Ephratah Home

Title Page

Ephratah Compassionate Hands of Mercy Inc., DBA Ephratah Home

4605 W. Avenue J12,
Lancaster, CA
93536
Telephone (818) 310-7602

Regional Center Program Plan (ARF 2)
Written by Leslie Clarkson
(Administrator is fully knowledgeable of the contents of this program design)

Administrator: Frances Ahiabor

Ephratah Home

Table of Contents

Ephratah Home

Ephratah Home

Ephratah Home

Ephratah Home

Ephratah Home

Physical Description of Facility

Ephratah Home, located in a peaceful neighborhood, offers

- Spacious open-floor plan
- Four private bedrooms
- Three shared bathrooms
- Office
- Kitchen
- Living room
- Dining room
- Garden with covered patio
- Storage space

For a detailed schematic of Ephratah Home—including, but not limited to utility shut-offs, exits—please see the facility sketch (**attachments section** of this program plan)

Ephratah Home

Statement of Purpose

Mission Statement

Ephratah Home advocates and promotes client choice, independence, and well being, in a healthy, supportive, and culturally sensitive environment.

Statement of Purpose

Ephratah Home is a staff operated 24 Hour residential facility for adults with intellectual disabilities. The facility is designed to serve four (4) adults males between the ages 18 and 59 who are ambulatory.

Ephratah Home provides services to people who need support with activities of daily living, acquisition/assistance with self-help skills and medications, and support with physical challenges in coordination and/or mobility.

The mission of Ephratah Home is to advocate and promote client choices, independence, and well being in a healthy, supportive, and culturally sensitive environment.

Ephratah Home understands that proper nutrition and exercise are important for long-term health, specifically in areas such as diabetes, high cholesterol, high blood pressure, obesity, heart problems, bowel habits. Via proper nutrition **(see menus attachment)** and the encouragement of exercise, Ephratah Home will try to enhance the overall health and well-being of our clients.

Ephratah Home will provide support to help prevent acute illness and decompensation in order to avoid people having to seek a more restrictive level of care. Ephratah Home is committed to providing an environment that is rich in social stimulation, recreational activities, and opportunity to pursue hobbies, interests and vocational pursuits. Age or disability, unusual behavior, physical limitations and self-help deficits should not prevent individuals from participating fully in community, family and social life.

Normalization

Services at Ephratah Home are based on the principle of *Normalization*. This principle holds that “Life conditions should enable clients to lead more *Independent*, *Productive* and *Normal Lives* which approximate the *Pattern of Daily Living* of non-disabled persons of the *Same Age* and reflect *Personal Choices*.”

In addition to the principle of normalization, services are provided using a Person-Centered-Planning (PCP) process:

- Identification of, and working toward, the preferred future of an individual
- The individual is at the center of the process
- Need to find out the individual’s strengths/weaknesses/preferences/barriers
- The individual chooses where & with whom to live, relationships, how to spend time (work/education/leisure), activities
- Choices should be exercised in a least-restrictive, culturally-sensitive, environment
- During the planning process we EMPOWER the client by giving all necessary information/options so that he/she can make informed decisions

The result of this PCP process is to identify the client's needs, tailor the delivery of services to meet those needs, and to develop the ISP/IPP.

Ephratah Home

Description of Program

Developmental Disabilities

Overview
The term developmental disability refers to a severe and chronic disability that is attributable to a mental or physical impairment that begins before an individual reaches adulthood. These disabilities include mental retardation, cerebral palsy, epilepsy, autism, and disabling conditions closely related to mental retardation or requiring similar treatment.

Intellectual Disability
Intellectual disability is characterized by significantly sub-average general intellectual functioning (i.e., an IQ of approximately 70 or below) with concurrent deficits or impairments in adaptive functioning.

Cerebral Palsy
Cerebral Palsy includes two types of motor dysfunction: (1) non-progressive lesion or disorder in the brain occurring during intrauterine life or the perinatal period and characterized by paralysis, spasticity, or abnormal control of movement or posture, such as poor coordination or lack of balance, which is manifest prior to two or three years of age, and (2) other significant motor dysfunction appearing prior to age 18.

Autism
Autism is a neurodevelopmental disorder with multiple causes or origins. It is defined as a syndrome causing gross and sustained impairment in social interaction and communication with restricted and stereotyped patterns of behavior, interests, and activities that appear prior to the age of three. Specific symptoms may include impaired awareness of others, lack of social or emotional reciprocity, failure to develop peer relationships appropriate to developmental level, delay or absence of spoken language and abnormal nonverbal communication, stereotyped and repetitive language, idiosyncratic language, impaired imaginative play, insistence on sameness (e.g., nonfunctional routines or rituals), and stereotyped and repetitive motor mannerisms.

Epilepsy
Epilepsy is defined as recurrent, unprovoked seizures.

Other Developmental Disabilities
Other Developmental Disabilities are those handicapping conditions similar to mental retardation that require treatment (i.e., care and management) similar to that required by individuals with mental retardation. This does not include handicapping conditions that are solely psychiatric or physical in nature. The handicapping conditions must occur before age 18, result in a substantial handicap, is likely to continue indefinitely, and involve brain damage or dysfunction. Examples of conditions might include intracranial neoplasm, degenerative brain disease or brain damage associated with accidents.
For an individual to be assessed in California as having a developmental disability, the disability must begin before the individual's 18th birthday, be expected to continue indefinitely and present a substantial disability. For further information, contact your local regional center.

Ephratah Home

Services Designed to Enhance Capabilities (ARF Level 2)

Behavioral Support

Ephratah Home may assist individuals to help eliminate behaviors—of mild severity—that are disruptive and/or inappropriate. Intervention strategies by DSP staffs are based on the use of behavioral supports.

Ephratah Home will not utilize aversive disciplinary procedures. Positive reinforcement will be given for successful task completion. If staff intervention is not successful in eliminating a disruptive behavior the administrator may consult with the client's CSC to determine an appropriate course of action (e.g., consultation with the Regional Center's BCBA to develop a behavioral plan or relocation to a higher level of care). The BCBA will then meet with staff and review the support plan. A typical behavioral support plan should include the following:

- What is the function of the disruptive/inappropriate behavior?
- What antecedents or triggers precede the disruptive behavior?
- What consequences/activities might be reinforcing that occur just following the disruptive behavior?
- What is the appropriate way for the individual to access the reinforcers maintaining the problem behavior?

Support plans are designed to replace disruptive or inappropriate behavior with a more socially acceptable behavior and outcome. DSPs are responsible for implementing the plan.

Behavioral Chemical/Postural-Restraints

Ephratah Home defines "Physical Restraint" as a restriction of the individual's movement that prevents an individual from exhibiting an immediately dangerous behavior. If the client has a psychiatric diagnosis, the PET team may be called for assistance. Behavior modifying drugs will only be used as an integral part of an individual program plan that is designed by the Interdisciplinary Professional Team to lead to a less restrictive way of managing, and ultimately to the elimination of the behaviors for which the drugs are employed. Program plans using psychotropic medication shall be of no more than thirty (30) days, ordered and modified by a physician, and shall be titrated down whenever possible—based on data and the IDT review. Each renewal order will include written justification by the physician for the continued use of drug. It will include explicit provisions for gradual diminution of the dosage of the drug and its ultimate discontinuation. Individuals with severe behavioral challenges who require medication to assist with maladaptive behaviors may be referred to a more appropriate, behaviorally oriented residential setting.

Ecological Strategies

Many behavior problems are a reflection of conflict between the needs of the individual and the interpersonal and environmental demands of work and home life. By altering events and aspects of the environment it is possible to change behavior in a positive manner.

Ecological Strategies (For Aging Clients)

The principles of behavioral management are the same for both adult and elderly individuals. Behavioral strategies for elderly individuals with developmental disabilities and/or dementia need to take into account the impact of memory loss on learning. Many persons with dementia wake up each day and perceive routine events and people as new and therefore anxiety may ensue. Therefore it is important to have in the ecology the following principles or ideas:

- A focus on quality of life and building supports to maximize enjoyment of life and independence.
- Each day will have an established routine with regards to chores and leisure pursuits.
- The use of a photo activity schedule will be used so individuals can predict their day and also help them remember what activities they are engaged in. Photos can be used as a means of communication (e.g., like a picture exchange communication system).
- The use of structured activities that the individual can already perform as part of the daily routine as this may help each individual feel more productive and useful.

The following represents a successful ecological manipulation of an individual (Mary) who displays aggressive behavior when she is requested to be patient and delay gratification.

Conflict Resolution and Problem Solving

Staff shall help individuals to become more effective communicators. Staff shall strive to understand the individual's idiosyncratic gestures, phonics, and postures as a form of communication. When called for, staff shall strive to redirect any inappropriate form of communication to a form that is both more effective and appropriate. By establishing effective communication the individual will achieve a higher level of success in resolving daily conflicts and disputes with housemates, staff, friends, family, associates, strangers, and self.

Normalization

Services at Ephratah Home are based on the principle of *Normalization*. This principle holds that "Life conditions should enable clients to lead more *Independent*, *Productive* and *Normal Lives* which approximate the *Pattern of Daily Living* of non-disabled persons of the *Same Age* and reflect *Personal Choices*."

In addition to the principle of normalization, services are provided using a Person-Centered-Planning (PCP) process:

- Identification of, and working toward, the preferred future of an individual
- The individual is at the center of the process
- Need to find out the individual's strengths/weaknesses/preferences/barriers
- The individual chooses where & with whom to live, relationships, how to spend time (work/education/leisure), activities
- Choices should be exercised in a least-restrictive, culturally-sensitive, environment
- During the planning process we EMPOWER the client by giving all necessary information/options so that he/she can make informed decisions
- The result of this PCP process is to identify the client's needs, tailor the delivery of services to meet those needs, and to develop the ISP/IPP

Description of Client Services

Ephratah Home provides assistance with the following (but not limited to) basic services to individuals:

- Administrator and care-staff who are knowledgeable and trained in the methods required to support individuals to meet the goals each person determines for themselves, as documented in their individual program/support plan (ISP/IPP). This includes knowledge of the goals, the plan, teaching and support methods, ability to document progress, evaluate and recommend plan changes as needed, and timely reporting to the regional center on progress, obstacles, or agreed modifications to the plan
- Continuous monitoring, support and supervision for all individuals residing in the home

- A clean, safe, pleasant and least restrictive environment
- Assist clients with cooking, preparing, and serving three balanced meals and healthy snacks daily, as well as modified diets as needed
- Assist clients with cleaning bedrooms on a weekly basis or more often as needed. Includes clean bedding, towels, linen, blankets and pillows
- Provide clients with personal hygiene items such as shampoo, soap bars, toothpaste, toothbrushes, deodorants, hair gels, hair combs, hairbrushes, and shaving materials for individuals
- Private storage space (closet, night table, drawers, shelves) for clothing and personal items
- Assist with laundry services that include washing, ironing and mending
- Assistance with self-care, hygiene and grooming as needed (dressing, bathing showering, toileting, shaving, brushing teeth, combing hair, getting haircuts, trimming nails, and all other personal hygiene)
- Transportation to and from medical appointments and recreational activities
- Free access to telephone to make and receive confidential calls
- Assistance in the administration of medication
- Safeguarding cash resources
- 24/7 supervision
- Scheduling medical care with primary physicians, dentists, and physician specialists
- Assistance and participation in the individual's ISP/IPP meetings
- Emergency Plan, which includes regular home safety and preparedness checks

Optional Services

Ephratah Home provides services to people who need support with activities of daily living, acquisition/assistance with self-help skills, support with physical challenges in coordination and/or mobility, and may need support or intervention due to mild behavioral challenges. In addition to providing basic services per Title 22, Ephratah Home will provide additional optional services according to client needs:

- Scheduling of haircut appointments
- Transportation to and from haircut appointments
- Scheduling of nail appointments
- Transportation to and from nail appointments
- Transportation to and from dry-cleaners
- Transportation to and from bank
- Transportation to and from Post Office
- Transportation to and from Social Security Office

Communication

Each individual communicates differently and has ways of communicating that they are most comfortable with. Communication may occur verbally or by other means such as by sign, writing, or typing. For other individuals communication may employ picture communication systems and electronic devices. An individual may use more than one communication technique and/or may prefer one method to another.

When an individual has difficulty communicating their desires and preferences, the administrator learns about his or her needs by observing the individual and completing an assessment of the client to form a picture of what things work and don't work for them. The assessment includes interviews with interested and responsible parties who are familiar with the client.

Some people who receive services communicate their needs and preferences through their behavior (e.g., running out of the house may mean that someone doesn't like something/someone in the house) or they may use communication devices or adaptations to talk. Ephratah Home learns from each individual, his or her family and friends, how the person communicates. This may include assisting people to access any assistive technology that will help them to communicate.

Cultural Diversity

Ephratah Home understands that culture impacts services. The impact of culture influences perceptions, interpretations, and behaviors of persons in specific cultural groups. Different cultures hold diverse perception of how developmentally disabled persons are perceived and should be treated. Ephratah Home encourages, through training and programming, the development of a climate in which all cultures and ethnic backgrounds are appreciated and valued.

Sexuality Guidelines

Persons with physical, cognitive, or emotional disabilities have a right to sexuality education, sexual health care, and opportunities for socializing and sexual expression. Family, and DSPs are expected to be understanding and supportive of appropriate sexual behavior, and related health care for individuals with disabilities. When necessary this facility shall use generic resources for training material, together with counseling by a qualified health care practitioner.

House Meetings

House Meetings are a forum for individuals to voice their opinions and make decisions over the issues that directly affect their daily life. Individuals are encouraged to participate as fully as possible by voicing any complaints, concerns or requests on any aspect of care they receive by the facility. This may include personal rights issues, interpersonal conflict with housemates and staff as well as residential care services e.g. activities, P&I management, menu planning, transportation, laundry, medication assistance etc. Meetings are facilitated by staff members and scheduled on a monthly basis or more often at individual request. A portion of every meeting is set-aside for individuals to speak in private without the presence of facility staff.

Good Neighbor Policy

In an effort to facilitate compatibility between the facility's clients, surrounding neighbors, and emergency-response departments, the licensee shall send out a letter that introduces the facility and staff, the facility's mission statement, and facility personnel contact numbers.

Rights

Ephratah Home is committed to respecting and upholding the rights of individuals. To ensure that each individual, family member and/or authorized representative understands his or her rights the following procedure is followed:

- The individual, family and authorized representative will be informed and receive a copy of the Right of Individuals with Developmental Disabilities at admission **(DSP 304)**

- Individuals will receive annual review on their rights, in a manner that is individualized by the understanding level of each person, and documentation of this will be maintained in their individual file

Ephratah Home

Rights of Conservatees
According to Assembly Bill 937 (section 2351), the guardian or conservator, but not a limited conservator, has the care, custody, and control of, and has charge of the education of, the ward or conservatee. This control shall not extend to personal rights retained by the conservatee, including, but not limited to, the right to receive visitors, telephone calls, and mail, unless specifically limited by court order or necessary to protect the conservatee from abuse.

Recreation and Leisure Activities

Ephratah Home believes that clients have the right to enjoy their lives completely and should include activities that bring joy and happiness. Direct care staff will provide a variety of interesting and age-appropriate recreational and leisure activities for clients that include daily activities at the facility. Each month a calendar of activities and events will be posted in a communal area of the facility.
Client preferences and interest for recreation and leisure will be collected at admission and as needed. Clients will be provided the opportunity to learn how to enjoy community events and activities independently outside the facility schedule.

Personal Activities
All individuals will be encouraged to foster their own hobbies and interests such as sewing, crocheting, puzzles, meditation, reading, arts and crafts, cooking etc.

Educational Activities
Individuals will be informed of education classes available through the local Community College, Regional Center, local library and local hospital community education programs.

Free Time
Individuals are encouraged to pursue their interests and engage in activities of their own choosing.

Religious Activities
If requested, arrangements will be made if clients desire to attend a place of worship. If desired Ephratah Home will make arrangements for religious activities at the facility, as per the client's choice of religious organization or group.

Day Programming
Individuals are encouraged to attend day programming. Lunch will be available for the individual to take to a day program.

Physical Activities
Individuals will be made aware of the benefits of physical activities and of types of activities available within the community.

Activity Schedule
The activity schedule (**see attachment**) is a dynamic monthly schedule; it is subject to continual change per input from clients and staff.

Activity List
A complete list of all possible recreation and leisure activities would be unending. The following list shows activities that Ephratah Home offers to individuals. The list is ever changing and revised as new activities are suggested and other activities rejected by individuals.

- Exercising
- Dancercising to music
- Gardening
- Board games
- Walking/hiking
- Playing miniature golf
- Amusement parks
- Dance or yoga classes
- Concerts
- County Fair
- Movies
- Cooking
- Holiday related crafts such as decorating Halloween pumpkins, coloring Easter eggs, or trimming a Christmas tree
- Video games
- Card games
- Darts (magnetic or Velcro)
- Shopping
- Zoo
- Karaoke
- Other…

Local Community Resources (93536)

- Forrest E. Hull Park
- AV California Poppy Reserve
- Marie Kerr Recreational Center
- Quartz Hill Library
- Palmdale Library
- Cinemark 22 & IMAX Theater
- Sands Bowl Bowling Center
- Six Flags Magic Mountain
- Universal Studios
- Citi-Walk
- Disneyland
- Knotts Berry Farm

Resident Council

The administrator, at the request of a majority of the facility's residents, shall assist the residents in establishing and maintaining a resident-oriented facility council

- The administrator shall provide space and post a notice for meetings, and shall provide assistance in attending council meetings for those residents who request it
    - If residents are unable to read the posted notice because of a physical or functional disability, the administrator shall notify the residents in a manner appropriate to that disability including but not limited to verbal announcements
- The administrator shall document notice of meetings, meeting times, and recommendations from council meetings
- In order to permit free exchange of ideas, at least part of each meeting shall be conducted without the presence of any facility personnel

- Residents shall be encouraged, but shall not be compelled to attend council meetings

The administrator shall ensure that in providing for resident councils the requirements of Section 1520.2 of the Health and Safety Code are observed

- The council shall be composed of residents of the facility and may include family members of residents of the facility. The council may, among other things, make recommendations to the facility administrator to improve the quality of daily living in the facility and may negotiate to protect residents' rights with facility administrators

Ephratah Home

Service Outcomes

Service Outcome

In providing the aforementioned services, Ephratah Home will strive for individuals to achieve the following service outcomes:

- A homelike comfortable living accommodation that approximates as close as possible the living environment of individuals of the same age in the larger community.
- Clients will increase their knowledge of proper nutrition and exercise and thus experience the benefits of good health.
- A lifestyle and daily routine that approximates, as close as possible, that of individuals of the same age in the larger community.
- Achieve outcomes as specified in the ISP/IPP.
- Clients will increase their self-sufficiency and independence as much as possible in completing activities of daily living.
- Clients will increase their pursuit of hobbies and leisure interests as well as participation in social and recreational activities in the community.
- Clients will increase their learning of effective ways to communicate needs, solve problems and resolve interpersonal conflict
- Clients will decrease self-defeating and disruptive behaviors such as verbal aggression, tantrums and self-injury.
- Clients will increase their self-advocacy by stating opinions and participating in decisions that affect their daily life such as meal plans, recreational and leisure activities and community outings.
- Clients will increase skills necessary for independent living e.g. cooking, bathing, grooming, money management etc.

Instructional Methods and Techniques

Skill Training

Skill training is designed to help individuals achieve competence and autonomy in a variety of areas of self care and daily living. Skill training focuses on specific tasks of daily living such as hygiene, grooming, household chores and meal preparation. Skill training provides the instruction and assistance required to achieve independence and success. DSPs who provide training are sensitive to the need for individuals to achieve independence without staff completing the task for the individual.

Special attention and training is applied to those skills or deficits identified in the ISP/IPP; goals often include training in communication skills, mobility and self-advocacy.

Skill Training may include:

Safety

Training includes how to deal with (handling or avoiding) utensils and sharp items, glass items, hot things, cleaning chemicals, biological items, swimming pool safety, public safety (e.g., street crossing), and any other circumstance where care must be taken to prevent harm or danger. Safety includes fire drills, training for reactions in case of fire, earthquake, and medical emergencies.

Health Skills

Training includes training in eating habits, providing and explaining healthy foods, sanitary habits (e.g., hand washing, showering daily), first aid, health education, and scheduling doctor appointments. This training helps individual's look and feel their best. Specific tasks include grooming, bathing, brushing teeth, washing face, combing hair, shaving and dressing. More refinement in appearance is achieved by assisting the individual to learn how to launder their own clothes, coordinate and color match attire and assistance in shopping.

Physical Health

Concepts will be taught to develop skills and behaviors that promote good health for each individual. Individuals are encouraged to take advantage of opportunities for physical exertion, to use stairs (when appropriate) instead of elevators etc. Specialized therapeutic diets, if prescribed, will be followed along with a general fitness and conditioning program to increase strength, improve health, improve posture, and overall sense of well-being. Any exercise program should include a warm-up and cool down and should take in to account considerations for this population such as reduced range of motion, lack of self-initiation, and medications.

Housekeeping

Training assists individuals to maintain a clean and comfortable environment. Specific tasks include making the bed and keeping a neat and tidy room. Staff also encourages the individual to develop interest and skill in more demanding housekeeping chores such as dusting, vacuuming, dumping the trash and washing dishes.

Meal Preparation

Training is designed to help individuals learn how to cook, prepare foods, follow a recipe, and prepare and pack their own snacks and meals. Training is also designed to help

individuals learn how to select healthier ingredients, safe handling, safe preparation, and safe storage of foods. Individuals shall also learn the value of good nutrition by developing skills in menu planning, choosing recipes and ingredients, and grocery shopping. Individuals shall learn that completion of the food preparation results in the reward of being able to eat the prepared food item(s).

Budgeting
Training starts with a basic level of understanding of monetary denominations and monetary form (coin, paper, personal check, paycheck, maths, money order). Staff shall attempt to teach individuals basic mathematical principals (numbers, adding, subtracting, multiplication, division). Individuals shall learn that in order to purchase more expensive essential/important items they may have to forego the purchasing of smaller non-essential/less-important items. Individuals shall learn how to prioritize their purchases so that they are able to save and accumulate money for desired larger and more expensive items/trips.

Shopping
Skills include determining appropriate needs, selecting appropriate products, comparing quality, comparing prices and understanding special-offer notices/stickers, interacting with clerks to assist with the location of specific items. Individuals shall strive to learn how to place items in cart appropriately, to wait in line to pay, to interact with clerks, to make purchases, to count change, and to place items in shopping bags appropriately.

Transportation
Training is provided to help individuals learn how to use public transportation to attend day/work programs and social/recreational activities. Key components of public-travel training include: Selecting a destination, selecting a departure/return time and date, selecting the mode of transportation and carrier company, determining the cost of the trip (including the $ amount needed to return home), how to patiently wait to be picked up, how to recognize the correct bus/taxi/van, not to accept rides from strangers, how to recognize landmarks that indicate familiar destinations, what to do in the event of a un-planned interruption in the trip, who to contact in the event of an urgent situation.

Socialization
Goals will be taught to increase clients' awareness of others and to provide the necessary skills to form and maintain appropriate relationships. Eye contact, sharing, responses to greetings are examples of skills in this area. Groups of two or more may formally or informally discuss current affairs, daily events, concerns, etc. All of these skills may be independent from most identified objectives, but are appropriate to be taught.

Community Integration
Goals will be taught to increase clients' access to his/her environment and provide means for each client to appropriately interact within his/her community. . Individuals will go into their local neighborhood to shop, dine, see movies, and participate in other entertainment within the community. If appropriate, the clients may utilize public transportation for community-integrated activities.

Ephratah Home understands the value and need for relationships in maintaining psychological and emotional well-being; therefore Ephratah Home encourages the development of relationships and support networks. A good support network can give

one a sense of security that others are available in times of need. Different people have different support networks. Often persons with disabilities have not developed the interpersonal and social skills necessary to develop a circle of support. Ephratah Home may assist individuals to learn how to form these relationships by providing resources and instruction on social skills. Of course some individuals may already be adept at relating to others while other individuals may have a paucity of skills.

Community Safety and Awareness
Ephratah Home understands that individuals with developmental disabilities may be at risk in the community due to insufficient basic safety skills. When necessary, instruction shall be provided to individuals in the following safety areas:

- Crossing the street
- Kitchen safety
- Hygiene
- Avoiding strangers
- Saying no to uncomfortable situations
- Discussing what is sexually appropriate
- Making wise choices with peers
- Getting around the community safely
- Geographic awareness and knowledge of:
- Home address
- Phone number
- Nearby street names
- Major store locations/names and what they sell
- Points of the compass and how they relate to north, south, east, and west locations (mountains, freeways, etc.); the cities surrounding, etc.; and bus routes.

Civic Responsibilities
Training includes providing neutral information on upcoming political elections, supporting clients to register and vote, and possibly coordinating opportunities for clients to volunteer.

Family Interaction
Interaction shall be encouraged (if appropriate) through training in making telephone calls, scheduling visits and initiating correspondence with birthday and holiday cards. Family members are welcome to attend mealtimes, group outings, house meetings, and IPP meetings etc.

Leisure Activity Training
Recreation and leisure skills may be taught to encourage productive utilization of non-structured time independently or within a group. Development of these skills may increase clients' participation within a recreational framework and provide an avenue for client to interact positively with others. Structured and unstructured leisure activities, community walks and park trips may be incorporated into the activity schedule:

- Relaxation: Learning to relax, breathing exercises, relaxing with music
- Hiking: Hiking skills include walking skills, deciding on appropriate shoes and clothes, and the preparation of food and snacks
- Movies: Deciding on the movie, waiting in line, buying tickets, behavior in the theater

- Music: Listening to a variety of different types of music (includes concerts, live music clubs, and restaurants)
- Library: What information is available, how to find books and magazines
- Dancing: Learning to dance, inviting someone to dance (includes parties and organized dances)
- Parks: Picnics, sport activities, and game participation
- Board games: Learning how to play, fair play, patience with other people
- Television: Choosing and watching programs, changing channels, news watching, and familiarity with selected programs
- Interactions: Chatting leisurely and comfortably with staff and other client
- Exercise: Physical workouts may include taking walks, aerobic exercise, dancing, stretching, basketball, and other sports
- Arts and Crafts: Simple arts and crafts projects

Teaching Strategies

DSP staffs learn teaching strategies through regular participation in competency training, orientation, and on-going training by the facility administrator. The foundation of good teaching strategy includes good rapport with the learner, familiarity with the learner's communication style and consistency. Prior to teaching any skills the first step is to develop a good rapport with the individual in order to learn which skills the individual is interested in learning. Often the skills have already been identified in the ISP/IPP.

The goal of training is to maximize each individual's independent self-care. The areas of self-care taught within the residence include the following: drinking, eating, toileting, dressing, undressing, nasal hygiene, oral hygiene, bathing, and grooming.

The amount of support individuals receive is based on the nature of disability, limitations, skill level, and ability to retain information and apply learning. Some individuals may require intensive support to learn specific skills. Other individuals may require lower level of support and training on a more long term and/or intermittent basis. Ephratah Home will utilize a training model that consists of the four types of teaching prompts (verbal, gestural, modeling, and physical); Ephratah Home anticipates most individuals will begin with more frequent instruction, which will gradually decrease in duration and frequency as the individual successfully masters skills. Most skills will be taught using least-to-most methods; it is important that clients learn, and are encouraged to do as much for themselves as possible with the least amount of assistance. All instruction will be delivered using a flexible model of instruction. The individual's personality style, preferences, and choices will guide the nature and amount of support services. Interventions and techniques include but are not limited to:

- Written material
- Communication Alternatives
- Behavioral support
- Positive reinforcement
- Prompting
- Demonstrations and motivational discussions

Ephratah Home utilizes a curriculum that covers basic content in critical areas. The following training steps may be used to provide instruction on how to find information over the phone.

- Decide what information is sought.
- Decide whom to call to get the information.
- Look up the number in the phone book, Internet, or call directory assistance.
- Make the phone call.

- Greet the person who answers.
- Say something like, "Can I speak to someone who can tell me about...?"
- Wait to see if the person to whom you are speaking can provide the information or whether you are directed to someone else.
- Once you know you are speaking to the person who is willing to provide you information, ask the person questions to get the information you need.
- If needed, write the information down on paper.

The following is suggested information that people can get over the phone*.*

- Find out when a business is open.
- Call to find the price of a product (movie ticket, product advertised in a magazine, newspaper subscription)
- Find out whether the local library has a book you want.
- Find out if a sale item in the newspaper is still in stock.
- Find out the cost of a sale item in the newspaper at another store.
- Find a want ad that instructs the reader to call a number to find out more information.
- Call a place of business and get directions.

Developing Good Judgment/Solving Problems and Making Decisions

This example lesson will address problem solving in real life situations (materials used include a bucket of water to demonstrate this process).

- State the problem – "The floor is wet. It is dangerous."
- Make a generic response to fix the problem – "I need to clean it up."
- Make a specific response to fix the problem – "I need to go to the closet and get a mop and a bucket."
- Provide a self-report – "I have mopped up the water."
- Provide self-reinforcement – "Good job."

Other exercises to practice decision-making and problem solving may include bringing a battery-operated gadget that has dead batteries or a TV that is not plugged in then asking the individual to try and turn it on, or prompting the individual to figure out a solution by posing hypothetical problems:

- You just missed your bus to take you to work
- A co-worker tells you to clean the floors, but your boss wants you to empty garbage. You want to be helpful to the co-worker
- A neighbor keeps trying to borrow money from you. He never pays you back and you never have enough money to buy things you need

Teaching is more effective when it incorporates both the details of the problem and the relevant general principles. The following questions represent a more general model of problem solving that can be used to consolidate learning.

- What is the problem?
- What do you need to do?
- How are you going to do it?
- Did you fix the problem?
- Did you do a good job?

Ephratah Home

Prompting

Teaching in a natural environment may promote skill success by moving from least to most assistance when prompting. In using least to most assistance in prompting, direct care staff are careful to not provide any more help than is necessary for a individual to learn how to successfully master a skill set on his/her own. The following chart displays a hierarchy of prompting to individuals by direct care staff from *least to most assistance*:

Least Assistance	Verbal Question	What do you do first?
	Verbal Directive	Put the toothbrush in your mouth
	Gesture Prompt	Staff touches toothbrush and then points to individual's mouth.
	Modeling	Staff places own hand up to mouth to role model putting toothbrush in mouth.
	Physical Prompt	Staff briefly touch and lifts individual's wrist to prompt placing toothbrush in individual's mouth.
Most Assistance	Physical Guidance	Staff person provides hand-over hand assistance in placing toothbrush in individual's mouth.

In some cases, such as is used with errorless learning, a most-to-least procedure may be used. The specific teaching strategy used will reflect professionally acceptable practice based on the individual's needs and the task.

A record of the individual progress may be recorded on the Data Collection 30-Day Log **(See attachment)**. The 30-day log will document individual progress by recording the skill or behavior along with the type of prompting and/assistance required.

Reinforcement

Direct care staff utilizes positive feedback, praise and encouragement to reinforce the individual's effort and success. Using a variety of reinforcers helps to strengthen learning and avoids the problem of a reinforcer losing its value by being overused.

Shaping

Shaping is a method of instruction for individuals who have a particular skill. Shaping involves reinforcing an individual's behavior when the behavior approximates more closely the skill that is being taught. Initial reinforcement is given for any attempt that approximates the skill no matter how successful. Successive reinforcement occurs only when the skill improves until reinforcement is provided only when the skill is mastered.

Ephratah Home

Adaptive Technology

Adaptive technology is utilized to assist individuals complete to tasks that they are unable to complete due to physical or coordination difficulties. Eating can be a significant challenge for those who have limited muscle control over their hands, fingers, and arms due to stroke or other medical problems. Eating independently is essential for promoting an individual's sense of dignity. Ephratah Home may utilize utensils with built-up, bendable, or weighted handles. Built up handles increase the surface area of the utensils to reduce the need for a fine pinch to hold the utensil, instead only requiring a gross motor grasp. Rubberized handles prevent the grip from slipping. Weighted handles are useful for a person who has tremors or uncontrolled movements that cause spilling. The heavy weight of the handle can reduce the amount of movement in a shaking hand. Other eating aids may include a universal cuff, adapted plates and cups, plate guards and scooped plates.

Individuals with fine motor coordination problems may have difficulty using handles to reach clothing and other personal items. By changing the type of handle from one that requires fine finger movements to open the door or drawer to one such as a cabinet handle, which can be opened with a fist, the person may again be able to access his/her clothing with little or no assistance.

Ephratah Home is committed to utilizing the most appropriate adaptive technology necessary to assist the individual. Other activities of daily living where adaptive technology may be utilized include grooming, dressing, toileting, sleeping, bathing, safety and mobility.

Ephratah Home

Entrance Criteria

Entrance Criteria
Capacity: 4 clients/residents (Ambulatory)

Age: Licensed for ages 18 to 59
Preference for ages 18 to 59

Gender: Male Only ☒ Female Only ☐ Coed ☐

Functioning Level of Clients/Residents: Mild ☒ Moderate ☐
(Degree of Cognitive Deficit) Severe ☐ Profound ☐

Program will serve clients/residents with the following diagnoses and/or characteristics:

Seizure Disorder	☒	Toileting Accidents	☐
Autism	☒	Requires Modified Diet	☐
Cerebral Palsy	☒	Uses Wheelchair	☐
Mental Disability	☒	Requires Lifting to Transfer	☐
Vision Impaired (Glasses)	☒	Restricted Health Cond (see below)	☒
Blind	☐	Diabetes w/ insulin (e.g., Type 1)	☐
Hearing Impaired (Aid)	☒	Diabetes w/o insulin (e.g., Type 2)	☒
Deaf	☐	Uses CPAP/BPAP	☐
Non-Verbal	☐	G-tube Care & Feeding	☐
Requires Diapers	☐	Tracheostomy Care	☐
Urinary Catheter	☐	Contractures	☐
Requires oxygen gas	☐	Colostomy/ileostomy	☐

Other self-help characteristics as specified below:

Program will serve clients/residents with the following behavioral characteristics:

Behavior Types	Intensity Level (Mild, Moderate, Severe)	Frequency: Number of Occurrences (Per Day, Week, Month, 6 Month, Year)
☒Tantrums	Mild	Not more than once weekly
☒Self-Injury	Mild	Not more than once weekly
☐Aggression	Mild	Not more than once weekly
☐Property Damage	Mild	Not more than once weekly
☒Verbal Aggression	Mild	Not more than once weekly
☒Profanity	Mild	Not more than once weekly
☒Not Follow Requests	Mild	Not more than once weekly
☒Restiveness	Mild	Not more than once weekly
☐Stealing	Mild	Not more than once weekly
☐Inappropriate Sexual Behavior	Mild	Not more than once weekly
☐Wandering or Running Away	Mild	Not more than once weekly

Ephratah Home

Intake Procedure

Ephratah Home will not admit an individual unless his/her care and training needs can be met by the facility. That conclusion is based on a comprehensive review of the individual and his/her needs. It will include physical, emotional, social and cognitive factors. The administrator will determine if the admission is the best available plan for that individual.

A complete Regional-Center referral packet must be submitted prior to pre-placement interview to determine if the facility can serve the needs of the individual. A complete referral packet should include: Annual Review, Individual Program Plan, Psychological Evaluation, Medical (to include PPD), Special Incident Reports (SIRs), and previous program reports (i.e., ISP, IEP, IPP). The facility administrator will review referral packets. Consultant will be utilized on an as-needed basis. When determining appropriateness of a potential placement the Administrator shall schedule a pre-admission interview during which time important information shall be gained using the following forms: Appraisal/Needs and Services Plan **LIC 625;** Functional Capability Assessment **LIC 9172;** Pre-Placement Appraisal **LIC 603.**

Upon admission the client will be advised of personal rights. Once the **LIC 613** form is reviewed, the client and/or representative will complete and sign the form. The original copy will be retained in the client's file and a copy given to client and/or his or her representative. A copy of the personal rights will be posted in a prominent location in the facility.

All clients must be appropriate for Ephratah Home services. On an annual basis, the client's service coordinator shall make updates to reflect the current functioning level of each person. Listed below are the domains and the level of functioning that determine eligibility. In determining eligibility for admission, the facility administrator and consultant will complete the following:

- Personal interview with the individual
- Personal interview with the person's parents/advocates if conserved, or if consent is given by the person
- Review of medical, dental, psychological, social, and educational data
- Review of any SIRs
- Appropriate consultation and coordination with referring professional or agency

The facility administrator will document the above, and record all data in the individual's records accordingly. Confidentiality of client's records shall be respected and maintained at all times.

If the client appears appropriate based on the referral packet and intake interview, a pre-placement visit will be scheduled through the client or liaison. If all parties agree after the pre-placement visit is completed, an admission date will be scheduled. Upon admission, clients or authorized representatives shall sign the admission agreement, consents and rights forms.

Ephratah Home will ***NOT*** serve any persons with the following conditions:

- Medical conditions that are acute and requires 24-hour care
- The person's primary condition is a result of a mental disorder that would be disruptive and beyond the capability of the home to manage
- Any prohibited health condition

Ephratah Home

Restricted Health Conditions

Individuals with restricted health conditions (Title 22, 80092) may be accepted for admission (see Entrance Criteria). For any new admission (i.e., new applicant/individual), or if during the course of the individual's stay the individual develops a restricted health condition (Title 22, 80092), if the administrator believes the facility has the capacity to provide care for the restricted condition, the administrator will submit a letter to Community Care Licensing indicating a willingness to provide care and ability to deliver services for the restricted health condition. In addition, the administrator along with the client's physician and home health or Regional Center nurse, shall develop a restricted health care training and treatment plan per Title 22, 80092.1. If care cannot be provided the new admission will be denied, and for an existing resident arrangements will be made to transfer the individual to an intermittent care or skilled nursing facility or other level of care capable of treating the condition. General conditions under which care will be provided are:

- The health condition is stable and temporary with a good prognosis
- The individual is under the care of a licensed health care professional
- A licensed health care professional provides training and ongoing supervision to direct care staff that will be assisting with special or incidental medical care

Mental Health Intake Assessment

In order to determine the facility's ability to meet the needs of a client diagnosed with a mental illness, the administrator shall ensure that a written intake assessment is prepared by a licensed mental health professional prior to acceptance of the client; this assessment may be provided by a student intern if the work is supervised by a properly licensed mental health professional. The administrator may utilize placement agencies, including, but not limited to, county clinics for referrals and assessments.

Ephratah Home

Admissions

Admission Procedure

Ephratah Home does not discriminate on the basis of race, religion, creed, color, or sex. It is the purpose and goal of our home to provide residential care to adults aged 18 to 59 years who are in need of non-medical care and supervision.
The administrator will meet with the client for an interview at the preadmission visit. The preadmission visit is an opportunity for the client and facility to determine if placement is suitable. Administrator will describe the facility, the current clients, activities, services and rules. This information will help the client and his or her advocate decide if placement is a compatible one. The client must choose to live in the facility; in the case that a client is unable to express a choice, the designated representative will approve the placement.

Referral packets (i.e., applicant information) from Regional Center shall include:

- Admission agreement
- Refund policy
- Current ISP/IPP
- Needs and service plan
- Functional capabilities assessments
- Information regarding individual likes and dislikes, abilities, interests and activities
- History of aggressive or dangerous behavior of the client towards self of others
- Identified needs for training and treatment activities
- Identified medical needs including dietary requirements
- Name, address and telephone number of the client's authorized representative
- The name address and telephone number of actively involved parents or relatives.

Pre-Placement Appraisal process shall incorporate Licensing forms **LIC 603, LIC 625, LIC 9172**. The appraisal provides essential information to evaluate the appropriateness for admission.

Emergency information on each client will be maintained and updated as needed. Information obtained includes persons responsible for financial affairs, client emergency information (physician, dentist, nearest relative, etc.), as well as identification and emergency information, **(LIC 601).**

All information concerning the client will be kept in his or her chart. The chart is strictly confidential and shall only be accessible to authorized staffs that have direct responsibility for the client.

Personal Rights will be discussed and a signed copy **(LIC 613)** will be given to the client and responsible person. Clients will be provided notification of rights within 24 hours of entry into the facility as a client and annually thereafter. Clients shall have these rights explained to him/her in a language or modality he/she understands. Additionally, a copy of client's rights will be posted prominently in the facility and shall contain the name, address and phone number of the client's rights advocate.

Prior to admission the client will have a medical assessment and completed Physician Report for Community Care Licensing **(LIC 602).** A TB test is required prior to admission.

Ephratah Home

The administrator will meet with the client for an interview at the preadmission visit. The preadmission visit is an opportunity for the client and facility to determine if placement is suitable. Administrator will describe the facility, the current clients, activities, services and rules. This information will help the client and his or her advocate decide if placement is a compatible one. The client must choose to live in the facility. In the case that a client is unable to express a choice, the designated representative will approve the placement.

Grouping

Clients of widely differing ages, developmental levels, and social needs shall not be expected to room together—unless such grouping is planned to promote growth and development. Conversely, clients shall not be segregated solely on the basis of their physical handicap.

Temporary Respite Services

Ephratah Home accepts temporary placement of individuals who require residential respite services. Ephratah Home accepts reimbursement for temporary residential respite services at the usual rate. Individuals who are accepted in temporary respite placement shall be entitled to all the services as listed in the Facility Admission Policies. All other policy and procedures e.g. refund policy, criteria, eviction, personal rights, activities and other services apply. The individual will have a file with all pertinent documentation as listed in the admission policies including a signed admission agreement.

Ephratah Home

Admission Agreement

Admission Agreement on behalf of _____
(Client/resident name, date of birth)

And _____
(Facility) (Administrator)

This facility is a non-medical care facility that normally is not allowed to provide medical or nursing care.
Basic services will be provided in accordance with Title 22 and are defined as those services required to be provided by the licensee in order to obtain and maintain a community care facility license. The basic service rate will be paid by the client/resident or the person charged with the legal responsibility for handling the client's/resident's finances. Title 22 CCR admission agreement requirements are described in Section 80068(b)(6). Title 22 CCR licensing agency facility-inspection rights are described in Section 80044(a)(b)(c) and (d).

Basic General Services Provided

a) Lodging: ☐ single room ☐ double room.
b) Food services consisting of: Three nutritious meals daily; between meals nourishment snacks; special diets if prescribed by a doctor.
c) Laundry service.
d) Cleaning of the client's/resident's room.
e) Comfortable and suitable bed including fresh linen weekly or more often, if required.
f) Plan, arrange and/or provide for transportation to medical and dental appointments.
g) A planned activity program including arrangement for utilization of available community resources.
h) Notification to family and other appropriate person/agency of client's resident's needs.

Basic Personal Services Provided

a) Continuous observation, care, and supervision as required.
b) Assistance with bathing and personal needs, as required.
c) Assistance in meeting necessary medical and dental needs.
d) Assistance, as needed, with taking prescribed medications in accordance with physician's instructions, unless prohibited by law or regulations.
e) Bedside care for minor, temporary illnesses.
f) Maintenance or supervision of client/resident cash resources or property if necessary.

The monthly rate for basic services is: $_____ or ☐ the SSI/SSP established rate or a ☐ Regional Center funded rate.

The services are paid ☐ in advance ☐ in arrears.

The basic monthly rate, as stated above, does not include additional charges for optional services provided by the facility. There is no obligation to purchase any of these optional services.

Ephratah Home

Optional Services

Service	Time intervals for providing service	Rate for providing service	Pay schedule
1)			
2)			
3)			
4)			
5)			

Total monthly rate for optional services is $_____

Optional services are paid ☐ in advance ☐ in arrears.
Total monthly rate (basic & optional services) is $_____

Notice of Rate Change
If rates are increased, the client/resident or authorized representative will be given at least 30 days written notice of the change. However, clients/residents whose care is funded at rates prescribed by government funded programs may have the basic rate change effective on the operative date of any rate change made in that program without notice.

Prorated Monthly Rate
The total monthly rate set forth in the admission agreement will be prorated on a daily basis upon the client's/resident's admission to, or departure from, the facility during the month.

Refund Policy

Voluntary Relocation
In the event that client, for no medical reason, decides to leave the facility, a 30-day written notice to vacate shall be issued to facility and no refund shall be effected until 30 days have elapsed. Full fee amounts shall be continued as due and prorated refunds will be issued to client within 10 days of termination of contract.

Involuntary Relocation
If relocation is required (e.g. hospital, skilled nursing facility etc.), or ordered, the client shall not be held responsible for meeting any advance notice requirement. Licensee will refund money on a pro-rated basis if the client permanently leaves the facility due to required/ordered relocation or death of client. If client does not return to the facility a prorated refund will be due when client's/resident's personal belongings are removed from the facility. Refund will be issued within 10 days of that date.

Temporary Relocation
Licensee can require a rate to hold the room/bed if the client leaves the facility temporarily; the daily holding rate is equal to the monthly rate divided by 30.333

Eviction Procedures
licensee/administrator of the facility may, upon thirty (30) days written notice to the client/resident, evict the client/resident for one or more of the following reasons:

- Nonpayment of the rate for basic services within ten days of the due date.
- Failure of the client/resident to comply with state or local law after receiving written notice of the alleged violation.
- Failure of the client/resident to comply with the following written house rules/values (see following pages) of the facility, which are for the purpose of making if possible for clients/residents to live together.
- Inability of the licensee to meet the client's/resident's needs. Based upon a reassessment of the client's/resident's needs, conducted pursuant to applicable regulations, the licensee/administrator of the facility and the person who performs the assessment determine that the facility is not appropriate for the client/resident and the client/resident has been given the opportunity to relocate.
- Change of use of the facility.

The licensee/administrator of the facility may, upon obtaining prior and/or documented telephone approval from the licensing agency, evict the client/resident upon three (3) days written notice to quit. The licensing agency may grant approval for the eviction upon a finding of good cause. Good cause exists if the client/resident is engaging in behavior which is a threat to the mental and/or physical health or safety of himself/herself or to others in the facility.

The licensee/administrator of the facility shall, in addition to either serving thirty (30) days notice or seeking approval from the Department and serving three (3) days notice on the client/resident, notify or mail a copy of the notice to quit to the client's/resident's authorized representative, if any. Additionally, a written report of any eviction shall be sent to the licensing agency within five (5) days. The licensee/administrator of the facility shall set forth in the notice to quit the reasons relied upon for the eviction with specific facts to permit determination of the date, place, witnesses, and circumstances.

Upon receipt of complaints referred by Ombudsmen relative to interferences with the Office of State Ombudsman, licensing agencies shall:

- Telephone the licensee and inform him/her that the particular interference(s) is a violation of the law and that they must comply.
- If the licensee does not comply and the Ombudsman files a formal complaint with the licensing agency, make an onsite inspection within ten days.
- Violations of Sections 9700 et seq. of the Welfare and Institutions Code are not subject to civil penalties or any other type of Community Care Licensing Division enforcement actions.

Modifications to the original agreement shall be made whenever circumstances covered in the agreement change, and shall be dates and signed.
The licensee shall comply with all terms and conditions set forth in the admission agreement. The admission agreement shall be automatically terminated by death of the client. No liability or debt shall accrue after the date of death.

Facility Visitors
Visitors are welcome anytime, but preferably between the hours of 8am-9pm such that their visitation does not disturb the any resident from his/her normal routine.

Ephratah Home

House Rules/Values (see following page)

This facility strives for clients to feel that at home. Like any home there are rules that all clients/residents follow to maintain safety and security for all clients. This facility understands that often time disruptive or aberrant behavior that could result in eviction, are target behaviors being addressed in the client's/resident's ISP/IPP. All staff are required to maintain knowledge of the client's/resident's ISP/IPP and help the client/resident achieve success by reducing and eliminating behaviors that violate house rules.

Ephratah Home

House Rules/Values. Each client/resident will be asked to read the rules. First rule violation will incur a verbal warning. Repeated violations will incur written warning and will be documented in the client's/resident's file. If the client/resident continues to violate the rules despite repeated warning appropriate eviction procedures may be instituted.

1. No smoking inside the facility; smoking is permitted in the designated smoking area.

2. Alcohol, drugs, weapons, firearms, tazers, mace, pepper spray, and live ammunition are not allowed on the premises.

3. Clients/residents are encouraged and requested to keep their room clean and orderly.

4. Sanitary conditions are of the highest priority, clients are encouraged to keep sanitary conditions, to always wash hands with soap and water after using the rest room, and each time before using the kitchen and before meals.

5. Clients/residents are requested to always handle food in a sanitary manner so as not to contaminate food items and dishes that other clients may in turn later use. Clients/residents are requested to always use clean hands and appropriate utensils to handle and prepare food items. Clients/residents are requested not to pick at food using hands.

6. Physical and/or verbal aggressive behavior, and sexual harassment, toward staff or others is not acceptable.

7. Clients/residents are expected to make every reasonable effort, disability permitting, to engage in some form of regularly scheduled work, work training, or day-program.

8. All clients/residents should respect the rights and property of fellow clients and staff. Clients/residents are not permitted to borrow money from staff.

9. Please be respectful of others and keep stereo, TV, and other equipment at a reasonable volume as to not disturb your housemates.

10. Visitors are welcome anytime, but preferably during waking hours (8AM to 9PM) such that their visitation will not disturb other clients/residents from their rest. No overnight visitors are permitted due to care, supervision, and fingerprint issues.

11. Clients/residents are encouraged to inform staff when leaving the home, where you are going, and at what time you expect to return home; this will help staff to ensure your safety. If unable to return home at your expected time, you should contact administrator.

12. Clients/residents who desire to spend private time with visitors in their bedroom should obtain consent from fellow roommate (if applicable) or ask staff for assistance.

13. Clients/residents have complete and free access to use of the telephone at any time. The client/resident will be responsible for any long distance call made.

Ephratah Home

The client/resident has been informed of those actions, circumstances, or condition, which may result in the client's/resident's eviction from the facility.

The client/resident has been informed of his/her rights.

The client/resident has been informed of the general facility policies and house rules/values, which are for the purpose of making it possible for clients/residents to live together without infringing upon the personal rights of other clients/residents.

The client/resident has been informed of the facility grievance procedure.

The client (or responsible party) agrees to pay the monthly rate ☐ in advance ☐ in arrears.

The client agrees to comply with the general policies, and house rules of the facility, which are intended to make it possible for clients (i.e. residents) to live together.

The client agrees to not bring medications, or special foods or beverages into the facility without the administrator's prior approval.

The client agrees to not destroy property belonging to the facility or other clients (i.e. residents).

Unless prevented by a physical condition, the client agrees to provide at least two weeks notice of intent prior to moving from the facility.

An agreement has been reached on handling client cash resources as follows:

- ☐ Client/resident will handle his/her own Personal and Incidental allowance.
- ☐ Client/resident will handle his/her own earned income.
- ☐ Licensee/Administrator will safeguard client/resident cash resources in accordance with Title 22.

Effective as of the date that services were first provided (client/resident moved in to facility)

This will acknowledge that we have discussed the above and voluntarily enter into this agreement, which supersedes any previous agreement:

Parties to this Agreement

Client/Resident	Date
License/Administrator	Date
Authorized Representative	Date

Client Discharge Date: _____

Ephratah Home

Exit Criteria

Exit Criteria

Individuals **EXIT** the facility for one or more of the following reasons:

- By choice to relocate
- Achieved goals and seeks challenge of a new or less restrictive residential setting
- Requires more specialized residential setting and/or skilled nursing services due to increased acute, restricted or prohibited health condition
- Requires more intensive care in a more restrictive environment due to regression and/or behavior challenges beyond the capability of the facility
- Client has reached his/her goal(s) and is able to live in a less restrictive environment

When an individual's exit from the facility is anticipated for any of the above reasons, the administrator will contact the CCL facility liaison, the Regional Center service coordinator, and the social worker (if any). A meeting may be held to discuss the individual's needs and exit from the facility. If a decision is made that the individual needs to exit the facility, the administrator will notify CCL by phone contact regarding the termination. A 30-day written termination notice will be given to the individual and copied to CCL.

<u>Eviction/Relocation</u>
The licensee, with 30 days notice, may evict a client for one or more of the following reasons:

- Failure of client to comply with state or local law
- Failure of client to comply with facility policies and guidelines

Dismissal and relocation, together with a 30-day notice, will take place in the event that:

- The client after admission requires relocation because the facility cannot meet the needs of the client and that is confirmed by a reappraisal
- The facility is no longer a licensed residential care facility

Ephratah Home

Appraisal, Needs and Services Plan

Needs and Services Plan
Prior to admission, a Needs and Services Plan will be completed using Licensing Form **LIC 625**. The client's Individual Service Plan (ISP) and Individual Program Plan (IPP) meet this requirement if it is current. Participants to develop the plan include the client (i.e., consumer) or authorized representative, facility staff, and any involved relatives.

The needs and services plan will include information about specific service needs, a written medical assessment, mental and emotional functioning, a written mental health intake assessment, and a written functional capabilities assessment. The needs and services plan will include the facility's plan for providing the services to meet the identified needs for the consumer.

The needs and services plan will be updated as frequently as necessary to meet any changing needs.

Re-Appraisals
The pre-admission Needs and Services Plan shall be updated in writing as frequently as necessary to note significant changes and to keep the appraisal accurate. The reappraisal shall document changes in the resident's physical, mental and/or social condition. Such changes will be brought to the attention of the resident's family or responsible party and physician.

Ephratah Home

Record Keeping and Program Preparation Functions

Record Keeping

Client and facility records will be stored at the facility in accord with Title 22 regulations and will be protect from unauthorized use.

Program Preparation Functions

Up to seven (7) hours of the required hours per week per individual residing in the home, may be used for Program Preparation Functions. This is defined as ancillary activities performed by direct care staff or administrators, including, but not limited to, data collection and analysis, development of training plans, staff meetings, council meetings and parent conferences.

Methodology for Measurement of Client Progress

Within 30 days after the client moves in, the administrator will meet with the individual, the regional center service coordinator and any other members of the planning team to review jointly the client's ISP/IPP objectives, to determine if there have been any changes in the person's service needs, goals, etc. The Administrator may gather information that includes the individual's goals and needs, outcome objectives, a plan and detailed description of how the home will support the person to meet each individual goal, how progress on goals will be measured, and a timeline for meeting the goals. Based on this meeting, a new ISP/IPP will be generated, and an agreement regarding the service needs, that the administrator will support the person in achieving, will be agreed upon and signed by those attending the meeting. Program plans must have at a minimum, the name, title and signature of the person preparing the report, and the person the support plan is for, in addition to any legal representative of that person.

Progress Reporting

Documentation by direct care staff in the individual record includes progress toward ISP/IPP goals and any events that occur out of the ordinary in the individual's daily routine. The Ongoing Notes form **(see attachment)** will be utilized to document information relative to the individual's goals, the range of activity and incidents that occur in the course of the individual's life, and shall include but not be limited to: Community and leisure activities; Overnight visits away from the facility; Illnesses; Hospitalizations; Special incidents; And medical and dental visits.

Regular staff meetings are a forum for staff to discuss individuals' progress toward goals, special needs, develop training plans, implement and revise teaching strategies, and planning of outside activities. Ongoing progress notes that summarize the individual's progress toward achieving goals will be completed. On a monthly basis the administrator will review the timeliness, accuracy and thoroughness of all documentation. On a semi-annual basis—for each client—the administrator will prepare and submit a semi-annual report **(see attachment)** to the respective CSCs.

Confidentiality

Confidentiality refers to something that is private, personal, intimate, or secret; privacy is a fundamental right. The Health Insurance Portability and Accountability Act (HIPAA) outlines mandated guidelines for the protection and privacy of health information (e.g., medical, health-care, financial records); consent must be obtained before client records can be released to

another party. Invasion of privacy occurs when privacy is violated without prior consent (e.g., while in a public place, a staff member discusses a client's case by name). It is essential that facility business internal affairs and client information be kept confidential. Emphasis will be placed on coordinated quality-care that also takes in to account clients' privacy and dignity. Employees are prohibited from discussing to any third party any confidential information. Violation of this policy can result in disciplinary action or dismissal.

Ephratah Home

Safeguarding Consumer Funds and Possessions

Safeguarding Individual Property

Ephratah Home will administrate individual funds unless otherwise specified in the individual's admission agreement and IPP. Individual funds include, but are not limited to, funds transferred from former facility residence, bank accounts, earnings from employment, gifts and personal and incidental (P&I) money. No administrative fees are incurred for administration of funds. Funds will be locked in a secure location in the facility and are disbursed to individuals as needed or requested. Loss from improper handling of funds is covered by a surety bond that covers loss up to a maximum of $2,500.00.

The administrator will maintain current and accurate records of funds. The record tracks all disbursements and purchases from the individual's funds including maintaining any receipts received for purchases. Individuals are required to sign or initial for all cash disbursements received at the time of receipt.

Ephratah Home will provide training on money handling and banking, and encourage individuals to develop skills that will assist them to become as independent as possible in managing their finances. Individuals who are interested in learning to complete their own banking will be assisted to open and maintain a bank account.

The administrator will maintain current and accurate records of personal property. An inventory of personal property will be completed at the time of admission and filed in the individual record. The record will be updated whenever a personal item is purchased, received as a gift, disposed of, or lost. If needed, clients will be counseled on the value of respecting the belongings of others and problems associated with borrowing, lending money and giving away possessions.

<u>Money Handling/Budgeting</u>

- Training within this sub-domain is designed to teach clients the skills necessary to manage their own financial affairs. Ideally, training starts with a basic level of understanding of monetary denominations and forms (e.g., coin, paper, personal check, paycheck, money order). Staffs shall attempt to teach clients basic mathematical principals (e.g., numbers, adding, subtracting, multiplication, division). In addition to learning to prioritize purchases, clients should also learn that in order to purchase more expensive essential/important items they might have to forego purchasing smaller non-essential/less-important items
    - Since money is a right, before restricting a client's right to handle his/her own money, this facility shall demonstrate—based on objective data—that the client is unable to be taught how to use money
- Ephratah Home will provide training on money handling and banking, and encourage individuals to develop skills that will assist them to become as independent as possible in managing their own finances. Clients who are interested in learning to complete their own banking will be assisted to open and maintain a bank account. If indicated, clients will be counseled on the problems associated with borrowing and lending money, and giving away possessions

<u>Safeguarding Client Property</u>

The facility insures that each client's money and property is safe and accounted for. At the time of admission the client's property and valuables are documented using form **LIC 621**. If the facility is going to be handling the client's funds then form

Ephratah Home

LIC 405 will be used to document the amount of funds at the time of admission, and shall be updates on an on-going basis as funds are added or withdrawn. Each client shall have their own Safeguarding page (**LIC 405**) listing P&I income, wages, savings, and other sources of income, as well as detailed and exact expenses for each client. By the end of the month, the corresponding receipts (if any) are transferred to a storage file.
During the first week of employment, all new employees will complete the required orientation program, which is designed to furnish them with information about the facility and to educate them in regard to facility policies and procedures (e.g. financial abuse, confidentiality, appropriate handling and documentation of possessions and valuables).

Account Funds
Clients' funds will be locked in a secure location in the facility and are disbursed to individuals as needed or requested. Loss from improper handling of funds is covered by a surety bond that covers loss up to a maximum of $2,500.00. Only the administrator, licensee, and designated staff shall access to the keys. Funds will not be co-mingled with other residents' or facility funds. Clients who request, and are able to handle their own money, can open their own bank account.

Prevention of Theft
Constant supervision at the facility is a means of trying to prevent the theft of clients' possessions or money. A licensing theft and loss record (**LIC 9060**) is kept in each client's file**.** **LIC 9060** details the exact procedure when dealing with a theft/loss situation of more than $25.00. The facility maintains a Surety Bond to cover losses.

Ephratah Home

Medical and Health

Medical and Health Services

Ephratah Home will provide monitoring of individual's health and assist in all health care treatment. The administrator will exercise care in choosing physician, dentist and other local health care providers who are known in the community for their quality care. The administrator will maintain a current list of health care providers used by the facility. All changes in health care providers will be documented and copies forwarded to Regional Center and Community Care Licensing. Individuals may consult health care professionals of their own choosing.

The administrator is responsible for coordinating all routine medical and dental care. Healthcare for individuals includes but is not limited to the following:

- Ongoing observation of general health status
- Arranging routine medical and dental care, including a complete physical exam at least once every 12 months, and a complete dental evaluation and cleaning and/or cancer screening at least once every 12 months
- Arranging preventive health care exams and tests in accordance with the preventive care schedules recommended by the American Academy of Family Physicians. This includes, but is not limited to, vision and hearing test, blood pressure and cholesterol checks, pap tests, mammograms, as well as pelvic, prostate, and rectal exams
- Providing for health care needs during temporary illness, including a meal tray as necessary
- Chronological log that documents follow up action to doctors' orders

If indicated, the administrator or a DSP will accompany the individual to medical and dental appointments. The staff person will act as a liaison and organize and prepare relevant data for the health care appointment that includes current symptoms, the nature of the problem and/or illness, client's medical history and any medications. The staff person will facilitate communication with the physician and request a written treatment plan for all follow-up care that includes any prescription or over the counter medications. If an individual receives health care services and a treatment plan is not received, the administrator will request a written treatment plan from the health care provider, and document the request in the individual chart.

The administrator is responsible for the follow-up to all medical care provided. The administrator will review all medical records and reports including but not limited to the admission packet, medical/dental, annual physical examination, diagnostic and laboratory reports, and hospital discharge summaries. The administrator will review recommendations for further medical care and follow-up with the scheduling of appointments. If the administrator needs clarification on any aspect of a medical report or record, the physician or health provider will be contacted. The administrator will discuss with the physician any chronic or acute health conditions. The administrator will obtain any documentation or information from the physician that will help direct care staff to understand and implement the treatment plan. If the health condition requires more extensive monitoring or treatment from a medical specialist, the administrator will schedule these additional services.

The administrator will maintain current health care records for each individual. This will include, but not be limited to, the following:

- Record of all medical and dental visits

- Height and weight records: Each individual is weighed on a monthly basis. Height is measured annually
- Record of any seizures
- Medication history
- Administration of medication to include time dispensed, not administered or refused
- Diagnostic and laboratory reports
- Immunization records
- Copies of medical records following any in-patient hospitalization

List of Associated Health Personnel and Businesses

Primary Physician:

John Lynn, MD
44335 Lowtree Avenue
Lancaster, CA 93534
Tel (661) 949-5938

Dentist:

Paul Babakhanof, DDS
2809 W. Avenua L
Lancaster, CA 93536
Tel (661) 418-2390

Hospital:

Antelope Valley Hospital
1600 West Avenue J
Lancaster, CA 94534
Tel (661) 949-5250

Psychiatrist:

Henry Khin MD
2331 El Capitan Ave.,
Arcadia, CA 91006
626-574-7102

Pharmacy:

Austin Drugs
6970 Aragon Circle, Suite 3
Buena Park, CA 90620
Tel (714) 736-5130

Health

Health can be defined not only as freedom from disease or pain, but also as the condition of being sound in body, mind, and spirit.

Given that many clients—particularly aging clients—with developmental disability are also afflicted with medical co-morbidity—and may be unable to communicate their symptoms and seek appropriate care—this particular sub-population is especially prone to medical-decompensation. As a result of this increased risk, clients shall benefit from on-going

evaluation—to detect subtle warning-signs and symptoms—and risk-prevention as a means of mitigating the incidence of adverse medical events.

Ephratah Home realizes the importance of proper nursing-care, nutrition, food consistency, behavioral-care, body positioning, exercise, and muscle tone on long-term health. Implementation of healthcare training strategies shall be integrated throughout the entire program; regular scheduled blocks of time will be scheduled for health evaluations and interventions—to be performed by members/consultants of the interdisciplinary team. Examples of health-related sub-domains (i.e., targets of intervention) include, but are not limited to:

- Diabetes
  - Low saturate/trans fat, low refined carbohydrates/sugars, increase activity
- Metabolic syndrome
  - Same as for diabetes
- Dyslipidemia
  - Low saturate/trans fats, low cholesterol, low refined sugars, increase activity
- Hypertension
  - Low sodium, low caffeine, low fat, increase activity
- Obesity
  - Low refined/high-calorie items, low fats, consume fewer overall calories, increase activity
- PAD/CAD/CVD
  - Low saturate/trans fats, low cholesterol, low sodium, increase activity per medical provider's recommendations and patient/client tolerance
- Dependent edema
  - Increase activity, elevate legs, Soleus muscle exercises
- Constipation
  - High fiber, high water content, increase activity
- Sleep disorder
  - Avoid high calorie snacks and caffeine at bed-time
- Skin breakdown
  - Avoid prolonged sitting/laying in same position, facilitate skin ventilation, scheduled repositioning, whirlpool bath-therapy, donut cushion
- Muscle atrophy
  - Resistance exercises (latex bands, weights, ball-pit etc.)
- Choking
  - Provide adequate liquids if consuming dry, viscous foods. Blend, chop, grate, or thicken foods/beverages according to speech therapist and ENT recommendations

<u>Chain of Infection</u>

The "chain of infection" describes the cyclic mechanism of infection-transmission, as well as the various ways infection-transmission can be prevented (i.e., how the chain of infection can be broken). The chain of infection has six links:

1. Pathogen
2. Reservoir host
3. Portal of exit
4. Mode of transmission
5. Portal of entry
6. Susceptible host

Ephratah Home

Microorganisms

Microorganisms are microscopic living-organisms such as:

- Bacteria (e.g., staphylococcus)
- Fungi (e.g., yeast)
- Protozoa (e.g., amoeba)
- Viruses (some experts consider viruses to be non-living)

Microorganisms exist in many different habitats, for example:

- Soil
- Water
- Food
- Surfaces
- Larger organisms (i.e., hosts) such as fish, animals, and humans

Human Flora

Human flora refers to the collection of microorganisms that normally lives in/on (i.e., colonize) a human host (e.g., digestive tract, reproductive tract, skin); under normal circumstances this flora helps maintain health and is not harmful (i.e., non-pathogenic).

Pathogens

Pathogens (i.e., germs) are microorganisms that are infectious, and cause disease in the host. Human flora can become pathogenic if:

- The host's immune system is weakened
- Flora is transferred from one location to another, within the same host
    - Skin flora invades deeper parts of the body through a cut in the skin
    - Flora is transferred from anus to eye if one touches anus then eye with the same finger
- Transfer of different flora between different hosts
    - During sex and other close contact

In terms of colonization and growth, pathogens generally favor environments and locations that offer:

- Moisture
- Warmth
- Darkness
- Nutrients
- Air

Reservoir Host

This is the organism (e.g., human, or animal, bird, insect) that is infected with the pathogen, and thus represents the source (i.e., reservoir) of the pathogens.

Portal of Exit (Human)

This describes the pathway or location from which the pathogens exit the infected host's body (e.g., blood, urine, feces, saliva, lung secretions, genital secretions, tears, skin or wound drainage).

Mode of Transmission

Transmission of pathogens can occur via direct contact with the infected host (e.g., kissing, sex, touching open wounds or bodily fluids), or by indirect contact with the infected host via:

- Insects
- Touching surfaces
    - Toilet seat, telephone, door knob, remote control
- Medical waste
    - Bandage, needle

Portal of Entry (Human)

This describes the pathway or location through which the pathogens enter a susceptible host:

- Skin openings
    - Burn, cut, wound
- Body orifices
    - Ears, eyes, nose, mouth, vagina, urethra, rectum

Susceptible Host

This is the organism (e.g., human) at risk of becoming infected by the pathogens; this risk increases if the host's immune system is compromised (i.e., weakened):

- Breaks in skin
- Already has other illness or disease
- Malnutrition
- Unhealthy lifestyle and habits

Controlling Infection

Interrupting the Chain of Infection, at any of the six links, helps to control infection; if more than one link (i.e., step, level) is interrupted, infection control is improved. Infection-control methods that attempt to break the chain-of-infection at the level of the pathogen include: Disinfection, sanitization, and cleaning. Infection-control methods that address the other five links include: Standard Precautions (i.e., Universal Precautions), hand washing, use of personal protective equipment, proper storage and disposal of medical waste, and maintenance of optimal health and a healthy lifestyle.

Disinfection

Otherwise known as sterilization, this process employs heat, pressure, radiation, or chemicals to destroy 100% of pathogens. Medical centers commonly use disinfection techniques to sterilize surfaces, and medical instruments. Examples of chemical disinfectants include:

- Antiseptics that are used on the body
    - Betadine, antibiotic creams and ointments
        - Note: Although it is not possible to sterilize living skin, antiseptics do reduce the population of pathogens to a safe level
- Disinfectants that are used on surfaces
    - Lysol, bleach

Disinfectants can be either store bought, or made at the facility (i.e., homemade); if using homemade disinfectant solutions, to maintain efficacy, such solutions should be made fresh daily then labeled and dated accordingly. Examples of homemade disinfectant solutions include:

- For wiping surfaces
    - Mix one (1) tablespoon of bleach with one (1) quart of cool water
- For soaking objects
    - Mix one (1) tablespoon of bleach with one (1) gallon of cool water

Sanitization

This process employs chemicals to destroy 99.999% of common pathogens; it reduces the population of common pathogens to a safe level. One of the most common ways to perform sanitization is to use an alcohol-based hand sanitizer.

Cleaning

This process involves scrubbing with soap and water. Cleaning removes visible, potentially infectious material, dirt, and grease; it may also reduce the population of some pathogens. Maintaining a clean living environment helps prevent the colonization of pathogens.

Standard Precautions (i.e., Universal Precautions)

This is a set of standardized cautionary measures, undertaken to help prevent the spread of pathogens and infection; according to Standard Precautions, one should:

- Assume all individuals are possible carriers of blood-borne pathogens
- Assume all human bodily fluid, blood, tissue, and other potentially infectious material (OPIM) is infectious
- Wear personal protective equipment (PPE) in order to avoid contact with bodily fluids, blood, tissue, and OPIM

Hand Washing

This is the single most important procedure for preventing the spread of infection; if soap and running water are not available, use alcohol-based hand sanitizers instead.
When to wash hands:

- Before eating, drinking, or handling foods
- Before wearing, and after removing gloves
- After using bathroom
- After performing personal hygiene
- After any contact which could result in exposure to bodily fluids, blood, tissue, or other potentially infectious material (OPIM)
- Whenever hands appear soiled

How to wash hands:

- Remove rings whenever possible
- Wet hands with warm running water
- Lather and scrub all surfaces of hands and fingers
    - At least fifteen (15) seconds duration
- Rinse hands with warm running water
- Dry hands with disposable paper towel or air-blower

Personal Protective Equipment (PPE)

- Examples of PPE include:

- Non-porous gloves
- Eye goggles
- Face- or nose/mouth-shield
- Gown

When to wear gloves:

- If possible exposure of hands to bodily fluids, blood, tissue, or other potentially infectious material (OPIM)

When to wear face-shield and gown:

- If possible exposure from splash of bodily fluids, blood, or OPIM

When to wear a nose/mouth-shield:

- If you (e.g., staff) have a respiratory tract infection (e.g., cold, flu) so that you protect others

Storing Medical Equipment

Electronic thermometers shall be cleaned and disinfected according to the manufacturer's instructions. Glass thermometers shall be cleaned and disinfected in accordance with the facility's infection control polices and procedures. Oral and rectal thermometers shall be stored separately in clean, labeled containers.

Storing Medical Waste

Used sharps (e.g., syringes, needles, finger-stick lancets) shall be stored in a rigid, puncture proof "red" biohazard container with a special one-way opening. The container shall be sealed with a heavy duty, non-removable cap when it is three quarters full, and secured in a designated area in the facility to await final disposition. Contaminated non-sharps (e.g., bandages, wound dressings) shall be stored in a "red" biohazard waste bag.

Disposing of Medical Waste

Medical waste must not be discarded with the regular trash; instead, it must be disposed at an approved collection program:

- Local pharmacy
- Local hospital
- Call 1800 CLEANUP

Maintaining Health and Wellness

Recommendations intended to reduce a host's susceptibility to becoming infected include:

- Keep all wounds covered
- Protect vulnerable orifices (i.e., entry points)
  - Eye goggles
  - Face mask
  - Condoms
- Maintain optimal health
  - Regular exercise
  - Consume healthy diet
  - Avoid alcohol, tobacco, drugs

- Safe sex
- Adequate rest and sleep
- Reduce stress
- Regular personal hygiene
- Regular medical follow-up appointments
- Get vaccinated

Nutritional Policies and Procedures

Ephratah Home realizes the importance of proper nutrition on long-term health in areas including, but not limited to: Diabetes (DM); metabolic syndrome; dyslipidemia; hypertension (HTN); obesity; peripheral arterial disease (PAD); coronary artery disease (CAD); cerebrovascular disease (CVD); dependent edema; bowel function; sleep patterns; mood; energy level; skin breakdown; and muscle atrophy. The dietician (RD) consultant shall ensure that nutritional (i.e., dietetic) services at Ephratah Home meet the nutritional needs of the clients.

Ephratah Home also realizes the importance of proper food- and beverage-consistency for reducing the risk of choking in clients who experience dysphagia (i.e., difficulty swallowing); such clients shall be prescribed modified diets.

Special Diets

The administrator will review any diet restrictions or special diet needs on file in the individual record. This may include admission paperwork, physical exams, hospital discharge or any other medical record. Any special diet restrictions or needs that are in the record may require the administrator to request a chart review by the attending physician and/or nutritionist. The physician or nutritionist will develop a menu plan with instructions on how it is to be implemented by direct care staff. Any questions or problems with the special diet order will be directed to the health care professional that ordered the diet. Administrator will document that staff have been trained regarding any special diets, and supervise to assure that these diets are actually being provided as written.

<u>Provision of Nourishing Diet</u>

- Each client shall receive a nourishing balanced diet including modified- or therapeutic-diets—if prescribed
- Each client shall receive at least three (3) meals daily, and between-meal snacks
    - No more than ten (10) hours shall elapse between the first and last meal of each day
    - No more than fourteen (14) hours shall elapse between the last meal of the day and the first meal of the following day
- A between-meal and bedtime snack shall be offered to each client—unless otherwise specified in the ISP

<u>Therapeutic, and Modified Diets</u>

- Therapeutic diets shall be provided if prescribed by the medical provider; such diets shall be prepared and served with supervision or consultation from the dietician consultant
- Modified diets shall be provided if prescribed by the medical provider; such diets shall be prepared and served with supervision or consultation from the dietician consultant and/or speech therapist consultant

Ephratah Home

Food Service and Consumption

- Each client shall be served and receive his/her meals in a family-style dining manner—unless contraindicated by a doctor's order
    - Family-style dining involves eating as a group, sitting around a table
- Clients shall be served and eat their meals in the dining room or outside patio dining area—unless contraindicated for health reasons
- Condiments (e.g., salt, pepper, sugar) shall be available at each meal
    - Clients who are on a prescribed restricted diet (e.g., no added salt, pepper, or sugar) shall not be offered such condiments
- Foods and beverages shall be served at their appropriate temperature
    - Hot foods shall be heated to no less than 140°F, and served within fifteen (15) minutes of being removed from the stove, oven etc.
    - Prior to assisting or allowing the clients to begin feeding, staffs shall check the temperature of served hot-foods to ensure that the temperature is not higher than 120°F
    - Cold foods shall be served at 45°F
- Foods shall be plated in a manner that enhances the meal's visual appeal
- Appropriate utensils, dishes, and adaptive feeding devices shall be provided as necessary
- Napkins shall be provided

Menus

- Copies of actual menus can be found in the **attachments** section
- Menus for regular and therapeutic diets—if prescribed—shall be written at least one (1) week in advance, dated, and posted conspicuously in the facility
    - Copies of menus shall be kept on file for at least thirty (30) days

Food Storage

- The administrator shall inspect the food storage areas at least monthly
- The administrator shall inspect the utensils, kitchen equipment, and serving ware at least monthly, and shall replace as necessary
- Food storage shall be kept clean and orderly at all times
- All foods not requiring refrigeration shall be stored at least six (6) inches above the floor on shelves, racks, or other surfaces within a well ventilated room
    - The storage room should
        - Facilitate thorough cleaning
        - Not be subjected to sewage, wastewater backflow, condensation, or rodent or vermin infestation
    - All packaged, canned, and other stored foods shall be kept clean and dry at all times
- All perishable foods and beverages shall be maintained at temperatures of 7°C (45°F) or below—except at times during food preparation and service
    - A working thermometer shall be maintained in each refrigerator
    - Temperature readings shall be recorded by the administrator at least monthly
        - The administrator shall adjust the temperature settings as necessary
- All frozen foods shall be stored at -18°C (0°F) or below at all time—except during thawing for preparation and service
    - A working thermometer shall be maintained in each refrigerator
    - Temperature readings shall be recorded by the administrator at least monthly
        - The administrator shall adjust the temperature settings as necessary

    - Meats shall be stored below non-meat foods
- Pesticides, other toxic substances, and drugs (i.e., medications) shall not be stored in any storage space that contains food, food preparation equipment, or serving utensils
    - The administrator shall designate a specific area for appropriate storage
- Soaps, detergents, cleaning compounds, or similar substances shall not be stored in any storage space that contains food, food preparation equipment, or serving utensils
    - The administrator shall designate a specific area for appropriate storage
- All kitchen areas shall be kept clean, free from litter and rubbish, and protected from rodent and insect infestation
    - The kitchen area should be cleaned promptly after each meal
- All utensils and kitchen equipment shall be kept clean and in good repair
    - Plastic ware, china, and glassware that are hazardous because of cracks, chips, or deglazing shall be discarded then replaced

Assistance with Medication

Individuals will be provided assistance in storing and taking medication. The DSP (i.e., direct care staff) is responsible for assisting individuals with their medication. All medication is accurately dispensed and monitored.
Only staffs who receive training in the administration and documentation of medication will be allowed to assist with dispensing medication. If the client brings in medication during admission, facility shall contact the physician to verify medications. All prescribed medications shall be entered onto an individual "Centrally Stored Medication and Destruction Record ("CSM&DR" CCL form **LIC 622**) and shall be confidential information. In the event of a change in directions by the doctor, the doctor shall be requested to make the change in writing, and it will be noted on the "CSM&DR".

All prescription and non-prescription medicines shall be kept in a "safe and locked" area that is not accessible to any persons except authorized individuals. All medications will be stored under proper conditions for sanitation, temperature, moisture and ventilation, and separate from food or toxic chemicals. Each client's prescription and non-prescription items shall be kept in individual containers within the locked cabinet. Medications will be stored in the original medication containers with pharmacist prepared or manufacturer's label which are clearly labeled with the:

- Name of the person for whom the medication is prescribed
- Names of Medications
- Dosage frequency
- Medication expiration date
- Name of the prescribing healthcare practitioner
- Prescription number

For each client taking medication, there shall be a reference text that contains the following information:

- Purpose and desired effect of the drug
- Response time for accomplishing the desired effect
- Undesirable side effects that may occur
- Special considerations when other medications are taken (interactions)
- Special administration or storage instructions

The physician should be notified if any unusual side effects occur. Some of the more common serious side effects from medication include the following:

- Difficulty walking or maintaining balance
- Slurred speech
- Reported vision difficulty
- High fever
- Seizures (if unusual for individual)
- Confusion or incoherence
- Difficulty with urination
- Heart palpitations

At no time shall a client have any prescription drugs or non-prescription medicines, such as, but not limited to, cough syrups, vitamins, and aspirins in their rooms, or any place other than the locked cabinet.
The Administrator shall be responsible for the locked medication cabinet. Staff will provide assistance in taking all prescription and non-prescription drugs, medicines, aspirins, vitamins, and other forms of medications. Staff will follow the doctor's written prescription in providing medications to clients. Prescription drugs not taken with the clients upon termination of the services of this facility shall be disposed of.

All destroyed prescription drugs shall be destroyed by the Administrator and witnessed by one other adult who is not a client. All destroyed prescription drugs shall be properly entered in the "CSM&DR".

Medication Administration Record (MAR)—**see attachment.**

Medication Procedures
Clients will be provided assistance in storing and taking medication. All prescription and over-the-counter medications will be centrally stored in a locked cabinet or drawer. Any medication requiring refrigeration will be stored inside the refrigerator in a locked container separate from food items.
DSPs (i.e., direct care staffs) are responsible for assisting individuals with their medication. All medication is accurately dispensed and monitored.
Only staffs who have received training in the administration and documentation of medication will be allowed to assist with dispensing medication. The following medication policy was derived from the CCL Technical Support Manual:

1. Client/client arrives with medication

a) Contact the physician(s) to ensure that they are aware of all medication(s) currently taken by the client.
b) Verify medications that are currently taken by the client/client and dispensing instructions.
c) Inspect containers to ensure the labeling is accurate.
d) Log medications into The Centrally Stored Medication and Destruction Record **(LIC 622).**
e) Discuss medications with the client or the responsible person/authorized representative.
f) Store medications in a locked compartment.

Ephratah Home

The *Seven Rights* of Medication Administration
Before giving any medication to anyone, always review the following six rights to ensure accuracy and prevent medication errors:

1) Right person
2) Right medication
3) Right dose
4) Right time
5) Right route (mouth, eye, ear, skin etc.)
6) Right reason
7) Right documentation

2. Medication is refilled

a) Communicate with the physician or others involved (for example, discuss with the responsible person for payment of medications, who will order the medications, etc.)
b) Never let medications run out unless directed to by the physician.
c) Make sure refills are ordered promptly.
d) Inspect containers to ensure all information on the label is correct.

e) Note any changes in instructions and/or medication (for example, change in dosage, change to generic brand, etc.)
f) Log medication when received on the **LIC 622**.
g) Discuss any changes in medications with the client, responsible person/authorized representative and appropriate staff.

3. A dosage is changed between refills

a) Obtain written documentation of the change from the physician and document the date, time, and person talked to in client's record.
b) Record change in medication record.
c) Discuss the change with client and/or responsible person/authorized representative.

4. Medication is permanently discontinued

a) Confirm with the physician. Obtain written documentation of the discontinuation from the physician and document the date, time, and person talked to in client's record.
b) Discuss the discontinuation with the client and/or responsible person/authorized representative.
c) Have a facility procedure (i.e. notebook, and/or a flagging system) to alert staff to the discontinuation.
d) Destroy the medications; medication must be destroyed by the facility administrator or designee and one other adult who is not a client.
e) Sign the medication destruction record/log. (The reverse side of **LIC 622**, Centrally Stored Medication Record may be used for this purpose).

5. Medications are temporarily discontinued ("dc") and/or placed on hold

a) Medications temporarily discontinued by the physician may be held by the facility.
b) Discuss the change with client and/or responsible person/authorized representative.
c) Obtain a written order from the physician to HOLD the medication, and document in the client's file the date, time, and name of person talked to regarding the HOLD order.
d) Record discontinuation and restart date in medication record.
e) Without altering the label, mark or identify in a consistent manner medication containers that have HOLD orders.

f) Be sure to contact the physician after the discontinuation/hold order expires to receive new instructions regarding the use of the medication.

6. Medication reaches expiration date

a) Check containers regularly for expiration dates.
b) Communicate with physician and pharmacy promptly if a medication expires.
c) Do not use expired medications. Obtain a refill as soon as possible if needed.
d) Over-the-counter medications and ointments also have expiration dates (for ointments the expiration date is usually at the bottom of the tube).
e) Destroy expired medications according to regulations.
f) Log/record the destruction of prescription medications as required. The **LIC 622** may be used for this purpose.

7. Client transfers, dies, or leaves medication behind

a) All medications, including over-the-counters, should go with client when possible.
b) If the client dies, prescription medications must be destroyed.
c) Log/record the destruction as required using form **LIC 622**.

d) Document when medication is transferred with the client. Obtain the signature of the person accepting the medications (i.e., responsible person/authorized representative.)
e) Maintain medication records for at least 1 year (CCF) section 80075 (n)(7), (0).

8. Client missed or refused medications

a) No client can be forced to take any medication.
b) Missed/refused medications must be documented in the client's medication record and the prescribing physician contacted immediately.
c) Notify the responsible person/authorized representative.
d) Refusal of medications may indicate changes in the client that require a reassessment of his/her needs. Continued refusal of medications may require the client's relocation from the facility.

9. Medications need to be crushed or altered

a) Medications may be crushed or altered to enhance swallowing or taste, but never to disguise or "slip" them to a client without his or her knowledge.
b) The following written documentation must be in the client's file if the medication is to be crushed or altered:
    - A physician order specifying the name and dosage of the medication to be crushed.
    - Verification of consultation with a pharmacist or physician that the medication can be safely crushed, identification of foods and liquid that can be mixed with the medications, and instructions for crushing or mixing medications
    - A form consenting to crushing the medication signed by the client. If the client has a conservator with authority over his /her medical decisions, the consent form must be signed by that conservator.

10. Medications are PRN or "as needed"

Facility staff may assist the client with self-administration of his/her prescription and nonprescription PRN medication, when:

a) The client's physician has stated in writing that the client can determine and clearly communicate his/her need for a prescription or nonprescription PRN medication **(see attachment PRN Authorization Letter).**

b) The physician provides a signed, dated, written order for the medication on a prescription blank or the physician's business stationery, which is maintained in the client's file.
c) The physician's order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period. Most non-prescription labels display this information.

Facility staff may also assist the client with self administration of his/her non-prescription PRN medication if the client cannot determine his/her need for a nonprescription PRN medication, but can communicate his/her symptoms clearly when:

i. The client's physician has stated in writing that the client cannot determine his/her need for nonprescription medication, but can communicate his /her symptoms clearly.
ii. The client's physician provides a signed, dated written order on a prescription blank or the physicians business stationary, which is maintained in the client's file.
iii. The written order identifies the name of the client, the name of the PRN medication, instructions regarding when the medication would be stopped, and an indication when the physician should be contacted for re-evaluation.
iv. The physician order and the PRN medication label identify the specific symptoms that indicates the need for use of the medication, exact dosage, minimum hours between doses, and maximum dosage to be given in a 24 hours period. Most non-prescription medication labels display this information.
v. A record of each dose is maintained in the client's record and includes the date, time, and dosage taken, and the client's response.

11. Medications are injectable

a) Injections can only be administered by the client or by a licensed medical professional. Licensed medical professional includes Doctors of Medicine (M.D.), Physician Assistant (PA), Registered Nurses (R.N.), and Licensed Vocational Nurses (L.V.N.) or a Psychiatric Technician (P.T.).
    a. P.T.s can only administer subcutaneous and intramuscular injections to clients with developmental or mental disabilities and in accordance with a physician's order.
b) Family members are not allowed to draw up or administer injections unless they are licensed medical professionals.
c) Facility personnel who are not licensed medical professionals cannot draw up or administer injections.
d) Licensed medical professionals may not administer medications/insulin injections that have been pre-drawn by another licensed medical professional.
e) Injections administered by a licensed medical professional must be provided in accordance with the physician's orders.
f) The physician's medical assessment must contain documentation of the need for injected medication.
g) If the client does administer his/her own injections, physician verification of the client's ability to do so must be in the file.
h) Sufficient amounts of medications. Test equipment, syringes, needles, and other supplies must be maintained in the facility and stored properly.
i) Syringes and needles should be disposed of in a "container for sharps", and the container must be kept inaccessible to clients (locked).

j) Only the client or the licensed medical professional can mix medications to be injected or fill the syringe with the prescribed dose.
k) Insulin and other injectable medications must be kept in the original containers until the prescribed single dose is measured into a syringe for immediate injection.
l) Insulin or other injectable medications may be packaged in pre-measured doses in individual syringes prepared by a pharmacist or the manufacturer.
m) Syringes may be pre-filled under the following circumstances:
n) Client can self-administer pre-filled syringes prepared by a registered nurse, pharmacist or drug manufacturer.
o) The registered nurse (R.N.) must not set up insulin syringes for more than seven days in advance.

12. Over-the-counter (OTC) medications, herbal remedies, aspirin, cold medicine etc.

a) They must be centrally stored to the same extent that prescription medications are centrally stored.

b) Over-the-counter medication(s) that are given on a PRN basis must meet all PRN requirements. (See section #10).
c) Physicians must approve the use of all OTC medications that are or may be taken by the client on a regular basis (e.g., aspirin for heart condition, vitamins, etc.) as well as those used on a PRN basis.
d) Client's name should be on the over-the-counter medication container when: (1) it is purchased for that individual's sole use; (2) it is purchased by client's family or (3) the client's personal funds were used to purchase the medication.

13. Set-up to pour medications

a) Have clean, sanitary conditions (i.e., containers. counting trays, pill cutters, pill crushers and storage/setup areas).
b) Pour medications from the bottle to the individual clients cup/utensil to avoid touching or contaminating medication.
c) Medications must be stored in their original containers and not transferred between containers.
d) The name of the client should be on each cup/utensil used in the distribution of medications.

14. Assisting with medication administration (i.e., passing)

a) Staff dispensing medication needs to ensure that the client actually swallows the medication (not "cheeking" the medication); mouth checks are an option for staff.
b) Cups or envelopes containing medications should not be left unattended in the dining room, bathrooms, and bedrooms or anywhere in the facility.

15. Staff who handle medications

a) All staff that assists in dispensing medication will receive training in medication procedures.
b) Training will ensure that staff know what they are expected to do (i.e., keys, storage, set up, clean-up, documentation, notification, etc.).
c) Staff will be trained in which procedures can and cannot be done (i.e., injections, enemas, suppositories, etc.).

16. Medications are received or destroyed

a) Every prescription medication that is centrally stored or destroyed in the facility must be logged.
b) A record of prescription medications that are disposed of in the facility must be maintained for at least 3 years.
c) A record of centrally stored medications for each client/client must be maintained for at least 3 years.
d) No medication shall be flushed down any toilet, drain, or sink
e) Medications to be destroyed may be
    a) Returned to the pharmacy (except for controlled medications)—this is the preferred method to be used by this facility
    b) Disposed of at a city-approved drop-off location
    c) Disposed of via help and guidance obtained from calling 1-800-clean-up
    d) Disposed of via a CDPH-approved mail-back system (**see attachment**)

17. Medications are prepackaged

a) Prepackaged medications (bubble packs, trays, cassettes, etc.) are allowed if they are packed and labeled by a pharmacy.
b) Licensees and/or facility staff cannot remove discontinued medications from customized medication packages.
c) Multi-dose packages must be returned to the pharmacy for changes in doses or discontinuation of a medication.
d) The facility will obtain a waiver from the licensing office if medications are to be returned to the pharmacy for disposal.

18. Sample medications are used

a) Sample medications may be used if given by the prescribing physician.
b) Sample medications must have all the information required on a regular prescription label except pharmacy name and prescription number.

19. Transferring medications for home visits, outings, etc.

a) When a client leaves the facility for a short period of time during which only one dose of medication is needed, the facility may give the medications to the client (if approved by MD) or responsible person/authorized representative in an envelope (or similar container) labeled with the facility's name and address, client's name, name of medication(s), and instructions for administering the dose.
b) If client is to be gone for more than one dosage period, the facility may:
    - Give the full prescription container to the client, or responsible person/authorized representative,
      Or
    - Have the pharmacy either fill a separate prescription or separate the existing prescription into two bottles,
      Or
    - Have the client's family obtain a separate supply of the medication for use when the client visits the family.
c) If it is not safe to give the medications to the client, the medications must be entrusted to the person who is escorting the client off the facility premises.
d) If medications are being sent with the client off the facility premises, check the Physician's Report (**LIC 602**) to ensure that they are given only to clients whose doctors have indicated that they may control their own medications.
e) Always have the person entrusted with the medications sign a receipt, which identifies the number and type of medications sent out and returned.

20. House medications/stock supplies of over-the-counter medications are used

a) Centrally stored, stock supplies of over-the-counter medications may be used.
b) The licensees cannot require clients to use or purchase house supply medications.
c) Clients may use personal funds to purchase individual doses of OTC medications from the licensee's stock if each dose is sold at the licensee's cost and accurate written records are maintained of each transaction.
d) All regulations regarding the use of OTC medications must be followed (see section #12).
e) Be sure to verify that the client's physician has approved the use of the OTC before giving him/her a dose from the house supply.
f) The date and time and name of the person who gave the medication. The client's response to the medication.
g) Lay staff may perform vital sign readings as long as the readings are not used to determine a need for medication.

21. Clients using emergency medication (e.g., nitroglycerin, inhaler, etc.)

Clients who have a medical condition requiring the immediate availability of emergency medication may maintain the medication in their possession if all of the following conditions are met:

a) The physician has ordered the PRN medication, and has determined and documented in writing that the client is capable of determining his/her need for a dosage of the medication and that possession of the medication by the client is safe.

b) This determination by the physician is maintained in the individual's file and available for inspection by Licensing.
c) The physician's determination clearly indicates the dosage and quantity of medication that should be maintained by the client.
d) Neither the facility administrator nor the Department has determined that the medications must be centrally stored in the facility due to risks to others or other specified reasons.
e) If the physician has determined it is necessary for a client to have medication immediately available in an emergency but has also determined that possession of the medication by the client is dangerous, then that client may be inappropriately placed and may require a higher level of care.

22. Blood pressure and pulse readings

The following persons are allowed to take blood pressure and pulse readings to determine the need for medications:

a) The client when his/her physician has stated in writing that the client is physically and mentally capable of performing the procedure.
b) A physician, physician assistant, or registered nurse.
c) A licensed vocational nurse under the direction of a registered nurse or physician.
d) A psychiatric technician under the direction of a physician, surgeon, psychiatrist, or registered nurse.
e) The licensee must ensure that the name of the skilled professional who takes the client's vital signs is documented.

23. Clients need assistance with the administration of ear, nose and eye drops

a) The client must be unable to self-administer his/her own eye, ear or nose drops due to tremors, failing eyesight or other similar conditions.

b) The client's condition must be chronic and resistant to sudden change (stable), or temporary in nature and expected to return to a condition normal for the client.
c) The physician's report (**LIC 602**) must state that he/she cannot self administer his/her own drops.
d) The client's physician must document in writing the reasons that the client cannot self-administer the drops, the stability of the medical condition and must provide authorization for the staff to be trained to assist the client.
e) Staff providing the client with assistance must be trained by a licensed professional and names of trained staff must be maintained in the staff files. This training must be completed prior to providing the service, must include hands-on instruction in general and client specific procedures, and must be reviewed and updated by the licensed professional at least annually or more often if the condition changes.
f) Staff must be trained by a licensed professional to recognize objective symptoms observable by a layperson and to respond to the client's health problem.
g) Staff must be trained in and follow universal precautions and any other procedures recommended by the licensed professional.
h) Written documentation outlining the procedures to be used in assisting the client with the drops and all aspects of care to be performed by the licensed professional and facility staff must be maintained in the clients file.
i) Prior to providing ongoing client assistance with drops, facility staff should consider the use of assistive devices, such as an eyecup, which would enable the client to self-administer the drops.

24. Medications need to be stored

a) All medications, including over-the-counters, must be locked at all times.
b) All medications must be stored in accordance with label instructions (refrigerate, room temperature, out of direct sunlight, etc.).
c) Medication in refrigerators needs to be locked in a receptacle, drawer, or storage containers as metal may rust
d) If one client is allowed to keep his/her own medications, the medications need to be locked to prevent access by other clients.

25. Assisting clients with PRN medications

a) Every client who is prescribed a PRN (As needed) medication must have a completed CCL "PRN Authorization Letter" on file.
b) Before staff can administer a PRN medication, the client must be able to clearly communicate or demonstrate their need for the medication (e.g. I have back pain, I have a cough) or the doctor needs to be contacted each time.
c) If the client can clearly communicate the need, and has a current order for a PRN medication (see the physician's order form for all orders), and the label of the medication clearly states that the medication is for symptoms that the client is communicating/demonstrating, staff may administer the PRN medication as directed on the label.
d) Always make sure the PRN medication is listed on the Medication Administration Record (MAR), if not then write it on the MAR.
e) Is it documented that the client has received this medication already on this date? If so, at what time? If there is no time entered, you cannot give this medication until the time is clarified. Check the order for instructions about how often the medication can be given in one day.
f) Staff signs their initials on the front of the MAR on the date they administered the PRN medication. There is no time entered on the front of the MAR.

g) Staff then turn the MAR over and complete all of the information on the back page (time PRN given, reason for giving PRN, response of PRN on symptoms: Relief or No Relief).
h) After approximately one hour, ask the client if the PRN was effective (helped the symptoms?) Under the “results” section of the back page, enter either Relief or No Relief.

Ephratah Home

Medical Emergencies

If the client suffers illness or injury certain procedures will be followed: Check for signs of obvious injuries. If indicated Administer First AID or CPR in accordance with training. The client's physician is notified and advised of the circumstances. If the client has medication prescribed for a medical condition that has become acute, the medication will be given to the client. If it appears the injury requires further care or on advise from the physician, the client will be transported to the nearest hospital, emergency room or physician office to be medically evaluated. If the injury is life threatening or severe 911 will be called. The family member or responsible person will be contacted and advised of the injury. An incident Report (**LIC 624** or like) will be filed with the licensing office.
If a client needs to be transferred to an emergency room and/or hospital, the facility staff will follow the procedure of contacting the client physician, family member or responsible party as well as prepare a copy of the client's records including insurance information and medication records. In addition, the staff will take steps to safe guard client's valuables (such as jewelry) or document the client left the facility with specific personal valuables on their person.

Relevant Emergency names and telephone numbers are listed on form **LIC 610D**.

Consent for Emergency Medical Treatment

A signed copy of this consent will be kept in the resident's chart in the event that the resident requires emergency services.

Emergency Information/Resident Records
All residents will have separate record that will be current and complete and maintained by the facility. Each resident record will have updated emergency information

Water Temperature

Water temperature will be monitored monthly using a thermometer. Results will be documented in the water temperature log (**see attachment**). Water temperature is not to exceed 120°F, or fall below 105°.

Hydration Policy

Dehydration is widely accepted to be a major cause of ill health. It can lead to a variety of low-level ailments such as: Headaches, fatigue, renal dysfunction and skin problems. When temperatures rise above 85°, the administrator may decide whether physical activities should be reduced, factoring the temperature in with the amount of available shade, breezes, humidity and air quality. When it exceeds 95°, strenuous activities may be adjusted and exposure to the sun reduced. Because humidity can enhance the dangers of hot weather, temperature guidelines are lowered by 5° when relative humidity reaches 50%. Guidelines like these are based on reason and good judgment. Prevention is the key to avoiding heat related illness (keeping clients out of direct sun and hot environments; wearing loose clothing; applying sun-block; and drinking plenty of water).

Ephratah Home

Heat Related Illness (3 main progressive-stages)

1. Heat Cramps

These localized painful muscle cramps occur as a result of excessive sweat (body-water) loss from heavy and/or prolonged physical exertion.

> **Staff Shall:** Relocate the individual to a cooler environment to rest; Assist with gentle stretches sustained for at least 30 seconds. Assist the individual to consume 4-6 Oz of cool water every 30 minutes (or sips of cool water every 1-2 minutes).
> NOTE: Pure water is the best choice; soda, juice and other non-alcoholic beverages should only be used in the event that water is absolutely unavailable.

2. Heat Exhaustion

If Heat Cramps are not treated then one can develop Heat Exhaustion. This condition usually results from the combination of prolonged strenuous work/sports/play and a hot, humid environment. The considerable loss of sweat causes the body's internal temperature to significantly rise, thus resulting in: Generalized exhaustion and weakness; Severe thirst; Nausea and vomiting; Respiratory (breathing) distress; Mental status changes (irritability, confusion, disorientation); Wet, cool (clammy) skin.

> **Staff Shall:** Provide the same as for Heat Cramps but with the addition of Cool-Packs placed on key-areas of the body such as: Arm-pits; Side of neck; Under the knees; Inguinal (groin) area.
> NOTE: If individual is vomiting give only teaspoons every minute of water to keep mouth moist. If individual is choking do NOT give any fluids.
> NOTE: Do not apply Ice or Ice Packs directly to the skin. Instead use a thin barrier such as a T-Shirt. Use a thicker barrier for Cool/Ice Packs placed on sides of neck. If no Cool or Ice Packs are available then use a frozen bag of peas.

3. Heat Stroke

Untreated Heat Exhaustion can lead to a constellation of life-threatening symptoms: Severe headache; severe respiratory distress; severe neurological dysfunction (lethargy, stupor); multi-organ failure. The individual will likely have hyperemic (very-red) dry skin. The individual is at risk of permanent brain damage, stroke, heart attack, and DEATH.
Staff shall call 911, THIS IS A MEDICAL EMERGENCY.

Ephratah Home

Transportation

Transportation Services

Ephratah Home will provide transportation using the following, facility-owned, insured vehicle:

2016 Nissan Rogue
LIC# 7VJH103
Esurance Insurance Policy#: PAPA-008078347

Authorized California-licensed drivers include:

Frances Ahiabor
CA-DL#: E1208525

Leslie Clarkson
CA-DL#: Y2880001

Ephratah Home will provide the following transportation services per the program design:

- Emergency situations
- Medical appointments
- Community outings and activities

If appropriate, individuals will be encouraged to take advantage of public transportation. Training and assistance in the use of public transportation will help individuals develop more independence and mobility. DSP staff will help clients learn how to use public transportation for recreation and community activities and day/work programs attendance.

Staff members who transport individuals are required to have a valid California driver's license. Ephratah Home is responsible to ensure that all vehicles used to transport clients have insurance.
An on-call staff person will be available 24/7 to provide emergency transportation. This will assure that transportation will be available, if the on duty staff does not drive.

<u>Transportation Safety</u>
Prior to embarking on any prolonged and/or unfamiliar road-trip, facility staff shall plan the route and ensure that there is map or navigational device, a first-aid kit, and sufficient drinking water available in the vehicle.
A pre-trip inspection of the vehicle should, at the very least, ensure that:

- The tires are sufficiently inflated
- The vehicle has a full tank of gas
- The air conditioning and vents work properly
- The brakes are working properly
- The head-lights, tail-lights and turn-signals are working properly
- There is a charged, working cell phone in the vehicle (or sufficient pay-phone change)
- The seat belts are working properly
- The horn is working
- The windshield wipers are working properly

If embarking on a long road-trip a more detailed inspection of the vehicle's fluids, mechanics, belts, and hoses shall be undertaken either by a competent staff person or at a local oil/lube or mechanic shop.

Ephratah Home

Transportation Policy

- Transportation is provided to medical appointments and activities in the community such as to the park and other recreational sites.
- Company vehicles are to be driven only by authorized and qualified drivers. A copy of their licenses must be on file in their personnel file and with the insurance carrier.
- Company vehicles are to be secured in designated parking area in the parking lot.
- Vehicle Keys, Car Phone and Gas Card are to be kept securely in the facility in a desk drawer. In case of emergency, designated staff will have access to vehicle keys.
- Repairs and Maintenance. Vehicles are to be filled with gas and serviced daily as needed by designated drivers. Minor repairs and maintenance will be scheduled with contracted repair shop.
- Cleaning and washing of company vehicles will be done by designated drivers or by outside services as needed.
- Drivers will identify any needed repairs and/or safety items missing from company vehicles. Drivers will report any deficiencies to the administrator.
- Safety belts are to be worn by drivers and clients for their safety and to comply with California State Law. The driver will not drive unless all clients are in seat belts.
- Transporting of clients is a great responsibility; caution, safe driving and adherence to State speed limits and regulations are required.
- In case of vehicle malfunction and/or accident: Activate “Emergency Lights” Call for appropriate help - use mobile phone and/or carry enough change to make the call from public telephone; Report any damage to administrator.
- Advise administrator of any incidents, or observations pertinent to Clients’ and Drivers’ safety.
- Should it be necessary for the client to have emergency medical care while being transported, the driver is to use his or her best judgment in obtaining medical care for the client. If immediate care is required the client will be taken to the nearest emergency room. When possible the client’s regular physician will be called upon for assistance, and if hospitalization is required the client shall be taken to the nearest hospital. When possible the client’s regular physician will be called upon for assistance, and if hospitalization is required the client shall be taken to the nearest hospital.

Ephratah Home

Special Incidents

Special Incident Reporting

Staff will always respond to special incidents by first securing the health and safety of the individual. This may include calling 911 and/or application of First Aid.

In the event an incident occurs with an individual, staff shall immediately notify the administrator who will then report the incident immediately. If the administrator is unavailable staff shall make the report directly. The report shall be submitted to Community Care Licensing (CCL) by telephone, (or by fax or email if permitted by the on-call duty worker) immediately, but NOT more than 24 hours after learning of the occurrence of the special incident. A written Unusual/Special Incident Report **(LIC 624)** shall be submitted within 48 hours of the occurrence of the special incident unless a written report was otherwise provided. Incident reporting to CCL will always be by direct verbal contact with a CCL representative. Incident reports will not be left as a voice mail message. Incidents that occur at night or on the weekend will be reported to CCL the morning of the next business day.

If applicable, incidents will also be reported to the on duty worker at the local Regional Center. If the service coordinator is not available, the report will be made to the on-call worker (officer-of-the-day). Reports submitted to the Regional Center shall be made by telephone, (or by fax or email if permitted by the on-call duty worker) immediately, but NOT more than 24 hours after learning of the occurrence of the special incident; a written Unusual/Special Incident Report **(LIC 624)** shall be submitted within 48 hours of the occurrence of the special incident unless a written report was otherwise provided.

The Administrator shall also notify the client's conservator (if any) regarding any special incident.

<u>Special Incident Defined</u>
A special incident is defined as: Unusual occurrences, which threaten the individual's health and well-being. Such incidents may be accidents, assaults, incidents resulting in physical harm to an individual or any incident involving potential legal action, or probable public media interest. Examples of reportable incidents are as follows:

- Death – accidental, suicide or by natural causes (use form **LIC 624A**)
- Attempted suicide or threats of suicide
- Serious illness, injuries or medical emergencies requiring immediate medical attention by physician or para-medical emergency team or hospitalization
- Any accidents causing suspected injury to an individual
- Any epidemic outbreak, poising, catastrophe, major accident that threatens the individuals' health and well-being
- Aggressive acts by individual causing injury to self or others
- Unauthorized departure and absence of an individual
- Complaints made by an individual, family/conservator/guardian or other interested person, which arouse questions about the individual's health, safety, rights or treatment program
- Any incident where suspected criminal activity is alleged or suspected by any individual or employee
- Alleged or suspected abuse or neglect
- Significant property damage, theft, or fire

- Any action, which might become newsworthy or initiate a legal action or adverse community reaction
- Medication errors

Missing Persons

According to Assembly Bill 674 (section 1279.8), every community care facility (e.g., ARF, RCFE) that provides residential care or offers an adult day program, or both, shall, for the purpose of addressing issues that arise when a resident or an adult day program participant is missing from the facility, develop, implement, comply with, and review annually a resident or participant safety plan, either as a stand-alone plan or as part of the written Needs and Services Plan. The plan shall include a requirement that an administrator of the facility, or his or her designee, inform designated relatives or caretakers, or both, who are authorized to receive information regarding a resident or participant, when that resident or participant is missing from the facility. The plan shall include the circumstances in which an administrator of the facility, or his or her designee, shall notify local law enforcement when a resident or participant is missing from the facility.

According to Assembly Bill 620:

- The administrator or administrator designee or facility authorized representative will contact by telephone the resident's responsible person immediately in the event the resident was observed missing from the facility.
- The administrator or administrator designee or facility-authorized representative will contact by telephone local law enforcement and report a missing person.
- The administrator or administrator designee or facility authorized representative will complete **LIC 624** (Unusual Incident Report) or like and mail/fax to licensing a resident's absence from the facility, including the resident's current physician report and needs and services plan and information that law enforcement was notified.

Other Incidents

In order to ensure that Case Management and Risk Assessment Units are aware of all significant incidents occurring in clients lives, it is recommended that Special Incident Reports (SIR) are filled out any time a client is involved in any of the following situations:

- Disease outbreak
- Injury resulting from an accident
- Injury resulting from behavioral episode
- Injury resulting from seizure
- Injury resulting from an unknown cause
- Illness requiring medical intervention
- Verbal threats and aggression
- Drug and/or alcohol abuse
- Emergency room visits
- Seizures
- Arrests
- Victim of theft by other client
- Community safety
- Law enforcement involvement
- Pregnancy
- Aggressive acts to another client, family member, visitor, staff, self
- Violation of rights

- Suicide attempts
- Suicide threats
- Property damage
- Fire
- Falls
- Significant dental problems

Abuse Reporting

Rowland Vista Residential Care does not and will not tolerate client neglect or abuse. Such actions will be grounds for termination. Any staff member suspected of abuse will be suspended from contact with all individuals until the administrator and CCL conclude an investigation into the facts. Any conduct will be considered abuse or neglect when there is malicious disregard for the needs and well being of clients; or failure to exercise the care that a prudent person usually exercises. Abuse of an Adult Dependent must be reported and includes:

- Physical abuse (e.g., bodily injury)
- Sexual abuse
- Neglect
- Financial abuse
- Abandonment
- Isolation
- Abduction

Mandated Reporter Training
All employees will read and sign form **SOC 341A** (statement acknowledging requirement to report suspected abuse or dependent adults and elders). This for will be retained in the employees file.

All employees in their initial staff training will be informed of their responsibility to report any suspected or alleged abuse.

Mandated Reporters
California mandates that any person who assumes full or intermittent responsibility for care or custody of an elder or dependent adult is a mandated reporter. This includes all employees and volunteers who work in Community Care Facilities.

Definition of Adult Abuse
Assembly Bill 1805 (AB1805) describes abuse as the “Infliction of injury, cruel punishment, or other treatment with resulting physical harm or pain or mental suffering, or the deprivation by a DSP of good service or services which are necessary to avoid physical harm or mental suffering.
Neglect is “the failure of any person having the care or custody of a dependent adult to exercise that degree of care which a reasonable person in a like position would exercise.” Abuse and /or neglect may be intentional or due to the DSP’s lack of knowledge or capacity to care for the person.
Assembly Bill 40 (section 15610.67) defines *serious bodily injury* as any injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation. Physical abuse that does not meet this definition is considered to be abuse with *no serious bodily injury*.

Ephratah Home

Types of Abuse

- Physical: Direct beatings, slapping, pinching, arm twisting, tripping, pushing, spontaneous injuries of unknown origin, over medication, prolonged/recurrent exposure to extreme temperatures
- Sexual: Sexual exploitation, inappropriate sexual suggestions or acts, sexual harassment, exposure of sex organs, rape
- Neglect: Denial of basic needs (e.g., food, shelter, clothing, healthcare), poor supervision
- Psychological: Verbal assaults, threats, fear and isolation
- Material: Theft, misuse of funds or property, extortion, duress, fraud
- Violation of Rights: Coercion, locking up, forced removal from home or forced entry into a nursing home

What to Report

Department of Social Service Form **SOC 341** states: Any mandated reporter who, in his professional capacity, or within the scope of his or her employment has observed, suspects, or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse, abandonment, isolation, financial abuse, abduction, or neglect (including self neglect) or is told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, abduction, or neglect, shall report the known or suspected instance of abuse.

When and How to Report

- Abuse occurring in a residential care facility that results in serious bodily injury
    - By telephone immediately to law enforcement, Regional Center, and
    - By written report (e.g., **SOC 341**) within two (2) hours to the long-term care Ombudsman, law enforcement, Licensing Agency (e.g., CCL), and Regional Center
- Abuse occurring in a residential care facility that does not result in serious bodily injury
    - By telephone within twenty-four (24) hours to law enforcement, Regional Center, and
    - By written report (e.g., **SOC 341**) within twenty-four (24) hours to the long-term care Ombudsman, law enforcement, Licensing Agency (e.g., CCL), and Regional Center
- Abuse occurring in a residential care facility that is caused by a resident diagnosed with dementia, and that does not result in serious bodily injury
    - By telephone immediately, or as soon as practicably possible to the long-term care Ombudsman or law enforcement, Regional Center and
    - By written report (e.g., **SOC 341**) within twenty-four (24) hours to the long-term care Ombudsman or law enforcement, and Regional Center

Long Term Ombudsman

In addition to reporting abuse, the local Ombudsman should also be called under the following conditions:

- Questions or concerns about quality of care
- Witnessing services for advanced directives
- Requesting an Ombudsman to attend a client care plan meeting
- Requesting an Ombudsman to attend a client or family council meeting

Ephratah Home

Adult Protective Services (APS)

For incidents of abuse that occur outside the facility, a report will be made to Adult Protective Services (APS).

- By telephone immediately, or as soon as practicably possible within twenty-four (24) hours
- By written report (e.g., **SOC 341**) within forty-eight (24) hours to the local Adult Protective Services (APS) office

See following page for a list of contact telephone and fax numbers.

Ephratah Home

Important Contact Information

Adult Protective Services (APS)
2707 South Grand Ave.,
Los Angeles, CA 90007
Tel (877) 477-3646
http://www.wiseandhealthyaging.org

Long Term Care Ombudsman
1527 4th Street, 2nd Floor
Santa Monica, CA 90401
Tel (310) 394-9871
http://www.wiseandhealthyaging.org/contact

Community Care Licensing
21731 Ventura Boulevard, #250
Woodland Hills, CA 91364
Tel (818 596-4334
http://www.ccld.ca.gov/

North Los Angeles County Regional Center
43210 Gingham Avenue, #6
Lancaster, CA 93535
(661) 945-6761
https://www.nlacrc.org

See Emergency Disaster Plan (**LIC 610D**) for other important contact information.

Ephratah Home

Home and Safety

Sharp Safety

- All sharps will be stored in a locked container (e.g., drawer, cabinet)
    - Only staff will have access to keys
- Sharp will cleaned and dried promptly after each use and then returned to locked storage
    - Sharps will not be left out or in the dishwasher
- Administrator will inventory and inspect sharps on a monthly basis
    - Damaged sharps will be replaced

Food Safety

- Supplies of staple nonperishable foods for a minimum of one week and fresh perishable foods for a minimum of two days shall be maintained on the premises.
- Freezers shall be large enough to accommodate required perishables and shall be maintained at a temperature of Zero degrees F° (17.7 degrees C°).
- Refrigerators shall be large enough to accommodate required perishables and shall be maintained at a temperature of 45 degrees F° (7.2 degrees C°).
- Freezers and refrigerators shall be kept clean, and food storage shall permit the air circulation necessary to maintain the temperatures noted above.
- Clients shall be encouraged to have meals with other clients.
    - Clients who do not elect to have all meals provided by the facility but whose conditions change so that self-purchase of foods and self-preparation of meals is no longer a viable alternative, shall receive full meal service.
    - Dishwasher temperature shall be at least 165 degrees F°.
- The administrator shall inspect the food storage areas at least monthly
- The administrator shall inspect the utensils, kitchen equipment, and serving ware at least monthly, and shall replace as necessary
- Food storage shall be kept clean and orderly at all times
- All foods not requiring refrigeration shall be stored at least six (6) inches above the floor on shelves, racks, or other surfaces within a well ventilated room
    - The storage room should
        - Facilitate thorough cleaning
        - Not be subjected to sewage, wastewater backflow, condensation, or rodent or vermin infestation
    - All packaged, canned, and other stored foods shall be kept clean and dry at all times
- All perishable foods and beverages shall be maintained at temperatures of 7°C (45°F) or below—except at times during food preparation and service
    - A working thermometer shall be maintained in each refrigerator
    - Temperature readings shall be recorded by the administrator at least monthly
        - The administrator shall adjust the temperature settings as necessary
- All frozen foods shall be stored at -18°C (0°F) or below at all time—except during thawing for preparation and service
    - A working thermometer shall be maintained in each refrigerator
    - Temperature readings shall be recorded by the administrator at least monthly
        - The administrator shall adjust the temperature settings as necessary
    - Meats shall be stored below non-meat foods

- Pesticides, other toxic substances, and drugs (i.e., medications) shall not be stored in any storage space that contains food, food preparation equipment, or serving utensils
    - The administrator shall designate a specific area for appropriate storage
- Soaps, detergents, cleaning compounds, or similar substances shall not be stored in any storage space that contains food, food preparation equipment, or serving utensils
    - The administrator shall designate a specific area for appropriate storage
- All kitchen areas shall be kept clean, free from litter and rubbish, and protected from rodent and insect infestation
    - The kitchen area should be cleaned promptly after each meal
- All utensils and kitchen equipment shall be kept clean and in good repair
    - Plastic ware, china, and glassware that are hazardous because of cracks, chips, or deglazing shall be discarded then replaced
- Sanitary conditions are of the highest priority, clients/staff are encouraged to keep sanitary conditions, to always wash hands with soap and water after using the rest room, and each time before using the kitchen and before meals
- Clients/staff must always handle food in a sanitary manner so as not to contaminate food items and dishes that other clients may in turn later use. Clients/staff must always use clean hands and appropriate utensils/gloves to handle and prepare food items
    - Clients/staff must wear disposable plastic or rubber gloves when handling food, and must dispose of gloves after each use
    - Clients/residents must not to pick at food using hands

For a detailed list of freezer/fridge safe storage times see **attachments** section.

Pool Safety

The facility does not have a pool, hot tub, or pond on site.

Water Temperature

Water temperature will be monitored monthly using a thermometer. Results will be documented in the water temperature log (**see attachment**). Water temperature is not to exceed 120°F, or fall below 105°.

Emergency Preparedness

Client Population

The four residents at Ephratah Home are adults who have severe/profound intellectual disabilities and who may also have a need for predicable intermittent (i.e., not continuous) nursing care. The Emergency Disaster Manual contains a roster of the residents, along with a list of their personal information, doctors, medications, allergies, important/emergency contact information, and day programs, and it also contains a list of facility staff/consultants and their respective contact information.

Disaster Drills

- Natural disaster/evacuation (e.g., earthquake) drills will be held annually, for each shift
- Fire/evacuation drills will be held three (3) times per year, for each work-shift, and under varying conditions
    - This includes testing of all fire/smoke alarms and pull/push-button station

    - Sprinklers (if applicable) will be tested upon advice from the Fire Department or alternate fire-prevention company
- All drills will be documented on the **Fire/Disaster Drill Log**
    - The *log* shall indicate the drill date and time, drill conductor, minutes required to evacuate facility, clients not participating in the drill, a description of the varied conditions, and any needed follow-up actions

Ability Self-Assessments

Disaster drills provide an important opportunity to assess each client's physical, behavioral, cognitive, and emotional responses to an emergency (e.g., smoke alarms, simulated fire or earthquake), as well as his/her ability to carry an emergency kit or provide vital personal information (e.g., name, allergies, family and physician contacts) to emergency personnel; based on each client's responses an individualized reaction plan can be developed.

Emergency Supplies

Comprehensive emergency fire/disaster kits will be maintained at the facility. Each emergency kit will be U.S. Coast Guard approved, and equipped with emergency shelter, lighting, communication, first aid/CPR supplies and manual, drug reference guide, sanitation, search and rescue supplies, batteries, food, water, and water purification tablets. Emergency water is stored at the facility (one gallon per person X one week supply) and shall be dispensed at a rate of approximately 0.5gallons per person per day. The facility shall ensure that the emergency survival kits also include information pertaining to each client's medications, medical orders, consents, and other important medical/protected health information. Additional emergency survival kit items may be purchased from SOS Survival Products (or other like agency), the website is http://www.sossurvivalproducts.com/

Emergency Response Plan

Emergency services (911) shall be contacted for any emergency (e.g., fire, life-threatening illness or injury) affecting the facility, staffs, or clients. In the event of an emergency, the administrator will be available within one (1) hour—unless a designee (LIC 308) has otherwise been appointed—*the designee should be an approved back-up administrator*. In the event of an emergency, the administrator has overall authority; all communications between DSPs and emergency services must be channeled to the administrator.

Form LIC 610D (posted in the facility) lists the location of utility shut-off valves, fire extinguishers, important contact phone numbers, as well as emergency relocation addresses. Form LIC 999 or similar architect's sketch—posted in the facility—provides a clear plan of the facility exit-paths, meeting point, and utility shut-of valve locations; should these meeting points not be available, staffs, taxi, or ambulance—if medically warranted—shall transport clients to either of the two relocation sites as indicated on form LIC 610D. In the event that clients must be emergently relocated, staffs will await instructions from emergency personnel regarding designated safe locations—either to undamaged areas of the facility of to an external location. The administrator or appointed designee will record the location of any relocated client(s). Prior to reoccupation of the facility, the administrator shall inspect the premises—engineering consultants and/or emergency personnel shall be utilized as necessary. This facility does not have sufficient convertible space additional emergency admissions. Emergency staffing shall be outlined on the *staffing schedule*. The administrator has overall authority; to help ensure security of the plan all communications between DSPs and emergency personnel must be channeled to the administrator. At present, this plan does not address procedures for the emergency discharge of clients—who could be discharged without jeopardy—to the community.

On-duty staffs are to implement special responses (e.g., closing doors, extinguishment of fire, directing usage of appropriate escape routes, picking up the *Emergency & Disaster Manual*). Residents shall assist each other in case of fire to the extent of their physical and mental abilities—without incurring additional personal risk. This plan shall be reviewed by staffs and they shall be reminded of their duties and responsibilities—a copy of the plan shall be readily available in the facility at all times.

Delegation of Authority

- DSPs
    - Direct evaluation of residents, and person count
    - Assist residents to egress (if indicated by situation)
    - Close doors (when appropriate)
    - Put out fire (when appropriate)
    - First aid, administration of medication (scheduled, PRN, emergency)
    - Interact with emergency personnel (if summoned)
- Administrator
    - Telephone emergency numbers
    - Oversee transportation (designated relocations sites, hospital, family)

Emergency Transportation

Local taxi services (e.g., Uber, Lyft) will be contacted to assist in transportation, but for clients who are medically unstable, emergency services (911) will instead be contacted. Should taxi service be unable to come to the facility, staffs/administrator shall use their personal vehicles to assist with transportation. Should it be necessary for the client to have emergency medical care while being transported, the driver is to use his or her best judgment in obtaining medical care for the client. If immediate care is required the client will be taken to the nearest emergency room. When possible the client's regular physician will be called upon for assistance, and if hospitalization is required the client shall be taken to the nearest hospital.

An on-call staff person will be available 24/7 to provide emergency transportation; this will assure that transportation will be available, if the on duty staff does not drive.

Disruption of Services

In the event that facility services (e.g., utilities, food, laundry, staffing) are disrupted, this facility shall promptly employ corrective measures intended to restore services. Should temporary relocation of clients be necessary, **LIC 610D** lists the designated relocation sites. Whilst at a relocation site, staff shall continue to monitor and provide care for the clients, and shall continue to record daily notes.

First Aid

The facility has developed a procedure for handling a minor medical emergency in the event a client becomes ill or injured. All staff has been trained in basic first aid and receives in-service training for emergency situations.
If a client requires first aid for a minor injury sustained at the facility, the staff has been adequately prepared to handle the situation. There will be adequate privacy for administering any first aid to client, and if required, staff members will use the facility first aid kit.

Staff Training

As part of the facility's ongoing annual on-the-job training, staffs receive training in emergency preparedness and response planning—the emergency response plan will be shared annually with the clients, family members, and staffs/consultants.

Ephratah Home

Risk Mitigation

Risk

Risk can be defined as a pattern of events or behaviors that have the potential to cause harm or danger to oneself and or others, as well as loss and/or damage to property.

Risk Mitigation

Risk mitigation describes the proactive, preventative measures put in place for the purpose of minimizing the potential for harm to self and others.

Admission Planning

Ephratah Home will not admit an individual unless his/her needs (e.g., medical, dietary, behavioral, sensory, mobility, communication, ADL) can be met by the facility. That conclusion is based on a comprehensive review by the interdisciplinary team—headed by the administrator.

A complete Regional-Center referral packet must be submitted prior to pre-placement interview to determine if the facility can serve the needs of the individual. A complete referral packet should include: Annual Review, Individual Program Plan, Psychological Evaluation, Medical (to include PPD) and any Special Incident Reports (SIRs).

All clients must be appropriate for Ephratah Home services. On an annual basis, the client's service coordinator shall make updates to reflect the current functioning level of each person. Listed below are the domains and the level of functioning that determine eligibility. In determining eligibility for admission, the facility administrator and consultant will complete the following:

- Personal interview with the individual
- Personal interview with the person's parents/advocates if conserved, or if consent is given by the person
- Review of medical, dental, psychological, social, and educational data
- Review of any SIRs
- Appropriate consultation and coordination with referring professional or agency

Ephratah Home will ***NOT*** serve any persons with the following conditions:

- Medical conditions that are acute and requires 24-hour care
- The person's primary condition is a result of a mental disorder that would be disruptive and beyond the capability of the home to manage
- Any prohibited health condition

Person Centered Planning

Individuals who receive services from Ephratah Home are at the center of planning the services and supports they receive. While family and friends, regional center case manager, personal advocate, and the program director participate in the planning process, the individual who receives services has the loudest voice. Individuals will be involved in the setting of objectives and expected outcomes during the assessment/evaluation stage and will continue to be involved while services are being provided.

Ephratah Home

Person Centered Planning guides the process of how to gather information and assist the individual in planning for their future. Person Centered Planning is based on following principles:

- Finding out what the capacity of the person is, what they do well, their talents and their skills, weakness, and barriers
- Discussions (with the person and their chosen relatives, friends, and occasionally professionals) that result in the evolution of a plan or vision of the person's own choosing
- Building a circle of people that moves forward toward the vision through action (trying ideas, reflecting on the outcome, revising the action and trying again)
- Gradually working to change the system so that it will function on a Person-Centered basis

A key question to as is, how does our program help clients enjoy a better quality of life the following six life-quality domains?"

1) Choice
2) Rights
3) Relationships
4) Health and well-being
5) Lifestyle
6) Satisfaction

Interdisciplinary Team (IDT)

The purpose of assembling and convening an IDT is to provide team members/consultants the opportunity to review and discuss information and recommendations relevant to the clients' needs, and to reach decisions as a team rather than individually. Only those disciplines whose services are needed by a client continue as members of the client's IDT. The client's individual program plan (IPP) should reflect the client's needs and the appropriate services/methods, objectives, and goals, as IDT's recommended by the IDT.

<u>Consultants and Team Members</u>
The IDT is comprised of, but not necessarily limited to:

- The client, unless he or she is clearly unable or unwilling to attend
- The client's parents or legal guardian/representative
    - Except in the case of a competent adult who does not desire parents' participation, or if parents' participation is unobtainable or inappropriate
- Administrator
- DSP staffs
- Regional Center CSC
- Physician (MD, DO)
- Physician Assistant (PA)
- Nurse Practitioner (NP)
- Registered Nurse (RN)
- Licensed Vocation Nurse (LVN)
- Psychologist (PsyD)
- Behaviorist (BCBA)
- Social Worker (LCSW)
- Respiratory Therapist (RT)
- Physical Therapist (PT)
- Occupational Therapist (OT)
- Speech Therapist (SLP)

- Recreational Therapist (RecT)
- Dietician (RD)
- Pharmacist (PharmD)
- Dentist (DDS)
- Audiologist (AuD)
- Optician (OD)
- Other appropriate facility staffs and professionals—not listed above—relevant to the client's needs as described by the comprehensive functional assessments—if applicable
- Other outside-agency staffs serving the client—if applicable
    - Day program
    - Regional Center

Members of the IDT should have the opportunity to review and discuss information and recommendations relevant to the clients' needs, and to reach decisions as a team rather than individually. Only those disciplines whose services are needed by a client continue as members of the client's IDT.

Comprehensive Assessment

Within thirty (30) days after admission, and reviewed at least annually, each member of the client's IDT will perform a comprehensive functional assessment, according to his/her discipline, to supplement the preliminary evaluation conducted prior to admission—such assessments shall be completed using a comprehensive assessment form (**see attachments**).
The comprehensive assessment is a vehicle for determining the client's individual strengths, interests, desires, choices, and needs, as well as potential risks to/from the client. All areas of functioning and development will be addressed, but not in isolation. Assessment and reassessment information is used to develop the client's IPP, maintain relevancy of the IPP, and guide any necessary IPP updates.

Assessment information that is used to develop the client's ISP should include:

- A review of the client's pre-admission evaluation
- The client's presenting deficits, disabilities, and risks, and—where possible—the causes
- The client's specific developmental strengths
- The client's developmental-, behavioral-, reinforcing-, and nursing-needs without regard to the actual availability of the services needed

The comprehensive assessment should take into consideration the client's age and the implications for program services at each stage as applicable.

<u>Medical Assessment</u>
Each client shall be examined by his/her attending physician prior to admission, and at least every six (6) months thereafter. The goal is to identify health related problems and risk factors, and pertinent nursing and therapeutic needs. Upon completion, the RN-consultant shall then collaborate with the other IDT members to design and implement strategies for meeting the client's health-care needs. These strategies may include formal or informal goals and objectives to which the client will be encouraged to work toward—the strategies, goals, and objectives shall be written into a client-specific plan. Implementation of health care strategies will be integrated throughout the program services. Emphasis will be placed on coordinated quality-care that also takes in to account clients' privacy and dignity.

Other Assessments

On an ongoing basis—as recommended by the client's physician—each client shall undergo a variety of other comprehensive risk/ability/needs assessments; such assessments may address, yet not be limited to:

- Cognitive status
- Affective (i.e., emotional) status
- Neuromotor capacity
- Neurosensory capacity
    - Auditory
    - Vision
    - Taste
    - Touch
    - Smell
- Nutritional status
- Physical development and health
- Speech and language capacity
- Social development
- Recreational interests
- Adaptive behaviors, independent living skills, and vocational development as applicable
- Summary of present medical, social, and where appropriate, developmental findings
- Medical, social, and family history
- Vaccination, immunization, and tuberculosis status
- Diagnoses and prognoses
- Types and frequency of services needed
- Recommendations regarding continued care at Ephratah Home

Individual Program Plan (IPP)

Within thirty (30) days of admission the IDT shall prepare—for each client—an IPP. The IPP should indicate the client's needs/risks identified by the multidisciplinary (e.g., nursing, medical, dietary, behavioral, occupational therapy, physical therapy, recreational, speech, social etc.) comprehensive assessments, specific measurable goals to address these needs/risks, and a planned sequence of objectives directed at meeting these goals; these objectives should be SMART:

- Specific
    - Stated separately, in terms of a single behavioral outcome
- Measureable
    - Expressed in behavioral terms that provide measurable indices of performance
- Attainable
    - Assigned priorities and organized to reflect a developmental progression appropriate to the client
- Realistic
    - Appropriate and individualized according to the client's needs and strengths
- Timed
    - Assigned projected completion dates

Formulated by the IDT, the IPP serves as a program-services blueprint; it outlines:

- Types of program services needed by the client
- How the program services will be provided
- Who will provide each of the program services

- Frequency and duration of program services
- Objectives and goals of program services
- How and when the IDT will know if the program services are working

IPP Implementation

As soon as the IDT has formulated a client's IPP, a continuous *active treatment* program should be established and implemented—consisting of needed interventions and services in sufficient number and frequency so as to support the achievement of the objective(s) identified in the IPP. The facility shall also develop a schedule for the program services; the schedule should outline the plan's objectives, and be readily available for review by relevant staffs. Except for those elements of the IPP that must be implemented only by licensed personnel, all other staffs that work directly with the clients must implement each client's IPP according to the established schedule. In order to adequately address the IPP-objectives, the plan should specify the:

- Methods to be used
- Schedule for use of a given method
- Person responsible for the program
- Type of data to be collected, and the frequency of data collection necessary to be able to assess progress toward the desired objective
- Target behavior or skill (cognitive, affective, motor)
    - For inappropriate or maladaptive behaviors, provisions should be made—if possible—for the appropriate expression of such behavior and the replacement of inappropriate/maladaptive behavior

IPP Reviews

The function of the review process is to ensure that the client's IPP continues to be appropriate and responsive to the client's individual needs. The administrator is responsible for reviewing data related to the client's progress in attaining the objectives and goals outlined in the IPP. The administrator shall review the client's IPP on a monthly basis; necessary action shall be implemented if/when:

- The client has successfully completed an objective(s) identified in the IPP
- The client has regressed, or has lost skills already gained
- The client is failing to progress toward identified objectives after reasonable efforts have been made
- The client is being considered for training towards a new objective

Data Collection

This is the process of tracking and documenting the client's performance level in achieving IPP objectives. Data collection facilitates IPP evaluation, the goal being to determine if plans, methodology, and criteria-levels remain appropriate for the client. Accurate recording of data is completed daily, by each shift of direct care staffs (DSPs) who are responsible for the implementation of the program. Such staffs should log data that is pertinent to the client's progress towards each objective as outlined in the IPP. Ultimately, each direct care staff assists in the development of the client's IPP because of his/her role as the primary person implementing the client's objectives and collecting client-data. Members of the IDT are able to meet with the direct care staffs, as is necessary, to obtain additional information.

Monthly Progress Notes

On a monthly basis, the administrator, and/or his/her designee, shall document each client's progress in a monthly progress note. On a monthly basis, consultants may also be contracted to review client-progress. Detailed and comprehensive information summaries shall be compiled

from data collection records, and from consultation with the direct care staffs and program consultants. Each program member is conferred with; examples of questions to be asked include:

- Was there any progress or response to the plan?
- Should the plan continue?
- Are there any alternative procedures or recommendations?

The administrator is responsible for observing IPP-implementation and monitoring the data to assess the accuracy and relevancy of the client's IPP-objectives. Following the client's monthly progress-review, if there is a significant discrepancy between the current month and previous month, the administrator will re-verify the data. The administrator and/or consultants may also in-service the staffs to address necessary changes regarding the current data collection process. On a semi-annual basis—for each client—the administrator will also prepare and submit a semi-annual report **(see attachment)** to the respective CSCs.

IPP Updates

Whenever a client develops a new problem/risk/need, or a current objective is no longer effective or appropriate, an interim plan can be added to the IPP by the administrator/CSC or specified professional consultant—the administrator/CSC may reconvene the IDT if indicated.

Record Keeping

The administrator shall establish and maintain the collection, organization, and confidentiality of client information. The recordkeeping shall be kept current and complete—addressing each service provided to each client.

The recordkeeping system shall provide the necessary documentation for the following purpose:

- Planning and continuous evaluation of the clients' program services
- Providing a means of communication among all persons involved in the clients' program
- Furnishing documentary evidence of the clients' progress
- Protecting the legal rights of the clients, facility, and staffs

Environmental Risk-Mitigation

Cleanliness of Physical Environment

- The administrator shall ensure that the facility is routinely cleaned, and is maintained in an orderly fashion
- The administrator shall develop and post a written schedule that outlines the daily cleaning requirements; the schedule shall specify
    - Individual responsible for cleaning
    - Cleaning task(s)
    - Area(s), room(s), or item(s) to be cleaned
    - Day of the week(s) that cleaning is to be performed
- The administrator or designee shall inspect the facility daily, and shall document that the cleaning schedule is being followed
- The administrator or designee shall ensure that appropriate cleaning equipment and supplies are available in the facility
    - Cleaning supplies and equipment shall be kept in a safety-latched storage area when not in use
    - Clients shall not have access to cleaning equipment and supplies unless so specified in their ISPs

Ephratah Home

Safety of Physical Environment

- The administrator shall ensure that the facility is in good repair and safe from hazards
    - Staffs are advised to promptly report any safety concerns to the administrator
- The administrator or designee shall inspect the facility at least monthly to determine if maintenance and/or repairs are needed; examples of items to be inspected include, but are not limited to:
    - Flooring and thresholds
    - Outlets (regular and GFR)
    - Lighting
    - Grab bars
    - Handrails
    - Plumbing fixtures
    - Doors and door hinges
    - Windows (opening and closing)
    - Screens
    - Sliding doors
    - Wardrobe doors
    - Sinks
    - Shower, bathtub
    - Toilets
    - Motion lights
    - Laundry room and appliances
- Sprinklers will be tested upon advice from the Fire Department or alternate fire-prevention company

Client Bedrooms

- The administrator shall ensure that each client has use of furniture that is functionally compatible with his/her needs, sufficient in quantity, and in good repair; including, but not limited to:
    - Separate bed of proper size and height
    - Clean, comfortable mattress
    - Mattress- pad and/or protector
    - Bedding appropriate to the weather and climate
    - Individual closet space
    - Sufficient storage space
        - Chest of drawers, under-bed draws, or closet draws
    - Specialized needs furniture (e.g., hospital bed)
    - Absence or tripping hazards

Client Bathrooms

- The administrator shall ensure that bathrooms are clean, functional, and in good repair
- The administrator shall inspect each client's bathroom at least monthly, including:
    - Toilet, bidet
    - Bathtub
    - Shower
    - Shower curtain, rail, and rings
    - Sink
    - Faucet, spout, showerhead
    - Drains
    - Lighting

Ephratah Home

- Outlets
- Switches
- Door, door-hardware
- Grab bars
- Towel rail, hooks, paper-holder
- Flooring
- Absence or tripping hazards

Ephratah Home

Staffing

The staffing schedule (**see attachments**) is designed to ensure adequate coverage to deliver care and supervision in accordance with Title 22 regulations.

Statement of Staff Coverage

A monthly staff schedule recorded on a Personnel Record Form **(LIC 500)** will be utilized as a work schedule for all employees; the staff schedule will also be listed on the Regional Center X-Schedule form. To document 24 hour, 7 days a week staff coverage, employees may sign in and out on time cards. The current staffing schedule will be posted in the home at all times, and modifications to this will be documented either on the schedule or in a log. The administrator provides a minimum of 20 hours of administrative services each week at the facility; in the event the administrator is out sick or on vacation an approved (i.e., an individual who meets the regulatory criteria to serve as an administrator) designee (see for **LIC 308**) will cover. The administrator and/or employees will provide emergency coverage during employee time-off—if available, and in accord with labor laws. This facility shall employ only shift DSPs (i.e., no live-in DSPs shall be employed); during every overnight shift there shall be at least one DSP awake and on-duty. An on-call staff person will be available 24/7 to provide emergency transportation; this will assure that transportation will be available if the on duty staff does not drive.

Job title/work shifts and hours
See **LIC 500** (and Regional Center X-Schedule) for work shift hours and schedule for Administrator and DSPs (DSPs).

Statement of Competent Staff
All employees hired by this facility will possess the following:

- Six months experience providing direct care to the intellectually disabled
- Previous employer references and/or letters of recommendation
- Valid CA driver's license preferred but not required
- Ability to speak and understand English
- Be at least 18 years of age (to be verified by birth certificate, drivers license, passport)
- Participate in required and appropriate job training
- Criminal clearance and fingerprints by FBI/DOJ
- Declaration of no prior conviction of a crime other than a minor traffic violation
- To obtain required health screening and TB Test or chest X-Ray
- To be in good physical health
- To be mentally capable of performing assigned tasks
- Possess knowledge of housekeeping and sanitation principles
- Possess principles of good nutrition for food preparation, storage, and menu planning
- Possess knowledge necessary in order to recognize early signs of illness and the needs of clients
- Knowledge of community resources

Ephratah Home

Job Descriptions and Qualifications

Administrator: Frances Ahiabor

The administrator has the ultimate responsibility for the care and supervision of all clients and supervision of all personnel. The administrator is responsible for developing an operating plan, procedures and budget, as well as maintaining all financial, client, and employee records. Administrator remuneration is salaried.

Days and Hours on Duty (see staff schedule attachment **LIC 500**); the administrator/license is on call 24 hours a day/7 days a week.

Qualifications

- 21 years of age or older
- High school diploma or GED equivalent
- First Aid and CPR Certified (with abdominal thrust technique)
- Criminal fingerprint clearance for CCL
- Current health screening and TB clearance
- Licensed to drive in California
- Successfully complete the Regional Center Orientation
- Knowledge of laws and rules pertaining to Adult Residential Care
- Capability to maintain client, financial, and employee records
- Ability to direct and supervise others
- Possess good character and reputation of personal integrity
- Current certification from the Professional Crisis Management Association (PCMA), Professional Assault Crisis Training (Pro-ACT), or the Crisis Prevention Institute (CPI) prior to working to working with clients
- Successful completion of 35 Hour Initial Administrator Certification Course from CCL approved vendor
- Possess current Adult Residential Facility Administrator Certification that is current and in good standing. Administrator must complete at least 40 hours of continuing education during each subsequent 2-year period
- The administrator must have a minimum of twelve months of prior experience providing direct supervision and special services to persons with intellectual or mental disability
- Within six months of becoming an administrator, the individual shall receive training in HIV and TB; thereafter, the administrator shall receive updated training every two years

Duties and Responsibilities

- Responsible for implementation of budget for all services including program needs, food, transportation, laundry etc.
- Responsible for compliance with Title 22 CCL regulations and communication with Community Care Licensing representatives
- Responsible for compliance with all city, state, and Federal Laws governing abuse reporting, client care, and labor laws
- Reports to the licensee on the operation of the facility
- Responsible for all employee hiring, recruiting, and disciplinary actions
- Responsible for development, implementation, and documentation of all staff training
- Responsible that care and supervision of clients is implemented according to clients' needs as documented in the pre-admission assessment

- Responsible for ensuring that nutritional and health needs of all clients are being met
- Responsible for assessment and re-assessment **(LIC 603)** of all clients, including interview with client and responsible parties
- Ensure that clients have opportunity to participate in community activities that promote well-being and independence
- Posses the physical energy and competence to provide care and supervision
- Liaison with social service agencies as needed
- Responsible for community outreach to physicians, hospitals, social workers, referral agencies, and local community groups to promote the facility
- The Administrator is responsible for the implementation of the client's individual service plan (ISP) and individual program plan (IPP) goals
- Responsible for timely submission of special incident reports (SIR)

Line of Supervision
Administrator is under the direct supervision of the licensee
Supervises all staff at the facility

Ephratah Home

DSP

The DSP (AKA caregiver) is responsible for meeting the needs of the clients by providing direct care and supervision, positive behavioral support, and instruction consistent with the individual's ISP/IPP. The DSP is responsible for the safety of the clients, and maintaining a living environment that is clean and homelike. DSP remuneration is hourly.

Days and Hours on Duty (see staff schedule **attachment LIC 500**).

Qualifications

- 18 years of age
- High school diploma or GED equivalent
- First Aid and CPR certified (with abdominal thrust technique)
- Criminal fingerprint cleared by FBI/DOJ
- Licensed to Drive in California is preferred; with clean DMV record
- Current health screening and TB clearance
- Ability to speak and understand English
- Good physical health and mentally capable of performing assigned tasks
- Knowledge of housekeeping and sanitation principles
- Knowledge of good nutrition, food preparation, storage, and menu planning
- Knowledge of how to recognize signs of illness and the need for medical intervention
- Knowledge of community resources
- Employer references and/or letters of recommendation
- The DSP must have a minimum of six months of prior experience providing direct supervision and special services to persons with intellectual or mental disability
- Current certification from the Professional Crisis Management Association (PCMA), Professional Assault Crisis Training (Pro-ACT), or the Crisis Prevention Institute (CPI) within 60 days of employment
- Complete and pass a 35-hour. DSP1 course within the first year of employment, and a 35-hour. DSP2 course within the second year of employment, or pass the DSP1 and DSP2 challenge tests

Duty Statement

- Implementation of program preparation functions to include but not limited to: Data collection and analysis, development of training plans, staff meetings, house meetings, and parent/family conferences
- Knowledge of the ISP/IPP, and providing supports promised for each individual
- Assist with activities of daily living
- Provide instruction in independent living skills as defined in the ISP/IPP
- Observe clients and report any medical or behavior changes to administrator
- Knowledge of each individual's medications, dosage, purpose, and side effects
- Assist dispensing clients' medications
- Record clients' medications on log
- Implement weekly social and physical activities calendar
- Supervise client activities
- Assist in preparation of three meals a day and snacks as indicated on weekly menu plan
- Assist clients with housekeeping/laundry

- Assist clients with changing linens, towels weekly, assist clients in cleaning their rooms, bathrooms, and facility
- Maintain inventory of supplies
- Familiarity with community services and resources that the clients may request or need
- Complete 12 hours of continuing education per year

Line of Supervision
Answers to: Administrator and/or Licensee.
Supervises: No one.

Consultants and Professional Staff (if applicable)

- Resumes and contracts to be submitted upon hiring
- Each consultant and professional staff must meet Title 17 requirements for his/her respective discipline, and must have
    - A current California State license in his/her area of practice
    - Current malpractice policy

Personnel Policies

Staffing schedule is designed to ensure adequate coverage to deliver care and supervision in accordance with Title 22 regulations.

Abuse Policy
Ephratah Home does not, and will not, tolerate client neglect or abuse; such actions will be grounds for termination.

- Any conduct will be considered abuse or neglect when there is malicious disregard for the needs and well being of clients; or failure to exercise the care that a prudent person usually exercises.

California mandates (**SOC 341A**) the following to be reported:

- When the reporter who observes or has knowledge of an incident that reasonably appears to be abuse, or
- The reporter is told of an incident by the victim, or
- The reporter reasonably suspects abuse.

All employees (e.g., DSPs, administrator, licensee) of the facility are mandated reporters of abuse. Every employee is obligated to report any suspected cases of neglect or abuse to their immediate supervisor and/or the next highest level of supervision. Any employee who suspects abuse at any time must also contact local law enforcement, long-term care Ombudsman, Community Care Licensing, and Adult Protective Services (if applicable) to make a report.

Witnessed Abuse

If any employee or administrator witnesses abuse of a client, they he/she immediately:

1) Attempt to stop the abuse from occurring, and;
2) Contact local law enforcement, long-term care Ombudsman, Community Care Licensing, Adult Protective Services (if applicable) and their supervisor (if any) to make a report

Abuse Reporting Procedure

See page 71 for detailed explanation of Abuse reporting procedures.

Ephratah Home

Employee Rights
All employees receive "Notice Employee Rights", **LIC 9052** upon accepting employment at the facility. All employees during orientation process will review and acknowledge the following:

- Minimum wage
- Equal Employment opportunity
- Department of Fair Employment and Housing
- Pay Day Notice
- Emergency phone numbers
- Time off for voting
- Safety and health protection
- Unemployment and disability
- Wages, hours and working conditions

Facility Hiring Practices
All prospective employees of the facility shall submit a completed job application form **LIC 501**. All personnel shall be in good health, both physically and mentally, capable of performing assigned tasks and duties form **LIC 503**. Health status will be verified by health screening, including Chest-X-ray, or a PPD test, performed by a physician not more than six months prior to or seven days after employment. The health screening report confirms employee's physical qualifications to perform duties and identify any health condition that would create a hazard to other staff and/or clients.

Criminal Record Clearance Requirements
All prospective employees *before being allowed to work* in a licensed ARF must have their fingerprints cleared (Request for Live Scan Service **LIC 9163**) and have a Department of Justice (DOJ) notice indicating that the individual has no criminal history, or has an approved criminal record exemption from the DOJ.
The facility will maintain documentation of the DOJ notice or the exemption in the facility records, and will make this information available for review by the licensing analyst.

Signed Statement by Employee
All employees shall sign **LIC 508**, criminal record statement that indicates they have not been convicted of a crime other than a minor traffic violation pending receipt of criminal record clearance.

Equal Employment Opportunity
This facility is an equal opportunity employer with a standing policy of nondiscrimination. This means that all qualified persons are accorded an equal opportunity for employment or promotion without regard to race, religion, color, national origin, ancestry, disability, medical condition, pregnancy or pregnancy related condition, marital status, sex, age citizenship or sexual orientation.

Introductory/Probationary Period of Employment
All newly hired employees are required to complete an introductory/probationary period of 90 days. The purpose of this time period is to allow time for evaluation of performance and capabilities prior to placing an employee on regular status. Employment, both during and after this period, is considered to be "at-will" for both employer and employee and the successful completion of this period should not be construed as guaranteeing employment for any specific duration. Upon completion of this introductory period, the employee will be eligible for a regular

job. For future reference the original date of employment will be considered the anniversary date.

Orientation
During the first week of employment, all new employees will complete the required 40-hour orientation program, which is designed to furnish them with information about the clients and facility and to educate them in regard to facility policies and procedures.

Personnel Records
The facility maintains personnel records on all employees. All employees shall complete **LIC 501**, personnel record. Information typically includes such items as application forms, performance appraisals, payroll information, warning notices, and letters of recommendation. Employees have a responsibility to ensure that their personnel files are up-to-date. The facility administrator should be notified immediately of any changes in name, address, telephone number, marital status, or persons to be notified in case of emergency.

Pre-Employment Physical Exam
Each employee shall complete a health screening report **(LIC 503)** and shall received clearance from a physician stating the employee is in good physical condition, is free from communicable disease, and is capable of all duties and responsibilities.

Performance Evaluations
At the end of the first six months of employment and on at least an annual basis, thereafter, the supervisor or administrator will complete a performance review. The review will be based on overall job performance and will be completed as fairly and objectively as possible.

Safety
It is the policy of this facility to provide safe working conditions for employees and to establish safety regulations necessary to ensure safe working conditions are maintained. It is also our policy to comply with all Federal, State and local regulations. It is the obligation of every employee to observe the safety rules. Employees who jeopardize their own safety and that of other employees by failing to follow the rules will be subject to disciplinary action. Employees should immediately report any health or safety hazards to the facility administrator. Any accident or injury, no matter how slight must also be reported immediately. All new employees will review safety procedures for care and supervision of the clients.

Confidentiality
Confidentiality refers to something that is private, personal, intimate, or secret; privacy is a fundamental right. The Health Insurance Portability and Accountability Act (HIPAA) outlines mandated guidelines for the protection and privacy of health information (e.g., medical, health-care, financial records); consent must be obtained before client records can be released to another party. Invasion of privacy occurs when privacy is violated without prior consent (e.g., while in a public place, a staff member discusses a client's case by name). It is essential that facility business internal affairs and client information be kept confidential. Emphasis will be placed on coordinated quality-care that also takes in to account clients' privacy and dignity. Employees are prohibited from discussing to any third party any confidential information. Violation of this policy can result in disciplinary action or dismissal.

Communication
Ephratah Home will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our

services, activities, programs, and other benefits. The policy of Ephratah Home is to ensure meaningful communication with LEP clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators, and other aids needed to comply with this policy shall be provided without cost to the person being served, and clients and their families will be informed of the availability of such assistance free of charge. Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staffs will be provided notice of this policy and procedure, and staffs that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

Ephratah Home will conduct a regular review of the language access needs of our client population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

Dressing and Grooming Standards
Clients have the right to expect staff to be clean, well groomed and appropriately dressed for their positions.

Receiving Telephone Calls, Mail and Visitors
The telephone should be used for personal business only during breaks, lunch, and before and after work. Normally, work should not be interrupted by personal telephone calls except in the case of emergency. Long distance calls should either be billed to personal calling cards or placed collect. Employees are also required to have all personal mail delivered to their home. In order to ensure facility security, and to reduce potential liability for injury, visitors are not permitted at or on the facility premises without permission.

Answering the Telephone
All employees should answer the phone by first identifying the name of the facility, and by giving their name.

Good Neighbor Protocols
Staff shall use common courtesy when interacting with neighbors. Whenever possible, staff shall park on, or in front of, facility property. When assisting clients on and off facility property, staff shall attempt to minimize any disturbance to the surrounding neighbors.

Harassment
This facility will not tolerate any form of employee harassment; either verbal, physical, or sexual in nature, or based on race, color, religion, sex, national origin, age, disability, medical condition, marital status, or any other reason. It is the intent of this facility that all employees work within an environment that is free from harassment of any employee by another employee, supervisor, contractor or client, for any reason.

Retaliation
Assembly Bill 581 (section 1539) prohibits a licensee from discriminating or retaliating in any manner, including, but not limited to, eviction or threat of eviction, against any person receiving the services of the facility, or against any employee of the licensee's facility, on the basis, or for the reason that, the person or employee or any other person has initiated or participated in the

filing of a complaint, grievance, or a request for inspection with the local or state ombudsman pursuant to prescribed provisions of law.

Emergency Medical Services
Assembly Bill 633 (section 1799.103) prohibits an employer from having a policy of prohibiting an employee from providing voluntary emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency.
An employer shall not be liable for any civil damages resulting from an act or omission of its employee who, in good faith and not for compensation, renders emergency care at the scene of an emergency.

Drugs and Alcohol
This facility strictly prohibits employees from being under the influence of drugs or alcohol while on duty, (whether or not on facility premises), while on the company premise (whether or not on duty), or while operating a vehicle owned by the facility. The facility also strictly prohibits the use, sale, purchase or transfer, or possession of, alcohol, illegal drugs, hallucinogens, stimulates, sedatives or controlled substance on facility property or in facility vehicles. This includes the misuse of prescribed drugs or any mood-altering substance while on facility property. Legal prescription medications are excluded from this rule only to the extent that the use of such medication does not adversely affect the employee's work ability or job performance. Any violation of this policy may lead to disciplinary action or termination.

Prescription Drugs
Employees who are taking any prescribed or over-the-counter medications that could impair the employee's work performance must advise their supervisor/manager of the consumption of said medication to allow the supervisor to determine whether the employee can work without posing a safety hazard to him/her, clients or other employees.

Post accident testing (undertaken with legal advise)

- Alcohol and/or drug screening may be required following any work-related accident or any violation of safety precautions or standards if there is reasonable cause to believe drug or alcohol use caused or contributed to the accident

Smoking
No smoking inside the facility; smoking is permitted in the designated smoking area.

Standards of Conduct/Facility Rules
Failure to meet any of the expected performance levels of the job or the disregard for facility rules could lead to corrective action, up to and including termination.

Corrective Action
Corrective action should be for improvement, not punishment.
In determining the appropriate corrective action, the facility will consider the seriousness of the violation, the employee's past work record, length of service, the circumstances surrounding the violation, and whether the corrective action is consistent with that issued in a similar situation.
Violations that may result in immediate dismissal include:

- Any verbal or physical abuse to clients, or any blatant neglect
- Falsification or omission of facts on application for employment or other personal records or documents
- Theft or unauthorized removal of any facility property or property of other employees or clients

- Falsifying any facility record or report or divulging confidential facility information.
- Sleeping on the job
- Insubordination, refusing to follow directions or instructions or other disrespectful conduct toward supervisor

Formal disciplinary actions consist of any one of the following:

- Counseling and verbal warning
- Written disciplinary action form
- Suspension
- Termination

Ephratah Home

Staff Training Plan

Ephratah Home will implement a staff-training plan for DSPs (i.e., DSPs) to ensure that job duties and services are delivered in a competent manner. The administrator will keep all curriculum used. This documentation will be maintained in each employees personnel file. Components of the training plan include:

- New-employee orientation (**see attachment** for content)
- On-the-job-training
- Continuing education
- Verification of completion of competency-based training courses.

The role of the DSP is vital to the success of this facility, and its clients; the administrator will conduct an on-site orientation for all new DSPs within the first 40 hours of employment (**see attachment** for content). A DSP On-Site Orientation form **(see attachment)** will document that the employee has attended the orientation and received the necessary information and/or training in all required areas.

The orientation includes:

- Personnel policies
- Intellectual/mental disability overview
- Regional Center system overview—if applicable
- Identifying and reporting abuse
- Identifying and reporting special incidents
- Personal rights
- Assistance in administration of medication
- Facility program design
- Individual program plan and/or individual service plan
- Health and emergency procedures
- Universal precautions
- Behavior and crisis intervention techniques
- First Aid Training completed within the first 30 days of employment or sooner if scheduled to work any hours alone, not in the supervision of another staff with First Aid/CPR certification

<u>On the Job Training</u>

The administrator is responsible for on the job training. Monthly on-the-job training (i.e., competency training) is designed to improve the staff's ability to provide care and how to instruct and assist clients with implementation of their ISP/IPP. Regular staff meetings conducted by the administrator are used to train staff through discussion of how well individuals are achieving their goals. Interventions and teaching strategies such as assistive prompting and behavioral supports are continually evaluated and revised based on individual need and progress. Consultants may be employed to assist staff in how to implement support plans, teaching strategies, and/or special diets to individuals. On the job training will be documented on the DSP On the Job Training form **(see attachment)**.

Ephratah Home may also use any of the following DDS videos as educational tools:

- Hand Washing and Gloving
    - This video was designed as a training tool for direct support staff in the practice safeguards important to prevent the spread of germs. It provides step-by-step

explanation and demonstration of proper technique for hand washing and wearing of disposable gloves. This video was designed as a training tool for staff in the practice safeguards important to prevent the spread of germs

- Assisting With Self Administration of Medication in Community Care Facilities
    - This video was designed for training of staff working in community care facilities, but is appropriate for others who may be assisting with self-administration of medication. It provides step-by-step explanation and demonstration of proper technique for assisting individuals with self-administration of medications
- Person-Centered Living Options Part A
    - Training on Person-Centered Planning techniques and skills related to living options
- Person-Centered Living Options Part B
    - Training concerning supported living choices and options for persons with disabilities
- Safety First
    - In-service training for drivers of vehicles transporting wheelchairs. Shows proper loading, unloading and securing for travel
- Person-Centered Planning
    - This video shows how person-centered planning has worked in the lives of three individuals and their families
- Spirit of Leadership
    - Self-advocacy video featuring people with developmental disabilities in positions of leadership
- Partnership For Success
    - An upbeat video that explores job training services available for persons with disabilities and visits them at their supported employment job sites
- Crosswalk Safety
    - Santa Rosa police demonstrate safe procedures using crosswalks for persons with disabilities

Additional information about DDS videos by calling or writing:
California Department of Developmental Services
Information Services Division
P.O. Box 944202
Sacramento, CA 94244-2020
(916) 654-1826

Other On the Job Training Topics *(reviewed annually)* may include, but not be limited to:

- Universal precautions
- Emergency preparedness and response
- Intellectual/mental disabilities
- Community inclusion
- Self advocacy
- Mental illness—identification and management
- Facility safety
- Food handling
- Food service
- Admission process
- Medication procedure and recordkeeping
- Health and emergency procedures

- Personal rights
- Client records and recordkeeping
- Communication skills with both client and family
- Re-appraisal of client
- Discharge and/or transfer criteria for clients
- Theft and loss program
- Restricted versus prohibited health conditions
- Good neighbor protocols

Universal Precautions
Universal Precaution are reviewed at orientation and annually thereafter by all personnel; the purpose of this training is to help prevent the spread of diseases communicated by body secretions, including, but not limited to, hepatitis A, B and C, HIV infections, bacteria and virus that cause diarrhea and vomiting and intestinal parasites such as worms or Giardia.

The following Universal Precautions are recommended:

1. Wear disposable plastic or rubber gloves when in contact with body secretions including blood, stool, urine, and vomit. Dispose of gloves after each use.

2. Cover open wounds until a scab has formed if the client will have any contact with other clients.

3. Wash your hands after contact with clients. Use disposable paper towels. Encourage clients to wash their hands after the use of the bathroom or if they have blood or other body substances on their hands.

4. Use single-use disposable tissues for runny noses, etc., and dispose of them immediately in a secure receptacle. Never share tissues.

5. Wash objects that have come into contact with body fluids or stool.
The most important, take home lesson - WASH YOUR HANDS - Wash Your Hands - wash your hands!!

By following these precautions strictly, the risk of catching many communicable diseases will be reduced substantially.

Continuing Education
All employees who provide direct care, including the administrator, are required to complete a minimum of twelve hours of continuing education each year. Staff attendance at continuing education will be recorded on the DSP Continuing Education form **(see attachment.)** The administrator is responsible for monitoring and verifying completion of all continuing education hours. Given this is a Level-4 facility, in the event the facility hires any DSP with less than six months experience—working with individuals with intellectual disabilities—such DSPs will be provided 12 hours of continuing education within the first six months of employment.

Each year the administrator will develop a training calendar of education courses for direct care staff. Continuing education and on-the-job-training may be provided by the administrator if there is a curriculum maintained for review, and the material falls within the scope of the administrator's expertise. Usually, an outside speaker who is qualified to teach the topic will provide continuing education. The administrator will maintain a detailed description of the

training provided, any curriculum or handouts, and a sign in sheet that includes the name, title, signature and contact information for the trainer, the number of hours training actually provided, the printed name, and signature of all staff who attended. Topics must cover content areas relevant to the delivery of residential-care services to individuals, including:

- Services described in the program design
- Promotion of personal rights, health, and safety
- Social and physical integration in the developmentally disabled
- Interdisciplinary team process as well as development and implementation of ISP/IPP

Critical training areas (repeated annually)

- Special incident reporting requirements
- Abuse reporting requirements and mandated responsibilities
- Individual rights, including grievance policy and house rules/values
- Notes and documentation
- Implementing ISP/IPP
- Medication administration
- Professional Crisis Management Association (PCMA), Professional Assault Crisis Training (Pro-ACT), or the Crisis Prevention Institute (CPI)

Other critical area of continuing education training (if applicable) may include special needs of intellectually/mentally-disabled individuals

- The use of standard precautions as described in the rules and regulations set forth by the Occupational Safety and Health Administration (OSHA).
- Demonstrate the transfer of an individual, with and without assistance, to a wheelchair, stretcher or backboard.
- Identify individuals who are at risk for falls and demonstrate how to assist falling persons.

Continuing education may take place at the following locations

- Local Community College
- Community Care Licensing Vendor
- Hospitals and medical centers
- Other professional seminars and conferences.
- Regional Center
- Facility

<u>Administrator Training</u>
The Administrator is required to complete 40 hours of continuing education hours every two (2) years in order to maintain administrator certification with Community Care Licensing. The administrator will take courses from approved vendors.

<u>DSP Training</u>
Prior to employment, the administrator shall have completed and passed the 35-hour DSP1 and DSP2 courses, or passed the DSP1 and DSP2 challenge tests. Within the first year of employment, all DSP staffs shall have completed and passed the 35-hour DSP1 course, or pass the DSP1 challenge test. Within the second year of employment, all DSP staffs shall have completed and passed the 35-hour DSP2 course or pass the DSP2 challenge tests.

Ephratah Home

Schedules

Activity Schedule

The activity schedule (**see attachment**) is dynamic, thus it is subject to continual change per input from clients and staffs.

Staffing Schedule

A detailed schedule for the administrator and staff is located in the **attachments** section.

Ephratah Home

Other/Miscellaneous

Signing In-and-Out

A resident is free to leave or depart from the facility at any time. The resident or responsible party is expected to inform manager of resident's departure. Either resident, responsible party or manager will sign the resident out. It is not mandatory but is helpful if the facility is informed of to where the resident is going and how long they were expected to be gone.

Visiting

Visitors are welcome anytime, but preferably during waking hours (8am to 9pm) such that their visitation will not disturb other clients from their rest. No overnight visitors are permitted due to care, supervision, and fingerprint issues.
Staff actively encourages family members and friends to visit residents of the facility. The administration understands the value and need for visitors in maintaining psychological and emotional well-being. Family and friends are invited to participate in meals and other daily activities at the facility with the client.

House Rules/Values

House rules/values are applicable to everyone that enters the facility. Like any home there are rules that all must follow to maintain safety, security, and harmony. Each person will be asked to read and sign a copy of the house rules. Each person will be given a copy of these rules, and a signed copy will be maintained in their individual files. Violations will be documented. If the individual continues to violate the rules despite repeated warning appropriate eviction procedures may be instituted.

Individuals and their family members and/or authorized representatives will be informed about, and receive a copy of, the house rules at the time of admission. Individuals will receive an annual review of the house rules. House rules will be posted in a conspicuous place in the facility.

Any changes the clients and staff agree upon will be documented in the notes for the meeting, and the written House Rules will be updated, and signed by all clients and staff, with a copy given to each person, a copy posted, and the signed copy placed in each client/personnel file.

See admission agreement for current house rules/values.

Internal Quality Assurance Plan

Ephratah Home utilizes a quality assurance plan that monitors and evaluates the quality of all services provided to individuals. Data is collated from comments and feedback, unannounced visits, and observation.

The quality assurance plan depends on comments and feedback from individuals and family members to identify problems and needs for improvements. Opinions and/or complaints regarding the quality of services are solicited from individuals, and staff, at the House Meetings.

Unannounced visits by the licensee and/or administrator provide direct observation and information regarding how the staff is delivering services. If a visit reveals a problem, staff members involved will receive counseling and training to ensure improvement in services

occurs. Unannounced observation by the administrator of job performance of each DSP will occur at least one time monthly. New employees will be observed and monitored at least one time weekly for the first three months of employment. The licensee will conduct an unannounced observation of monitoring visit at least once a month. The licensee will monitor the following:

Quality reviews by licensee includes:

- Annual Satisfaction survey will be given and documented. The licensee may use the Review of Quality Indicators to assess services. Input from people who live in the facility family members, CCL case worker and quality assurance staff assigned to the home, and facility staff may be utilized. A report of the survey results, other quality reviews done throughout the year, and a plan for improving services with timelines may be developed and shared with the CCL case worker, as well as clients and staff at the facility
- Is staff patient and respectful when interacting with individuals?
- Are programming and skill training consistent with the facility program design and ISP/IPP?
- Are medication logs accurate and complete?
- Are records accurate and complete?
- Is the physical facility and yard clean and well maintained?

Rights

Ephratah Home is committed to respecting and upholding the rights of individuals. To ensure that each individual, family member and/or authorized representative understands his or her rights the following procedure is followed:

- The individual, family and authorized representative will be informed and receive a copy of the Right of Individuals with Developmental Disabilities at admission **(DSP 304)**
- Individuals will receive annual review on their rights, in a manner that is individualized by the understanding level of each person, and documentation of this will be maintained in their individual file

Upon admission the client will be advised of personal rights. Once the **LIC 613** form is reviewed, the client and/or representative will complete and sign the form. The original copy will be retained in the client's file and a copy given to client and/or his or her representative. A copy of the personal rights will be posted in a prominent location in the facility.

<u>Eviction/Relocation</u>
The licensee, with 30 days notice, may evict a client for one or more of the following reasons:

- Failure of client to comply with state or local law
- Failure of client to comply with facility policies and guidelines

Dismissal and relocation, together with a 30-day notice, will take place in the event that:

- The client after admission requires relocation because the facility cannot meet the needs of the client and that is confirmed by a reappraisal.
- The facility is no longer a licensed residential care facility

<u>Rights of Conservatees</u>
According to Assembly Bill 937 (section 2351), the guardian or conservator, but not a limited conservator, has the care, custody, and control of, and has charge of the education of, the ward

or conservatee. This control shall not extend to personal rights retained by the conservatee, including, but not limited to, the right to receive visitors, telephone calls, and mail, unless specifically limited by court order or necessary to protect the conservatee from abuse.

House Meetings

House Meetings are a forum for individuals to voice their opinions and make decisions over the issues that directly affect their daily life. Individuals are encouraged to participate as fully as possible by voicing any complaints, concerns or requests on any aspect of care they receive by the facility. This may include personal rights issues, interpersonal conflict with housemates and staff as well as residential care services e.g. activities, P&I management, menu planning, transportation, laundry, medication assistance etc. Meetings are facilitated by staff members and scheduled on a monthly basis or more often at individual request. A portion of every meeting is set-aside for individuals to speak in private without the presence of facility staff.

House Meetings are an ideal forum for relevant training and discussion topics. This may include topics such as how to file a grievance, house rules/values and regulations, respecting the belongings of others.

Resident Council

The administrator, at the request of a majority of the facility's residents, shall assist the residents in establishing and maintaining a resident-oriented facility council

- The administrator shall provide space and post a notice for meetings, and shall provide assistance in attending council meetings for those residents who request it
    - If residents are unable to read the posted notice because of a physical or functional disability, the administrator shall notify the residents in a manner appropriate to that disability including but not limited to verbal announcements
- The administrator shall document notice of meetings, meeting times, and recommendations from council meetings
- In order to permit free exchange of ideas, at least part of each meeting shall be conducted without the presence of any facility personnel
- Residents shall be encouraged, but shall not be compelled to attend council meetings

The administrator shall ensure that in providing for resident councils the requirements of Section 1520.2 of the Health and Safety Code are observed

- The council shall be composed of residents of the facility and may include family members of residents of the facility. The council may, among other things, make recommendations to the facility administrator to improve the quality of daily living in the facility and may negotiate to protect residents' rights with facility administrators

Self-Advocacy

Self-advocacy empowers individuals to take control of their lives by making decisions and choices for themselves. Council meetings are the ideal forums for individuals to learn self-advocacy by voicing their opinions about the quality of the services they receive, and become involved in the management of their daily life. Self-advocacy extends to all aspects of the individual life, and typically applies to the following areas: choices about menus, outside activities, community outings, and resolving issues and conflicts. A list of client-rights (written in English and Spanish), including the name of the local client-advocate, is posted in the facility.

Ephratah Home

Good Neighbor Policy

In an effort to facilitate compatibility between the facility's clients, surrounding neighbors, and emergency-response departments, the licensee shall send out a letter that introduces the facility and staff, the facility's mission statement, and facility personnel contact numbers.

Grievance Policy and Procedure

Ephratah Home recognizes that there are times when clients, family or staff may be dissatisfied and takes seriously any complaints or grievances. Any grievance or complaint filed, either formally or informally, by any client, employee, external provider, employer, family member, or any other legitimate user of our services will be thoroughly investigated, with appropriate action taken.

Complaints may be received in a variety of ways, including verbally or in writing. Any complaints made to anyone at Ephratah Home will be recorded and filed in a log. The complaint will be forwarded to the administrator for follow up and appropriate prompt action will be taken. An evaluation of the complaint will assess the relationship and involvement of all parties. Care will be taken to ascertain if the complainant wishes to remain anonymous. (**See attachment** for Grievance Procedure).

Ephratah Home

Neighborhood Complaint Policy

Frances Ahiabor (administrator) is designated to receive neighborhood complaints and reports; each week she will be available to meet with the neighborhood residents to learn of complaints and concerns about the home—if any.

Office complaint hours are from 3:00pm to 4:00pm every Tuesday; additional hours are available by appointment.

Staff for the facility will inform the administrator within 24 hours when a complaint is received. The administrator will be responsible to resolve the complaint as soon as possible. The administrator will keep staff informed of the process at regular staff meetings the 2nd Tuesday of each month.

The administrator agrees to work with the neighbor(s) to clarify and resolve the complaint issue.

Follow-up will consist of a phone call back to the complainant on the outcome of the complaint or reported incident; a written reply will be provided when the complainant asks for a written response.

_____

Frances Ahiabor (818) 310-7602
Administrator

Ephratah Home
4605 W. Avenue J12
Lancaster, CA 93536

Ephratah Home

Water Analysis

Source of water is public; therefore no bacteriological analysis is required.

Insurance Information

Insurance policy will begin prior to accepting any admissions.

Ephratah Home

Attachments

1) LIC 999 (Facility Sketch)
2) Menus
3) DSP 304
4) Activity Schedule
5) Data Collection Form
6) LIC 625
7) LIC 9172
8) LIC 603
9) LIC 613
10) LIC 601
11) LIC 602
12) Ongoing Notes
13) Semi-Annual Report
14) LIC 621
15) LIC 405
16) LIC 9060
17) LIC 622
18) Medication Administration Record
19) PRN Authorization Letter
20) Medication mail-back systems
21) LIC 624
22) LIC 610D
23) Water Temperature Log
24) SOC 341A
25) SOC 341
26) Fridge/Freezer Storage Guide
27) Fire/Earthquake Drill Log
28) LIC 500
29) Regional Center Staff Schedule
30) LIC 308
31) LIC 9052
32) LIC 501
33) LIC 503
34) LIC 9163
35) LIC 508
36) On-Site Orientation Content
37) On-Site Orientation Signature Form
38) On-the-Job-Training Form
39) Continuing Education Form
40) Sign In/Out
41) House Meetings
42) Grievance Procedure
43) Money Handling Assessment Tool (Cognitive Assessment)
44) Governing Body/Business Operation
45) Administrator Qualifications and Certification
46) Control of Property (Deed/Lease)
47) Facility License
48) RSO Certificate
49) First AID/CPR
50) DSP I & II Certificates

Licensing forms (**LIC**) referred to throughout this program design can be printed from the following website: http://www.dss.cahwnet.gov/cdssweb/PG166.htm#lic