



<b>PROGRAM ABUSE PREVENTION PLAN</b>	Effective Date	1/1/2014
	Revision Date	7/18/2018
	Approval Date of PAI President and Board of Directors	7/23/18

**I. Purpose**

The Program Abuse Prevention Plan shall contain an assessment of the physical plant, its environment, and its population identifying factors which may encourage or permit abuse, and a statement of specific measures to be taken to minimize the risk of abuse. (Minnesota Statute 626.557, Subdivision 14)

**II. Revision History**

Date	Rev. No.	Change	Reference Section(s)
5/18/2015	1	Re-worded to reflect person-centered orientation.	All
7/18/2016	2	Reviewed only; no changes	All
7/24/2017	3	General review and update of Plan. Incorporation of DHS Sample PAPP topics and language edits.	All
7/18/2018	4	Language updates in noted sections. Re-number sections (added IX.).	V., B. and E. VI. VII.

**III. Persons Affected**

Individuals enrolled at PAI and PAI staff.

**IV. Program Abuse Prevention Plan - Population Assessment**

All of the individuals served by PAI are men and women who are 18 years old or more, with ages ranging from 21 to 85 years.

The specific measures taken by PAI to minimize the risk of abuse to individuals related to their gender and age are those that would be specific to the individual and their identified areas of potential abuse. For example, PAI would provide support as requested for individuals identifying as LGBTQ, individuals who are aging and have changing mental or physical capabilities, individuals who have gender-related risks due to past abuse, etc.

Individuals served by PAI have a primary diagnosis of intellectual and developmental disability (I/DD), with functional capabilities that span the range of mild to profound disability. The specific measures taken by PAI to minimize the risk of abuse to the individuals receiving services as related to their mental functioning include the utilization of person-centered planning to assess support needs. The services at PAI are designed to provide individuals with the supervision and training needed to

augment their areas of risk and vulnerability, per their Individual Abuse Prevention Plan (IAPP) and their person-centered plans.

In general, PAI's service delivery is done within staffing patterns ranging from 1:1 to 1:10, with the majority of services in a 1:2 – 1:5 range. PAI staff members receive training, both as a new employee and throughout their tenure at PAI, which focuses on the support needs of the individuals under their care, and are required to demonstrate competency prior to providing that care.

## **V. Program Abuse Prevention Plan – Support Need Areas of the Population**

### **A. Physical Health Needs**

The physical health needs of many of the individuals served by PAI are more extensive and complex than many other day training and habilitation programs due to the areas of support included in the agency's initial needs assessments.

Examples of the supports needed for the physical health of individuals currently served are:

- Monitoring serious medical conditions (diabetes, controlled and uncontrolled seizure disorders, severe cerebral palsy, spastic quadriplegia, Alzheimer's, etc.).
- Monitoring skeletal system conditions (scoliosis, osteoporosis, spinal stenosis, etc.)
- Utilizing gastrostomy tubes for feeding and/or medications.
- Providing respiratory health management with oral suctioning, nebulizer treatments, compression vests, etc.).
- Maintaining urinary tract and bowel health maintenance (via care for catheters, ostomy bags, etc.).

The specific measures taken by PAI to minimize the risk of abuse to individuals related to their physical health include the identification of supports in each Individual Abuse Prevention Plan (IAPP) and through the provision of competency-based training to PAI staff per the needs of the individuals.

### **Staff Training and Adaptations to Meet Physical Health Support Needs**

PAI staff members are provided competency-based training during their new employee orientation (NEO), annually and as the individuals they support have changes in their support needs. Examples of the competency-based training areas addressing the support of physical health needs are:

- Cardio Pulmonary Resuscitation (CPR) and First Aid,
- Medication administration,
- Gastric-tube feeding,
- Seizure response protocols, including the use of a vagus nerve stimulator (VNS),
- Nebulizer treatments,
- Compression vest usage,
- Catheter and ostomy care,
- Infection control,
- EpiPen usage,
- Positioning to reduce pressure on mat tables, recliners, etc.,
- Diabetes management care, including assistance with blood sugar level monitoring,
- Mobility assistance, including assistance with wheelchairs and walkers, and
- Transferring via equipment, including Hoyer lifts and an in-ceiling track system (PAI Linden site only).

### **Individual Skill Training in Physical Health Maintenance**

Individuals at PAI have the opportunity to participate in formal and informal skill training activities to improve their physical health and well-being. Such training would be determined by whether

the skill is important to and/or important for the individual and whether the individual expresses an interest in learning the skill. Training activities and prompting practices are adapted to meet the specific needs of the individuals. Examples of the formal and informal skill training available to individuals are:

- Hand-washing,
- Coughing/Sneezing practices,
- Diabetes care, including self-injection of insulin,
- Participating in personal care activities when provided staff assistance, and
- Identifying and notifying others when ill or injured.

## **B. Emotional Health Needs**

The emotional health needs of the individuals served by PAI include those in need of psychotropic medication administration with ongoing data collection by PAI staff, and/or psychological, psychiatric or other specialized therapies from mental health professionals. Examples of the supports needed for the emotional health of individuals currently served are:

- Monitoring significant mental health conditions, including depression, anxiety disorders, schizo-affective disorder, etc.
- Adapting scheduled services, attendance patterns, etc.
- Modifying environmental stressors, service locations, room lighting, and/or seating arrangements.

The specific measures taken by PAI to minimize the risk of abuse to individuals related to their emotional health include the identification of supports in each Individual Abuse Prevention Plan (IAPP) and through the provision of competency-based training to PAI staff per the needs of the individuals.

### **Staff Training and Adaptations to Meet Emotional Health Support Needs**

PAI staff members are provided competency-based training during their new employee orientation (NEO), annually and as the individuals they support have changes in their support needs. Examples of the competency-based training areas addressing the support of emotional health needs are:

- Positive Support Practices (per Rule 9544),
- Mental health crisis response protocol,
- Suicide risk review and intervention steps,
- Medication administration training and review of the side effects of psychotropic medications medication,
- De-escalation techniques,
- Identification of potential triggers of emotional health changes (including social factors, medical or physical health, sensory integration needs, etc.) and
- Evidence-based program planning and implementation procedures (including personalized prompting and training activities that address emotional and mental health support need).

### **Individual Skill Training in Emotional Health Maintenance**

Individuals at PAI have the opportunity to participate in formal and informal skill training activities to improve their emotional and mental health. Such training would be determined by whether the skill is important to and/or important for the individual and whether the individual expresses an interest in learning the skill. Training activities and prompting practices are adapted to meet the specific needs of the individuals. Examples of the formal and informal skill training available to individuals are:

- Communication skills,

- Self-regulation,
- Coping and stress management,
- Anger management skills, and
- Self-advocacy skills.

### **C. Adaptive/Maladaptive Behaviors Support Needs**

The needs associated with the adaptive/maladaptive behaviors of the individuals range from the need for no support to a limited number of individuals who need more focused support in order to minimize the incidence of maladaptive behaviors. Due to the high number of individuals with significant physical and medical conditions that render them extremely vulnerable, PAI's scope of services do not include on-going, intensive services for individuals with maladaptive behavioral support needs.

#### **Staff Training and Adaptations to Meet Adaptive/Maladaptive Behavior Support Needs**

PAI staff members are provided competency-based training during their new employee orientation (NEO), annually and as the individuals they support have changes in their support needs. Examples of the competency-based training areas addressing the support of adaptive/maladaptive behavior support needs are:

- Positive Support Practices (per Rule 9544),
- Mental health crisis response protocol,
- De-escalation techniques,
- Communicative features of maladaptive behaviors and effective responses,
- Prohibited actions per Rule 9544,
- Identification of potential triggers of maladaptive behaviors (including social factors, medical or physical health, sensory integration needs, etc.) and
- Evidence-based program planning and implementation procedures (including personalized prompting and training activities that focus on positive behaviors and interactions).

#### **Individual Skill Training in Increasing Adaptive Behaviors and Reducing Maladaptive Behaviors**

Individuals at PAI have the opportunity to participate in formal and informal skill training activities to improve their capacity to demonstrate adaptive behaviors and reduce or eliminate maladaptive behaviors and/or responses. Such training would be determined by whether the skill is important to and/or important for the individual and whether the individual expresses an interest in learning the skill. Training activities and prompting practices are adapted to meet the specific needs of the individuals. Examples of the formal and informal skill training available to individuals are:

- Communication skills,
- Self-regulation,
- Coping and stress management,
- Anger management skills, and
- Self-advocacy skills.

### **D. Mobility Support Needs**

The mobility needs of the individuals served by PAI range from independent walking/ambulation to those who require physical assistance in mobility, including assistance in propelling their wheelchair, leaving a chair to assume a new position, using a walker or cane for support, standing and remaining upright, etc.

### **Staff Training and Adaptations to Meet Mobility Support Needs**

PAI staff members are provided competency-based training during their new employee orientation (NEO), annually and as the individuals they support have changes in their support needs. Examples of the competency-based training areas addressing the support of mobility assistance needs are:

- Safe wheelchair driving, including manual and electric wheelchairs,
- Techniques for positioning,
- Transferring via equipment, including Hoyer lifts, an in-ceiling track system (PAI Linden site only), Arjo positioners, Easy Pivot devices, etc.
- Walking techniques (individualized) and
- Use of walkers, gait trainers, canes, etc.

### **Individual Skill Training in Mobility**

Individuals at PAI have the opportunity to participate in formal and informal skill training activities to improve their mobility skills. Such training would be determined by whether the skill is important to and/or important for the individual and whether the individual expresses an interest in learning the skill. Training activities and prompting practices are adapted to meet the specific needs of the individuals. Examples of the formal and informal skill training available to support mobility skills are:

- Walking programs to increase stamina, balance, agility, etc.
- Safe wheelchair driving for those who self-propel their chairs,
- Participation (either full or partial) in transfers, positioning activities, etc. and
- Safety guidance on how to navigate uneven terrain, ice, around obstacles, etc.

## **E. Dietary Support Needs**

The dietary needs of the individuals served by PAI range from independent eating and drinking skills to those who require physical assistance in all areas of eating and drinking, including preparation of foods, utilization of specialized mealtime equipment, 1:1 oral or gastrostomy-tube (g-tube) feedings, etc. Lunch foods and beverages are provided to PAI by the individual's parents or residential service provider. PAI staff members provide oversight to assure foods and beverages sent adhere to the individuals' dietary plans. Food and drink that are provided by PAI during parties, as a part of a community trip or for other reasons during the service day are prepared per the individuals' dietary plans.

### **Staff Training and Adaptations to Meet Dietary Support Needs**

PAI staff members are provided competency-based training during their new employee orientation (NEO), annually and as the individuals they support have changes in their support needs. Examples of the competency-based training areas addressing the support of dietary assistance needs are:

- Thickening techniques of liquid per physician's orders,
- Preparing food per physician's orders (including, chopping, cutting, pureeing, etc.),
- Oral feeding protocols,
- G-tube feeding protocols, and
- Specialized diets per allergies, caloric restrictions, preferences, etc.

### **Individual Skill Training in Dietary Support Needs**

Individuals at PAI have the opportunity to participate in formal and informal skill training activities to enhance their eating and drinking skills. Such training would be determined by whether the skill is important to and/or important for the individual and whether the individual expresses an interest in learning the skill. Training activities and prompting practices are adapted to meet the

specific needs of the individuals. Examples of the formal and informal skill training available to support eating and drinking skills are:

- Steps to increase participation during oral feeding,
- Correct biting and chewing practices,
- Safe pace of eating and drinking,
- Participation in food preparation activities, and
- Mealtime hygiene activities and etiquette.

#### **F. Sensory Support Needs**

The sensory support needs of the individuals served by PAI range from no specialized needs to those who require sensory integration activities that have been designed by health professionals focused on areas such as tactile defensiveness, auditory over-stimulation, hyper-sensitivity to light, etc.

##### **Staff Training and Adaptations to Meet Sensory Support Needs**

PAI staff members are provided competency-based training during their new employee orientation (NEO), annually and as the individuals they support have changes in their support needs. Examples of the competency-based training areas addressing sensory needs supports are:

- Correct body posturing,
- Auditory input reduction via headphones,
- Massage and deep pressure activities, and
- Self-regulation skills.

##### **Individual Skill Training in Sensory Support**

Individuals at PAI have the opportunity to participate in formal and informal skill training activities to enhance their sensory integration skills. Such training would be determined by whether the skill is important to and/or important for the individual and whether the individual expresses an interest in learning the skill. Training activities and prompting practices are adapted to meet the specific needs of the individuals. Examples of the formal and informal skill training available to support sensory integration skills are:

- Wearing of weighted vests,
- Brushing activities,
- Joint compression activities,
- Wearing of auditory buffering headphones,
- Accessing quiet, sensory-free areas for self-regulation, and
- Using rockers, adaptive exercise equipment, mats, etc.

#### **VI. Program Abuse Prevention Plan – Previous Abuse Relevant to Minimizing the Risk of Abuse to Individuals Receiving Services**

All PAI staff members receive training on the Minnesota Vulnerable Adult Rule and the PAI Internal Review and External Reporting of Alleged or Suspected Maltreatment Policy at the time of hire and at least annually thereafter.

There are no substantiated allegations of maltreatment involving PAI staff members since the last Program Abuse Prevention Plan.

The specific measures taken by PAI to minimize the risk of abuse to individuals related to their previous abuse are those that would be specific to the individual and their identified areas of risk. Areas of both previous abuse and current abuse risk are identified and plans identifying actions to take to minimize these risks are documented within each individual's Individual Abuse Prevention Plan (IAPP). The IAPP is done upon admission to PAI, at the individual's 45-Day Review after their initiation of services, and annually thereafter unless there is change in a risk area which prompts an

immediate revision. Generally, in the absence of the need for revisions, the IAPP is reviewed every six months by PAI staff.

## **VII. Program Abuse Prevention Plan – Physical Plant Assessment**

### **Description of the Condition and Design of PAI As It Relates to the Safety for the Individuals Served**

The four PAI service sites (Linden, Parkway, Commerce and Oakdale) are located in one-story, handicapped accessible buildings that have a minimum of two surface level exits. The primary public doors are to the front of each of the buildings and other doors are either locked from the interior during the service day to deny unobserved entries or have PAI staff members nearby to monitor them. The lobby access doors are equipped with electric doors that can be set to open automatically or manually.

Each service site has multiple large and small room program spaces, staff office areas, restrooms, common hallways, reception areas, kitchens, storage closets, utility and maintenance rooms, conference rooms and informal gathering areas. There are handrails in all the hallways at each site and rails are also present in most of the restroom stalls.

All PAI service sites have automatic sprinkler systems, fire-proof doors, fire extinguishers, and both audible and visual fire alarm systems. There is emergency lighting in all buildings, lighted exit signs, and primary and secondary escape routes posted in all program rooms.

Each site has a parking lot area in front of its main entrance and three of the sites have side parking lots (Parkway, Linden and Commerce). Oakdale's parking lot is a common lot for the commercial building complex (in which PAI occupies a single suite). PAI's contract transportation vendor uses entrances that have electric doors that are fully wheelchair accessible.

Two sites (Parkway and Commerce) have above-ground level loading dock areas in areas not frequented by the individuals served. Oakdale has a secondary exit with stairs and a ramp at the rear of the building.

### **Specific Measures PAI Has Taken to Minimize the Risk of Abuse to Individuals As Related to the Condition and Design of the PAI Sites As It Relates to the Safety for the Individuals Served**

To minimize the risk of abuse to individuals as related to the condition and design of the PAI service sites, all the sites are kept in good repair, are professionally cleaned and maintained, and kept free of obstacles, debris and other hazards. The PAI staff members assess the building for safety concerns on a regular basis and report such concerns to the site directors. The directors are the responsible staff members who assure all concerns are addressed immediately and assign the completion of the required actions to site staff or the PAI Maintenance Manager. PAI staff at all of the sites conduct regular safety drills with the individuals served to train and practice safe evacuation (for fire) or sheltering (for tornadoes) steps.

Parking lots and sidewalks that are adjacent to the PAI service sites are kept free of snow and ice, by contracted outdoor maintenance crews or PAI service staff.

For the three sites with docks, the exits to those areas are monitored by PAI staff and the Oakdale docking area is gated at the top of the stairs and ramp.

As a general safety measure, the primary entrance of each of the PAI service sites is supervised by staff members during the program day and all visitors are required to sign in and out at the reception desk. Visitors are required to indicate the time of their arrival and the purpose of their visit, are accompanied when in the building by PAI staff, have designated areas they will be accessing and sign-out at the time of their departure. The individuals served at PAI receive services throughout the four service sites with staff members within hearing and/or sight.

### **Areas Difficult to Supervise**

All four PAI service sites have public bathrooms, offices, storage closets, conference rooms, hallways with corners, and other non-program specific areas that are difficult to supervise should an individual

move into that area. Within each program area at PAI, there could be areas that are less visible to staff members should an individual seek to not be seen.

**Specific Measures PAI Has Taken to Minimize the Risk of Abuse to Individuals As Related to the Areas of the PAI sites That Are Difficult to Supervise**

To minimize the risk of abuse to individuals as related to the areas that are difficult to supervise, the PAI staff members are responsible for taking attendance at the start of each day and then assuring that they remain cognizant of the whereabouts of those under their supervision. The individuals served by PAI have access to their service site, but their daily activities occur in designated areas of the building. It is an expectation that individuals are present in their assigned program area, but they may choose to move to different parts of that area.

At two of the PAI service sites, the mobility support needs of the majority of the individuals served would significantly limit their ability to leave their assigned area on their own. However, if they seek to go to another part of the PAI site, they can choose to do so with the support of a PAI staff member. Moving from one program area to another is a common practice at all the PAI sites and staff members take steps to assure individuals get from one area to another safely and in a timely manner.

PAI site management staff members walk through the sites during the service day and are watchful for individuals who may not be where they had indicated they were going and/or are in areas that are difficult to supervise. When this occurs, the PAI staff will check with the individual about where they seek to go and assist them in getting to that area.

In addition, storage areas that are difficult to supervise, including the janitorial supply areas, laundry rooms, storage rooms and mechanical equipment rooms, are kept locked (ingress locks only) at all PAI sites to reduce unnecessary exposure to soiled and/or potentially harmful materials and equipment. The cleaning supplies in the janitorial supply areas and building maintenance closets have been deemed as potentially hazardous for use by untrained personnel by the PAI OSHA Review Committee. As such access to them by the individuals served is denied.

**VIII. Program Abuse Prevention Plan – Environmental Assessment**

**Describe the Location of the PAI Sites Including Information About the Neighborhoods and Communities**

The PAI service sites are located in busy suburban communities, with homes, stores, light industrial commercial businesses, open greenways, and parks nearby. All four sites are located in mixed-used zoned areas, with both residential and commercial/light industrial structures nearby. Three of the sites are stand-alone buildings in White Bear Lake. The fourth site is in Oakdale and is located within a corporate business complex. There are sidewalks near some of the streets near the PAI sites, but not all of them.

All the PAI sites have surface streets nearby (with speed limits of under 40 mph), and two sites (Commerce and Oakdale) are located on cul-de-sacs with little through traffic. The Oakdale site has frequent truck traffic in its parking lot.

**Specific Measures PAI Has Taken to Minimize the Risk of Abuse to Individuals As Related to the Location of the PAI Sites, Including Factors About the Neighborhoods and Communities**

To minimize the risk of abuse to individuals as related to the location of the PAI sites within their neighborhoods and communities, PAI staff members monitor the public entrances into the four PAI sites. The primary entrance of each of the PAI service sites is supervised by staff members during the program day and all visitors are required to sign in and out at the reception desk. Visitors are required to indicate the time of their arrival and the purpose of their visit, are accompanied when in the building by PAI staff, have designated areas they will be accessing and sign-out at the time of their departure. The secondary entrances have doors equipped with alarms or chimes to alert staff when they are opening and are locked from the interior during the service day.



### **Describe the Type of Grounds and Terrain That Surround the Sites**

The terrain around the PAI sites is relatively flat and all the sites have concrete sidewalks and/or paved parking lot surface walkways near all the doors. Two PAI sites (Parkway and Commerce) have bordering marsh and pond wetland areas. Commerce has a large wood deck area with garden containers, chairs and tables and Linden has a container garden on a concrete area near one of its entrances.

### **Specific Measures PAI Has Taken to Minimize the Risk of Abuse to Individuals As Related to the Type of Grounds and Terrain of the PAI Site**

To minimize the risk of abuse to individuals as related to the type of grounds and terrain of the PAI sites, the individuals served by PAI are accompanied when they are outside of the buildings. For many individuals, they will require PAI staff assistance with propelling their wheelchairs across the paved surfaces. For individuals visiting the pond or marsh areas near Parkway and Commerce, PAI staff members will remain within close proximity to them at all times and provide verbal guidance and/or physical prompts to keep them at a safe distance from the water or wet ground

## **IX. Describe the Type of Internal Programming Provided at PAI**

The types of internal programming provided at PAI are based upon person-centered planning and are focused upon the individuals' interests, choices, and support needs. PAI utilizes two evidence-based programming models that identifies each individual's:

- Current capabilities and strengths,
- Preferred and most effective prompting and training techniques, and
- Current areas for growth and skill development.

Once these are identified, PAI staff work with the individual and their teams to identify outcomes that are:

- Encouraging greater independence,
- Promoting greater community integration,
- Cross-referenced to the individual's CSSP/CSSPA and
- Clearly written following the SMART guidelines (Specific, Measurable, Achievable, Relevant and Time-bound).

### **Specific Measures PAI Has Taken to Minimize the Risk of Abuse to Individuals Through the Type of Internal Programming Provided at PAI**

To minimize the risk of abuse to individuals through the type of internal programming provided at PAI, two evidence-based programs are utilized by PAI staff to design outcomes and training practices. In addition to the detailed assessment and training intervention steps inherent to these programs, each individual's vulnerabilities and support concerns are assessed formally every six months and are included on an Individual Abuse Prevention Plan (IAPP).

### **Describe PAI's Staffing Pattern**

The PAI staffing patterns vary across the four services sites and throughout the service days. The patterns are reflective of the individuals' support needs and their prompting and training protocols. PAI staff members are within sight or hearing range of the individuals assigned to their supervision during the service hours. During personal care support times, the staffing patterns will shift to assure safe and appropriate care is given (such as two staff assisting with a manual lift from a wheelchair to a changing table). Within the community, staffing patterns are also changed to maximize integration activities, including working at a community job site.

In general, the PAI service site's ranges of staffing ratios are as follows:

- Oakdale 1:1 – 1:3

- Linden 1:1 – 1:5
- Commerce 1:1 – 1:10
- Parkway 1:1 – 1:10

**Specific Measures PAI Has Taken to Minimize the Risk of Abuse to Individuals Through PAI’s Staffing Pattern**

To minimize the risk of abuse to individuals through PAI’s staffing pattern, PAI staff are assigned to program areas based upon the support and training needs of the individuals.

PAI staff members are provided competency-based training during their new employee orientation (NEO), annually and as the individuals they support have changes in their support needs. Examples of the competency-based training areas are outlined above in Section V., Program Abuse Prevention Plan – Support Need Areas of the Population, A – F.

**PAI ENSURES:**

- A. Individuals receiving services are provided with an orientation to the PAI Program Abuse Prevention Plan (PAPP). This orientation must be within 24 hours of admission or within 72 hours for individuals who would benefit from a later orientation.
- B. PAI’s President and Board of Directors shall review the PAPP at least annually using the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review period. The President and Board of Directors shall revise the PAPP, if necessary, to reflect the review results.
- C. A copy of the PAPP must be posted in a prominent place at all PAI licensed sites 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 PAPP, the individual’s Individual Abuse Prevention Plan (IAPP) must document this determination.
- E. In addition to the PAPP, an IAPP must be developed for each new individual receiving services. A review of the IAPP must be done as part of the review of the program plan. The individuals receiving services must participate in the development of IAPP to the best of their abilities. All abuse prevention plans must be reviewed at least annually by the interdisciplinary team.

**Completed by Suzanne Sancilio, PAI Vice President of Operations**

**July 18, 2018**

**Reviewed and Approved by:**

**Michael Miner, President**  
**Print Name and Title of**  
**Governing Board or**  
**Governing Board’s Delegated Representative**

**(Signed copy on-file)**  
**Signature**

**7/23/18**  
**Date**