
13 PROGRAM ABUSE PREVENTION PLAN - 3210 LABORE ROAD**POPULATION ASSESSMENT:**

1. Merrick, Inc., provides services to clients 18 years of age and older. Based on the 2023 demographics data, the youngest client served by this program is 22 and the oldest is 88.
2. The program will reduce the potential of abuse and/or harm to clients related to their age in the following manner:
 - Encourage age-appropriate interactions with others;
 - Follow age-related instructions within the Individual Abuse Prevention Plan; and
 - Respond to age-related abuse or harm trends that emerge from the analysis of incident reports.
3. Based on demographic data from 2023, 55% of our clients are men and 45% are women.
4. The program will reduce the potential of abuse and/or harm to clients related to their gender in the following manner:
 - Encourage gender-appropriate interactions with others;
 - Follow gender-related instructions within the Individual Abuse Prevention Plan or Support Plan Addendum; and
 - Respond to any gender-related abuse and/or harm trends that emerge from the analysis of incident reports.
5. Range of cognitive functioning includes:
 - Clients with a diagnosis of a related-condition, indicating their needs are similar to persons with a diagnosis of a developmental disability.
 - Clients with a developmental disability including those with a diagnosis of:
 - Dementia and Alzheimer's Disease and related conditions;
 - Autism Spectrum Disorder;
 - Intellectual Disorder (Intellectual Disability) and related conditions such as epilepsy and cerebral palsy;
 - Traumatic Brain Injury; and
 - Mental Illness; depression, schizophrenia, intermittent explosive disorder, and bipolar.
 - Clients with limitations in cognitive functioning from benign to significant.
6. The program will reduce the potential of abuse and/or harm to clients related to their cognitive functioning in the following manner:
 - Each client is considered a vulnerable adult and has an Individual Abuse Prevention Plan. The plan is intended to reduce the potential for abuse and/or harm, including potential for abuse and/or harm related to their cognitive functioning.
 - DSPs must be competent to perform assigned duties for clients to meet identified needs which, to varying degrees, are impacted by their cognitive functioning.
 - Internal reviews are conducted and corrective action taken if it is found that the potential for or actual abuse and/or harm are related to the cognitive functioning of clients.
7. The range of physical and emotional health of clients is as follows:
 - Most of the clients have been vaccinated against Covid-19 and their physical health can range from no limitations to being medically fragile.

- The mental health of clients can range from no mental health diagnosis to one or more diagnoses from the Diagnostic and Statistical Manual of Mental Disorders.
 - As with the general population, there can be time-limited occasions of need within any area of physical and emotional health.
8. The program will reduce the potential of abuse and/or harm to clients related to their physical and emotional health in the following manner:
- Each client is considered a vulnerable adult and has an Individual Abuse Prevention Plan. The plan is intended to reduce the potential for abuse and/or harm, including potential for abuse and/or harm related to their physical and emotional health.
 - DSPs must be competent to perform assigned duties for clients to meet identified needs; those needs, to varying degrees, are impacted by their physical and emotional health.
 - Internal reviews are conducted and corrective action taken if it is found that the potential for or actual abuse and/or harm are related to the physical and emotional health of clients.
 - Formal plans responding to factors that risk the health and safety of clients will be developed and implemented in accordance with licensing standards or mandates as needed.
9. The range of adaptive/maladaptive behavior(s) of clients is as follows:
- Limitations in a client's adaptive behavior can range from minor to major.
 - The display of maladaptive behavior may range from non-existent to frequent display of one or more maladaptive behaviors.
 - As with the general population the display of maladaptive behavior can be short-lived or long-term in nature. Clients with ongoing or intense behaviors can be suspended or terminated from services per Merrick's Service Termination and Service Suspension Policies.
10. The program will reduce the potential of abuse and/or harm to clients related to their adaptive/maladaptive behavior(s) in the following manner:
- Each client is considered a vulnerable adult and has an Individual Abuse Prevention Plan. The plan is intended to reduce the potential for abuse and/or harm, including potential for abuse and/or harm related to their adaptive/maladaptive behavior.
 - DSPs must be competent to perform assigned duties for clients to meet identified needs; those needs, to varying degrees, are impacted by the client's adaptive/maladaptive behavior.
 - Internal reviews are conducted and corrective action taken if it is found that the potential for or actual abuse and/or harm are related to adaptive/maladaptive behavior.
11. The need for specialized programs of care for clients is as follows:
- Merrick- s offers a variety of therapeutic non-work activities based on client need and interest.
 - Merrick- offers a structured environment and behavioral supports and programming based on client need and interest.
 - Medication Administration is under the supervision of an RN Consultant.
12. The program will reduce the potential of abuse and/or harm to clients related to their need for specialized programs of care in the following manner:
- There are a sufficient number of trained Medication Passers assigned to oversee the medication administration needs of the clients. The RN Consultant will provide consultation and monthly reviews of client's health status, health education, medication procedures, and will train personnel to medication administration.
 - All employees are offered training in First Aid, CPR, and use of a Defibrillator (AED).

13. The need for specific training to meet individual service needs is as follows:
 - Prior to working with a client for whom a DSP has assigned responsibilities, that DSP must receive training sufficient to achieve competency addressing specific service needs of that client.
 - When there is a change in client needs for which a DSP is responsible, that DSP must receive training sufficient to achieve competency addressing specific service needs of that client.
14. The program will reduce the potential of abuse and/or harm to clients related to the need for specific training designed to meet client service needs in the following manner:
 - Prior to working with clients diagnosed with dementia, information on dementia and Alzheimer's disease is provided and DSPs are to apply this information into the daily interactions and support of clients.
 - All employees are offered training in CPR, First Aid, and use of a AED. First Aid kits are located in Enhanced Services, Utility Services, Alternative Services, the Commons, on-site Recycling and Document Destruction, the Administrative office, in all company vehicles, and 3 kits are available when transporting clients in personal cars. The building has two AED units with one located on the wall outside Alternative Services and one in the hallway outside of the Executive Director's office.
 - Prior to working alone with clients who require the use of specialized equipment such as a stander or Hoyer lift, DSPs receive training sufficient to achieve competency on proper techniques of lifting and using the required adaptive equipment. DSPs will demonstrate competencies on proper lifting techniques and using the required adaptive equipment, and that competency will be documented in the employee's training file.
15. The program maintains files of reports submitted to the Minnesota Adult Abuse Reporting Center and, if received, disposition of those reports by the Department of Human Services in order to minimize the future risk of abuse to clients.
16. The program will conduct internal reviews when there is an allegation of maltreatment and, as warranted, take corrective action to prevent maltreatment in the future.
17. The Program will make reports to the MAARC when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services. The program will notify IDT members who will collectively decide and make referrals to outside agencies when needed.

PHYSICAL PLANT ASSESSMENT:

1. The following is a summary of the condition and design of the facility as it relates to safety for the clients. The 3210 Labore site was completely renovated in 2003 and has 52,000 square feet not including the attached greenhouse on the east side of the building. With client input, the building has wide hallways and barrier-free environments. The building is wheelchair accessible with ground level exits to interior evacuation zones and to the outside. Non-grade-level south exits are addressed in the evacuation plan. The Commons space is approximately 3,500 square feet in size and features 10 x 10 sized windows that create light filled space for the clients. The three primary program services have approximately 11,000 square feet with skylights to add natural lighting. Each primary area is denoted in the hallway with a specific color for easily identification; green is Administration, purple is Utility, gold is Alternative, blue is Enhanced, and orange is Transportation. Restrooms are located within the Commons, Utility, Alternative, Enhanced, Recycling, Document Destruction and Administrative areas for better supervision of recipients.

Those clients working specifically in the Document Shredding and Plastic Recycling areas have been assessed in their skills to operate machinery. Enhanced and Alternative Services have doors that are locked from both

sides with key code access. Clients gain access by asking for and receiving the door code when demonstrating safe entry and exit, or by asking an employee to assist them, and are denied access only when necessary to protect the safety of a client. The risk factors that indicate the need for locked doors include recipients with a physical or developmental disability including those with a diagnosis of:

- Dementia and Alzheimer’s Disease and related conditions;
- Autism Spectrum Disorder;
- Intellectual Disorder (Intellectual Disability) and related conditions such as epilepsy and cerebral palsy;
- Traumatic Brain Injury;
- Mental Illness; depression, schizophrenia, intermittent explosive disorder, and bipolar; and
- Recipients with limitations in mental functioning from benign to significant.

The locked doors are not used as a substitute for client supervision or interaction and have a magnetic seal that is automatically disengaged whenever the fire alarm is activated. The building is equipped with hard-wire smoke detectors and sprinklers, and meets current licensing and fire code standards. Clients have private access to and use of a non-coin-operated telephone for local calls and long distance calls made are collect or paid for by the person. This phone is located in the Sean Kenny room.

2. The program will reduce the potential of abuse and/or harm to clients related to the condition and design of the facility in terms of their safety in the following manner:
 - Quarterly fire drills are conducted to practice evacuation procedures.
 - To address general maintenance, Merrick contracts for these services 18 - 20 hours per week or as needed. If there are maintenance concerns, employees can email AAAFix@merrickinc.org which alerts internal maintenance of the issue and urgency of the repair.
 - A portable Hoyer lift is available for clients who need assistance moving safely from one location to another.
3. The small meeting room in the program area can be sometimes difficult to supervise. To address this signage has been mounted on the wall outside the Program Conference room to indicate if the room is occupied or unoccupied.
4. The program will reduce the potential of abuse and/or harm to clients related to the areas of the facility that are difficult to supervise as follows:
 - The door will be propped open when not in use. When in use, the signage on the door will reflect that a meeting or program activity is taking place.
 - When not in use, the dangerous supplies and chemicals used for cleaning or laundry purposes are stored in either the locked laundry room or locked janitorial closet. Cleaning supplies and chemical used by the cleaning crew are locked in their cart cabinet when they are not in the direct vicinity of the cart.
 - The medication storage and disposal procedures are identified within the Medication Administration Policy.

ENVIRONMENTAL ASSESSMENT:

1. The following is a summary of the facility location including information about the neighborhood and community that the facility is located. Merrick, Inc. is located in Vadnais Heights, Minnesota. There are a number of commercial businesses in the area, ranging from small to large and residential areas to north, south and west of the facility. The facility parking lot entrance is adjacent to Labore Road, a street with a moderate level of traffic. There is light foot traffic on Labore Road.

2. The program will reduce the potential of abuse and/or harm to clients related to the location of the facility, including factors about the neighborhood and community in the following manner:
 - Program does provide and coordinate transportation to and from the facility. Vehicles with hydraulic lifts to accommodate passengers using wheelchairs are available within the service area.
 - The Ramsey County Sheriff's Department provides law enforcement services to the Vadnais Heights community. The non-emergency phone number is (651) 767-0604.
 - The Vadnais Heights Fire Department provides fire protection, fire safety education and emergency response to the Vadnais Heights community. The non-emergency phone number is (651) 204-6030
3. The type of grounds and terrain that surround the facility include a nature preserve located to the north and to the east of the facility. A building complex and Interstate 694 are located to the south and Labore Road to the west. There is a chain link fence to the south, between the business complex and Interstate 694, and along the nature preserve to the east of the facility. The H. B. Fuller business campus is adjacent to the nature preserve to the north, and there is also a chain link fence between the nature preserve and the Merrick property. Walkways provide an even surface for entrance to the facility.
4. The program will reduce the potential of abuse and/or harm to clients related to the type of grounds and terrain that surround the facility in the following manner:
 - During loading and unloading of vehicles assigned employees are stationed outside. Only a limited number of vehicles can be unloaded/loaded at a time to ensure the safety of clients coming and going from the building.
5. Internal programming provided at the program includes:
 - Day Support, Pre-vocational, DTH, Employment Support Services, Individualize Home Supports, Positive Support Services and Life Enrichment activities (i.e. social skills, music, art, yoga, community inclusion activities, walking activities, therapies, academics, exercise, volunteerism, and horticulture);
 - Assistive technology is available in all areas to promote increased communication and socialization; and
 - Self-Advocacy activities are offered to promote empowerment, self-determination, choice, and leadership skills.
6. The program will reduce the potential of abuse and/or harm to clients through the type of internal programming provided at the program in the following manner:
 - Staffing ratios, DSP qualifications, and daily routines address the needs of clients to best ensure their successful and safe participation in services.
 - A Self-Management Assessment is completed on each client identifying their independence to respond to emergency situations and the staff-to-client ratio to be assigned to the client.
7. Each client has been assigned a staff-to-client ratio to meet their needs. The daily schedule reflects this information to ensure the staff-to-client ratio is met daily.
8. The Assistant Program Director or designee are responsible for reviewing, developing, and monitoring daily schedules to ensure the staffing pattern reflects what is identified for each client to reduce the potential of abuse and/or harm. The Assistant Program Director or designee is also responsible for orientating and training volunteers to understand their role to the clients, social boundaries, activity engagement, and information about the population served.

PROGRAM ASSURANCES:

- A. Clients 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 clients who would benefit from a later orientation.
- B. Merrick, Inc.'s Board of Trustees must review the Program Abuse Prevention Plan at least annually.
- C. A copy of the Program Abuse Prevention Plan must be posted in a prominent place in the each client program area and be available, upon request, to mandated reporters, clients, and their legal representatives.
- D. The plan must include a statement of measures to be taken to minimize the risk of abuse to the vulnerable adult(s) or when the need for additional measures is identified. This includes identifying referrals that are made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services.
- E. 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.
- F. In addition to the Program Abuse Prevention Plan, an Individual Abuse Prevention Plan within the Individual Program Plan must be developed for each new client. A review of the Individual Abuse Prevention Plan must be done as part of the review of the program plan. The client must participate in the development of their Individual Abuse Prevention Plan to the best of their abilities. All Individual Abuse Prevention Plans must be reviewed at least annually by the support team.

Board Approved 02/14/2024.

Policy reviewed and authorized on 02/15/2024 by:



John Wayne Barker, Executive Director