

ABUSE, NEGLECT AND EXPLOITATION OF PERSONS SERVED

Spring Meadow Resources assumes responsibility for the safety and welfare of people receiving services. Every person served by this agency has the right to expect appropriate care and habilitation training free from abuse, neglect or exploitation. It is the responsibility of all employee to ensure that this occurs.

Spring Meadow Resources expressly prohibits any act of abuse, neglect and/or exploitation. It is our expectation that all employees be aware of the potential of abuse, neglect, and exploitation.

Anyone who observes or suspects abuse/neglect/exploitation **MUST** report immediately to Adult Protective Services and supervisory personnel. If on-site supervisory personnel is not immediately available, the observed or suspected abuse, neglect or exploitation must be reported immediately to on-call supervisory personnel. Upon receipt of reported abuse, neglect or exploitation, supervisory personnel will immediately notify their supervisor and/or the Executive Director. The Executive Director must be notified. If the Executive Director is not available, the Assistant Director must be notified. The Executive Director or the supervisor will verify that the DPHHS Adult Protective Services is contacted concerning the incident. The Executive Director or the Assistant Director will be responsible for determining whether to suspend the employee(s) alleged to have committed the abuse, neglect, or exploitation. If abuse, neglect, or exploitation allegations need to be reported in the evening, or on the weekend, the on-call person will be notified and will make a determination regarding suspension of the employee(s). Supervisory or on-call personnel must also immediately report the incident to DPHHS Developmental Disabilities Division.

Upon completion of the investigation the Executive Director and/or Assistant Director will determine appropriate action, which may include dismissal of the employee, demotion, reassignment, and/or other corrective expectations. Such actions shall be documented in the employee's personnel file.

Abuse

Montana law defines abuse as “the infliction of physical or mental injury or the deprivation of food, shelter, clothing, or services necessary to maintain the physical or mental health of an older person or a person with a developmental disability without lawful authority.”

Examples may include hitting, tripping, pushing, cutting, scratching, pinching, not caring for injuries, ridiculing, teasing, name calling, threatening, screaming at, cursing at, or intentionally causing fear in the person, sexual exploitation, fondling of genitalia, sexual intercourse, etc.

Neglect

Montana law defines neglect as “the failure of a person who has assumed legal responsibility or a contracted obligation to care for an older person or a person with a developmental disability or who has voluntarily assumed responsibility for the person’s care, including an employee of a public or private residential institution, facility, home, or agency, to provide food, shelter, clothing, or services necessary to maintain the physical or mental health of the older person or the person with a developmental disability.”

Examples include failure to provide a person adequate supervision, failure to provide for the physical needs of the person, withholding meals, leaving a person unattended when direct supervision is necessary, failure to keep the person appropriately clean, failure to provide necessary medical treatment including proper administration of medication , or failure to provide for essential needs resulting in emotional or physical injury to the client.

Exploitation

Montana Adult Protective Services defines financial exploitation as “the unreasonable use of a person’s money or property by another who has gained the trust of that person for personal gain,” generally by means of fraud, threat, or intimidation.

Examples include using a client’s money to purchase items for an employee, using client’s personal items, or taking cigarettes from clients.

Spring Meadow Resources considers not reporting incidents of abuse, neglect, and exploitation equal to committing an abusive, neglectful, or exploitative act. All employees of Spring Meadow Resources are mandated by the State of Montana to report abuse, neglect, or exploitation. If a report is not made, Spring Meadow Resources will cooperate with law enforcement agencies to prosecute to the full extent of the law.

I have read and understand this policy.

Signature

Date

Spring Meadow Resources, Inc. Policy and Procedure Manual	
Policy: Abuse of People Served	Revised: May 27, 2008

MEDICATION DELIVERY

Medications are not effective unless they are administered according to the physician's orders. Over dosage, missed dosage, improper scheduling, lax observations, and inaccurate documentation may cause harm or death. In order to ensure the accurate and safe delivery of medications for people receiving services from Spring Meadow Resources, the following procedure shall be followed.

The following timelines should be observed:

Medication delivery times and colors have been designated as written below. Each delivery time is represented on medication documentation with a designated color. Times and corresponding colors are as follows.

7 AM to 10 AM	morning or AM medications	pink
11 AM to 1 PM	noon medications	yellow
2 PM to 4 PM	afternoon medications	green
5 PM to 7 PM	supper or evening medications	orange
8 PM to 10 PM	bedtime medications	gray
11 PM to 6 AM	nighttime medications	purple
PRN medications		red
Controlled medications		blue

Medications should be given as indicated on the medication documentation form and prescription or cassette label. If, for any reason, the medication is not given at the time indicated, you have one hour leeway (1/2 hour before the scheduled time and 1/2 hour after the scheduled time) indicated on the medication documentation form.

- If the medication is dispensed within that **one hour** period, no incident report needs to be written.
- If the medication has not been dispensed more than a half hour after the time indicated, the Health/Environmental Specialist, pharmacy, or physician is to be contacted for instructions. **An incident report needs to be written** and submitted to the office within 24 hours.

Congregate homes procedure for assisting with medication administration:

1. Unlock the medication cabinet and remove the medication binder with the medication documentation sheets.
2. Read medication documentation sheets and special instruction forms to orient yourself.

Spring Meadow Resources, Inc. Policy and Procedure Manual

Procedure: Medication Delivery

Revised: June 1, 2007

DO NOT TALK TO PEOPLE other than the person who is receiving the medications while supervising the delivery of medications.

Set up for medication dispensing:

- Gloves if necessary (gloves are necessary when delivering topical medication);
- Tissue, paper towel or washcloth, if necessary;
- Glasses for water or other liquids;
- Edible, if necessary, (separate labeled container for each individual);
- Spoons; and
- Medication book and PEN. (PENCIL IS NOT ACCEPTABLE).

Assisting oral medication (medications taken by mouth):

ALL MEDICATIONS MUST BE GIVEN AT THE MEDICATION AREA, not at dining room table during meal time, in the bathroom or bedroom (except in case of illness). At this time two staff should be present. The second employee will verify the medication was given. If you must find the person to give their medications, place the medication boxes in the medication cabinet and lock the cabinet. When you return, unlock the cabinet and continue with the medication procedure.

1. Wash hands with soap and water; dry thoroughly.
2. Assist with medications for only one person at a time.
3. Take the medication box out of the cabinet.
4. Call the person to the medication area. If the person is unfamiliar to you, ask another employee to bring the person to you and compare them to the picture on the medication box.
5. Remove the appropriate medication for that time and date from the box.
6. Check to ensure the person's name and picture on the medication box correspond with the person to receive the medication. Read the prescription label on the container and match the labels to the medication documentation sheet; and if appropriate, the special instruction form. **If you are unfamiliar with the medication, review the side effects listed in the book "The Essential Guide to Prescription Drugs." *The page number, with the side effects of the drug, is written on the medication documentation sheet for quick reference.***
7. Open the bottle and place the prescribed amount of medication into the medication cup.

8. Give the pill(s) that are in the medication cup(s) to the person with adequate fluid to swallow pills, or follow the directions given on the medication documentation form or special instruction form (under the dispensing instructions).
9. Watch to make sure that the medications are swallowed, and check the mouth if indicated by the individual's IP team.
10. Initial the medication documentation sheet.
11. Make sure your initials and full name are recorded on the bottom of the medication documentation sheet.
12. Ask another staff person to perform a second medication check according to the following procedure. The second staff does not need to be medication certified to complete this check.
 - a. After the medications for that time have been delivered and signed off on the client's medication documentation sheet, a second staff person will do the following 3 steps:
 1. Check each medication documentation sheet to assure it has been signed off by the staff that originally did the medication delivery.
 2. Check the medication cassettes, if used, to note that the medication slot for that time is empty.
 3. Check the count of controlled drugs with the amount remaining to make sure the count is correct.
 - b. If any of these three checks finds a discrepancy, both staff are required to follow up to correct the problem at that time.
 - c. Note: A house manager can make a determination to have 2 staff present during the entire medication delivery procedure if they deem it necessary for further safety of clients and their medications.

Dispensing topical medications:

1. Remove the topical medication container from its labeled plastic bag in the person's medications box.
2. Read the label on the container and match the labels to the medication documentation sheet, and if appropriate, the special instruction medication form.
3. Put on a clean disposable glove to apply the topical medication.
4. Remove the cap or lid from the container.
5. Apply the medication according to the instructions on the medication

documentation sheet or special instruction form.

6. Replace the cap or lid on the container, place in its labeled plastic bag in the person's medication box.
7. Pull glove off INSIDE OUT and dispose in the garbage immediately, and wash your hands with warm soapy water.

If a second topical medication is to be given, a new disposable glove needs to be worn.

8. Initial medication documentation sheet.
9. Make sure your initials and full name are recorded on the medication documentation sheet.
10. Go to next person who is scheduled to receive medication at that time.

PRNs (Medications on an as needed basis):

PRNs are administered according to physician order.

1. If PRN medication is intended to calm a person, a protocol will be written for each person. The protocol will specify the exact conditions under which the medication is to be administered.
2. DIRECT CARE STAFF MUST GET APPROVAL FROM THE SERVICE AREA HABILITATION SPECIALIST OR THE ON-CALL PERSON.
3. PRN medication intended to reduce behaviors may not be administered without approval.

General instructions:

All medications are to be returned to the appropriate person's medication box, before the next person's medication is delivered.

Before you close the medication book or lock up the medication cabinet:

1. Check that all the medications were given, ensure your initials are recorded.
2. Sign the medication documentation sheet if you have not already done so. There should be a separate medication documentation sheet for each person who is taking any form of medication.
3. Make sure all topical medications are placed back in labeled plastic bags.
4. LOCK the medication notebook and all the medication boxes in the cabinet.
5. PLACE THE MEDICATION KEYS IN THE DESIGNATED SPOT. (This is documented in the relief book in each home.)

SPECIAL INSTRUCTIONS

Medication Errors or Medication Problems

If a scheduled medication is missed; or a wrong medication is given; or a medication is given to the wrong person:

- 1. Immediately call the pharmacy that dispensed the medication, the prescribing doctor, or the hospital Tele-nurse at 447-2666 for instructions on how to proceed.**
 2. Notify the supervisor or habilitation specialist for that area. If they are not available, call the on-call person to report the error.
 3. Follow the instructions given by the medical personnel. For example, you may be told to call poison control.
 4. **Write an incident report** and turn it into the office within 24 hours.
 5. Turn over the medication documentation sheet and fill out the requested information.
- If a person spits out a medication, vomits a medication and the medication is visible in the vomit, or the medication is dropped, the following procedure is followed:
 - a. The medication needs to be repeated.
 - b. Your supervisor needs to be notified.
 - c. An incident report needs to be written and turned into the office within 24 hours.
 - d. Document on the back of the medication documentation sheet.

Documentation errors:

1. Do not use white out or erase anything on the medication documentation form. If an error is made; circle the error and record on the back of medication documentation form: the error, the reason, and your name. **Write an incident report.**
2. If the medication documentation sheet indicates that a medication should have been dispensed earlier, and the sheet is not initialed indicating the medication had been dispensed, the following steps need to be taken:
 1. Circle the empty signature location.
 2. Check with the employee who supervised the medication delivery at that time to see if the medication was given.
 3. If the medication was given but not initialed, continue with the next dosage.
 4. If the medication was not given; call the Health/Environmental Specialist,

the pharmacy, the doctor or Tele-nurse for instructions. Follow the instructions.

5. If the previous employee who assisted with the medications is unavailable, call the above as listed in #4.
6. Document your actions on the back of the medication documentation sheet. **Always follow up with an incident report.**

If the medication has been discontinued, the following steps need to be followed:

1. Have the doctor call the pharmacy with the prescribed change.
2. Notify the pharmacy that the doctor discontinued the medication. Follow any recommendation from the pharmacist.
 - **ANY UNUSED DISCONTINUED MEDICATION MUST BE TURNED INTO THE HEALTH SPECIALIST OR THE ON-CALL PERSON WITHIN 24 HOURS.**
3. Use a red pen or magic marker and draw a line through the rest of the days left on the medication sheet.
4. Write the date and name of the doctor who discontinued the medication, and your initials and date on the red line.
5. Write in the house log, ID notes, medical history and medication response profile that the medication was discontinued.
6. Fill out a medication change/addition form and send to the individual's day program or work. A copy must be forwarded to the Health and Environmental Specialist.

If a new medication is added in the middle of the month, the following steps need to be taken:

1. Write information for new medication with times and other needed information on the medication documentation form.
2. Draw a dark line from the first day of the month to the day the medication is to be started.
3. Complete a medication change/addition form and sent a copy to the individual's work or day program. A copy must be forwarded to the Health/Environmental Specialist.
4. Write in the house log, ID notes, medication response profile sheet, medication history sheet and a special instruction form (if needed) that the individual has been started on a new medication.

Procedure for documenting medications taken at Day Programs and Home with parents or relatives:

1. Weekly or monthly supply of medications are not to be handled by person served. Medications **MUST** be delivered by SMR staff to day program or work.
2. Medications are to be counted by SMR and day program staff. Type of medication, dosage, frequency, medication count information is to be entered on the Medication Facility Exchange form.
3. A person served can have their medications in their possession with IP team approval. Approval must be written in the IP Summary Notes. Bottle must be labeled with name, medication, dose and administration times.
4. Persons served requiring medication when they are visiting family, or on out of town trips, will take an adequate amount of medication. Written instructions for medication administration, dosage, and delivery times will be included.

Abbreviations to be used on Medication Documentation Form will be as follows:

- D Day Program
- W Work
- H Home
- V Vacation

Procedures for “Delegated Tasks”

The following CANNOT be dispensed by SMR employees AT ANY TIME unless properly trained by a medically licensed staff person.

1. Vaginal suppositories. On occasion, SMR employees may be called on to assist with this. Required skills and training will be determined by the Health Specialist.
2. Rectal suppositories. On occasion, SMR employees may be called on to assist with this. Required skills and training will be determined by the Health Specialist.
3. Enemas. On occasion, SMR employees may be called on to assist with this. Required skills and training will be determined by the Health Specialist.
4. Injections may not be given by non-licensed personnel. An exception is granted if staff have been adequately trained to assist a client to use a prescribed “epi-pen” in an emergency situation.
5. Finger sticks (for blood sugar levels)

Staff with proper training can assist a person in obtaining blood sugar samples. The client must be the person to press the button on the lancet pen and remove the used lancet to a sharps container. Staff may not at anytime handle a used lancet!

MEDICATION DOCUMENTATION SHEET

Spring Meadow Resources employees must at times, supervise the administration of medication for people receiving services. It is necessary to establish formal procedures to ensure this occurs in as safe a manner as possible. In order to ensure that medication is administered according to the physician's orders and to ensure records pertaining to medication for people receiving services are accurate, the following procedure will be followed:

Instructions for completing Page One (front of form):

Write in the following each month:

- Name and birth date
- Allergies: any allergies, list in red.
- Special Diet: if person served is on a special diet, such as specific calorie, diabetic, low salt, etc.
- Medication: name of medication as listed on the container, brand name or generic name may be listed in parenthesis, the mg. or strength of the medication must be listed here also. Example: Medication: Carbamazepine 200 mg. (Tegretol)
- Dr.: the medical provider prescribing the medication. It may not be a doctor, but a nurse practitioner or physician's assistant.
- Diagnosis: this is the reason for the prescription, i.e., high blood pressure, sore throat, depression, etc.
- Side effects pg.: this is the page number in *The Essential Guide to Prescription Drugs*, where the medication's side effects are listed. This book is in all service locations for easy reference to the side effects of a medication. If the medication is not listed in this book, notify the Health/Environmental Specialist or pharmacist for a copy of side effects.
- Day: the calendar day of the month.
- Hour: the specific times of day the medication is to be taken. AM or PM needs to be indicated.
- Dose: how much medication is to be given. Note: If different amounts are to be given during the day, a different medication box should be used to lessen med. errors. Example: The medication order is for Tegretol 200 mg. , 1 tablet in AM and Bedtime; 2 tablets at Noon. The Noon medication should be listed in a different medication box than the AM and Bedtime med., because they are different dosages.
- Freq.: the number of times in a day the medication is to be given.

- **Route:** the manner the medication is to be taken, i.e., orally, topically, or instilled into the eye, nose or ear, etc.
- **Start and Stop:** the date the medication was started and, if known, when it is to be discontinued. A medication, such as an antibiotic, would have a stop • date.
- **Response to Medication:** this is where it is noted how the person is doing on the medication; if the medication is being effective for the purpose it is prescribed. Examples: Tegretol- a notation on how many seizures the person has had for that month; or for an antibiotic- if the infection is improving.
- **Controlled Drug:** *The Essential Guide to Prescription Drugs* indicates whether each medication is considered a controlled drug (found directly under the medication name). Indicate US classification here. Controlled Drugs must be counted daily. All other medications are to be counted at least monthly.
- **Special Instructions Sheet:** if this is marked “yes”, a special instructions sheet should be attached to give specific instructions regarding medication administration.
- **Signature:** all employees in the service location should sign this section.
- **INT:** the Initials the employee uses in the boxes above. Documentation of the medications is to be done following the Medication Delivery Procedure.

Page Two (back):

This page is for listing:

1. Medications that were not taken and the reason why.
2. Medications that are used on an as needed basis- PRN.

- **The Name and Month/Year:** to be completed at the top of the page.
- **Medication(s) Not Taken:** to be filled in whenever a medication is not taken. Refer to the Medication Delivery Procedure on what to do when a medication is missed.
- **PRN Medication:** list the name of the medication and the strength as it is listed on the medication container. The brand or generic name can be listed in parentheses.
- **Reason Medication Given:** specifics pertaining to why the medication is needed, e.g., Tylenol for headache, Robitussin for cough, etc.
- **Day, Dose, Freq., Route, Hour, Controlled Drug, and Special Instruction Sheet** are all completed as on Page One (front) of the Medication Documentation Sheet.

MEDICATION CONTROL

Congregate Homes Medication Control Procedure

When any medication is brought into an SMR operated facility, the staff person that receives the prescription from the pharmacy must do the following:

1. Immediately count the pills and compare your count with the number dispensed indicated by the pharmacy container. Record the amount in the container on the medication documentation sheet. If the number in the container is not the same as the number written by the pharmacy, recount the pills, and notify the pharmacy immediately.
2. Look up the medication in the drug book *Essential Guide to Prescriptions Drugs* to determine if the medication is a **controlled drug**. If the medication is not listed in the book, immediately call the pharmacy that filled the prescription and ask if the medication is a controlled drug.
3. Mark the section of the medication documentation sheet indicating whether the medication is a controlled drug. **Controlled drug: No Yes**
4. Complete the medication documentation sheet, including the page number in *Essential Guide to Prescription Drugs* containing side effects.

If the medication is a controlled drug, the following must occur:

1. If this is a new medication and a controlled drug, notify the Habilitation Specialist and Health/Environmental Specialist immediately. If it is after business hours, notify the on-call person. Notification will include: name of person served, name of controlled medication, the dose, and the purpose of the medication.
2. Controlled medication must be counted and documented at least once daily. The count should occur each evening, after the last medication of the day has been administered.

Some examples of controlled drugs: sedatives such as Ativan (generic lorazepam), pain medications such as codeine or hydrocodone, some seizure medications such as Tranxene (generic Clorazepate) and Phenobarbital, and some behavioral medications such as Klonopin (generic Clonazepam).

Special Instructions for Handling Controlled Drugs:

1. The amount taken, the time of day and the date must be recorded on the medication documentation sheet. Example: If the instructions say "1-2 tablets four times a day as needed for pain", the actual amount taken must be recorded, i.e., either a '1' or '2', the time, AM or PM, and your initials.

2. When the medication is counted, if the number of pills does not correspond with the number recorded on the medication documentation sheet, recount the medication . If the count is still off, notify the area supervisor immediately. If the area supervisor is not available, notify the on-call person.
3. If a controlled medication needs to be destroyed because it was spit out and falls on the floor or falls down the drain, etc., the staff person must document what happened to the medication on the back side of the medication documentation sheet, under the section Medications not taken.
4. When controlled drugs are taken out of the home, e.g., when a person served takes vacation or visits family, staff must document the amount of medication taken out of the home by the person served. When the person served returns to the home, the amount brought back by the person served is also to be documented.
5. When the person served has not needed a controlled medication, e.g., pain medication, for three days, the remaining pills must be counted, documented on the medication documentation sheet, and turned in to the Health/ Environmental Specialist or the on-call person. After two weeks, if the medication is no longer needed by the person served, the Health/ Environmental Specialist will dispose of the medication. By federal law, the pharmacy cannot take back controlled medications.
6. Controlled Medications that are needed infrequently, that have been prescribed by a physician to be taken prn (as needed) will be maintained in the facility according to the physician's orders. Medication counts must occur daily and are documented.

Supported Living Medication Control Procedure

The level of medication assistance is to be determined by a Supported Living Person's IP Team.

Persons Needing Medication Assistance:

When any medication is obtained for a Person in Supported Living that requires medication assistance, the staff person that receives the prescribed medication from the pharmacy must do the following:

1. Count the pills and compare your count with the number dispensed indicated by the pharmacy on the bottle. If the number in the bottle is not the same as the number written by the pharmacy, recount the pills, and notify the pharmacy immediately.
2. Look up the medication in the drug book *Essential Guide to Prescriptions Drugs* to determine if the medication is a **controlled drug**. If the medication is not listed in the book, call the Pharmacy to see if the medication is a controlled drug.

Spring Meadow Resources, Inc. Policy and Procedure Manual

Procedure: Medication Control

Revised: June 1, 2007

3. If the Person uses Medication Documentation Sheets, mark the section of the medication documentation sheet indicating whether the medication is a controlled drug. Mark **Controlled drug: No ___ Yes ___**. Complete the Medication Documentation Sheet, including the page number in the *Essential Guide to Prescription Drugs* containing the medication's side effects.

If the medication is a controlled drug, the following must occur:

1. If this is a new medication and a controlled drug, notify the Service Manager or the Health/Environmental Specialist immediately. After hours, notify the on-call person. Notification will include: name of person served, name of controlled medication, the dose, the quantity, and purpose of the medication.

2. Controlled medications must be monitored daily. Examples of controlled drugs: sedatives, pain medications, some seizure medications, such as Tranxene (generic name Clorazepate) and Phenobarbital, and some behavioral medication such as Klonopin (generic Clonazepam.)

Special Instructions for Controlled Drugs for Supported Living Persons Needing Assistance:

1. The amount taken, the time of day and the date must be recorded on the medication documentation sheet. Example: If the instructions say "1-2 tablets four times a day as needed for pain", the actual amount taken must be recorded, i.e., either a "1" or "2", the time, AM or PM and your initials.

2. When the medication is counted, if the number of pills does not correspond with the number recorded on the medication documentation sheet, recount the medication. If the count is still off, notify the area supervisor immediately. If the area supervisor is not available, notify the on-call person.

3. If a controlled medication needs to be destroyed because it was spit out and falls on the floor or falls down the drain, etc., the staff person must document what happened to the medication on the back of the medication documentation sheet, under the section Medications Not Taken.

4. When the Supported Living Person has not needed a PRN controlled medications, e.g., pain medication, for 1 week, the remaining pills should be counted and turned in to the Health/Environmental Specialist. After three weeks, if the medication is no longer needed by the person served the Health/Environmental Specialist will dispose of the medication.

5. If there is a situation that requires a person to have on hand *an infrequently used controlled medication*, it can remain in the person's home but it must be counted and documented at least weekly.

Persons Not Needing Medication Assistance

If a Person is independent in taking their medications and does not use Medication Documentation Sheets, staff will monitor the person's medications with the needed support as specified by their IP Team.

At the time a new medication is prescribed, SMR staff will evaluate the person to make sure the person understands the instructions and can take the medication as prescribed. At least one follow up visit for compliance is recommended.

If Supported Living Staff become aware of a controlled medication being prescribed for a person served who does not need medication assistance, staff will try to monitor the use of the medication.

PREVENTATIVE HEALTH CARE

Spring Meadow Resources recognizes the importance of preventative health care and physician assessment to detect illnesses or problems in their early stages of development. All health care provider recommendations for preventative health care will be followed, e.g., exercise, special diets, therapy, etc. All health care provider recommendations pertaining to the care of persons with acute or chronic medical conditions, e.g., cardiac conditions, diabetes, cancer, etc., will be followed. The following guidelines will be used to ensure that medical problems are detected as early as possible so that early intervention may occur. If an individual's health care provider recommends a schedule of examinations that differs from these general guidelines, the health care provider's recommendation will be followed.

- Physical examination annually (all ages)
- Dental examination annually (all ages)
- Opthamalogical every two years
- Audiological as needed, as recommended by health care provider
- Psychological as needed, as recommended by IP team
- Nutritional as needed, as recommended by health care provider
- Mammography(female) baseline at age 40 then every 1-2 years (screening for breast cancer)
- PAPS exam(female) every 3 years or as-recommended by health care provider (screening for cervical cancer)
- Protein Specific Antigen(male) as recommended by health care provider (screening for prostate cancer)
- Colorectal Cancer Screening annually starting at age 50
- Flu Shot annually
- Other Immunizations as recommended by health care provider

Other screenings may be necessary as determined by healthcare provider using person served physical findings, age, risk factors, and family history. All health care provider recommendations for therapeutic evaluations, e.g., occupational therapy, physical therapy, speech therapy, etc., will be followed. All recommendations made by the evaluator will be implemented.

TERMINALLY ILL CLIENTELE

The provision of residential options for people with developmental disabilities requires that we deal with the wholeness of an individual's life including the aspect of dying. As the provider of residential services, we become a member of their family and provide the same level of concern and support while their health is failing as we provided during their active years.

Decisions regarding the medical and life sustaining efforts to be made on behalf of an individual will remain with the individual, their physician, and/or their guardian. In those circumstances where a person's life is threatened by failing health, Spring Meadow Resources staff will provide whatever life support is necessary until qualified medical personnel are physically present and have assumed life support responsibilities.

DIET CONTROL AND MAINTENANCE

Spring Meadow Resources serves meals that are pleasing, nutritionally balanced, and that incorporate the daily recommended allowances to generate maximum benefit for persons receiving services. The corporation recognizes that one aspect of good health maintenance is through a healthy diet. Menus followed in congregate homes are reviewed to ensure they are nutritionally sound. People living in housing where they are responsible to provide their own meals receive education on an individual basis to promote healthy eating. If a person has been prescribed a diet by a physician to accommodate a unique need, the agency will educate the person served so the diet is implemented as prescribed.

DIET CONTROL AND MAINTENANCE

Menus are designed for people receiving services by the service location supervisor and the people living in the service location. Menu reviews are completed regularly by the Health Specialist. Foods corresponding to the menus are purchased by the Spring Meadow Resources staff and the people living in the home.

Special diets as ordered by an individual's physician are developed on an as needed basis. Dietary recommendations are incorporated into the food plan. Special dietary needs and individual food allergies are posted in all homes. Physician's orders are followed. Any changes made by the person's physician are immediately posted and followed.

Individuals living in congregate homes will have weight monitored on a monthly basis. If a person has a weight loss or gain, their physician may order a special diet. Special diets are formulated on an as needed basis.

The menus are written to ensure people served are getting all the needed nutrients for a healthy diet. All persons receive a regular diet until a diet change is made by their doctor.

If a diet is changed, a prescription is written and a copy of the prescription and the physician's referral to a dietitian or nutritionist is given to the Health Specialist. The Health Specialist, the Hab Tech II, or both, will meet with the dietitian or nutritionist to formulate a new diet for the person.

The new diet is then posted at the service site so that all staff can follow the diet. All service site staff will receive training on diet implementation.

CARE OF INDIVIDUALS WITH INCONTINENCE

Spring Meadow Resources will provide care ensuring all individuals with either daytime or nighttime incontinence are comfortable and their physical well being is not jeopardized. In order to maintain conditions as sanitary as possible, the following procedure has been established.

Daytime incontinence:

1. All individuals wearing adult protective undergarments will be monitored by staff to ensure that undergarments are not soiled. All adult protective undergarments should be checked at least once every two hours, unless the individual indicates that the undergarments are soiled. Adult protective undergarments should be monitored in such a way that the individual's privacy is respected. Adult protective undergarments should be checked for soiling in the bathroom or in the individual's bedroom. This procedure should not occur in the common areas of the house or in a place where other people can observe.
2. When an adult protective undergarment is soiled, it should be changed immediately.
3. To ensure privacy, all adult protective undergarment should be changed in the bathroom or in the individual's bedroom.
4. Staff must wear disposable gloves to perform this procedure.
5. When the soiled undergarment is taken off, it should be placed into a plastic lined pail with a lid.
6. The individual is to wash self (staff will assist as necessary) using disposable personal hygiene wipes or clean wet washcloths and allowed to dry before placing another clean adult protective undergarment on their body.
7. Powder may be applied to the inside of the adult protective undergarment to prevent chafing and other skin irritations if not contraindicated by the individual's health care provider. Scented or unscented is a matter of individual preference. Some individuals may develop a rash if scented powder is used. Staff should monitor skin condition and obtain medical care for any indication of rash or skin break down.
8. A clean adult protective undergarment is placed on the individual.
9. Staff should check to ensure that all clothing that the individual is wearing is not soiled. If any clothing is soiled, it should be taken off and the individual should be dressed in clean clothing.
10. Pail containing soiled adult protective undergarment should be emptied at least once daily. If an individual has had a bowel movement, the soiled undergarment should be removed from the home as soon as possible.

Nighttime incontinence:

1. All individuals with incontinence will sleep on a mattress that has been covered with a protective covering.
2. When an individual is incontinent, clean linens will be placed on the bed immediately. A washable, reusable bed linen protector may be used. If the incontinence occurs during nighttime hours, the bed will be changed in the morning when the morning staff comes on duty. If night staff are on duty, bed is to be changed immediately. Gloves shall be worn by staff who are completing this procedure.
3. Soiled bed linens are to be taken immediately to the laundry room. Soiled linens are not to be mixed with other dirty laundry of any type.
4. Soiled bed linens are to be washed immediately. Soiled bed linens are to be washed with soap and a disinfectant solution (PH7q).
5. The bed is to be wiped clean each time an individual is incontinent. The bed should be wiped with a disinfectant solution (PH7q) and should be allowed to dry before placing clean linens on the bed. A chlorine bleach/water solution should NOT be used.
6. If weather conditions permit, the window should be opened to allow odors to escape. Room deodorizers may be used if this conforms with the preferences of the individual.

Note: If night staff are on duty, soiled adult protective undergarment should be changed immediately. Procedures outlined above should be followed.

BEDS AND BEDDING

In order to ensure that all individuals receiving services sleep in conditions conducive to good physical health, the following minimum standards have been established.

All individuals receiving services and residing in a congregate home will be furnished a single bed that is in good condition. If an individual prefers a bed of another size, that individual's preference will be respected if bedroom space permits. If an individual wishes a bed size other than a twin, the individual must use their personal funds to purchase the bed. The individual will also be responsible for the purchase of accompanying bedding.

All beds and bedding will be in good condition. All mattresses will be protected with a mattress cover. The agency will provide adequate twin size bedding as needed. This includes but is not limited to sheets, blankets, comforters, and mattress covers.

Blankets should be washed on a regular basis. All comforters should be placed on the bed during the hours that the individual is not sleeping. Comforters are intended to serve a dual purpose, provide warmth and enhance the appearance of an individual's bedroom. Comforters should be purchased respecting individual choice of design and color.

Some individuals prefer to decorate their bed with blankets depicting scenes or animals. If an individual prefers, this choice should be respected.

PERSONAL GROOMING SUPPLIES/AIDS

In order to ensure that all people receiving community living services are able to maintain a personal appearance that is acceptable to other people living in the community of Helena, the following minimum standards have been established.

All individuals, unless it is a matter of individual preference, are encouraged to shower or bathe daily. If an individual receiving services prefers to bathe on a less frequent basis, that individual's preference will be respected. Spring Meadow Resources will provide the education necessary so that the individual is making an informed choice. If grooming is identified by an individual's IP team as an area of need, support and/or habilitative programming will address this area.

Adequate supplies of personal care products will be maintained according to each individual's grooming needs. Products may include, but are not limited to: comb, brush, toothbrush and toothpaste, shampoo, shaver, nail clippers, hair dryer, etc. Personal grooming supplies must be stored separately and person's served are not to share combs, brushes, nail clippers, or shavers.

SAFETY OF PEOPLE RECEIVING SERVICES

Spring Meadow Resources' most basic responsibility towards people receiving services is to protect their health and safety. Although we are constantly striving to increase their level of independence, we can never lose sight of the fact that, in many situations, they will need our guidance and supervision. Most commonly these situations will occur when a person receiving services is confronted with choices where a bad decision could result in physical injury, extreme emotional trauma or unnecessary public ridicule.

Each employee working with people receiving services must develop the judgment to know when they are providing an adequate amount of guidance and supervision. People served must experience the dignity of making decisions and performing tasks that they have been adequately prepared for. In many cases, too much supervision can be as harmful as too little. It is inevitable, however, that in the process of assisting people served to develop good judgment, errors will be made. It is imperative that these errors occur on the side of safety of people receiving services.

To help ensure the safety of people served, the following guidelines will be observed:

1. When people receiving services are transported in a van, each person will wear a seat belt. Vans will never be overloaded resulting in a shortage of seat belts.
2. When a person's agility skills are poor, a staff person should always be close enough to the person served to provide assistance while the person served is getting on and off a van.
3. People will never be left unsupervised in a running vehicle.
4. Employees should assist people served, as necessary, in keeping porches, walks and steps clear of ice and snow. In situations where people served are unable to help with these tasks, it will be the responsibility of the employee to see that these areas are always in a safe condition.
5. People served will be trained to keep their belongings off of floors, stairways and any other locations which could cause an accident. In situations where a people served are unable to properly care for their possessions, Spring Meadow Resources' employees will be responsible to ensure that articles are stored in a safe manner.
6. Articles that could cause injury (e.g., knives, cleaning fluids, fragile glass, etc.) will be kept away from people who have not been properly trained to handle and use them.
7. All people who reside in a congregate home will be assessed by their Individual Planning team annually to determine whether they can remain in the congregate home when staff are not present to supervise, and/or respond

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Procedure: Safety of People Receiving Services

Revised: June 1, 2007

in an emergency. Assessment results and the Individual Planning team recommendation will be documented and maintained in each person's records.

8. People served will always be supervised during training programs unless the program procedures specifically state that the person will be left alone for a specified amount of time.
9. People served who are inclined to leave the service location (e.g., congregate home, a day program, a public setting, etc.) should be inconspicuously, yet constantly, supervised. When it is identified that a person has these tendencies, appropriate precautions may include, in addition to supervision, an alarm on outside doors, programming to reinforce behaviors incompatible with running away and a "retrieval" plan to be implemented in the event that a person does leave the service location.
10. Each implemented objective that is part of a person's Individual Plan (including skill acquisition or deceleration) will be carefully reviewed by direct-care and supervisory staff to ensure that it is safe for the person receiving services and the staff person providing assistance.
11. People who have seizure disorders and live in congregate homes will never be left unsupervised while bathing or showering. When a person is supervised while bathing, every effort will be made to protect dignity and right to privacy.
12. Upon the occurrence of any incident that affects a person's safety, the staff person(s) involved will complete an Incident Report and submit it to the Incident Management Coordinator.
13. Safety Committee Responsibilities are as follows:
 - a. The Incident Management Committee will refer any Incident Reports that affect safety to the Safety Committee for review. The Safety Committee will review all follow up activities pertaining to the incident report.
 - b. As a result of Safety Committee review, recommendations will be made to prevent similar incidents from occurring in the future.
 - c. The Safety Committee will make recommendations to the Executive Director concerning safety training that could be done in an overall effort to make agency services as safe as possible.
 - d. The Safety Committee will review, at least 2x annually, safety inspections performed by the Habilitation Specialist, Hab Tech II and Maintenance Manager and make recommendations as necessary.
 - e. The Safety Committee will review, at least 2x annually, safety inspections of corporation vehicles and make recommendations. Monthly maintenance inspections of corporation vehicles will be reviewed by the assistant director, who will follow through with maintenance issues.

f. Minutes will be kept for each Safety Committee meeting. These minutes will be disseminated to the members of the Safety Committee and, all service locations, and the Executive Director.

Note: All staff injuries/accidents will be reviewed by Assistant Director and designated representatives of the Safety Committee. Habilitation Specialists will participate in the formal review of all incidents involving staff safety in their respective service areas.

PERSONAL POSSESSIONS OF PEOPLE RECEIVING SERVICES

Each person receiving services from Spring Meadow Resources is encouraged to make their living environment as personal as possible. People are encouraged to have personal possessions, either through their own purchases or gifts received. Due to the necessity of protecting the people we serve, the following standards shall apply:

1. Personal possessions shall remain in the home where the individual resides unless removed for the owner's use.
2. Personal possessions are not to loaned to others outside the residence.
3. Staff are not to borrow, receive as gifts or to loan to others, the personal possessions of people served.
4. All personal possessions are to be inventoried annually. When persons served in congregate homes make purchases or receive gifts between inventory dates, items are to be documented on the inventory record.
5. When personal possessions are discarded, sold, or given to charity, it is to be documented on the inventory record.

PERSONAL CLOTHING GUIDELINES

In order to ensure that all individuals receiving services are dressed fashionably and blend into the community of Helena, the following recommendations are suggested.

All clothing should fit properly, be of current style, appropriate for the season, and be in good condition. All clothing should be of a style that is similar to what other people of the same age in the community are wearing. Clothing should be selected by the individual making the purchase, i.e., the person receiving services, whenever possible. At times, an individual receiving services may have a preference to wear a style of clothing that does not conform to the rest of the community. Individual preference and taste should be respected.

People served will maintain an adequate amount of clothing to meet the needs of the individual for each season.

Clothing inventories of items valued over \$75.00 should be done once a year using the agency inventory form. Clothing will be reviewed at least annually for condition and adequate amounts.

SUPPORTED LIVING PROGRAM ENTRANCE CRITERIA

To ensure that a person desiring to receive Supported Living Services from the agency is not placed at unnecessary risk living in the community and that the program (with available personnel resources) is able to meet the needs of a person desiring services, the following criteria have been developed. ALL criteria must be met.

1. Must be eligible to receive Developmental Disabilities services.
2. Must be Medicaid eligible.
3. Can financially afford to live on his/her own.
4. Has a cost plan that will provide the services necessary to meet the individual's needs.
5. Is willing to accept the rights and responsibilities of accepting Supported Living services.

INPUT FROM PERSONS SERVED

All persons receiving services from Spring Meadow Resources have the right to receive services centered around their needs, wants, and desires. To this end, we have and shall continue to seek out and utilize their direction in service delivery on a regular basis through a variety of methods and opportunities.

Methods include, but are not limited to:

- consumer satisfaction surveys completed annually by all people receiving services;
- consumer satisfaction surveys completed annually by other stakeholders, i.e., targeted case managers, other service providers, family members of people receiving services;
- consumer meetings held monthly in each service location;
- consumer assessments and IP meetings held annually;
- agency planning meetings held annually to solicit input from all people served;
- quarterly meetings held with representatives from the Developmental Disabilities Program, including targeted case managers and field service specialists.

Spring Meadow Resources recognizes that input is provided on an ongoing basis and that the most valuable method of soliciting and using input from people receiving services occurs informally through conversation. Spring Meadow Resources employees will use information and input provided in this manner to the utmost of their ability to plan and deliver services on an individualized basis.

ASSESSMENT AND EVALUATION

In order for Spring Meadow Resources to develop a comprehensive Habilitation/Support Plan (IP) for an individual, it is imperative that assessments be completed. The results of the initial interdisciplinary assessment and periodic reassessments are the basis for all services provided to an individual.

The assessment process identifies:

- the individual's present preferences and choices;
- the individual's developmental level;
- the individual's strengths, abilities, and developmental needs;
- the conditions that may impede the individual's development;
- the individual's need for services;
- and available alternatives for the selection of needed services.

Assessment may also identify the individual's presenting problems and disabilities and, where possible, the causes. The assessment process like other activities, should be carried out with utmost concern for the choices and preferences expressed by the person receiving services, as well as the principle of least restriction. The process should focus on those skills present, or needed, in order for the individual to function in society as independently as possible.

ASSESSMENT AND EVALUATION

Assessment and evaluation of each person served by Spring Meadow Resources includes attention to the following: physical development and health; sensorimotor development (fine motor, gross motor, perceptual skills); communicative development; social development; affective or emotional development; cognitive development; and adaptive behaviors or independent living skills. The assessment process also includes: a dental evaluation, a medication history, a nutritional screening, a visual screening, an auditory screening, and an educational, vocational, psychological, or developmental assessment, as appropriate for the person receiving services, and as determined by the interdisciplinary team.

A more comprehensive assessment/evaluation will be completed when indicated by the results of a screening or a developmental assessment. For example: (1) if a nutritional screening indicates that the person served is overweight, a comprehensive evaluation by a registered nutritionist may be appropriate; or (2) if the developmental assessment indicates significant delays in motor development, a physical therapy evaluation may be appropriate. The IP team may determine it is advisable to obtain additional specialized assessments for an individual. Examples of these assessments might be:

1. physical therapy
2. occupational therapy
3. blood levels, as needed, for those individuals on medication for a seizure disorder.

The assessment process must also be adapted to the cultural background, language and ethnic origin of each person served in order for the assessment to provide accurate results. The IP team should also be aware of, and sensitive to, the life style of the person because such social contacts may influence the person's performance.

The IP team must also take into consideration the time demands of an assessment on the person served and the direct care staff. These demands must be realistic.

1. Within thirty (30) calendar days of admission into services the IP Team must review evaluations and screenings made prior to admission. This review synthesizes the results of those assessments into an initial comprehensive evaluation of the development and potential of the individual. The IP Team should also evaluate the degree to which the individual's environment is conducive to further evaluations/assessments and the team should provide or obtain assessments needed such as an occupational therapy assessment, a physical therapy assessment, a neurological examination, a psychiatric evaluation, and assessments of recreation and leisure skills.

2. Within thirty (30) calendar days of a person's admission, the agency provides or schedules appointments for the following initial assessments:
 - a. a physical examination and health assessment performed by a licensed physician;
 - b. a dental examination, including an assessment of oral hygiene practices;
 - c. a nutritional screening;
 - d. a vision screening;
 - e. an auditory screening;
 - f. a speech and language screening;
 - g. a social evaluation that includes a social and developmental history;
 - h. a psychological evaluation;
 - i. an assessment of adaptive behavior or independent living skills;
 - j. a developmental, educational, and/or vocational evaluation. The vocational evaluation must identify the work interests, work skills and work related behaviors, and identify present and future employment options;
 - k. a medication history documented through interviews and a review of records from previous placements; and,
 - l. an immunization history documented through interviews and a review of records from previous placement.

3. If a person receiving services has a seizure disorder, the physical examination and health assessment should include a determination of seizure type. This determination will ordinarily require reviews of family and developmental histories, subjective and objective descriptions of seizures, electroencephalogram (EEG) evaluations, and seizure frequency data. When indicated by the physical examination, individuals with seizure disorders should receive comprehensive neurological evaluations.

4. At least annually, the agency provides or obtains the following reassessments:
 - a. vulnerability/risk assessment (focus on safety in the community);
 - b. choice/preference assessment;
 - c. physical examination and health assessment;
 - d. dental examination;
 - e. adaptive behavior or independent living skills;
 - f. developmental, educational, or vocational evaluation;

- g. updated medication history;
- h. updated immunizations history;
- i. blood drug level examinations for those individuals with seizure disorders;
and,
- j. and other reassessments as needed.

People who use adaptive, corrective, mobility, orthotic, or prosthetic devices will be reassessed to ascertain the continued applicability and fitness of those devices.

Reassessments are provided or are obtained when the behavior or responses of a person indicate the need, or during periods of personal crises.

5. When referring a person served to other agencies or practitioners for assessment services that our agency does not provide, the staff must:
 - a. Have a valid reason why the assessment services outside the agency must be pursued, e.g., a recommendation by the IP Team;
 - b. obtain approval from their immediate supervisor;
 - c. determine method of payment for the evaluation;
 - d. obtain a written referral/prescription from the individual's physician, if indicated;
 - e. schedule the assessment with the other agency or practitioner if assigned by the IP Team;
 - f. attend the evaluation with the person served unless otherwise indicated by the interdisciplinary team;
 - g. follow-up in the completion of the referral; and,
 - h. obtain a written copy of the results of the evaluation and utilize the recommendations made in the evaluation in developing the Individual Plan.

6. The interdisciplinary team or a designated team member will interpret and provide guidance in utilizing the assessment components provided by different practitioners or agencies.

7. It is documented by staff:
 - a. the individual and, when appropriate, the individual's family and/or advocate are involved in the assessment;
 - b. assessment findings are interpreted to the individual, and when appropriate, to the individual's family and/or advocate; and

- c. assessment findings are interpreted, in terms of actions to be taken, to the person responsible for carrying out the individual's program.
8. Assessment findings are recorded in terms that facilitate clear communication across disciplines and with people served.
9. With appropriate written permission and with regards to other requirements concerning confidentiality (see Confidentiality Policy), assessment reports are sent to other agencies that provide services to the individual .
10. Interdisciplinary teams can prescribe other than annual intervals for certain reassessments (developmental, educational evaluations, nutritional evaluations), if this would be more meaningful to the overall habilitation process for the individual. This decision must be made on a case by case basis, based on the needs of the individual.
11. For those assessments not completed on an annual basis (e.g., psychological or social evaluation), a review of the assessment results needs to be completed annually in order to determine whether they are reflective of the individual's capabilities and needs at the time of review. If they are not, then the assessment needs to be updated. This practice will avoid the problem of planning current programs based on outdated assessments.

HABILITATION/SUPPORT PLANNING

All people receiving services from Spring Meadow Resources will have a written Individual Plan (IP) based on an assessment and evaluation process developed by an interdisciplinary team.

The Individual Plan (IP) refers to the written plan of intervention and action that is developed by the interdisciplinary team. The plan specifies both the goals and objectives being pursued by the person served and the responsibilities of each involved agency to assist the person to achieve them. Goals and objectives are written so that desired outcomes are clearly specified.

I. The characteristics of an IP

- person-centered
- comprehensive
- data-based
- goal-directed
- continuous
- coordinated
- an interdisciplinary team process

II. The initial IP will be developed within 30 days of a person's admission to services.

III. Team characteristics:

- The needs of the people Spring Meadow Resources serve are complex. To address those needs adequately will require the collective expertise and knowledge of many people. The team is interdisciplinary and members represent a variety of disciplines.
- Team members include: the person served, and when appropriate, the person's family, guardian or advocate. The remaining members of the team are determined by the person's needs and wishes. The people who have completed assessments and evaluations should be present, as well as the people who will design, implement and evaluate the plan. It is essential that the people working most directly with the person receiving services be members of the team.
- All team decisions are made by consensus so that the commitment of each team member is assured.

IV. Assessment Phase.

- Initial evaluations and assessments are completed within 30 days of admission into services.
- Assessments may include, but are not limited to the following:
 - Adaptive Skills
 - Risk (vulnerability)
 - Choice/Preference
 - Individual Behavior Assessment or ICAP
- Screenings and evaluations should address all of the major facets of the individual's life.
- When an assessment is not required on an annual basis, the IP team determines the frequency appropriate to meet the individual's needs.
- Assessments should be conducted in the environment promoting the individual's best performance.

V. Goal Setting Phase.

- Goals are developed through a synthesis of the information collected in the Assessment Phase.
- Goals are long-range outcomes that are expected to be achieved by an individual within one to five years.
- Long-range goals are statements of long-range outcomes written in measurable terms.

VI. Objective Setting Phase.

- Behavioral objectives are targeted skills that become the steps that move the individual toward meeting their long-range goals. Behavioral objectives are statements of what the individual will learn over the next year.
- Developing behavioral objectives is a team activity. Each objective should have team concurrence which means that each team member will take an active role in implementing the objectives in the plan.
- Behavioral objectives are specific statements of outcome. This means that they are worded so that their accomplishment can be easily determined.
- Behavioral objectives include criteria that indicate when the individual is performing at the desired level and how long the performance will be maintained. The performance maintenance component is necessary to measure stability.
- Maintenance of skills does not constitute an appropriate behavioral objective. If an objective is properly selected, the skill will be maintained by virtue of its consistent use. When it is necessary to write maintenance objectives to

maintain skills, e.g., perhaps for elderly or multi- handicapped individuals, they should be written as support objectives.

- Behavioral objectives should be attainable. It is frustrating for both the person learning and the person teaching when they work toward an unattainable objective.
- Because the number of objectives required to meet a goal may be very large, it will be necessary for the team to prioritize which ones will be worked on in the coming year. Priorities may be based on a number of variables of importance or urgency, such as:
 - a. place in the developmental sequence;
 - b. impact on the acceptance of the individual in their home, work, and community (particularly with regard to behavior management), and;
 - c. the preferences expressed by the individual.
- Behavioral objectives should be assigned projected completion dates.
- Each behavioral objective should be assigned to a specific individual.
- Teams should consider certain areas when planning habilitation services. They are:
 - a. suitable for the person's age and cultural background;
 - b. performing cash transactions;
 - c. self-administering medications;
 - d. making medical and dental appointments;
 - e. cooperating in receiving health and medical treatment;
 - f. being familiar with emergency evacuation requirements and procedures;
 - g. dealing with routine risks;
 - h. exercising individual citizenship skills;
 - i. developing new recreation and leisure interests and abilities; and,
 - j. using alternative methods of communication for individuals that cannot speak.
- Support objectives specify significant, desired outcomes that cannot be achieved as a result of learning or training, but are dependent on the behavior of the members of the team other than the individual with developmental disabilities.
- Support objectives are assigned a projected completion date.
- Services that should be addressed with support objectives include:
 - a. adaptive and other kinds of equipment and devices;

- b. mechanical supports;. (These objectives should include the reason for the supports, the situations in which each is applied and a schedule for the use of the supports.)
- c. modified diets;
- d. maintenance of weight;
- e. control of seizure disorders;
- f. guardianship or advocacy services;
- g. other conditions requiring treatment (e.g., counseling, passive range of motion, blood pressure, etc.); and,
- h. additional needed evaluations.

VII. Rights considerations.

- The team must be aware of any rights restrictions the plan places on the individual.
- The State of Montana's IP Rule contains a list of rights that should be reviewed at the development of each plan.
- The team should plan methods and time frames for reinstating restricted rights.
- If the individual is unable to exercise his or her rights or make informed decisions as an adult, the interdisciplinary team needs to make plans to obtain a guardian or advocate for that person.

VIII. Implementation of the IP.

- Training programs have certain components. These components are:
 - a. the behavioral objective exactly as stated in the IP;
 - b. how to teach the person the targeted skill(s);
 - c. how to measure progress (the data); and,
 - d. how often the training should be conducted (the schedule).
- Training should be conducted in the least restrictive environment.
- The training program should include specific instructions on what behavior to measure, how the behavior is to be measured, how frequently the behavior should be measured, how the results should be recorded, and how progress should be reported for the monthly review.
- The frequency of training should be determined based on the individual's learning rate. The frequency should be adequate for the skill to be learned and generalized.

IX. Monitoring Phase.

- 1. Regular monitoring will occur to ensure that an individual is making progress toward meeting the objectives set by the IP team. Habilitation Specialists review objective data quarterly and assist the service location Hab Tech II or Resource Coordinator to modify/revise techniques as appropriate. If progress does not occur, the team will reconvene to determine what action, if any, needs to be taken.**

RIGHTS OF PEOPLE RECEIVING SERVICES

Each person receiving services from Spring Meadow Resources needs to know that they have the same basic rights as any other citizen in this country and how to go about exercising those rights. Therefore, it is imperative that the employees of Spring Meadow Resources explain those rights to each person served using a method of communication that is clearly understood by the person. Rights must be explained in the language or communication system used by the person served, e.g., if a person's first language is Blackfoot - their rights should be explained in that language; or if the person communicates through sign language, their rights should be explained using sign. A written summary must also be provided.

As the primary provider to those people being served by Spring Meadow Resources, it is our responsibility to promote and ensure the rights of all people are protected. It is the obligation and, therefore, the expectation of all employees to actively fulfill this role on behalf of our clientele.

Rights:

The rights of the individual include, but are not limited to, the following:

1. The right to dignity, privacy, respect and humane care.
2. The right to live in the least restrictive environment and to participate in the least restrictive training techniques as determined by the Individual Plan.
3. The right to access all Spring Meadow Resources records pertaining to them.
4. The rights to education and training appropriate to the needs of the individual.
5. The right to reside, work and receive treatment in a safe environment.
6. The right to an IP developed by an interdisciplinary team based on assessment/evaluation of the individual.
7. The right to receive prompt and adequate medical and dental care.
8. The right to protection from exploitation, abuse, degrading treatment, and experimental research.
9. The right to a nourishing, well-balanced diet which provides, at a minimum, the recommended daily allowances as developed by the National Academy of Sciences. Provisions will be made for special therapeutic diets and for substitutes in accordance with the religious requirements of any faith.
10. The right to acquire the assistance of an advocate.
11. The right to the opportunity for religious worship.
12. The right to just compensation for the work performed.

13. The right to send and receive sealed mail.
14. The right to the opportunity to participate in all aspects of community life.
15. The right to the opportunity for leisure time activities of their choice.
16. The right to visitation by close relatives at reasonable hours without prior notice.
17. The right to opportunities for social interaction with members of both sexes.
18. The right to control and use personal money.
19. The right to keep and use personal possessions.
20. The right to private telephone communications.
21. The right to vote.
22. The right to be free from discrimination and/or retaliation for reporting a violation of rights.

In the case of a violation of a right or rights, please refer to the following agency and State policies:

- a. Spring Meadow Resources, Inc., Client Grievance Procedure
- b. Spring Meadow Resources, Inc. Client Abuse and Neglect Policy
- c. The State of Montana's Developmental Disabilities Division Client Rights Policy, 6/1/82.

An oral and written summary of my rights and how to exercise them has been given to me and I understand them.

Individual

Date

Guardian/Advocate

Date

Witness

Date

PERSON SERVED GRIEVANCE

All persons served, guardians, or advocates will be provided with the means of filing a grievance with Spring Meadow Resources regarding any issue or problem which arises during the period of time a person is receiving services from the corporation.

Grievance Procedure

1. The grievance will be stated orally or in writing to the staff person involved in the particular area of concern. The person served, and/or representative, will make a joint effort to resolve the problem.
2. If the grievance cannot be resolved to the satisfaction of the person served, and/or representative, they may appeal to the Habilitation Specialist with oversight responsibilities in the service location where services are being provided. The Habilitation Specialist will review the grievance and render a decision, both verbally and in writing, within 10 working days of the receipt of the grievance.
3. If the grievance cannot be resolved to the satisfaction of the person served, and/or representative, they may appeal to the Human Rights Committee, which consists of members not employed by Spring Meadow Resources. The Human Rights Committee will review the grievance and render a decision, both verbally and in writing, within 10 working days of the receipt of the grievance. The decision rendered at that time will constitute final resolution.
4. The person served, and/or representative, may grieve directly to the Human Rights Committee, which will convene at your request to your Habilitation Specialist.

Notification of Person Served

1. The Person Served Grievance Policy and Procedure will be provided both verbally and in writing, using the native language or other mode of communication of the person served and/or representative, at the time of admission into services.
2. Upon explanation and receipt of the policy and procedure, the person served, and/or representative, will indicate by signing the document that they have full knowledge of their right to use the corporation's Grievance Procedure.
3. A copy of this policy and procedure will be maintained in all facilities and offices operated by Spring Meadow Resources. A description of the grievance process will be posted in each service location.
4. The provisions of this policy and procedure will be reviewed no less than annually with each person served and/or representative.

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Policy: Persons Served Grievances

Revised: June 1, 2007

Record Keeping

Written documentation of each grievance will be maintained by Spring Meadow Resources in a separate confidential file in the corporation central office.

Freedom from Discrimination and Retaliation

1. No person shall in any manner discriminate and/or retaliate against any person served because such person served has filed any complaint or instituted or caused to be instituted any proceeding under or related to this policy.
2. Any person served who believes that he/she has been discriminated and/or retaliated against by any person in violation of this policy may, within thirty days after such violation occurs, file a complaint with his/her Habilitation Specialist alleging such discrimination/retaliation. Upon receipt of such complaint, the Habilitation Specialist shall cause such investigation to be made as he/she deems appropriate.
3. Within 90 days of the receipt of a complaint filed under this policy the Habilitation Specialist shall notify the complainant of his/her determination.

Client Signature _____ Date _____

Guardian Signature _____ Date _____

Witness Signature _____ Date _____

GUARDIANSHIP/PROTECTIVE SERVICES

Increased interaction between people with developmental disabilities and the general population has resulted in the need for more systematic monitoring of the individual's welfare, and protective services are a necessary component of a comprehensive service delivery system. Legal guardianship of some individuals who have developmental disabilities may be an integral part of the protective services system. The guardian acts on behalf of, or in cooperation with the individual with developmental disabilities in all areas of the individual's life. Those areas may include, but are not limited to: financial, health care, day services, living arrangements, and habilitation planning.

Spring Meadow Resources does not act as guardian for the people we serve. When an individual's IP team determines it is necessary to procure a limited guardianship, the agency will assist the person's case manager to identify potential guardians. In those instances, the limited guardianship refers specifically to the areas that relate to obtaining health care and emergency medical services.

CITIZENSHIP EDUCATION AND TRAINING

Spring Meadow Resources strives to offer training opportunities for each person served that will provide the person with functional living skills for the environment in which they live. One of the major focus areas, based on IP Team determination of need, is citizenship. Each person served should be assisted to learn their rights and how to exercise them. These include voting, social and employment activities, consumer affairs, law enforcement, legal assistance and advocacy services. Whenever possible, this training should be obtained through community generic services such as civic organizations, consumer organizations, and public officials.

VISITATIONS

Since participation in community congregate home services from Spring Meadow Resources removes an individual from the natural home, maintenance of family relationships through phone calls, letters and visitations is strongly encouraged.

Family members and friends are encouraged to visit the residence. Due to the variable schedules involving work, school, recreational outings, etc., families and friends are requested to contact the residence prior to a visit to determine whether anyone will be home during the time planned for the visitation.

1. Visitations to the residences by close relatives may be made at any reasonable time without prior notice.
2. When privacy is desired during a visitation, staff will take the necessary measures to ensure that adequate time and space is made available.
3. Visitations to homes of family members, both short-term (weekends) and extended (vacations), by people served by Spring Meadow Resources is strongly endorsed. However, any and all costs for transportation shall be the responsibility of the person served or their family.
4. Family and friend visitations by telephone are also encouraged. People receiving services may receive or place telephone calls. When a call is placed that is long distance, the charges for that call will be the responsibility of the person served. No collect calls will be accepted.
5. All family and friend contact by mail shall be without restriction and/or staff review unless requested by the person served and/or the person's guardian.

SOCIAL AND SEXUAL EXPRESSION

Persons with disabilities have rights as to their social and sexual expressions and Spring Meadow Resources, Inc. (SMR) will ensure those rights are respected.

1. The confidentiality of issues relating to a person's sexuality shall be safeguarded.
2. Issues related to personal or intimate sexuality shall not be discussed in group settings, except in consultation with the individual's service planning team to plan for enhancement of social interpersonal skills.
3. Sexual activity between staff (paid or volunteer) and individuals who are served by SMR is prohibited. Such conduct is grounds for dismissal and may be grounds for criminal prosecution.
4. SMR staff are expected to acknowledge and respect the existence of different cultural and moral values in the areas of socialization, sexuality, and family planning. Staff will not impose their personal, social, or sexual values on individuals.
5. Staff has the responsibility to provide individuals with sexuality education and assist the individual with obtaining specialized counseling, as needed. Sexuality education is not limited to biological issues, but may include the following:
 - relationship-building
 - social skills
 - decision making/self determination
 - awareness of own sexuality
 - values clarification
 - understanding of responsible social/sexual behavior
 - birth control and family planning
 - parenting
 - premarital and marital counseling
 - childbirth education
 - dating
 - grooming
 - hygiene
 - sexually transmitted diseases
 - self protection/assertive and/or self defense training

OUT OF STATE VACATION TRIPS FOR PERSONS SERVED

Spring Meadow Resources assists people served to manage their financial resources. The agency recognizes that some people desire to take vacation trips and assists them to plan accordingly. In order to ensure planning takes place and a person has adequate financial resources, the following procedure will be followed.

1. Any planned trips for persons served will be proposed at a special IP meeting. The person served and the IP team will review the person's finances and their financial obligations for the upcoming months prior to the planned trip.
2. The person served must have sufficient funds in their savings account to pay the down payment for the trip.
3. Spring Meadow Resources staff must submit a proposed budget for the upcoming months to show that the person is financially able to save the balance of the trip—as well as additional expenses that will be incurred, e.g., spending money, dress clothes, bathing suit, etc.
4. In the event a person desires to take a vacation trip and does not have funds, the team can discuss available options, including loan assistance, etc.

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