

MARSHALL COUNTY GROUP HOMES, INC.

Program Abuse Prevention Plan

Program:	Marshall Place
Program Address:	504 West Robert Avenue
	Warren, MN 56762
Date plan developed:	10-29-2024

EACH PROGRAM MUST ENSURE THAT:

- A. People receiving services are provided with an orientation to the program abuse prevention plan. This orientation must be within 24 hours of admission or within 72 hours for individuals who would benefit from a later orientation.
- B. The license holder's governing body or the governing body's delegated representative shall review the plan at least annually using the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review period. The governing body or the governing body's delegated representative shall revise the plan, if necessary, to reflect the review results.
- C. A copy of the program abuse prevention plan must be posted in a prominent place in the facility and be available, upon request, to mandated reporters, people receiving services, and legal representatives.
- D. 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 must document this determination.
- E. In addition to the program abuse prevention plan, an individual abuse prevention plan must be developed for each new person receiving services. A review of the individual abuse prevention plan must be done as part of the review of the program plan. The persons receiving services must participate in the development of the individual abuse prevention plan to the best of their abilities. All abuse prevention plans must be reviewed at least annually by the interdisciplinary team.

POPULATION ASSESSMENT:

- 1. Age range of persons the program plans to serve: *Recipients will be adults over the age of 18. They will be supervised 24 hours each day or as stated in their IAPP or CSSP.*
- 2. What specific measures has the program taken to minimize the risk of abuse to people as related to the age of people receiving services? *The individuals in the program are provided a 24 hour plan of care. An Individual Abuse Prevention Plan (IAPP) is written for each recipient documenting his/her vulnerability. The IAPP is updated as changes occur and annually during the recipient Expanded Interdisciplinary Team meeting. Program staff review each individual recipient's Health Care Plan as there are significant changes to health and annually at interdisciplinary team meetings. As issues related to age abuse or harm arise there would be discussion at monthly staff meeting (as appropriate) to provide training for all staff.*
- 3. Gender of persons the program plans to serve: *Currently serving three males. Due to one consumer's history, this program will serve only males.*
- 4. What specific measures has the program taken to minimize the risk of abuse to people as related to the gender of people receiving services? *Each recipient has his or her own room and are supervised in using a 24-*

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hour plan of care. Inappropriate touch is described at a level the recipient may understand. An Individual Abuse Prevention Plan (IAPP) is written for each recipient documenting his/her vulnerability. The IAPP is updated as changes occur and annually during the recipient Expanded Interdisciplinary Team meeting. Program staff review each individual recipient's Health Care Plan as there are significant changes to health and annually at interdisciplinary team meetings. As issues related to gender abuse or harm arise there would be discussed at monthly staff meeting (as appropriate) to provide training for all staff.

5. Describe the range of mental functioning of persons the program plans to serve: *The current population consists of one adult individual with moderate mental retardation, and two individual with mild mental retardation. All recipients have been diagnosed by a licensed psychologist and meet the admission requirements established by Marshall County Group Homes, Inc. All recipients attend the day program at the Occupational Development Center (ODC), with one consumer participating in the community employment program. The program would serve individuals with mild to moderate cognitive disabilities or related condition.*
6. What specific measure has the program take to minimize the risk of abuse to people as related to the mental functioning of people receiving services? *All support staff are oriented to the recipients IAPP before they work with the recipient independently. After annual meeting for all recipients the staff are updated at staff meetings on any changes to the IAPP and as changes occur regarding mental health or behavior. All staff are trained on hire using the Staff Orientation and Training Packet and annually thereafter on Vulnerable Adult. The individuals in this program are required to have a 24 hour plan of care. If less restrictive requirements are appropriate the plan will be described in the IAPP or CSSP and addendums.*
7. Describe the range of physical and emotional health of persons the program plans to serve: *The current population consists of three individuals who are able to ambulate independently. One individual has hearing loss. All individuals see a Psychiatrist due to depression and/or anxiety. One individual has a diagnosis of autism and ADHD, and two individuals are diagnosed with obsessive compulsive disorder. All individuals are semi-independent in activities of daily living with verbal prompts and some assistance required. The program would serve individuals who are able to ambulate with mild physical disabilities, secondary mental illnesses, or Traumatic Brain Injury.*
8. What specific measure has the program take to minimize the risk of abuse to people as related to the physical and emotional health of people receiving services served? *All support staff are oriented to the recipients IAPP before they work with the recipient independently. Each plan will contain an individualized assessment of each recipient's susceptibility to abuse and a statement regarding protections for that recipient. After annual meetings for all recipients the staff are updated at staff meetings on any changes to the IAPP and as changes occur regarding physical and emotional health. All staff are trained on hire using the Staff Orientation and Training Packet and annually thereafter on Vulnerable Adult. The individuals in this program are required to have a 24-hour plan of care. If less restrictive requirements are appropriate the plan will be described in the IAPP or CSSP and addendums. Also available is a health care plan which describes the physical and emotional health needs of the individuals.*
9. Describe the range of adaptive/maladaptive behavior(s) of persons the program plans to serve: *The recipients maladaptive behaviors range from stereotypical behavior such as rocking, hand play, and echolalia, to aggressive behaviors of hitting, kicking, slapping, pushing, and non-compliance with staff requests. Some of the recipients have transition difficulties and lack of cooperation with following directions. Some individuals are known to steal food making weight loss difficult. Two of the individuals have a history of hoarding specific items and have been known to attempt to steal from stores. Thus, requires close monitoring by staff when out in the community.*

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10. What specific measures has the program taken to minimize the risk of abuse to people as related to the adaptive/maladaptive behavior(s) of the people receiving services served? *The program staff would follow a Positive Support Transition Plan specific to each recipient as required. This plan is developed by the expanded support team to implement positive support strategies as recommended by the team and the physician. Staff are trained how to redirect behaviors to more positive options. All Staff are trained in Therapeutic intervention techniques on hire and annually thereafter. The program has access to behavioral training expertise through Mental Health Services such as: Alluma, Rural Psychiatry Associates, Sanford Behavioral Health Clinic. Any changes to the Positive Support Transition Plan are reviewed at staff meetings as a change would occur or after annual Interdisciplinary team meetings. All of the recipients in this program have regularly scheduled sessions with their psychiatrist to monitor behaviors and medication management, one regularly sees a psychologist as well as an adult mental health worker, and all three receive care with their primary care providers to monitor overall health and wellbeing.*
11. Describe the need for specialized programs of care for persons the program plans to serve: *Specialized programs of care in this program relate to autism, behavior and hearing loss/sign language.*
12. What specific measures has the program taken to minimize the risk of abuse to people as related to the need for specialized programs of care for people receiving services? *Regular review of needs of the individuals at monthly staff meetings is helpful to keep staff informed as to the progression of their conditions. The program has a Registered Nurse and a Licensed Practical Nurse that are available as needed for any health-related needs or health related changes. The program has access to behavioral training expertise through Mental Health Services such as: Alluma, Rural Psychiatry Associates, Sanford Behavioral Health Clinic, and The Alzheimer's association. Other outside training resources will be accessed as applicable to meet the needs of a specific individual.*
13. Describe the need for specific staff training to meet individual service needs: *The recipients Expanded Interdisciplinary Team will meet on an as needed basis, or at a minimum of annually, to review the individual's program plan of service. Staff training is provided as scheduled on the Inservice Training Record or through our STAR Services online training program. The program's Vulnerable Adult Policy is reviewed annually with all staff. Specialized training is provided as appropriate to meet the needs of the recipients served by the program. Staff in this program have received specialized training related to Autism spectrum disorder.*
14. What specific measures has the program taken to minimize the risk of abuse to people as related to the need for specific staff training designed to meet individual service needs? *The program has Registered Nurse and a Licensed Practical Nurse on staff that provide training on specific medical needs such as: specialized medication monitoring, seizures, diabetes, other specialized diets or health care related needs. If training is not available through internal staff or through our STAR Services online training program; outside training resources will be accessed as applicable. If recipient's program plan of service or health care plan require specialized training that training will be provided as required for each individual in the program. Examples of specialized training may include tube feeding, oxygen use, super pubic catheter, Alzheimer's/Dementia, Sign language, medical equipment. Our Nurse would provide training related to medical needs or equipment. If she was not able, we would bring in an outside resource.*
15. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services: *There have been incidents of recipients being verbally aggressive towards other recipients and staff. There have also been incidents of recipients being physically aggressive towards other recipients and staff.*
16. What specific measures has the program taken to minimize the risk of abuse to people as related to the knowledge of previous abuse? *If abuse occurs, the program would update/revise policies and procedures to assure abuse would be less likely to occur again as determined in an internal review. Information would be*

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reviewed at the next month's staff meetings. The program provides supervision at all times unless specified differently in the individuals plan of service per the expanded interdisciplinary team. All behavior incidents are communicated with the recipient case manager, residential staff and legal guardian/families. Recipients target behaviors are monitored as appropriate so positive de-escalation techniques can be used to deescalate situations that arise per physician order.

PHYSICAL PLANT ASSESSMENT:

1. Describe the condition and design of the facility as it relates to safety for the people receiving services: *The home was moved in June of 2016 with an occupancy date of 8/8/16. It occupies 1770 square feet. The home was designed and constructed as a modular home that is a single family dwelling. It has an attached garage to the east. It is handicapped accessible with a ramp entering the home in the garage. There is a deck area attached to the south side of the residence. Fire extinguisher and smoke and carbon dioxide detectors are in place to meet the fire requirements of an adult foster care home. There are no physical factors that are considered abnormal or markedly different from other residences in the community that would lead to unusual risk of abuse or neglect. The home is located in the northwest area of the Warren community. The building is three blocks north of Highway 1 traveling on north Montana Street. It is bordered by streets to the north and east, a residential home on the north, south, and east, Snake River to the east and bordered by trees to the west. Recipients are provided orientation to the community on a regular basis. Recipients are not allowed out into the community without supervision until they are independent in community safety skills and as stated in the IAPP. Access to the building is by one of three doors which can all be used as fire exits one to the north, east and south. All doors lock to prevent anyone from coming in at night and can be unlocked from the inside. There is one stairway with a ramp inside the garage and stairs on the 2 decks outside of the home. All have hand rails.*
2. What specific measures has the program taken to minimize the risk of abuse to people as related to the condition and design of the facility in terms of safety for people receiving services? *The building is a new modular home and is a rental. Any building and equipment repairs are requested through the property owners and are made as quickly as possible to maintain a healthy, safe environment. A maintenance checklist is available to report any concerns. If repair is urgent staff are to call landlord immediately. Any item or equipment requiring repair will be called in to the landlord (City of Warren – Brett) at 745-5343. It is expected that the repairs be referred quickly to a professional by the landlord. Health and safety are discussed at monthly safety meetings. Poisonous substances and medications are locked. A well-stocked First-Aid kit and AED is located in the home. 2 Fire extinguishers are located in the home and checked monthly. All AED's care checked monthly. All smoke detectors and carbon dioxide detectors are checked per the drill rotation list by staff, as assigned at staff meetings, to ensure that they are in working order and batteries are changed as needed or at least biannually.*
3. Describe any areas of the facility that are difficult to supervise: *There are no areas that are difficult to supervise at this location. Home is open concept and it is easy to see all open areas. If a recipient were in the garage that would be an area that is hard to view.*
4. What specific measures has the program taken to minimize the risk of abuse to people as related to the areas of the facility that are difficult to supervise? *If a recipient were in the garage staff would monitor for safety. Staff check recipients before sleeping and several times during each shift and at night as stated in their plans to assure health and safety. All exits from the home have alarms that are armed at night as well as one window in the bedroom of one recipient who has a history of leaving his residence unsupervised.*

ENVIRONMENTAL ASSESSMENT:

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1. Describe the location of the facility including information about the neighborhood and community in which the facility is located: *The home is located in the North West part of the small rural community of Warren. The grounds have streets to the north and east. There are trees aligning the yard to the west. There are single family dwellings to the north, south, and east. The Snake River is to the east. There are railroad tracks a half block west and ¼ mile south. The recipients are recognized by many of the community citizens and their presence is generally accepted. The home receives support and cooperation in our program of service for the recipients.*
2. What specific measures has the program taken to minimize the risk of abuse to people as related to the location of the facility, including factors about the neighborhood and community? *Only recipients that have been assessed by staff as independent in community mobility are allowed to leave the home alone with the approval of the Expanded Interdisciplinary Team and as stated in the IAPP. These recipients, after informing staff of intentions to leave will inform staff of departure, destination, and estimated time of return. These precautions are taken to prevent the recipient from getting lost, and to alert staff to possible emergencies or unsafe situations if the recipient does not return. Local community merchants are contacted and asked for suggestions in needed training and for cooperation in helping recipients learn appropriate social skills. All recipients ride the Tri-Valley bus home after ODC. Staff are to wave to the Tri-Valley bus driver to ensure someone is home at the facility when the recipients arrive home. The recipients at this home usually prefer to go with staff when out in the community.*
3. Describe the type of grounds and terrain that surround the facility: *Grounds of the facility are grassy with some sidewalks. The grounds are mostly flat and easy to navigate.*
4. What specific measures has the program taken to minimize the risk of abuse to people as related to the type of grounds and terrain that surround the facility? *The cement is marked with yellow or red paint if areas become uneven for walking. Areas that need repairs will be taken care of as soon as possible and as appropriate to the season. In the winter season all walkways are kept clear and free of snow and ice.*
5. Describe the type of internal programming provided at the program:
For Recipients: Internal person centered programming includes personal goals to assist recipients to become as independent as possible in self-care, behavior, activities, medication, health monitoring, and in the community. The recipients do complete some household duties as is appropriate to their skills and abilities. Positive behavior programming will be attempted for all recipient behaviors. If positive reinforcement is documented as unsuccessful, other methods will be implemented with written authorization from a licensed psychologist. Under no circumstances will corporal punishment, seclusion, physical restraint, or chemical restraint be allowed except in cases of emergency by following emergency use of manual restraints procedures as described in our policies.
For Staff: Personnel policies are in effect which cover recruitment and hiring procedures, Inservice and staff training, Vulnerable Adult Policy and VA internal mandated reporting requirements, therapeutic intervention training, job descriptions, and qualifications, fringe benefits and termination policies. A formal staff orientation is provided to new employees. Staff members participate in the development of Individual Program Plans for all recipients. A three month employee evaluation is conducted for all full and part-time new staff and annually thereafter. All policies and procedures are reviewed at least annually by the AADM/PD. Recommendations are then made to the entire Board of Directors for review. All employees are instructed and required to document progress for recipients on an individual basis per direction of the PD.
6. What specific measures has the program taken to minimize the risk of abuse to people through the type of internal programming provided at the program? *Monthly staff meetings are held to discuss any concerns and recommendations. Monthly safety meeting are held prior to all staff meetings to review safety. Quarterly, Staff review varying types of emergencies and what to do in those emergencies. Staff are assigned drills of varying types such as: fire, health emergency, bomb threat, severe weather, power outage etc. Minutes are*

