

ALLEGHANY COUNTY GROUP HOMES, Inc.

Policy & Procedure Manual

13 May 2003

ALLEGHANY COUNTY GROUP HOMES, INC.

SIGNATURE PAGE

I, the undersigned officers of the Board of Directors, have read and approve these “Alleghany County Group Home, Inc. “Policy and Procedure Manual” dated 11 March 2003 as written. I understand that it is the right of the Board of Directors to amend these policies as required.

.....

Alleghany County Group Homes, Inc.

Chairman

Vice-Chairman

Date

Date

Secretary

Treasurer

Date

Date

.....

TABLE OF CONTENTS

Signature Page 2
Table of contents.....3
0.0200 OPERATION AND MANAGEMENT RULES..... 5
 0.0201 Governing Body Policies.....5
 0.0201-(a)-(2) criteria for admission.....5
 0.0201-(a)-(3) criteria for discharge.....5
 0.0201-(a)-(4) admissions assessments including.....6
 0.0201-(a)-(5) client record management.....6
 0.0201-(a)-(6) screenings.....7
 0.0201-(a)-(7) quality assurance.....8
 0.0201-(a)-(8) use of medications.....9
 0.0201-(a)-(9) incident reporting.....9
 0.0201-(a)-(10) client voluntary non-compensated work.....9
 0.0201-(a)-(11) client fee assessment and collection practices.....10
 0.0201-(a)-(12) medical preparedness plan.....10
 0.0201-(a)-(13) authorization for and follow up of lab tests.....11
 0.0201-(a)-(14) transportation.....11
 0.0201-(a)-(15) services of volunteers.....11
 0.0201-(a)-(16) staff training and continuing education.....12
 0.0201-(a)-(17) safety and requirements for facility areas.....12
 0.0201-(a)-(18) client grievance policy.....12
 0.0201-(b) Minutes of the governing body.....13
 0.0202 Personnel Requirements.....13
 0.0202-(a) Job description.....13
 0.0202-(b) Staff qualifications.....13
 0.0202-(c) Disclosure of criminal conviction.....13
 0.0202-(d) Privileging and certification.....14
 0.0202-(e) Personnel records.....14
 0.0202-(f) Continuing education.....14
 0.0202-(g) Employee training programs.....15
 0.0202-(h) Staffing and training requirements.....15
 0.0202-(i) Infectious and communicable diseases.....15
 0.0203 Competencies of qualified professionals.....15
 0.0204 Competencies of qualified paraprofessionals.....16
 0.0205 Habilitation/ Service plan.....16
 0.0205-(a) Service record shall include.....16
 0.0205-(b) Services provided prior to the plan.....17
 0.0205-(c) Plan will be completed within 30 days.....17
 0.0205-(d) The plan shall include.....17

0.0206	Client records.....	17
0.0206-(a)	Record criteria and content.....	17
0.0206-(b)	Information related to AIDS.....	18
0.0207	Emergency plans & supplies.....	18
0.0208	Client services.....	19
0.0208-(a)	activities.....	19
0.0208-(b)	services will be available 24 hrs.....	19
0.0208-(c)	meals are nutritious.....	20
0.0208-(d)	secure adaptive equipment.....	22
0.0209	Medication requirements.....	22
0.0209-(a)	Medication dispensing.....	22
0.0209-(b)	Medication packaging and labeling.....	23
0.0209-(c)	Medication administration.....	24
0.0209-(d)	Medication disposal.....	25
0.0209-(e)	Medication Storage.....	26
0.0209-(f)	Medication review.....	26
0.0209-(g)	Medication education.....	26
0.0209-(h)	Medication errors.....	27
0.0300	PHYSICAL PLANT RULES.....	27
0.0301	Compliance with building codes.....	27
0.0302	Facility construction/alterations/additions.....	28
0.0303	Location and exterior requirements.....	28
0.0304	Facility design and equipment.....	29
0.2300	ADVP for INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES...31	
0.2303	Staff.....	31
0.2304	Operations.....	32
0.2305	Physical plant.....	33
0.2306	Client eligibility and admissions.....	33
	ATTACHMENT 1 – Board of Directors.....	35
	ATTACHMENT 2 – Organizational chart.....	36
	ATTACHMENT 3 – Transportation policies and procedures.....	37
	ATTACHMENT 4 – Training and continuing education.....	39
	ATTACHMENT 5 – Client handbook.....	42
	ATTACHMENT 6 – Application for Admission.....	61
	ATTACHMENT 7 - Fire and area wide disaster plan.....	72
	ATTACHMENT 8 – Fire drill log and summary.....	74
	ATTACHMENT 9 – Medication Disposal Form.....	75
	ATTACHMENT 10 - Six month drug re-evaluation.....	76

0.0200 OPERATION AND MANAGEMENT RULES

0.0201 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**.

0.0201-(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:

0.0201-(a)-(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) and Samuel C. Evans, Jr. Group Home (also known as Sam Evans) and services 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**.

0.0201-(a)-(2) criteria for admission;

Referrals are taken from any agency. Applicants are screened by the New River Behavioral Healthcare Single Portal Sub-committee for the appropriate level of service. After their approval, the Director of ACGH will gather all necessary paperwork 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. The Admissions Committee will be composed of one board member, the Executive Director, the QDDP/supervisor and the ACGH director.

0.0201-(a)-(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. New River Behavioral Healthcare 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 are to be recorded and placed in the client's file.

D. The Single Portal Coordinator shall be notified as soon as possible in the discharge or transfer process.

0.0201-(a)-(4) admissions assessments including:

0.0201-(a)-(4)-(A) who will perform the assessment and;

0.0201-(a)-(4) (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 clients admission.

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

F. Psychologicals 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 and the Single Portal Committee 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.

0.0201-(a)-(5) client record management, including:

0.0201-(a)-(5)-(A) persons authorized to document;

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

0.0201-(a)-(5)-(B) transporting records;

Records will be transported in a locked briefcase.

0.0201-(a)-(5)-(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 within a locked office. Keys will be kept by the Director with a spare key stored in the financial office confidential storage closet.

0.0201-(a)-(5)-(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.

0.0201-(a)-(5)-(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.

0.0201-(a)-(6) screenings, which shall include:

0.0201-(a)-(6)-(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 0.0103 (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, the State of North Carolina has adopted the use of the "DD Adult Client Screening" form. The ACGH staff are familiar with this form and incorporate it's elements into the admissions screening interview.

0.0201-(a)-(6)-(B) an assessment of whether or not the facility can provide services to address the individual's needs; and

With these elements and standards in mind, the NRBH case manager, ACGH director or other designated person may present information to the Single Portal Committee members. They in turn may evaluate the appropriateness of an individual for placement in Sam Evans or ADVP. To the greatest extent possible, family members who can add significant information will be encouraged to participate in the interview if consent is given by the prospective applicant. The screening interview will involve the gathering of information such as the presenting problem, past involvement with other service agencies and the individual's expectations from his/her involvement with the Group Home.

0.0201-(a)-(6)-(C) the disposition, including referrals and recommendations;

From the information presented to Single Portal Committee members, they will either recommend formal application to ACGH programs for admission or refer to the individual to another agency providing a service more appropriate to the individual's needs. 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 by the Single Portal committee Chairperson and made available to other area programs. Open slots will be filled according to the applicant whose needs are felt to be greatest.

0.0201-(a)-(7) quality assurance and quality improvement activities, including: See the ACGH Quality Management System.

0.0201-(a)-(7)-(A) composition and activities of a quality assurance and quality improvement committee; See the ACGH Quality Management System.

0.0201-(a)-(7)-(B) written quality assurance and quality improvement plan;
The ACGH quality improvement plan is titled, “Quality Management System” and is contained in this binder.

0.0201-(a)-(7)-(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.

0.0201-(a)-(7)-(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 are supervised by a QDDP. A Supervision contract is written annually and is kept in each employee’s personnel record.

0.0201-(a)-(7)-(E) strategies for improving client care;
See the ACGH Quality Management System.

0.0201-(a)-(7)-(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;
See the ACGH Quality Management System.

0.0201-(a)-(7)-(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;
NRBH is notified of any fatality of a client being served by our programs. They in turn notify all operated and contracted residential programs.

0.0201-(a)-(7)-(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.

0.0201-(a)-(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, 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.

0.0201-(a)-(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 and completed in triplicate. 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. One copy shall be placed in the critical incident file at the facility and the other two reports shall be forwarded to the clinical director within 24 hours. The clinical director shall provide appropriate follow-up to the report and provide documentation of that follow-up. The clinical director will maintain one copy in Critical Incident files in the DD office and shall forward the other copy to the Chair of the Critical Incident Sub-committee. Critical incident reports shall be reviewed periodically to determine the cause of incidents and recommend preventative measures and corrective actions. (A critical incident is defined as that unusual event which may result in personal or property injury, is life threatening or requires law enforcement or medical intervention.)

0.0201-(a)-(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.

0.0201-(a)-(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/CBS:

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.

0.0201-(a)-(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 QDDP IF COTTAGE CLIENT.
5. NOTIFY THE EXECUTIVE DIRECTOR.
6. ARRANGE TRANSPORTATION HOME IF REQUIRED.
7. FORWARD THE INCIDENT REPORT TO THE NRBH CLINICAL NURSE IN BOONE, NC.

0.0201-(a)-(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.

0.0201-(a)-(14) transportation, including the accessibility of emergency information for a client;

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

0.0201-(a)-(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.

0.0201-(a)-(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.

0.0201-(a)-(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.

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

0.0201-(a)-(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, QDDP or Executive Director at any time.
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.
3. If the grievance is still unresolved, request a meeting with the HRC.
4. If the grievance is still unresolved, request a meeting with the ACGH Board of Directors.
5. If the grievance is still unresolved, contact the NRBH client rights representative who in turn may refer the case to the NRBH HRC.
6. The decision of the NRBH 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

Legal Services for the Developmentally Disabled Person, 325 N. Salisbury Street, Raleigh;
Phone: 919-834-7023; or

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

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 an oral response will be given to the client within 30 days of the receipt of the complaint or appeal. 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. A copy of the grievance will be placed in the client file with the outcome attached.

0.0201-(b) Minutes of the governing body shall be permanently maintained.

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

0.0202 PERSONNEL REQUIREMENTS

0.0202-(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:

0.0202-(a)-(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;

0.0202-(a)-(2) specifies the duties and responsibilities of the position;

0.0202-(a)-(3) is signed by the staff member and the supervisor; and

0.0202-(a)-(4) is retained in the staff member’s file.

0.0202-(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:

0.0202-(b)-(1) is at least 18 years of age;

0.0202-(b)-(2) is able to read, write, understand and follow directions;

0.0202-(b)-(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and

0.0202-(b)-(4) has no substantiated finding of abuse or neglect listed on the North Carolina Healthcare Personnel Registry.

0.0202-(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. 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 personnel file.

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.

0.0202-(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 QDDP - 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 Developmental Disability Professional" (QDDP) 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 QDDP.

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

0.0202-(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.

0.0202-(f) Continuing education shall be documented.

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

0.0202-(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:

0.0202-(g)-(1) general organizational orientation;

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

0.0202-(g)-(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.

0.0202-(g)-(3) training to assist clients with MH/DD/SA needs or clients with dual diagnoses; and

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

0.0202-(g)-(4) training in infectious diseases and bloodborne 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.

0.0202-(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.

All staff employed by ACGH are required to 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 for each facility.

0.0202-(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.

0.0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS

0.0203-(a) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required to serve the client based on the individualized treatment/habilitation plan.

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.

0.0203-(b) 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. NA – ACGH does not employ associate professionals.

0.0203-(c) The associate professional shall be supervised by a qualified professional with the population served for the period of time specified in Rule .0104 of this Subchapter. NA

0.0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS

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.

0.0204-(1) 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.

0.0204-(2) Paraprofessionals shall demonstrate knowledge, skills, and abilities required to serve the client based on the individualized treatment/habilitation plan.

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.

0.0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN

0.0205-(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:

0.0205-(a)-(1) the client's presenting problem;

0.0205-(a)-(2) the client's needs and strengths;

0.0205-(a)-(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;

0.0205-(a)-(4) a pertinent social, family, and medical history; and

0.0205-(a)-(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.

0.0205-(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.

0.0205-(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.

0.0205-(d) The plan shall include:

0.0205-(d)-(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;

0.0205-(d)-(2) strategies;

0.0205-(d)-(3) staff responsible;

0.0205-(d)-(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.

0.0205-(d)-(5) basis for evaluation or assessment of outcome achievement; and
ACGH uses standardized testing and measurable goals in assessing outcome achievement.

0.0205-(d)-(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.

0.0206 CLIENT RECORDS

0.0206-(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:

0.0206-(a)-(1) an identification face sheet which includes:

0.0206-(a)-(1)-(A) name (last, first, middle, maiden);

0.0206-(a)-(1)-(B) client record number;

0.0206-(a)-(1)-(C) date of birth;

0.0206-(a)-(1)-(D) race, gender and marital status;

- 0.0206-(a)-(1)-(E) admission date;*
- 0.0206-(a)-(1)-(F) discharge date;*
- 0.0206-(a)-(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;*
- 0.0206-(a)-(3) documentation of the screening and assessment;*
- 0.0206-(a)-(4) treatment/habilitation or service plan;*
- 0.0206-(a)-(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;*
- 0.0206-(a)-(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;*
- 0.0206-(a)-(7) documentation of services provided;*
- 0.0206-(a)-(8) documentation of progress toward outcomes;*
- 0.0206-(a)-(9) if applicable:*
 - 0.0206-(a)-(9)-(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);*
 - 0.0206-(a)-(9)-(B) medication orders;*
 - 0.0206-(a)-(9)-(C) orders and copies of lab tests; and*
 - 0.0206-(a)-(9)-(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.

0.0206-(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.

0.0207 EMERGENCY PLANS AND SUPPLIES

0.0207-(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**.

0.0207-(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.

0.0207-(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. ensure that all staff members on all shifts are trained to perform assigned tasks and are familiar with fire fighting equipment in the facility.
 - c. provide 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**.

0.0207-(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.

0.0208 CLIENT SERVICES

0.0208-(a) Facilities that provide activities for clients shall assure that:

0.0208-(a)-(1) space and supervision is provided to ensure the safety and welfare of the clients;

0.0208-(a)-(2) activities are suitable for the ages, interests, and treatment/habilitation needs for the clients served; and

0.0208-(a)-(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.

0.0208-(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, 12 months per year. Staff shall be on call when all clients are out of the group home.

0.0208-(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 be 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.

Dietary practices 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.

0.0208-(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.

0.0208-(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.

NA

0.0209 MEDICATION REQUIREMENTS

0.0209-(a) Medication dispensing:

0.0209-(a)-(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.

0.0209-(a)-(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.

0.0209-(a)-(3) Methadone for take-home purposes... ..NA

0.0209-(a)-(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.

0.0209-(b) Medication packaging and labeling:

0.0209-(b)-(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.

0.0209-(b)-(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.

0.0209-(b)-(3) The packaging label of each prescription drug dispensed must include the following:

0.0209-(b)-(3)-(A) the client's name;

0.0209-(b)-(3)-(B) the prescriber's name;

0.0209-(b)-(3)-(C) the current dispensing date;

0.0209-(b)-(3)-(D) clear directions for self-administration;

0.0209-(b)-(3)-(E) the name, strength, quantity, and expiration date of the prescribed drug; and

0.0209-(b)-(3)-(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.

0.0209-(c) Medication administration

0.0209-(c)-(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.

0.0209-(c)-(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.

0.0209-(c)-(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.

0.0209-(c)-(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:

0.0209-(c)-(4)-(A) client's name;

0.0209-(c)-(4)-(B) name, strength, and quantity of the drug;

0.0209-(c)-(4)-(C) instructions for administering the drug;

0.0209-(c)-(4)-(D) date and time the drug is administered; and

0.0209-(c)-(4)-(E) name or initials of person administering the drug.

0.0209-(c)-(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.

0.0209-(d) Medication disposal:

0.0209-(d)-(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.

0.0209-(d)-(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.

0.0209-(d)-(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.

0.0209-(d)-(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.

0.0209-(e) Medication Storage:

0.0209-(e)-(1) All medication shall be stored:

0.0209-(e)-(1)-(A) in a securely locked cabinet in a clean well-lighted, ventilated room between 59 degrees and 86 degrees F.;

0.0209-(e)-(1)-(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;

0.0209-(e)-(1)-(C) separately for each client;

0.0209-(e)-(1)-(D) separately for external and internal use;

0.0209-(e)-(1)-(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-mediate, 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.

0.0209-(f) Medication review:

0.0209-(f)-(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 to 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.

0.0209-(f)-(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.

0.0209-(g) Medication education:

0.0209-(g)-(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 be provide either oral or written instructions on behalf of the client.

0.0209-(g)-(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.

0.0209-(g)-(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.

0.0209-(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 should notify the nurse or physician. The physician/nurse should investigate the error and 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 NRBH risk management person within 24 hours.

0.0210 RESEARCH REVIEW BOARD...NA

0.0300 PHYSICAL PLANT RULES

0.0301 COMPLIANCE WITH BUILDING CODES

0.0301-(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.

0.0301-(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.

0.0301-(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 each facility.

0.0301-(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.

0.0302 FACILITY CONSTRUCTION/ALTERATIONS/ADDITIONS

0.0302-(a) When construction, use, alterations or additions are planned for a new or existing facility, work shall not begin until after consultation with the +B3 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.

0.0302-(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.

0.0303 LOCATION AND EXTERIOR REQUIREMENTS

0.0303-(a) Each facility shall be located on a site where:

0.0303-(a)-(1) fire protection is available;

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

0.0303-(a)-(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.

0.0303-(a)-(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.

0.0303-(a)-(4) local ordinances and zoning laws are met.

All ordinances, local and state, have been met.

0.0303-(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.

0.0303-(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.

0.0303-(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.

0.0304 FACILITY DESIGN AND EQUIPMENT

0.0304-(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.

0.0304-(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.

0.0304-(b)-(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.

0.0304-(b)-(2) All mattresses purchased for existing or new facilities shall be fire retardant.

All mattresses will be fire retardant.

0.0304-(b)-(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.

0.0304-(b)-(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.

0.0304-(b)-(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.

0.0304-(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.

0.0304-(c)-(1) This requirement shall not apply to therapeutic (habilitative) camps and other 24-hour facilities for six or fewer clients. NA

0.0304-(c)-(2) Facilities licensed prior to October 1, 1988 shall not be required to add or install cooling equipment if not already installed. NA

0.0304-(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:

0.0304-(d)-(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.

0.0304-(d)-(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

0.0304-(d)-(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.

0.0304-(d)-(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.

0.0304-(d)-(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.

0.0304-(d)-(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.

0.0304-(d)-(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.

0.0304-(d)-(8) Only clients of the same sex may share a bedroom except for children age six or below, and married couples.

0.0304-(d)-(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.

0.0304-(d)-(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.

0.0304-(d)-(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.

0.0304-(d)-(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.

0.0304-(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:

0.0304-(e)-(1) That the intent of the physical plant requirements are met; and

0.0304-(e)-(2) That the variation does not reduce the safety or operational effectiveness of the facility.

NA

0.2300 ADULT DEVELOPMENTAL AND VOCATIONAL PROGRAMS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

0.2303 Staff

0.2303-(a) Each Adult Developmental Vocational Program (ADVP) shall have a designated full-time program director.

ADVP has a full-time program director.

0.2303-(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.

0.2303-(c) Each facility shall have evaluation services available for all clients.

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

0.2303-(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.

0.2303-(e) If the site is maintained by the ADVP:

0.2303-(e)-(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.

0.2303-(e)-(2) Minutes shall be kept of all meetings.

Meetings are documented in the minutes.

0.2304 Operations

0.2304-(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.

0.2304-(b) Business Practices

ACGH ADVP complies with all of the following:

0.2304-(b)-(1) If the ADVP seeks or receives remuneration for goods or services provided to another individual, organization, or business:

0.2304-(b)-(1)-(A) Supplies, material or tools, if provided by the ADVP, shall be identified as a separate amount in the bid price;

0.2304-(b)-(1)-(B) Wages paid to ADVP clients shall be on a price rate or hourly commensurate wage basis;

0.2304-(b)-(1)-(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

0.2304-(b)-(1)-(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).

0.2304-(b)-(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.

0.2304-(b)-(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 tortious or unethical conduct.

See Client Handbook at attachment 5.

0.2304-(c) Handbook. Each ADVP shall have a client handbook including, but not limited to, information about services and activities.

0.2304-(c)-(1) The client handbook shall be written in a manner comprehensible to clients and reflective of adult status.

0.2304-(c)-(2) Each client shall be given a handbook, and the handbook shall be reviewed with the client.

See attachment 5.

0.2304-(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 Policy) 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:

0.2305-(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 up.

0.2305-(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

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

0.2306-(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 including 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.

0.2306-(b) Admissions. Each ADVP shall have written admission policies and procedures.

0.2306-(b)-(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 QDDP, 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.

0.2306-(b)-(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.

0.2306-(b)-(3) A qualified developmental disabilities professional of the area program shall certify the eligibility of each client for the ADVP service.

The ACGH QDDP will certify the eligibility for the ADVP service.

0.0100 CONFIDENTIALITY RULES

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

0.0100 CLIENT RIGHTS

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

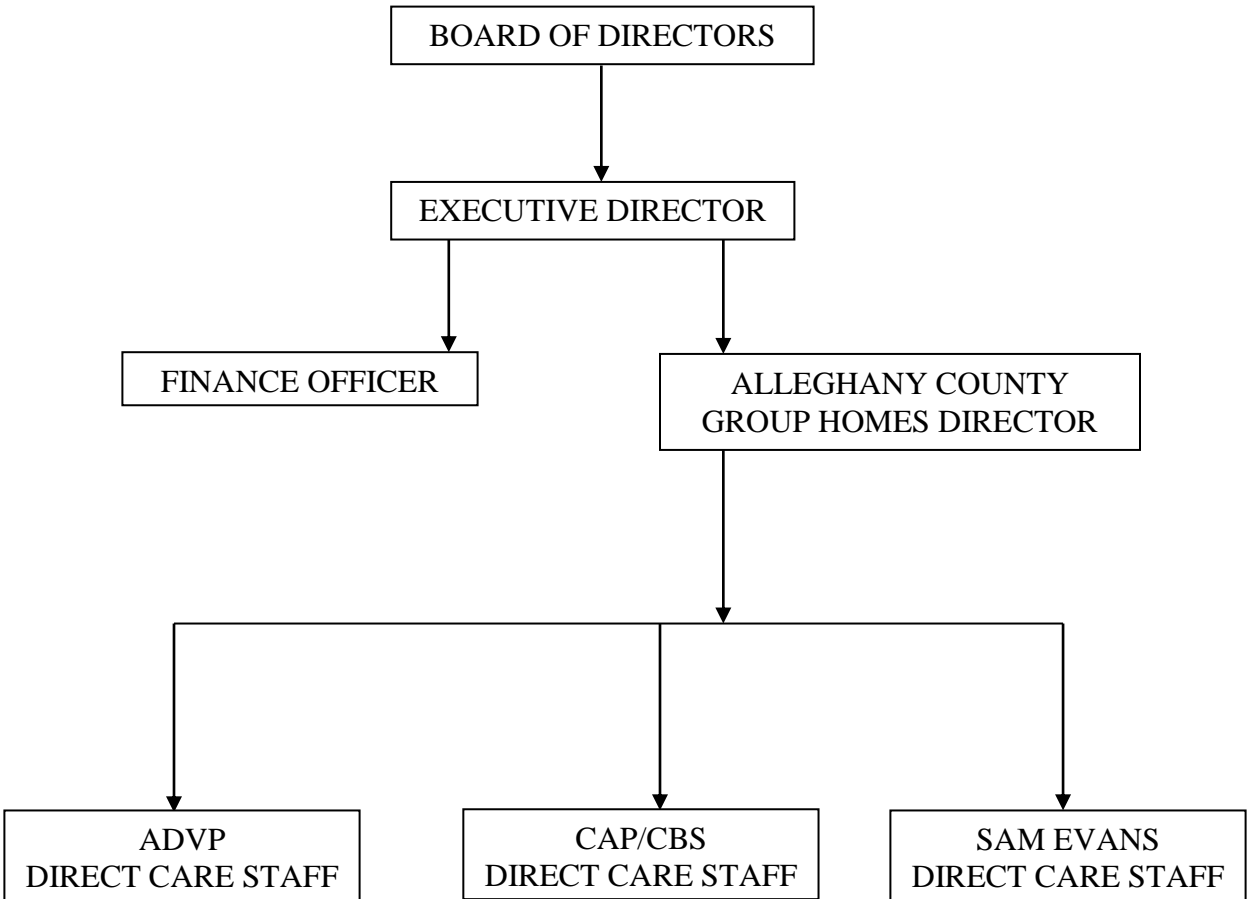
ATTACHMENT 1

Alleghany County Group Homes, Inc. BOARD OF DIRECTORS

Mr. Bryan Edwards	Chairman
Mr. Duane Davis	Vice Chairman
Ms. Janice Linker	Secretary
Ms. Charity Gambill	Treasurer
Mr. Clarence Crouse	
Ms. Dorothy Vanderbilt	
Reverend Stan McGraw	
Ms. Sandy Carter	
Ms. Suzy Ward	Ex-officio member

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 – Cell:	336-902-8064
Exec. Dir. – Home:	276-773-2025

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 individuals 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/CBS

EMPLOYEE NAME: _____	<u>INITIALS</u>	<u>DATE</u>
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, New River Behavioral Healthcare Single Portal Committee 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, color, sex, creed, national origin, age 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
2. Adult Basic Education
3. Recreation
4. Personal Hygiene
5. Community Integration
6. Evaluation
7. Counseling
8. Transportation
9. Referral

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.

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.

TRANSPORATION POLICY

We operate a van for transportation to and from ADVP. 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 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.

FIRE DRILLS

Monthly fire 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.

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, QDDP or Executive Director at any time.
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.
3. If the grievance is still unresolved, request a meeting with the HRC.
4. If the grievance is still unresolved, request a meeting with the ACGH Board of Directors.
5. If the grievance is still unresolved, contact the NRBH client rights representative who in turn may refer the case to the NRBH HRC.
6. The decision of the NRBH 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
 - Legal Services for the Developmentally Disable Person, 325 N. Salisbury Street, Raleigh; Phone: 919-834-7023; or
 - The Governor's Advocacy Council, 800-821-6922

Any ACGH staff person will help you with this process.

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.

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.

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

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, QDDP or Executive Director at any time.
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.
3. If the grievance is still unresolved, request a meeting with the HRC.
4. If the grievance is still unresolved, request a meeting with the ACGH Board of Directors.
5. If the grievance is still unresolved, contact the NRBH client rights representative who in turn may refer the case to the NRBH HRC.
6. The decision of the NRBH 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
 - Legal Services for the Developmentally Disable Person, 325 N. Salisbury Street, Raleigh; Phone: 919-834-7023; or
 - The Governor's Advocacy Council, 800-821-6922

Any ACGH staff person will help you with this process.

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 NRBH case 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 NRMH case 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 Allegheny 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 New River Developmental Disabilities Program and the residents or their responsible persons.
2. If the home's license is revoked or terminated unexpectedly, the New River Developmental Disabilities Program 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, Allegheny 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 Governor's Advocacy Council for Persons with Disabilities.
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.

**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 **\$56.00** 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

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

COMMUNICATION SKILLS

- | | | |
|--|--|---|
| <input type="checkbox"/> Tells others about daily events | <input type="checkbox"/> Can answer telephone | <input type="checkbox"/> Can make own calls |
| <input type="checkbox"/> Can tell time correctly | <input type="checkbox"/> Can keep appointments | <input type="checkbox"/> Can write own name |
| <input type="checkbox"/> Can write a letter | <input type="checkbox"/> Reads simple instructions | <input type="checkbox"/> Reads menu, TV guide |
| <input type="checkbox"/> Reads newspaper | <input type="checkbox"/> Reads aloud to others | <input type="checkbox"/> Can read price tag |

SOCIAL SKILLS

- | | | |
|---|---|---|
| <input type="checkbox"/> Can read shopping list | <input type="checkbox"/> Chooses own clothing | <input type="checkbox"/> Can ask directions |
| <input type="checkbox"/> Is friendly to others | <input type="checkbox"/> Understands and uses stamps | <input type="checkbox"/> Has good manners |
| <input type="checkbox"/> Does not steal | <input type="checkbox"/> Knocks on doors before entry | <input type="checkbox"/> Shares possessions |
| <input type="checkbox"/> Works cooperatively in group | <input type="checkbox"/> Washes dishes, sets table | <input type="checkbox"/> Follows directions willingly |
| <input type="checkbox"/> Can cook simple things | <input type="checkbox"/> Saves money consciously | |

COMMUNITY SKILLS

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

VOCATIONAL SKILLS

- | | | |
|--|---|--|
| <input type="checkbox"/> Has good manual dexterity | <input type="checkbox"/> Works cooperatively in group | <input type="checkbox"/> Follows directions well |
| <input type="checkbox"/> Enjoys outdoor activities | <input type="checkbox"/> Has hobbies | <input type="checkbox"/> Is on time by self |
| <input type="checkbox"/> Works with little supervision | <input type="checkbox"/> Works well with few mistakes | <input type="checkbox"/> Corrects own mistakes |
| <input type="checkbox"/> Realizes mistakes, stops work | <input type="checkbox"/> Work done requires checking | <input type="checkbox"/> Is usually on time |
| <input type="checkbox"/> Usually on time with reminders | <input type="checkbox"/> Careful with tools and equipment | <input type="checkbox"/> Careful when reminded |
| <input type="checkbox"/> Works well with little supervision, but makes no effort to find a new job | | |
| <input type="checkbox"/> 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	<input type="checkbox"/> _____
_____	_____	_____

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

FIRE AND AREA WIDE DISASTER PLAN
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.
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.
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. 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.

FIRE AND AREA WIDE DISASTER PLAN
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.
5. 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.

ATTACHMENT 10

DRUG RE-EVALUATION

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:

PHYSICIAN: _____ DATE: _____