

HIGHLAND PARK CENTER

RESIDENT'S RIGHTS

I. RESIDENT'S RIGHTS

A. Statement of Principles

Upon admission or no later than 5 days after admission to Highland Park Center, each resident shall be given a written statement of the Resident's Rights. The Resident's Rights shall in addition, be prominently posted by the facility in each resident living unit. Copies of the completed, detailed, Department of Public Welfare Regulations on Resident Rights shall be made available by each facility at the places indicated. When the resident is unable to read, the Resident's Rights shall be read & explained to him. The resident shall sign a statement indicating an understanding of these rights and responsibilities and a copy of the signed statement shall be kept in the resident's medical chart and/or sent to the guardian. In such cases, the signature shall be witnessed by a person not associated with or employed by the facility.

B. You Have a Right To Be Treated With Dignity and Respect.

1. You have the right to free and private communication inside and outside the facility including the following rights:
 - a. To participate in or establish a resident government.
 - b. To see a lawyer at any time and be represented by him.
 - c. To make complaints and to have your unresolved complaints heard and adjudicated promptly by the Human Rights Committee.
 - d. To receive visitors of your own choice daily.
 - e. To receive and send unopened letters.
 - f. To have ready access to telephones.
2. You have the right to practice the religion of your choice or to abstain from religious practices.
3. You have the right to be paid for your labor.
4. You have the right to use your spending money for your personal purposes; to buy, to keep, and to use personal possessions; to sell any personal article you make and keep the proceeds from its sale.
5. You have the right to handle your personal affairs including making contracts, holding a driver's license or professional license, marrying or obtaining a divorce and/or writing a will.
6. You have the right to participate fully in the development of your treatment/habilitation plan; and if you have been admitted against your will, to be released as soon as you no longer need care or treatment.
7. You have the right not to be subjected to any harsh or unusual treatment.
8. You have the right to be assisted in the assertion of your rights.

For a more detailed explanation and implementation of these rights, a copy of the Department of Public Welfare's regulations are available to you at _____.

C. RIGHT TO ASSISTANCE:

1. Every resident shall have the right to the assistance of an independent person not a member of his or her treatment team to resolve a problem raised by the resident.
2. Each non-staff facility shall designate one or more person(s) either on a volunteer or staff basis as needed to help residents in this manner.
3. State facilities shall designate one or more social workers to aid residents and these persons shall be accessible during regular working hours.
4. Every state facility shall advise and educate all residents about the availability and services of this program.
5. These persons will be responsible for assisting or supporting the resident in meeting with the appropriate persons to discuss the problem and possible solution. They shall maintain a confidential file of requests for service and the subsequent actions taken. The file shall be open to review only by the Facility's Director or the resident's Attorney and shall be filed with the resident's clinical records upon discharge. They have no authority to directly resolve problems but may support his or her findings directly to the Facility Director.

D. RIGHT TO AN ATTORNEY:

1. Every resident has the right to retain an attorney of his or her choice to assist the resident in asserting his or her right to treatment or release, or to aid the resident in any other matter.
2. The facility will provide residents with referral information and other non-monetary assistance to enable residents to implement this right. The names, addresses and telephone numbers of legal services and other available advocates in this area shall be given to all residents.
3. Every resident has the right to telephone his or her attorney in private at any reasonable time, regardless of visiting hours.

E. RIGHT TO HAVE VISITORS:

1. Every resident has the right to receive visitors of his or her own choice daily, within established visiting hours in a setting of reasonable privacy conducive to free and open conversation unless a visitor or visitors are determined to seriously interfere with a resident's treatment or welfare.

F. RIGHT TO SEND OR RECEIVE LETTERS:

1. Every resident has the right to receive unopened mail. Reasonable amount of such mail shall be stamped for charge if sufficient funds are not available.
2. Writing materials shall be available to residents on a daily basis and an opportunity provided for writing letters and other communications upon request.

3. Incoming mail may be opened where there is reason to suspect it contains contraband, and in the presence of the resident unless dangerous or unable in the light of the resident's condition. Contraband is specific property, the possession or use of which is illegal or entails a substantial threat to the health and welfare of the resident or the residential community.
4. Whenever mail is opened on suspicion of contraband, an identification of the person opening the mail, a statement of the facts constituting good cause, and the results of the opening including disposition shall be noted in the resident's record.
5. A resident's mail, whether incoming or outgoing, shall not be read under any circumstances, unless at the resident's request if feasible.

F. LIMITED SUSPENSION OR RESTRICTION OF THE RIGHT TO COMMUNICATE:

1. The right of a resident to retain and communicate in private, by telephone, mail or in person, with his attorney at any time, shall not be limited under any circumstances. Denial of his right shall constitute resident abuse and shall lead to the removal from employment of the person or persons responsible for such denial.
2. Except for communications between a resident and his attorney as set forth in clause (1) above, the right to communicate may be suspended or restricted for just cause for a limited time only, subject to the following provisions:
 - a. The reasons for suspension or restriction and the limits under which such suspension or restriction operates must be clearly defined, recorded, and explained to the resident.
 - b. The resident shall have the right to appeal the suspension or restriction through the established grievance procedure.
 - c. The burden of proof shall rest on the facility.

III. THE RIGHT TO FREE EXERCISE OF RELIGION AND CONSCIENCE:

A. PRACTICE OF RELIGION:

Every resident has the right to follow his religion. The facility shall provide every assistance to enable a resident to effect this right.

B. FREEDOM OF CONSCIENCE:

Every resident has the right to follow the dictates of his conscience. Ethical convictions, held independently of a belief in any religion shall be accorded the same respect as religious beliefs.

C. BELIEF IN SPIRITUAL HEALING:

Any resident who holds a belief in the power of spiritual healing shall not be compelled to take medication.

D. RIGHT TO ABSTAIN FROM RELIGIOUS PRACTICES:

Any resident who does not wish to participate in religious practices shall not be pressured directly or indirectly to participate.

No resident shall be compelled to accept visitation from a clergyman or minister of any religion.

E. LIMITATION OF RELIGIOUS RIGHTS AND EXERCISE OF CONSCIENCE:

1. The right of any resident to the free exercise of his religion or conscience may be limited only if it interferes with or threatens the freedom or welfare of others.
2. Limitations may be imposed only subject to the following provisions:
 - a. The reasons for imposing the limitation and its scope must be clearly defined, recorded, and explained to the resident.
 - b. The resident has the right to appeal the imposition of the limitation through the established grievance procedure.
 - c. The burden of proof shall rest on the facility.

IV. RESIDENT LABOR:

A. STATEMENT OF PRINCIPLE:

To protect residents from exploitation in the form of institutional peonage, no resident shall perform labor that involves the operation or maintenance of a facility, except for personal housekeeping chores such as the making of his own bed. Under the conditions outlined below, however, residents shall be permitted voluntarily to engage in therapeutic/training tasks which do not involve the operation or maintenance of a facility.

B. DEFINITION:

Resident labor that "involves the operation or maintenance of a "facility" shall mean any work which benefits the facility.

C. TREATMENT/HABILITATION OR VOCATIONAL TRAINING TASKS:

Residents admitted to a facility on an involuntary basis may be required to perform therapeutic tasks which do not involve the operation or maintenance of the facility, provided the specific task is:

1. An integrated part of the resident's treatment/habilitation program.
2. Supervised by a qualified staff member to oversee the therapeutic aspects of the activity.
3. Periodically reviewed and revised if appropriate.
4. And further provided that such treatment/habilitation or training tasks, after a cumulative period of three (3) months, shall be refutably presumed to benefit the facility and must be compensated according to the F.L.S.A. minimum wage, 29 U.S.C. Section 203, et. seq., or the prevailing minimum wage paid for the same quantity and quality of work in the community, whichever is higher. The employer/facility will be relieved of its obligation to pay the resident after three months only when the employer/facility has been found to receive no benefit from the work of the resident by the Human Rights Committee in accordance with the grievance procedure established by Section XII.

Programs which involve the resident in such areas as the kitchen (meal preparation), bathing areas (cleaning), shall not be presumed to be work requiring compensation. Rather, programs which require the participation of a resident for the purpose of adjusting, acclimating, or simply learning daily living skills shall be promoted to fully integrate the residents into the facility and the community at large.

- a. The employer/facility's reasons for seeking relief before the Human Rights Committee from its obligation to pay the resident must be clearly defined, recorded, and explained to the resident.
- b. The resident shall have the right to appeal the decision granting relief from payment through the established grievance procedure.
- c. The burden of proof shall rest on the facility.

V. MONEY, PERSONAL POSSESSIONS, AND PERSONAL AFFAIRS.

A. MONEY:

Every resident has the right to the unlimited use of those personal monies which have been exempted from assessment. Such monies shall not be used under any circumstances to finance any aspects of his treatment/habilitation or room and board.

B. PERSONAL POSSESSIONS:

Every resident has the right to purchase, keep, and use personal possessions, unless the possession or use of specific property entails a threat to the health and welfare of the resident or to the facility community. The reasons for imposing the limitation and its scope shall be clearly defined, recorded, and explained to the resident. The resident shall have the right to appeal the imposition of the limitation through the established grievance procedure. The burden of proof shall rest on the facility.

C. SELLING PROPERTY:

Every resident has the right to sell or retain any personal project he makes and any produce of ground assigned to and cultivated by him. The money received by the resident shall be exempt from assessment by the Fiscal Services and considered his personal monies.

D. PERSONAL AFFAIRS:

No facility shall interfere with a resident's right to contract; to hold professional or occupational or vehicle operator's licenses, to marry or obtain a divorce, to register and vote, to make a will, or otherwise to manage his affairs. A resident shall not be deemed incompetent solely by reason of his admission or commitment to a facility, nor shall a finding of incompetency be extended beyond the scope of the court order. If at any time there are circumstances which make it likely that a resident may be exploited, the facility shall immediately inform the attorney of the resident's choice.

VI. RIGHT TO A HUMANE AND PSYCHOLOGICAL ENVIRONMENT.

A. STATEMENT OF PRINCIPLE:

Every resident has the right to a humane psychological and physical environment.

B. RIGHT TO PRIVACY IN BASIC HUMAN ACTIVITIES:

Every resident has a right to privacy. In principle, every resident should have a private room, except when as a part of a specific program the interests of the resident are better served by other rooming arrangements. In any event, this facility shall make every effort to ensure the right to privacy. Every resident shall also be furnished with a comfortable bed of at least 36' width, adequate changes of linen, a closet or locker for his personal belongings, a chair, and a bedside cabinet.

Toilets with hinged seats shall be constructed to ensure individual privacy, and each shower area shall be divided by curtains or partitions to ensure the individual privacy of the resident. Toilets, showers, and tubs shall be equipped with adequate safety accessories.

In cases of married residents, the Highland Park Center shall provide adequate room arrangements to the married couple to ensure their privacy.

C. GROUP SOCIAL AND THERAPEUTIC ACTIVITIES:

Each facility shall provide therapeutic and daily living activities in settings that approximate non-institutional living.

1. Eating, recreation, vocational programming, and the like shall be conducted on an integrated basis. In this connection, residents should have opportunities to interact with the opposite sex.
2. Segregation of residents may be done only when medically necessary and not for convenience of staff or as a substitute for a treatment/habilitation program.

D. RIGHT TO PHYSICAL EXERCISE:

Residents have a right to physical exercise at least several times a week. It shall be the duty of the institution to provide both indoor and outdoor facilities and equipment for such exercise. Residents have the right to be outdoors daily in the absence of contrary medical considerations.

This right to physical exercise shall not be abridged because of inconvenience to staff and shall not be a substitute for other treatment/habilitation activities.

E. THE RIGHT TO APPROPRIATE AND ADEQUATE CLOTHING:

1. Residents have a right to purchase, when feasible, and to wear their own clothes except when such clothes or items of clothing are determined to be dangerous or otherwise inappropriate to the habilitation or treatment program.

2. Clothing provided by the institution shall be neat, clean, fashionable and seasonable. Each resident shall have an adequate and personal supply of such clothing to meet the requirements of seasonal weather variations and to be able to go outdoors in inclement weather, to make trips, to visit, and to make a normal appearance in the community.

F. RIGHT TO ADEQUATE DIET IN APPROPRIATE SURROUNDINGS:

1. Statement of Principle:

Every resident has the right to a nourishing, well-balanced diet; and, except when medically contraindicated, to eat or be fed in dining rooms and to have the use of usual eating implements.

2. Food shall not be withheld except when consented to as part of formal, structured behavior therapy program or when medically contraindicated. When food is withheld, the nutritional needs of the resident shall be met at all times; and the substitute diet during such period must have the prior approval of both the attending physician and the dietitian.
3. The minimum diet for every resident shall provide the Recommended Daily Dietary Allowance as developed by the National Academy of Sciences. In Pennsylvania this is known as the "Pennsylvania Food Plan".
4. Provisions shall be made for special therapeutic diets, when indicated, irrespective of whether such diets exceed the standards provided by the Pennsylvania Food Plan.

VII. LEAST RESTRICTIVE SETTING

A. STATEMENT OF PRINCIPLE:

Every resident has the right to be treated/habilitated in the least restrictive setting necessary to accomplish legitimate treatment/habilitation goals. This right imposes a corresponding affirmative obligation of the facility to establish and provide a continuum of progressively less restrictive, appropriate treatment/habilitation settings. The facility shall also plan with the County Administrators and Base Service Units to ensure uninterrupted and progressively less restrictive aftercare.

B. HEARINGS:

Every resident has the right to a grievance hearing on this issue in accordance with Section XII of these regulations. The facility shall have the burden of showing that it has placed the resident in the least restrictive setting necessary to meet his treatment/habilitation needs.

1. The reasons justifying a setting as that which is least restrictive must be clearly defined, recorded, and explained to the resident.
2. The resident shall have the right to appeal his placement in that setting through the established grievance procedure.
3. The burden of proof shall rest on the facility.

VIII. THE RIGHT TO TREATMENT AND RELEASE

A. STATEMENT OF PRINCIPLE:

Every resident, regardless of race, color, creed, or sex, has the right to receive adequate and effective treatment or habilitation within the facility to which he is admitted or committed.

B. INDIVIDUAL TREATMENT PLAN:

Each resident shall have an individual treatment/habilitation plan. This plan shall:

1. Be devised within thirty (30) days after admission by a inter multi-disciplinary team of at least three (3) members drawn from the following disciplines where appropriate.
 - a. Social Service
 - b. Bureau of Vocational Rehabilitation
 - c. Therapeutic Recreation
 - d. Medical
 - e. Nursing
 - f. Psychology
 - g. Education
 - h. Vocational Adjustment Services
 - i. Occupational Therapy
 - j. Speech and Hearing
 - k. Dietary
 - l. Physical Therapy
 - m. Habilitation Worker
2. Include the participation of the resident in its development if feasible.
3. Identify the major treatment/habilitation objectives and the means that will be employed to attain them and an indication of the length of time this process will require.
4. Be periodically reviewed and adjusted by the inter multi-disciplinary team to meet the changing needs of the resident.
5. Be documented and recorded in such a way that it is readily available to on-going treatment staff and at the same time meets State and Federal requirements to control the quality of care, and
6. specifically designate the qualified mental retardation professional who has the responsibility for the implementation of each individual treatment/habilitation plan.

C. STAFFING STANDARDS:

Mental retardation staff, qualified by education and/or training and sufficient in numbers, shall be available to plan and administer the necessary programs. Staffing standards shall be in strict compliance with the Department's regulations, but in no event shall they be lower than those required by national organizations which accredit Pennsylvania facilities.

IX. PROHIBITED OR RESTRICTED PROCEDURES

A. STATEMENT OF PRINCIPLE:

No resident shall be subjected to any procedure not in accordance with the Department's regulations and his individual treatment plan. Any infraction of this right shall constitute resident abuse and result in disciplinary action against the person or persons guilty of such infraction.

B. PERMISSIBLE THERAPEUTIC PROCEDURES - RESTRICTIONS:

1. Any resident admitted on an involuntary or conditional basis (subject to ten days' notice of withdrawal from treatment) may be subjected against his will to routine psychiatric, psychological, and educational programs conforming to the Department's regulations.
2. Any resident admitted on an involuntary or conditional basis (subject to ten days' written notice of withdrawal from treatment) may be subjected against his will to medications in common use and of a proven nature excepting only such residents who hold a belief in the power of spiritual healing.
3. Any resident admitted involuntarily for a limited purpose or on a conditional basis may be subjected to treatment against his will as follows:
 - a. A resident admitted under an emergency commitment may be treated on an involuntary basis only to the extent that it is necessary to control the emergency.
 - b. Any resident committed for examination by a court may be treated on an involuntary basis only to the extent necessitated for the purposes of the examination.
 - c. Any resident who has given written notice of his intent to withdraw from treatment may be treated on an involuntary basis during the ten day waiting period only so as to maintain his minimum health and safety.
4. Before medications are administered to any resident pursuant to clause (2) above, every effort shall be made to explain the nature of the medications and their results to the resident and to gain his voluntary cooperation.
5. Restraints for the purpose of protecting the resident against himself may be imposed only in strict compliance with (6), (a), (b), and (c) below.
6. Restraints and seclusion for the purpose of protecting others from the aggressive acts of a resident may be imposed subject to the following provisions:
 - a. The reasons for imposing the restraint or seclusion and the conditions under which it operates or will be lifted must be clearly defined, recorded, and explained to the resident.

- b. The resident shall have the right to appeal the imposition of the restraint through the established grievance procedure.
- c. The burden of proof shall rest on the facility.

C. THE RIGHT TO BE FREE FROM SECLUSION AND PHYSICAL RESTRAINTS:

- 1. Residents may be physically restrained or placed in seclusion only on the written order of a physician, except in emergency situations where less restrictive means of restraint are not feasible and in which it is obvious that residents could harm themselves or others. Such written order shall be promptly supported by a notation in the resident's record.

Whenever a resident has been restrained or secluded, the procedures outlined in Section IX, paragraph 6 sub-paragraphs a, b, and c, of these regulations (titled "Permissible Therapeutic Procedures - Restrictions") relating to the grievance procedure shall apply.

- 2. Chemical Restraints: Residents have a right to be from unnecessary or excessive medication. No medication shall be administered unless on the written order of a physician. Medication shall not be used for the convenience of the staff, as a substitute for treatment/habilitation or in quantities that interfere with the resident's treatment/habilitation program. The use of unnecessary, excessive, or unprescribed medication shall be considered as resident abuse.

D. PROHIBITED PROCEDURES:

- 1. Psychosurgery, removal of organs for the purpose of transplantation, sterilization, human experimentation or any other like procedure for the benefit of third parties, the general public or not clearly for the sole benefit of the resident shall not be performed at any mental retardation facility.
- 2. Any resident may be released from a mental retardation facility for the purpose of undergoing the procedures mentioned in clause (1) above, only if he has given his express informed consent in accordance with the provisions relating to informed consent pursuant to Section X of these regulations. Substitute consents shall not be accepted.
- 3. Any resident admitted to a facility on a purely voluntary basis has the absolute right to refuse to submit to any procedure of whatever nature; except in the case of a resident being harmful to self or others.

X. INFORMED CONSENT PROCEDURE:

- A. Informed Consent, referred to in Section IX of these regulations for the purposes of electroconvulsive therapy, investigative medication, noxious/negative reinforcers, psychosurgery, removal of organs for the purpose of transplantation, sterilization, human experimentation or any other like procedure for the benefit of third parties, the general public or not clearly for the sole benefit of the resident, must include the following:
 - 1. That the resident be advised

- a. of the need for treatment and its expected results,
 - b. of the specific procedure or nature of treatment,
 - c. of the significant risks/adverse effects involved,
 - d. of alternatives for care or treatment, their nature, and probable outcome,
 - e. of the name(s) of the person(s) responsible for the procedures.
 2. That the resident, before making his decision, be provided with the opportunity for consultation with (1) a specialist of the resident's choice not connected with the Department of Public Welfare, (2) legal counsel, and (3) with family and friends of his choice.
 3. That where consent has been given, the competency must be specific to the act required and shall be established by the Human Rights Committee at an informal hearing before that body where the resident shall be represented by legal counsel. The Human Rights Committee will make its findings and decision having considered (1) the information provided to the resident, (2) the circumstances under which such information was provided, and (3) the resident's present level of understanding.
 4. When a resident admitted to a facility on a conditional or unconditional voluntary basis is found by the Human Rights Committee unable to give informed consent to the specific procedure, that procedure shall not be employed.
 5. The findings of incompetence shall not extend to the same procedure at any other time, or to a different procedure.
- B. Substitute Consent in accordance with Section IX of these regulations shall be accepted only in the following situations:
1. When the resident has been admitted to the facility on an involuntary basis, has given his consent to a specific procedure and the Human Rights Committee has found him incompetent to give that consent or when the resident is under 18 years of age and, therefore, cannot legally provide valid consent on his own behalf, or
 2. when the resident has been admitted to the facility on an involuntary basis and has withheld consent to a specific procedure.
 3. Substitute consent can only be given if the following steps have been observed:
 - a. The matter has been submitted to the Human Rights Committee at an informal hearing where the resident is represented by counsel.
 - b. The Human Rights Committee has made a finding that the resident is incapable of either consenting or withholding consent.
 4. When a determination has been made by the Human Rights Committee under (1) and (2) above, the Committee shall proceed to make findings and a determination with regard to the substitute consent based on the following considerations:

- a. To be informed, as in A. (1) and (2) above.
 - b. Not to have interests adverse to those of the resident in question.
 - c. To demonstrate a positive interest in the welfare of the resident.
- 1 C. Any procedure performed on the basis of consent must be discontinued immediately when the consent is withdrawn.

XI. HUMAN RIGHTS COMMITTEE

A. COMPOSITION:

The Human Rights Committee shall consist of no less than nine (9) and no more than fifteen (15) members. All members shall be appointed by the Administrator.

B. MEETINGS:

The Human Rights Committee shall be convened every 6 months or as deemed necessary.

C. TERM:

1. Appointments to the Human Rights Committee shall be for the period of one year or until a successor has been appointed.
2. Members may be reappointed upon the expiration of their term.
3. Vacancies must be filled by the group from which the vacancy occurs.
4. Three (3) consecutive absences when required to attend shall constitute abandonment of membership on the Human Rights Committee, thereby creating a vacancy.
5. A member may be removed for cause from the Committee only by the group responsible for his appointment.
6. Human Rights Committee members shall be reimbursed for any expense incurred.

D. The Human Rights Committee shall have the following functions:

1. To act as a quasi-judicial body for the adjudication of grievances and to make determinations relating to informed consent.
2. To review and evaluate the treatment/habilitation programs of the facility; when performing their function, the committee may arrange for consultation with experts versed in the specific program area under review. Determinations of the Human Rights Committee when performing this function shall be binding on the facility.

REV; 10/79

XII. GRIEVANCE PROCEDURE

A. STATEMENT OF PRINCIPLE:

The Human Rights Committee on its own motion, any resident, and any person acting in behalf of a resident has the right to initiate a complaint resulting from conditions, services, or lack of services at the facility. All alleged complaints shall be thoroughly investigated and the results of such investigation shall be reported to the Administrator, within 24 hours of the report of the complaint.

B. STATEMENT OF PRINCIPLE:

The grievance may be heard by the full committee. Preferably a panel of five (5) shall hear the grievance; with the chairperson presiding over the committee.

C. HEARINGS:

1. Written notice of hearings shall be given to all interested parties at least 24 hours prior to the hearing, unless the parties agree and are available to attend the hearing at an earlier time.
2. The grievance must be heard at the earliest time possible but no later than a period of five (5) working days.
3. Residents shall be represented by counsel and must be present at the hearing.
4. Hearings before the panel shall be informal without adherence to the strict rules of evidence. A record of the hearing shall be made by means of a tape recorder whenever possible. When neither are available, detailed minutes shall be kept of the proceedings.
5. A copy of the transcript or minutes of the hearing shall be provided on request to any party to the proceedings. The original shall be retained by the Human Rights Committee.

D. INFORMED CONSENT AND COMPETENCY:

Hearings relating to informed consent and competency shall be held in strict compliance with the procedures applicable to grievance hearings and may be appealed in the same manner.

REV: 10/79

POLICY ON RESIDENT ABUSE BY NON STAFF PERSONS

POLICY

It is the policy of the Highland Park Center to provide an optimal environment, free from physical and/or verbal abuse in order to ensure the safety and well being of its residents. All alleged violations shall be thoroughly investigated and the results of such investigations shall be reported to the Administrator within 24 hours of the report of the incident. There is a written policy concerning the resident abuse by staff in force. It has been deemed necessary by the Highland Park Center to develop a policy and procedure for resident abuse by non-staff persons inclusive of residents which will be implemented as follows:

PROCEDURE

I. FILING OF COMPLAINTS

- A. Any person, staff or otherwise, observing an incident of physical or verbal abuse of a resident is obligated to file a complaint.
- B. Complaints must be filed immediately and in writing. They should include the following:
 1. description of incident and people involved.
 2. names of witnesses to the incident.
 3. time, place and date of the incident.
 4. signature of person filing the complaint which will be witnessed by another person of authority.
 5. signature of witnesses.
- C. In the event that a written or verbal complaint is received which cannot be substantiated through a witness' testimony or signature, the incident shall be investigated and the results of such investigation shall be reported to the Administrator within 24 hours of the report of the incident. The written complaint shall be kept on file until such time as another similar complaint is filed and shall be used as corroborating evidence for the second incident.
- D. Complaints will be submitted to the appropriate personnel on duty who will investigate and report the incident to the Administrator within 24 hours of the incident. The appropriate personnel will in turn inform the Social Service Department. The Social Service Department will submit all complaints to the Human Rights Committee for consideration.

II. ROLE OF THE HUMAN RIGHTS COMMITTEE

- A. The Human Rights Committee shall act as the investigating body in cases of physical and/or verbal abuse by non-staff persons. A hearing body in such cases shall consist of at least five (5) members of the Human Rights Committee. The Human Rights Committee Chairperson shall convene such hearings as needed upon the request of the Social Service Department which will present all written complaints to the hearing body.
- C. The Committee will base its decision upon the following definitions of physical and verbal abuse.

REV; 10/79

POLICY ON RESIDENT ABUSE BY NON-STAFF PERSONS

(Continued)

1. Physical abuse shall be defined as any harsh or unusual physical treatment, i.e. hitting, punching and pulling of hair, etc.
 2. Verbal abuse shall be defined as any unnecessary or inappropriate shouting or name calling of residents consisting of derogatory terms. In addition, the usage of profanity toward any resident shall be considered as verbal abuse.
- C. In cases of resident willful abuse to other residents, the Human Rights Committee shall consider the following in making recommendations:
1. Past documented evidence of abusive behavior.
 - a. developing patterns should be noted (i.e. is type of willful resident abuse always the same: passive, active, non-verbal, non-ambulatory, etc; are environmental conditions always the same, noisy, confusion, quiet, etc.)
 2. Present resident environment including programs of lack therof, medical status (i.e. medications and physical status should be reviewed).
 3. If, after investigation, willful abusive behavior patterns appear to exist, the Human Rights Committee's recommendations shall be one or a combination of the following:
 - a. continue close observation by appropriate staff (i.e. gathering of base line data, noting other developing patterns of behavior).
 - b. psychological consultation with appropriate professional (i.e. clinical psychologist, psychiatrist)
 - c. medical consultation with the Highland Park Center's Medical Director.
 - d. consultation with the medical specialists outside of the Highland Park Center.
 - e. Neurological examination by appropriate professional personnel.
 - f. review for possible change of resident placement either within or outside of the facility.
 - g. review for possible change of program involvement (type or amount).
 - h. review for possible change of quality and/or quantity of present staff (i.e. staffing patterns).

REV; 7/78

POLICY ON RESIDENT ABUSE BY NON-STAFF PERSONS

(Continued)

- D. The Committee shall reserve the right to solicit first hand information from all parties involved.
- E. After investigation of the alleged incident and upon the results of the committee's findings of fact, the committee chairperson shall submit the committee's decision and recommendations for corrective action to the Administrator.

III. ENFORCEMENT

- A. ADMINISTRATOR RESPONSIBILITIES - Due to the nature of the facility and its relation to the state of Pennsylvania, the Administrator has the obligation to comply with The Pennsylvania Department of Public Welfare manual section 8963 as described in memo dated September 1, 1977. The internal process described herein may be forgone or may be carried out concurrently with any outside investigation deemed necessary and/or appropriate by the Administrator.
- B. INTERNAL PROCESS - Upon receipt of the decision and recommendation for corrective action from the chairperson of the Human Rights Committee, the Administrator shall choose the appropriate recommendation for implementation. The Administrator shall delegate the authority for enforcement of the corrective action to appropriate personnel.

IV. FOLLOW UP

The Administrator shall, within ten (10) working days of receipt of the Committee's recommendations, inform the chairperson of the Human Rights Committee in writing as to the implementation or non-implementation of recommendations for corrective action.

HIGHLAND PARK CENTER

SUBJECT: Voting

POLICY

It is the Policy of the Highland Park Center that each individual resident shall have the right to vote in local, state, and federal elections. The Social Service staff shall serve as a liaison between the resident and available community resources, implementing the principle of normalization, which is conducive to growth for all residents. This Policy shall be implemented under the direction of the Administrator of the Highland Park Center in the following manner.

PROCEDURE

- 1.) The Social Service Staff (specifically the designated Caseworker) and another member from the Human Rights Committee shall counsel those residents of the Highland Park Center regarding the importance, responsibility and meaning of voting in an election.
- 2.) The Social Service staff shall obtain "Registration by Mail" applications from room #604 of the Allegheny County Office building, Pittsburgh, PA, and register those residents who have expressed a desire to vote.
- 3.) When the registration forms have been completed and returned, the Social Service staff shall request application for absentee ballots.
- 4.) The Social Service office will submit the application for absentee ballots to the County Office building, who shall send absentee ballots to the Highland Park Center. These absentee ballots can be used for any election in Allegheny County.
- 5.) During the local, state, or federal elections it shall be permissible for a member of the Human Rights Committee, along with designated Caseworker, to monitor voting procedures in effect at the Highland Park Center.
- 6.) When a resident from the Highland Park Center submits a vote on an absentee ballot, it must be returned to the County Office building one week prior to the Friday before election day by 5:00 P.M.
- 7.) If a member of the Human Rights Committee feels that voting procedures are not being implemented properly, they should go through the Human Rights Committee, which will in turn make appropriate changes and/or recommendations to amend the existing policy on voting.

Approved:

Paul R. Minetti, Administrator

HIGHLAND PARK CENTER

POLICY ON VISITATIONS BY OUTSIDE GROUPS AND AGENCIES

It shall be the policy of the Highland Park Center to ensure the rights to privacy of its residents at all times. In this vain, it has been deemed necessary to develop and implement a procedure regarding the visitation of the Highland Park Center by any outside agency or group. The following shall be the guidelines to be followed by any outside agency during their visit here at the Highland Park Center or at any of its annexes.

1. All agencies or groups must remain together and be accompanied by the Administrator or his designee at all time while touring the facility.
2. No visitation will be made except between the hours of 10:00 A.M. and 7:00 P.M.
3. Permission must be received from a staff member's immediate supervisor prior to discussing any residents or programs with that employee.
4. Seventy-two (72) hours notice of any visitation is preferred, however, no group or agency will be permitted to visit without at least twenty-four (24) hours notice. In addition, the specific purpose or purposes of the visit must be indicated at the time of requesting any visit in order that the Center might properly prepare itself. (see addendum A)
5. No group or outside agency may talk to any resident unless the Administrator or his designee is immediately present.
6. Any outside agency or group must respect all aspects of our residents rights to privacy. The visitation may be immediately terminated at the time of any violation.
7. The physical condition, medical treatment, programs or any information contained in any resident's file may not be discussed in front of any residents. This may be done either in a secluded area of the floor or on the first floor.
8. Questions regarding any aspect of any resident's stay here at the Highland Park Center must be forwarded to the staff person accompanying the outside group or agency and this person will ask the staff member (caseworker, Program Director, Medical Director, etc.) who would be best qualified to answer specific questions to discuss these questions with the outside group or agency.
9. The above guidelines shall apply to all outside groups or agencies which do not have a direct responsibility to monitor and/or inspect this facility and its residents for health, safety, licensing, funding or social welfare purposes.

HIGHLAND PARK CENTER
POLICY ON VISITATIONS BY OUTSIDE AGENCIES OR GROUPS

ADDENDUM B

The following shall be the general outline of tours to be given to any outside educational group. This outline may be adapted to fit specific needs of a particular group.

I. ARRIVAL

- a. See Administrative Secretary.
- b. Meet person responsible for giving tour.
- c. Administrative Secretary to inform appropriate personnel of group's presence.

II. GENERAL INTRODUCTION

- a. Preview of tour
- b. Philosophy of Highland Park Center

III. OVERVIEW OF SOCIAL SERVICES DEPARTMENT

IV. OVERVIEW OF PHYSICAL THERAPY DEPARTMENT

V. OVERVIEW OF MEDICAL DEPARTMENT

VI. TOUR OF FOURTH FLOOR

- a. Inform floor staff of group's presence
- b. Dayroom
- c. Overview of Occupational Therapy (room 419)
- d. Overview of Music Therapy (room 424)

VII. TOUR OF THIRD FLOOR

- a. Inform floor staff of group's presence on floor.
- b. Dayroom
- c. Overview of Speech Therapy
- d. Observe Recreation/Socialization

VIII. TOUR OF THE SECOND FLOOR

- a. Inform floor staff of group's presence
- b. Dayroom
- c. Observe Recreation/Socialization
- d. Observe dental office.

IX. QUESTIONS AND ANSWERS AND EXIT

HIGHLAND PARK CENTER
POLICY ON VISITATIONS BY OUTSIDE AGENCIES OR GROUPS
ADDENDUM A

The following shall be the procedure to be followed by the Highland Park Center and any outside agency or group in requesting a tour of the facility.

1. Outside agencies and groups must first contact the Administrative Secretary and, staying within the confines of guidelines #2 and #4 of the previously indicated policy, set up a tentative time and date for a tour of the facility.
2. Tours will, if possible, be relegated to the second and fourth Tuesdays of any month. Any exceptions to this will depend upon the circumstances involved and purpose of the tour.
3. The tentative time, date and purpose of the tour received by the Administrative Secretary shall be forwarded to the Administrator for verification and approval. No tours will be scheduled without the Administrator's approval.
4. Upon approval by the Administrator, and after checking with department heads as to feasibility, the Administrative Secretary shall confirm the appointment by telephone or in writing, with the outside agency or group.
5. After approval is received, confirmation made, the Administrative Secretary shall inform the appropriate personnel of the scheduled tour via written memo. (i.e. department heads, unit supervisors, shift supervisors, floor staff, etc.).

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THE RESIDENT'S RIGHTS

Highland Park Center recognizes the existence of the inherent rights of residents as mandated by the regulations promulgated by the Department of Public Welfare.

It is the intent of the facility to comply without reservation with these declarations as they are expressed in detail in these areas: The Right to Communicate, The Right to Free Exercise of Religion and Conscience, The Right of Money, Personal Possessions and Personal Affairs, The Right to a Humane Physical and Psychological Environment, The Right to the Least Restrictive Environment compatible with his well-being and his treatment goals, The Right to Treatment and Release, The Right of Protection from Unapproved Procedures, and The Right of Decision over Major Treatment Procedures.

It is Highland Park Center's policy that, for residents unable to comprehend or exercise these rights individually or collectively, this Bill of Rights shall be communicated in writing to legal guardians, and that a copy attesting their understanding be kept with the resident's records.

The Bill of Rights shall be read in the presence of a person not associated with, or employed by the facility. This same person shall witness the signature of the resident.

I have read this statement and understand its content and meaning.

Signed _____

(_____ 's mark)

Read and Witnessed by _____

Date _____

Witnessed by _____

Date _____