



LAKEMARY
CENTER

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY

Procedure Manual

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**PRTF GENERAL
Chain of Command**

Reference:
KDADS: 785-11

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Lakemary has designated the Vice President of Children’s Services as the individual who is in charge of the PRTF at all times. In this person’s absence, Lakemary has designated various positions to be on-grounds and in charge of the PRTF.

Procedure:

- Campus Coach will be designated as the on-grounds manager for every shift.
- This will be communicated at each daily staffing meeting prior to the start of shift.
- A schedule will also be available to view on a shared network drive and posted at each residential house.

**PRTF GENERAL
Resident Guardianship**

Reference:
KDADS: 28-4-1206

Date Revised: Aug. 2023
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Lakemary PRTF and School staff persons shall not accept permanent legal guardianship of any child before the child is admitted to Lakemary or while the child is served by Lakemary.

Lakemary Staff Guardianship

- Lakemary PRTF or School staff are unable to place a child under their permanent care/guardianship in the PRTF treatment program while employed in these programs.
- Lakemary PRTF and School staff shall not accept permanent legal guardianship of any child currently in the PRTF program.

Resident – Own Guardian

- If a resident admits as his/her own guardian, or becomes his/her own guardian while enrolled in the PRTF program, the following procedures will be followed:
- The resident will sign all applicable consents and disclosures, including release of information for team members.
- The resident is informed of their right to withdraw from treatment.
- If deemed necessary, the resident will be referred to APS to assist in establishing guardianship.

PRTF GENERAL
Required Education and Training

Reference:
KDADS: 483.376
CARF: 2.F.2; 3.Q.12

Date Revised: Aug. 2023
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Lakemary Center requires all staff to complete an orientation upon hire, as well as ongoing education and training.

Procedure:

- All staff must complete the following during orientation and prior to holding census:
 - Mandatory Reporting for Abuse, Neglect, and Exploitation
 - First Aid and CPR
 - Safety Crisis Management
 - Suicide Prevention, Sight and Sound
- Ongoing trainings will consist of:
 - Techniques to identify staff and resident behaviors, events, and environmental factors that may trigger emergency safety situations.
 - The use of nonphysical intervention skills, such as:
 - de-escalation
 - mediation
 - conflict resolution
 - active listening,
 - verbal and non-verbal interventions
 - Diagnostic information regarding the children served.
- All staff are required to attend yearly trainings and maintain any applicable certifications in:
 - First Aid and CPR
 - Safety Crisis Management
 - Annual Risk Awareness
 - Pool Procedures
 - Seizures and Allergies
- Driver's Training/Defensive Driving is required in some positions and recommended for any position which may engage in taking residents off-grounds. Training/Certification is provided by the Transportation Department.
- Medication Administration Training is required in some positions and recommended for all staff providing direct care to residents. Training/Certification is provided by the Nursing Department.

**PRTF GENERAL
Records**

Reference:

KDADS: 785-1; 785-2; 785-15; 28-4-1208
CARF: 2.G.4

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Records of each resident's treatment and records supporting that treatment are kept current and maintained in a confidential manner.

Procedure:

- Each resident will have an electronic record that maintains medical records, behavior records, and any other information pertaining to the child's treatment and well-being.
- Access to each of these records is limited and made available only to those individuals necessary to provide care.
- All records will remain confidential. Staff are not to disclose information outside of Lakemary, internally to other departments, or to other residents.
- Records are released outside of Lakemary only to the legal guardian, or with written permission from the legal guardian.
- All records requests shall be sent to Medical Records. If a staff does send or disclose records, Medical Records is to be notified of the disclosure.

**PRTF GENERAL
Emergency Plan**

Reference:

KDADS: 28-4-1214

CARF: 1.H.7

Date Revised: Aug. 2023

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Lakemary will provide emergency plans to ensure the safety of all residents. Plans will include Fire, Tornado, Storm, and Natural Disaster.

Procedure:

- Emergency plans shall be reviewed annually and updated as needed.
- Current procedures for all environments can be found in the Emergency Preparedness Manual.
- Exit plans for Fire and Tornado/Severe Storms shall be posted in each area that residents occupy.
- Emergency plans shall be in place for staff when residents are on outings or outside common areas of Lakemary property.
- Fire and Tornado drills shall occur each quarter and during each shift to include all residents and staff.
- Date and time of each drill will be recorded.
- Staff shall remain accountable and is responsible for the safety of assigned residents during emergency situations.

PRTF GENERAL
Hazardous Material Storage, Handling, and Disposal

Reference:
KDADS: 28-4-1214
CARF: 1.H.15

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Lakemary will require all hazardous material to be locked. Residents may not use hazardous items without close supervision.

Procedure:

- Hazardous materials are considered any of the following:
 - medications,
 - cleaning agents,
 - laundry products,
 - personal hygiene products,
 - maintenance items,
 - tools,
 - sharp objects,
 - glass,
 - firearms,
 - ladders,
 - keys to motor vehicles, etc.
- Other items may also be considered hazardous if they pose any threat to a child.
- Sharp objects and medications are stored under double lock. Medications requiring disposal are disposed of under the direct supervision of Lakemary's RN in accordance with direction from the Health Department.
- Sharp objects such as disposable razors, broken glass or plastic, and sharp wires, are disposed of in a Sharp Box located in each residence's medication room. Maintenance will dispose of box when it is full in the biohazard disposal system.
- Residents may use some hazardous materials under direct supervision only. Behavior Support Plans will specify possible use and plan involving the use of materials.
- All hazardous material must remain locked when not in use.
- Other items must be stored, handled, and disposed of according to manufacturer's recommendations.

**PRTF GENERAL
Transportation**

Reference:
KDADS: 28-4-1218

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Lakemary staff will provide transportation for recreational activities and appointments off grounds for residents.

Procedure:

- All staff driving Lakemary vehicles must have a valid state-issued driver's license and successfully completed all driver's requirements and trainings through Lakemary's Transportation Department.
- All staff riding in Lakemary vehicles with or without residents present are expected to follow all guidelines set by Lakemary Transportation Department in the *Transportation Procedure Manual*.
- If transporting a resident to a medical appointment, staff must meet with the on-duty RN to ensure all necessary paperwork and information is provided.
- See *Resident: Outings/Off-Campus Guidelines* in this manual for specific outings procedures.

**ADMISSIONS
Application Approval**

Reference:

KDADS: 441.151

CARF: 2.B

Date Revised: Aug.2023

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All applications submitted to Lakemary PRTF will be reviewed by the Admissions Review Team.

Procedure:

- The Director of Admissions and Business Development and Review Team shall be appointed by the Vice President of LMC and includes representation from clinical, educational, and medical services. The committee may invite other staff into the meeting to assist with planning.
- This team reviews each complete admissions packet to determine appropriateness based on intellectual/developmental, psychological, educational, and medical needs.
- The Admissions Department shall provide a list of required documentation and information for review by Lakemary to the family or other referral sources. This includes, but is not limited to:
 - Most recent psychological evaluation and psychiatric diagnostic information.
 - Most recent physical.
 - Most recent Individualized Education Plan (IEP).
- Application materials are submitted to the Admissions Department. Following receipt of all application materials the Admissions Department presents information to the Review Committee. Review of the materials and discussion by the committee shall determine whether the child is approved for admission, pending further information, or denied for admission.
- The Admissions Department shall communicate the decision to the referral source and/or parent/guardian.
- When the Admissions Review Committee has reached the decision to admit a referral, the individual shall be admitted when there is an appropriate opening and funding/external contracts and approvals are in place.
- Once the child has been accepted for placement, the Admissions Department will supply the referral source with an admission packet to be completed and submitted back to LMC prior to admission.
- The Admissions Department will facilitate scheduling a date for admission based on current openings and needs of the referred individual.

ADMISSIONS
Exclusion

Reference:
CARF 1.A.7

Date Revised: Aug. 2023
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Applicants ineligible for admission will be notified at the earliest opportunity.

Procedure:

- The Admissions Department will notify parent/guardian and/or referral source if an application for admission is denied. This may be provided via phone or email.
- Referral source may request a written letter of denial including reason(s) for denial.
- Exclusionary criteria are as follows:
 - Absence of diagnosed intellectual or developmental disability and/or psychiatric diagnosis.
 - Presence of substance use disorder as primary diagnosis.
 - Functioning level, including social development, is too high for treatment program.
 - Services listed in the IEP are beyond what can be provided by Lakemary School.
 - Medical complexity and acuity is beyond Lakemary's capacity to manage.
 - Presenting psychiatric concerns create a safety issue beyond Lakemary's capacity to manage.
 - Referred individual's size, coupled with behavior presentation, create a safety issue beyond Lakemary's capacity to manage.
 - Need for level of care is not evident.

ADMISSIONS
Waiting List

Reference:

Date Revised: Aug. 2018

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A wait list will be utilized when an applicant has been determined appropriate for Lakemary PRTF but there is not an immediate vacancy available to meet the applicant's needs.

Procedure:

- The following factors will be considered in determining the place on the waitlist:
 - Date of referral
 - Gender
 - Age
 - Associated risk
 - Program Needs (e.g., single room, Intensive Behavior Support Program, etc.)
- On a case by case basis, Lakemary will prioritize admission based on individual circumstances.

ADMISSIONS
Resident Orientation

Reference:
CARF: 2.B.8

Date Revised: Aug. 2018
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All residents admitted to Lakemary PRTF and their parents/guardians will complete an orientation.

Procedure:

- The Admissions Department schedules and completes orientation for the resident and parent/guardian prior to or immediately upon admission.
- Program services and goals are explained and discussed, and individuals have opportunity to ask questions and receive clarification.
- Financial arrangements to pay for services are explained in detail and agreed to by Lakemary and the resident's responsible party.
- Explanation of the rights and responsibilities of residents, as well as the avenues for grievance, are provided in an understandable manner.
- Explanation of abuse, neglect, and exploitation and mandated reporting requirements is provided for both resident and their parents/guardian.
- Explanation of the organization's policy on the use of seclusion and restraint is provided.
- The resident's individual therapist will complete the resident's orientation initiated by the Admissions Department, focusing on relationship-building and further developing treatment goals and objectives.

**ADMISSIONS
Clothing**

Reference:

Date Revised: Aug. 2018

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All residents will have adequate clothing that is clean, properly fitted, and seasonally appropriate.

Procedure:

- Upon admission, the resident's clothing and other personal items will be given to the Campus Support Coordinator to inventory, label, and organize in the resident's closet.
- Lakemary provides many of the basic items needed for each resident. This includes bedding, hygiene items, and school supplies. Parents/Guardians may provide these items if they choose.
- Lakemary asks each family to send an adequate amount of clothing.
- Lakemary encourages each child to have personal items while in treatment as long as these items are appropriate and do not create a safety concern or otherwise negatively impact treatment.
- Lakemary is not responsible for lost/stolen/damaged items, but will take all precautionary efforts to protect each resident's personal belongings.
- If a resident is admitted without adequate clothing or other personal items, Lakemary will ensure they have the necessary basics.

ADMISSIONS Healthcare

Reference:

KDADS: 785-2; 28-4-1211

CARF: 2.A.14

Date Revised: Aug. 2018**Page:** 1 of 1

All individuals admitted to Lakemary PRTF will have access to medical care. All health records are maintained within each resident's electronic medical record.

Procedure:

The following items are required to be completed at or immediately following admission:

- Nursing Admission Assessment and Health Checklist:
 - Documents the health status of the resident.
 - Completed day of admission by RN.
- Well Child Visit:
 - Overall health and wellness assessment.
 - Completed within 10 days of admission, with referrals to specialist providers as needed.
- Medication Orders:
 - Lakemary will require physician's orders for all prescribed medications and scheduled treatments.
 - Orders for psychiatric medications will be transferred to Lakemary's psychiatrist upon admission.
 - All other medications/treatments will continue per prescriber's recommendations.
 - Completed day of admission.
- Tuberculosis Screening:
 - Each resident will receive a screening for symptoms of tuberculosis during the physical assessment.
 - A TB skin test may be completed based on the screening results.
 - Further diagnostic procedures may be ordered should there be a positive reaction to the TB skin test.
 - If determined TB is present, all guidelines set forth by the County Health Department will be followed.
- Dental Exam:
 - Dental exams are to be completed every six months with a local provider.
 - If a resident has not had a dental exam in the year prior to admission, an appointment is scheduled within 30 days of admission.
- Vision Exam:
 - Vision exams are to be completed on an annual basis with a local provider.
 - Residents who have not had an eye examination within the year prior to admission will have an examination scheduled within 30 days of admission.

TREATMENT Treatment Planning	
Reference: KDADS: 785-14 CARF: 2.C.4; 3.Q.17	Date Revised: Aug. 2023 Page: 1 of 1
Lakemary PRTF will begin treatment planning at the time of admission into the program. Treatment plans will be specific, measurable, attainable, realistic, and time-limited. Input is encouraged and solicited from the resident, parents/guardians, and other stakeholders as appropriate.	

Procedure:

- An Initial Treatment Plan is developed for each resident and available on the day of admission, based on all information received from parents/guardians, referral sources, to include but not limited to: educational records, psychiatric records, and medical records.
- Within 14 days of admission, the assigned therapist will update and finalize the Master Treatment Plan to reflect information gained during the first days of the resident's treatment.
- Plans are updated every 14 days by the assigned therapist with input from internal and external teammembers.
- All plans will outline the coordination of supports between residential, education, and other services. It will outline goals, objectives, and teaching procedures.
- The treatment team includes, at a minimum, the following representation:
 - Primary Therapist (LMHP)
 - Clinical Supervisor (LSCSW, LP or LCPC)
 - RN or NP
 - Psychiatrist/Medical Director (M.D.)
 - Resident
 - Parent/Guardian
 - Other internal or external stakeholders as needed.

TREATMENT Reinforcement System	
Reference: CARF: 2.A.12	Date Revised: Aug. 2023 Page: 1 of 2
Lakemary staff will implement system-wide Positive Behavior Interventions and Supports. This includes the STARS program and PBIS store.	

Procedure:

- Lakemary follows the principals of Positive Behavior Interventions and Supports (PBIS) when approaching behavior management.
- PBIS focuses on giving expectations, providing limits, and reinforcing appropriate behavior as it occurs.
 - The goal is to teach the expectations for acceptable and appropriate behavior prior to a crisis, and reinforce that appropriate behavior when it occurs so the resident will be more likely to repeat that behavior in the future.
- The most important piece of any behavior management system is teaching. Lakemary's system focus on the following:
 1. Teach the skill.
 2. Demonstrate the skill.
 3. Provide practice opportunities.
 4. Provide feedback.
- Lakemary has the same behavior expectations in school and residence. These are referred to as our STARS behavior:
 - **Be Safe**
 - **Try Your Best**
 - **Ask For Help**
 - **Be Responsible**
 - **Show Respect**

TREATMENT
Reinforcement System

Reference:
CARF: 2.A.12

Date Revised: March 24
Page: 2 of 2

Lakemary staff will implement system-wide Positive Behavior Interventions and Supports. This includes the STARS program and PBIS store.

- When a resident engages in appropriate STARS behavior, he/she will have the opportunity to earn points.
- These points may be spent 1-2 times weekly at the STARS store.
- If a resident engages in any inappropriate behavior then he/she will lose the opportunity to earn STARS at that time, but earned points will never be taken away.
- Residents will earn points throughout the day as they are meeting the expectations and following the STARS approach to activities.
- Staff will strive to identify and immediately reinforce the resident's positive behavior rewarding the STARS expectations by awarding 1 point for each. Verbal praise/recognition must be given at the same time as the points in order to be effective in creating behavior change.
- Resident schedules for the store will be determined by the Case Managers.
- Children's Services Case Managers will be responsible for stocking the STARS store with a variety of appropriate and approved tangible items and privileges.

TREATMENT
Prohibited Discipline

Reference:
KDADS: 785-13

Date Revised: Aug. 2023
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Discipline, when used appropriately, contributes to the healthy growth and development of a child. Discipline which is humiliating, frightening, or physically harmful shall not be used at any time.

Procedure:

- Lakemary utilizes system wide PBIS, which emphasizes teaching modeling expectations, praising/reinforcing when met and losing opportunities for privileges when unable to safely meeting expectations.
- Prohibited discipline includes:
 - **Corporal Punishment:** spanking, slapping, shaking, or any procedure which produces pain or physical discomfort.
 - **Verbal Abuse:** shouting, screaming, swearing, threatening, name calling or any activity that would be damaging to an individual's self-respect. Negative comments about a person or their family are also prohibited.
 - **Mechanical Restraint:** binding or tying or using any mechanical device to restrict movement is not permitted for use as a discipline procedure.
 - **Isolation/Seclusion:** placement of a person alone in a room or other area from which egress is prevented by any means. Is only permitted in LMC School when program has been developed which meets all standards.
 - **Withholding or Forcing Food:** Food may never be withheld as a punishment nor may children be forced to eat for any reason.
 - **Denial of Mail or Family Contact:** Visits, calls, or mail from approved contacts may not be denied as punishment. These may only be restricted as approved by therapist due to safety concerns.
 - **Denial of Access to Personal Possessions:** Access to personal possessions may not be denied as a punishment. Access to personal possessions may be restricted if there are safety concerns involving a particular item.

TREATMENT
Sight and Sound

Reference:
KDADS: 785-11
CARF: 2.C.4

Date Revised: Aug. 2023
Page: 1 of 1

Lakemary PRTF staff will maintain line of sight and/or sound of each resident at all times during care. At no time shall a resident supervise another resident.

Procedure:

- **Sight:** to be positioned within range of the resident to ensure constant visibility.
- **Sound:** to remain within a distance of the resident to ensure that any identified noise or vocal utterance can be heard. Prolonged silence by a resident does not constitute as keeping the resident with in sound.
- Staff will remain in sight or sound at all times to ensure the safety of the resident.
- Adequate staffing will be maintained, preferably with a 1:4 ratio (1:7 required) during waking hours and 1:10 during sleeping hours.
- Staff must remain within sound at all times. If a resident is not within sight, visual assessments need to be completed at staggered 15 minute intervals and confirm resident safety.
- When resident is alone in restroom, shower, or other privacy situation (e.g., changing clothes), sound must be maintained at all times and safety is checked visually every 5 minutes.
- When resident is sleeping staff must complete visual checks during staggered 15 minute intervals and confirm resident safety.
- Electronic supervision shall not replace the direct care staffing requirements

TREATMENT House Guidelines	
Reference: CARF: 3.Q.5	Date Revised: March '24 Page: 1 of 1
Lakemary strives to maintain a friendly and respectful service environment for each resident. Ignite Mentors will ensure each residential area has house rules and schedules posted. Each staff will teach residents the guidelines and assist them in following expectations.	

Procedure:

- Each house will have rules developed and posted specific to that environment. General campus guidelines include the following:
 - All residents are expected to demonstrate STARS Behavior: Be Safe, Try their best, Ask for help, be Responsible, and Show Respect.
 - Residents are expected to engage in active treatment at all times. This includes being awake, present, and participating in scheduled activities.
 - Residents are allowed 10 minutes of personal time each hour unless specified in BSP.
 - Inside activity supplies remain inside, and outside activity supplies remain outside.
 - Residents are not allowed in another resident's room.
 - Daily Schedules must include the following:
 - Activities of daily living including daily shower and brushing teeth after every meal and snack time.
 - Time for exercise and gross motor activities.

TREATMENT
Treatment Planning

Reference:

KDADS: 785-14
CARF: 2.C.4; 3.Q.17

Date Revised: March 24

Page: 1 of 1

Lakemary will begin treatment planning at the time of admission into the program. Treatment plans will be specific, measurable, attainable, realistic, and time-limited. Input is encouraged and solicited from the resident, parents/guardians, and other stakeholders as appropriate.

Procedure:

- Program Therapist develops, monitors, and updates plan every 14 days. Any team member is welcome to attend treatment meetings.
- Treatment Team works together to determine goals, implement strategies, and provide accurate feedback for monitoring of the individualized plan.
- Treatment team consists of:
 - Resident and parents/guardians
 - Required Lakemary Staff: Program Therapist, Residential Therapist, Clinical Director, Nurse Practitioner and Psychiatrist/Medical Director
 - Optional Lakemary Staff: BCBA, Teacher, additional clinical staff, medical staff, or residential staff.
 - Community Stakeholders: Persons outside of Lakemary who have vested interest in resident's treatment. May include: Case managers, insurance representative, home school district personnel, home providers, future placement etc.

TREATMENT
Behavior Support Plan

Reference:

Date Revised: Aug. 2023

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Therapist will create the initial Behavior Support Plan within 10 days of admission based on admission information and direct observation/assessment of resident.

Procedure:

- Program Therapist will develop the Behavior Support Plan (BSP) when completing the Master Treatment Plan.
- BSP is to be included with each resident's record. This should include:
 - Identifying and defining behaviors of concern Providing prevention strategies
 - Providing de-escalation strategies Identifying positive behavior supports Providing a crisis plan
- Program Therapist will provide the BSP to the family and direct care staff and review as necessary.
- Residential Therapists or Ignite Mentors will assist with any training/modeling of BSP during a shift.
- Staff will document response to interventions in daily shift summary.

TREATMENT Residential Zone Books	
Reference:	Date Revised: Aug. 2023 Page: 1 of 1
Therapeutic zone books are maintained in each residential zone to provide basic information about each resident living in that environment. Each staff providing direct care is required to be familiar with the therapeutic information for each resident under their care.	

Procedure:

- Information to be kept in the zone books are as follows:
 - Face Sheet
 - Approved Contacts
 - Behavior Support Plan (BSP)
 - Allergy List and Protocol
 - Seizure List and Protocol
 - Diet Restrictions
 - Activity Calendar
- Staff will have access to Zone Books in the environment where they are working.
- Zone Books are located in locked designated areas in each zone. Zone books will remain locked unless in current use.
- Residential Therapists will work with Campus Coaches or Ignite Mentors to update zone books in a timely manner.

SHIFT DUTIES Communication Between Shifts	
Reference:	Date Revised: Aug. 2023 Page: 1 of 1
Lakemary staff will complete daily tasks and communicate with oncoming shift staff at shift change to ensure the safety of residents.	

Procedure:

- Campus Coaches will communicate directly with each other important information utilizing the shift summary report. This report will be provided verbally prior to the staffing meeting of the oncoming shift. Campus Coach will also email this report to all coaches and administrators by the end of shift.
- Campus Coach will have a shift meeting with oncoming staff prior to staff change over. This meeting will cover: staffing assignments, current precautions in place, planned visits, and any other important information needed for the staff to complete tasks and ensure safety of residents.
- Shift meetings are mandatory for all on-coming direct care staff.

SHIFT DUTIES
Staff Communication During Shift

Reference:

Date Revised: Aug. 2023

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All residential staff must remain in communication during their shift. Each residential staff will be issued a walkie talkie for shift communication.

Procedure:

- All direct care staff will report to designated area at the start of shift for daily staffing meetings.
- Residential assignments will be provided for the shift and walkie talkies will be issued at this time.
- Staff will immediately turn on and test walkie talkie to ensure working condition.
- During shift, if walkie talkie stops working, staff member will immediately notify Ignite Mentor or Campus Coach to replace with a working walkie talkie.
- At the end of shift each staff member will return the walkie talkie.
- Walkie talkies will then be placed on charger for next day's use.

**SHIFT DUTIES
Safety Checks**

Reference:

Date Revised: Aug. 2023

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Lakemary is committed to providing for the safety and security of each resident. Staff are to complete a thorough safety check at the beginning and end of each shift.

Procedure:

- Staff will walk through assigned zone and check for any hazard item using safety checklist. This includes:
 - Bedrooms
 - Bathrooms
 - Under beds
 - Behind/under furniture
 - Closets
 - Behind doors
- Staff will utilize flashlights to complete safety checks during sleep hours.
- Staff will ensure all resident personal items required to be locked are secure. This includes personal electronics, makeup, hygiene items, or other items as specified per resident.
- If a hazard is found, staff are to immediately remove the hazard if it is safe to do so and notify on-grounds supervisor. Other actions may include contacting Maintenance, Risk Management, Nursing, or other administrative staff.

SHIFT DUTIES Staff Communication During Shift	
Reference: KDADS: 28-4-1214 CARF: 1.H.9	Date Revised: Aug. 2023 Page: 1 of 1
Lakemary will maintain all records for individuals served through an electronic medical record. This includes documentation on admission/discharge, current treatment information, medical information, and daily care.	

Procedure:

- Lakemary uses Netsmart MyEvolv program, please see user manual for specific instructions.
- All staff who require access to client records will be issued login information.
- All staff members will receive a user manual to reference.
- Alerts- internal email system, used to communicate general information during each shift. Alerts are not part of the client record, it is used for staff notification only.
- Service Entry -are individual specific and documents medical and nursing reports, visit notifications, safety checks, phone calls, tallies, inventory, and any other information asked for. i.e, food intake, sleep summary, toileting.
- Incident Reports -individual specific and documents behaviors and injuries, including restraint/seclusion.
- Shift Summaries ADL's -individual specific, therapist will complete daily shift goals, direct care staff will complete goals and daily activities for each resident that they are assigned to during their current shift.
- All documentation must be complete prior to the end of shift.

RESIDENT Rights and Responsibilities	
Reference: CARF: 1.K.1	Date Revised: Aug. 2023 Page: 1 of 2
All residents receiving services have specified rights during their care. Residents are aware of their rights and what to do if they feel their rights have been violated.	

Procedure:

- Residents are provided information on their rights on admission and can refer to their program handbook throughout their treatment.
- Rights of residents in treatment include the following:
 - Confidentiality of information.
 - Be respected and treated with dignity as a human being, free from verbal, mental, sexual and physical abuse and/or neglect and/or exploitation.
 - Freedom from retaliation and/or humiliation by others.
 - Access to information pertinent to the person served in sufficient time to facilitate his or her decision making.
 - Informed consent or refusal of expression of choice regarding;
 - Service delivery;
 - Release of information
 - Concurrent services
 - Composition of the service delivery team.
 - Access or referral to:
 - Legal entities for appropriate representation.
 - Self-help support services
 - Advocacy support services.
 - Investigation and resolution of alleged infringements of rights.
 - A safe, sanitary, and physically adequate residence.
 - Receive respect from others, in all actions and communications.
 - Know what medications have been prescribed and why they have been prescribed.
 - Prompt medical treatment.
 - Clothing that is changed daily and properly cleaned and cared for.
 - Personal belongings are secured to the best of Lakemary's ability.

**RESIDENT
Rights and Responsibilities**

Reference:
CARF: 1.K.1

Date Revised: Aug. 2023
Page: 2 of 2

All residents receiving services have specified rights during their care. Residents are aware of their rights and what to do if they feel their rights have been violated.

- A nourishing, well-balanced, and varied diet. Food may not be withheld as punishment, and doing so would generally be considered abusive to an individual served.
- Personal hygiene needs (e.g., bathing, toileting, tooth brushing, etc.) met at any reasonable time.
- An opportunity to participate in regular physical exercise, community activities, indoor and outdoor recreation programs, and appropriate social functions.
- Written and verbal communication with family and/or friends by writing and receiving mail and making and receiving telephone calls or any other form of available communication.
- Not be the subject of experimental research without their prior written and informed consent or informed consent of their parent or guardian.
- Enjoyment of all the above rights regardless of race, color, religion, sex, age, national origin, ancestry, disability, veteran status, marital status, sexual orientation, or any other prohibited basis.
- If a resident feels their rights have been violated, they may talk to their therapist and/or complete a grievance form. See *Resident: Grievance* in this manual for further information.

**RESIDENT
Work**

Reference:
KDADS: 28-4-1213

Date Revised: Aug. 2023
Page: 1 of 1

Lakemary PRTF residents are admitted for therapeutic treatment. At no time shall a resident participate in work duties. Daily living skills will be implemented in treatment plans.

Procedure:

- Residents are allowed to participate in light housekeeping tasks in their residential environment, such as making their bed or sweeping the floor, as part of daily living skills. They do not perform work tasks in the residential setting.

**RESIDENT
Grievance**

Reference:
CARF: 1.K.3

Date Revised: Aug. 2023
Page: 1 of 1

All individuals served have the right to complete a grievance.

Procedure:

- All residents have the right to complete a complaint/grievance form at any time.
- Copies should be available at all times in each residential environment and the school.
- If resident is not able to complete the form independently a staff person is required to help complete the form.
- Resident will first discuss their grievance with their therapist.
- Grievance forms will be placed in the assigned therapist's mailbox in A Building by the end of shift. The therapist will complete follow-up on compliant, document on the form and return to the child.
- If the resident is still not satisfied with the outcome, they may follow the grievance process outlined in their Program Handbook.

RESIDENT Parent/Guardian Grievance	
Reference: CARF: 1.K.3	Date Revised: Aug. 2023 Page: 1 of 1
All residents and parent/guardians have the right to voice concern. Lakemary values input and strives to work closely with families to resolve an issues or concerns.	

Procedure:

- If a parent, guardian, or other stakeholder expresses a concern regarding any aspect of care, staff are to respond in the following manner.
- Listen. It is important for our families and stakeholders to have their concerns heard.
- Let the parent/guardian/stakeholder know that their concern will be referred to the appropriate party (e.g, resident's therapist, supervisor, risk manager). Encourage the parent/guardian/stakeholder to follow up with the resident's therapist.
- Parent/guardian/stakeholder can also be referred to the complaint/grievance procedure in the parent/ guardian handbook.
- Document the interaction under general communication/fyi in the client module and send alert to the supervisor and therapist.
- If Therapist follow up they will document in a Narrative Note in the client module.

**RESIDENT
Personal Hygiene**

Reference:

KDADS: 28-4-1211

CARF: 3.Q.6

Date Revised: April 2023

Page: 1 of 1

All residents are provided assistance with maintaining personal health and hygiene.

Procedure:

- Staff are to provide support for successful completion of all daily living skills. This may include verbal prompts, direct supervision/instructions, direct assistance.
- Residents must have access to drinking water, lavatory or toilet at all times. If assistance during toileting is required, it is preferred that same gendered staff provide this assistance.
- Tooth brush and tooth paste must be made available when needed.
- Each resident shall have a hygiene box for personal hygiene supplies.
- Residents who may need to shave or have regular haircuts are assisted by staff, as needed, in the community or on campus by those licensed to provide this service. The exception is designated staff using clippers only with parent/guardian permission.
- Clean washcloths and bath towels are provided for each resident on a daily basis.
- Each resident is provided the opportunity to sleep at least 8 hours per day.
- Each female resident is provided personal hygiene supplies during her menstrual cycle with assistance from staff as needed.
- Daily schedules must include bathing or showering each day. Residents are to be provided as much privacy during bathing/showering as appropriate for their functioning and ability level. If assistance during showering is required, it is preferred that same gendered staff provide this assistance.
- Daily schedules must include brushing teeth after each meal.

RESIDENT Recreation	
Reference: KDADS: 28-4-1213 CARF: 3.Q.1; 3.Q.6; 3.C.2	Date Revised: Aug. 2023 Page: 1 of 1
Lakemary will provide indoor and outdoor recreational activities for all residents.	

Procedure:

- Residential Therapists maintain library access for each residence. Staff are encouraged to select books and help residents access material.
- Lakemary also provides opportunities for off campus activities. The Recreation Therapist prepares a calendar with purposeful treatment activities.
- Recreational therapy and related activities are available to all residents and includes activities on and off grounds as appropriate. Outings/off - campus guidelines attached.
- Residents have regular (minimum) weekly access to the following areas through scheduled times for their residence:
 - On-campus playgrounds
 - Ranch
 - Gym
 - Swimming Pool (seasonal access only)
- Supplies for indoor/outdoor activities are available in each residence and maintained by Residential Therapist.

RESIDENT Outing/Off-Campus Guidelines	
Reference: CARF: 3.C.2	Date Revised: March 2024 Page: 1 of 2
Lakemary will provide opportunities for residents to complete active treatment off grounds and in the community.	

Procedure:

- Staff must be driver's trained and follow the Transportation Manual when transporting residents.
- Staff will obtain permission from Campus Coaches to take residents on outings which are not pre-scheduled by Recreational Therapist and/or Residential Therapist.
- Medical staff will transport residents to off grounds appointments when necessary.
- If any resident has regularly scheduled and/or emergency medication, a med-trained staff must accompany on the outing and obtain the necessary medications from the RN on duty or MedTech.
- The following guidelines will be followed at all times when off grounds:
 - **Sight and Sound:** Regulatory standard be maintained at all times. Monitoring by sound only should be the exception and primarily in privacy situations only (i.e., resident using the restroom). Sound will then be verified every 5 minutes.
 - **Cell Phone Usage:** Staff may use phone for emergency use only. Staff may not engage in personal calls, games, texts, or any other personal use.
 - **Restroom Usage:** Staff and residents should use restroom prior to any off campus outing. If resident must use the restroom, staff will maintain sight/sound while using restroom. If staff must use the restroom the other staff must maintain sight and sound of residents. If staff is on a 1:1 outing staff will not be able to use restroom.
 - **Vehicle Seating:** When transporting residents in vehicle, staff should be spaced out amongst residents. Staff is not to be seated next to each other in vehicles.
 - **Staff Breaks:** Staff will not be permitted to take scheduled 15 minute break while on an outing.
 - **Tobacco Products:** Staff will not bring personal tobacco products with them while on outings. Tobacco use is prohibited while providing direct care to residents.

RESIDENT
Outing/Off-Campus Guidelines

Reference:
CARF: 3.C.2

Date Revised: Aug. 2023
Page: 2 of 2

Lakemary will provide opportunities for residents to complete active treatment off grounds and in the community.

- **Essential Items for Off Grounds:** When going off grounds it is important to take each resident's medical/emergency identification packet. This contains pertinent information necessary should a medical or other crisis situation arise. These may be obtained from the recreational therapist or nursing staff. It is also important to bring any medications needed for the duration of the outing. Staff must take note of what each resident is wearing in case of emergency.
- **Interaction with Public:** Due to privacy laws you may not disclose any information to the public. During escalated behaviors you may find that the public will want to ask questions. Please respond with "I am the child's staff and am not able to answer questions." If a member of the public attempts or begins to video, please ask them to stop to protect the child's privacy. If they do not, you may need to move/adjust to prevent pictures or video.
- **Nursing Contact:** Nursing department must be contacted if a resident is in a restraint or injured on an outing. Resident must be assessed immediately upon return.

RESIDENT Visits (On-Campus and Off-Campus)	
Reference: CARF: 3.Q.11	Date Revised: Aug. 2023 Page: 1 of 1
Lakemary staff will ensure that all residents will have access to visits from approved individuals. All visits will be approved by assigned Program Therapist.	

Procedure: Leaving for Visit:

- Therapist or Case Manager will complete visit notification in the electronic medical record and send alert to visit notification group.
- Approved visitor will contact receptionist or Campus Coach upon arrival.
- Staff will ensure resident is present, on campus, and ready for visit at the scheduled time.
- Receptionist and/or campus Coach will contact the designated staff to bring resident to front lobby.
- If on-grounds, staff will escort to the assigned visit location.
- Designated staff will ensure resident as completed necessary hygiene and in appropriate, clean and matching clothing.
- Designated staff will promptly bring resident to RN or Med Tech to complete wellness check and obtain visit packet and medications (if applicable) prior to taking resident to the front lobby.
- Designated staff will ensure that visitor is approved and has signed in on resident's visitation log.
- If overnight visit, designated staff will retrieve packed bag from black cabinet in the lobby.
- When necessary staff member may stay with resident during on-grounds visit. This is to be arranged prior to visit by resident's therapist.

Procedure: Returning from Visit:

- Upon resident's return resident's house and/or Campus Coach will be contacted.
- Designated staff will go to front lobby to get residents.
- Staff will ensure that visitor has property signed in the resident.
- Staff will take resident to RN or Med Tech for wellness check and then take resident up to assigned residence.

**RESIDENT
Packing for Visits**

Reference:
CARF: 3.Q.11

Date Revised: Aug. 2023
Page: 1 of 1

All residents will have adequate clothing that is clean, properly fitted, and appropriate for weather.

Procedure:

- Campus Support Coordinator will ensure clean clothing, appropriate for weather is packed in resident's suitcase.
- Resident will not be sent with soiled, stained, or mismatched clothing. If child does not have a suitcase clothes will be sent in approved overnight bag, no trash bags.
- All items will be inventoried by Campus Support Coordinator prior to packing.
- All items will be inventoried and put away by Campus Support Coordinator when the resident returns.
- Additional personal items need to be approved by Therapist and included on the visit notification form.
- Resident's suitcase will be placed in black cabinet in lobby prior to the resident's visit. When the resident returns the suitcase will be placed back in the black cabinet for the Campus Support Coordinator.
- If medication is returned it will be given directly to the nurse or medication technician completing the resident's wellness check.

**RESIDENT
Communication**

Reference:

KDADS: 785-14
CARF: 3.T; 3.Q.11

Date Revised: Aug. 2023

Page: 1 of 1

All residents will have access to phone and mail. Therapist, treatment team, and parent/guardian will determine which parties will be noted on the approved contact list. At no time will the resident be allowed to make or receive a call to/from someone not on the approved list.

Procedure:

- Residents may receive and make phone calls to and from individuals approved on Contact List. Contact List is located in Zone Books where resident resides, and within the resident's electronic medical record.
- Residents may receive incoming phone calls any day of the week from 3:30pm to 8:00pm on school days and 9:00am-8:00pm on non-school days.
- Residents may receive incoming calls from approved contacts on any day during approved times.
- Residents are generally allowed to make an outgoing telephone call two days per week. During approved hours.
- Phone calls are limited to 15 minutes.
- Staff will then log the phone call in the electronic medical record.
- Calls outside the standard time frame may be accommodated with therapist approval.
- Residents are generally allowed some privacy with personal calls. Therapists will provide notification if any calls require direct supervision.
- Program Therapist will send alert via electronic medical record regarding changes to contact list Case Managers or Ignite Mentors will ensure the up to date contact lists are available in Zone Books.

FOOD Safety and Handling	
Reference: KDADS: 28-4-1216	Date Revised: Aug. 2023 Page: 1 of 1
Lakemary will ensure food preparation, service, safety, and nutrition are met at all times.	

Procedure:

- Any person who has symptoms of illness shall be excused from food preparation.
- Hair of each individual shall be restrained when the individual is handling food.
- Individuals must wash, with soap and water, their hands and exposed portion of arm prior to preparing food.
- Individual must wear gloves or use utensil when handling foods.
- Food preparation area must be cleaned with sanitary solution before and after use.
- Tables or counters that are used to serve food must be cleaned with sanitary solution before and after use.
- All floors shall be swept and mopped daily
- All food must be disposed of in covered trash can.
- All trash must be removed at the end of shift.
- Home canned food, canned food that is dented or without a label is prohibited.
- All food and cooking utensils are stored in clean dry area 6 inches above the floor.
- Clean cups, plates, and utensils shall be served with every meal and snack.

FOOD Serving	
Reference: KDADS: 28-4-1216	Date Revised: Aug. 2023 Page: 1 of 1
All food shall be prepared and served in a sanitary manner and palatable for residents.	

Procedure:

- All meals will be served in the residential houses on non-school days and weekends.
- Dinner is served in residential houses each school day.
- All snacks and meals will be prepared and placed on residential house food cart.
- Staff will retrieve food cart from kitchen.
- All refrigerated items will be labeled and placed in refrigerator immediately.
- Staff will follow sanitary procedures when preparing and serving food.
- Staff will cook or reheat foods in accordance to kitchen's instructions.
- All residents may request second servings of all items unless they are on a dietary restriction.
- Staff will clean and return all supplies along with cart before the end of shift.

**FOOD
Snacks**

Reference:
KDADS: 28-4-1216

Date Revised: Aug. 2023
Page: 1 of 1

Lakemary staff shall ensure each resident receives three snacks per day.

Procedure:

- Each resident will be offered 3 snacks per day, morning, afternoon, and evening.
- Snack times will be included in residential schedules.
- Snacks will be provided by Lakemary kitchen staff and will follow regulatory nutrition guidelines.
- Snacks are not to be withheld unless there are dietary restrictions or the resident is in a safety situation.
- In the case of a dietary restriction, kitchen staff will provide alternative option for resident.
- In the case of a restraint/seclusion, resident will be offered snack immediately after incident has ended.
- Residents may substitute or add personal snacks at the designated snacktime.
- Portions of snacks shall be monitored and controlled.
- Fruit and veggies or water shall be offered if resident is hungry and it is outside of mealtime.

**FOOD
Storage**

Reference:
KDADS: 28-4-1216

Date Revised: Aug. 2023
Page: 1 of 1

Lakemary shall ensure all food is stored and disposed of safely.

Procedure:

- All food shall be stored 6 inches above floor.
- Non refrigerated foods shall be stored in food grade containers and labeled with the contents and date opened.
- Items that are in original package and unopened may be returned to kitchen at the end of the shift or when meal has been served.
- Foods shall be stored in house kitchen cabinets. Foods shall not be stored with hazardous items.
- Refrigerated foods shall be maintained at 41 degrees Fahrenheit or lower in refrigerator or 0 degrees Fahrenheit in freezer.
- Each freezer and refrigerator must have working thermometer. Each freezer and refrigerator shall be kept clean inside and out. All foods shall be labeled with date and contents.
- All leftover meat, vegetables, and fruit shall be disposed of at the end of the shift

CLOTHING General Guidelines	
Reference:	Date Revised: Aug. 2018 Page: 1 of 1
All residents will have adequate clothing that is clean, properly fitted, and seasonally appropriate.	

Procedure:

- General guidelines include:
 - Residents are to wear only their clothing and shoes
 - Residents are not to borrow or give away their clothing.
 - Residents and Direct Care Staff are not to change the name or label on clothing.
 - Residents are not to sleep in street clothes.
 - Residents are not to wear sleep clothes to school or on outings.
 - Appropriate clothing for weather shall be provided.
 - Closets shall be kept clean and free from soiled or dirty clothes.
- Other:
 - Any unmarked clothing is to go to the Clothing Support Coordinator. Clothing Support Coordinator will determine who it belongs to, label it, and return to resident's closet.
 - If a resident needs clothing or has clothing that no longer fits, contact the resident's therapist. Therapist will work with resident's guardian and Clothing Support Coordinator to provide or replace appropriate clothes.

**CLOTHING
Laundry**

Reference:
KDADS: 28-4-1217

Date Revised: Aug. 2023
Page: 1 of 1

Resident clothing will be laundered daily. Overnight staff will be responsible for washing, drying, and sorting resident clothing.

Procedure:

- Laundry is to be kept separate from the areas food is prepared.
- Detergents and other chemicals used in laundry process are to be kept in approved locked areas. Residents are not to have access to these products.
- Laundry is to be sorted, setting used appropriately, with recommended temperature.
- Washers are to be filled with an appropriate amount of laundry to be washed. Clothes should not be overloaded in washer or dryer.
- Detergent levels should be monitored.
- No clothing should be folded or put away wet or damp.
- All clothing is to be folded and sorted for each resident.
- Overnight staff will be primarily responsible for resident's laundry.

CLOTHING
Soiled Laundry

Reference:

Date Revised: Aug. 2023

Page: 1 of 1

Soiled laundry will be managed and cleaned to ensure proper disposal and sanitary precautions.

Procedure:

- If a toileting accident occurs, the following shall be followed:
 - All staff shall wear protective gloves
 - For items that contain urine only:
 - Rinse urine soaked clothing in approved wash bin.
 - Put clothing in clear plastic bag.
 - Label bag with resident's name.
 - Put bag in laundry area for washing.
- For items with fecal matter:
 - Flush any fecal matter down toilet.
 - Rinse fecal matter off of clothes in approved wash bin.
 - Soak clothes in bucket with H-Orange cleaner.
 - Put in clear plastic bag.
 - Label bag with child's name.
 - Place in laundry area for washing.
 - If fecal matter is enmeshed in clothing. Place clothing in clear plastic bag, secure and dispose of in dumpster. NOTE: Do not dispose of these items in a biohazard bag.
- For Items with Blood:
 - If item contains blood, place in biohazard bag and dispose in biohazard dumpster.
 - Inform Campus Support Coordinator and Therapist that resident's clothing has been disposed of.

CLOTHING Bedding	
Reference: KDADS: 28-4-1217	Date Revised: Aug. 2018 Page: 1 of 1
Resident bedding is laundered on a regular basis.	

Procedure:

- All residents will have bed sheets and blankets given to them for use while at Lakemary.
- Blankets are to be laundered at least monthly.
- Sheets are to be laundered at least weekly and more often if they become soiled.
- All mattresses are water-repellent and washed down and sprayed with disinfectant prior to re-issue and when linens become soiled.
- All bedding shall remain in the resident bedroom.

HEALTHCARE Overview

Reference:

KDADS: 785-6; 785-7; 28-4-1211

CARF: 2.H

Date Revised: Aug. 2023 **Page:**

1 of 1

Each resident at Lakemary PRTF has access to medical care, treatment, and services within the scope of practice of Lakemary, regardless of race, religion, cultural values, sex, age, or financial status.

Procedure:

- Lakemary has an RN onsite 24-7 who is available to respond to any healthcare needs in a timely manner.
- If a child reports any symptoms of illness or requests to meet with the nurse, staff are to contact the nurse on sight via phone at the earliest convenience.
- The RN will triage via phone and provide direction to staff.
- Nursing will develop care plans for any medical diagnosis for a child and will be primarily responsible for implementing these plans. Direct care staff will implement as needed. These are maintained in the resident's record.
- Some residents may have a behavior support plan related to perceived illnesses and nursing interaction. Nursing and direct care staff will work together to implement these plans consistently.

**HEALTHCARE
Allergies**

Reference:

KDADS: 785-6; 785-7; 28-4-1211
CARF: 2.H

Date Revised: Aug. 2023

Page: 1 of 1

Medical Department will be notified when a resident comes in contact with an allergen.

Procedure:

- At the time of admission, a health history is obtained which includes any known allergies (environmental, drug, or food).
- Known allergies will be notated in resident's record in the EMR. Nursing will provide care plans for residents with known allergies.
- Known allergies and related care plans will be posted in each med room and in the zone books in each zone.
- If a resident comes in contact with a known allergen, staff must follow protocol including contacting the nurse.
- If a resident is not known to have any allergies and demonstrates symptoms consistent with an allergic reaction, nursing is to be contacted immediately and 911 if necessary. Staff will make note of what the resident may have come in contact with, what type of contact (e.g, skin, ingested, etc.), and approximately what time contact occurred.

HEALTHCARE Seizures

Reference:

Date Revised: Aug. 2023

Page: 1 of 2

Medical staff shall be notified each time a resident has a seizure.

Procedure:

- If a resident is known to have experienced seizures, that resident will have a detailed and individualized Health Care Plan as part of their Treatment Plan that is kept in the resident's medical record as an alert and posted in each med room. Each staff person will have read that plan and know how to implement that plan, specific to the resident.
- If a resident experiences a seizure and does not have a Health Care Plan for Seizures, staff will follow the general guidelines sent out routinely by nursing. If the resident has no known seizure history, but experiences a seizure, the RN will be called immediately who will direct care for that resident, including calling 9-1-1.
- Each time a resident experiences a seizure, Nursing will contact the resident's parent or guardian. If the resident routinely has multiple seizures each day the parent or guardian will be contacted at least once per day, per the parent/guardian's wishes.
- A current list of residents with seizure history is to be kept posted in a secure and private location, both in the Nursing office and in each residence. This list will detail the seizure response protocol listed below to aid the staff on standard seizure first response safe practices. Extra safety precautions and awareness should be exercised for residents with seizure history, especially around the lake, pool and climbing equipment.
- Lakemary seizure protocol includes:
 - Remain calm and immediately notify the Nursing Department.
 - Note the time seizure began
 - Stay with the resident to maintain safety, clearing the area of any hard, sharp, or dangerous objects.
 - If the resident is sitting or standing, gently lower the resident to the ground to prevent a fall.
 - Turn the resident on their side, if possible, to prevent aspiration, but do not impede their movements. You may place a pillow or blanket under their head. Do NOT put anything in their mouth. Turning them on their side should help keep their airway clear.
 - Monitor breathing.

**HEALTHCARE
Seizures**

Reference:

Date Revised: Aug. 2023
Page: 2 of 2

Medical staff shall be notified each time a resident has a seizure.

- Note the time that the seizure ends.
- Check for level of awareness, any loss of control of urine or stool, and for any injuries.
- Allow time for recuperation, and sleep, if needed. Sometimes this may last a while.
- Document activity before, during, and after the seizure. Use the "LMC: SEIZURE REPORT" in MyEvolv. Nursing will complete an assessment as well.
- If any seizure is prolonged (more than 4-5 min) and does not respond to the ordered medication protocol, or if a cluster of seizure activity is observed, or if a resident IS NOT on the seizure list--call the RN on duty who will then call or advise calling 911.

**HEALTHCARE
First Aid**

Reference:
KDADS: 28-4-1214

Date Revised: Aug. 2023
Page: 1 of 1

All staff will provide basic first aid when needed.

Procedure:

- First Aid Kits are kept in a designated easily staff accessible area of each residence as well as other common locations on campus (e.g., pool, ranch, school, etc.). The kits are protected from resident access by use of a locking mechanism and their placement in the area.
- Staff is to notify the nurse of all use of the emergency materials. The staff observing or discovering the injury will need to notify nursing of the injury, enter an injury report in the EMR, and route this report to the nursing workgroup. After an emergency kit is used by the staff, the RN on duty will, as soon as reasonable, assess the resident, restock the cabinet, and replace the locking device.
- A designated Medication Technician will monitor First Aid Kits to ensure they are kept stocked with non-expired supplies on a weekly basis.
- First-Aid Kits shall include the following:
 - Assorted adhesive strip bandages. Adhesive tape.
 - A roll of gauze.
 - Scissors and tweezers (will be locked in the med room for child safety) gauze squares.
 - Liquid soap.
 - An elastic bandage. Rubbing alcohol pads
 - Disposable nonporous gloves in assorted sizes. Warm pack and Cold Pack

**HEALTHCARE
Medications**

Reference:

KDADS: 785-3; 28-4-1211

CARF: 2.E.1; 2.E.3

Date Revised: Aug. 2023

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Lakemary will provide care for minor illnesses. All administrations of prescription and non-prescription medications are documented in the resident's medical record.

Procedure:

- Over the counter non-prescription medications may be administered to children in compliance with physician's orders and by a med trained staff.
 - Standing orders are provided for common over the counter medication.
 - These medications may be administered, as needed, by a nurse or med-trained staff should contact the RN on duty for assessment.
 - Prior to administration, the med-trained staff should contact the RN on duty for assessment.
 - If approved by RN, the specific over the counter medication may be administered in accordance with the symptom/dosing guidelines available in each med room.
 - Staff are to immediately document the administered medication in the resident's record.
 - Staff will continue to monitor for side effects and immediately report any potential side effects to nursing.
- Prescription medications can only be administered as prescribed.
 - Medications will be administered per practitioner's orders.
 - Medication technicians will be primarily responsible for the administration prescribed medications, but med-trained staff may administer medications in certain circumstances (e.g., outings)
 - Medication administration will be accurately and immediately documented in the resident's record.
 - Should any adverse reaction occur with any medication, Nursing should be notified and all observations documented in an incident report.
 - Any medication error regarding the administration of ANY medication should be documented as an incident and reported to the on duty RN.

HEALTHCARE Medication Administration Documentation	
Reference: KDADS: 785-8; 785-10; 28-4-1211 CARF: 2.E.1; 2.E.3	Date Revised: Aug. 2023 Page: 1 of 1
All medications shall be administered by a designated staff member qualified to administer medications. Documentation will be immediately entered in the resident's record.	

Procedure:

- For all medications the following information shall be immediately documented in the record at the time of administration.
 - The name of the person administering the medication.
 - The name of the medication.
 - The dosage.
 - The date and time it was given.
 - Any change in the individual's behavior, response to the medication or adverse reactions.
 - Any change in the administration from that on the label or order.
- Each record must be signed by the employee administering the medication.
- All medications are administered primarily by Medication Technicians and/or RNs. Other staff may only administer medications after successfully completing medication administration training and medication passes. This includes not only prescribed medications, but also emergency medications and over the counter PRN medications (e.g, ibuprofen).
- Note: Staff may administer emergency medications after completion the course, they do not need to have completed passes as well.
- Medication trained staff should be available on every shift.
- See critical incidents for procedure on medication error/variance.

HEALTHCARE
Medical Emergency

Reference:
CARF: 1.H.9

Date Revised: Aug. 2023
Page: 1 of 1

Emergency medical services will be secured for any resident as deemed necessary.

Procedure:

- Immediately contact the RN in the event a child requires immediate or emergency medical treatment.
- Secure the environment and engage other children in activities away from the emergency situation.
- Follow directions given by the RN and provide immediate support to the child requiring medical attention.
- If emergency medical support is necessary, call 911 to request support.
- Secure assistance from other Lakemary staff.
- Send if applicable, a staff to the front entrance of Lakemary and/or to the south gate opening to direct emergency personnel.
- Cooperate with the emergency personnel.
- If determined the resident requires hospital transport, a staff member must accompany. Staffing will be maintained throughout the hospitalization.
- Depending on the nature of the emergency, services may be provided at the nearest Emergency Department, as deemed necessary.
- BHTs or other staff persons with information regarding the emergency situation will ensure an incident report is completed prior to the end of shift.
- At the earliest opportunity, the on-grounds manager or RN will notify the Risk Manager, Director of Quality Initiatives, Clinical Director, and VP of Children's Services
- The RN will notify the child's parents, guardian or other responsible party.
- The Director of Quality Initiatives and/or Clinical Director will notify appropriate oversight authorities within the next business day.

HEALTHCARE Alcohol and Drug Treatment	
Reference: CARF: 2.A.27	Date Revised: Aug. 2023 Page: 1 of 1
Lakemary does not provide treatment for substance abuse. Lakemary will provide support for a resident who appears to be under the influence of alcohol or drugs.	

Procedure:

- If staff observes a resident to be intoxicated or acting out of strange character, the RN shall be contacted.
- Nursing shall assess.
- The guardian shall be contacted and the physician shall be contacted immediately.
- Lakemary will follow physician's orders with regards to support, up to and including transport to a medical facility.

DISCHARGE Planning

Reference:

KDADS: 441.155

CARF: 2.D.5

Date Revised: Aug. 2018**Page:** 1 of 1

Planning for discharge begins as soon as resident is admitted to Lakemary PRTF. Lakemary works with the referring, parent/guardian, and other stakeholders to plan for services and supports.

Procedure:

- Discharge planning is to begin upon admission.
- Progress towards discharge shall be documented in the biweekly Treatment Plan.
- Program therapists will in communication with stakeholders to assist in discharge planning.
- A Comprehensive Discharge Summary shall be completed and sent with the child at the time of discharge. In cases of emergency discharge summary shall be completed within 7 days of discharge and sent to the parent/guardian and other necessary parties.
- Documentation of the resident's care shall be reviewed prior to discharge with the guardian and other relevant parties, and included in the discharge packet.
- Items in the discharge packet include:
 - Discharge Summary
 - BSP/Crisis and Prevention Plan
 - Treatment Plan (most recent)
 - IEP
 - Medical/Psychiatric overview
 - Minimum 3 days filled prescriptions
 - Minimum 30 days written prescriptions

**DISCHARGE
Reasons**

Reference:
KDADS: 785-17
CARF: 2.A.3; 2.D.5

Date Revised: Aug. 2023
Page: 1 of 1

Resident will be discharged under the following circumstances.

Procedure:

- Goals are met/achieved.
- Goals are not met/achieved and the resident will be transferred to another facility to further progress in treatment.
- Parent or guardian chooses to discontinue services.
- Team determines care can be met in a different setting.
- Resident placed in a correctional facility or removed from treatment and placed for longer than 72 hours waiting a court hearing.
- Resident runs away from the facility and is gone for 7 consecutive calendar days with the facility having no knowledge of when the resident may return.
- Resident is hospitalized for medical or psychiatric reasons for more than 7 consecutive days.
- Resident has significant change in medical needs which cannot be supported in the PRTF.
- Resident engages in behavior that is beyond ability to safely manage.
- The resident has died.
- When resident's responsible party becomes more than 60 days delinquent in payment of fees agreed upon. Lakemary will give a 30 day notice to pay the balance of tuition. If payment is repeatedly late, Lakemary may discharge with no provision for repeal.
- External entity deems resident no longer appropriate for this level of care (e.g., insurance utilization reviews)

**DISCHARGE
Clothing**

Reference:

Date Revised: Aug. 2023

Page: 1 of 1

All residents will have adequate clothing that is clean, properly fitted, and seasonally appropriate.

Procedure:

- At Discharge:
 - All laundry that the resident has needs to be laundered the night before a child leaves.
 - All clothing is to be folded and placed in a suitcase.
 - The Campus Support Coordinator will ensure that all other items that are locked in office or other closets are returned.
 - All items are to be inventoried by the Campus Support Coordinator and packed in the resident's luggage or approved bag.

CRITICAL INCIDENT Reporting

Reference:

KDADS: 28-4-1209

CARF: 1.H.9

Date Revised: Aug. 2023**Page:** 1 of 2

Lakemary shall report all critical incidents and serious occurrences involving residents receiving care.

Procedure:

- Each incident shall be reported using the appropriate KDADS/BHS Adverse Incident Report web based tool. If the web based tool is unavailable the report shall be submitted via fax or electronicsubmission.
- The following incidents shall be reported:
 - **Death:** Death involving a client, who is currently receiving services from licensee. Any death allegedly occurring from: Suicide, Medication overdose; or other unnatural cause.
 - **Physical abuse:** Any allegations of intentionally or recklessly causing physical harm to a client by any other person, while receiving a KDADS/BHS service.
 - **Inappropriate sexual contact:** Any allegation of intentional touching of a sexual nature, of any client, who does not give consent or is incapable of consenting, or declining consent due to mental deficiency, or disease, or fear of retribution. In addition:
 - Clients receiving services in any KDADSIBHS licensed or certified program who are under the age of 18 years of age cannot give consent.
 - Any allegation of intentional touching of a sexual nature, by a provider's employee or agent, towards a client is inappropriate sexual contact.
 - **Misuse of medications:** The incorrect administration or mismanagement of medication, by someone proving a KDADS/ BHS service which result in or could result in serious injury or illness to a client.
 - **Psychological abuse:** A threat or menacing conduct directed toward an individual that result in or might reasonably be expected to cause emotional distress, mental distress or fear to an individual.
 - **Neglect:** The failure to omission by one's self, caretaker or another person with a duty to supply or to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.
 - **Suicide attempt:** A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.
 - **Serious injury:** An unexpected occurrence involving the significant impairment of the physical condition of a client. Serious injury specifically includes loss of limb or function.

**CRITICAL INCIDENT
Reporting**

Reference:
KDADS: 28-4-1209
CARF: 1.H.9

Date Revised: Aug. 2023
Page: 2 of 2

Lakemary shall report all critical incidents and serious occurrences involving residents receiving care.

- **Elopement:** The unplanned departure from an inpatient unit or facility where a client leaves with our prior notification or permission or staff escort.
- **Natural disaster:** Any closure or evacuation of a facility due to fire, storm damage or mechanical system failure that may result in major expenditures or work stoppage or any significant event affecting clients.
- Staff will directly notify their supervisor of any occurrences.
- Supervisor will notify VP of Children's Services, Director of Quality Initiatives, and Clinical Director.
- The Director of Quality Initiatives or designee will complete and submit the Kansas AIR and any other investigating documentation that supports the incident to KDADS within 24 hours.
- Director of Quality Initiatives or designee will be responsible for providing documentation required by other states when applicable.

**CRITICAL INCIDENT
Time Out**

Reference:
KDADS: 483.368

Date Revised: Aug. 2023
Page: 1 of 1

Time out is a brief, voluntary time away from activities for a period for the purpose of providing the resident an opportunity to regain self-control.

Procedure:

- Time out may take place away from the area of activity or from other residents.
 - **Inclusionary timeout** is defined as a state of being included in the environment where an activity or group of individuals is located but not participating.
 - **Exclusionary time out** is defined as the state of being excluded from participation by removal from the environment where an activity or group of individuals is located.
- Staff must monitor the resident while he or she is in time out.
- A resident must never be physically prevented from leaving the time out area.
- Staff must document time of initiation, progression of behaviors during the time out , and time of ending.
- Staff must document the resident's disposition at the conclusion.

**CRITICAL INCIDENT
Restraints**

Reference:

KDADS: 483.356; 483.358
CARF: 2.A.19; 2.F.3; 2.F.9

Date Revised: Aug. 2023

Page: 1 of 1

Lakemary has adopted Safe Crisis Management (SCM) for emergency interventions. Approved interventions have been put in place to protect the health, safety, and welfare of the residents. Documentation of each intervention must be completed in a timely manner.

Procedure:

- Standing or as needed orders for restraint are prohibited.
- Every use of restraint must have a corresponding order by an LMHP, and face to face assessment from RN
- Verbal orders for restraint may be given while the emergency safety intervention is being initiated. LMHP must be available for consultation, at least by phone.
- Documentation of the restraint must be completed by the end of the shift in which the restraint occurred. For all incidents of restraint, a Restraint Incident Report must be filled out completely in the resident's electronic record.
- Each resident's record will be available for review by the appropriate reviewing agencies.
- Regular reviews of the use of a restraint for patterns of use, history of use by staff, environmental contributing factors, and assessment of program design contributing factors. Changes in the usage patterns will be investigated with appropriate actions taken to reduce the use of restraint.
- See Safe Crisis Management section for more detail.

**CRITICAL INCIDENT
Seclusion**

Reference:
KDADS: 28-4-1212

Date Revised: Aug. 2023
Page: 1 of 1

Lakemary PRTF does not permit the use of a seclusion room.

Procedure:

- Seclusion is defined as the involuntary confinement of a resident alone in a room or in an area from which the resident is physically prevented from leaving.
- Seclusion is not permitted in the PRTF.
- Lakemary School does utilize seclusion and has protocols established in accordance with Kansas Department of Education guidelines.

CRITICAL INCIDENT
Medication Error/Variance

Reference:
CARF: 2.E.3

Date Revised: Aug. 2023
Page: 1 of 1

Lakemary PRTF maintains a medication error reporting system to ensure appropriate intervention, documentation, reporting, and correction of all medication administration errors.

Procedure:

- A medication variance is defined as errors or omissions in the ordering obtaining, monitoring, oversight, administration and/or documentation of all medications prescribed or approved for the resident.
- Should a medication variance occur, the following steps need to be taken:
 - Nursing will be notified immediately upon detection of an administration type error. The RN will give direction to the BHT or other staff person reporting the error. The RN will immediately contact the prescribing provider and, if needed, poison control for instructions. Those instructions will be forwarded to BHTs to carry out. The RN will monitor follow up to ensure the child's safety.
 - After notifying nursing staff, the medication error is documented on a Medication Variance Report form by the staff person who first detected the error. This form will be completed and routed to the author's immediate supervisor by the end of the author's work shift. The immediate supervisor will review the report and send to the RN on duty. The RN will document nursing follow-up in a nursing report.
 - The RN will report all medication errors to the nurse practitioner and/or Medical Director.
 - The staff person who first detected the error will notify Risk Management by submitting a RM report.
 - The NP will provide direction on any additional notifications needed (e.g. CPS). Including notifying Director of Quality Initiatives who will submit an Adverse Incident Report in the event the misuse of medication could result in a serious injury or illness to the client.

**CRITICAL INCIDENT
Elopement (Witnessed)**

Reference:
KDADS: 28-4-1214
CARF: 1.H.9

Date Revised: Aug. 2023
Page: 1 of 1

Elopement is defined as physically moving off of Lakemary property without official approval and/or going outside of a supervised area.

Procedure:

- Immediately upon recognition that a resident is leaving supervision the staff will intervene and request the resident to return.
- If resident does not respond positively, the staff must maintain line of sight and request assistance using walkie-talkie.
- The staff will maintain communication on location and need for assistance in returning resident to campus.
- If safety is a concern for either the staff or resident the police may be contacted to assist in detaining and returning to campus.
- The resident will have a physical assessment completed by nursing staff if any injury concerns or if staff lost the line of sight.
- The staff ensures the on-rounds supervisor is aware of the situation. The on-rounds supervisor will notify the VP of Children's Services who will then notify Clinical Director, Director of Health Services and Director of Quality Initiatives.
- The Director of Quality Initiatives will ensure outside entity reporting requirements are completed in the necessary time frame.
- Staff will pursue resident if able to do so.
- If Line of Sight is lost, begin following unwitnessed procedure.
- Staff will create a Risk Management report by the end of their shift.

CRITICAL INCIDENT
Elopement (Discovered/Lost Line of Sight)

Reference:

KDADS: 28-4-1214

CARF: 1.H.10

Date Revised: Sept. 2022

Page: 1 of 1

Elopement is defined as physically moving off of Lakemary property without official approval and/or going outside of a supervised area.

Procedure:

- Immediately upon recognition that a resident is unaccounted for, staff will immediately notify the on-grounds manager.
- The on-grounds manager will notify available support staff and organize a search on grounds.
- On-grounds manager will make note of all times pertinent to the elopement, including all actions, events and camera support.
- On-grounds manager will notify the Clinical Director and VP of Children's Services who will notify the Director of Quality Initiatives. VP of Children's Services will facilitate community search with available response team.
- On-grounds manager and/or VP of Children's Services will organize an off campus search, focusing on known location preferences of the resident. Specific destinations will be assigned to all persons involved in search.
- If the resident is not located immediately, local law enforcement may be contacted. The caller must share at minimum, resident's name, age/DOB, physical description, unusual physical characteristics, clothing worn, and custody arrangement.
- Parent/guardian contact is made as soon as possible by the therapist or by designee assigned.
- As soon as the resident is located, the RN is to be called to complete a Nursing Assessment.
- Therapist or designee will notify the parent/guardian of the resident's return.
- The staff responsible for the resident will fill out a detailed General Behavior Incident and/or Restraint Report.
- The resident's therapist will complete a review of the resident's medical record in conjunction with the treatment team to determine recommendations for revisions to the treatment plan being delivered.
- All off ground elopement attempts are considered to be a serious occurrence. The report will be submitted electronically and forwarded to the Risk Manager for inclusion of the Risk Assessment file.
- The resident's therapist will complete all required documentation for out of state residents.

CRITICAL INCIDENT
Abuse, Neglect, and Exploitation

Reference:
KDADS: 28-4-1209
CARF: 1.H.9

Date Revised: Aug. 2023
Page: 1 of 1

Employees are not to engage in unethical or unlawful behavior. Employees are prohibited in engaging in any activity which will detract from the effective performance of duties or diminish the quality of services.

Procedure:

- In the event an employee suspects that abuse, neglect, or exploitation has occurred the employee will:
 - Intervene to stop the abuse, neglect, or exploitation.
 - Ensure therapeutic treatment is re-established.
 - Report suspicion to their supervisor and Risk Manager.
 - The on-grounds manager ensures safety and therapeutic treatment is occurring.
 - The supervisor will contact the VP of Children's Services who will then notify the Director of Quality Initiatives, Director of Health Services and Clinical Director.
 - The Risk Manager determines, based on the facts immediately available, if the suspected individual will be placed on administrative leave, pending a Risk Management Risk investigation.
 - If it is determined the employee will be placed on administrative leave, the on-grounds manager relieves them of their duties and sends them home.
 - An Incident Report and other necessary documentation is completed.
 - The Risk Manager initiates an internal Risk Assessment.
 - If necessary the Director of Quality Initiatives will ensure a report is made to the appropriate reporting agencies.
 - Follow up occurs, as needed.
- Staff are responsible for understanding what constitutes abuse, neglect, and exploitation.
- All staff are mandated reporters.

CRITICAL INCIDENT
Self-Harm/Suicide Prevention

Reference:

KDADS: 785-11

CARF: 2.C.4

Date Revised: Aug. 2023

Page: 1 of 1

Lakemary staff will remain in sight and/or sound supervision of each resident at all times during care. Precautions will be taken to ensure the safety of a resident for risk behavior.

Procedure:

- Staff will notify Ignite Mentors or Coaches if a resident makes suicidal statement or gestures.
- The Ignite Mentors or Coaches will notify the Clinical Director.
- Clinical Director will determine what level of risk exists and provide direction for precautions.
 - **Heightened awareness:** Resident remains in sight at all time during waking hours. Safety will be verbally verified every 5 minutes when resident is in restroom, changing, or showering. Resident will be visually verified for safety every 15 minutes during sleeping hours.
 - **Maintaining constant line of sight:** Staff will remain in sight of resident at all times.
 - **Removal of all items:** hazardous items will be removed or locked up at all times.
 - **1:1 staff support:** Resident will be assigned designated staff to consistently monitor.
 - **Severe Risk Precaution:** Staff must remain 5 to 10 feet from the resident. During restroom and showering, staff must maintain a portion of the resident's body with in sight. While resident is change, staff must be within 5 to 10 feet, and may turn away from resident for privacy. During sleeping hours staff must remain 5 to 10 feet away.
- Staff will document incident in the resident's record by the end of shift.
- If necessary The Director of Quality Initiatives will complete the Adverse Incident Report for submission and forward report to the Risk Manager for inclusion of the Risk Assessment File.
- The resident's therapist will notify the parents or guardian of the incident.

CRITICAL INCIDENT Sexual Assault – Immediate Actions and Notifications	
Reference: KDADS: 483.374 CARF: 1.H.9	Date Revised: Aug 2023 Page: 1 of 1
Sexual assault is any unwanted sexual contact without a person’s consent up to and including rape. With the population served by Lakemary Center, the definition of sexual assault is applied in a broader manner to include any sexual contact, whether consensual or not.	

Procedure:

- This procedure applies to the following circumstances:
 - Resident reports they have been sexually assaulted.
 - Staff members reports they have been sexually assaulted while on duty.
 - Staff member witnesses a sexual assault incident.
 - Staff members is otherwise made aware of a sexual assault incident.
- If an incident is actively occurring, staff should immediately intervene to separate the individuals involved.
- If the resident or staff member requires immediate medical attention, the staff member will call 911 for medical and/or law enforcement assistance, on site nursing, and provide emergency first aid if necessary. If the responding staff person is unsure if further care is needed, they may contact on site nursing directly for assessment of the situation.
- Staff will contact the campus supervisor for assistance as soon as possible. If the situation involves a resident, staff will report the incident to the Kansas Protection Reporting Center (1-800-922-5330). Campus supervisors, Risk Management, or other program leadership may assist the staff in completing this report to ensure it is submitted as soon as possible (no later than the end of the shift).
- The campus supervisor will contact Risk Management and Human Resources (if applicable). The campus supervisor will also inform the Clinical Director and Director of Quality Initiatives for outside reporting needs.
- If the incident involves a resident, the RN on duty will contact the guardian regarding any injuries and consents for medical care (if applicable). The therapist and/or case manager will follow up with the guardian and treatment team the next business day with the full incident report information.
- By the end of the shift of the event, an Incident Report form and a Risk Management report shall be completed for the person and submitted to the supervisor of the site.

CRITICAL INCIDENT
Sexual Assault – Victim Support

Reference:

KDADS: 483.374

CARF: 1.H.9

Date Revised: Aug 2023

Page: 1 of 1

Sexual assault is any unwanted sexual contact without a person’s consent up to and including rape. With the population served by Lakemary Center, the definition of sexual assault is applied in a broader manner to include any sexual contact, whether consensual or not.

Procedure:

- Staff should assure the identified victim that they have done nothing wrong, not interrogate them, stay calm, not make promises that cannot be kept, and protect the individual from further harm.
- In order not to destroy evidence, staff should encourage the person not to drink or eat anything, not to change clothes, and not use the restroom.
- Staff should not remove any other physical evidence in the area where the assault occurred.
- Medical personnel should offer the person the choice of whether to go through the process of being subject to medical attention for sexual assault. This may require the advice of the parent(s) or guardian of persons served.
- The assigned therapist and/or case manager should offer the choice of whether to file a police report. This may require the advice of the parent(s) or guardian of persons served.
- If a resident goes to a hospital for treatment for sexual assault, staff should take them to a location with a Sexual Assault Nurse Examiner (SANE Clinic). See **Appendix A** for a current list of hospitals with this resource that are also affiliated with MOCSA (Metropolitan Organization to Counter Sexual Assault).
- At the hospital, the person will be subject to an investigation for the assault. The person may be tested for Sexually Transmitted Diseases (STDs), bloodborne diseases, etc. Females may also have a pregnancy test as a follow up procedure.
- MOCSA can provide resources to the victim (resident or employee) in addition to the EAP for an employee.

CRITICAL INCIDENT

Death

Reference:

KDADS: 483.374

CARF: 1.H.9

Date Revised: Aug. 2023**Page:** 1 of 1

The following protocol is to be used in the event of a resident's death.

Procedure:

- If discovered staff will contact the RN immediately, if she/he is not already present.
- The RN will take emergency actions, if they have not already been provided. Emergency action may include CPR, calling 911.
- The manager on grounds or the RN will direct staff to separate the other residents from the area of emergency.
- The manager on grounds will contact the VP of Children's Services.
- The VP of Children's Services will notify the Risk Manager and the President/CEO, and any other applicable staff. The VP of Children's Services will ensure parent/guardian is immediately contacted.
- Documentation is required to be completed with detail for the events and action taken of the occurrence.
- Risk Manager will immediately implement and complete an Internal Risk Assessment and provide results to the Risk Management Committee and any other regulatory reporting entities as soon as possible.
- CMS report and Critical Incident Report must occur within 24 hours by Director of Quality Initiatives.
- The Director of Quality Initiatives will report the death to the Centers for Medicare and Medicaid Services, Kansas Department of Aging and Disability Services, and all other reporting agencies required for the resident within 24 hours.
- All reports will be added to the resident's medical records.

SAFE CRISIS MANAGEMENT Overview

Reference:

KDADS: 483.356

CARF: 2.A.19

Date Revised: Aug. 2023**Page:** 1 of 1

Lakemary has adopted Safe Crisis Management (SCM) for emergency interventions. Approved interventions have been put in place to protect the health, safety, and welfare of the residents. Documentation of each intervention must be completed in a timely manner.

Procedure:

- SCM is an emergency intervention system that focuses on de-escalating crisis situations through non-physical means (non-verbal, verbal, attitudinal, etc.) but does include safe physical interactions (restraints) including assisting, gaining release and restraint, the latter being the most restrictive intervention technique. Each restraint technique may only be used when the risk of not using it outweighs the risk of using it.
- **Time Limits for Restraint:** The amount of time must be limited to the amount of time the child is presenting an immediate danger to himself/herself or others. When a child no longer exhibits behavior that may cause danger to him/her or others release procedures must be implemented.
- **Expected Outcome:** At the most basic level, the children served will learn that Lakemary will not allow them to hurt themselves or others as a means of coping with their social, emotional or psychiatric problems.
- The approved emergency intervention techniques may only be used when a child is in immediate danger of harming himself/herself or others.
- **Age and size accommodations.** The approved safety assists techniques in the SCM System have some slight variations for people of smaller or larger stature; however, the intervention strategies and basic restraint techniques are the same.
- **Multiple student situations:** If more than one student requires the use of emergency intervention at the same time the staff must still follow the approved intervention guidelines.
- **Ensuring care and supervision:** Staff are encouraged to call the other residences, as well as administrative employees for additional support when all current resources are involved in an emergency situation.
- Employees may only use intervention techniques approved by Lakemary policy and procedures.
- If the use of emergency interventions is insufficient or inappropriate to resolve a crisis situation, staff may call 911 for police assistance.

SAFE CRISIS MANAGEMENT Process

Reference:

KDADS: 483.356; 483.360; 483.362; 483.364; 483.366
CARF: 2.F.3; 2.F.9

Date Revised: Aug. 2023**Page:** 1 of 1

Lakemary has adopted Safe Crisis Management (SCM) for emergency interventions. Approved interventions have been put in place to protect the health, safety, and welfare of the residents. Documentation of each intervention must be completed in a timely manner.

Procedure:

- Restraint may only be used to ensure the safety of the child or others during an emergency situation. All emergency interventions, including but not limited to restraint, cease as soon as the dangerous behavior has terminated and the child is no longer in danger of hurting himself or herself, or others.
- Staff will use the least restrictive restraint at all times.
- Staff will inform the resident what is necessary to be released throughout the restraint.
- The resident's medical and psychiatric history will be taken into account for any restraint used.
- When restraints are used:
 - The restraint must be reasonably applied to prevent the resident exhibiting the dangerous behaviors from exposure to immediate injury or danger to him, herself or others.
 - The force used must not exceed the danger being averted.
 - The use of the restraint should not result in harm or injury to the child.
 - The duration of the restraint ceases as soon as the danger of harm has been averted.
 - Restraint must be limited to no longer than the duration of the emergency safety situation and under no circumstances for longer than 1 hour.
- During any use of restraint, staff should be vigilant for and responsive to any complaints by the resident of pain, difficulties breathing, or other physical or emotional problems associated with the restraint.
- As soon as possible after the initiation of the restraint, and throughout its duration, the resident will be assessed by a nurse or a staff who is not involved in the restraint, for: breathing, circulation, any sign of physical distress, the correct application of the personal restraint and any sign of undue pressure on the resident.
- Within 1 hour of the initiation of the restraint, an assessment of the resident's physical and emotional well-being will be completed by an RN.
- If a restraint situation seems likely to continue beyond the time limit of the order, the RN must contact the physician or other ordering medical staff to receive further instructions.
- The resident's parent/guardian must be notified of the restraint as soon as possible, but no later than 24 hours after restraint.

SAFE CRISIS MANAGEMENT Prohibited Interventions

Reference:

KDADS: 483.356

CARF: 2.A.19; 2.E.3

Date Revised: Aug. 2023**Page:** 1 of 1

Lakemary has adopted Safe Crisis Management (SCM) for emergency interventions. Approved interventions have been put in place to protect the health, safety, and welfare of the residents. Documentation of each intervention must be completed in a timely manner.

Procedure:

The following are prohibited in SCM:

- The use of any mechanical or externally applied restraining devices (except postural supports or those as part of medical procedures as ordered and implemented by the resident's medical provider).
- Aversive behavior modification interventions - these include (but are not limited to), body shaking, facial misting or other water sprays, slapping, pinching, ammonia vapors, sensory deprivation and electric shock.
- Intentionally producing pain to limit the resident's movement, including but not limited to arm twisting, finger bending, hyperextension of any joint, and headlocks.
- Placing blankets, mats, pillows, clothing or any other items over the resident's head or face (except for padding placed under the head of a thrashing or "head banging" individual to prevent injury); body wraps or blankets used as a means of restraining
- The use of psychotherapeutic or behavior modifying drugs as punishment or for the convenience of facility personnel to control a child who is exhibiting assault behaviors
- Any technique that can reasonably be expected to cause serious injuries to the child that require medical treatment provided by a health practitioner.
- Verbal abuse or physical threats.
- Isolation of the resident in a locked/blocked room such that the resident inside is not able to open the door.
- Food may never be withheld as a punishment nor may people be forced to eat for any reason.
- Access to personal possessions may not be denied as a punishment. However, access to personal possessions may be restricted by the team if there are safety concerns involving particular items.
- SCM will not be used as a punishment, discipline, coercion, or retaliation.
- SCM is not replacement for on-duty direct support professional employees.
- SCM is not a substitute for, or as part of a treatment program.
- SCM should not be used to harass or humiliate.
- SCM is not to prevent a resident from leaving except to protect from imminent harm as part of elopement.

SAFE CRISIS MANAGEMENT

Debriefing

Reference:

KDADS: 483.374

CARF: 2.F.11

Date Revised: Aug. 2023**Page:** 1 of 2

When a restrictive procedure, such as a restraint or seclusion occurs, the following debriefing procedure must be applied.

Procedure:

- Following an incident of restraint/seclusion, the resident should have the opportunity for discussion with the involved staff. The staff/resident debriefing is a debriefing process for all staff involved in a restraint and the child to discuss the incident and look at ways they can work together to prevent the need for restraint in the future. Employees not directly involved in the restraint and the resident's guardian may participate in the discussion when it is deemed appropriate.
- Debriefing should occur on the same shift and be documented as part of the incident report. If the debriefing questions cannot be administered on same shift, it should be noted along with the reason why debriefing did not occur (e.g. concern of re-escalation).
- If a resident is nonverbal, each question must still be asked individually. If the resident can answer by nodding, this needs to be documented. If unable to answer at all, write: "Child unable to participate due to functioning level."
- Debriefing includes the following:
 - **Date & Time of Debriefing:** DD/MM/YY and 00:00 AM/PM. The debriefing should occur and be documented by the end of the same shift as the restraint.
 - **Name of Staff Present:** First and last names of all staff who participated in the restraint and were present for the debriefing.
 - **Name of Staff Excused:** First and last names of all staff who participated in the restraint but were not present for the debriefing.
 - **Are you okay?** This is asked to the child to assess how they are feeling after the restraint.
 - **What happened that upset you?** As staff, it is okay to prompt the child if they are struggling to answer. For example, it would be appropriate to say, "It appeared you were upset about the choices for dinner. Is that true?"
 - **What can we, as staff, do next time to prevent this?** Again, as staff, you can help provide examples of things that might help and ask the child if that is true for them. This is specifically what staff can do to help, not what the child needs to do.

SAFE CRISIS MANAGEMENT
Debriefing

Reference:
KDADS: 483.374
CARF: 2.F.11

Date Revised: Aug. 2023
Page: 2 of 2

When a restrictive procedure, such as a restraint or seclusion occurs, the following debriefing procedure must be applied.

- **What strategies can you use to help calm down in the future?** This is specifically what coping skills can be helpful for the child. It is appropriate to provide examples for the child if they cannot come up with coping skills on their own.
- **What, if any, changes are being made to the child's treatment plan based on this incident?** This is not asked to the child. In general, the answer to this question will be "Referred to therapist for review. No changes at this time."

SAFE CRISIS MANAGEMENT
Supervisory/Administrative Review

Reference:
KDADS: 483.374
CARF: 2.F.12

Date Revised: Aug. 2023
Page: 1 of 2

When a restrictive procedure, such as a restraint or seclusion occurs, the supervisory/administrative review procedure must be applied.

Procedure:

- The supervisory/administrative review is a debriefing process for all staff involved in a restraint with appropriate supervisory and/or administrative staff. This review looks at different factors, including system issues, which may have led to the restraint.
- The results of the debriefings, including any changes to the resident’s treatment plan, are to be documented on the incident report by the end of shift. If staff were not present or excused from either of the debriefings, this must also be documented on the incident report.
- Review information includes the following:
 - **Date & Time of Debriefing:** DD/MM/YY and 00:00 AM/PM. The debriefing should occur and be documented by the end of the same shift as the restraint.
 - **Name of Staff Present:** First and last names of all staff who participated in the restraint and were present for the debriefing.
 - **Name of Staff Excused:** First and last names of all staff who participated in the restraint but were not present for the debriefing.
 - **What was the emergency safety situation that led to the restraint?** This should specifically address the unsafe behavior, such as aggression.
 - **What are factors that may have led to the emergency safety situation?** This can address child-specific (e.g., parent cancelled visit, didn't sleep well, etc.) and/or system-specific (e.g., newer staff still learning child and triggers, scheduled outings cancelled, etc.).
 - **What alternative techniques might have prevented the restraint?** This is alternative techniques the staff can provide. Specifically, in deescalating the specific situation that led to the restraint.
 - **What can you, as staff, do in the future to prevent this situation from occurring again?** This is different from Question 3 in that this looks at what can be done in the future - either child-specific or system-specific - to prevent a similar situation.
 - **What was the outcome of the situation?** What happened after - was child able to calm, still agitated, able to complete task, etc.

**SAFE CRISIS MANAGEMENT
Supervisory/Administrative Review**

Reference:

KDADS: 483.374

CARF: 2.F.12

Date Revised: Aug. 2023

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When a restrictive procedure, such as a restraint or seclusion occurs, the supervisory/administrative review procedure must be applied.

- **Where there any injuries to the child or staff involved?** Specifically state if there were no injuries to staff and child, or if there were injuries, what those were and whether nursing has assessed.
- **What, if any, changes are being made to the child's treatment plan based on this incident?** In general, the answer to this question will be "Referred to therapist for review. No changes at this time", unless provided specific information on changes prior to completing the debriefing.

SAFE CRISIS MANAGEMENT
Medical Treatment

Reference:

KDADS: 483.372

CARF: 2.F.8; 2.F.9

Date Revised: Aug. 2023

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Lakemary RN shall assess for any injuries following a restraint within one hour and provide immediate medical treatment for a resident injured as a result of an emergency safety intervention.

Procedure:

- Nursing department shall be notified immediately when a restraint has been initiated or as soon as possible.
- All injuries shall require appropriate level of medical attention based on standards of medical practice.
- In the event that a resident is injured in a restraint, staff will ensure that nursing department is notified.
- Nursing department will determine if further medical treatment is needed and resident should be transported to area hospital for further care.
- In the event that resident sustains a life-threatening injury, 911 shall be called immediately.
- Medical and other information needed for care of the resident will be exchanged between Lakemary and the hospital in accordance with State medical privacy law, including any information needed to determine whether the appropriate care can be provided in a less restrictive setting.
- Staff must document all injuries that occur as a result of a restraint.
- Staff must contact Risk Manager if staff has received injuries due to restraint.
- The resident's parent/guardian must be notified of all injuries due to restraint as soon as possible but no later than 24 hours.

APPENDIX A

Hospitals with SANE Services and Advocacy Available

Kansas Hospitals

- **AdventHealth Shawnee Mission**
9100 W. 74th Street, Shawnee Mission, KS 66204
ER Phone Number: (913) 676-2218
- **AdventHealth Lenexa**
23401 Prairie Star Parkway, Lenexa, KS 66227
Phone number: (913) 676-8500
- **AdventHealth South Overland Park**
7820 W. 165th Street, Overland Park, KS 66223
Phone number: (913) 373-1100
- **Children's Mercy South** (victims 13 and older)
5808 W 110th Street, Overland Park, KS 66211
ER Phone Number: (913) 696-8000
- **COVERSA at Olathe Medical Center**
2033 W 151 St, Olathe, KS 66061
ER Phone Number: (913) 791-4357
- **COVERSA at Overland Park Regional**
10500 Quivira Road, Overland Park, KS 66215
ER Phone Number: (913) 541-5338
- **HCA ER of Olathe**
13505 S. Alden St., Olathe, KS 66062
Phone: 913-397-1000
- **HCA ER of Shawnee**
10310 W. 63rd St., Shawnee, KS 66203
Phone: 913-227-8400
- **KU Medical Center**
3901 Rainbow Boulevard, Kansas City, KS 66160
ER Phone Number: (913) 588-6500
- **St. Luke's Leawood**
13200 State Line Road, Leawood, KS 66209
ER Phone Number: (913) 222-8380
- **St. Luke's Legends**
10544 Parallel Parkway, Kansas City, KS 66109
ER Phone Number: (913) 222-8325
- **St. Luke's North Overland Park**
7246 W 75th Street, Overland Park, KS 66204
ER Phone Number: (913) 222-8370
- **St. Luke's Olathe**
13405 S. Black Bob Rd., Olathe, KS 66062
ER Phone Number: (913) 222-8390
- **St. Luke's Roeland Park**
4720 Johnson Dr., Roeland Park, KS 66205
ER Phone Number: (913) 222-8399
- **St. Luke's South**
12300 Metcalf Avenue, Overland Park, KS 66213
ER Phone Number: (913) 317-7466

Missouri Hospitals

- **Children's Mercy Hospital** (victims 13 and older)
2401 Gillham Road, Kansas City, MO 64108
ER Phone Number: (816) 234-3430
- **COVERSA at Belton Regional Med Center**
17065 S. 71 Highway, Belton, MO 64012
Phone: (816) 348-1200
- **COVERSA at Cass Regional Med Center**
2800 Rock Haven Rd, Harrisonville, MO 64701
Phone: (816) 380-3474
- **COVERSA at Centerpoint Medical Center**
19600 East 39th Street, Independence, MO 64057
ER Phone Number: (816) 698-7170
- **COVERSA at Lee's Summit Hospital**
2100 SE Blue Parkway, Lee's Summit, MO 64063
ER Phone: (816) 282-5000
- **COVERSA at Liberty Hospital**
2525 Glen Hendren Drive, Liberty, MO 64069-1002
ER Phone Number: (816) 781-7200
- **COVERSA at North KC Hospital**
2800 Clay Edwards Dr, North Kansas City, MO 64116
ER Phone Number: (816) 691-2098
- **COVERSA at Research Medical Center**
2316 E. Meyer Boulevard, Kansas City, MO 64132
ER Phone Number: (816) 276-4155
- **COVERSA at Research Medical Center-Brookside**
6601 Rockhill Rd, Kansas City, MO 64132
ER Phone Number: (816) 276-7380
- **COVERSA at St. Joseph Medical Center**
1000 Carondelet Drive, Kansas City, MO 64114
ER Phone Number: (816) 942-4400
- **St. Luke's East**
100 NE St. Luke's Boulevard, Lee's Summit, MO 64086
ER Phone Number: (816) 347-4400
- **St. Luke's North**
5830 NW Barry Road., Kansas City, MO 64154
ER Phone Number: (816) 891-6010
- **St. Luke's Plaza**
4401 Wornall Road, Kansas City, MO 64111
ER Phone Number: (816) 932-5871
- **St. Luke's Smithville**
601 US 169, Smithville, MO 64089
ER Phone Number: (816) 532-3700
- **Truman Medical Center**
2301 Holmes, Kansas City, MO 64108
ER Phone Number: (816) 404-1587
- **Truman Lakewood Medical Center**
7900 Lee's Summit Road, Kansas City, MO 64139-1236
ER Phone Number: (816) 404-7500