

Program Abuse Prevention Plan

Program:	
Program Address:	
Date plan developed:	11/1/18

EACH PROGRAM MUST ENSURE THAT:

- A. People receiving services are provided with an orientation to the program abuse prevention plan. This orientation must be within 24 hours of admission or within 72 hours for individuals who would benefit from a later orientation.
- B. The license holder’s governing body or the governing body’s delegated representative shall review the plan at least annually using the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review period. The governing body or the governing body’s delegated representative shall revise the plan, if necessary, to reflect the review results.
- C. A copy of the program abuse prevention plan must be posted in a prominent place in the facility and be available, upon request, to mandated reporters, people receiving services, and legal representatives.
- D. If the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan must document this determination.
- E. In addition to the program abuse prevention plan, an individual abuse prevention plan must be developed for each new person receiving services. A review of the individual abuse prevention plan must be done as part of the review of the program plan. The persons receiving services must participate in the development of the individual abuse prevention plan to the best of their abilities. All abuse prevention plans must be reviewed at least annually by the interdisciplinary team.

POPULATION ASSESSMENT:

- 1. Age range of persons the program plans to serve:
Adult Foster Care. Age unknown due to no placement at this time. Will Provide Services from ages 18 to 60.
- 2. What specific measures has the program taken to minimize the risk of abuse to people as related to the age of people receiving services?
Individuals who require supports will have a plan identified within their Individual Abuse Prevention Plan.
- 3. Gender of persons the program plans to serve:
Program will assist either male or female.

**MN Department of Human Services
Licensing Division
245D-HCBS SAMPLE PLAN**

4. What specific measures has the program taken to minimize the risk of abuse to people as related to the gender of people receiving services?
Privacy in Bathrooms by encouraging persons to lock bathroom doors when in use. Verbal Prompts used as necessary. Individual will also have their own bedroom. AFC provider have been trained on the Vulnerable Adult Act and the maltreatment reporting policy and will take the necessary steps to prevent abuse, take action and immediately report maltreatment.
5. Describe the range of mental functioning of persons the program plans to serve:
Program serves persons with developmental delays.
6. What specific measure has the program take to minimize the risk of abuse to people as related to the mental functioning of people receiving services?
Program will follow mental health practitioners' orders if the need arises. Program will ensure persons are dressed appropriately for the weather. Persons will be supervised to protect them from sexual and financial exploitation both at home and in the community. Program will also supervise any medical needs and emergencies that arise, and any other disruptive situations whereby persons are unable to protect themselves.
7. Describe the range of physical and emotional health of persons the program plans to serve:
Program may serve persons with developmental delays, symptoms of depression, anxiety, and self-esteem and impulse control.
8. What specific measure has the program take to minimize the risk of abuse to people as related to the physical and emotional health of people receiving services served?
Unknown at this time due to no placement, however program will work with doctors and mental health professionals, case managers, and guardians as needed.
9. Describe the range of adaptive/maladaptive behavior(s) of persons the program plans to serve:
Unknown at this time due to no placement. Program will redirect and provide verbal prompts as necessary if persons are engaging in any kind of self-harm.
10. What specific measures has the program taken to minimize the risk of abuse to people as related to the adaptive/maladaptive behavior(s) of the people receiving services served?
Program is willing to work with behavior specialists as needed. Provider is a mandated reporter and is trained on reporting of maltreatment of vulnerable adults.
11. Describe the need for specialized programs of care for persons the program plans to serve:
Unknown due to no placement at this time. Program is willing to work with behavioral intervention programs as needed. Programs is also willing to work with other licensed specialized programming in the best interest of persons being served.
12. What specific measures has the program taken to minimize the risk of abuse to people as related to the need for specialized programs of care for people receiving services?
Program will work with case managers and guardians to find appropriate specialized programs to meet the needs of each individual being served. All caregivers and volunteers will have Vulnerable Adult training.

**MN Department of Human Services
Licensing Division
245D-HCBS SAMPLE PLAN**

13. Describe the need for specific staff training to meet individual service needs:
All volunteers and caregivers will meet the 245D training statutes.
14. What specific measures has the program taken to minimize the risk of abuse to people as related to the need for specific staff training designed to meet individual service needs?
Program will provide training to all staff specific to each person's needs.
15. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services:
No known history of abuse by the staff of this program.
16. What specific measures has the program taken to minimize the risk of abuse to people as related to the knowledge of previous abuse?
Program will train all staff on the Maltreatment of Vulnerable Adults Policies and Reporting. Program will provide direction and supervision of all staff to ensure the safety and well-being of all individuals being served.

PHYSICAL PLANT ASSESSMENT:

1. Describe the condition and design of the facility as it relates to safety for the people receiving services:
The dwelling is a one-story patio home, entirely handicapped accessible. The property is located in a rural area with low traffic not visible from the house. Home was built in 2007-2008.
2. What specific measures has the program taken to minimize the risk of abuse to people as related to the condition and design of the facility in terms of safety for people receiving services?
Staff will supervise persons when outside of the home. We will assist persons in safety precautions, in regards to things such as electric fences, moving vehicles, and cattle in pastures. Persons will not be allowed in pastures with cattle unsupervised. Snow and Ice removal will be done promptly to provide safety and accessibility to persons being served.
3. Describe any areas of the facility that are difficult to supervise:
Bathrooms and Bedrooms when person needs door closed for privacy.
4. What specific measures has the program taken to minimize the risk of abuse to people as related to the areas of the facility that are difficult to supervise?
Persons will be encouraged to keep the bathroom doors closed and/or locked when in use. Staff will have an emergency key close by. Providers will be within audio range, and check on persons being served frequently. Master Bedroom and Bathroom is only to be used by the providers of this program. Office can be accessed by the person only with permission to ensure the confidentiality of others.

ENVIRONMENTAL ASSESSMENT:

1. Describe the location of the facility including information about the neighborhood and community in which the facility is located:
The facility is located in a quiet, rural, nonresidential area. It is located on a gravel road with minimal traffic. The people in the neighborhood know each other well.

**MN Department of Human Services
Licensing Division
245D-HCBS SAMPLE PLAN**

2. What specific measures has the program taken to minimize the risk of abuse to people as related to the location of the facility, including factors about the neighborhood and community?
Supervision will be provided according to the needs of each persons served.

3. Describe the type of grounds and terrain that surround the facility:
The Property is has a large landscaped area. The Terrain is mostly flat and well maintained. The entire home is encircled with concrete.

4. What specific measures has the program taken to minimize the risk of abuse to people as related to the type of grounds and terrain that surround the facility?
Risks in regards to the grounds and terrain depend on the physical well-being of the persons served. Program will supervise according to each individual being served. Shops and other outbuildings are only to be accessed with supervision.

5. Describe the type of internal programming provided at the program:
This program is MN 245D licensed.

6. What specific measures has the program taken to minimize the risk of abuse to people through the type of internal programming provided at the program?
Staff will be trained and knowledgeable of program routines and policies. Staff will have all 245D required training and background studies.

7. Describe the program's staffing pattern:
Myself, and my husband will be the only staff at this time. Respite care will be provided as needed.

8. What specific measures has the program taken to minimize the risk of abuse to people through the program's staffing pattern?
Vulnerable Adult training and review of policies will be done.

Print name and title of
Governing Body or
Governing Body's Delegated Representative

Signature

Date

Review: Name _____ Signature _____ Date _____
The review occurred at least on an annual basis.
The review of the plan used the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review. If necessary, the plan was revised to reflect the review results.

Review: Name _____ Signature _____ Date _____
The review occurred at least on an annual basis.
The review of the plan used the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review. If necessary, the plan was revised to reflect the review results.

**MN Department of Human Services
Licensing Division
245D-HCBS SAMPLE PLAN**

Review: Name _____ Signature _____ Date _____

The review occurred at least on an annual basis.

The review of the plan used the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review. If necessary, the plan was revised to reflect the review results.

Legal Authority: Minn. Stat. § 245A.65, subd. 2