park Rapids. The home is one of seven (7) homes located off Ettenmoor Lane which a graveled loop road that enters and exits on Western Ave, a paved road. All neighborhood mail boxes are located on Western Avenue at the entrance/exit of the neighborhood. Of the seven (7) homes in the neighborhood two (2) are licensed daycares.

B. Grounds and terrain: Spruce is located on a large lot consisting of nearly 3 acres with neighbors on both sides but hundreds of feet away. There is a fenced in gardening spot in the back yard. The rear of home opens onto a patio area. The back of the home is surrounded by trees with a private hiking trail running through it. There are landscaped shrubbery areas surrounding the home. A flag pole and a 24 hour large yard light are located in the front portion of the yard.

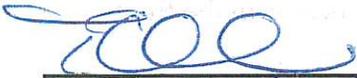
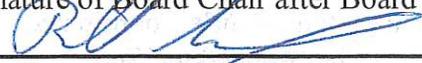
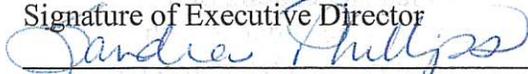
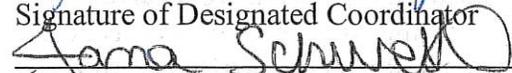
C. Internal programming to reduce the potential of abuse: Heartland Homes Inc. provides supervision, training and assistance as outlined in each resident's Coordinated Service and Support Plan, Coordinated Service and Support Plan Addendum, Self Management Assessment and Individual Abuse Prevention Plan in accordance with the company's policies and procedures. Residents and/or their legal representative receive orientation to the Rights of Persons Served and Heartland Homes Inc. Grievance Procedures. Staff will not employ, borrow money or items from, receive gifts, require assistance with personal projects, sell anything to of which staff would benefit or purchase personal items from a resident they provide services to.

D. Program's staffing pattern: Spruce has a minimum of one staff available 24 hours a day seven days a week to meet the needs of its residents. A staff person is not necessarily on site when all clients are out of the facility for vocational training. A second staff can be available and is for the most of days after vocational programming until late evening Monday through Friday and during the day into late evening on weekends. Actual shift hours are adjusted to meet the needs and plans of the persons being served as possible. Due to covid-19 pandemic staffing hours have been adjusted to meet the changing hours and availability of DAC/client working hours.

1. People receiving services and/or their legal representative will be orientated to the Program Abuse Prevention Plan within 24 hours of admission (or within 72 hours for those which a later orientation would be more beneficial).
2. The board of directors will review the Program Abuse Prevention Plan a minimum of annually.

3. A copy of the Program Abuse Prevention Plan will be posted in the staff office at Spruce, on the garage bulletin board and be made available upon request to mandated reporters, residents and legal representatives.
4. The Program Abuse Prevention Plan will include a statement of measures to be taken to minimize the risk of abuse to the people being served and when the need for additional measures is identified including referrals made when a vulnerable adult is susceptible to abuse outside the scope of the licensed services.
5. If the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the Program Abuse Prevention Plan, the Individual Abuse Prevention Plan will document this determination.
6. In addition to the Program Abuse Prevention Plan, an Individual Abuse Prevention Plan will be developed for each new resident and reviewed as part of the Program Abuse Prevention Plan. The person being served will participate in the development of their Individual Abuse Prevention Plan to the best of their ability. Both plans will be reviewed a minimum of annually by the interdisciplinary team.

**Heartland Homes Inc.
Program Abuse Prevention Plan**

	3/29/24
Signature of Board Chair after Board Review	Date
	3/27/24
Signature of Executive Director	Date
	3/27/24
Signature of Designated Coordinator	Date
	3/28/24
Signature of Direct Support Staff Coordinator	Date