Administration 1

Policy

To make sure that there is organizational accountability, administration and daily operations in Lamar Residential Home facility.

PROCEDURE

- The following individual will be the governing authority accountable for the organization, daily operations, and administration of the facility.
- The owner who is the governing authority has established in writing:
 - a) The scope of services for the residential facility
 - b) The Administrator and the acting administrator/ designee Qualifications for the facility;
- The scope of services for Lamar Residential Home will include
 - I. Assistance in Self-Administration of medication
 - a. Storage of Resident's medication
 - b. Reminders of medication times
 - c. Opening a medication container for residents
 - d. Assisting with self-administration will include Verifications:
 - i. Medication is being taken by the resident for whom it was prescribed
 - ii. Dosage taken matches that directed on the container's label
 - iii. Confirming that resident took medication as prescribed
 - iv. The BHT will observe the residents taking the medication to prevent errors and/or overdose;
 - II. **Counselling:** Will be provided for each resident at the prescribed in his/her treatment plan. Counseling may occur in a group setting or individually as stated in the treatment plan. Individual counseling topics will be consistent with the program goals and treatment plans and will be provided by a Licensed Professional.
 - a. Life Skills: Personal goals, stress management, health issues
 - b. Education: GED, vocational and/or college options
 - c. Personal Development: Values, behavior management, social skills, anger control, relationships, communication skills
 - d. Therapeutic recreation
 - e. Crisis management
 - f. This agency will provide family counseling to residents who wish to have their families participate;
 - III. Monitoring in Daily Life Skills: Personnel will continuously monitor the residence and activities to ensure that all residents are safe and that behaviors are consistent with house rules and treatment goals

IV. Off-Site Services:

- a. Lamar Residential Home will provide transportation assistance for residents to and from appointments per the resident's treatment plan.
- Consistent with each resident's treatment plan, Lamar Residential Home will organize off-site activities such as shopping, recreation or education. As necessary, Lamar Residential Home will provide assistance with self-administration of medication while resident is off-site;

• The Administrator:

The Administrator will be directly accountable for the daily operation of Lamar Residential Home FACILITY and all services provided.

Has the authority and responsibility to manage the behavioral health residential facility

Will ensure in writing an acting administrator or designee who will be present or on call in Lamar Residential Home and accountable for the facility when the administrator is not present in the facility.

The administrator will also ensure that:

- A). Policies and procedures which is established by Lamar Residential Home FACILITY, is documented and implemented to protect the health and safety of residents
- B). Covers job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for staff members, employees, volunteers, and students
- C). Cover orientation and in-service education for staff members, employees, volunteers, and students
- D). Include how a staff member may submit a complaint relating to services provided to a resident
- E). Cover cardiopulmonary resuscitation training which will including:
 - i). The method and content of cardiopulmonary resuscitation training, with a demonstration of the individual's ability to perform cardiopulmonary resuscitation
 - ii). The qualifications for an individual to provide cardiopulmonary resuscitation training;
 - iii). The time-frame for renewal of cardiopulmonary resuscitation training
 - iv). The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
- F). Cover first aid training
- G). Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered
- H). Cover resident rights, including assisting a resident who does not speak English or who has a physical or other disability to become aware of resident rights
- I). Cover specific steps for how:

- i. A resident should file a complaint
- ii. Respond to a resident complaint
- iii. If it is applicable for the facility to obtain documentation of fingerprint clearance
- i). Cover health care directives;
- J). Cover medical records
- K). Cover a quality management program, including incident reports and supporting documentation
- L). Cover contracted services
- M). Cover visiting time for the residents
- N) Cover Policies and procedures for behavioral health services and physical health services for the facility that is established, documented, and implemented that:
- O). Cover resident screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge
- P). Cover the provision of behavioral health services and physical health services
- Q). Include when general consent and informed consent are required
- R). Cover emergency safety responses
- S). Cover a resident's personal funds account
- T). Cover dispensing medication, administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances
- U). Cover prescribing a controlled substance to minimize substance abuse by a resident;
- V). Cover respite services
- W). Cover services provided by an outdoor behavioral health care program
- X). Cover infection control
- Y). Cover resident time out
- Z). Cover resident outings
- AA). Cover environmental services that affect resident care
- BB). Cover whether pets and other animals are allowed on the premises, including procedures to ensure that any pets or other animals allowed on the premises do not endanger the health or safety of residents or the public
- CC). If animals are used as part of a therapeutic program
- DD). Cover inoculation/vaccination requirements

- EE). Cover Methods to minimize risks to resident's health and safety
- FF). Cover the process for receiving and refunding fee
- GG). Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks
- HH). Cover the security of a resident's possessions that are allowed on the premises
- II). Cover smoking and the use of tobacco products on the premises
- JJ). Cover how the behavioral health residential facility will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual. (Emergency Safety Response)
- 1. The Administration will ensure that the Policies and procedures are reviewed at least once every three years and updated as needed
- 2. The Administrator will ensure that the Policies and procedures are available to staff members, employees, volunteers and students
- 3. Ensures that documentation required by Article 7 is provided to the Department within two hours after a department request
 - b) Ensures that when documentation or information is required by this Chapter10 to be submitted on behalf of a behavioral health residential facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health residential facility.
- 4. The Administrator will designate a licensed counselor who:
 - a). Provides direction for the behavioral health services provided by the facility
 - b) Is a Behavioral Health Professional
- 5. The administrator will ensure that medical services, nursing services, health-related services or ancillary services provided by a behavioral facility are only provided to a resident who is expected to be present in the facility for more than 24 hours.
- 6. The administrator will provide written notification to the Department of a resident's:
 - 1). Death of a resident within one working day after the resident's death
 - 2. Self-injury, within two working days after the resident inflicts a self-injury or has an accident that requires immediate intervention by an emergency medical services provider;
- 7. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from the facility's employee or staff member, the administrator will report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
- a. For a resident 18 years of age or older

- 1. If abuse, neglect, or exploitation has occurred in the premises or while a resident is receiving services from the facility's employee or staff member, the administrator will:
 - i. Take immediate action to stop the suspected abuse, neglect, or exploitation
 - ii. Report the suspected abuse, neglect, or exploitation of the resident to the police and APS;
- b). For a resident 18 years of age or older
 - 1). Maintain the documentation in subsection (10)(a) for at least 12 months after the date of the report.
 - 2). Investigate the suspected or alleged abuse, neglect, or exploitation and document the information in writing within five working days after the report. The report will include:
 - 3). Dates, times, and description of the suspected abuse, neglect, or exploitation
 - 4). Description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition
 - 5). Names of witnesses to the suspected abuse, neglect, or exploitation;
- c). Actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future.
- d). Maintain a copy of the documented information required in subsection (10)(a-d)and any other information obtained during the investigation for at least 12 months after the date the investigation
- e). Submit a copy of the investigation to the Police and APS within 10 working days
- 8. The administrator will:
 - i). Establish and document requirements regarding residents, staff members, employees, and other individuals entering and exiting the premises
 - ii). Establish and document guidelines for meeting the needs of an individual residing in the facility, such as a child accompanying a parent in treatment, if applicable
 - iii). Establish and document the process for responding to a resident's need for immediate and unscheduled behavioral health services or physical health services
 - iv). Establish and document the criteria for determining when a resident's absence is unauthorized, including whether the resident is absent against medical advice
 - v). If a resident's absence is unauthorized as determined according to the criteria in subsection (11)(4), within an hour the administrator write a written report to the resident's representative and for a resident who is under a court's jurisdiction, the appropriate court will also be written:
 - a). Maintain a written log of unauthorized absences for at least 12 months after the date of a resident's absence that includes the following:

- i. The Name of the resident absent without authorization
- ii. The Name of the individual to whom the report required in subsection (11)(5) was submitted
- iii. The date of the report
- iii. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-704;
- 9. The administrator will ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a staff member, employee, resident, or a resident's representative:
 - 1. The behavioral health residential facility's current license,
 - 2. The location at which inspection reports required in R9-10-720(C) are available for review or can be made available for review
 - 3. The calendar days and times when a resident may accept visitors or make telephone calls
 - 4. Resident rights;
- 10. The administrator will ensure that:
 - 1. Labor performed by a resident for the behavioral health residential facility is consistent with A.R.S. § 36-510
 - 2. If the resident refuses medication, the administrator will inform the primary care provider or medical practitioner
 - 3. If the administrator sees that a resident is incapable of handling his/her financial affairs, the administrator will:
 - 4. Notify the resident's representative or contact a fiduciary, payee agency, or a trust officer to take responsibility of the resident's financial affairs
 - 5. Maintain documentation of the notification required in subsection (14)(a) in the resident's medical record for at least 12 months after the date of the notification;
- 11. The resident money will be managed by the resident's legal guardian/representative or self