Adult Foster Care (AFC) and Community Residential Setting (CRS)
Program Abuse Prevention Plan (PAPP)

License Holder Name: JEC Miller, Inc - Oakland	**AFC License Number:**
Program Address: **9312 Oakland Ave S** **Bloomington, MN 55431**	**CRS License Number:**
	Date Developed/Revised: 11/12/2021

The Human Services Licensing Act (HSLA), Minnesota Statutes 245A.65, subdivision 2, governs what is required in the adult foster care (AFC) and community residential setting (CRS) program abuse prevention plan. License holders must develop and enforce a written program abuse prevention plan in accordance with the HSLA, and the Reporting of Maltreatment of Vulnerable Adults Act (VAA), Minnesota Statutes 626.557, subdivision 14.

I. POPULATION ASSESSMENT

Describe the persons the program is planning to serve. Assess the possible risk of harm and/or abuse in each identified area.
Describe the program's plan to reduce the risk of harm and/or abuse to persons served in the assessed area.

Describe the Persons the Program Plans to Serve	Describe Any Possible Risks - if there are no risks in this area please state that there is no risk	Describe the Plan to Reduce the Risk to Persons Served by the Program
1. Age: JEC Miller, Inc serves Adults this site	There are no risks due to the age of the individuals that reside at OAKLAND	While it is not believed the age of the individuals increases their potential of being abused, staff are trained in Vulnerable Adult Reporting Policies and Procedures and the Vulnerable Adult Act and will report any known or suspected abuse. Staff provide informal training discussions about various abuse situations to help prepare the individuals for what to do and who to tell if they were abused.
2. Gender: We currently serve males	There are no risks due to the gender of the individuals at Oakland.	While it is not believed the gender of the individuals increases their potential of being abused staff are trained in Vulnerable Adult Reporting Policies and Procedures and the Vulnerable Adult Act and will report any known or suspected abuse. Staff provide informal training discussions about various abuse situations to help prepare the individuals for what to do and who to tell if they were abused.

I. POPULATION ASSESSMENT continued Describe the persons the program is planning to serve. Assess the possible risk of harm and/or abuse in each identified area. Describe the program's plan to reduce the risk of harm and/or abuse to persons served in the assessed area.		
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3. Mental Functioning: We serve individuals with a wide range of functioning ability. We serve individuals Mild to Severe functioning levels.	Due to the mild to severe range of mental functioning, the individuals have limited understanding of what abuse is, how to defend themselves and to whom to report abuse.	Staff are trained in each individual's CSSP Addendum, Supervision level and Individual Abuse Prevention Plan. Staff will follow the guidelines in the those individual plans to reduce the risk of abuse for each individual. Staff will take steps to prevent abuse and immediately intervene by getting between the individual and the abuser and asking the individual receiving services to leave the area if they are being abused. Staff provide informal training about various abuse situations to help prepare the individuals for what to do and who to tell if they were abused. Staff are trained in Vulnerable Adult Reporting Policies and Procedures and the Vulnerable Adult Act and will report any known or suspected abuse.
4. Physical & Emotional Health:	OAKLAND Residence provides supports to individuals with both physical and emotional health needs. **OAKLAND also provides supports to individual with a with range of emotional health needs such as (but not limited to): Depression, mood disorders, Personality Disorders, Eating Disorders, Schizophrenia.**	Due to the mental health needs of of the individuals in the home, there is behavioral programming in place that includes instructions for staff in how to verbally redirect the individuals when they are displaying behaviors due to their mental illness. Staff are trained in these plans. If community members are being verbally abusive, staff will ask the person to discontinue their abuse. Staff will verbally encourage the individual receiving services to go with them to a location that is away from the abuser. Staff provide informal training discussions about various abuse situations to help prepare the individuals for what to do and who to tell if they were abused. Staff are trained in Vulnerable Adult Reporting Policies and Procedures and the Vulnerable Adult Act and will report any known or suspected abuse. Due to eating disorders there are times (overnights) the house fridge will be locked. The fridge will be able to be accessed with requests. The house house is currently pursuing awake overnights, which would eliminate the need for locks on the fridge.
5. Behaviors:	OAKLAND may provide supports to individuals that require supports with Behaviors and Supporting those	Due to the mental health needs of some of the individuals in the home, there is behavioral programming in place that

	behaviors with Positive Support Strategies.	includes instructions for staff in how to verbally redirect the individuals when they are displaying behaviors due to their mental illness. Staff are trained in these plans and Positive Support strategies to help support the individuals that require assistance in this area.

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6. Need for Specialized Programs:	At times there may be individuals that require specialized programs.	If an individual required specialized programming, the IDT would discuss those needs to ensure JEC Miller, Inc was equipped to provide the level of support required
7. Specific Staff Training for Individual Needs:	All staff are trained on the requirements of 245D and the programs of the individuals supported.	These needs are identified in program plans. All Staff are trained on IAPP, and Self – Management Assessments, program goals, ISP, CSSP's, CSSP Addendums, medical equipment, and medication administration prior to working with individuals served. All staff are trained on VA Law upon hire, during orientation, and at least annually to follow. Staff receive training from a Registered Nurse on the medical needs of the individuals served.
8. Knowledge of Previous Abuse:	NA	All Staff are trained on IAPP, and Self – Management Assessments, program goals, ISP, CSSP's, CSSP Addendums, medical equipment, and medication administration prior to working with individuals served. All staff are trained on VA Law upon hire, during orientation, and at least annually to follow. Staff receive training from a Registered Nurse on the medical needs of the individuals served.

II. PHYSICAL PLANT Describe the physical plant in which the program is located. Assess the possible risk of harm and/or abuse to persons served based on the physical plant. Describe the program's plan to reduce the risk of harm and/or abuse to persons served in the assessed area.		
Describe the Physical Plant	**Describe Any Possible Risks - if there are no risks in this area please state that there is no risk**	**Describe the Plan to Reduce the Risk to Persons Served by the Program**
1. Condition and Design of the Physical Plant: Oakland is a Rambler style home with a 1st floor and a basement.	Being that the house is a 2 level home, individuals may be difficult to supervise if they are in their private rooms or staff are assisting an individual in his private room. The staff are primarily on the main floor of the house; There are 3 bedrooms upstairs, and 1 bedrooms in the basement. Individual's have a history of calling 911 if not feeling safe	Staff spend most of their time on the main level fo the home and can respond quickly if there is a need. If t an individual calls 911 without the knowledge of staff, staff will explain to 1st responders of the his history and follow recommendations.
2. Areas Difficult to Supervise:	Being that the house is a 2 level home, individuals may be difficult to supervise if they are in their	Staff spend most of their time on the main level fo the home and can respond quickly if there is a need. If the individual calls 911

	private rooms or staff are assisting an individual in his private room. The staff are primarily on the main floor of the house; There are 3 bedrooms upstairs, and 1 bedrooms in the basement. Individual's have a history of calling 911 if not feeling safe	without the knowledge of staff, staff will explain to 1st responders of the his history and follow recommendations.

III. ENVIRONMENT and COMMUNITY

Describe the physical plant in which the program is located. Assess the possible risk of harm and/or abuse to persons served based on the physical plant. Describe the program's plan to reduce the risk of harm and/or abuse to persons served in the assessed area.

Describe the Environment and Community	Describe Any Possible Risks - if there are no risks in this area please state that there is no risk	Describe the Plan to Reduce Risk to Persons Served by the Program
1. Neighborhood and Community:	Oakland is located in Bloomington. The house located in the middle of a block without sidewalk or crosswalks on all streets.t. Staff train consumers on street safety.	Some of the individuals in the home require staff in the community with them at all times. Staff will remind individuals to use crosswalks, sidewalks, and use good community safe skills. For the individuals that are able to be in the community without staff, they will be trained on street safety skills to ensure they are safe in the community.
2. Grounds and Terrain:	No Risk	

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3. Type of Internal Programming:	All four men work on outcome areas agreed upon by their IDT. The outcome areas address gaining independence	All staff are trained on the programs prior to working with the individuals.
4. Staffing Pattern:	Monday-Friday 9a-1p Monday – Friday 1p-9p Monday-Friday 4p-9p Sunday-Thursday 9p-9a Friday 9p-9p Saturday 9p-9p Saturday and Sunday 12-6p (Sleep Hours 10p-6a)	Staff are on duty during the times the individuals are home. They require asleep overnight staff and have 24 hours staff on the weekends.

Print name of License-Holder _____ Signature of License-Holder _____ Date _____

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Date(s) of plan review _____ _____ _____ _____