

SECTION 1:2 POLICY AMENDMENTS

As conditions warrant, these policies may be amended, revised or deleted by the Jefferson County Board of Developmental Disabilities (JCBDD). Such revisions, amendments or deletions will be posted in a conspicuous place prior to their effective date.

SECTION 2.1: SHAFFER PLAZA PURPOSE AND ADMISSION

- 1) The residential component of the Jefferson County Board of Developmental Disabilities is provided to offer individuals a safe living environment which meets their individual needs. Eligible individuals are those who have an ICF/IID level of care and need residential placement. Applicants will be considered for placement if their adaptive level of functioning is compatible with the current residents of the home and if they are over the age of 18 years. Under the age of 18 will be considered by the Superintendent and JCBDD. Individuals between the ages of 18 and 22 years may be served while attending school if it is deemed the best option for meeting their individual needs.
- 2) Living accommodations will be provided for a maximum of 27 individuals – 9 in each home. Both males and females will be considered for services.
- 3) Any admission into Shaffer Plaza shall be done so with the following criteria in mind:
 - a) The safety and welfare of the residents currently residing in the home shall be considered during the admission process of new applicants.
 - b) Compatibility to other residents of the home will be considered as part of the admission process.
 - c) The Residential Admission Committee reserves the right to not accept any individual whose needs cannot be met by the facility.
 - d) Prior to admission (except in emergency situations) the applicant and guardian shall visit the residential facility. A minimum of one overnight visit by the applicant will be required. During the overnight stay, family members will be prohibited from visiting.
 - e) Any admission of an individual to a residential facility shall not be construed by the parent/guardian or residential staff as a termination of parental rights or responsibilities.
 - f) Each individual admitted to a residential facility shall have a comprehensive evaluation current within 30 days prior to admission. This evaluation shall be updated annually thereafter.
 - g) To be considered for admission an applicant must show evidence that he or she has had a medical evaluation not more than 30 days prior to admission, a two step TB test, up to date tetanus vaccination, and a dental examination not more than 180 days prior to admission. Complete immunization records must be presented prior to admission. Medical and dental examinations will be performed annually thereafter or as ordered by the appropriate professional.
 - h) Consent for emergency medical and dental treatment must be given by the resident or his/her parent/guardian.
 - i) Applicants must provide verification of age and document eligibility for the Title XIX Medicaid program.
- 4) An individual desiring admission into Shaffer Plaza must complete an agency application and provide any other diagnostic or educational records as may be available and required.
- 5) The Admission Committee of Shaffer Plaza will review the application, evaluation materials, and schedule an overnight visit, prior to considering a person for placement. The Admission Committee will be composed of the Residential Manager, Superintendent or designee, QIDP, Registered Nurse, Psychologist, Social Worker, Physical Therapist, Health Services Supervisor, Occupational Therapist, Speech Therapist, House Manager, Behavior Management Specialist, and the SSA making the referral. The SSA will be a non-voting member of the Admission Committee.

Other factors will be considered prior to admission including but not limited to:

- a) Sex as it relates to co-habitability,
 - b) Range of functioning (with regard to other residents),
 - c) Age (with regard to other residents),
 - d) Social adjustment (interests, challenging behaviors, criminal, etc.)
 - e) Present residence status,
 - f) Health condition (especially if it is impossible to provide active treatment),
 - g) Physical handicaps (Accessibility issues),
 - h) Financial status (Medicaid eligibility, etc.),
 - i) Home county of resident (origin),
 - j) Least restrictive environment.
- 6) Prior to admission a 3697 form (Level of Care) must be approved by ODJFS.

After a careful review of all pertinent data, the Admission Committee will make a placement decision. A majority vote of the team is required for admission into Shaffer Plaza.

SECTION 2.2: INITIAL REFERRAL

When a placement at Shaffer Plaza becomes available, the Residential Manager will notify the Superintendent. The Superintendent then notifies the Director of the SSA department that there is an available residential placement. The Director of the SSA department will then contact the Residential Manager with the name of a potential referral who is identified as the highest priority. The Director of the SSA department will also provide the name of the contact SSA identified with that referral. The Residential Manager will forward this information to the assigned QIDP. The QIDP will contact the appropriate SSA to obtain background information necessary for completion of the pre-admission assessment. The QIDP will distribute a memo to all Admission Committee members informing them that a residential referral has been made and where the pre-admission information is located for review.

SECTION 2.3: EVALUATION AND INDIVIDUAL SERVICE PLAN

1) Pre-Admission

The QIDP will ensure that a comprehensive evaluation is completed on each resident during the pre-admission period. This shall include, but is not necessarily limited to a medical, psychological, Occupational Therapy, Physical Therapy, Dietician, and Speech evaluations. QIDP will also complete a Shaffer Plaza Pre-admission Evaluation. The Shaffer Plaza Pre-admission Evaluation may include, but is not limited to:

- a) Personal Care (hygiene, toileting, eating, time management, etc.)
- b) Health Care
- c) Safety (awareness, fire evacuation, etc.)
- d) Community Skills (mobility, signs/symbols, shopping, money management, etc.)
- e) Miscellaneous (any areas of concern)
- f) Vocational Skills Checklist
- g) Behavioral Concerns

All of these assessments and evaluations will be reviewed at the Pre-admission meeting to determine the appropriateness of placement. These evaluations shall be completed through the efforts of the Interdisciplinary Team depending on the needs of the individual resident. These Team members may include but are not limited to: Residential Manager, Superintendent or designee, QIDP, Registered Nurse, Psychologist, Social Worker, Physical Therapist, Health Services Supervisor, Occupational Therapist, Speech Therapist, Dietician, House Manager, Behavior Management Specialist, and the SSA making the referral. The SSA will be a non-voting member.

2) **Individual Service Plan (ISP) – Person Centered Plan**

The Jefferson County Board of Developmental Disabilities and Shaffer Plaza staff recognize that person centered planning is an important vehicle for empowering each resident to have a voice in their planning process and actively shaping their futures. The ICF Social Worker and QIDP will work with each resident, guardian and direct care staff to ensure each of their plans address the seven essential elements of person-centered planning.

The ICF Leadership Team will audit plans of each individual annually and will be reviewed at the ISP meeting for that individual to ensure that they address the seven essential elements: Signatures on the ISP sign in sheet will verify that the plan was reviewed and it included the following elements:

- They are respectful and empowering the plans language is descriptive, respectful, empowering and uses everyday words that the resident, those important to the resident and providers can understand.
 - Focuses on the positive-identifies positive information and builds on strengths, using trauma informed approach.
 - Makes connections-important ideas are organized and interwoven throughout.
 - Detailed and thorough-what's important for and important to the resident is specific, detailed and reflected in outcomes and services.
 - Clear outcomes and action steps-outcomes are clear and actions steps describe how progress will be measured.
 - Clear description of services and supports-includes a clear description of services and supports necessary to address needs and preferred method of delivery.
 - For Medicaid funded services-includes type, scope, amount, frequency, duration and provider type.
- Plans identified during the audit process that do not meet those requirements will be addressed with the Social Worker and QIDP to readdress the plan with resident and their advocate or guardian.

The QIDP will ensure that an initial Individual Service Plan (ISP) is completed within the first thirty (30) days after admission and at least annually thereafter for each individual resident. The Interdisciplinary Team, with the addition of Direct Care staff will collaboratively complete the ISP. Each ISP shall include:

- a) **Client Face Sheet** – Completed by QIDP
- b) **ISP/Person Centered Pan** – Completed/ Documented by QIDP
 - i) Attendance Sign-in for ISP Meeting
 - ii) ISP-person centered plan:
 - (a) Resident Information
 - (b) Legal Status

- (c) Bill of Rights & Resident/Guardian attendance
 - (d) Current Placement (residential)
 - (e) Therapeutic Leave Days
 - (f) Supervision
 - (g) Restrictions
 - (h) Staff: Client Ratio during sleeping hours
 - (i) Vocational Placement
 - (j) Individual Funds
 - (k) Titration Plan/Behavior Management Programs – A resident’s Titration Plan outlines psychotropic medication use, efforts to decrease those medications, Interdisciplinary Team and guardian approval of current psychotropic medication.
 - (l) Long-Term Outcome List – Goals for the upcoming year as recommended by the ISP Team, including Life Skills Area, Environment to be completed, identified monitor, initiation date, and expected completion date
- iii) Review of Previous outcomes (if applicable) – average success rates, recommendations for goal revisions.
 - iv) ISP Outcome Priority List – a prioritized list of recommended goals for the upcoming ISP year
 - v) Shaffer Plaza Authorization – Client/Guardian consent for release of information, medical treatment and physician selection, medication administration, management of individual funds, transportation, social and recreational activities, participation in motion pictures, video tapes, photographs, press releases or audio/visual tapes for educational, promotional, and research purposes. This authorization also provides the opportunity for the guardian to indicate if they wish to be notified for all Unusual Incidents or only those that require medical follow-up. The contents of this form may change due to Shaffer Plaza/Jefferson County DD Program needs.
 - vi) Client Authorization – Client/Guardian consent to programming outcomes discussed during ISP
 - vii) Bill of Rights goal Sheet – Annual Guardian and resident Bill of Rights review completed by Social Worker/LSW
 - viii) Video camera verification form.
- c) **Outcomes** – Written by QIDP
 - i) Outcome sheets – General description of outcome as it relates to Life Skills Area, specific assessment and assessment date, initiation date, long term goal and performance criteria, treatment modality, frequency and duration, expected completion date, and provider. This will also include any behavior plans (if applicable).
 - ii) Shaffer Plaza Outcome Implementation Sheet – Format for QIDP to document outcome status for each 90-Day Review. This includes: review date, outcome status (continued, revised, or discontinued), average performance over the previous 90 days, and prompts needed to complete task.
- d) **Comprehensive Information**
 - i) Medical Management Plan – Completed by Registered Nurse
 - (a) Medication outcome(s)
 - (b) Diet Order

- (c) Medications (including PRN)
- (d) Titration Plan (if applicable)
- (e) Treatments
- (f) Prognosis
- (g) General state of physical health and review of systems
- (h) Consultations in last 90 days
- (i) Hospitalizations in last 90 days
- (j) Specialty clinics
- (k) Pre-Restraint Assessment
- (l) Physical Restraints (if applicable)
- (m) Fall Risk Management
- (n) Self-Administration Assessment
- ii) Psychologist Evaluation
- iii) Dietician Evaluation
- iv) Speech & Language Evaluation
- v) Physical Therapist Evaluation
- vi) Occupational Therapist Evaluation
- vii) Home Operator programming suggestions & individual fund information
- viii) Residential Aide programming suggestions
- ix) Social History Assessment by Social Worker/LSW
- x) Fire Safety Assessment by QIDP
- e) **Day Programming*** - Completed by QIDP & Vocational Supervisor
 - i) Vocational Assessment(s)
 - ii) Individual Goal Sheets
 - iii) Goal Documentation Form (Flow)
 - iv) Client Rights & Violation Reporting
 - v) Satisfaction Survey
 - vi) Grievance and Appeal Process
 - vii) Consumer Descriptor Information Form
 - viii) Program Area Survey
 - ix) Professional Service Documentation (if applicable)
- f) **Miscellaneous** – These sections are included only if applicable
 - i) Services & Supports
 - ii) Procedures
 - iii) Baselines
- g) **Comprehensive Functional Assessment** – Completed by QIDP
 - i) Personal Care
 - ii) Motor Skills
 - iii) Communication
 - iv) Adaptive equipment

- v) Domestic activity
- vi) Personal safety
- vii) Leisure and recreation
- viii) Social Skills
- ix) Responsibility
- x) Numbers
- xi) Dining out
- xii) Vocational/education (assessment completed as needed)
- xiii) Human sexuality
- xiv) Behavior
- xv) Medication Administration (completed by RN)

This ISP will be written yearly and revised every 90 days when necessary. In addition, Special Team Meetings may also be held to address any concerns as they arise.

All original documents will be maintained by QIDP in each resident's file. Copies of the entire client file are forwarded to: Guardian and day programming supervisor. QIDP will provide necessary forms (flows) for providers to document performance monthly. At the end of each month, all documentation will be submitted to QIDP for review. Changes in goal status will be made at Shaffer Plaza 90-Day Reviews or Special Team Meetings.

SECTION 2.4: RESIDENT PERMANENT RECORD

A record shall be maintained for each resident that is adequate for planning and continuous evaluating of the resident's Individual Service Plan; furnishing documentary evidence of the resident's progress and his/her response to his/her Individual Service Plan, and protecting legal rights of the residents, facility, and staff.

- *All entries in the resident's record shall be legible, dated, and authenticated by signature and identification of the individual making the entry.*
- *Symbols and abbreviations are used in record entries only if a legend is provided to explain them.*

1) Admission:

The following information will be obtained and entered in the resident's record at the time of admission to the facility:

- a) Demographic Information: Name, date of admission, date of birth, place of birth, citizenship status, marital status, and social security number.
- b) Family Information: Names, addresses, and phone numbers of parents and siblings and/or next of kin.
- c) Legal Guardian: Name, address, and phone number of legal guardian if parents/family are not legal guardian.
- d) Identifying Information: Sex, race, height, weight, color of hair, color of eyes, identifying marks, and recent photograph.
- e) Reason for admission/referral.
- f) Type and legal status of admission.
- g) Legal competency status and all diagnoses.
- h) Religious affiliation (if applicable).
- i) Reports of the pre-admission evaluations.

- j) Reports of previous histories and evaluations.

This record is updated within the first 30 days of placement upon the implementation of the resident's initial Individual Service Plan.

2) **Current Record:**

Shaffer Plaza Nursing will maintain a thorough and complete medical record of each resident including, but not limited to:

- a) Medical cards
- b) Living wills, DNRs, etc.
- c) Client face sheet
- d) Guardianship
- e) Level of care
- f) Physician's Orders
- g) Telephone orders
- h) Consults
- i) Dental
- j) Hearing
- k) Vision
- l) Podiatry
- m) ISP/90-day nursing Assessments
- n) Lab and special reports
- o) Medications and treatments
- p) Dietary
- q) Psychotropic Drugs
- r) Immunizations
- s) Miscellaneous Records

QIDP will maintain a thorough and complete record of each resident's Service Plan including all items previously specified as part of an Individual Service Plan. QIDP is responsible for documenting changes to each resident's Individual Service Plan as they occur through 90-day Reviews and Special Team Meetings.

Home Operator will maintain records of leave days, monthly leisure activities, monthly staff meetings, Unusual Incident Reports, and resident's individual funds.

SECTION 2.5: RESIDENT RECORD IN-SERVICE TRAINING

An In-Service Training Sheet is used to document all staff development. The purpose of the form is to help document and develop a compatible therapeutic delivery of residential care and philosophy. The staff member providing the training will completely fill in facts and information indicated on the In-Service Training form.

1) **Ancillary Services:**

The QIDP will provide or arrange for training to be provided for Behavior Management, Physical Therapy, Occupational Therapy, Speech Therapy, or Dietary Programs. QIDP will review programming and ancillary services to be provided at the House Meeting following the resident's Individual Habilitation Plan meeting. Training will be documented by staff signatures on the House Meeting Sign-In sheet. As changes occur through a resident's ISP year, the QIDP will provide or arrange for the appropriate training as needed. Training will be documented on In-Service Sign-In Sheets and kept in the resident's record with the program/service to be altered/added.

2) **Nursing Services:**

Shaffer Plaza Nursing will provide First Aid, CPR, Universal Precautions, and Blood Borne Pathogens training to all Shaffer Plaza staff members. Full-time staff members will also receive Delegated Nursing Training. Training will be documented by staff signatures on In-Service Sign-In Sheets. In-Service Sign-In Sheets will be filed in the Residential Manager's Office.

SECTION 2.6: RECORD CONFIDENTIALITY

All information contained in a resident's record shall be considered privileged and confidential.

Only those persons providing services to residents who are employees of the Jefferson County Developmental Disability Program or authorized state personnel (Ohio Dept. of Health and Ohio Dept. of DD) shall have access to confidential resident files. All shall obtain a signed release of information from the resident, if competent, or from the resident's legal guardian. Resident records are the property of the Jefferson County Board of Developmental Disabilities, which must protect the records from loss, damage, tampering, or use by unauthorized individuals.

- 1) All information contained in resident's records shall be considered confidential.
- 2) Only such information that is directly related to the provision of services for a resident shall be maintained in the filing system.
- 3) No resident information other than identifying information, level of achievement, and attendance data shall be released outside of the Program without prior written permission. Forms are provided to secure written resident/guardian permission.
- 4) Guardians may request to review a resident's program records, correspondence, ISP, or other pertinent records concerning the resident's status.
- 5) When a parent or other non-guardian family member requests to review a resident's program records, a written request will be submitted to the Residential Manager. The program will comply with such a request during normal working days no more than five (5) working days after the request has been made. When a parent or non-guardian family member reviews these records, a staff member will be present to interpret the data within the file. Files will remain on Program grounds when being reviewed. If any other service provider/agency requests to review a resident's records, the QIDP or Residential Manager will request a written consent to release information.
- 6) Resident files will be available to the Superintendent, Shaffer Plaza and SSA employees of the Jefferson County DD Program.

- 7) All personnel files will be maintained in the main office of the Jefferson County Board of MDD. Abbreviated versions of personnel files may be kept in the Shaffer Plaza main office for Residential Manager's review.

SECTION 2.7: DESTRUCTION OF DATA

Authorized staff may destroy all personally identifiable data seven (7) years after the data is no longer needed to provide programs or services to the resident. A permanent record consisting of the following data may be maintained without time limitation:

- 1) Resident's name, address, and phone number
- 2) Birth date
- 3) Social Security number
- 4) Attendance Record

Prior to the destruction of data, reasonable efforts will be made by the facility to notify parents/guardians/residents that they have the right to be provided with a copy of any data which has been obtained or used for the purpose of making decisions regarding the resident.

SECTION 2.8: REFERRALS FOR NEEDED SERVICES

The Interdisciplinary Team may identify an individual's need for ancillary services. This may include, but is not limited to, Behavior Supports, Physical Therapy, Occupational Therapy, Speech Therapy, Dietary, Mental Health, and Medical Services. Shaffer Plaza Nursing is responsible for referrals for mental health and medical services. When a need is identified in any other area of ancillary services, the QIDP will contact the appropriate professional for an evaluation. The designated professional will provide a written evaluation regarding the area of need and make recommendations if a need is evident. If the professional's recommendations include a need to be addressed through a programming goal, the QIDP will develop and implement the outcome according to the professional's specifications.

SECTION 2.9: FOCUS OF LIFE AT SHAFFER PLAZA

- 1) Socialization and recreational programs shall promote physical and mental health, sensorimotor, cognitive, emotional, and social development, as well as provide for the enjoyable use of leisure time. Social and recreational programs available in the community shall be utilized. Organized and free time social and recreational activities shall be provided and arranged by the Home Operators.
- 2) Self-help and daily living skills shall be encouraged. Training in this area shall be consistent with the activities normally expected if the resident were in his own home and shall be part of the ISP. (This includes bathing, oral hygiene, dressing, grooming, care of the clothing, eating, maintenance of personal environment.) Necessary assistance and supervision shall be provided for those residents who have not developed self-help skills sufficient to meet their own needs. Tasks of daily living within the residential facility shall be assigned and supervised.
- 3) Each resident has the opportunity to attend day programming if capable of doing so or if not otherwise specified by the ISP. Active treatment will be provided through day programming. Active treatment may include work, recreation/leisure activities, and/or daily living skills development.
- 4) The Jefferson County Board of Developmental Disabilities and Shaffer Plaza recognize that the degree to which Shaffer Plaza residents feel happy and safe living in their home is extremely important. Because of that, a survey

will be offered to each resident and/or the resident's guardian, family member or advocate annually to complete which will address and measure the following objectives:

- The degree to which each resident feels safe and happy in their living environment.
- How each resident rates their interactions with Shaffer Plaza staff.
- The level to which each resident and/or his guardian are involved in person centered planning.
- How each resident feels about the community activities they are offered to participate in.
- How each resident feels about the medical care they are offered and receive.

The results of the survey will annually be reviewed by the Jefferson County Board of Developmental Disabilities ICF leadership team (ICF Administrator, ICF Director of Nursing, QIDP's and Home Managers). Strengths and weaknesses will be identified and a plan will be developed to expand on the strengths and improve upon the weaknesses.

SECTION 2.10: FACILITY LIVING REQUIREMENTS

Shaffer Plaza shall meet all requirements set by the Ohio Department of Health and the Ohio Department of DD to assure a safe living environment for all residents. Following are basic requirements to be met by Shaffer Plaza.

1) FOOD AND NUTRITION REQUIREMENTS

- a) Applicable standards of the Ohio Department of Health or certified local health department regarding storage, preparation and serving food will be met.
- b) A minimum of three (3) nutritionally balanced meals shall be available to the residents daily.
- c) Special diets shall be written, prepared and served in accordance with instruction of a physician or dietician and as stated on the individual's ISP.
- d) Meals may not be denied to a resident as a form of discipline or for any other reason except the order of a physician.
- e) Fresh food supplies for two days and staples for seven days shall be available at all times.
- f) No more than fourteen (14) hours may span between a substantial evening meal and breakfast of the following day.

2) HOUSEKEEPING

- a) The DSP's, Home Operators and housekeeper are responsible for the upkeep of the facility.
- b) Chores shall be offered to the residents based on the resident's ability. Residents are asked to assist in the upkeep of the home if capable to do so.
- c) All disinfectants, pesticides, poisons, and other toxic substances shall be labeled and stored separate from food products. All substances defined as "hazardous" and labeled "warning", "caution", or "danger", shall be used by staff and residents completing household chores only after being properly trained to do so.

3) MAINTENANCE SCHEDULE

- a) A large part of home maintenance will be performed by the housekeeper. He or she will work under the supervision of the home operators, and will be responsible to keep an 'Environmental Risk Assessment Log', which will be filled out monthly in each home.
- b) All staff are responsible to report to the respective house manager anything that requires repair. The home manager will then fill out a repair form, which will be forwarded by way of the Shaffer Plaza manager, to the maintenance department.

- c) The lawn surfaces should be kept free of holes, depressions, and debris. Exterior paved surfaces will be clear of debris, ice or snow to the extent that safe passage is possible. Each exit door will be unobstructed, and kept clear of snow and ice. Emergency lighting will be tested weekly, and bulbs replaced if needed.
- d) All interior floor surfaces will be cleaned daily, either by mopping or vacuuming. Carpets will be cleaned (scrubbed) as needed. Bath facilities shall be kept clean and in safe operating condition. Showers, sinks, and bathtubs will be cleaned and disinfected after each use. Faucets will be inspected for leaks or damage to pipes, any needed repairs will be reported via work order.
- e) Kitchens will be cleaned daily and after each meal, and kept free of grease, dust and debris. The kitchen cabinets will be cleaned monthly, inside and out. Pantry shelves will be kept clean and in order.
- f) Staff will replace light bulbs as needed throughout the home.
- g) Laundry area must be kept odor free, clean, and neat. All equipment must be kept in a good state of repair. Home managers will report all break-downs to the maintenance department. Chemicals being used for cleaning must be clean and off of the floor area. Dryers will be kept clean. Lint filters must be cleaned after each use. Folding areas are to be kept clean and free of lint or soil. The linen closet will be kept neat and orderly.
- h) MSDS sheets will be kept in the hazardous storage area, and updated by the home operators.
- i) Bedrooms will be cleaned weekly, according to each home manager's schedule and procedure.
- j) Exterior and interior painting will be done as needed.
- k) Fire protection equipment will be tested monthly and inspected annually.
- l) Garbage will be disposed of after each shift. All boxes will be broken down before they are placed in the garbage receptacle.
- m) Any of the above items or additional items that cannot be maintained by the home manager will be reported to the maintenance department.

4) SPACE AND EQUIPMENT

- a) Each residential facility shall have a minimum of eighty (80) square feet of non-sleeping space habitable for each person who sleeps in a bed.
- b) Each facility shall provide equipment and furnishings for both organized and free-time leisure activities according to the resident's ISP.
- c) Each sleeping room shall be adequately ventilated and have at least one outside window.
- d) Each sleeping room occupied by more than one person shall have a minimum of sixty (60) square feet of habitable floor space for each person.
- e) Each person shall sleep in a bed large enough to meet the needs of the person.
- f) Each resident shall have his own bed. Hideaway and rollaway beds, cots, etc. shall not be used. Any sleeping modifications, including any type of restraint, must be addressed in the ISP and approved by the guardian (if applicable), Human Rights Committee, Resident Rights Committee and ordered by a physician.
- g) Each building shall have at least one room used for the preparation and serving of food.
- h) Each dining room shall have a minimum total of fifteen (15) square feet of habitable floor space per person.
- i) All bathroom and plumbing fixtures shall be in compliance with the appropriate sections of the state and local regulations, rules, codes and ordinances. Those bathrooms intended for use and occupancy by more than

one person at a time shall provide for the privacy of each individual. Necessary accessibility equipment will be provided as necessary.

4) **SANITATION AND WATER**

- a) The building and grounds shall be maintained in a clean and sanitary manner and in good repair at all times and shall be subject to inspection.
- b) Measures shall be taken to prevent the entrance of insects or rodents into any building.
- c) All refuse and other solid waste shall be disposed of immediately or shall be stored in leak proof containers with tight fitting covers until the time of disposal.
- d) The water supply shall comply with the Ohio Sanitary Code and any other state or local regulations.

SECTION 2.11: RESIDENT RESPONSIBILITIES

It is the responsibility and privilege of Shaffer Plaza, to provide a safe, happy home to our residents. All staff members should work toward this goal. At the same time, there are certain expectations of the residents, as much as they are capable of. Each resident will be encouraged to:

- A. Bathe daily
- B. Brush teeth after each meal
- C. Use deodorant, powder, or any hygiene product they should need
- D. Groom themselves (shave, comb hair, etc.)
- E. Change clothes daily
- F. Attend day programming, unless otherwise specified.

Staff will provide assistance to any resident who needs it.

SECTION 2.12: BEHAVIOR SUPPORT REQUIREMENTS

The Jefferson County Board of DD has comprehensive policies that govern the use of procedures that support and assist persons receiving services from County Board Programs to manage their own behaviors. These policies and procedures which meet the requirements of the rules under chapter 5123:2-1-02(l) of the administrative code promote the growth, development and independence of those persons and promote individual choice in daily decision making, emphasizing self-determination and self-management.

Because of the complexity of these policies and procedures a separate manual has been developed to facilitate their use. A copy of this manual is readily available for review upon request.

SECTION 2.13: PHYSICAL AGGRESSION BY RESIDENT

Staff employed at Shaffer Plaza routinely deal with the challenging behavior of some residents. All staff are provided with MANDT Training to assist them when these situations occur. MANDT is a systematic approach to provide staff with the necessary skills to effectively manage potentially negative or even dangerous situations with the focus on prevention and de-escalation. The following steps should be followed when a physical assault occurs:

- 1) Call for help and use appropriate MANDT techniques to stop the physical aggression.
- 2) Perform immediate first aid to any injured party. Call for medical assistance if necessary. Always call Shaffer Plaza nurse to assess resident.
- 3) Follow MUI/UI reporting procedures to report incident.

4) Notify Residential Manager if someone is injured.

The JCBDD will fully support any staff person who takes appropriate action in stopping a physical aggression. If a staff person is injured in the performance of their duties they are eligible for Workers Compensation and assault leave as agreed upon in contract language.

SECTION 3.1: RESIDENT LIVING POLICIES

- 1) It shall be the primary responsibility of Shaffer Plaza staff to devote their attention to the care and development of the residents as follows:
 - a) Self help training: The development of basic daily living and communication skills in a supervised environment. The skill training areas will be eating, cooking, grooming, and personal hygiene including dental care, personal health, and communication, money management, shopping, and banking.
 - b) The development of skills to attain a more independent level of functioning through training. The skill training areas will be manual dexterity, gross motor coordination, fine motor coordination, perceptual training, problem solving, and developing ideas.
 - c) Social living skills training to develop behaviors which are necessary for appropriate functioning within his or her specific environment. Training areas are concerned with relating to others, learning to travel independently, creatively using leisure time, sexual appropriateness, developing skills in home maintenance, understanding money and its use, selecting items to purchase, and effectively using communication equipment.
 - d) Self-Sufficiency training to prepare the resident for return to his or her community in a semi-independent living situation. The resident will do his or her own home maintenance and cooking, shopping, laundry, budgeting, banking and structuring of leisure time with assistance and supervision as needed. Staff of Shaffer Plaza will make supervision and assistance to our residents their first priority.
- 2) Shaffer Plaza staff from all shifts will participate in activities relative to the care and development of the residents including:
 - a) Planning: All direct care staff will take part in the evaluation of residents by suggesting program plans to the QIDP through written or verbal communication.
 - b) Initiating: All direct care staff will implement specific program plans and document progress daily.
 - c) Monitoring: QIDPs will monitor each individual's achievement. There will be specific evaluation and program plans for each individual through the ISP. Records will be kept in the individual's file. All ISPs will be reviewed by the interdisciplinary team at least once every 90 days. They will be documented in each resident's file by the QIDP.
- 3) Residents are permitted personal possessions such as books, pictures, games, TV sets, VCRs, DVDs, radios, arts and craft materials, religious articles, toiletries, jewelry and letters, or any other personal belongings, unless otherwise indicated by the ISP.
- 4) Shaffer Plaza is a smoke free facility. Smoking by residents and staff is only permitted outside of each home in designated areas. Smoking materials must be disposed of in the fire-safe containers provided.

SECTION 3.2: RESIDENT'S LEISURE/COMMUNITY INTEGRATION POLICY

The Jefferson County Board of Developmental disabilities and Shaffer Plaza staff recognize the importance of community integration and how it should be designed to optimize the personal, social, and vocational competency to live successfully in the community. Shaffer Plaza will offer community experiences to the residents based upon a person centered basis, where the residents are active partners in determining the activities they desire to participate in.

Opportunities to experience community integration will be offered to residents on an individual basis with a person centered approach or through a group approach where several residents may participate in activities that they may enjoy together.

The ICF Leadership team will oversee that sufficient opportunities are given to residents to experience community integration on a person centered basis. Documentation will be kept of both attempts and completion of resident's involvement in community integration.

- 1) The purpose of this policy is to ensure that activities are provided that suit the individual needs of the residents. These activities will be in keeping with the interests, physical capabilities, and mental capacity of the individual.
- 2) In most cases, the ISP will address recreational activities that meet the needs of each individual. The individual's desires will be considered when developing the recreational portion of the ISP.
- 3) The responsibility for implementing and maintaining the leisure program is vested in the Home Operator and residential aides. Social activities will be designed to create social interaction among the residents of the home. Staff will attempt to introduce new interesting activities to each resident. Some things to consider would be picnics, concerts, amusement parks, community days, and festivals.
- 4) Leisure activities will be encouraged in the home setting as well as in community settings. Shaffer Plaza will utilize community resources as much as possible in developing an array of community activities. Shaffer Plaza is committed to the concept of inclusion for residents in all facets of life. The residents will be encouraged to participate in recreation and leisure activities that would be consistent with principles of normalization.
- 5) Relatives and friends are encouraged to visit as often as they possibly can during waking hours. Residents will be encouraged to participate in recreation and leisure activities that would be consistent with principles of normalization. Shaffer Plaza reserves the right to limit visitations when special circumstances exist.

SECTION 3.3: RESIDENTIAL BILL OF RIGHTS

- 1) The residents of Shaffer Plaza have the same human and civil rights according to all citizens, regardless of sex, race, color, or national origin. Limitations imposed for just cause are documented in the ISP. The residents of Shaffer Plaza will review the Bill of Rights on an individual basis yearly prior to the ISP meeting. Shaffer Plaza staff is trained on the Residential Bill of Rights during their home meetings. The residents rights shall be governed by The Rights of Persons with Developmental Disabilities per section 5123.62 of the Ohio Revised Code. These rights include, but are not limited to:
 - A) The right to be treated at all times with courtesy and respect and with full recognition of their dignity;
 - B) The right to an appropriate, safe and sanitary living environment that complies with local, state and federal standards and recognizes the person's need for privacy and independence;
 - C) The right to food adequate to meet accepted standards of nutrition;
 - D) The right to practice the religion of their choice or to abstain from the practice of religion;
 - E) The right of timely access to appropriate medical or dental treatment;
 - F) The right of access to necessary ancillary services including, but not limited to, occupational therapy, physical therapy, speech therapy, behavior modification, and other psychological services;
 - G) The right to receive appropriate care and treatment in the least intrusive manner;

- H) The right to privacy, including, both periods of privacy and places of privacy;
 - I) The right to communicate freely with persons of their choice in any reasonable manner they choose;
 - J) The right to ownership and use of personal possessions so as to maintain individuality and personal dignity;
 - K) The right to social interaction with members of either sex;
 - L) The right of access to opportunities that enable individuals to develop their full human potential;
 - M) The right to pursue vocational opportunities that will promote and enhance economic independence;
 - N) The right to be treated equally as citizens under the law;
 - O) The right to be free from emotional, psychological, and physical abuse;
 - P) The right to participate in appropriate programs of education, training, social development;
 - Q) The right to participate in decisions that affect their lives;
 - R) The right to select a parent or advocate to act on their behalf;
 - S) The right to manage their personal financial affairs, based on individual ability to do so;
 - T) The right to confidential treatment of all information in their personal and medical records;
 - U) The right to voice grievances and recommend changes in policies and services without restraint, interference, coercion, discrimination, or reprisal;
 - V) The right to be free from unnecessary chemical or physical restraints;
 - W) The right to participate in the political process;
 - X) The right to refuse to participate in medical, psychological, or other research or experiments.
- 2) The following procedure shall be followed in the event a grievance is being filed:
- A) Resident will inform the Social Worker or QIDP that they have a complaint or feel their rights were violated. The Social Worker or QIDP will talk with the resident, other residents or staff involved in order to work things out for the resident and to make a decision. Residents may also talk to other staff members, whoever they feel comfortable talking to about their problems.
 - B) Residents may ask for a Resident Right's Committee Meeting if they are not happy with the way the Social Worker, QIDP or staff has worked their problem(s) out for them. At the time of the meeting, the Social Worker, QIDP or staff will present the complaint or rights violation to the entire Resident Right's Committee. The committee will discuss the problem(s) and try to solve the problem(s) and make a decision.
 - C) Residents may call DRO (Disability Rights of Ohio) and ODDD (Ohio Department of Developmental Disabilities). if they do not like or do not agree with the committee's decision. The resident may report their complaint or rights violation to the agency. The Social Worker, QIDP or staff will help the resident complete the reporting procedure.

SECTION 3.4: RESIDENT RIGHTS COMMITTEE

- 1) Shaffer Plaza Resident Rights Committee was formed in order to ensure that resident's rights are not being violated. The committee is comprised of Shaffer Plaza Residential Manager, QIDPs, Nurse, Home Operators, Shaffer Plaza Resident, and an outside Community person. Shaffer Plaza Residential Manager facilitates all committee meetings, as well as makes appointments for new committee members as needed.

- 2) This committee meets monthly in order to review and approve all resident behavior plans and psychotropic medications to ensure that the appropriate combination of behavioral interventions and psychotropic medications are being utilized. The committee also reviews the use of adaptive equipment and restraints. Behavioral data is reviewed and compared with the previous two months data in order to assess progress of behavior plan. The committee also reviews all UI reports in order to ensure that there are no patterns or concerns regarding resident incidents. If a pattern or concern is identified by the committee, a Special Team meeting will be scheduled by QIDP in order to address these issues. The committee also reviews UI reports in order to verify that the appropriate investigational strategies are utilized during QIDP follow-up review of the incident. If pertinent, the committee hears resident grievances and makes appropriate recommendations. Committee approval is documented in the Resident Rights Committee meeting minutes.
- 3) Residential Manager is responsible for compiling minutes from the committee.

SECTION 3.5: DISCONTINUED PLACEMENT FROM SHAFFER PLAZA

Discontinuation of a resident's placement from Shaffer Plaza may be initiated by the resident, the resident's parent/guardian/Power of Attorney, or by the administration of Shaffer Plaza.

If a resident, or the resident's parent/guardian/POA, requests to discontinue placement at Shaffer Plaza, the Residential Manager, Home Operator, and the QIDP will arrange to meet with the resident and his/her parent/guardian/POA to explain the advantages and disadvantages of leaving Shaffer Plaza. If a decision is made by the resident to leave Shaffer Plaza, the QIDP will ensure that:

- 1) A summary of the resident's findings, progress, and plans are placed in the resident's file.
- 2) When requested, referrals are provided to the resident and parent/guardian/POA to inform them of available services provided by community agencies and resources. These services may include: Ohio Department of DD, Job and Family Services, Social Security Administration, the Community Action Council, long term care facilities within the tri-state area and hospitals.
- 3) When a new residence is identified, all information needed to continue the resident's Plan of Care and/or ISP are provided to the administration and staff of the new facility.

When discontinued placement is the recommendation of the Interdisciplinary Team, the QIDP shall also arrange to meet with the resident and his/her parent/guardian/POA and insure that the same steps (as above) are completed.

SECTION 4.1: SHAFFER PLAZA ABUSE/NEGLECT PROCEDURE

1) Staff Training:

All Shaffer Plaza staff receiving Bill of Rights Training provided by Shaffer Plaza QIDP/LSW. This training includes specific definitions of abuse/neglect situations, as well as UI/MUI definitions. Training will also include a review of the facility's UI/MUI reporting procedures. Documentation of this training will be filed with monthly house meeting minutes.

Additionally, staff will receive monthly training in regards to maintaining professional conduct while at work. Training will be provided by the Shaffer Plaza Home Operator, and documentation of this training will be filed with monthly house staff meeting minutes.

All newly hired staff will participate in abuse/neglect and UI/MUI training as part of their staff orientation training prior to working any shifts. Training will be provided by Shaffer Plaza QIDP, Home Manager or LSW. Verification of participation in this training will be filed with each new employee's personnel file.

MUI means the alleged, suspected, or actual occurrence of an incident that adversely affects the health and safety of an individual, including acts committed or allegedly committed by one individual against another individual. Major Unusual Incidents (MUIs) include but are not limited to the following: physical abuse, sexual abuse, verbal abuse (whether or not the individual perceives it to be), misappropriation, neglect, death, law enforcement involvement, attempted suicide, relocation/inability to provide services, missing persons, medical emergency, unplanned or unscheduled hospital admission, injury, behavior support, rights violation, and series of incidents. (See attached copy of MUI rule definitions/interpretation).

2) Reporting Procedures:

ALL INCIDENTS INVOLVING SHAFFER PLAZA RESIDENTS (INCLUDING INCIDENTS INVOLVING SUSPECTED ABUSE OR NEGLECT), ARE TO BE REPORTED IMMEDIATELY TO SHAFFER PLAZA MANAGEMENT VIA "SHAFFER PLAZA UI/MUI REPORTING PROCEDURES".

These procedures must be followed each time a Major Unusual Incident (MUI) occurs:

- i) Notify Nursing of incident if there is an injury or suspected injury.
- ii) The staff who was involved/witnessed the incident is to call the *QIDP or Home Manager On Call Number*.
 - QIDP or Home Manager will instruct staff to fill out an MUI form and any necessary witness statements. These forms must be completed before ending your shift that day. Failure to do so will result in disciplinary action as per the Jefferson County DD personnel policy. Place all necessary paperwork in the MUI/UI mailbox.
- iii) QIDP or Home Manager will then contact:
 - MUI Coordinator
 - SSA on call after hours/weekends
 - Residential Manager
 - SSA Director (if Residential Manager is Unavailable)
 - Guardian/POA of Individual(s) if applicable

These procedures must be followed each time an Unusual Incident (UI) occurs:

- i) Notify Nursing of incident if there is an injury or suspected injury.
- ii) The staff who were involved/witnessed the incident is to call the *QIDP or Home Manager On Call Number*.
 - QIDP will instruct staff to fill out a UI form and any necessary witness statements. These forms must be completed before ending your shift that day. Failure to do so will result in disciplinary action as per the Jefferson County DD personnel policy. Place all necessary paperwork in the MUI/UI mailbox.
- iii) QIDP will then contact:
 - Residential Manager
 - SSA on call
 - Guardian/POA of Individual(s) if applicable.

3) **Disciplinary Procedures/Failure to Report:**

- i) Late Reporting UI/MUI: When an incident is not immediately reported as per facility procedures, the involved employee will be subject to disciplinary action as per Jefferson County DD Personnel Policy.
- ii) Late Reporting Suspected Abuse/Neglect: Any employee failing to immediately report suspected incidents of abuse or neglect will be subject to disciplinary action as per Jefferson County DD Program Personnel Policy. These incidents will be considered to be 'Group 3' violations, and will result in up to three days suspension from work without pay for first offense, up to 30 day suspension from work without pay for second offense, and employee termination for third offense.

Shaffer Plaza QIDP will immediately consult with Shaffer Plaza Residential Manager & Jefferson County DD MUI coordinator regarding any questionable incidents.

4) **Disciplinary Procedures when Incidents of Suspected Abuse or Neglect are Reported:**

Shaffer Plaza Residential Manager will immediately place the involved staff person on paid administrative leave. The involved staff will remain on administrative leave until one of the following occurs: (1) the incident is determined by the State of Ohio to not be classified as an MUI, or (2) the issue is resolved as a result of the facility's investigation of the incident.

If an incident is found to be substantiated, the facility will take corrective action to ensure that it does not reoccur. Additionally, disciplinary action will be immediately taken against the involved staff person as per Jefferson County DD Personnel Policy. Exact disciplinary action will be determined by the severity of the incident, but will range from specified time off from work to termination of employment.

Additionally, for all substantiated incidents of abuse or neglect, Shaffer Plaza will implement the following procedures to monitor identified employees:

- i) Home Operators will utilize direct observation of employee, feedback from consumers, and feedback from co-workers. If after six consecutive months of monitoring, no additional concerns are identified, monitoring will be discontinued.
- ii) Should additional issues be identified prior to that time, additional administrative action will be taken by management, which may include termination of employment.

- iii) Additionally, Shaffer Plaza QIDP will log incidents to include identification of staff involved in all incidents. In the event that a pattern involving specific staff/residents is identified, the facility will perform an investigation into these incidents.

SECTION 5.1: FEES CHARGED TO INDIVIDUALS FOR RESIDENTIAL SERVICES

1) 18 and Over

The following information must be provided to the Manager of Shaffer Plaza in order to determine room and board fees for the residents.

- a) Verification of individual's (resident's) income. This may include Social Security benefits, SSI, SSDI, VA benefits, interest on Savings Accounts or Certificates of Deposit, or any other sources of income.
 - b) Verification of all regular or fixed expenses. This may include medication, insurance policies, hospitalization insurance or any other fixed expenses.
- 2) If the resident is eligible for Medicaid, the cost for room and board will be the amount of individual income minus an approved allowance for personal spending to be determined by the Ohio Department of Job and Family Services.
 - 3) If the resident is private pay, the cost per day will be equal to that of Title XIX reimbursement.

SECTION 5.2: RESIDENT FINANCES

- 1) It is determined at each individual's annual ISP meeting whether that individual has the capability to manage his/her own finances, and to what extent. If it is determined that the facility should manage the individual's funds, and appropriate authorization is signed by the resident or their guardian during the ISP meeting.
- 2) In the event that it is recommended that the facility manage the individual's funds, the degree to which the facility is to manage these funds is clarified at the IHP meeting. This information is documented in the ISP meeting minutes by QIDP. Home Operator is responsible for managing these funds.
- 3) Receipts are kept for all purchases made by the Home Operator on behalf of the resident.
- 4) Residents must sign for all monies given to them for personal spending. No receipt is required for these funds.
- 5) An individual financial record will be kept with a running balance equaling the actual amount of money in the account.
- 6) At least every 60 days, an accounting of these funds is completed. The account balance is reviewed by another employee, in the presence of the Home Operator, to verify account accuracy. The employee verifying the account balance will initial that they have completed the review by documenting this on the resident financial record.
- 7) Home Operators receive monthly allocations of resident funds. All Home Operators will meet together at a predetermined time in order to receive these funds. In the event that a Home Operator is unavailable due to extended leave or vacation, their funds will be held by the Residential Manager until they return. All Home Operators will sign that they have received funds for their home. Receipts for these funds will be filed at Home C office.

SECTION 5.3: RECEIPT OF LARGE SUMS OF MONIES

- 1) Large sums of money that may be obtained from government entities or from private/personal sources that exceed \$1,500 will be reported to the ODJFS. Within 30 days the money will be spent on appropriate needs and/or wants of the individual. (ODJFS may be consulted concerning appropriate expenditures).

SECTION 5.4: RESIDENT USE OF LARGE SUMS OF MONIES

- 1) The Home Operator will assume responsibility for counseling and advising residents regarding the use of large sums of money that they may accrue over a period of time. The maximum amount the provider can spend for any one purchase is \$300 without getting prior approval from the guardian. The guardian will give consent for any purchase over \$300.
- 2) The Home Operator will provide the resident with information necessary to assist that resident in using their resources in a fiscally sound manner.
- 3) The Home Operator, with input from the resident, may assist the resident in making purchases that meet the individual needs and/or desires of the resident.

SECTION 6.1: DIETARY SERVICE (RESIDENTIAL DIETS)

1) Menus:

The Consultant Dietitian plans the menus. The menus are written by the Consultant Dietitian after consultation with the Home Managers. They will reflect as much as possible, the preferences of the residents as manifested by their food acceptance, comments and suggestions. The Consultant Dietitian will periodically review the menus and make adjustments as needed.

The menus will be planned and written in advance. There will be a six week menu cycle of regular and routine therapeutic diets. The six week cycle will provide a variety of foods.

The menus are adjusted for the age, sex, activity and ability of the current residents. They will be further adjusted for any medical requirements according to the Physician's order. If a resident's diet order does not fit into the routine therapeutic diet of the cycle, an individualized therapeutic diet will be ordered.

The cycle menu in use – both regular and routine therapeutic diet – will be posted in the kitchen at all times where they will be available for inspection by staff, residents and others.

The substitution record will be located in each home. It will be dated and filled in properly. It will be kept on file with the menus in each home.

2) Modified and Therapeutic Modification: Diet Orders Policy:

All diets, regular or therapeutic, will be ordered by the consulting Physician. The Consultant Registered Dietitian (RD) will make recommendations to the Physician for his final decision. The interdisciplinary team may recommend changes in food consistency to ensure that food is being served to meet the residents needs..

Procedure:

- i) The Physician writes the Diet Order on the Doctor's order sheet.
- ii) The Nursing Department takes the order off and places it on the Nursing Care Plan as well as on Diet Order Sheet posted in the kitchen. This is done by yellowing out the old order and writing in the new order with date.
- iii) The House Manager will refer to the Diet Order Sheet at all times as a guide in the preparation and service of the diets.
- iv) If a member of the Interdisciplinary staff feels that a change in consistency of food will better serve a resident's needs, she/he will consult with the Nursing Department and the Dietitian.
- v) The RD will be informed of all new or changed Diet Orders (including consistency modifications) by phone or note (depending on urgency). She will then complete a dietary assessment with any recommendations and document this on her Dietary Progress Notes. Changes in portion size will also be documented by the RD.

3) Meal Frequency

Purpose: To ensure that meals are provided at proper intervals and contain adequate nutritional values in relation to the activity needs and time interval to the next meal.

Implementation: The residents will receive meals and snacks in accordance with the following schedule:

Breakfast served from 7:00 a.m. to 8:00 a.m.

Lunch served from 11:00 a.m. to 12:30 p.m.

Dinner served from 4:30 p.m. to 6:00 p.m.

4) **Portion Control for all Diets but Caloric Control**

FOOD	AVERAGE SERVING	LARGE SERVING	SMALL SERVING
Meat:			
Noon Meal	2 oz.	3 oz.	2 oz.
Evening Meal	M – 4 oz./F – 3 oz.	M – 5 oz./F – 4 oz.	2 oz.
Scrambled Egg	1 oz. - ¼ c.	1 ½ oz. – 1/3 c.	¼ c.
Vegetables	½ c.	2/3 c.	1/3 c.
Fruits	½ c.	2/3 c.	1/3 c.
Salads	½ c.	2/3 c.	1/3 c.
Potatoes	½ c.	2/3 c.	1/3 c.
Ice Cream	½ c.	2/3 c.	1/3 c.
FOOD	AVERAGE SERVING	LARGE SERVING	SMALL SERVING
Puddings	½ c.	2/3 c.	1/3 c.
Bread	1 slice	2 slices	½ slice
Buns for Meat	1 Large (2oz)	1 Large	2 oz. meat on ½ Large
Soup	6 oz.	8 oz. (may have more)	4 oz.
Juices	½ c.	1 c.	¼ c.
Milk	8 oz. – 1 c.	8 oz. - 1 c.	4 oz. – ½ c.

- Diabetic and Reducer (i.e. caloric control) have specific amounts stated on the menu.

5) **Diet Meal Pattern**

	1000	1200	1500	1800	2000	2200	2400
<u>Breakfast</u>							
Fruit	1	1	1	1	2	2	2
Meat	1	1	1	1	1	1	1
Starch	1	1	2	2	3	3	3
½% Milk	¾ c.	¾ c.	¾ c.	¾ c.	¾ c.	¾ c.	1 c.
Fat	1	1	1	1	2	2	2
<u>Lunch</u>							
Fruit	1	2	2	2	2	2	2
Meat	2	2	2	2	2	3	3
Starch	1	1	2	3	3	3	3
Vegetable	1	1	1	1	1	1	2

½% Milk	0	0	0	0	0	0	0
Fat	½	2	2	2	2	2	2 ½
<u>Dinner</u>							
Meat	2	3	3	3	4	4	4
Starch	1	1	2	2	3	4	4
Vegetable	1	1	2	2	2	2	2
Fat	1	1	2	2	2	2	3
Fruit	1	1	2	2	2	2	2
½% Milk	¾ c.	¾ c.	¾ c.	¾ c.	¾ c.	¾ c.	1 c.
H.S. (Bed time)							
½% Milk	½ c.	½ c.	½ c.	½ c.	½ c.	½ c.	1 c.
Starch	1	1	1	1 – 1	1 – 1	1 – 1	1 – 1
Fat	0	0	0	1	1	1	1
Meat	0	0	0	1	1	1	1

Suggested Substitution to obtain Similar Nutritional Value

Group

Juices

- a) Juices may be substituted for each other
 - i) Group I - Vitamin C juices such as Orange, Grapefruit or Citrus blend
 - ii) Group II - Juices fortified with Vitamin C – if 100% juice – such as Pineapple, Apple, Grape, Tomato Juice.
 - iii) Group III - Vitamin C fortified Cranberry Cocktail – not pure juice but occasional use is accepted (not in WV)
- b) The following juices may be substituted for each other but never substituted for Group I – Prune, Non-fortified Apple, Pineapple, Cocktails and Nectarine.
- c) Any juice in Group I may be used in place of one in Group II but Group II juices may not be used in Group I.

Fruits

- a) Vitamin C – Strawberries, Cataloupe, Oranges, Grapefruit, Mango – may be substituted for each other. If these are the Vitamin C source for the day and not available, you may use a Fruit Juice from Group I or a Group I Vitamin C vegetable.
- b) Non-Vitamin C Fruits – All others – Peaches, Pears, Apples
- c) You may substitute a Vitamin C Fruit Group I for a Non-Vitamin C Fruit Group II but not the other way around.

Vegetables

- a) Vitamin C Vegetables – Broccoli, Cabbage, Brussel Sprouts, Green Peppers, Tomatoes, Cauliflower, Spinach, Fresh Potatoes, Kale, Collards may be substituted for each other or for Vitamin C fruit.
- b) Non-Vitamin C Vegetables – others – Beets, Beans, Celery, Lettuce.

Vitamin A Fruits & Vegetables

- a) Vegetables – Broccoli, Spinach, Greens, Carrots, Pumpkin, Sweet Potatoes, and Winter Squash. All may be substituted for each other or for a Vitamin A Fruit.

- b) Vitamin A Fruit – Mango, Apricot, Nectarine
- c) Liver – Very High Vitamin A – No other source needed.

Starch Substitutions

- a) Pasta – any size or shape: spaghetti, noodles or macaroni
- b) If no pasta is available use rice
- c) If no rice is available use pasta
- d) If no rice or pasta is available use potato, corn or lima beans
- e) Corn, lima beans, or peas may be substituted for each other
- f) Bread, muffins, rolls, buns are substitutes.

Meat, Fish, Poultry

Note: Bacon is not a substitute for anything it is “extra”

- a) Substitute Meat for Meat, Fish for Fish, Poultry (Chicken for Turkey), Cheese for a Cheese
- b) ¼ cup cottage cheese = 1 egg = 1 oz. meat = 1 oz. cheese
- c) Breakfast meats – 1 egg a substitute for 1 oz. Ham or 1 oz. Sausage or ¼ c. cottage cheese or vice versa.

6) General Rules and Suggestions for Shaffer Plaza Kitchens

- i) If a client is allergic to tomato juice the following substitutions can be made: Grapefruit, Orange, Fortified Apple juice, Fortified Pineapple juice, or Fortified Cranberry juice cocktail. If they are allergic to citrus juices then stick with apple, pineapple, and cranberry juices. If a client is allergic to tomatoes – substitute another yellow vegetable.
- ii) Whenever a client does not like a specific meat (Liver and Fish are common dislikes) replace the disliked item with a cheese sandwich, cottage cheese, hamburger, or a peanut butter sandwich.
 - (a) Find out which substitute is desired in the morning so that less of the main dish can be prepared and the substitutes are prepared.
 - (b) If a client refuses a meat during the meal, offer to substitute with a protein substitute such as a peanut butter sandwich, cheese, cottage cheese, yogurt, or lunch meat sandwich.
 - (c) If the majority of the house definitely does not like liver or fish contact the Dietitian and a permanent change can be made.
- iii) If a client will be out of the house at mealtime but will return for food – Cover his food, refrigerate until they return home, and microwave to heat upon their return.
- iv) Keep recipes in a binder provided. These recipes should be kept where all staff can use them easily.
- v) The following items should be posted on the bulletin board:
 - (a) Weekly Menu Sheet
 - (b) Daily Menu Sheet
 - (c) Diet Order Sheet
 - (d) Suggested Substitution Sheet
 - (e) Food Substitution Record
 - (f) Food Service Operation License
 - (g) Any “special” diets for a client
- vi) Keep where staff and Dietitian can find and use them:
 - (a) Diet Care Plans

- (b) Height-Weight Flow Chart
- (c) Sanitation and Safety rules
- (d) Microwave instruction book

7) **Dietary Disaster Procedures**

a) General Statements and Suggestions

- i) Flashlights with batteries shall be available. A battery powered radio shall also be available.
- ii) Make preparations to have water delivered if needed. If you have advance notice of water shut-off, fill bath tubs and large containers with water. Use water sparingly.
- iii) When electricity or water is shut-off, use disposable dishes, cups, silverware. A three day supply must be kept on hand.
- iv) Coordinate with other house managers; help each other use up perishable foods. Share large cans; leftovers cannot be saved.
- v) Decide if each house will prepare their food or whether a community meal will be prepared.
- vi) Give ample amounts of food or allow for seconds as menu may contain fewer items than usual. Also during emergencies people eat more. No "Special" or "Therapeutic" diets will be followed except for Insulin Diabetics.
- vii) Practice Good Sanitation
 - (a) Keep food covered once they are opened.
 - (b) Place all waste into plastic garbage bags, tie securely and remove to a designated holding area.
 - (c) Keep a container with water and Chlorox in the kitchen – use to wipe up all spills.

b) Conserving Food – Preventing Loss

i) Freezers and Refrigerators

- (a) The large freezer will keep food frozen at least 48 hours if left unopened. When emergency occurs, remove any items you will need to small freezer. You may want to switch some items to large freezer to make room.
- (b) Use foods in refrigerator first. Open the refrigerator as little as possible. Think ahead and take out what you need for a meal at one time.
- (c) Check small freezer after first twenty-four (24) hours. Use items from there after refrigerator items are used.
- (d) Fill in with items from storeroom – after the refrigerator items are used up.
- (e) Share large cans with other homes – remember leftovers cannot be saved.

c) Cooking

- i) When electricity is shut-off, all cooking will need to be done on your grill. Charcoal grilling must be done outside no matter what the weather.
- ii) Each meal must have one hot item – two preferable. Plan your cooking so that the main dish cooks first. While people are eating the water for beverage can heat.
- iii) Save all fruit and vegetable juices as water may be unavailable or in short supply. Water is to be used for beverages and hand washing. Vegetable juices can be used to cook fresh vegetables, meats, placed in soups, sauces, etc. Fruit juices can be used in instant pudding and to cook meats.

- iv) Remember canned foods are already cooked – reheating is only for palatability. They can be eaten cold.
- v) When no more fluid milk is left reconstitute dried skim (powdered) milk. Reconstitute according to directions if water is available. Heat to boiling, mix, cover and put outside to cool. If it is not practical to heat and cool then use it without cooking. Canned milk can be used in cooking and drinking (if diluted) but may not be accepted as a beverage.

Suggested Sample Meal Plans

	Day 1	Day 2	Day 3	
Breakfast	Juices from refrigerator Dry Cereal – Storeroom Hot Cereal – if needed Hot chocolate, coffee, tea (heated on grill) Fresh milk - refrigerator	Juices – Storeroom Dry Cereal Hot Cereal – if needed Hot chocolate, coffee, tea Canned milk/recons. dry skim milk	Juices Dry Cereal Hot Cereal – if needed Hot chocolate, coffee, tea Canned milk/recons. dry milk	Juices Dry Cereal Hot Cereal Hot chocolate, coffee, tea Canned recons. dry milk
Lunch	Hot soup (use canned with water, milk, or vegetable juice) Sandwiches – meat from refrigerator, cheese from refrigerator Fresh Fruit Hot Beverage	Hot soup Bread Finish perishable meat and cheese from refrig Fresh or canned fruit Hot Beverage	Hot soup Tuna Salad or Egg Salad Crackers Canned Fruit Hot Beverage	Hot soup Sandwich (Meat from freezer) Cracker or Bread Canned Fruit Hot Beverage
Dinner	Hot Meat from refrig Vegetable Salad – refrig Canned vegetable Crackers Ice Cream Hot Beverage	Hot Meat – Storeroom Vegetable Salad (if avail) Canned vegetable Crackers Instant Pudding w/can milk Hot Beverage	Hot Meat Canned vegetables Baked Beans or Lima Beans Crackers Ice Cream Hot Beverage	Hot Meat from Freezer Canned vegetables Baked Beans or Limas Pudding w/canned milk Hot Beverage
Snack	Cookies/Milk (refrig)	Cookies/Milk (recons. dry)	Cookies/Milk (recons. dry)	Cookies/Milk (recons. dry)

SECTION 6.2: DIETARY SERVICE (CLEANING/SANITATION)

1) Personal Sanitation and Safety Rules

- i) Wash hands before beginning to cook. If interrupted while cooking to do other tasks, be sure to wash hands upon return to the kitchen to cook. Always wash hands after going to the toilet.
- ii) If you are sick, report off – don't make others ill.
- iii) Step and turn away from food when you must cough or sneeze. Use a tissue, dispose of tissue and then wash hands.

2) Food Handling Safety and Sanitation

- i) Safe food temperatures are below 40° and above 140° F. Temperatures in between are not safe except for breads, cake and foods that will not spoil.
- ii) Hot food is to be kept at 140° F or above (preferably 160° F) while serving. Check your temperatures. Reheat if necessary.
- iii) If a client is out of the house for a meal and return to eat – (a) refrigerate his meal, (b) reheat in the microwave.

- iv) Chilled foods should be as close to 40° F as possible at the time of service. In order to obtain this, salads, fruits, puddings, gelatins, etc. must be placed in the refrigerator early enough to chill. Test your temperatures before serving.
- v) Do not let salads, milk, fruits, desserts, etc. set on table more than 5 minutes prior to clients setting down at the table.
- vi) All salads (vegetable, meat, potato, egg) and all desserts except cakes or cookies and all other “potentially hazardous foods” must be refrigerated immediately after preparation. Foods prepared early and being held for later cooking must also be refrigerated immediately after preparation.
- vii) Cakes and cookies must be stored under a cover.
- viii) Frozen foods may be defrosted - (a) in refrigerator – place in refrigerator at least 24 hours before cooking (b) microwave – use “defrost” according to directions. Defrost just prior to cooking (c) large items may take 2 days to defrost in refrigerator or may be place under running water.
- ix) Cook all meats, stuffings, (including poultry meat) to an internal temperature of 165° Minimum – Pork to 180° F. If a stuffing is baked in a turkey be sure the 165° F temperature is reached.
- x) Do not prepare foods that do not look, feel or smell as you feel they should. Discard anything abnormal.
- xi) Raw fruits, vegetables, and unprocessed meats, fish, poultry should be thoroughly washed under running water before beginning preparation or use.
- xii) Avoid as much manual contact with foods as possible. Use spoons, tongs, scoops, forks, spatulas when preparing or serving food. When hands must come in contact with food, wear plastic gloves.
- xiii) No raw eggs are to be served. All eggs must be cooked. If eggnog is needed use a mix. (Contact dietitian)
- xiv) No food served to a client may be reused in any manner.
- xv) Foods do not need to be cooled more than 15 minutes before being refrigerated.
- xvi) Wash top of all canned foods prior to opening.
- xvii) Test taste your cooking. DO NOT use your fingers. Remove food from dish with serving spoon – place in tasting spoon. Step away from food and taste. Use clean spoons.
- xviii) Avoid touching surfaces of dishes and cups and silverware that will come in contact with food or drink. Handle properly and use proper serving utensils – forks, tongs, spatulas, for touching food.
- xix) Once a food or utensil or any item has been dropped on the floor it must be discarded if it cannot be properly sanitized. (Potheolders, towels must be laundered)
- xx) Discard disposable containers or utensils after one use unless they can be safely sanitized in the dishwasher before reuse.
- xxi) Cutting boards must be sanitized after use. Do not prepare cooked foods on the same board as raw foods – use 2 different boards. Cutting boards should be dishwasher safe – of plastic or rubber (not wood). If 2 boards are not available – sanitize between use.
- xxii) Discard all chipped or cracked china or plastic ware.

3) **Isolation Technique for Food Handling**

In order to protect the residents of Shaffer Plaza from infections, it may be the Physician’s order or the Health Nurses desire to institute Isolation techniques. In order to prevent the intermingling of the dishes of the resident with infections with the general pool of dishes, the following procedure will be used:

Procedure – 2 person technique

- i) The resident will be served on disposable dishes and trays, and with disposable utensils, napkins, cups, etc.
- ii) At meal time the filled tray will be covered with foil for sanitation and heat retention and placed on a second tray (disposable or non-disposable). The kitchen person will hand carry this tray set-up to the resident's room.
- iii) The kitchen person will present the tray to the person who is taking care of the resident. This person will not have contact with the kitchen. This person caring for the resident will remove the covered tray from the second tray without touching the second tray which will be returned to kitchen by the kitchen person for sterilization. The person caring for the resident will serve the tray and supervise the residents eating as well as be responsible for tray disposal.
- iv) No disposable trays, dishes, utensils, paper or food will be returned to the kitchen. The person in the resident's room will dispose of the left over liquids in the toilet. Leftover food and all disposable items on tray will be placed into a plastic bag and discarded

4) **Cleaning Schedule**

The following schedule will be maintained for the cleaning of the equipment indicated:

i) After Each Use

Mixer	Top of stove – check burners
Blender	Oven – if soiled
Cutting Board	Microwave
All Work Services	Food Processor
Griddle and Deep Fryer	Toaster
Can Openers	Small Utensils

ii) Weekly

Refrigerator	Stock Room
Outside of cabinets	Sinks
Ranges & Ovens	

iii) Daily

Metal Containers for Supplies	Bread Drawer
Ranges and Ovens as indicated	Storeroom – Wipe spills
Work Tables	Refrigerator – Wipe spills
Sinks	Shield above stove
Dishwasher	Microwave
Floors	Dietary Carts

5) **Refrigerators and Freezers**

- i) Safe temperature for the freezer is 0 to -10° F. Watch your temperatures and if they increase reset your control.
- ii) Be especially observant as outside temperatures climb. You may need to reset your controls.
- iii) Check freezer and refrigerator temperatures daily. Document the temperatures on the Temperature Chart.

- iv) Safe temperature for the refrigerator is 35 to 40° F. Reset controls to obtain this.
- v) Foods must be properly covered, labeled and dated when refrigerated. No “mystery foods”. Try to use refrigerated (previously cooked) foods within 2 days.
- vi) “Leftovers” or foods prepared ahead may be frozen – wrap, label and date. Use within 2 or 3 weeks. Potatoes, tomatoes, lettuce, and celery do not freeze well.

6) **Store Room**

- i) All non-food items should be covered, labeled properly, and stored away from food products.
- ii) Cleaning items should be stored in a separate area or room away from foods. All items must be properly labeled.
- iii) All foods must be stored “off the floor on shelves or pallets or dollies”. No foods may be on the floor even if bagged or boxed. Cases of delivered foods may be stored uncrated as long as they rest on a pallet that is off the ground.
- iv) If at possible uncrate or uncase food outside the residence. If this is not practical watch for bugs that may travel in their cases.
- v) The store room should be well aired and dried and kept clean. Produce should not be stored in the store room with the exception of onions and potatoes.
- vi) Use FIFO (First In, First Out) system when removing items from the store room or freezer. This will ensure fresh food.
- vii) Check for unbroken packages, swollen cans or foods that do not look or smell normal. Do not accept and return.

7) **Care and Cleaning of Equipment Procedures**

- a) Can Opener – Keep blade in good condition and sharp. Clean can opener and base after each use.
- b) Dishwashing Machine – Follow the manufacturer’s directions for the operation and care of the machine. Use the proper amount of detergent, scrape dishes, place in rack – racking one kind at a time. Clean the dish machine after each washing period. Do not permit soiled water to stand in the machine.
- c) Freezer – Check daily to see that food is frozen solid. Wipe outside of the freezer daily
- d) Mixer – Select proper beater for ingredients to be mixed. Select proper speed depending on ingredients. Do not put hands or utensils into bowl while the machine is in motion. Wash bowl and beater after using. Dry beaters and bowl thoroughly. Wipe outside of mixer with warm soapy water.
- e) Ovens – Allow time to preheat ovens before using for baking. Load the ovens evenly. Allow space between pans, and between pans and oven walls. Stagger pans on racks for good circulation. Clean oven and oven door after use to remove any food that has spilled over before it burns on. Dry oven to prevent rusting.

8) **Cleaning Procedures**

- a) Dishwashing
 - i) Using sink #1 (right hand sink with disposal), scrape and rinse dishes so that the food goes into the running disposal or scrape dishes into trash can and then rinse. Stack scraped and rinsed dishes on the countertop to the right of the sink. Place dishes into dishwasher for cleaning and sanitation.
- b) Stovetop
 - i) Turn all burners off.
 - ii) Remove burners; soak in hot water with a detergent.

- iii) Using hot soap and water, wash under the top shelf being careful to avoid wires.
 - iv) Scrub all burners with SOS to remove remaining encrusted material, rinse and drip dry.
 - v) Cover burners with new aluminum foil and return burners properly.
 - vi) Wash top of stove and rinse with clear water and let dry.
- c) Oven
- i) Ovens are self-cleaning.
- d) Freezer
- i) Disconnect from wall.
 - ii) Have laundry baskets or large boxes and blankets ready. Remove all frozen food and place in basket or box. Cover with blanket.
 - iii) Check for ice accumulation. If ice has formed, place pans of hot, boiling water on shelves. Wipe up water as it melts.
 - iv) Fill a small bucket with hot soapy water. Add baking soda according to directions on the box.
 - v) Wash freezer inside and outside.
 - vi) Empty bucket. Refill with hot water and staphicide (2 Tblsp per 2 ½ gallon water). The inside of the freezer will be wiped with this solution.
 - vii) The freezer will be air dried, leaving the door open.
 - viii) While freezer is drying and empty, move freezer and clean floor under it and wall behind it. Wipe down back of freezer with soapy solution. If freezer has dust filter, remove this, wash and replace.
 - ix) Return food to freezer. Close door.
 - x) Replug machine.
- e) Refrigerator
- i) Same method as freezer except it is cleaned weekly. Also do not move the refrigerator weekly.

SECTION 7.1: ADMINISTRATION OF DRUGS AND PHARMACEUTICALS

- 1) Medication shall be provided to Shaffer Plaza through approved Pharmacy Services. Pharmacy policy and procedure manual is available in the nursing office.
- 2) Medications and treatments shall be administered by the nurse or delegated staff as per Medicaid and ODDD guidelines. Staff will administer medication and treatments by following skill checklist procedures provided by ODDD, as instructed by registered nurse. ODDD skill checklist guidelines and nursing procedure manual will be available in the nursing office.

SECTION 7.2: TRAINING AND DELEGATED NURSING

The Jefferson County Board of Developmental Disabilities and Shaffer Plaza leadership team recognize the importance of training for direct care staff. Through proper and effective training it is believed the following objectives will be met:

- Improved care in areas as ADL's, promoting dignity, basic nutrition and hydration, using equipment like hooyer lifts safely and recognizing and reporting abuse and neglect.
- Injury reduction, better trained staff will reduce the likelihood of accidents and injuries.
- Increasing job satisfaction.
- Reducing staff turnover.
- Increasing staff knowledge with regulations and professional standards.
- Higher standard of resident care.

- 1) Shaffer Plaza is mandated to provide to all staff:
 - i) CPR and AED training every 2 years.
 - ii) Bloodborne pathogen training on a yearly basis.
 - iii) First Aid training every two years.
- 2) Delegated nursing training is provided by a trained registered nurse to full time staff with annual continuing education unit updates.

The Jefferson County Board of Developmental disabilities and Shaffer Plaza leadership team will offer an ample amount of trainings for direct care staff to attend on an annual basis. The Residential Manager and the Jefferson County Board of Developmental Disabilities Human Resource Coordinator will maintain records of direct care staff participation in trainings.

SECTION 7.3: UNIVERSAL PRECAUTIONS AND INFECTION CONTROL

The concept of Universal Precautions presumes all body fluids to be potential carriers of infectious diseases and therefore blood and all body fluids are presumed contaminated. Handwashing is an important part of Universal Precautions and the number one (1) technique used in controlling transmission of infections.

Protective measures of personal hygiene are recommended as follows:

- i) Keeping the body clean;

- ii) Practice good handwashing
- iii) Don't share personal items such as drinking cups, eating utensils, combs, brushes, etc.
- iv) Avoid exposure to individuals with communicable diseases; and
- v) Covering mouth and nose when sneezing.

The Center for Disease Control (CDC) recommends that hands be washed in certain situations including:

- i) Before and after contact with an individual;
- ii) Before preparing medications;
- iii) After handling any contaminated equipment;
- iv) After contact with organic material; i.e. after toileting or assisting with toileting, after covering your mouth and nose when sneezing or coughing; and
- v) Before and after applying topical medications.

The CDC recommends the use of personal protective equipment such as gloves or other items as necessary when there is a possibility of coming into contact with blood or body fluids. Guidelines for using gloves are:

- i) Always wash hands before applying gloves and after disposing of them;
- ii) Change gloves before assisting a different individual;
- iii) Dispose of gloves following approved procedures; and
- iv) Beware of and follow your agency's general universal precautions policy.

Waterless handwashing products are available for use in alternative settings when using soap and water is not possible. Follow instructions with the specific product you are using. Refer to your agency's policy and procedure for other pertinent information.

SECTION 8.1: STAFF RETENTION

The Jefferson County Board of Developmental Disabilities and Shaffer Plaza leadership team recognize the importance of improving staff retention. Increasing staff retention helps reduce or eliminate errors, increase production, improve services to the resident's, increase employee engagement and improve employee satisfaction.

The ICF Administrator will work with the Jefferson County Board of Developmental disabilities leadership team in enacting ways to improve employee retention in its organizational strategic plan. The Residential Manager will also work with the Jefferson County Board of Developmental Disabilities Human Resource Coordinator and Business Manager in tracking employee retention and turnover.

SECTION 9.1: TRANSPORTATION

The county has provided vehicles for use at Shaffer Plaza, staff should treat these vehicles as they would their own. They should be kept clean and in good running order. After each use all debris must be removed.

The maintenance garage will be responsible for keeping the vehicles in good repair. Gas tanks should always be above ½ full and it is each staff member's responsibility to check the gas level and fill it if needed each time they drive them. Always fill the gas tank when it gets below ½ full. Mileage logs are to be filled out each time staff drives the van. Vehicles should always be backed into the parking slots especially in cold weather. Our vehicles are for county use only and are not to be used for personal use by staff.

No smoking or eating is permitted in the vehicles while in operation. After each use the van keys are to be returned to Home C and placed in the key holder.

All safety requirements (fire drills, tornado drills, etc.) will be done according to MEDICAID REGULATIONS.