



LAKEMARY  
CENTER

# ADULT SERVICES Procedure Manual

Adult Services Procedure Manual  
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## *MISSION*

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Empowering children and adults with intellectual and developmental disabilities to achieve their personal potential.

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## *VALUES: Lakemary CARES*

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### **Community**

- Strive to better the Lakemary community
- Speak about others and Lakemary in a positive manner
- Seek opportunities to collaborate with other team members and departments
- Effectively communicate information between staff members in a timely manner

### **Adapt**

- Modify how the job is implemented depending on the needs of the organization, department, and those we support
- Remain flexible by being open to new ideas & ways of doing things
- Ask for help from peers when needed
- Promote positivity in times of change

### **Respect**

- Foster growth among our peers and those we support
- Remain open and receptive to the input of others
- Promote a judgement-free atmosphere
- Maintain confidentiality of those we support

### **Empower**

- Maintain a strengths-based perspective. Focus on Abilities
- Lead by example
- Promote independence for those we support
- Always look for opportunities to make a difference

### **Support**

- Give people tools to succeed
- Support people when they're succeeding and struggling
- Help your peers, even if it is with something outside of our assigned job duties
- Aid in daily tasks i.e., cleaning, paperwork, communication, etc.

**We believe doing these things will lead us to Excellence in our care for those we support**

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*Guiding Principles*

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Start low, go slow.

All behavior is meaningful.

Nothing about me without me.

At all cost the people we support must look good in eyes of others.

When you change the way you see things, the things you see change.

If you make it a struggle you will lose.

Do not care for people, care about them.

If you always do what you have always done, you will always get what you have always gotten.

Making choices sometimes means making bad choices.

When you bond with people, they are more likely to succeed.

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## PHILOSOPHY

Lakemary recognizes the value of each person, regardless of ability, whether they are employees of the organization or persons served by the organization. Lakemary is committed to providing supports in a respectful and dignified manner and expects all interactions and efforts toward that end to support that commitment. Anything less is not tolerated at Lakemary. It is important to remember that every person, regardless of ability, is afforded the same rights as every other person. The only exception to this concept is if a safety concern exists and that right is limited by law or by appropriate behavior support planning, with consent of the person, their guardian, if they have one, and the Human Rights Committee.

## ABUSE, NEGLECT, AND EXPLOITATION

### Report of Abuse, Neglect, or Exploitation

Every employee is provided education on their first day of employment clarifying the definitions of abuse, neglect, and exploitation, reporting expectations, and legal obligations of a mandated reporter. The employee's obligation to provide support in a person-centered, trauma sensitive manner, and in compliance with each person's person-centered support plan is also made clear.

If an employee is reported for engaging in any behavior that can be or has been construed as abuse, neglect, or exploitation, (ANE) that employee may be terminated, relocated to any work location, or suspended depending on the particular situation, until the investigation is complete. If the employee is substantiated for ANE, he/she will be terminated and may be prosecuted to the full extent of the law.

Employees are not to engage in unethical or unlawful behavior. Employees are prohibited from engaging in any activity which will detract from the effective performance of duties, diminish the quality of support, or that reflect poorly upon the reputation of Lakemary.

In the event an employee **suspects** that abuse, neglect or exploitation has occurred, the employee will:

1. Intervene to stop the abuse, neglect, or exploitation.
2. Ensure quality support is re-established.
3. Give a direct report to their immediate supervisor or on call staff, if needed call the APS Hotline 800-922-5330 to make a report. Also notify the on-call Risk Manager/Safety Specialist by filling out an on-line risk management report.
4. The supervisor ensures quality support is re-established.
5. The supervisor notifies the Director of Adult Services (or their designee) and/or Social Services Director as soon as possible.
6. The Risk Manager determines, based on the facts immediately available, if the suspected staff will be placed on administrative leave or moved to a different environment, pending a completed risk management risk assessment.
7. If it is determined that the suspected staff person will be placed on administrative leave, the supervisor will relieve them of their duties and send them home.
8. All necessary documentation is completed.
9. The Risk Manager continues conducting an internal risk assessment.
10. All serious occurrences will be reported to the appropriate authorities (DCF Hotline, Community Developmental Disability Organization (CDDO), AIR report, KDADS IDD Surveyor and/or the police) within 24 hours of discovery, by the Social Services Director their designee.

11. Follow up occurs, as needed.

Cross Reference:

Employee Handbook; Persons Served (ANE, Rights, Behavior Mgmt.) section  
“No More Excuses – An Introduction to Abuse, Neglect & Exploitation” Training Manual  
Adult Services “Rights” Training Handbook  
Policy 1.3.1 Conflict of Interest – Employees  
Policy 3.1.12 Protection of Persons Against Exploitation  
K.A.R. 30-63-28  
Risk Management Program

## ADMISSION PROCEDURES

### Application Process

To be eligible for Lakemary Day, Supported Employment, Residential and Wellness Monitoring Services, you must be a resident of Kansas, be determined eligible by your local Community Developmental Disability Organization (CDDO), be at least 18 years of age and have a developmental disability that results in substantial limitations requiring support. Contact your local CDDO for questions concerning eligibility for services. **If you currently live out of State, our admission team will determine eligibility based on documentation/testing.**

To be eligible for Lakemary Targeted Case Management Services, you must be a resident of Kansas, be determined eligible by your local CDDO, be at least 5 years of age and have a developmental disability that results in substantial limitations requiring support.

Lakemary will encourage you to access KanCare (Kansas Medicaid) if you are eligible for this important public assistance. **The Home Community Based Services tier rates are used for in-state private pay pricing, if the person has a tier assigned without HCBS funding. Out-of-state rates are based on Lakemary’s internal private pay tier rates.**

If you become ineligible for our services, staff will assist you to learn about other services for which you may be eligible.

### Accessing Lakemary Services

Through the referral process, you will have the opportunity to learn if Lakemary would meet your needs and interests, and Lakemary can determine if they have sufficient resources to support you.

- a. An Initial Inquiry Questionnaire is provided to people asking about services when Lakemary has capacity and/or we are accepting referrals for the internal waiting list for the service you are interested in. Lakemary will also request the individual’s Person-Centered Support Plan, Behavior Support Plan, BASIS, and Physical Exam.
- b. When all documentation is received, the admissions team will review the file and make a preliminary determination if we can meet their needs.
  - a. If Lakemary believes we may be able to support - an in-person admission interview and tour of Lakemary will be set up with the person/family and representatives of the service area, administration, and health services. Lakemary staff members will



share information with you about the support we provide, and you can ask questions and tell us about what type of lifestyle you want and the support you need. A review of fees will be completed at this time. Common examples of support for which there is a fee include transportation, meals, rent and personal supplies. You and/or your guardian/family will be notified in writing of the admissions meeting outcome.

- b. If Lakemary believes we are unable to meet your support needs, you and/or your guardian/family are notified in writing and given the reason for that finding. Referrals for alternative services are offered, if appropriate.
- c. Admission decisions are made by the Admission and Review Committee which is appointed by the President. It includes the Vice President of Adult Services, Director of Adult Services, Social Service Director, Administrative Assistant/Case Manager, Health Service Director/ designee, Coordinator of Residential Services, and Coordinator of Day Services, and are based on a review of all application materials and a personal interview.
- d. When inquiries exceed capacity, they will be maintained by the date of inquiry. Services are offered to people based on the earliest date of application and compatibility with prospective housemates. Exceptions are made to this standard based on the need for emergency service. Contacts will be made annually with people on the waiting list. Applicants who do not have fee sponsorship are given equal consideration and every effort is made to secure funding, whether through entitlements, grants or other sources.

### **Beginning Lakemary Services**

After completing the above steps, we'll discuss the best setting for your residential/day services. Tours and visits to the home and/or day site will be planned for. Everyone needs to feel comfortable with the living/day arrangements and have an opportunity to get to know each other. Lakemary wants to make sure everyone is on board with the final decision and feels confident it is a good fit. If after several visits everyone agrees to the services, we will have a transition meeting:

1. A transition meeting will be held with the individual/family, targeted case manager, MCO care coordinator to complete a transition checklist and route info. We will verify a referral from the CDDO has been received and completed, and that your MCO has developed an ISP/authorization.
2. Your person-centered support plan will be developed/updated by you and your support network at the transition meeting or afterwards.
3. We will verify a referral from the CDDO has been received and completed, and that your MCO has developed an ISP/authorization.
4. We will complete a Service Agreement. The Service Agreement will describe what services Lakemary will provide to you, and you will confirm Lakemary is your chosen service provider.
5. A date to begin will be set.

### **Transition Checklist**

#### **Prior to the Transition Meeting:**

- Approved for Waiting List
- Family completed Application/Personal Information form (email to individual/family prior to meeting, send copy of completed form to nursing and Administrative Asst.)

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**Check off if you have the following documents in the person's file – if not, obtain at the Transition Meeting (email to individual/family prior to meeting):**

- CDDO Referral
- Copy of Medicaid Card (front/back and send to Accounting: in care of Cathy C, nursing and unit file)
- Copy of Medicare and/or other insurance cards (front/back and send to Accounting: in care of: Cathy C, nursing and unit file)
- Copy of KS Identification Card or Driver's License (send to unit file)
- Copy of Original Social Security Card (send to unit file)
- Copy of Original Birth Certificate (send to unit file)
- If the individual is entering Day Services they must provide 2 forms of original identification for the I-9 to a designated staff. These 2 forms of original identification were provided and I-9 signed. (Originals: Social Security Card or Birth Certificate & KS ID). (Day Supports keeps the form)

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**At the Transition Meeting:**

- Complete:
  - Advanced Beneficiary Form (place in unit file)
  - Notice of Privacy Practices (place in unit file)
  - Consumer Notice How We Get Paid (place in unit file)
  - W4 (send to Accounting: in care of Nicole)
  - K4 (send to Accounting: in care of Nicole)
  - Direct Deposit Form (send to Accounting: in care of Nicole)
  - Release of Information (family, CDDO, MCO, KDADS, ARCare, other providers, Lease, KDHE etc.) (place in unit file and send copy to program area)
  - Consent to Photograph (place in unit file)
  - Consent to Video (combine with above)
  - Authorization for Medical Care (place in unit file, send to Health Services and program area)
  - Miami County Medical Center Consents (send to Health Services)
  - New/Updated Insurance Information Form (send to Accounting)
  - Contact CDDO to complete Transfer Agreement between CDDOs (MICO email Michelle, JOCO email [cddocasetransfers@jocogov.org](mailto:cddocasetransfers@jocogov.org))
- Obtain copies of:
  - Guardian/Conservator paperwork (place in unit file)
  - DPOA/MDPOA/Living Wills, etc. (place in unit file, send copy to Health Services and program area)
  - Current Person Centered Support Plan (Risk Assessment) and Behavior Support Plan (place in unit file and save to J drive/shared folder)
  - Admissions Health Assessment w/ TB Test (place in unit file, send copy to nursing)
  - PRN Standing Orders (place in unit file, send copy to nursing)
  - Psychotropic Medication Consents (take through HRC and place in unit file)
  - BASIS (place in unit file)
  - MR-1 & MR-4 (Place in unit file)
  - MCO ISP/PCSP

- Review & Sign:
  - Adult Services Program Handbook (place in unit file)
  - Service Agreement (place in unit file)
  - Renter's Insurance Form (place in unit file)
  - Payee Form (place in unit file)
- Give Family a copy of the Emergency Line letter with after hours numbers.
- Send Status Action form to Medical Records who will update NetSmart, Accounting: in care of Cathy C, Nursing, Pres/CEO Admin Asst, AS Compliance, AS Administrative Asst
- Discussion of Preferences and Needs (Social, Leisure, Living, & Working)
- Plan of Action (What services is the person waiting for? Did he/she choose TCM?)
- Prompt provider to complete Transition Visit Schedule for documentation

## **ALCOHOL AND DRUG-FREE WORK ENVIRONMENT**

Please refer to the Employee Handbook for information regarding alcohol and drug free work environment.

Cross Reference:

Policy 1.3.2 Alcohol and Drug-Free Work Environment Section  
Employee Handbook

## **ATTENDANCE POLICY IN ADULT SERVICES**

All employees are expected to arrive on time and be ready to work. Employee attendance is critical to the services that LMC provides to individuals served. Unscheduled absences may adversely affect statutory and licensing requirements and may negatively impact the quality of services. Poor attendance and poor punctuality, regardless of the reason, can affect performance and LMC's operations, and therefore, can result in disciplinary action up to and including termination.

Scheduled Absences: A scheduled absence is an absence that is preplanned and where an employee obtains prior approval for the absence.

In addition, absences due to approved Workers' Compensation, FLMA, GLOA, ADA, Military, Bereavement, Administrative, Jury Duty and Suspension are considered scheduled and approved absences.

Shift: Shift includes all scheduled hours, which includes but it not limited to regular shift, approved overtime, training, mandatory meetings, and ALL agreed upon shifts (including voluntary overtime).

Unscheduled Absences: An unscheduled absence is an absence from any part of a scheduled work shift without LMC approval (includes tardies, leaving early, call-in for an entire day, no-call-no-show, and failure to attend scheduled training / meeting).

### **PROCEDURE**

Employees who are unable to arrive at work on time must contact their supervisor a minimum of 1 hour prior to the beginning of the scheduled shift except where earlier notification requirements are mandatory due to the nature of the services provided. It is an employee's responsibility to ask their supervisor about notification requirements that are specific to the department/program. Employees are responsible for communicating through departmentally approved methods (calling, texting, etc.) which are authorized by the supervisor. LMC considers failure to follow notification guidelines a work performance issue and employees who fail to meet the notification requirements are subject to disciplinary action up to and including termination.

Employees who fail to call in or report to work for three consecutive days will be considered to have voluntarily resigned from their position, specifically job abandonment.

### **APPROVED MEDICAL ABSENCE**

An approved medical absence will be given to an employee ONLY with a diagnosis of contagious illness (the doctor's note must be specific and detailed regarding the nature of the illness). The note must be submitted to the Human Resources Department within 24 hours of the absence and must be on the doctor's letterhead bearing the doctor's signature. The note must indicate what date the employee is cleared to return to work, as well. Employees may put their doctor's note in the locked box outside of Human Resources or in locked box in front of Keeler or email them to HR.

### **AT A GLANCE**

Unscheduled call-in weekday = 1 point (unless approved as contagious illness, with required documentation submitted to HR within 24-hour window)

Unscheduled call-in weekend = 2 points

Unscheduled absence day before or after a holiday = 2 points and no holiday pay

Unscheduled absence on holiday = 2 points and no holiday pay

Late in or early out less than 2 hours = ½ point

Late in or early out of more than 2 hours = 1 point

No Call/No Show (NCNS) = 3 points and a formal written warning

### **DISCIPLINARY PROGRESSION**

5 points = First Written Warning

10 points = Final Written Warning

15 points = Termination

Formal written documentation remains active in the employee's personnel file in Human Resources for 6 months (rolling). Points will "fall off" once they age 6 months.

After 3 formal documentations within a 6-month period, the employee may be terminated.

Lakemary reserves the right to disallow an employee from using PTO for instances of unusual and unexplainable absences.

Lakemary reserves the right to advance disciplinary steps as deemed appropriate.

Issues that do NOT impact attendance:

FMLA, GLOA, Bereavement, Military Service, Jury Duty, Verified Contagious Illness

## **BREAKS**

Please check with your supervisor so that you can clearly understand their expectation for your department.

Res:

Day:

## **CAMERAS IN ENVIRONMENTS**

Some Lakemary Center residential and day locations may have cameras installed in common areas due to significant health or safety issues of one of the people living in the home. When a person chooses Lakemary residential and/or day support, in a location that utilizes a camera, they are fully informed about its presence in the location and the reason for its use and are actively choosing to receive support in that environment with the full knowledge of camera usage to support the health and safety of a housemate or coworker.

Camera footage is available for review by select leadership and compliance staff for an average of thirty (30) days. Lakemary reviews footage to determine educational needs of staff and persons supported. We also review footage to detail events and problem-solve best practices in support provision. This allows Interdisciplinary Teams to develop and implement individually-specific support best suited to each person, promoting enhanced learning and independence for each person.

## **CELL PHONE USAGE**

Please refer to the Employee Handbook: Cell Phone section and speak to your supervisor to clarify departmental specific expectations.

Cross Reference:

Employee Handbook; Cell Phone section

Lakemary Transportation Manual

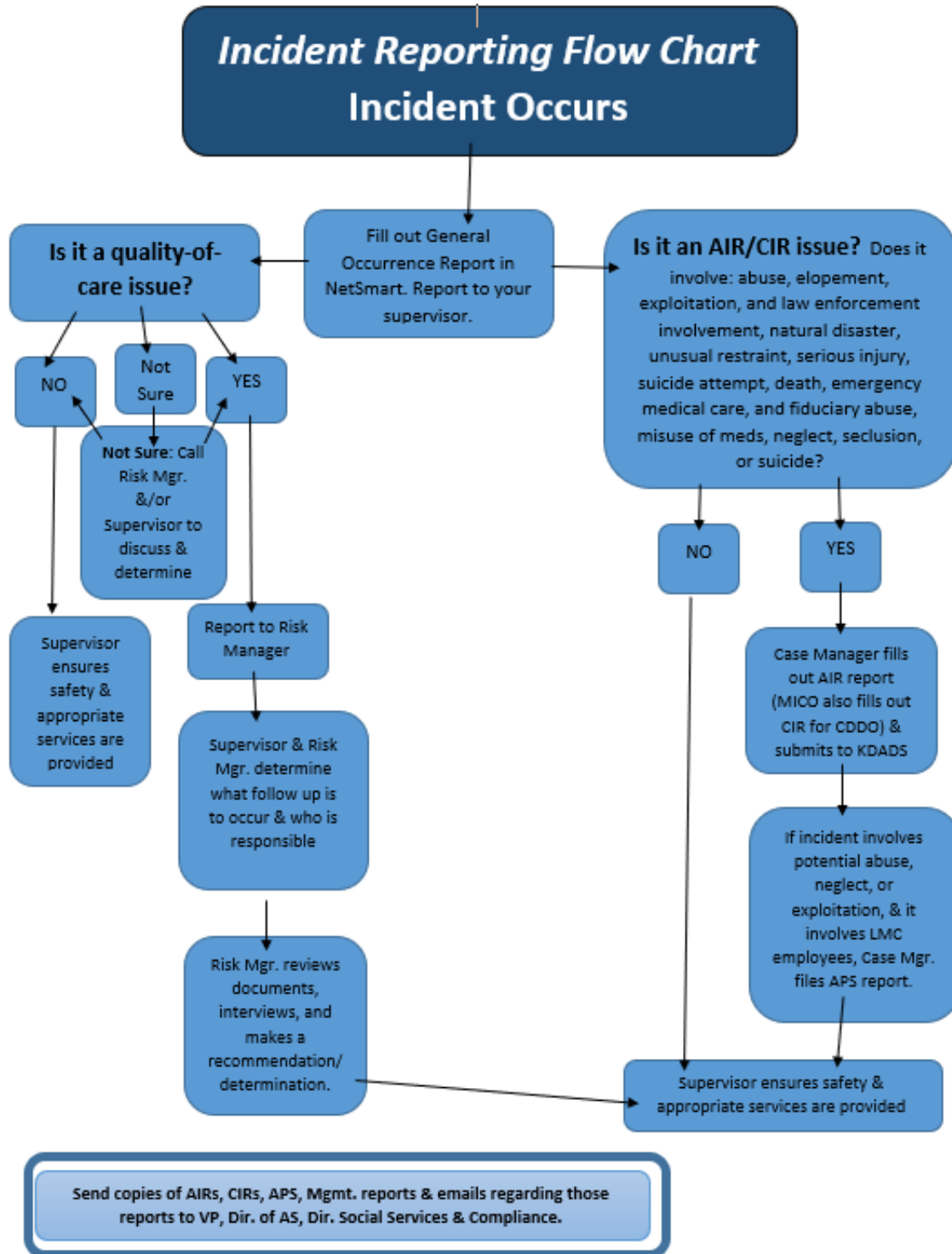
## **COMMUNICATION**

Lakemary staff log significant events and treatment issues in NetSmart electronic medical records on a regular basis, as events occur or needs arise. This can include community outings, residential activities, staff interactions, medical needs, response or reactions to events or visits, significant events, and accomplishments.

Please maintain open and honest communication with your supervisor and co-workers.

Cross Reference:

Employee Handbook, Communication section & NetSmart Procedure Manual



## CONFIDENTIALITY (HIPPA)

Please refer to the Employee Handbook for information on confidentiality and HIPPA compliance.

Cross Reference:

Employee Handbook; Confidentiality section

HIPAA Privacy Practices

HIPAA Security Practices

Policy – 1.6.1 Privacy Practices Policy – Audience, Definitions and Enforcement

Policy – 3.1.4 Confidentiality

## CRITICAL INCIDENT

Please refer to procedure on “Information & Communication Flow”.

Policy - 4.1.13 – Critical Incident Policy

Cross Reference:

Procedures: Serious Occurrence

Information Flow

NetSmart Procedure Manual

## DELEGATION OF NURSING TASKS

### Delegation of Nursing Tasks or Procedures

1. Each person’s nursing care needs are assessed by the nurse practitioner (NP) or registered nurse from preliminary admission information, initial assessment, medical history, the latest physical examination and verbal exchange at time of admission.
2. Designated unlicensed personnel are trained in medication administration with the One Little Pill One Big Responsibility manual endorsed by InterHab and the Kansas State Nursing Association in the State of Kansas. Each person that is medication trained will receive a certificate of acknowledgement that is co-signed by the person and the registered nurse that provided the training. A list of those trained will be kept with the Training Coordinator and in the Nursing Clinic.
3. All designated personnel are trained in CPR, First Aid, and subjective and objective observational methods to detect changes in health. Changes in health stature and/or

concerns are documented on an incident report and if immediate attention is warranted, the on-call nurse is notified. When the delegating nurse is unavailable, they shall notify the Director of Adult’s Services and a PRN and/or on call nurse will be notified.



4. Nursing staff may also delegate other tasks or procedures that can be performed properly and safely, and which do not require the person to exercise nursing judgment or intervention by an unlicensed person, after providing the needed training to the designated unlicensed person.
5. Any person to whom tasks or procedures have been delegated by nursing will be identified by name in writing and will have a record of having been oriented and trained (and demonstrate competency) by the registered nurse. The designated staff person will countersign all such documentation.
6. The nurse practitioner or registered nurse will be accountable for the delegated tasks or procedures, will participate in evaluations of the supports rendered, will record supports performed and will adequately supervise the performance of the delegated nursing task or procedure per current professional standards.

## **DISCHARGE**

A person served may be discharged/transitioned from Lakemary for any of the following reasons:

- Their behavioral or emotional condition has deteriorated to the point where it is no longer possible to provide adequate support. Indicators for this situation might include the following:
  - Self-injurious behavior with serious medical risk.
  - Repeated elopement or elopement behavior in which other persons are successfully encouraged to participate.
  - Behavior which results in serious ongoing negative impact upon other persons to the point where it interferes with the treatment of other persons.
  - Aggression of such a severe nature that there is continued risk of harm to others in this setting which cannot be successfully managed, e.g. use of weapons, serious injury to others, etc.
  - Repeated episodes of serious property destruction of such a severe nature that there is continued risk of serious deleterious financial impact to the agency.
- Need for medical supports which extend beyond that which might be reasonably expected within this level of care.

The decision to request discharge/transition of a person served shall typically involve the person's support network. Whenever the decision to discharge/transition a person served is made, all provision of the Adult Service Agreement shall be followed, e.g. provision for length of notice required.

### **Discharge Process**

It is the responsibility of the assigned Case Manager recommendations regarding the array of supports which will be needed. Offers to participate in the discharge planning process/meetings will include the person served, their legal guardian/family, and any other involved community members. Contact between the parties involved shall remain in effect to assist in any transitional discharge planning. A Lakemary status action form shall be completed and a discharge packet will be sent with the person at the time of discharge.

- PCSP

- BSP
- Health Assessment
- Medication; dosage; reason for medication, prescriber
- Appointments with discharge support providers (date, time, place)

Any person served leaving Lakemary who has received psychotropic medication during their stay at Lakemary will have documentation for each medication in their psychiatric discharge summary or final evaluation. The person served on psychotropic medications will leave Lakemary with a prescription written for at least a 30 day supply of medication and the person will leave the facility with a minimum of three days' worth of prescription medication when applicable.

Cross Reference:  
 Policy – 3.1.8 Outcome Program Evaluation  
 Policy – 3.1.15 Discharge, Transition and Follow-up

## DISCRIMINATION

Please refer to the Employee Handbook for information on discrimination.

Cross Reference:  
 Employee Handbook; Equal Employment Opportunity and Sexual Harassment and Other Harassment sections  
 Policy – 1.2.5 Nondiscrimination

## DRESS CODE

Employees will be required to dress in a manner appropriate to their position, activities and building location, avoiding extremes in style and fashion. To aid in defining "appropriate" and "extremes", each department has guidelines specific to their business needs. The dress code is designed to project a positive image to our persons served and the community-at-large. As a general policy, all employees will be expected to adhere to the standards listed below, as well as those set forth in departmental dress codes, during working hours:

1. Neat, **well-groomed** personal appearance.
2. Good **personal hygiene** on a daily basis.
3. Neat, clean, **controlled hair** that does not interfere with work or vision.
4. Neat trimmed/moderate style **mustache/beard**.
5. Tasteful, non-excessive use of **cosmetics/jewelry**.
6. Clothing must be **clean and not frayed** (i.e. cut-off shorts, jeans with holes, t-shirts with inappropriate logo and/or statements) will not be worn.

7. Clothing must not be sheer, transparent, **unreasonably tight or short**, exposing midriff or back, or inappropriately revealing.

8. Artificial nails or extenders will not be excessive in length due to hygiene and safety factors.

Employees are responsible for knowing the dress code for their position. To obtain this information, employees may **contact their supervisor**.

### **Additional Dress Code Requirements**

Acceptable shoe wear is dependent upon the needs of the department. Direct care employees are not allowed to wear backless shoes, sandals, high heels, etc. due to the needs to respond to an emergency situation with a person served (i.e., running, implementation of safety hold, etc.).

Due to potential safety risks, employees assigned to work with persons served directly and/or employees who are attending training that requires physical interaction are to **minimize their earrings and/or ear jewelry, including but not limited to hanging type earrings**. For these safety sensitive positions, employees shall **not wear facial jewelry or dangling earrings**. Due to the nature of direct care work, it is **strongly recommended that employees not wear body piercings**: employees who chose to wear body piercings (this does not include facial jewelry, which cannot be worn while on duty) will be done at the employee's own risk.

When involved in a Lakemary swimming activity, employees must be dressed in **conservative, non-sheer, one-piece swimwear**. Employees wearing inappropriate attire may be verbally counseled by their supervisor and/or required to leave the work site, without pay, to change into appropriate clothes/swimwear. **Shirts and shoes, as outlined above, are required at all times** except when actively involved in an Lakemary swimming activity.

**Repeated disregard for the dress code may result in disciplinary action.** If in doubt about the appropriateness of any article of clothing, an employee should contact one of their supervisory staff and/or Human Resources. **If an employee violates the dress code policy and an injury results due to the violation, Lakemary's worker's compensation carrier may deny coverage.**

Should an employee require any **special accommodation due to health matters**, a possible disability, religious beliefs, or other important reasons, these matters should be discussed with **Lakemary's Human Resources** office as Lakemary abides by all equal employment opportunity policies and philosophies

Please see Employee Handbook for additional information and check with your supervisor on specifics for your work location.

Cross Reference:  
Employee Handbook; Dress Code section

## **DRUG FREE WORKPLACE**

Please refer to the Employee Handbook for information on Lakemary's expectation on a drug-free workplace.

Cross Reference:  
Employee Handbook; Alcohol and Drug Free Work Environment section  
Employee Assistance Program

## **ELECTRONIC MEDICAL RECORDS**

Lakemary utilizes NetSmart to document and house electronic medical records. This system adheres to all HIPPA standards. Lakemary employees are responsible for knowing how to efficiently and effectively utilize the system as a way to maintain accurate and up to date information on persons served. If you have questions at any time, you are responsible to communicate timely with your supervisor or other staff to ensure you maintain accurate information.

Cross Reference:  
NetSmart Training Guide  
NetSmart Manual

## **EMAIL AND INTERNET USAGE**

Please refer to the Information Technology Handbook for information on email and internet usage. Please remember that Lakemary resources are to be used for Lakemary purposes only.

Email containing HIPPA protected information MUST be encrypted when being sent outside of Lakemary. If family or guardian request communications be unencrypted due to technology challenges when all efforts to rectify the challenge have been exhausted, this request may be approved by the Vice President of Adult Services or the Social Services Director. If approved, the family/guardian will be required to sign the "Acknowledgement of Your Request for Unencrypted Email." This signed form MUST be secured in the person's file prior to any unencrypted email being sent out.

Cross Reference:  
Employee Handbook; Electronic Mail section  
Information Technology Handbook  
Office 365 Email Tutorial  
8X8 Procedure Manual

## **EMPLOYEE RELATIONS**

Please refer to the Employee Handbook for information related to employee relations.

Cross Reference:  
Lakemary Center, Inc. Mission and Values Statements  
Employee Handbook; Violence in the Workplace section

## EMERGENCY PREPAREDNESS

Please refer to the Emergency Preparedness, Evacuation and Recovery Plan Manual for all procedures related to this topic.

Cross Reference:

Employee Handbook: Emergency Preparedness section  
Policy – 1.2.4 Emergencies and Unusual Occurrences  
Emergency Preparedness, Evacuation and Recovery Plan.  
Safety Manual and Accessibility Plan  
Workers' Compensation Guidelines  
K.A.R 30-63-27

## FALL PROTOCOL

### Fall Protocol:

- DO NOT move the person!
- If they fall and hit their head, Call 911
- If they fall and do not hit their head, call the on-call nurse
- Notify leadership
  - Residential: on-call supervisor
  - Day Services: case manager

## FINAL RULE

The Centers for Medicare and Medicaid Services (CMS) has issued the Home and Community Based Services (HCBS) Settings Rule (Final Rule). The Final Rule requires states to review and evaluate HCBS settings, including residential and nonresidential settings, meaning the State of Kansas is required to analyze all HCBS settings where HCBS recipients receive support to determine current compliance with the Final Rule. This occurs on an annual and on-going basis for current sites and requires assurances prior to any new setting being used to deliver HCBS support.

Lakemary's mission, vision, and values fully support the assurances required by the Final Rule and recognize that these assurances are a fundamental right for all persons. These assurances are a routine part of support offered at Lakemary.

Assurances that support is offered in accordance with Final Rule must include, at a minimum:

- Every person supported by Lakemary enjoys the same rights as every other person, unless restricted by law
- HCBS recipients must be fully integrated into their community, based on their personal choices. They choose where to shop, what to shop for, what activities they want to attend in their community and surrounding communities, and what to do for fun and who to do it with.

- Each person chooses where they live and work. They live with and work with who they want. They structure their day the way they choose. They do what they want, when they want, regardless of whom they choose to provide support. Each person chooses their own daily routine for things such as hygiene, support delivery, recreation, etc.
- Each person chooses who provides their support services, including HCBS day and residential services, targeted case management. They also choose who provides the medical, behavioral, and therapy services and where those services are located.
- Person-centered Support Plans (PCSPs) MUST accurately reflect the person's choices. Each person is in charge of their own plan and its contents. We support them in communicating these choices and how they want their support delivered. The targeted case manager documents these choices in the written PCSP. You need to know what those choices are and how the person wants their support delivered.
- You must ALWAYS communicate with the person in a way they can understand and ALWAYS assume the person is competent and can make decisions for their life. Everything is about THEIR choices (Not yours or Lakemary's).
- Each person has privacy in their home. They have full access to all areas of their home (examples: laundry area, common areas, dining area, kitchen) whenever and however they want.
- They choose or help choose their meals and can eat them when they want. They can prepare or help prepare meals and snacks, as they prefer. They can eat alone or with others.
- Each person has privacy in the bathroom, their private bedroom, and during any personal care activities. They decorate their space according to their personal choice.
- They can come and go as they want, with whom they want. They can communicate on the phone or through other electronic methods whenever they want. And, can have privacy when doing so. They can have visitors at any time they choose.
- Each person can lock the exit doors in their home. They can also lock their bedroom and bathroom doors, if they choose. Only appropriate staff have keys to the person's home and always knock, and wait for permission, prior to entering.
- If a person needs accommodation such as grab bars, ramps for wheelchairs, etc., the support provider should assist with ensuring needed accommodation is required.
- If there are barriers that limit access to anything the person may need or want to access, such as Velcro strips, locked doors, cupboards, or refrigerators, etc., the appropriate documentation and consents will be acquired, as needed. If other support can be offered that would negate the need for a barrier, that support will be tried first.
- If there is a safety issue with any of these rights and the person, their guardian, and support network feel there is imminent danger of harm, the person and/or their guardian can choose to limit a right, as long as this right and a teaching/coaching plan designed to eliminate or significantly reduce the danger is developed, documented, and implemented in the PCSP. The person and/or their guardian should contribute to the plan, and consent to the plan, prior to it going to the Human Rights Committee (HRC) for review and approval. All efforts should be made to restore the restricted right when the danger of harm is lessened or no longer exists, or when consent is withdrawn.

Each new location in which support will be provided must be evaluated by KDADS (& CMS) prior to support being paid for in that location. All questions on the State of

Kansas Final Rule Assessment must be answered and determined to be in compliance with CMS's expectations. In addition, some locations that are located in close proximity to institutional settings, such as hospitals and nursing homes, and locations that are in close proximity to other support locations, are considered Heightened Scrutiny locations which require the person who is going to live or work in the environment, and their staff, to engage in an interview with KDADS / CMS staff.

## **GENERAL HEALTHCARE MEDICATIONS & NURSING**

Each person will have reasonable and impartial access to available, medically-indicated care, treatment and supports within the capability and capacity of Lakemary regardless of their ethnicity, national origin, culture, gender, gender identity, sexual orientation, pregnancy, religion, spiritual beliefs, socioeconomic status, physical or mental disability, veteran's status, uniformed service, or other factors, genetics. Nursing is defined as the practice in which a nurse assists the person, sick or well, in the performance of those activities contributing to health or recovery. Nursing is provided by Nurse Practitioner, Registered Nurse or a Licensed Practical nurse under the Nurse Practitioner's supervision. A licensed physician directs all medical care and personnel. Emergency medical supports will be referred for those needing it, as deemed necessary by the physician or other qualified practitioner.

People may request medical evaluation/interpretation for any health issue they may have. Nursing care is directed at both preventative and corrective measures. The practice of nursing at Lakemary for Adults and Families is defined by the Kansas Nurse Practice Act.

The persons receiving supports thru Lakemary's residential program will be provided general health consultation, nursing care, medication management and secure medication storage.

Health records will be maintained for each person and will include: all current medication regimes, current wellness exams when applicable, immunization compliance, health

history, medical history, and any therapeutic type(s) of treatment(s). These records will be precise and completed in a very timely manner.

All health information and records will be handled with full compliance to HIPAA standards.

The staff will provide general health education to all persons. Health care issues will be handled by officially licensed personnel and care will be delivered in an honest and compassionate form, without prejudice.

Reportable communicable diseases shall be shared with the Miami/Johnson County Health Departments (as appropriate) by the next day.

### **OVER THE COUNTER MEDICATION**

1. Over-the-counter non-prescription medications may be administered to people after medical approval
  - a. Staff shall record the dispensing of these non-prescription medications on designated medication forms,
  - b. Staff will use caution when administering over the counter medication and how the medication will react with other prescribed medications.

## **PRESCRIPTION AND NON OVER THE COUNTER MEDICATIONS**

1. Can only be administered if prescribed for the patient in question.
  - a. Medications will be administered per order instructions.
  - b. Medication administration will be carefully documented on the MSR
  - c. Should any adverse reaction occur with any medication, the on-call provider should be notified and all observations and “steps” should be carefully documented.
  - d. Any medication questions or concern should be directed directly to a member of the medical staff.
  - e. Any adverse event regarding the administration of ANY medication should be documented as an incident and reported to the Director of Adult Services as applicable and to the on-call nurse.

## **EMERGENCY MEDICAL TREATMENT PROCEDURES**

As in any situation, in spite of all of the safety precautions that are taken, there will be occasions when a person is injured or other medical issue arises, requiring emergency medical care. After medical care has been secured and the person is no longer in danger, an incident report shall be completed by this staff prior to leaving their shift. Phone contact must be made with the case manager as appropriate within 24 hours of the following Monday if emergency occurs on a weekend.

An incident report shall be completed before any staff person involved in an incident leaves his/her shift and shall be submitted to their supervisor. This report shall be forwarded to Adult Health Services.

### **1. Obtaining Medical/Emergency Treatment**

- a. Staff shall obtain immediate medical treatment for any person who is seriously injured or ill.
- b. Designated staff will notify parent/guardian.
- c. Any paperwork received from any treatment should be forwarded to Health Services.

### **2. Emergency Treatment**

- a. Miami County Medical Center and Olathe Medical Center will be used for medical emergency treatment for residents as appropriate.
- b. Medical cards, consent to medical care, medical information form filled out by Lakemary staff and release of confidential information forms shall be taken to the emergency room with the person.

## **EMERGENCY MEDICAL CARE**

Emergency medical care refers to treatment necessary to keep the person from further injury or loss of life.

## **PREVENTION**

Prevention includes preparation for an eventual emergency as well as the day to day medical care of people which will prevent potential medical emergencies.

Some suggestions regarding prevention are to be prepared for an emergency by:



1. Having first aid supplies accessible
2. Knowing the location of hospitals and emergency rooms, as well as being familiar with procedures.
3. Listing the phone numbers, near the phone, needed for various emergencies, such as physicians, ambulance, fire, poison control and Lakemary supervisors/nurses on call.
4. Familiarizing the people with this procedure.
5. Having each person's information, insurance cards, traveling med file, HDP and medical consent to treat in a centralized accessible location.

#### Operating a Safe Location

1. Maintaining appliances and equipment in good repair and requiring proper use.
2. Having a quarterly maintenance inspection of the facility for such things as roof, gutters, furnace, windows, major appliances, etc.
3. Monitoring the use and storage of substances and solutions used in the facility for cleaning.
4. Lakemary's agency controlled residential environments have hot water temperature control sensors installed in all tubs/showers. Water temperatures are monitored/checked monthly and documented by maintenance personnel. If there is a temperature problem detected the Maintenance Coordinator is contacted immediately to resolve the concern.

#### Day to Day Support Provision

1. Annual physicals
2. Annual dental exams
3. Daily hygiene
4. Prescribed use and safe storage of medications
5. Teaching each person to inform staff of physical pain, injuries, cuts, falls, scrapes, etc.

### **PROCEDURE**

The purpose of these procedures is to familiarize staff with action steps to be taken if emergency medical care becomes necessary, as well as to provide clear direction on the locality of Lakemary designated emergency assistance. Staff shall know where first aid supplies are located and follow instructions as outlined.

Basic First Aid priorities shall include:

1. Attempt a prompt rescue.
2. Ensure that the victim has an open airway and give CPR as necessary.
3. Control severe bleeding. Protective gloves should be available at all times, and worn when giving first aid.
4. Give first aid for poisoning or ingestion of harmful chemicals.
5. Treat for shock.

Phone numbers to summon assistance:	Paola	Olathe
1. Ambulance, fire or police –	911	911
2. Hospital Emergency Room	913-294-2327 MCMC	913-791-4200 OMC
3. Poison Control	1-800-222-1222	
4. Emergency after hours phone #	Supervisor	
6. Contact person's parent or legal guardian		

Cross Reference:

## **GRIEVANCE**

The person may first discuss their grievance with their Case Manager. At the time of referral to the Case Manager the complaint is considered a formal grievance. If the outcome is not satisfactory, the person may request to speak with the Director of Adult Services. If results are still not satisfactory, the grievance will be forwarded to the Vice President of Adult Services. If the issue is still not resolved, it can be forwarded to the President of Lakemary. A written response will be provided within five business days.

Cross Reference:  
Policy – 3.1.10 Grievances

## **INCIDENT REPORTING PROCESS**

Please refer to the procedure on Information & Communication Flow.

See Appendix for the Critical Incident Form

## **INFECTION CONTROL**

Lakemary's admission process requests that all new admissions have current immunizations and screening for TB. Immunizations will be monitored and updated as needed for all persons by the Health Services Department. Documentation will be in the medical record and on the Health Data Profile Sheet.

Decisions for implementation of infections control procedures in residential and day service settings are the responsibility of the Health Services Coordinator.

Infectious diseases that require reporting to local health departments and/or Lakemary for control of communicable diseases is the responsibility of the Health Services Coordinator.

## **INFORMATION & COMMUNICATION FLOW**

Lakemary is committed to maintaining and utilizing appropriate information to further the person-centered support planning for each person. To ensure this information is reported accurately and timely, Lakemary will follow the process outlined below:

1. Incident Reports are completed by Direct Support Professionals (DSPs), prior to the end of their shift.
2. Reports are routed (as identified for each program area) to the area supervisor.
3. The Program Coordinators or designees review all reports daily.

4. The Program Coordinators or designees will confer over any incident that is potentially considered a Serious Occurrence.
5. If it is determined that a report may possibly rise to the level of a Serious Occurrence, the Program Administrator/Coordinator of Case Management will forward that information to the Risk Manager.
6. The Risk Manager will initiate an internal Risk Management Risk Assessment.
7. The Program Administrator, Program Coordinators, or designees will notify the Case Manager who will then notify the guardian/parents of the potential incident.
8. The Case Manager will notify the local CDDO and the KDADS IDD Surveyor through the Critical Incident Report.
9. Once this process is complete, the reports are filed in the person's Incident Report folder.

Cross Reference:

Employee Handbook, Bloodborne Pathogen Exposures (BBPE)

## **INPUT FROM PERSONS SUPPORTED**

1. Input from people is obtained through the following mechanisms:
  - The Person Centered Support Plan (PCSP), the cornerstone of support provision, is guided by the preferences and choices of persons with input from those who know and care about them.
  - Each person has a Case Manager whose function is to advocate on behalf of the persons both within and outside of the organization.
  - An annual satisfaction questionnaire is completed prior to the PCSP review as one of the basis for revising the plan. People and their advocates are made aware of the grievance and appeal process as described in the grievance procedure 2.1.9.1.
2. Input from people and their representatives into overall program quality are obtained through the following mechanisms:
  - The Adult Council meets quarterly, keeps minutes, and makes regular reports to the administration regarding issues and concerns.
  - The Human Rights Committee includes representatives of persons supported and reviews the implementation of restrictive procedures.
  - The Board of Directors bylaws require representation of a minimum of three family members of persons supported.
  - The Day Service Participant meeting is a monthly discussion among persons regarding support issues.
3. The organization seeks to obtain and utilize input from its broader consumer base, through a wide range of public information, marketing and fundraising activities, such as:
  - Regular staff involvement with the regional support planning agencies, Johnson County Developmental Supports and Tri-Ko
  - Participation in the state association InterHab
  - Sponsorship of community events
  - Formal and informal input from persons and corporate funders
  - Involvement in the local Chamber of Commerce

- Newsletters and direct mail appeals

Evidence of the impact of each of these levels of input shall be documented in minutes, support plans and employee notes.

Cross Reference:

Policy – 3.1.5 Input from Persons Supported

Policy - 3.1.16 Supporting Family Relationships

## **MEDICATION ERRORS**

*Lakemary Adult's Services has established and will maintain a Medication Error Reporting System. The purpose of this system is to ensure appropriate intervention, documentation and reporting of all medication errors.*

### **Purpose of Medication Error Reporting Procedures**

To effectively detect and respond to errors in the management and consumption of medications for persons by Lakemary Adult Services

### **SRS Definition of Medication Error**

" ... errors or omissions in the ordering, obtaining, monitoring, oversight, administration and/or documentation of all medications prescribed or approved for the person..."

### **I. Securing Instructions for Appropriate Action**

Supervisor/on-call supervisor shall be notified verbally upon detection of an administration type error. The supervisor/on-call supervisor will direct the securing of medical information and instructions. A variety of medical sources are available including the Health Services Coordinator, Poison Control, the pharmacist, and/or the prescribing physician. The nurse on call will determine any action to be taken regarding the medication error. This action and the completion of the action are recorded on the med. error report form.

### **II. Documentation of the Incident**

The med. error is documented on a Medication Error Report Form by the staff person to first detect the error. These forms are to be completed and routed to the author's immediate supervisor by the end of the author's work shift. Immediate supervisor shall review the report and send to the nurse on call.

### **III. Follow-Up**

The nurse will respond to and direct appropriate actions as needed. Lakemary reserves the right to excel through these steps depending upon the nature and severity of the medication error. If abuse, neglect or exploitation is alleged a protective services report will be made and the staff person will be removed from the support environment or placed on administrative leave, pending completion of the investigation.

The correction protocol for a medication variance is:

Documented Verbal Warning – staff is placed on notice with the directive to remain focused, detail oriented, and review protocol.

First Written Warning – Retake medication administration class and one-on-one with nursing.

Final Written Warning – no additional error during 90-day period. If one occurs, nursing may revoke their certification and staff will have to transfer to a position, as available, that does not require medication administration or employment termination.

#### **IV. Distribution**

The nurse practitioner or nurse will receive the original, review and forward to Quality Assurance Coordinator. Quality Assurance Coordinator will record data and return original to Nursing.

#### **V. Quality Assurance Monitoring**

The QA Coordinator will analyze data and provide statistical information to the Director of Adult Services, Coordinators and Supervisors on a regular basis.

### **GUIDE FOR COMPLETION OF MED. VARIANCE REPORT FORM**

#### **General Information:**

1. Name of person affected by the error
2. Date of error
3. Time error occurred – please indicate AM or PM
4. Person making error, if known (name of staff or name of person)
5. Title (if person supported, leave this blank)

**Medication and Dosage** (print legibly)

**Section A.** Administration error Check what type of error occurred.

**Section B.** Documenting/Recording errors found in the Medication Supervision Record (MSR) - if this was an error of documentation, check here.

**Section C.** Error Notification. Your immediate supervisor/on-call supervisor **must** be notified verbally for all errors of administering medications. Write down their name ("Person notified") and what time you notified them.

**Section D.** Method of Notification. Check the appropriate box: phone, person or report.

**Brief description of error and how it occurred:** What happened and how did it happen?

**Action recommended by contact and taken by staff:** Write down what the contact person advised in regards to this error. If the error resulted in the person requiring medical treatment, check the appropriate box and write in the name of the physician and/or the facility.

**Identify measures which could have prevented this error.** Be specific.

**Author's signature**

**Today's date**

**Time report was completed.**

Route the completed document to immediate supervisor **by the end of your work shift.**

Cross Reference: Policy – 1.5.6 Medical Emergency

# MEDICATIONS

All medications are prescribed by a physician and recorded on the person's medical record or by copies of written prescriptions from the physician. Trade name medication will be given as prescribed when an equivalent generic does not exist.

Once prescribed by a physician implementation of behavior modifying medications are implemented according to physician's instructions and procedures established by the Human Rights Committee.

Medications for seizure and psychiatric disorders are prescribed and monitored by a neurologist and/or psychiatrist. These services are provided by physicians chosen by person, families and/or guardians or by consulting physicians contracted by Lakemary.

Informed consent is required for all psychotropic medications prior to administration.

Persons may through the PCSP process, elect to pursue independence in taking their medications. After completing training in self-administration of medications, a person may exercise appropriate levels of independence in this regard with the approval and ongoing monitoring by nursing staff.

Unless an person has safely demonstrated the ability to administer their own medications as prescribed, necessary supports will be outlined in their PCSP. These supports will be provided by Lakemary staff and contractors who have successfully completed the required training for medication administration and been certified by the nurse instructor. Annual re-certification training is required.

All medications, prescription and nonprescription, are documented on the MSR (Medication Supervision Record) and become a permanent part of medical records.

Medication errors and/or adverse reactions are to be reported immediately to the on-call supervisor and nurse on-call in order that appropriate action can be taken. A written report of the error/reactions will be completed by direct care employee and submitted to the department director, program coordinator and coordinator of nursing for review and follow up action when indicated.

Lakemary actively supports a person-centered philosophy and goal for people to receive the least amount of medications necessary to treat illnesses, seizure disorders, and psychiatric disorders, and medications to modify behaviors. This also includes the person, an/or their legal guardian, choosing their own primary care physician (PCP) and other medical professions who prescribe these medications. Procedures are in place to monitor the need for medications and possible reduction of dosage and discontinuation of medications whenever indicated.

All prescribed "controlled substance" medications that remain are disposed of according to SBA guidelines if and when administration of this medication is discontinued prior to completion of dosage. All prescribed "non-controlled substance" medications that remain are returned to the nursing department and are disposed of according to policy.

Cross Reference:  
Policy 1.5.5 Medications  
K.A.R. 30-63-23

## **MEDICATION DOCUMENTATION**

For all medications, the following information shall be maintained in the person's file:

1. The name of the person administering the medication.
2. The name of the medication.
3. The dosage.
4. The date and time it was given.
5. Any change in the person's behavior, response to the medication or adverse reactions.
6. Any change in administration from that on the label or order.
7. Each record must be signed by the staff administering the medication.

## **MEDICATION STORAGE**

Medication is stored in original containers in a locked location at each site to ensure safety and security. Controlled substances are double-locked. This plan may be altered or adjusted in response to the needs and requests of the person to support increased independence in medication administration.

## **MISSING PERSON**

A missing person is defined as someone who physically moves away from direct care support when that person requires support to maintain safety and that level of support is requested by the person and documented in their PCSP. This consideration is based on each person's Risk Inventory.

In the event of a missing person:

1. If two employees are present, one should search for the missing person and one should remain with the other people.
2. The second staff should notify on-call of the missing person.
3. If only one employee is present, they should search with the other people as a group. They should also request assistance from available security or other official systems.
4. Should the missing person not be found in a reasonably short period of time, the supervising employee, or a responsible party who is at the scene, should contact Lakemary to give the location and pertinent details of the situation to the department coordinator or administrator. The coordinator or administrator should in turn contact the law enforcement officials. The communicating employee should be prepared to give information regarding the person's height, weight, eye color, hair color, and clothing being worn.
5. At this time the Program Director/Coordinator will determine whom to contact, including the TCM and guardian/family to notify of the person missing.

6. At this time Law Enforcement will be leading an investigation and the Program Director/Coordinator will be working closely to provide information as needed. The Program Administrator/Coordinator will keep TCM and/or guardian/family informed of information and progress.
7. When the person is found the staff should notify the on-call. Staff should do a preliminary check of the person to check for any injury/illness. At this time on-call should contact the Program Coordinator or designee if the situation requires.

## MOVING

When a person receiving support from Lakemary chooses to move from their place of residence, that person and their support network will consider and determine how the person's property will be relocated to the new residence. If a person does not have family support, this may require contracting with a moving company. Review of the person's finances should ensure funds are available for this expenditure.

## NADSP CODE OF ETHICS

Lakemary is a member of the National Alliance for Direct Support Professionals (NADSP) because we believe that the DSP is the backbone of quality supports provided by this organization. The NADSP has developed a Code of Ethics that clearly details our commitment and philosophical perspective in providing these supports to our partners. Specifically:

**Vision.** Direct Support Professionals (DSPs) who support people in their communities are called upon to make independent judgments on a frequent basis that involve both practical and ethical reasoning. The people who assume this complex role must examine their own values and beliefs while honoring those of the people they support.

**Purpose.** A primary purpose of the DSP is to assist people who need support to lead self-directed lives and to participate fully in our nation's communities. This emphasis on empowerment and participation is critical. There are numerous pressures coming from organizations, government, social policy, and societal prejudice that can shift focus and allegiance away from the people who are being supported. DSPs face ethical decisions on a daily basis and consistently feel the tension between the ideals of the profession and its practice.

In order to maintain the promise of partnership and respect that must exist in a supportive relationship, a strong ethical foundation is critical to help DSPs navigate the maze of influences that bombard them. The prejudices of society form powerful barriers, yet too often, the very social policies and service systems designed to help can create additional barriers that prevent many people with intellectual, developmental or physical disabilities from enjoying a rich and fulfilling life.

**Mission.** Therefore, it must be the mission of the DSP to honor the person path suggested by the unique gifts, preferences, and needs of each person they support. DSPs will walk in partnership with the person, and those who are significant to them, toward a life of opportunity,



well-being, freedom, and contribution. While other professional groups (such as doctors, nurses, case managers, and social workers) are directed by clearly defined criteria, the DSP is directed by the person they support. Therefore, the DSP must exemplify ethical practice, high standards, and creative vision as they partner with those they support in order to engage community and make everyday choices about their personal finances, physical well-being, social and intimate relationships, and employment. The entire landscape of a person's life can change through ethical and intentional direct supports.

## NURSING PROCEDURES

Nursing works closely with the entire Lakemary team that provides and supports the care of the adult that reside at Lakemary. This includes but is not limited staff, physicians, and psychiatrist.

**Scheduled Time:** The purpose of having 24 hour nursing is to have a quick response and availability 24 hours per day. When scheduled, the nurse should generally remain on campus. When leaving the campus for personal reasons the distance should allow for reasonable response in case of an emergency. If an emergency such as transport of a client to a hospital, doctor's office, or need to pick up a medication occurs, in charge staff should be notified.

While on call the nurse should be available and answer or call back immediately. Within fifteen minutes is the preferred response time for "on call" response.

**Medication Error:** If the nurse has been notified of or discovered a medication error, the client should be evaluated for vital signs. Poison control should be called if there is any concern about the effects of the medication or the nature of interactions of medications given. Appropriate medical action should be taken. An error report should be written and the family notified of the error.

**Critical incident reports;** The nurse's duty is to chart what behavioral and medical observations were evident. In no case should the nurse sign off for anyone else or fail to report a non-response by another professional.

**Behavior Support Plan:** It will be the obligation of each nurse to be aware of specific issues of chronic and acute nature that each adult may have prior to treating an adult for a condition. Including any current or chronic medical issues. Specific plans should be both in the resident files and the medical files for issues such as seizures, diabetes, or asthma.

Cross Reference:

Employee Handbook: Performance Challenges section

Lakemary Adult Health Services Procedure Manual

K.A.R. 30-63-24

## ORIENTATION OF PERSONS SUPPORTED

1. Orientation about supports is conducted in terms understood by the people and their family/guardian/or advocate.
2. The program supports and goals are explained and discussed.

3. The financial arrangements to pay for supports are explained in detail by the Case Manager or Program Coordinator agreed to by Lakemary and the person and/or guardian.
4. An explanation of rights and responsibilities, as well as the avenues for grievance is provided in an understandable manner.
5. An explanation of abuse, neglect and exploitation is provided for each person and their guardians/families.

Cross Reference:

Policy – 1.2.6 Legal Requirements

Policy – 3.1.13 Rights of People Receiving Supports

Policy – 3.1.3 Orientation to Supports

## **PANDEMIC PLAN**

Please refer to the Emergency Preparedness, Evacuation and Recovery Plan Handbook. Decisions in any emergency or potential emergency situation will be made by the Vice President and/or Director of Adult Services, in consultation with Program Coordinators. This team will make up the Adult Services Leadership team and will guide the efforts in any emergency or pandemic situation, with direction from local Emergency Management Unit, CDC, local health departments and KDADS.

## **PERSON-CENTERED SUPPORT PLANNING**

(Add info on the functional assessment and its sections)

Person-centered support planning is the on-going process of listening to and positively responding to what a person wants for their life and building support to pursue that life. The person, people chosen by them (the team or support network), and a Case Manager work together to make this happen.

The primary leadership role for person-centered planning is held by the person for whom the plan is being developed. The Case Manager supports this leadership by documenting the plan, coordinating efforts to support the plan, monitoring implementation, and monitoring the person's satisfaction with implementation.

Active and accurate communication is critical to ensure the person-centered process is actually person-centered. Sometimes a person is able to accurately clarify what they want for their life. Other times, the person needs support to make this happen. In these situations,

Every effort is made to communicate with the person supported in terms that assure that an informed choice is being made about service and support alternatives.

The support plan is finalized at a formal meeting where the results are documented. The PCSP is completed prior to 365 days lapsing from the previous PCSP. Initial development of the plan occurs through a process of communication with person supported, their support network and Lakemary employees.

The support plan addresses the persons' needs as well as their desired outcomes and will focus on integrating the person into their community.

Major changes in the support plan are reviewed formally and documented. The person supported is included in that review.

**Initial Person-Centered Support Plan:**

- Person Centered Support Plans that originate support provision must be completed within 30 calendar days following the date that the change occurs.
- See below for procedures for person centered support plan completion.

**Annual Person-Centered Support Plan meeting Process:**

- Six weeks prior to the due date begin talking to the person and/or guardian/family members to set a date and who they would like invited.
- Invite/communicate to non Lakemary staff and Lakemary Program Coordinators/Assistant Coordinators/team leads the date and time of the PCSP.
- Review the past years progress and goals with the person and their support network.
- Identify supports/needs through input with the person, guardian/family, and other support network.
- Discuss identified concerns/needs and address them before the meeting.
- Discuss future goals and objectives.
- Discuss Behavior Support Plan and Risk Assessment as needed.
- Review Adult Service Program Handbook and complete signature sheet. Provide person with a copy of the handbook. If they don't want one, a copy is available in their home or at their day support location.
- Update yearly releases/consents.
- Review Basis Assessment.
- Review Annual Contact Form.
- Review addendums/quarterly reviews.

**Transition Person-Centered Support Plan Meeting:**

- Prior to transitioning to Lakemary support, the Case Manager will facilitate a transition meeting to document transition planning.
- Support need changes are considered changes in the person's preferred lifestyle, and require an updated Person-Centered Support Plan.

**Cross Reference**

Policy – 5.1.4 Support Planning for Persons Supported

K.A.R. 30-62-21

Lakemary Adult Services Program Handbook

The following section is taken directly from the Adult Services Program Handbook which is provided to every person receiving support at Lakemary Center. All staff are required to actively support this process and the active involvement of the person in their own support planning.

## **Person-Centered Support Plan (PCSP)**

(Cross Reference: Lakemary Policies 5.1.4 & 3.1.5 & 5.1.4)

Person-centered support planning (PCSP) is a way to help you plan your support to live a full life in your community. The PCSP is your plan and it expresses what your goals, preferences, and interests are. You have the final say in what goes into the plan and have the right to have assistance from someone you choose.

The PCSP is developed from an "assessment" that identifies your "functional needs and preferences." This means finding the support you want and need, how much you need, and how long you need them. This is accomplished by a review of your records and talking with you and people that are important to you (parents, brothers, sisters, relatives, caregivers, and friends). The assessment should include information about your mental health, physical health, and daily living skills. The assessment information will help you and your support network write a plan for your needed and requested support. Your support network will work with you to find creative ways to meet your goals, even if there is not specific support available.

The PCSP is a meeting with you and about you. You can invite anyone you want. If you need assistance like an interpreter or a communication device, someone in your support network must make sure you have it available. The process should respect your cultural needs and be in a language you understand. The PCSP should say; where and with whom you want to live, what work or other valued activity you want to do, and what social and community activities you want to participate in and when you want to do it. Lakemary and generic community support to help you reach these preferences and goals will be documented in your plan.

Your plan should be reviewed at least prior to every 365 days. If you need or want, to change your support, or if your situation changes, you can ask for a meeting to review and update your plan at any time.

The PCSP will describe support needed to help you meet your goals. The place where you receive these supports must not restrict your ability to come and go as you choose, your freedom to see the people you want to see, or your choices about eating, sleeping, or activities unless clearly written into your plan and approved by you and your guardian.

Sometimes, for a person to be well-supported and safe in the community, there must be some boundaries. For example, some people may need to have someone with them when going for a walk. Some people cannot have unlimited access to food because of the risk to their health. If you have support needs or require a limitation to support your safety, it must be documented in your PCSP.

1. The PCSP must identify your specific and individual needs identified through a detailed assessment.
2. The PCSP must describe the support and positive approaches, describing less intrusive approaches that have already been tried but didn't work.
3. The plan must document a clear and detailed description of the condition that is directly proportionate to the limitation necessary to meet your individual needs.

4. The people responsible for supporting you must regularly collect data and use this data to evaluate whether the changes in your plan are helping you meet your goals. This evaluation should occur on a regularly scheduled and documented basis to ensure the plan continues to help you meet your goals.
5. The plan must be explained to you, in language you can understand, what the changes are and the reasons for them. You can say whether you agree or not.
6. The plan must include assurances that the changes will not harm you.

## PHYSICAL MANAGEMENT

All employees, in direct support positions, are required to become certified and maintain certification in a nationally recognized behavior support system (MANDT). The physical interaction skills of the system should only be used for safety purposes when there is imminent threat of harm to the person and/or another person.

Cross Reference  
Employee Handbook  
Persons (ANE, Rights, Behavior Support)

## POSITIVE BEHAVIOR SUPPORTS

Positive behavior supports is a knowledge base that clarifies what interactions maintain or promote change of challenging behaviors. Inappropriate or undesired behaviors are difficult to change because those behaviors are functional; they serve a purpose or meet an unmet need. These behaviors are supported or maintained by a reinforcement that meets the person's unmet need.

As educated professionals, employees of Lakemary are responsible for understanding behavior and its' causes, reinforcers, and how the behavior might be changed. This understanding drives all interactions, but specifically those related to challenging behavior. Each person's support team works together to determine the functionality of challenging behavior (unmet need), contributing factors or reinforcers that maintain or change the behavior, and develop a plan to support that person to meet their need in a positive and productive manner.

### **Behavior Modification and Behavior Support:**

Behavior support planning refers to systematic efforts to modify or eliminate maladaptive or problem behaviors, and to replace them with behaviors that are adaptive and socially appropriate, with a primary focus of meeting the need of the person. The Behavior Support Plan should include a component designed to either (1) increase the rate of socially appropriate behavior to replace the problematic behavior, or (2) channel the problematic behaviors into similar but appropriate expressions, or (3) teach the expression of behaviors under more appropriate or socially normative circumstances.

Lakemary recognizes that ALL behavior is meaningful and is part of a person's communication process.

The data recorded during the implementation of the Behavior Support Plan allows for a functional analysis of the efficiency and effectiveness of the plan.

### **Behavior Support Referral Procedure:**

Any staff member, parent or guardian may refer a person for consideration for a Behavior Support Plan. The person making the referral should consult with the person's Case Manager, who will suggest recommendations or request further information (baseline data, background, duration, etc.). After the additional information is collected, the Case Manager will monitor the problematic behavior and consult with the person's support network to determine a course of action. If the support network determines that a referral is necessary, the Case Manager will present documentation to the Behavior Support Committee.

Persons who receive psychotropic medications are required to have a Behavior Support Plan. This plan is reviewed annually, or as needed by the Behavior Support and Human Rights Committees.

### **Behavior Support Planning: Development Procedure**

After the referral is made by the Case Manager, the Behavior Support Committee will determine the following:

1. If direct intervention through behavior support planning is necessary and appropriate, the committee will evaluate the referral on the basis of two criteria:
  - The behavior exhibited by the person is dangerous to himself/herself and or others.
  - The behavior exhibited by the person produces or could produce serious social consequences which could restrict the person's access to normal living activities or to the community.
2. If direct intervention through behavior support planning is not determined to be necessary and appropriate, the committee will recommend alternative strategies for handling the problem under consideration.
3. If direct intervention through behavior support planning is determined to be necessary, the following actions will be taken:
  - The Case Manager will work with the person, their guardian/family, Coordinators of departments, Direct Support Professionals, and anyone with valuable information.
  - Talk with the person, and their guardian/family to inform them of the process.
  - A meeting will be arranged by the Case Manager, with the person and their support network. Data, and its' analysis, should be brought to this meeting to help with discussing and planning. All people with information and ideas should come ready to be a part of putting the plan together.
  - Possible positive behavior supports, outcomes, motivators, positive rewards, and ways to implement the plan will be discussed. A time will be set to meet again to review the final draft.

- The Case Manager will write a rough draft from the discussions. It will be presented to the Coordinators for input, suggestions, or changes.
- The support network will meet to finalize the Behavior Support Plan and get informed consent from the person and the person's guardian if one has been appointed. At this meeting tasks will be given to each member to help make sure all the necessary steps are taken care of (get needed supplies, train direct care staff, and type plan).
- The Case Manager will present the proposed plan to the Behavior Support Committee, and Human Rights Committee for final review and approval. Plans that need Human Rights approval include: Plans with restrictions, and Plans for persons who are taking a psychotropic medication for a mental health issue.
- The Behavior Support and Human Rights Committees will insure that each proposed behavior support plan includes the following:
  - The behavior to be changed and its' purpose
  - The least restrictive methods that have already been tried and found to be ineffective
  - The objectives of the plan in specific behavioral terms
  - The replacement behavior/coping mechanism being taught
  - The teaching/coaching method(s) to be utilized
  - A schedule of the method(s) to be utilized
  - The data which will be collected in order to evaluate the effectiveness of the program
  - The person(s) responsible for the plan
  - A schedule for review
- After a period of time (two weeks, one month, six weeks, or what is feasible for the person) the support network will meet again to review how the plan is working. At this time, adjustments will be made to address changes that need to occur to promote further progress.

### **Position Statement on the Use of Restrictive Interventions**

The use of restrictive interventions to manage behavior are used only when:

1. All other potentially effective, less restrictive alternatives have been tried and shown to be ineffective
2. Safeguards are in effect to minimize risks related to their use, including:
  - Completing a functional behavioral analysis to determine possible causes for the behavior use.

- Consulting with professionals and the person's support network in an attempt to determine less restrictive, effective interventions
  - Providing positive behavior support to teach alternative coping mechanisms or other methods to meet the unmet need being served by the challenging behavior.
  - Providing reasonable environmental modifications and accommodations
  - Ensuring and documenting that the person, and the person's guardian, if one has been appointed, has been provided information regarding all the known substantive risks, side effects, and benefits of any restrictive interventions used to manage behavior, and that voluntary informed consent has been obtained
  - Ensuring and documenting that the Behavior Management and Human Rights Committees have given approval
  - Maintaining communication with attending physician and other professionals
  - Maintaining documentation of effectiveness of the intervention and planning for reduction of its use when documentation indicates a decrease in the frequency and severity of the challenging behavior and an increase in the desired alternative unless, in the case of medication, reduction is not deemed appropriate by the attending physician.
3. It has been determined by professional clinical practice that such less restrictive alternatives would not likely be effective.

Least restrictive procedures should be given adequate trials prior to implementation of any more restrictive procedures. Less restrictive procedures include positive reinforcement, shaping, direction, and modeling. More restrictive procedures include privilege loss or restrictions, and may be used only with approval of the Human Rights Committee.

**Prohibited Support includes the following:**

1. Corporal Punishment:
  - This includes spanking, slapping, shaking or any other procedure which produces pain or physical discomfort.
2. Verbal Abuse:
  - This includes shouting, screaming, swearing, threatening, name calling or any activity that would be potentially damaging to an person's self-respect. Derogatory remarks about the person or the person's family are prohibited, also. Any discipline which is humiliating, frightening, or physically harmful shall not be used at any time.
3. Mechanical Restraint:
  - Binding or tying or using any mechanical device to restrict movement is not permitted for use as a discipline procedure.
4. Isolation/seclusion:



- Isolation/seclusion is the placement of a person alone in a room or other area from which egress is prevented by any means.
5. Withholding or Forcing Food:
    - Food may never be withheld as a punishment nor may adults be forced to eat for any reason.
  6. Denial of Mail or Family Contact:
    - Mail or family visits may never be withheld as a behavioral consequence.
  7. Denial of Access to Personal Possessions:
    - Access to personal possessions may not be denied as a punishment. Access to personal possessions may be limited only if there are safety concerns involving a particular item. This limitation will be detailed in the person's PCSP.
  8. Person Supported:
    - Persons supported shall not discipline other persons supported at any time.

**Informed Consent** is sought from the person-supported or their family guardian or advocate (as appropriate) in each of the following instances:

1. The implementation of a Behavior Support Plan is address challenging behaviors and/or psychiatric conditions. This manual describes Lakemary's procedures. Such a plan may involve the use of restrictive procedures when nonrestrictive measures have failed to produce the desired behavioral change. Examples of restrictive procedures may be:
  - Psychotropic medications
  - Other limitation of ordinary freedoms
  - Physical assisting to promote safety when physical harm is imminent
  - (The use of restrictive procedures is evaluated annually and more frequently, as needed)
2. Authorization to pursue emergency medical treatment.
  - The use of any special supports or processes which could reasonably present the possibility of adverse consequences.
3. Participation as a subject in a research study

**Informed consent** will be obtained prior to implementing any of the above except in the case of immediate risk of harm to self or others, in which case consent will be sought as soon as possible after the fact.

The **Human Rights Committee** ~~exists to~~ monitors compliance with this policy. The committee is appointed by the President and includes, as members, persons and/or their advocates and other qualified professionals from the community. Responsibilities include:

1. Review and approve compliance with standards outlined herein.
2. An exception is made in the event of immediate risk of harm to self or others, in which case it will be evaluated within two weeks.
3. Review research projects involving persons prior to implementation.
4. Review and evaluate allegations of human rights violations of persons receiving supports.
5. The findings of this committee constitute recommendations to the President to be taken under advisement.

Cross Reference:  
K.A.R. 30-63-23  
Policy – 3.1.6 Physical Management

## **PREVENTION & DETECTION OF ILLNESS**

Lakemary and its entities request people to have a complete physical exam and medical history by a physician within 30 days prior to admission. This exam is to include documentation of current immunizations, negative tuberculin test or chest x-ray, recent visual examinations, recent dental examination, nutritional assessment, and copies of prescriptions for all current medications.

The Health Services Coordinator will review the required pre-admission documents to identify the health support needs of the person.

Local physicians and Lakemary medical staff maintain continued contact with the person, family, and physician, as requested.

Cross Reference:  
Prevention & Detection of Illness Policy 1.5.7

## **RECORDS**

A complete and accurate person record of the plan and progress of each person is maintained. The majority of these records are maintained electronically in NetSmart electronic medical records system.

- Program areas may maintain unique records specific to that area, however the majority of records are stored electronically in Lakemary's electronic medical record software. Each program area maintains record procedures which designate the required content and specific time frames for the entries.
- To protect the integrity and confidentiality of the records, procedures are in place which designate employees responsible for maintaining the overall record, and how/when access may be gained to the various elements of the record. Access for employees is limited to those providing direct supports and others, as administratively authorized.
- The program Administrative Assistant/Case Manager maintains a directory that specifies the location of each component of an active record.
- Upon discharge, all written elements of the record are brought together into a unified whole for ease of access, protection and forwarding for continuity of supports as appropriate.
- A Record Review Committee appointed by the President maintains and follows a procedure for the regular (at least quarterly) review of sample records to assure their adequacy and timeliness.

Access to their own record may be requested by the person and/or their guardian or legal representative. A complete and accurate person record of the program and progress of each person is maintained.

Cross Reference:

Policy – 1.2.3.1 Retention and Destruction of Records, Paper & Electronics

Policy - 3.1.7 Records of Persons

## RECREATION AND KSO ACTIVITIES

Lakemary actively seeks out community activities and social events and shares these opportunities with persons so they can make informed choices as to their activity schedule. Persons are encouraged to participate in activities of their choosing. These activities may include, but are not limited to: movies, restaurants, bowling, spiritual and religious activities, local festivals, sporting events, concerts, picnics, etc.

Lakemary also provides organization sponsored events, such as: holiday parties, sporting events, family picnics, open houses, etc.

Lakemary routinely provides education and offers discussion regarding upcoming community events in a variety of ways, such as: house meetings, day support meetings, calendars, bulletin board postings, activity calendars, community calendars, and internet searches.

## RIGHTS OF PERSONS RECEIVING SUPPORTS

Every person receiving support from Lakemary is entitled to exactly the same rights as every other person. These rights may be limited ONLY by provisions of law or court order, including guardianship, conservatorship, power of attorney or other judicial determination. Any limitation to rights will be thoroughly assessed by the person and their support network and documented in risk and functional assessments and the person-centered support plan.

Lakemary employees are responsible for knowing and understanding the rights of persons receiving support. Ignoring or violating these rights may be considered **abuse, neglect and/or exploitation** and is subject to reporting to both Adult program leadership, Risk Management and/or Adult Protective Services.

Some of these rights include, but are not limited to:

- A safe, sanitary, and physically adequate residence and work environment.
- Be respected and treated with dignity as a human being, free from verbal, mental, sexual and physical abuse and/or neglect and/or exploitation.
- Know what medications have been prescribed for them and why they have been prescribed.
- Prompt medical treatment.
- Clothing that is fashionable, seasonable, fits properly, is changed daily and properly cleaned and cared for.
- Bedrooms which are the brightness they choose, personalized as possible, and in which their personal belongings are secured to the best of Lakemary's ability.

- A nourishing, well-balanced, and varied diet. Food may not be withheld as punishment, and doing so would generally be considered abusive to a person.
- Bathe, shower and have personal hygiene needs met at their preferred times.
- Opportunity to participate in regular physical exercise, community activities, indoor and outdoor recreation programs, and appropriate social functions.
- Attend or not to attend religious services.
- 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 medium.
- Visits with family and friends; and to receive encouragement to continue contact with their family when appropriate.
- Receive accompaniment from an employee, volunteer, parent, guardian, or conservator.
- Exercise civil rights under the Constitution unless declared legally incompetent.
- Prompt access to current newspapers, magazines, radio, and television programming.
- Prompt access to their records, evaluation, care, treatment, and habilitation which is informed according to level of understanding.
- Not be the subject of experimental research without their prior written and informed consent or the informed consent of their parent or guardian.
- Not be subjected to any hazardous treatment or surgical procedure unless a parent or guardian consents; or unless such treatment or surgical procedure is ordered by a legal court of competent jurisdiction.
- An impartial review prior to hazardous treatment procedures or irreversible surgery, except in cases where emergency procedures are required for the preservation of their life.
- 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.

Rights listed in the Adult Services Program Handbook for persons receiving support at Lakemary, are listed as follows:

Each person shall be guaranteed the same rights afforded to all persons regardless of ability. These rights may be limited only by provisions of law or court order, including guardianship, conservatorship, power of attorney or other judicial determination. These rights include the following:

1. Being free from physical or psychological abuse or neglect, and from financial exploitation
  - Others cannot hurt you by hitting, kicking or by calling names. Ask them for other examples of abuse.
2. Having control over your own financial resources
  - You decide what your money is spent on after your bills are paid.
  - You can manage your money and receive help doing so.
3. Being able to receive, purchase, have, and use your own personal property
  - You don't have to let others use your things.
4. Actively and meaningfully making decisions affecting your life.
  - You should be involved in meetings and discussions about you and help make decisions for yourself.
  - You decide where you live, work, and who you spend time with.

- You and your family/guardian decide where you want to receive medical, behavioral, and therapy supports. Lakemary will inform you of a variety of local options and support your decision. These supports are typically provided by professionals in your local community.
  - You can access your community whenever you want. You can go where you want, with whom you want.
  - You can decorate your private space however you like. You can choose activities matched to your skills, abilities and preferences.
  - You have the right to set your own schedule and decide how you will spend your day.
5. Having privacy
- You have the right to your own private bedroom and privacy during personal care.
  - If you choose to have a roommate in your bedroom, you get to choose who the roommate is.
  - Others should knock on your door and wait for permission before entering your bedroom, house, or apartment.
  - Your home or apartment door will have a lock that you can lock whenever you wish. Only you and appropriate staff will have keys.
  - You can lock your bedroom and bathroom door if you want to.
  - Your records are kept confidential and only shared with your permission.
6. Being able to associate and communicate publicly or privately with any person or group of people.
- You can have visitors, mail, email, and phone calls where you live and can expect to communicate in private.
  - You can have phone calls and visits with family and friends in private.
  - You can come and go as you wish. Any modification or limitation to this right will be addressed in your PCSP and reviewed by the Human Rights Committee (HRC).
7. Being able to practice the religion or faith of your choice
- You have the right to choose if you want to attend or not, and where to attend.
8. Being free from the inappropriate use of a physical or chemical restraint, medication, or isolation as punishment, for the convenience of a provider or agent, in conflict with a physician's orders or as a substitute for treatment, except when physical restraint is in furtherance of health and safety.
- You have the right to agree, or not, to your medications.
9. Not being required to work without compensation, except when you are living and being provided support outside of the home of a member of your family, and then only for the purposes of the upkeep of your own living space and common living areas and grounds that you share with others
- You don't get paid to do your household chores.
  - You have the right to agree, or not, to volunteer opportunities.
  - You must be paid for your work.
10. Being treated with dignity and respect
- Others should treat you fairly and the same as anyone else.

- You should not be teased or bullied by others.
11. Receiving due process
    - You can tell people you don't like something.
  12. Having access to your own records, including information about how the person's funding is accessed and utilized and what supports are billed for on the person's behalf
    - You have the right to see your records.
  13. If your rights are limited or restricted for any reason, you and/or your guardian must agree with the limitation or restriction. It must also be approved through the Human Rights Committee (HRC).

Cross Reference:

Policy – 5.1.2 Rights of Persons Receiving Supports

Policy – 3.1.7 Records of Persons Receiving Supports

Adult Services Program Handbook

## **RIGHTS UNDER A STANDARD LEASE AGREEMENT**

Lakemary will provide resources to educate each person of their rights under a standard lease and will support them to ensure modifications such as ramps, grab bars, etc. and are in place, to include assistance in seeking an alternate situation, and, if necessary, provide assistance in seeking another setting that meets their needs, if they choose.

## **RISK ASSESSMENTS/FUNCTIONAL ASSESSMENTS**

As part of the planning process for each person, the person and their team evaluate areas of potential risk that could cause harm to the person. Lakemary's risk assessments and functional assessments guide the team through evaluation of strengths, weaknesses, less restrictive alternative tried, and current support, etc. to determine additional supports needed, if any. This process allows the person and their team to thoroughly and honestly evaluate level of risk and plan for necessary support to reduce or eliminate risk, with a focus on teaching to gain independence and autonomy. This information is then added to the person's PSP and or the BSP.

It is recommended that the risk assessment/functional assessment process is completed as needs change, but no less than annually.

Occasionally, a support need for one person may look as if it causes a limitation or restriction for someone else who does not need the same level of support. In this case, Lakemary works with the other person to mitigate the limitation. Resolution could include options such as providing the person with a key, a code, or other information or options that facilitate access.

## **SAFETY & HEALTH**

Please reference Lakemary's Safety Manual, Emergency Preparedness Manual, Worker's Compensation Guidelines, and the Employee Handbook.

Cross reference:

Safety Manual and Accessibility Plan

Emergency Preparedness/Evacuation and Recovery Plan

Safety Savers Program

Workers' Compensation Guidelines

Employee Handbook, Bloodborne Pathogen Exposures (BBPE) Section

Policy – 1.5.1 Employee Health and Safety

Policy – 1.5.2 Safety, Health & Infection Control of Persons Receiving Supports

## **SEXUAL ASSAULT**

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

1. If an person reports he/she has been sexually assaulted or if a staff member witnesses, or is made aware of a person being sexually assaulted, or
2. if a staff member reports he/she has been sexually assaulted while on duty or if a staff member witnesses or is made aware of a staff member being sexually assaulted while on duty, the following procedures should be followed:
  - If the person supported or staff member is injured and requires immediate medical attention, the staff member will call 9-1-1, onsite nursing, and provide emergency first aid.
  - Staff will contact the on-call supervisor for assistance as soon as possible.

Procedure following emergency care:

1. Staff should assure the person that he/she has done nothing wrong, not interrogate him/her, stay calm, not make promises that cannot be kept, and protect the person from further harm.
2. 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.
3. Staff should not remove any other physical evidence in the area where the assault occurred.
4. Medical personnel should offer the person the choice of whether or not 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 the person.

5. The assigned therapist and/or case manager should offer the choice of whether or not to file a police report. This may require the advice of the parent(s) or guardian of the person.

If the person chooses to go to the hospital for treatment for sexual assault, staff should encourage the person to go to the emergency room Olathe Medical Center or Miami County Medical Center where there are trained Nurse Examiners. These hospitals are affiliated with MOCSA (Metropolitan Organization to Counter Sexual Assault) which will send out an advocate to mentor the person through the process. The advocate will bring clean clothing as well.

At the hospital the person will be subject to an investigation for the assault. The person should/may be tested for Sexually Transmitted Diseases (STDs), such as gonorrhea and syphilis, and bloodborne diseases, such as AIDS, Hepatitis B, Hepatitis C, etc. Females may also have a pregnancy test as a follow up procedure.

MOCSA can provide counseling to the victim in addition to the EAP for an employee.

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 program supervisor.

## **SEXUAL HARRASSMENT**

Please reference the Employee Handbook: Equal Employment Opportunity and Sexual Harassment sections.

## **SMOKING**

Please refer to the Employee Handbook for information on Lakemary's tobacco-free campus.

## **STRUCK WORK**

Lakemary shall not knowingly accept struck work or place people at a work site to displace workers on strike. In certain cases, after due consideration where work has been done on an ongoing basis, work may continue.

## **TIME AND ATTENDANCE**

Please reference the Employee Handbook; Attendance, Compensation, and Payroll sections.



## **TRAINING & STAFF DEVELOPMENT**

Continuing your education is an expectation at Lakemary and is designed to foster professional development and promote quality supports for the people. Employees are expected to actively engage in and maintain proficiency in topics and skills needed to their job responsibilities. Some educational topics are provided:

- At new employee orientation
- Annually
- Every two years
- And, as needed, or requested by your supervisor

Lakemary views this educational process as an interactive process between instructors and employees, designed to facilitate an exchange of ideas and promote increased knowledge and quality support delivery.

Employees are expected to attend all training sessions for which they are assigned, arriving on time, actively participating throughout the entirety of the session and retaining and utilizing the information gained throughout the session. Employees must complete all training and educational topics as required by their supervisor, licensing regulation, Lakemary policy and that required by their licensing or accreditation entity.

If volunteers work with or provide any type of support to a person, they must receive training on the rights of persons receiving supports before they begin volunteering. Rights training is required to be taken on an annual basis. Additional training, as required for Lakemary staff may also be required, depending on the support to be provided.

Cross reference:  
LearnUpon LMS System  
Employee Handbook: Staff Training section  
KAR 30-63-26

## **TRANSFERS**

The topic of employee job Transfers is fully covered in the Lakemary Employee Handbook. As part of your employment with Lakemary you are expected to read and understand the policies and procedures in this handbook, including the procedures on “Transfers”.

Cross reference:  
Employee Handbook; Employment section

## **TRANSPORTATION**

Every employee providing transportation is required to read the Transportation Manual and to take Driver’s Training and Defensive Driving classes prior to transporting any persons. Copies of the Transportation Manual are kept in each Lakemary vehicle and on the Lakemary website.

It is the policy of Lakemary to provide the maximum consideration for the safety and well-being of those persons transporting, as well as the people who are being transported. All drivers must adhere to the current Kansas vehicular laws.

Cross Reference:  
Lakemary Transportation Manual

## **TRAUMA SENSITIVE SUPPORTS**

Trauma sensitive support is a way of thinking, and understanding, the role trauma events play on an person's development and how it affects their thinking and therefore, their behavior. Understanding this role is fundamental in providing appropriate and personally needed, or therapeutic, supports to persons who have experienced trauma. It allows for healing from past negative life experience and for moving forward toward a fulfilling life.

## **UNRESPONSIVE PERSON**

In the event an person appears to be in a medical crisis, Direct Support Professionals will follow the procedures outlined below:

1. Direct support Professionals (DSP) will provide emergency medical care and EMS should be notified immediately. If an person has a DNR (do not resuscitate) directive, it will be handed over to the health care providers involved in the situation. Lakemary staff are not health care providers and cannot honor DNR directives.
2. Staff will contact the on call nurse immediately.
3. The on grounds leadership staff and/or on call nurse will direct staff to separate the other persons from the traumatic situation and provide uninterrupted support for them.
4. The RN or leadership staff will inform the Vice President of Program Services, President/CEO, and Risk Manager.
5. Parental/guardian contact is made as soon as possible by designated staff.
6. An Incident Report is required to be completed with detail events/actions of the occurrence.
7. The Risk Manager will immediately implement and complete an INTERNAL Risk Assessment and provide results to the CEO and Risk Management Committee as soon as possible.
8. All media inquiries that contact Lakemary will be directed to and responded to by the Lakemary Marketing/Public Relations staff. Other Lakemary staff will not discuss the issue with any person outside of Lakemary.
9. The Adult Social Service Administrator or designee will contact the necessary authorities, including but not limited to DCF Hotline, local Community Developmental Disability Organization (CDDO), and State of Kansas Quality Management Specialist. A Death Report will be completed and sent to local CDDO as needed.

## **WORK INJURY / ILLNESS**

Employee must report work place injuries and/or illnesses immediately to the on-shift supervisor. Employees are required to complete the Employee Report of Illness / Injury by the end of shift, via the risk management section on the Lakemary website, employee portal.

Cross reference:  
Employee Handbook; Workers' Compensation section



## **Lakemary Center, Inc. Adult Services Handbook Acknowledgement**

Adult Services Handbook containing policies and procedures specific to the Adult Services Program.

### Employee Acknowledgement

I acknowledge that I have had the opportunity to discuss the Lakemary Adult Services Handbook and have had the opportunity to clarify my understanding of the requirements outlined in this handbook. I agree to implement these policies & procedures through the course of my duties at Lakemary. I have also been made aware of how to access this Handbook and all Lakemary policies and procedures on the Lakemary website.

[www.lakemary.org](http://www.lakemary.org)

It is understood that future changes in the Handbook will supersede or eliminate those found in this manual. Lakemary will communicate changes by notice and a current copy of this Manual may be accessed on the Lakemary website under the Employee Login.

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Employee Name (Please Print)

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Employee Signature

Date