

[RTF NAME] RESIDENTIAL TREATMENT FACILITY

A PROGRAM OF **[PROVIDER NAME]** **POLICIES AND PROCEDURES MANUAL**

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[FACILITY NAME] RESIDENTIAL TREATMENT FACILITY

A PROGRAM OF [PROVIDER NAME] POLICIES AND PROCEDURES MANUAL

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[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 01 Page: 1 of 6
SUBJECT: Licensing (OAR 309-035-0110)	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments:

Purpose:

To ensure that [Facility Name] meets all the licensing requirements as set forth by the Department of Human Services, Office of Mental Health and Addiction Services (OMHAS), and is in compliance with OAR 309-035-0110 (1-15).

Policy:

The Department will license any facility that meets the definition of a residential treatment facility and serves adults with a mental or emotional disorder.

Procedure:

1. Application. An application for a license will be accompanied by the required fee and submitted to the Department using the forms or format required by the Department. The following information will be required in the application:
 - a. [Facility Name] is run by [Provider or Facility Name], a non-profit entity.
 - b. [Facility Name] is located at [insert RTF address]. The mailing address is the same as the physical address. [Indicate mailing address if different.]
 - c. [Facility Name] serves a maximum number of five residents. The resident target population is [age range, gender, special needs, PSRB, ATS].
 - d. A proposed annual budget identifying sources of revenue and expenses is located at [Facility Name] in a locked file cabinet in the administration office and available upon request.
 - e. Signed criminal record authorizations of all persons involved in the operation of the RTF who will have contact with the residents are located in the personnel records in the locked file cabinet in the administration office at [Facility Name].
 - f. A complete set of policies and procedures is located in the office at [Facility Name], and a complete set of policies and procedures is also located [give location(s) where copies of policies and procedures are found]. Policies and Procedures contain a description of the [Facility Name] program as required in Program Records, Policy 04 (page 4-2).]
 - g. Facility plans and specifications were also submitted with the application.
 - h. Other information as the Department may reasonably require is also available on request.

2. Plans and Design Approval. A complete set of plans and specifications will be submitted to the Department at the time of initial application, whenever a new structure or addition to an existing structure is proposed, or when significant alterations to an existing facility are proposed. Plans will meet the following criteria (no major additions or alterations to [Facility Name] were proposed):
 - a. Plans will be prepared in accordance with the Building Code and requirements of OAR 309-035-0125;
 - b. Plans will be to scale and sufficiently complete to allow full review for compliance with these rules; and

- c. Plans will be to scale and carry the stamp of an Oregon licensed architect or engineer when required by the Building Code.
3. Necessary Approvals. Prior to approval of a license for a new or renovated facility, the applicant will submit the following to the Department:
 - a. One copy of written approval to occupy the facility issued by the city, county or state building codes authority having jurisdiction;
 - b. One copy of the fire inspection report from the State Fire Marshal or local jurisdiction indicating that the facility complies with the Fire Code. The fire inspection report from the State Fire Marshal is located in the locked file cabinet in the administration office at [Facility Name] and is available for review upon request.
 - c. [Facility Name] is served by a municipal water system.
 - d. [Facility Name] is connected to an approved municipal sewer system.
4. Required Fees. [Facility Name] is a residential treatment facility and is required to pay the required license application fee of \$60.
5. Renewal Application. A license is renewable upon submission of a renewal application in the form or format required by the Department and a non-refundable fee of \$60. Filing of an application for renewal before the date of expiration extends the effective date of the current license until the Department takes action upon the renewal application.
6. Review Process. Upon receipt of an application and fee, the Department will conduct an application review. Initial action by the Department on the application will begin within 30 days of receipt of all application materials. The review will:
 - a. Include a complete review of application materials;
 - b. Determine whether the applicant meets the qualifications outlined in ORS 443.420 including:
 - (1) Demonstrates an understanding and acceptance of these rules;
 - (2) Is mentally and physically capable of providing services for residents;
 - (3) Employs or utilizes only individuals whose presence does not jeopardize the health, safety, or welfare of residents; and
 - (4) Provides evidence satisfactory to the Department of financial ability to comply with these rules.
 - c. Include a site inspection; and
 - d. Conclude with a report stating findings and a decision on licensing of the RTF.
7. Findings of Noncompliance. The Department will require an owner to submit and complete a plan of correction for each finding of noncompliance with these rules.
 - a. If the finding(s) of noncompliance substantially impacts the welfare, health and/or safety of residents, the plan of correction will be submitted and completed prior to issuance of a license. In the case of a currently operating RTF, such findings may result in suspension or revocation of a license.
 - b. If it is determined that the finding(s) of noncompliance do not threaten the welfare, health or safety of residents and the facility meets other requirements of licensing, a license may be issued or renewed, and the plan of correction will be submitted and completed as a condition of licensing.
 - c. The Department will specify required documentation and set the time lines for the submission and completion of plans of correction in accordance with the severity of the finding(s).
 - d. The Department will review and approve each plan of correction. If the plan of correction does not adequately remedy the finding of noncompliance, the Department may require a revised plan of correction.
 - e. The RTF owner may appeal the finding of noncompliance or the disapproval of a plan of correction by submitting a request for reconsideration in writing to the Administrator of the Department. The Administrator of the Department or designee will make a decision on the appeal within 30 days of receipt of the appeal.

8. Variance. The Department may grant a variance to these rules based upon a demonstration by the applicant that an alternative method or different approach provides equal or greater program effectiveness and does not adversely impact the welfare, health or safety of residents.
 - a. Variance Application. The RTF owner requesting a variance will submit, in writing, an application to the Department which identifies the section of the rules from which the variance is sought, the reason for the proposed variance, the proposed variance, the proposed alternative method or different approach, and signed documentation from the CMHP indicating approval of the proposed variance.
 - b. Office of Mental Health and Addiction Services (OMHAS) Review. The Assistant Administrator for the Department's Office of Mental Health Services, or designee, will review and approve or deny the request for a variance.
 - c. Notification of Decision. The Department will notify the RTF owner of the decision in writing within 30 days after receipt of the application. A variance may be implemented only after receipt of written approval from the Department.
 - d. Appeal of Decision. The RTF owner may appeal the denial of a variance request by submitting a request for reconsideration in writing to the Administrator of the Department. The Administrator of the Department will make a decision on the appeal within 30 days of receipt of the appeal. The decision of the Administrator of the Department will be final.
 - e. Duration of the Variance. A variance will be reviewed by the Department at least every two years and may be revoked or suspended based upon a finding that the variance adversely impacts the welfare, health or safety of the RTF residents.

9. Issuance of License. Upon finding that [Facility Name] is in substantial compliance with these rules, the Department will issue a license. [Facility Name] was issued a license on TBD.
[Optional]
 - a. The license issued will state the name of the owner of [Facility Name] which is [Provider or Facility Name]; the name of the administrator, the address of the facility to which the license applies [insert address here]; the maximum number of residents to be served at any one time [insert # beds here]; and their evacuation capability [insert evacuation capability here: "Prompt" (R-4), "Slow" (SR-4), "Impractical" (SR-2)]; the type of facility which is a RTF; and such other information as the Department deems necessary.
 - b. A residential treatment facility license will be effective for two years from the date issued unless sooner revoked or suspended. The license for [Facility Name] expires on TBD.
[Optional]
 - c. The residential treatment facility license is not transferable or applicable to any location, facility, or management other than that indicated on the application and license.

10. Conditions of License. The license will be valid under the following conditions:
 - a. [Facility Name] is not operated or maintained in combination with a nursing facility, hospital, retirement facility, or other occupancy unless licensed, maintained, and operated as a separate and distinct part. [Facility Name] has sleeping, dining, and living areas for use only by its own residents, employees, and invited guests.
 - b. The license is retained in the facility and available for inspection at all times. A copy of the license is posted inside the front door at the facility.
 - c. Each license will be considered void immediately upon suspension or revocation of the license by the Department, or if the operation is discontinued by voluntary action of the licensee, or if there is a change of ownership.

11. Site Inspections. Department staff will visit and inspect every residential treatment facility at least, but not limited to, once every two years to determine whether it is maintained and operated in accordance with these rules. [Provider or Facility Name] as the owner of [Facility Name] will allow the Department and County staff entry and access to the facility and residents for the purpose of conducting the

inspections. [A 90-day inspection of [Facility Name] was conducted on TBD by Addictions and Mental Health Division Quality Assurance Specialist, <Insert Name>] [Optional]

- a. Department staff will review methods of resident care and treatment, records, the condition of the facility and equipment, and other areas of operation.
 - b. All records, unless specifically excluded by law, will be available to the Department for review.
 - c. The State Fire Marshal or authorized representative(s) will, upon request, be permitted access to the facility, fire safety equipment within the facility, safety policies and procedures, maintenance records of fire protection equipment and systems, and records demonstrating the evacuation capability of RTF occupants. [Facility Name] was inspected by the State Fire Marshal, and all records are kept in a Safety Manual in the office at [Facility Name].
12. Investigation of Complaints and Alleged Abuse. Incidents of alleged abuse covered by ORS 430.735 through 430.765 will be reported and investigated in accordance with OAR 410-009-0050 through 410-009-0160 (see Policies & Procedures [refer to section #]). Department staff will investigate complaints and other alleged abuse made regarding residential treatment facilities, will cause a report to be filed, and will take appropriate action under these rules. The Department may delegate the investigation to a CMHP or other appropriate entity.
13. Denial, Suspension or Revocation of License. The Department will deny, suspend, or revoke a license when it finds there has been substantial failure to comply with these rules; or when the State Fire Marshal or authorized representative certifies that there is a failure to comply with the Fire Code or Building Code.
- a. The Department may immediately suspend a license where there exists an imminent danger to the health or safety of residents.
 - (1) The Department will provide written notice of the suspension to the licensee citing the violation and stating the corrective action necessary in order for the license to be re-instated.
 - (2) The licensee may request a review of the decision to immediately suspend a license by submitting a request, in writing, within 10 days of the suspension notice. Within 10 days of receipt of the licensee's request for a review, the Department administrator or designee will review all material relating to the suspension and determine whether to sustain the decision. If the administrator does not sustain the decision, the suspension will be rescinded immediately. The decision of the administrator can be appealed within 90 days as a contested case under ORS Chapter 183.
 - b. The Department will take action to deny or revoke a license in accordance with the following procedures:
 - (1) The Department will provide written notice of the denial or revocation citing the violation(s), and specifying the effective date (in the case of a currently operating RTF).
 - (2) The licensee will be entitled to a contested case hearing under ORS 183.310 to 183.550 prior to the effective date of revocation or denial if the licensee requests a hearing in writing, within 21 days after receipt of the written notice. If no such request is received, the decision will be sustained.
 - (3) A license subject to revocation or denial based upon review of a renewal application will remain valid during an administrative hearings process, unless suspended, even if the hearing and final order are not issued until after the expiration date of the license.
 - (4) If an initial license is denied, the applicant will be entitled to a contested case hearing under ORS 183.310 to 183.550 if the applicant requests a hearing in writing

within 60 days of receipt of the denial notice. If no such request is received, the decision to deny the license application will be sustained.

- (a) In cases where there exists an imminent danger to the health or safety of residents, a license may be suspended immediately.
- (b) Such revocation, suspension, or denial will be done in accordance with rules of the Department under ORS Chapter 183.

14. Reporting Changes. Each licensee will report promptly to the Department any significant changes to information supplied in the application or subsequent correspondence. Such changes include, but are not limited to, changes in the RTF name, owner entity, administrator, telephone number, mailing address. Such changes also include, but are not limited to, changes in the RTF's physical plant, policies and procedures or staffing pattern when such changes are significant or impact the health, safety or well being of residents.

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 02 Page: 1 of 3
SUBJECT: Contracts and Rates OAR (309-035-0113)	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments: Res Room and Board Payment Agreement

Purpose:

To ensure that [Facility name] meets all the contracts and rates requirements as set forth by the Department of Human Services, and is in compliance with OAR 309-035-0113 (1) (2).

Policy:

[Provider or Facility Name] will meet all the contracts and rates requirements as set forth by the Department of Human Services in operating [Facility Name].

Procedure:

1. Contracts. [Provider name] will be providing services funded by the Department and will enter into a contract with the local community mental health program, the Department or other Department-approved entity. The contract does not guarantee that any number of persons eligible for Department funded services will be referred to or maintained in the facility.
2. Rates. Rates for all services and the procedures for collecting payments from each residents and /or payees will be specified in a fee policy and procedures. The fee policy and procedures will describe the schedule of rates, conditions under which rates may be changed, acceptable methods of payments, and the policy on refunds at the time of termination of residency.
 - a. For residents whose services are funded by the Department, reimbursement for services will be made according to the rate schedule outlined in the contract. Room and board payments for residents receiving Social Security benefits or public assistance will be in accordance with and not more than rates determined by the Department.
 - b. For private paying residents, the program will enter into a signed agreement with the resident, and/or if applicable, resident's guardian, payee or conservator. This agreement will include but not be limited to a description of the services to be provided; the schedule of rates; conditions under which the rates may be changed; and policy on refunds at the time of termination of residency.
 - c. Before [Facility Name] RTF increases rates or modifies payment procedures, the program will provide 30 days advance notice of the change to all residents, and their payees, guardians or conservators, as applicable.
3. Room and Board Payments.
 - a. Room and Board will be discussed with prospective residents and their representatives prior to admission.
 - b. The Room and Board fees for residents receiving Social Security or public assistance will be in accordance with and not more than rates determined by the OMHAS.
 - c. All residents and/or, if applicable, guardian, payee or conservator will have the [Facility Name] Room and Board Agreement explained to them prior to their signature.

- d. The resident's first month of rent will be pro-rated based on a daily rate of occupancy and will be calculated from the date of admission.
 - e. After the first period of residence, payment is due on the tenth of each month for that month.
 - f. An exception for an extension will be made with prior approval from the RTF Administrator or designee.
 - g. Any exception for extension to Room and Board due date will be documented in the Progress Note section of the resident's record.
 - h. Checks and/or money orders are to be made payable to [provider name], and will be documented by a receipt. The original will be given to the resident and/or guardian, payee or conservator.
 - i. The RTF Administrator or designee will give at least a written 30-day notice to residents and/or guardians, payees or conservators for any room and board rate changes or modifications to the payment procedures.
4. Refunds.
- a. To receive a full refund for terminating residency a resident will need to give notice as specified in the Discharge/Termination Policy [refer to policy #].
 - b. Refunds will be based on the date of discharge/termination from residency.
 - c. If a resident is involuntarily terminated from the residence the remainder of days already paid for will be refunded unless there are pending charges such as a telephone bill or damage assessment.
 - d. If there are pending charges, a written statement will be sent to the discharged/terminated resident and/or guardian, payee or conservator within 30 days following termination showing refund amount less confirmed charges. If appropriate, an adjusted refund check will accompany the statement.
 - e. Refunds will not be made for periods during which the resident is on vacation; visiting friends or relatives; temporarily hospitalized; and/or absent for any other reason.

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 03 Page: 1 of 2
SUBJECT: Residential Treatment Administrative Management In compliance with OAR 309-035-0115 (1-4) Administrative Management	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments: House Rules Administrator Job Description

Purpose: To ensure that [insert facility name] Treatment Facility meets all the Administrative Management requirements as set forth by the Department of Human Services, and is in compliance with OAR 309-035-0115 (1) - (4).

Policy:

[Provider or Facility Name] will meet all Administrative Management requirements as set forth by the Department of Human Services in operating [Facility Name] Residential Treatment Facility.

Procedure:

1. Licensee. [Provider or Facility Name] will be responsible for insuring that [Facility Name] Residential Treatment Facility is operated in compliance with OARs and all other applicable federal, state, and local laws and regulations.
2. Administrator. [Provider or Facility Name] will employ an administrator who:
 - a. Has a background including special training, experience, and other demonstrated ability in providing care and treatment appropriate to the residents served in the facility.
 - b. Has a documented criminal record clearance and no history of abusive behavior;
 - c. Will ensure that [Facility Name] Residential Treatment Facility operates in accordance with the standards outlined in these rules;
 - d. Will oversee the daily operation and maintenance of [Facility Name] Residential Treatment Facility and will be available to perform administrative duties at least 20 hours per week at [Facility Name] RTF or provide an administrative plan which documents an equivalent level of available supervision.
 - e. Will develop and administer written policies and procedures to direct the operation of [Facility Name] RTF and the provision of services to residents;
 - f. Will ensure that qualified staff is available, in accordance with the staffing requirements specified in these rules;

- g. Will supervise or provide for the supervision of staff and others involved in the operation of the program;
 - h. Will maintain program, personnel and resident records;
 - i. Will report regularly to [Provider or Facility Name] on the operation of [Facility Name] RTF; and
 - j. Will delegate authority and responsibility for the operation and maintenance of the facility to a responsible staff person whenever the Administrator is absent from [Facility Name] RTF. This authority and responsibility will not be delegated to a resident.
3. Policies and Procedures. Policies and procedures will be developed, updated as necessary, maintained in a location easily accessible for staff reference, and made available to others upon reasonable request. They will be consistent with requirements of the OARs, and address, but not be limited to:
- a. Personnel practices and staff training;
 - b. Resident selection, admission and termination;
 - c. Fire drills, emergency procedures, resident safety and abuse reporting;
 - d. Health and sanitation;
 - e. Records;
 - f. Residential service plan services and activities;
 - g. Behavior management, including prohibition of the use of seclusion or restraints;
 - h. Food Service;
 - i. Medication administration and storage;
 - j. Resident belongings, storage and funds;
 - k. Resident rights and advance directives;
 - l. Complaints and grievances;
 - m. Facility maintenance;
 - n. Evacuation capability determination; and
 - o. Fees and money management.

Policies and Procedures are available in hard copy in the office at [Facility Name] RTF and on the computer at [Facility Name] RTF. [Provider or Facility Name] also retains a copy on computer disk.

4. House Rules. [Facility Name] RTF will develop reasonable house rules outlining operation protocols concerning, but not limited to, meal times, night-time quiet hours, guest policies, smoking and phone use. The house rules will be consistent with resident rights as delineated in OAR 309-035-0155 and are subject to approval by the Department and Multnomah County Residential Services. House rules will be reviewed and updated as necessary. House rules will be posted in an area readily accessible to residents. Residents will be provided an opportunity to review and provide input into any proposed changes to house rules before the revisions become effective. [Facility Name] RTF has posted the house rules on the bulletin board in the common area at the facility and on the back of the doors to each

resident's room. Weekly resident group meetings allow residents an opportunity to discuss house rules on a routine basis.

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 04 Page: 1 of 3
SUBJECT: Records (OAR 309-035-0117)	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments:

Purpose:

To ensure that [Facility Name] Residential Treatment Facility meets all the records requirements as set forth by the Department of Human Services, and is in compliance with OAR 309-035-0117 (1) - (12).

Policy:

[Provider or Facility Name] will ensure appropriate documentation of the legal operation of the program, personnel practices, and resident services to meet all the records requirements as set forth by the Department of Human Services in operating [Facility Name] Residential Treatment Facility.

Procedure:

1. General Requirements. Records will be maintained to document the legal operation of the program, personnel practices and resident services. All records will be properly obtained, accurately prepared, safely stored and readily available within [Facility Name] Residential Treatment Facility. All entries in records required by these rules will be in ink, indelible pencil, or approved electronic equivalent and prepared at the time, or immediately following, the occurrence of the event being recorded; be legible; and be dated and signed by the person making the entry. In the case of electronic records, signatures may be replaced by an approved, uniquely identifiable electronic equivalent.

2. **Program Records. Records documenting the legal operation of [Facility Name] RTF will include, but not be limited to:**
 - a. Written approval for occupancy of the building by the county or city having jurisdiction, any building inspection reports, zoning verifications, fire inspection reports or other documentation pertaining to the safe and sanitary operation of [Facility Name] RTF;
 - b. Application for license, related correspondence and site inspection reports;
 - c. Program operating budget and related financial records;
 - d. Payroll records, employee schedules and time sheets;
 - e. Materials Safety and Data Sheets;
 - f. Fire drill documentation;
 - g. Fire alarm and sprinkler system maintenance and testing records;
 - h. Incident reports; and
 - i. Policy and procedure manual. The policy and procedure manual should include a brief program description, including information on what population the facility serves (age, gender, special needs, PSRB, etc.), what evidence-based practices the program provides, what treatment services residents receive (off-site day treatment, etc.). (Program records are stored in a locked file cabinet in the office at [Facility Name] Residential Treatment Facility, with the exception of the Fire and Safety which is located in a

blue binder in the office at [Facility Name] RTF, incident reports which are located in the individual resident files, and policy and procedure manual which is kept in the office at [Facility Name] RTF and on the computer at [Facility Name] RTF.)

3. Personnel Records. Records documenting personnel actions will include:
 - a. Job descriptions for all positions; and
 - b. Individual employee records including, but not limited to, written documentation of employee identifying information and qualifications, criminal record clearance, tuberculosis test results, Hepatitis B Status in accordance with the Oregon Occupational Safety and Health Code, performance appraisals, and documentation of pre-service orientation and other training. (Personnel Records for [Facility Name] RTF are stored in a locked file cabinet in the office at [Facility Name] RTF.)
4. Resident Records. Except in some crisis-respite cases, as indicated in OAR 309-035-0117(5), an individual resident record will be maintained for each resident and include:
 - a. An easily accessible summary sheet which includes, but is not limited to the resident's name, previous address, date of admission to the facility, sex, date of birth, marital status, legal status, religious preference, Social Security number, health provider information, evacuation capability, diagnosis(es), major health concerns, medication allergies, information indicating whether advance mental health and health directives and/or burial plan have been executed, and the name of person(s) to contact in case of emergency;
 - b. The names, addresses and telephone numbers of the resident's legal guardian or conservator, parent(s), next of kin, or other significant person(s); physician(s) or other medical practitioner(s); dentist; case manager or therapist, day program, school or employer; and any governmental or other agency representative(s) providing services to the resident;
 - c. A mental health assessment and background information identifying the resident's residential service needs;
 - d. Advance mental health and health directives, burial plans or location of these (as available);
 - e. Residential service plan and copy(ies) of plan(s) from other relevant service provider(s).
 - f. Documentation of the resident's progress and any other significant information including, but not limited to, progress notes, progress summaries, any use of seclusion or restraints, and correspondence concerning the resident;
 - g. Health-related information and up-to-date information on medications in accordance with OAR 309-035-0175;
 - h. Any authorizations obtained for the release of confidential information. (Resident Records for [Facility Name] RTF are stored in the office at [Facility Name] RTF.)
5. Storage. All resident records will be stored in a weatherproof and secure location. Access to records will be limited to the Administrator and direct care staff unless otherwise allowed in these rules. [Facility Name] RTF stores all resident records in the office at [Facility Name] RTF or in the locked file cabinet in the office at the facility.
6. Confidentiality. All resident records will be kept confidential. A signed release of information will be obtained for any disclosure from resident records in accordance with all applicable laws and rules.
7. Resident Access to His/Her Record. A resident, or guardian (as applicable), will be allowed to review and obtain a copy of his/her resident record as allowed in ORS 179.505(9).
8. Transfer of Records. Pertinent information from records of residents who are being transferred to another facility will be transferred with the resident. A signed release of information will be obtained in accordance with applicable laws and rules.

9. Maintenance of Records. [Facility Name] Residential Treatment Facility will keep all records, except those transferred with a resident, for a period of three years.
10. Administrative Changes. If [Facility Name] Residential Treatment Facility changes ownership or Administrator, all resident and personnel records will remain in the facility. Prior to the dissolution of any RTF, the Administrator will notify the Department in writing as to the location and storage of resident records or those records will be transferred with the residents.
11. Resident Contributions to Record. If a resident or guardian (as applicable) disagrees with the content of the resident record, or otherwise desires to provide documentation for the record, the resident or guardian (as applicable) may provide material in writing that then will become part of the resident record.

Mock Resident Record

Mock Resident Record is located in a separate folder within the package of [Facility Name] Policies and Procedures.

Mock Personnel Record

Mock Personnel Record is located in a separate folder within the package of [Facility Name] Policies and Procedures.

Mock Program Record

Mock program record is located in a separate folder within the package of [Facility Name] Policies and Procedures.

<PROVIDER>

SECTION: [] Residential Treatment Facility (RTF)	POLICY NUMBER: .05 PAGE: 1 of 1
SUBJECT: Incident Reporting In Compliance with OAR 309-035-0117 (2h) and OAR 309-035-0157	DATE OF IMPLEMENTATION: [] Date of Review (r) or Revisions (R):
REVIEWED BY	ATTACHMENTS: 1. Incident Report

PURPOSE:

To outline procedures of, and criteria for, the writing of incident reports.

POLICY:

[] is dedicated to the principle of providing appropriate and safe treatment and services. Because of this, staff will document and report on any situation that may or does threaten resident health, safety, medication issues or physical well-being. The resident's right to report potential conflict with, or abuse from, any staff and/or the treatment process will be fully supported by this program.

PROCEDURE:

Incident Reports

Staff will complete an Incident Report immediately following any situation that could adversely affect a resident's health or well-being. Such incidents include, but are not limited to: medication errors or refusals, verbal and/or physical aggression, alcohol or drug use, missing person, client admission to hospital, any 911 call or failure to respond to a fire drill/fire alarm.

Staff will contact the Administrator immediately for any situation in which a resident is in serious risk.

Staff will forward the incident report to the Administrator for immediate follow-up. The Administrator or Administrator's designee will review the incident report, document the needed follow-up, and forward copies to the County Residential Specialist within five working days.

Incident reports will be supported by additional documentation, such as progress notes, to provide any additional information, as needed.

Incident reports will be reviewed using the form attached to ensure report is complete.

For serious or critical incidents, the County Residential Specialist needs to be contacted as soon as possible by phone/voice mail describing essential details (no later than end of reporter's shift), and an initial Incident Report must be forwarded within 24 hours. (See Critical Incident Policy #06.)

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 05 Page: 1 of 2
SUBJECT: Staffing (OAR 309-035-0120)	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments: RTF Staff Position Descriptions RTF Staff Pre-Service Training Log RTF Staff In-service Training Log

Purpose:

To ensure qualified staff follow and adhere to practices directed through their employment with [Provider or Facility Name] and are appropriately trained to provide direct care to residents.

Policy:

A job description will be available for each staff position and specify qualifications and job duties.

Procedure:

1. Staff Qualifications. As an employee of [Provider or Facility Name] and to be a [insert staff job title(s)], staff must possess the following qualifications.
 - a. Any staff person hired to provide direct care to residents will be at least 18 years of age, be capable of implementing [Facility Name] Residential Treatment Facility’s emergency procedures and disaster plan, and be capable of performing other duties of the job as described in the job description. (See attached job descriptions.)
 - b. **In accordance with OAR 410-007-0200 through 410-007-0380, all RTF staff that will have contact with residents will provide evidence of a criminal record clearance.**
 - c. **In accordance with OAR 333-071-0057 and 437, Division 2, Subdivision Z, 4f(1)(2), all RTF staff who will have contact with residents will be tested for tuberculosis [“and Hepatitis B” -- error in current OAR?] within two weeks of first employment; additional testing will take place as deemed necessary; and the employment of staff who test positive for tuberculosis will be restricted if necessary.**
 - d. ***In accordance with the Oregon Occupational Safety and Health Code, Chapter 437, Division 2, Subdivision Z, Hepatitis B vaccinations will be offered within ten working days of initial employment to RTF staff who will have contact with residents. Training about blood borne pathogens and related safety practices will***

be completed prior to offering the vaccination. [This text is in current RTH but not RTF OARs.]

- e. All staff will meet other qualifications when required by a contract or financing arrangement approved by the Department.
2. Personnel Policies. Personnel policies will be made available to all staff and will describe hiring, leave, promotion, and disciplinary practices.
 3. Staff Training. The administrator will provide or arrange a minimum of 16 hours pre-service orientation and eight hours in-service training annually for each employee.
 - a. Pre-service training for direct care staff will include, but not be limited to, a comprehensive tour of the facility; a review of emergency procedures developed in accordance with OAR 309-035-0130; a review of [Facility Name] Residential Treatment Facility's house rules, policies and procedures; background on mental and emotional disorders; an overview of resident rights; assessment of resident risk factors; medication management procedures; food service arrangements; a summary of each resident's assessment and residential service plan; and other information relevant to the job description and scheduled shift(s). (See attached pre-service training log).
 - b. In-service training will be provided on topics relevant to improving the care and treatment of residents in the RTF and meeting the requirements in these administrative rules. In-service training topics include, but are not limited to: implementing the residential service plan, behavior management, daily living skills development, nutrition, first aid, understanding mental illness, sanitary food handling, resident rights, identifying health care needs, psychotropic medications, and other as deemed necessary. (See attached in-service training log.)
 4. General Staffing Requirements. [Provider Name] and [Facility Name] RTF's administrator are responsible for assuring that an adequate number of staff are available at all times to meet the treatment, health and safety needs of residents. Regardless of the minimum staffing requirements, staff will be scheduled to ensure safety and to correspond to the changing needs of residents.
 - a. [Facility Name] Residential Treatment Facility will serve a maximum of [# of beds] residents. Therefore, there will be at least [minimum # of staff—refer to OARs and OMHAS contract] direct care staff person on duty at all times.
 - b. In the case of a specialized RTF, staff requirements outlined in the contractual agreement for specialized services will be implemented.
 - c. Direct care staff on night duty will be awake and dressed at all times. In facilities where residents are housed in two or more detached buildings, direct care staff will monitor each building at least once an hour during the night shift. An approved method for alerting staff to problems will be in place. This method must be accessible to and usable by the residents.

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 06 Page: 1 of 6
SUBJECT: Facility Requirements (OAR 309-035-0125)	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments:

Purpose:

To ensure that [Facility Name] Residential Treatment Facility is in compliance with Building and Fire Codes.

Policy:

Each residential treatment facility established on or after December 1, 1999, will meet the requirements for approved Group SR occupancies in the Building Code and Fire Code in effect at the time of licensure.

Procedure:

1. Compliance with Building and Fire Codes. [Facility Name] Residential Treatment Facility has met the requirements for approved Group SR, or I occupancies in the Building Code and the Fire Code in effect at the time of original licensure. Should [Facility Name] RTF undergo building renovation or a change in the facility's use results in a new building occupancy classification, the facility will meet the requirements for approved Group SR or I occupancies in the Building Code and Fire Code in effect at the time of such change. **If occupants are capable of evacuation within 3 minutes refer to Group R occupancies [R-4 "Prompt"]**.
2. Accessibility for Persons with Disabilities. RTFs will be accessible as follows:
 - a. Those facilities that are licensed, constructed or renovated after January 26, 1992, and that are covered multi-family dwellings or public accommodations, will meet the physical accessibility requirements in Chapter 11 of the Oregon Structural Specialty Codes. These codes specify requirements for public accommodations as defined in the Americans with Disabilities Act under Title III and for buildings qualifying as multi-family dwellings as defined in the Fair Housing Act, as amended in 1988.
 - b. In order to insure program accessibility under Title II of the Americans with Disabilities Act, the Department may require additional accessibility improvements.
 - c. Any accessibility improvements made to accommodate an identified resident will be in accordance with the specific needs of the resident and will comply with the Building Code.
3. Outdoor Areas. An accessible outdoor area is required and will be made available to all residents. For RTFs licensed on or after June 1, 1998, a portion of the accessible outdoor area will be covered and have an all weather surface, such as a patio or deck. [Facility Name] RTF has **[describe outdoor area]**.
4. General Storage. The facility will include sufficient and safe storage areas. These will include but not be limited to:
 - a. Storage for a reasonable amount of resident belongings beyond that available in resident sleeping rooms will be provided appropriate to the size of the facility.

- b. All maintenance equipment stored on site, including yard maintenance tools, will be maintained in adequate storage space. Equipment and tools that pose a danger to RTF residents will be kept in locked storage.
 - c. Storage areas will be maintained as necessary to ensure a functional, safe, and sanitary environment consistent with OAR 309-035-0125, OAR 309-035-0130, 309-035-0135, 309-035-0140, 309-035-0170, and 309-035-0175.
- 5. Hallways. For RTFs initially licensed on or after June 1, 1998, all resident use areas and resident units will be accessible through temperature controlled common areas or hallways with a minimum width of 36 inches except that a minimum width of 48 inches will be provided along the route to accessible bedrooms and bathrooms and between common areas and required exits.
- 6. Administrative Areas. Sufficient space will be provided for confidential storage of both resident and business records, for staff use in completing record-keeping tasks, and for a telephone. Other equipment including fire alarm panels and other annunciators will be installed in an area readily accessible to staff in accordance with the Fire Code.
- 7. Resident Sleeping Rooms. Resident sleeping quarters will be provided in rooms separated from other areas of the facility by an operable door with an approved latching device.
 - a. For facilities licensed prior to June 1, 1998, resident sleeping rooms will include a minimum of 60 square feet per resident and allow for a minimum of three feet between beds.
 - b. For facilities initially licensed on or after June 1, 1998, each resident sleeping room will be limited to one or two residents. At least ten per cent, but no less than one, of the resident sleeping rooms will be accessible for persons with mobility disabilities. All resident sleeping rooms will include a minimum of 70 square feet per resident exclusive of closets, vestibules and bathroom facilities and allow a minimum of three feet between beds.
 - c. A clothes closet, with adequate clothes hanging rods will be accessible within each sleeping room for storage of each resident's clothing and personal belongings. For facilities initially licensed on or after June 1, 1998, built-in closet space will be provided totaling a minimum of 64 cubic feet for each resident. In accessible sleeping rooms, the clothes hanging rod height will be adjustable or no more than 54 inches in height to ensure accessibility for persons in wheelchairs.
 - d. Each resident sleeping room will have exterior window(s) with a combined area at least one-tenth of the floor area of the room. Sleeping room windows will be equipped with curtains or blinds for privacy and control of light. For facilities, or portions of facilities, initially licensed on or after June 1, 1998, an escape window will be provided consistent with Building Code requirements.
 - e. When locking devices are used on resident sleeping room doors, they will meet the requirements of the Building Code. See (13)(c).
- 8. Bathrooms. Bathing and toilet facilities will be conveniently located for resident use, provide permanently wired light fixtures that illuminate all parts of the room, provide individual privacy for residents, provide a securely affixed mirror at eye level, be adequately ventilated by a mechanical exhaust system or operable windows, and include sufficient facilities specially equipped for use by persons with a physical disability in buildings serving such persons.
 - a. In facilities licensed prior to June 1, 1998, a minimum of one toilet and one lavatory will be available for each eight residents, and one bathtub or shower will be available for each ten residents.
 - b. In facilities initially licensed on or after June 1, 1998, a minimum of one toilet and one lavatory will be available for each six residents, and a minimum of one bathtub or shower will be available for each ten residents, where these fixtures are not available in individual resident rooms. At least one centralized bathroom along an accessible route will be designed for disabled access in accordance with Chapter 11 of the Oregon Structural

Specialty Code. For facilities licensed for more than 16 residents, there will be at least one separate toilet and lavatory provided for staff and visitor use.

9. Common Use Rooms. The facility will include lounge and activity area(s), such as a living room or parlor, as required in the Building Code or totaling 15 square feet per resident, whichever is greater, for social and recreational use exclusively by residents, staff and invited guests.
10. Laundry and Related Space. Laundry facilities will be separate from food preparation and other resident use areas. When residential laundry equipment is installed the laundry facilities may be located to allow for both resident and staff use. In facilities licensed on or after June 1, 1998, separate residential laundry facilities will be provided when the primary laundry facilities are located in another building, are of commercial type, or are otherwise not suitable for resident use. The following will be included in the primary laundry facilities:
 - a. Countertops or folding table(s) sufficient to handle laundry needs for the facility;
 - b. Locked storage for chemicals and equipment;
 - c. Outlets, venting and water hook-ups according to state building code requirements. Washers will have a minimum rinse temperature of 155 degrees Fahrenheit (160 degrees is recommended) unless a chemical disinfectant is used; and
 - d. Sufficient, separate storage and handling space to ensure that clean laundry is not contaminated by soiled laundry.
11. Kitchen. Kitchen facilities and equipment will be of residential type except as otherwise approved by the Department. For all kitchens, the following will be included:
 - a. Dry storage space, not subject to freezing, in cabinets or a separate pantry for a minimum of one week's supply of staple foods;
 - b. Sufficient refrigeration space maintained at 45 degrees Fahrenheit or less and freezer space for a minimum of two days' supply of perishable foods;
 - c. A dishwasher (may be approved residential type) with a minimum final rinse temperature of 155 degrees Fahrenheit (160 degrees recommended) unless chemical disinfectant is used;
 - d. In facilities licensed to serve 16 or fewer residents, a separate food preparation sink and hand washing sink will be provided;
 - e. Smooth, nonabsorbent and cleanable counters for food preparation and serving;
 - f. Appropriate storage for dishes and cooking utensils designed to be free from potential contamination;
 - g. Stove and oven equipment for cooking and baking needs; and
 - h. Storage for a mop and other cleaning tools and supplies used for food preparation, dining and adjacent areas. Such cleaning tools will be maintained separately from those used to clean other parts of the facility.
12. Dining Area. A separate dining room or area where meals are served will be provided for the exclusive use of residents, employees, and invited guests.
 - a. In facilities licensed prior to June 1, 1998, the dining area will seat at least half of the residents at one time with a minimum area of 15 square feet per resident.
 - b. In facilities initially licensed on or after June 1, 1998, dining space will be provided to seat all residents with a minimum area of 15 square feet per resident, exclusive of serving facilities and required exit pathways.
13. Details and Finishes. All details and finishes will meet the finish requirements of applicable sections of the Building Code and the Fire Code.
 - a. Surfaces. Surfaces of all walls, ceilings, windows and equipment will be readily cleanable. The walls, floors and ceilings in the kitchen, laundry and bathing areas will be smooth, nonabsorbent, and readily cleanable.

- b. Flooring. In facilities initially licensed on or after June 1, 1998, flooring, thresholds and floor junctures will be designed and installed to prevent a tripping hazard and to minimize resistance for passage of wheelchairs and other ambulation aids. In addition, hard surface floors and base will be free from cracks and breaks, and bathing areas will have non-slip surfaces.
 - c. Doors. In facilities initially licensed on or after June 1, 1998, all doors to resident sleeping rooms, bathrooms and common use areas will provide a minimum clear opening of 32 inches. Lever type door hardware will be provided on all doors used by residents. If locks are used on doors to resident sleeping rooms, they will be interactive to release with operation of the inside door handle and be master-keyed from the corridor side. Exit doors will not include locks that prevent evacuation. An exterior door alarm or other acceptable system may be provided for security purposes and to alert staff when resident(s) or others enter or exit the facility.
 - d. Handrails. Handrails will be provided on all stairways as specified in the Building Code.
14. Heating and Ventilating. All areas of the facility will be adequately ventilated and temperature controlled in accordance with the Mechanical and Building Code requirements.
- a. Temperature Control. All habitable rooms will include heating equipment capable of maintaining a minimum temperature of 68 degrees Fahrenheit at a point three inches above the floor. During times of extreme summer heat, fans will be made available when air conditioning is not provided.
 - b. Exhaust Systems. All toilet and shower rooms will be adequately ventilated. In facilities initially licensed on or after June 1, 1998, toilet and shower rooms will be equipped with a mechanical exhaust fan or central exhaust system which discharges to the outside.
 - c. Fireplaces, Furnaces, Wood Stoves and Boilers. Where used, design and installation will meet standards of the Mechanical Code and the Building Code requirements in effect at the time of their installation, as applicable.
 - d. Water Temperature. In resident areas, hot water temperatures will be maintained within a range of 110 to 120 degrees Fahrenheit. Hot water temperatures for washing machines and dishwashers will be at least 155 degrees Fahrenheit.
15. Electrical. All wiring systems will meet the standards of the Oregon Electrical Specialty Code in effect on the date of installation, and all electrical devices will be properly wired and in good repair.
- a. When not fully grounded, circuits in resident areas may be protected by GFCI type receptacles or circuit breakers as an acceptable alternative.
 - b. **All electrical circuits will be protected by circuit breakers or non-inter-changeable plug-type fuses in fuse boxes. Electrical loads on distribution panels and circuits will be limited in accordance with the Oregon Electrical Specialty Code.**
 - c. **A sufficient supply of electrical outlets will be provided to meet resident and staff needs. (The use of extension cords will be in accordance with the rules of the Office of State Fire Marshal and the Department of Health Services.)**
 - d. Lighting fixtures will be provided in each resident bedroom and bathroom, with on-off switches near the entry door, and in other areas as required to meet task illumination needs.
 - e. In facilities initially licensed on or after June 1, 1998, lighting fixtures that illuminate evacuation pathways will be operable within 10 seconds during a failure of the normal power supply and provide illumination for a period of at least two hours.
16. Plumbing. All plumbing will meet the Oregon Plumbing Code in effect on the date of installation, and all plumbing fixtures will be properly installed and in good repair.
17. Telephones. The facility will provide adequate access to telephones for private use by residents. In facilities initially licensed on or after June 1, 1998, a phone for resident use will be provided in addition to the phone used by staff. The RTF may establish reasonable house rules governing phone use to

insure equal access by all residents. Each resident or guardian (as applicable) will be responsible for payment of long distance phone bills where the calls were initiated by the resident, unless other mutually agreed arrangements have been made.

18. Smoking. Smoking is not allowed in sleeping areas. If there is a designated smoking area, it will be separated from other common areas. [Facility Name] Residential Treatment Facility does not allow indoor smoking. The [describe smoking area(s)] is designated a smoking area. [(describe receptacle) is provided for disposal of ashes and cigarette butts.] Furniture used in designated smoking areas will be non-flammable and without crevasses.

SECTION: [] Residential Treatment Facility (RTF)	POLICY NUMBER: .06 PAGE: 1 of 4
SUBJECT: Critical Incident Reporting – Agency Policy in compliance with 309-035-0155 Resident Rights	Date of Implementation: [] Date of Review (r) or Revisions (R):
REVIEWED BY:	ATTACHMENTS: 1. Critical Incident Form

PURPOSE:

[] actively supports critical incident review at all relevant levels. Critical incident reviews are conducted to improve the quality of care of services provided by [], by reviewing all serious incidents that involve [] consumers enrolled in services.

The following identifies the primary purposes of the Critical Incident Review:

1. To assess risk and determine preventive strategies.
2. To identify client needs and potential changes to the client’s treatment plan, if appropriate.
3. The identification of system problems and trends.
4. A fair and consistent response to identified cases of poor quality of care or service
5. A trigger for identifying opportunities to educate staff or improve systems of care or service.
6. To ensure support for residents and staff to process emotionally difficult occurrences.

POLICY:

[] will follow the established procedures for Critical Incident that is a policy of [Agency]. All incidents will be investigated, documented, and reported of any adverse occurrences related to agency activities. [Insert your Policy regarding who conducts the Incident Review] The Critical Incident Review will include representatives from the County, State, Mental Health contractor, and Facility Agency, as well as any other persons of interest.

DEFINITIONS:

Critical Incident:

A Critical Incident is defined as an adverse incident that punishes, endangers, or otherwise harms a client during the course of their treatment at [].

Critical Incidents include but are not limited to the following:

1. The death of any consumer who is living in a licensed residential facility (hereafter called resident).
2. The serious injury (requiring emergency department treatment or hospitalization) of any resident determined by the agency to be related to mental health issues.
3. The death of or serious injury to another individual caused by a resident.
4. Any other incident deemed necessary by the contractor provider and/or MHASD staff.
5. Any resident charged (new charges only) with an assault involving a weapon or serious bodily harm, sexually-related charges, such as, sexual assault, sexual abuse, rape, sodomy, etc.
6. Any resident charged with an act of arson, or reasonable suspicion that a resident set fire/s that caused significant property damage or injury to self/others.
7. Any stalking behavior by a resident.
8. Abuse allegations against agency personnel providing mental health services to residents living in a licensed residential facility.
9. A suicide attempt or self-injury with significant intent to cause self-harm or death. In particular, those events that without medical/psychiatric care would result in impairment or death.
10. A medication error, which may result in a resident death, serious injury, or hospitalization.
11. Police Intervention: Involvement by law enforcement personnel who enter a licensed mental health residential facility in response to a crisis call from the provider to control disruptive resident behavior.

PROCEDURE:

[] will follow the established procedures for Critical Incident that is a policy of [Agency]. All incidents will be investigated, documented, and reported of any adverse occurrences related to [agency] activities.

1. The staff person who comes upon or is made aware of a potential critical incident will immediately:

- a. Ensure the safety of client involved and seek emergency assistance if indicated.
 - b. Ensure that no other individual is in risk of an immediate reoccurrence of the event and are being cared for by other staff members.
 - c. Preserve the scene, if applicable.
 - d. Notify their immediate supervisor of the situation.
2. Staff will document a critical incident in a progress note outlining the incident and who was contacted.

[Insert Agency Policy & Procedures for Critical Incident Review]

Furthermore, a Critical Incident Review will be performed with participants including State, County, Mental Health Contractor, Agency and other persons of interest. The County mandates a Critical Incident Review for all Critical Incidents being filed. The Agency may choose to call the meeting, or the County may choose to call the meeting. Critical incident reviews are conducted to improve the quality of care of services, protection of residents, and accountability of RTH/RTFs, by reviewing all serious incidents that involve RTH/RTFs residents enrolled in services.

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 07 Page: 1 of 12
SUBJECT: Safety (OAR 309-035-0130)	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments: [Examples] Emergency and Disaster Plan Staff Safety Training checklist Resident Safety Training Program Monthly Safety Check/Fire Drill Sheet Emergency Phone Numbers Incident Report Form

Purpose:

To ensure the safety of residents in the event of fire, explosions, missing persons, accidents, earthquakes and floods.

Policy:

[Facility Name] Residential Treatment Facility will have safety, emergency procedures, and fire drill procedures that are in compliance with OAR 309-035-0130.

Procedure:

1. Training on Safety Procedures. All staff will be trained in safety procedures prior to beginning their first regular shift. All residents will be trained in resident safety procedures as soon as possible during their first 72 hours of residency.

2. Emergency Procedure and Disaster Plan. A written procedure and disaster plan will be developed to cover such emergencies and disasters as fires, explosions, missing persons, accidents, earthquakes and floods. The plan will be approved by the State Fire Marshal or authorized representative. The plan will be posted by the phone and immediately available to the administrator and employees. The plan will include diagrams of evacuation routes, and these will be posted. **[Facility Name]** Residential Treatment Facility has posted diagrams of emergency escape routes in each room of the facility. The plan will specify where staff and residents will go if the facility becomes uninhabitable. The plan will be kept up to date and will include:
 - a. Emergency instructions for employees. Following an emergency evacuation of the building, the **[Facility Name]** RTF residents and staff will meet **[insert location of emergency meeting place]**. Staff will then follow the disaster and emergency plan set forth on the attached form titled, **[Facility Name] Residential Treatment Facility Fire and Disaster Evacuation Drill [or Insert name of document]**.
 - b. The telephone numbers of the local fire department, police department, the poison control center, the administrator, the administrator's designee, and other persons to be contacted in emergencies (Red Cross and crisis team). These numbers are posted by the phone. Instructions for the evacuation of residents and employees;

3. Combustible and Hazardous Materials. Noncombustible and non-hazardous materials will be used whenever possible. When necessary to the operation of the facility, flammable and combustible liquids and other hazardous materials will be safely and properly stored in clearly labeled, original containers in areas inaccessible to residents in accordance with the Fire Code. Any quantities of combustible and hazardous materials maintained will be the minimum necessary. **[Facility Name]**

Residential Treatment Facility uses non-combustible and non-hazardous materials whenever possible. [Indicate where hazardous or combustible materials and all cleaning supplies are stored at RTF].

4. Poisonous and Other Toxic Materials. Non-toxic cleaning supplies will be used whenever available. Poisonous and other toxic materials will be properly labeled and stored in locked areas distinct and apart from all food and medications. [Insert specific procedures. Example: All cleaning supplies are stored in a locked cabinet in the garage. Only staff have access to the key to the cabinet which is kept on the staff key ring. Other supplies such as alcohol, sharps disposal container, insulin needles, and items that could present a danger to residents are kept locked in the hall closet between the kitchen/dining area and the living room.]
5. Evacuation Capability. Evacuation capability categories are based upon the ability of the residents and staff as a group to evacuate the facility or relocate from a point of occupancy to a point of safety. Facilities will be constructed and equipped according to the Building Code occupancy classification for the designated evacuation capability for occupants. Occupancy classification categories of evacuation capability include "Self-Preservation" or "Prompt" (R-4), "Assisted Self-Preservation" or "Slow" (SR-4), or "(Impractical) Assisted Self-Preservation" (SR-2). The evacuation capability designated for the facility will be documented and maintained in accordance with NFPA 101A. [Facility Name] Residential Treatment Facility is designated evacuation capability of [indicate evacuation capability, e.g.: R-4 or "Prompt"].
 - a. Only persons assessed to be capable of evacuating in accordance with the designated facility evacuation capability will be admitted to [Facility Name] RTF.
 - b. Persons experiencing difficulty with evacuating in a timely manner will be provided assistance from staff and offered environmental and other accommodations, as practical. Under such circumstances, the RTF will consider increasing staff levels, changing staff assignments, offering to change the resident's room assignment, arranging for special equipment, and taking other actions that may assist the resident. Residents who still cannot evacuate the facility safely in the allowable period of time will be assisted with transferring to another program with an evacuation capability designation consistent with the individual's documented evacuation capability.
6. Evacuation Drills. Every resident will participate in an unannounced evacuation drill each month. (See Section 408.12.5 of the Fire Code.) See attached [Facility Name] Residential Treatment Facility's Fire Life Safety Checks form.
 - a. At least once every three months, the drill will be conducted during resident sleeping hours.
 - b. Drills will be scheduled at different times of the day and on different days of the week with different locations designated as the origin of the fire for drill purposes.
 - c. Any resident failing to evacuate within the established time limits will be provided with special assistance and a notation made in the resident record.
 - d. Written evacuation records will be retained for at least three years. They will include documentation, made at the time of the drill, specifying the date and time of the drill, the location designated as the origin of the fire for drill purposes, the names of all individuals and staff present, the amount of time required to evacuate, notes of any difficulties experienced, and the signature of the staff person conducting the drill.
7. Unobstructed Egress. All stairways, halls, doorways, passageways, and exits from rooms and from the facility will be unobstructed.
8. Fire Extinguishers. The program will install and maintain one or more 2A10BC fire extinguishers on each floor in accordance with the Fire Code. [Facility Name] RTF has fire extinguishers located [indicate where located].
9. Fire and Smoke Alarms and Detectors. Approved fire and smoke alarms and detectors will be installed according to Building Code and Fire Code requirements. These alarms will be tested during each evacuation drill. The RTF will provide appropriate signal devices for persons with disabilities who

do not respond to the standard auditory alarms. All of these devices will be inspected and maintained in accordance with the requirements of the State Fire Marshal or local agency having jurisdiction. See attached [Facility Name] RTF [Fire Life Safety Checklist or other name] form.

10. Sprinkler Systems. Sprinkler systems, if used, will be installed in compliance with the Building Code and maintained in accordance with rules adopted by the State Fire Marshal. [Facility Name] RTF does not have fire sprinkler systems installed within the facility.
11. First Aid Supplies. First aid supplies will be readily accessible to staff. All supplies will be properly labeled. [Facility Name] RTF keeps first aid kits [Indicate where. Example: in the staff office and in the vehicle used to transport residents].
12. Portable Heaters. Portable heaters are a recognized safety hazard and will not be used.
13. Safety Program. [RTF name] has developed and implemented a safety program to identify and prevent the occurrence of hazards. Such hazards may include, but are not limited to, dangerous substances, sharp objects, unprotected electrical outlets, use of extension cords or other special plug-in adapters, slippery floors or stairs, exposed heating devices, broken glass, inadequate water temperatures, overstuffed furniture in smoking areas, unsafe ashtrays and ash disposal, and other potential fire hazards.

[Insert or attach a description of procedures outlined in the RTF safety program]

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 08 Page: 1 of 3
SUBJECT: Sanitation (OAR 309-035-0135)	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments: Weekly Room Inspection Checklist

Purpose:

To ensure the comfort and health of residents of [Facility Name].

Policy

All staff will perform a daily inspection of resident rooms as well as entire facility for cleanliness and sanitation.

Procedure:

1. Water Supply. The water supply in the facility will meet the requirements of the current rules of Health Services governing domestic water supplies.
 - a. A municipal water supply will be utilized if available. [Facility Name] Residential Treatment Facility is served by a municipal water supply. [Optional: [Facility Name] RTF also stores and regularly cycles commercially bottled water sufficient to provide 3 gallons per day per resident and two staff members should a disaster occur and [Facility Name] RTF unable to access municipal water supply for two days. Bottled water is stored under the folding area in the laundry room in the garage.]
 - b. When the facility is not served by an approved municipal water system, and the facility qualifies as a public water system according to OAR 333-061-0020(127), Oregon Health Services rules for public water systems, then the facility will comply with the OAR Chapter 333 rules of Oregon Health Services pertaining to public water systems. These include requirements that the drinking water be tested for total coliform bacteria at least quarterly, and nitrate at least annually, and reported to Health Services. For adverse test results, these rules require that repeat samples and corrective action be taken to assure compliance with water quality standards, that public notice be given whenever a violation of the water quality standards occurs, and that records of water testing be retained according to the Oregon Health Services requirements.

2. Surfaces. All floors, walls, ceilings, windows, furniture, and equipment will be kept in good repair, clean, neat and orderly. Staff will perform a walk-through of facility including resident's rooms to ensure cleanliness and sanitation. Any items needing attention will be noted corrected by staff. .
[Other procedures, example: Resident rooms will be inspected at each discharge to ensure the assigned bed and area is clean. Bed linens will be stripped and placed in appropriate laundry containers and mattress, pillow, comforter, and blanket will be disinfected with disinfectant spray provided at [Facility Name] RTF.]

3. Plumbing Fixtures. Each bathtub, shower, lavatory, and toilet will be kept clean, in good repair and regularly sanitized.

4. Disposal of Cleaning Waste Water. No kitchen sink, lavatory, bathtub, or shower will be used for the disposal of cleaning wastewater.

5. Soiled Laundry. Soiled linens and clothing will be stored in an area or container separate from kitchens, dining areas, clean linens, clothing, and food. Each resident has his/her own laundry basket in their bedrooms for placing soiled linens and clothing.
6. Pest Control. All necessary measures will be taken to prevent rodents and insects from entering the facility. Should pests be found in the facility, appropriate action will be taken to eliminate them.
7. Grounds Maintenance. The grounds of the facility will be kept orderly and reasonably free of litter, unused articles, and refuse.
8. Garbage Storage and Removal. Garbage and refuse receptacles will be clean, durable, watertight, insect and rodent proof, and will be kept covered with tight-fitting lids. All garbage and solid waste will be disposed of at least weekly and in compliance with the current rules of the Department of Environmental Quality. [Facility Name] RTF employs [insert name of contractor] to remove trash and solid waste on a regular basis. Garbage is stored in a large heavy plastic container with lid, supplied by the [contractor name, or provide alternative procedure].
9. Sewage Disposal. All sewage and liquid wastes will be disposed of in accordance with the Plumbing Code to a municipal sewage system where such facilities are available. If a municipal sewage system is not available, sewage and liquid wastes will be collected, treated, and disposed of in compliance with the current rules of the Department of Environmental Quality. Sewage lines, and septic tanks or other non-municipal sewage disposal systems where applicable, will be maintained in good working order. [Facility Name] RTF is served by a municipal sewage system.
10. Bio-hazardous Waste. Bio-hazardous waste will be disposed of in compliance with the rules of the Department of Environmental Quality. [Facility Name] RTF uses a red bio-hazardous waste container to dispose of sharps and other items used in testing CBG levels and injecting insulin for diabetic residents. The container is taken to [hospital name?] when it is full and the hospital replaces the full container with an empty one. [Or insert alternative procedure.]
11. Infection Control. Universal precautions will be taken to prevent the spread of infectious and/or communicable diseases as defined by the Centers for Disease Control and to minimize or eliminate exposure to known health hazards.

Infection control procedures: (Example) [Facility Name] RTF regularly sterilizes tabletops, counter tops in kitchen and bathrooms, doorknobs, showers/tubs, faucets, sinks, and toilets. Floors are swept and mopped regularly. Gloves are worn when food is prepared, dishes are cleared from the table and rinsed, and when dishes are clean they are removed from the dishwasher and placed in cupboards. Residents and staff are shown videos about universal precautions and blood borne pathogens, and sanitary food handling. Gloves are also worn when testing blood, and dispensing medications.

In accordance with OAR 437, Division 2, Subdivision 2, Section 1910.1030 of the Oregon Occupational Safety and Health Code, staff will employ universal precautions whereby all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV and other blood borne pathogens.

Bathroom facilities will be equipped with an adequate supply of toilet paper, soap and towels.

12. Infection Control for Pets and Other Household Animals. If pets or other household animals exist at the facility, sanitation practices will be implemented to prevent health hazards. Pets at the facility are regularly treated by a veterinarian and vaccinated.
 - a. Such animals will be vaccinated in accordance with the recommendations of a licensed veterinarian. Proof of such vaccinations will be maintained on the premises. Pets entering

the facility must show proof of vaccinations. Those certificates are kept on file in the locked file cabinet in the garage.

- b. Animals not confined in enclosures will be under control and maintained in a manner that does not adversely impact residents or others.
- c. No live animal will be kept or allowed in any portion of the premises where food is stored or prepared, except that aquariums and aviaries will be allowed if enclosed so as not to create a public health problem.

13. Housekeeping and Maintenance [Optional: not in OARS]. [Facility Name] staff will perform routine housekeeping.

- a. Residents will be responsible for cleaning the personal space of their rooms they occupy in accordance with their residential service plan.
- b. A system of inspections and repairs to the facility will be maintained.
- c. Skills training will be provided to residents who need assistance.

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 09 Page: 1 of
SUBJECT: Resident Furnishings OAR 309-035-0140	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments: Personal Belongings Inventory List

Purpose:

To provide [Facility Name] Residential Treatment Facility with resident home furnishings that are clean and in good working order.

Policy:

All [Facility Name] RTF furnishings and furnishings provided by the residents will be maintained in clean and good working order. The Resident rooms will be maintained in a clean, uncluttered manner to provide for a safe and efficient evacuation route.

Procedure:

1. Bedroom Furniture. Residents will be allowed to use their own furniture within space limitations of the resident sleeping room. Otherwise, furniture will be provided or arranged for each resident, maintained in good repair and include:
 - a. A bed, including a frame and a clean mattress and pillow;
 - b. A private dresser or similar storage area for personal belongings which is readily accessible to the resident; and
 - c. Locked storage for the resident's small, personal belongings. [RTF Name] RTF supplies residents with a locked storage [box/drawer/closet] for their own personal use.
2. Linens. Linens will be provided for each resident and will include:
 - a. Sheets, pillowcase, other bedding appropriate to the season and Individual resident's comfort;
 - b. Availability of a waterproof mattress or waterproof mattress cover; and
 - c. Towels and washcloths.
3. Personal Hygiene Items. Each resident will be assisted in obtaining personal hygiene items in accordance with individual needs. These will be stored in a clean and sanitary manner, and may be purchased with the resident's personal allowance. Personal hygiene items include, but are not limited to, a comb and/or hairbrush, a toothbrush, toothpaste, and menstrual supplies (if needed).
4. Supplies Provided by RTF. Sufficient supplies of soap, shampoo and toilet paper for all residents will be provided.
5. Common Area Furniture. An adequate supply of furniture for resident use in living room, dining room, and other common areas will be maintained in good condition.

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 10 Page: 1 of 4
SUBJECT: Admission to Facility OAR 309-035-0145	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments:

Purpose:

TO ENSURE APPROPRIATE PLACEMENT OF INDIVIDUALS WHO ARE SERIOUSLY OR PERSISTENTLY MENTALLY ILL IN RESIDENTIAL TREATMENT FACILITIES.

POLICY:

[FACILITY NAME] RTF WILL FOLLOW ADMISSION PROCEDURES THAT ARE IN COMPLIANCE WITH OAR 309-035-0145.

Procedure:

1. Responsibility for Admission Process. Each RTF's admission policy and procedures will specify who is responsible for each component of the admission information-gathering and decision-making process. Responsibilities will be organized and assigned to promote effective processing of referrals and admissions. The team responsible for the selection of a resident for [Facility Name] RTF is composed of: [insert decision-makers here, including the person responsible for checking to see the resident has appropriate financing and meets the eligibility criteria), and management or clinical staff members employed at RTF]. The Administrator at [Facility Name] RTF or the [Provider or Facility Name] Director or other designee must approve all admission decisions.
2. Referrals. Unless limited by contractual agreement with the Department or other Department-Approved party, referrals may be accepted from a variety of sources. Residents whose services will be funded by the Department must be approved for placement by the local Community Mental Health Program (Multnomah County), and/or the Department. Long term care referrals for [Facility Name] Residential Treatment Facility will be coordinated with the Extended Care Management Unit at the Office of Mental Health and Addiction Services and the Multnomah County Residential Specialist. [PSRB procedures?]
3. Release of Information. In accordance with ORS 179.505 and the 45 Code of Federal Registry, Part 164, an authorization for the release of information will be obtained for any confidential information concerning a prospective resident.
4. Nondiscrimination. Persons will be considered for admission without regard to race, color, sex or sexual orientation (except as may be limited by room arrangement), religion, creed, national origin, age (except under 18), familial status, marital status, source of income, or disability in addition to the mental or emotional disorder.
5. Screening. Prior to accepting a resident for admission to [Facility Name] RTF, the administrator or his/her designee will determine that the resident meets admission criteria. The prospective resident

will receive an explanation of the program, be given a copy of materials explaining conditions of residency, and be offered the opportunity to visit the facility. Sufficient information will be obtained from the prospective resident, a relative and/or agencies providing services to determine eligibility for admission and service needs. In the case of individuals referred for emergency or crisis-respite admission, the information obtained may be less extensive than for regular admissions but must be sufficient to determine that the resident meets admission criteria and that the RTF is appropriate considering the individual's needs. Screening information will include, but not be limited to, the following:

- a. Written documentation that the prospective resident has, or is suspected of having, a mental or emotional disorder;
- b. Background information including a mental health assessment and describing previous living arrangements, service history, behavioral issues and service needs;
- c. Medical information including a brief history of any health conditions, documentation from a Licensed Medical Professional or other qualified health care professional of the individual's current physical condition, and a written record of any current or recommended medications, treatments, dietary specifications, and aids to physical functioning;
- d. Copies of documents, or other documentation, relating to guardianship, conservatorship, commitment status, advance directives, or any other legal restrictions (as applicable);
- e. A copy of the prospective resident's most recent mental health treatment plan, or in the case of an emergency or crisis-respite admission, a summary of current mental health treatment involvement; and
- f. Documentation of the prospective resident's ability to evacuate the building consistent with [Facility Name] RTF's designated evacuation capability and other concerns about potential safety risks.

6. Admission Criteria. Persons considered for admission will:

- a. Be assessed to have a mental or emotional disorder, or a suspected mental or emotional disorder;
- b. Be in need of care, treatment and supervision;
- c. Be at least 18 years of age;
- d. Not require continuous nursing care, unless a reasonable plan to provide such care exists, the need for residential treatment supersedes the need for nursing care, and the Department approves the placement;
- e. Have an evacuation capability consistent with the RTF's SR occupancy classification [insert SR #]; and
- f. Meet additional criteria required or approved by the Department through contractual agreement or condition of licensing. [insert additional criteria here.]
- g. **The following categories of persons are not appropriate for placement at [Facility Name] Residential Treatment Facility:**
 - (1) Persons in need of "secure" hospital care.
 - (2) Persons who are in need of skilled or semi-skilled nursing care.
 - (3) Persons who are intoxicated or whose current crisis is the direct result of active alcohol/drug abuse/addiction will not be eligible due to risk of withdrawals. An individual should not be considered for placement until clean and sober for a minimum of thirty days. (These individuals should be assessed on a case-by-case basis).
 - (4) Persons whose behavior or history may present a legal risk to agency facilities staff or persons who may be dangerous. Examples; person with history of sexual/physical assault or abuse, sexual acting out, person with history of making unsubstantiated claims of abuse/neglect by residential providers.[PSRB?]

7. Admission Decisions. A decision to admit a resident to [Facility Name] RTF will be made as follows:

- a. An admission decision will be made based upon the existence of an opening within the facility, a review of screening materials at a pre-admission meeting, and a determination that the resident meets the admission criteria. A pre-admission meeting will be scheduled to

include [Facility Name] RTF administrator or designee, the potential resident and his/her legal guardian (as applicable). With the prospective resident's consent, the pre-admission meeting may also include family member(s) or other representative(s) as appropriate, representative(s) of relevant service providing agency(ies), and others with an interest in the resident's admission. The potential resident, legal guardian (as applicable) and authorized representative will be informed of the admission decision within 72 hours. If a decision is deferred or postponed, the potential resident, legal guardian (as applicable) and authorized representative will be informed of the potential resident's application status within one week of the pre-admission meeting, and weekly thereafter (as necessary). When admission is denied, the prospective resident, their legal guardian (as applicable) and authorized representative will be informed in writing of the basis for the decision and their right to appeal the decision in accordance with OAR 309-035-0157. Admission decisions for long-term care will be coordinated with the Extended Care Management Unit of the Office of Mental Health and Addiction Services.

- b. The prescriber and/or nurse working with [Facility Name] RTF will review the admission packet and evaluate appropriateness for placement and medical needs for all admissions. Any reasonable accommodations will be made to address any medical needs identified. Individuals who need a higher level of medical care than [Facility Name] RTF is able to provide will not be admitted unless a plan to provide such care is in place.
 - c. For crisis-respite admissions, the decision will be made based upon a review of the referral materials by the RTF administrator or designee and a determination that the resident meets the admission criteria. [Facility Name] does not provide crisis-respite services.
8. Informed Consent for Services. The RTF will obtain informed consent for services upon admission to the RTF from each resident, or his/her guardian (as applicable), unless the resident's ability to do so is legally restricted. If such consent is not obtained, the reason will be documented and further attempts to obtain informed consent will be made as appropriate.
9. Orientation. Upon admission, the administrator or his/her designee will provide an orientation to each new resident that includes, but is not limited to, a complete tour of the facility, introductions to other residents and staff, discussion of house rules, explanation of the laundry and food service schedule and policies, review of resident rights and grievance procedures, explanation of the fee policy, discussion of the conditions under which residency would be terminated, and a general description of available services and activities. During the orientation, advance directives will be explained. If the resident does not already have any advance directive(s), she/he will be given an opportunity to complete them. Orientation will also include a description of the RTF's emergency procedures in accordance with OAR 309-035-0130(2).
10. **Record Preparation. A resident record will be established concurrent with the resident's admission. Prior to a regular admission, within five days after an emergency admission, or within 24 hours of a crisis-respite admission, the program will determine with whom communication needs to occur and will attempt to obtain the needed authorizations for release of information. The record established upon admission will include the materials reviewed in screening the resident, the summary sheet and any other available information. Every effort will be made to complete the resident record consistent with OAR 309-035-0117 (4) and (5) in a timely manner. The assessment and residential service plan will be completed in accordance with OAR 309-035-0159. Records on prescribed medications and health needs will be completed as specified in OAR 309-035-0170.**

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 11 Page: 1 of 3
SUBJECT: Termination of Residency OAR 309-035-0150	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments:

Purpose:

To ensure a fair and efficient termination process.

Policy:

To establish procedures and specify who is responsible for each step of the process for termination of residency.

Procedure:

1. Responsibility for Termination Process. Each RTFs termination policy and procedures will specify who is responsible for each step of the process for terminating residency. **[Insert information.]** Responsibilities will be organized and assigned to promote a fair and efficient termination process. Unless otherwise designated as a condition of licensing or in contract language approved by the Department, the Administrator will be responsible for initiating and coordinating termination proceedings. An effort will be made to prevent unnecessary terminations by making reasonable accommodations within the RTF.
2. **Voluntary Termination of Residency. A resident or guardian (as applicable) may terminate residency in the RTF upon providing at least 30 days notice. Upon mutual agreement between the administrator and the resident or guardian (as applicable), less than 30 days notice may be provided.**
3. Emergency Termination of Residency. If a resident's behavior poses a serious and immediate threat to the health or safety of others in or near the RTF, the administrator, after providing 24 hours written notice specifying the causes to the resident or guardian (as applicable), may immediately terminate the residency. The notice will specify the resident's right to appeal the emergency termination decision in accordance with OAR 309-035-0157.
4. Other Terminations of Residency. When other circumstances arise providing grounds for termination of residency, the administrator will discuss these grounds with the resident, the resident's guardian (as applicable), and, with the resident's

permission, other persons with an interest in the resident's circumstances. If a decision is made to terminate residency, the administrator will provide at least 30 days written notice specifying the causes to the resident or guardian (as applicable). This notice will also specify the resident's right to appeal the termination decision in accordance with OAR 309-035-0157. Upon mutual agreement between the administrator and the resident or guardian (as applicable), less than 30 days notice may be provided. An effort will be made to establish a reasonable termination date in consideration of both program needs and the needs of the terminated resident to find alternative living arrangements. Criteria establishing grounds for termination include:

- a. Resident no longer needs or desires services provided at [Facility Name] RTF and/or expresses a desire to move to an alternative setting;
 - b. Resident is assessed by a Licensed Medical Professional or other qualified health professional to require services, such as continuous nursing care or extended hospitalization, that are not available, or can not be reasonably arranged, at [Facility Name] RTF.
 - c. Resident's behavior is continuously and significantly disruptive or poses a threat to the health or safety of self or others and these behavioral concerns cannot be adequately addressed with services available at [Facility Name] RTF or services that can be arranged outside of [Facility Name] RTF.
 - d. Resident cannot safely evacuate the facility in accordance with [Facility Name] RTF's SR [Insert code #] Occupancy Classification after efforts described in OAR 309-035-0130(5)(b) have been taken;
 - e. Nonpayment of fees in accordance with program's fee policy; and
 - f. Resident continuously and knowingly violates house rules resulting in significant disturbance to others.
5. Pre-termination Meeting. Except in the case of emergency terminations or crisis-respite services, a pre-termination meeting will be held with the resident, guardian (as applicable), and with the resident's permission, others interested in the resident's circumstances. The purpose of the meeting is to plan any arrangements necessitated by the termination decision. The meeting will be scheduled to occur at least two weeks prior to the termination date. In the event a pre-termination meeting is not held, the reason will be documented in the resident's record.
6. Documentation. Documentation of discussions and meeting held concerning termination of residency and copies of notices will be maintained in the resident's record.
7. Disposition of Personal Property. At the time of termination of residency, the resident will be given a statement of account, any balance of funds held by [Facility Name] RTF and all property held in trust or custody by [Facility Name] RTF.
- a. In the event of pending charges (such as long distance phone charges or damage assessments), the program may hold back the amount of funds anticipated to cover the pending charges. Within 30 days after residency is

terminated or as soon as pending charges are confirmed, the resident will be provided a final financial statement along with any funds due to the resident.

- b. In the case of resident belongings left at [Facility Name] RTF for longer than seven days after termination of residency, [Facility Name] RTF will make a reasonable attempt to contact the resident, guardian (as applicable) and/or other representative of the resident. [Facility Name] RTF must allow the resident, guardian (as applicable) or other representative at least 15 days to make arrangements concerning the property. If it is determined that the resident has abandoned the property, [Facility Name] RTF may then dispose of the property. If the property is sold, proceeds of the sale, minus the amount of any expenses incurred and any amounts owed the program by or on behalf of the resident, will be forwarded to the resident or guardian (as applicable).
8. Crisis-respite Services. Because crisis-respite services are time-limited, the planned end of services will not be considered a termination of residency and will not be subject to requirements in OAR 309-035-0150 (2), (4), and (5). Upon admission to crisis-respite services, the resident or guardian (as applicable) will be informed of the planned date for discontinuation of services. This date may be extended through mutual agreement between the administrator and the resident or guardian (as applicable). [Facility Name] does not offer crisis respite services.
9. Absences without Notice. If a resident moves out of [Facility Name] RTF without providing notice, or is absent without notice for more than seven consecutive days, the administrator may terminate residency in the manner provided in ORS 105.105 to 105.168 after seven consecutive days of the resident's absence. An attempt will be made to contact the resident, guardian (as applicable) and/or other person interested in the resident's circumstances to confirm the resident's intent to discontinue residency.
10. Notification of the Extended Care Management Unit. For residents placed at [Facility Name] Residential Treatment Facility through the Extended Care Management Unit, the Unit will be notified when termination is expected or if an un-planned termination has occurred. Planning for services following a termination will be done in coordination with the Extended Care Management Unit.

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 12 Page: 1 of 3
SUBJECT: Resident Rights OAR 309-035-0155	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments: Resident Rights Signature Form Resident Bill of Rights

Purpose:

To ensure that residents are aware of their statutory and constitutional rights, their rights as service recipients, and additional rights while in a RTF as delineated in OAR 309-035-0155.

Policy:

All residents will be advised of their rights, provided a copy of their rights as well as advised where the rights are posted in the facility. **[Indicate where posted in facility. Indicate where mandatory abuse regs and procedures are posted.]** All staff will be trained on resident's **rights**.

Procedure:

Residents will be provided a copy of the following rights to review with staff and ask any questions they may have:

1. Statutory and Constitutional Rights. Each resident will be assured the same civil and human rights accorded to other citizens. These rights will be assured unless expressly limited by a court in the case of a resident who has been adjudicated incompetent and not restored to legal capacity. The rights described in paragraphs (2) and (3) of this section are in addition to, and do not limit, all other statutory and constitutional rights which are afforded to all citizens including, but not limited to, the right to vote, marry, have or not have children, own and dispose property, enter into contracts and execute documents.
2. Rights of Service Recipients. In accordance with ORS 430.210, residents will have the right to:
 - a. Choose from available services those which are appropriate, consistent with the plan developed in accordance with paragraphs (b) and (c) of this subsection, and provided in a setting and under conditions that are least restrictive to the person's liberty, that are least intrusive to the person and that provide for the greatest degree of independence;
 - b. An individualized written service plan, services based upon that plan and periodic review and reassessment of service needs;
 - c. Ongoing participation in planning services in a manner appropriate to the person's capabilities, including the right to participate in the development and periodic revision of the plan described in paragraph (b) of this subsection, and the right to be provided with a reasonable explanation of all service considerations;
 - d. Not receive services without informed consent except in a medical emergency or as otherwise permitted by law;
 - e. Not participate in experimentation without informed voluntary written consent;
 - f. Receive medication only for the person's individual clinical needs;
 - g. Not be involuntarily terminated or transferred from services without prior notice, notification of available sources of necessary continued services and exercise of a grievance procedure;
 - h. A humane service environment that affords reasonable protection from harm and affords reasonable privacy;

- i. Be free from abuse or neglect and to report any incident of abuse without being subject to retaliation;
 - j. Religious freedom;
 - k. Not be required to perform labor, except personal housekeeping duties, without reasonable and lawful compensation;
 - l. Visit with family members, friends, advocates and legal and medical professionals;
 - m. Exercise all rights set forth in ORS 426.385 and 427.031 if the individual is committed to the Department;
 - n. Be informed at the start of services and periodically thereafter of the rights guaranteed by this section and the procedure for reporting abuse, and to have these rights and procedures prominently posted in a location readily accessible to the person and made available to the person's guardian and any representative designated by the person;
 - o. Assert grievances with respect to infringement of the rights described in this section, including the right to have such grievances considered in a fair, timely and impartial grievance procedure;
 - p. Have access to and communicate privately with any public or private rights protection program or rights advocate; and
 - q. Exercise all rights described in this section without any form of reprisal or punishment.
3. Additional Rights in RTFs. Residents will also have a right to:
 - a. Adequate food, shelter, and clothing, consistent with OAR 309-035-0159 [0165?];
 - b. A reasonable accommodation if, due to their disability, the housing and services are not sufficiently accessible;
 - c. Confidential communication, including receiving and opening personal mail, private visits with family members and other guests, and access to a telephone with privacy for making and receiving telephone calls;
 - d. Express sexuality in a socially appropriate and consensual manner;
 - e. Access to community resources including recreation, religious services, agency services, employment and day programs, unless such access is legally restricted;
 - f. Be free from seclusion and restraint, except as outlined in OAR 309-035-0167;
 - g. To review [Facility Name] RTF's policies and procedures; and
 - h. Not participate in research without informed voluntary written consent.
4. Program Requirements. The program will have and implement written policies and procedures that protect residents' rights, and encourage and assist residents to understand and exercise their rights. The program will post a listing of resident rights under these rules in a place readily accessible to all residents and visitors. [Indicate where resident's rights information is posted.]
5. Documentation. Staff will document in the resident(s)' charts that the resident(s) was provided with a copy of the above rights, given the opportunity to review and discuss these rights, and shown where these rights are posted within the facility.
6. Training. Staff will be trained on residents' rights in their pre-service training.

RESIDENTIAL TREATMENT FACILITY, RESIDENT RIGHTS

309-035-0155 (1) Statutory and Constitutional Rights. *Each resident will be assured the same civil and human rights accorded to other citizens. These rights will be assured unless expressly limited by a court in the case of a resident who has been adjudicated incompetent and not restored to legal capacity. The rights described in paragraphs (2) and (3) of this section are in addition to, and do not limit, all other statutory and constitutional rights which are afforded to all citizens including, but not limited to, the right to vote, marry, have or not have children, own and dispose property, enter into contracts and execute documents.*

(2) Rights of service recipients. In accordance with **ORS 430.210**, residents will have the right to:

- (a) Choose from available services those which are appropriate, consistent with the plan developed in accordance with paragraphs (b) and (c) of this subsection, and provided in a setting and under conditions that are least restrictive to the person's liberty, that are least intrusive to the person and that provide for the greatest degree of independence;
- (b) An individualized written service plan, services based upon that plan and periodic review and reassessment of service needs;
- (c) Ongoing participation in planning services in a manner appropriate to the person's capabilities, including the right to participate in the development and periodic revision of the plan described in paragraph (b) of this subsection, and the right to be provided with reasonable explanation of all service considerations;
- (d) Not receive services without informed consent except in a medical emergency or as otherwise permitted by law;
- (e) Not participate in experimentation without informed voluntary written consent;
- (f) Receive medication only for the person's individual clinical needs;
- (g) Not be involuntarily terminated or transferred from services without prior notice, notification of available sources of necessary continued services and exercise of a grievance procedure;
- (h) A humane service environment that affords reasonable protection from harm and affords reasonable privacy;
- (i) Be free from abuse or neglect and to report any incident of abuse without being subject to retaliation;
- (j) Religious freedom;
- (k) Not be required to perform labor, except personal housekeeping duties, without reasonable and lawful compensation;
- (l) Visit with family members, friends, advocates and legal and medical professionals;
- (m) Exercise all rights set forth in **ORS 426.385** and **427.031** if the individual is committed to the Department;
- (n) Be informed at the start of services and periodically thereafter of the rights guaranteed by this section and the procedure for reporting abuse, and to have these rights and procedures prominently posted in a location readily accessible to the person and made available to the person's guardian and any representative designated by the person;
- (o) Assert grievances with respect to infringement of the rights described in this section, including the right to have such grievances considered in a fair, timely and impartial grievance procedure;
- (p) Have access to and communicate privately with any public or private rights protection program or rights advocate; and
- (q) Exercise all rights described in this section without any form of reprisal or punishment.

(3) Additional Rights in Residential RTFs.

Residents will also have a right to:

- (a) Adequate food, shelter, clothing, consistent with **OAR-309-035-0159 [0165?]**;
- (b) A reasonable accommodation if, due to their disability, the housing and services are not sufficiently accessible;
- (c) Confidential communication, including receiving and opening personal mail, private visits with family members and other guests, and access to a telephone with privacy for making and receiving telephone calls;
- (d) Express sexuality in a socially appropriate and consensual manner;

- (e) Access to community resources including recreation, religious services, agency services, employment and day programs, unless such access is legally restricted;
- (f) Be free from seclusion and restraint,
- (g) To review the Residential Treatment Facility's policies and procedures; and
- (h) Not participate in research without informed voluntary written consent.

(4) Program Requirements.

The program will have and implement written policies and procedures that protect residents' rights, and encourage and assist residents to understand and exercise their rights. The program will post a listing of residents' rights under these rules in a place readily accessible to all residents and visitors.

resident name: _____ *signature:* _____

review date: _____ *staff name* _____

Original to Resident+1 copy to chart and check off on intake information recap

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 13 Page: 1 of 2
SUBJECT: Grievances and Appeals OAR 309-035-0157	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments:

Purpose:

To ensure that residents are aware of [Provider or Facility Name] grievance procedure and appeal process.

Policy:

All residents will be advised of the grievance procedure and provided a copy of the procedure.

Procedure:

1. Procedures. The facility will have a written policy and procedures concerning the resident grievance and appeal process. A copy of the grievance and appeal process will be posted in a place readily accessible to residents. [Indicate where in facility it is posted.] A copy of the grievance and appeal process will be provided to each resident and guardian (as applicable) at the time of admission to the facility. Residents of [Facility Name] RTF will be provided a copy of the following procedure to review with staff and ask any questions they may have:

2. Grievances. The RTF's process for grievances must, at a minimum, include the following:
 - a. Residents will be encouraged to informally resolve complaints through discussion with RTF staff.
 - b. If the resident is not satisfied with the informal process or does not wish to use it, the resident may proceed as follows:
 - (1) The resident may submit a complaint in writing to the RTF administrator. The resident may receive assistance in submitting the complaint from any person whom the resident chooses. If requested by the resident, RTF staff will be available to assist the resident.
 - (2) The written complaint will go directly to the RTF administrator without being read by other staff, unless the resident requests or permits other staff to read the complaint.
 - (3) The complaint will include the reasons for the grievance and the proposed resolutions. No complaint will be disregarded because it is incomplete.
 - (4) **Within five days of receipt of the complaint, the RTF administrator will meet with the resident to discuss the complaint. The resident may have an advocate or other person of his/her choosing present for this discussion.**
 - (5) Within five days of meeting with the resident, the RTF administrator will provide a written response to the resident. As part of the written response, the Administrator will provide information about the appeal process.
 - (6) **In circumstances where the matter of the complaint is likely to cause irreparable harm to a substantial right of the resident before the**

grievance procedures outlined in OAR 309-035-0157(2)(b)(D) and (E) are completed, the resident may request an expedited review. The RTF administrator will review and respond in writing to the grievance within 48 hours. The written response will include information about the appeal process.

3. Appeals. Residents, their legal guardians (as applicable) and prospective residents (as applicable) will have the right to appeal admission, termination and grievance decisions as follows:
- a. If the resident is not satisfied with the decision, the resident may file an appeal in writing within ten days of the date of the RTF administrator's response to the complaint or notification of admission denial or termination (as applicable). The appeal will be submitted to the CMHP Director or designee in charge of Residential Treatment Programs for the Multnomah County Mental Health and Addiction Services Division.
 - b. The resident may receive assistance in submitting the appeal. If requested by the resident, RTF staff will be available to assist the resident.
 - c. The CMHP Director or designee in charge of Residential Treatment Programs for the Multnomah County Mental Health and Addiction Services Division director or designee will provide a written response within ten days of receiving the appeal.
 - c. If the resident is not satisfied with the CMHP Director or designee's decision, the resident may file a second appeal in writing within ten days of the date of the CMHP director or designee's written response to the Administrator of the Department or designee. The decision of the Administrator of the Department (OMHAS) will be final.

(See attached Grievance and Appeal Procedure Forms.)

4. Documentation. Staff will document in resident's chart that resident was provided with a copy of the above grievance and appeal procedures, given the opportunity to review and discuss these documents and shown where these documents are posted within the Facility.

[Facility Name] Residential Treatment Facility
[Provider or Facility Name]

Grievance and Appeal Form

Resident Name: _____ Date: _____
Address: _____
City: _____ Zip Code: _____ Phone: _____
Acting as Advocate: _____

Please describe your grievance or complaint:

Please list your ideas to solve the grievance or complaint:

Please return this form to a staff person or mail it to [Provider or Facility Name], [Facility address]. If you have questions, or would like to file a complaint or grievance verbally, please call 541-474-5367.

Staff assigned: _____
30-day Extension Date: _____ Notification Date: _____
Proposed action for resolution:

Action implemented:

GRIEVANCES AND APPEALS

Oregon Revised Statutes (ORS 443.400 TO 443.455)

Residential Treatment Facility OAR 309-035-0157

(1) Procedures. The facility will have a written policy and procedures concerning the resident grievance and appeal process. A copy of the grievance and appeal process will be posted in a place readily accessible to residents. A copy of the grievance and appeal process will be provided to each resident and guardian (as applicable) at the time of admission to the facility.

All complaints will be investigated

To ask questions
at any time you can make a call to:

your local Community Mental Health Program
(Multnomah County Dept. of County Human Services)
(503) 988-5464

or

Office of Mental Health & Addiction Services
(503) 945-5763

or

Oregon Advocacy Center
1-800-452-1694

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 14 Page: 1 of 2
SUBJECT: Resident Assessment & Residential Service Plan (OAR 309-035-0159)	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments: Personal Care Plan Assessment form Residential Service Plan form Progress Notes form

Purpose:

To ensure residents receive appropriate care and services in structured residential settings.

Policy:

An assessment and residential service plan will be completed for each resident within 30 days after admission to the RTF.

Procedure:

1. Assessment. An assessment will be completed for each resident within 30 days after admission to the RTF.
 - a. The assessment will be based upon an interview with the resident to identify strengths, preferences and service needs; observation of the resident's capabilities within the residential setting; a review of information in the resident record; and contact with representatives of other involved agencies, family members and others, as appropriate. All contacts with others will be made with proper authorization for the release of information.
 - b. Assessment findings will be summarized in writing and included in the resident's record. Assessment findings will include, but not be limited to, diagnostic and demographic data; identification of the resident's medical, physical, emotional, behavioral and social strengths, preferences and needs related to independent living and community functioning; and recommendations for residential service plan goals.

2. Residential Service Plan. An individualized plan, identifying the goals to be accomplished through the services provided, will be prepared for each resident within 30 days after admission.
 - a. The residential service plan will be based upon the findings of the resident assessment, be developed with participation of the resident and his/her guardian (as applicable) and be developed through collaboration with the resident's primary mental health treatment provider. With consent of the resident or guardian (as applicable), family members, representatives from involved agencies, and others with an interest in the resident's circumstances will be invited to participate. All contacts with others will be made with proper, prior authorization from the resident.
 - b. The residential service plan will identify service needs, desired outcomes and services strategies to address, but not be limited to, the following areas; physical and medical needs, medication regimen, self-care, social-emotional adjustment, behavioral concerns, independent living capability and community navigation.
 - c. Staff will offer to discuss advanced directives for health, mental health, and death during the development of the Residential Service Plan. If the resident wishes to put advance directives in place, staff will assist the resident in doing so. Staff will also offer to discuss any burial wishes with the resident and note any special requests in the Residential Service

Plan. The Residential Service Plan will indicate whether there are any existing advanced directives or burial wishes for the resident.

- d. The residential service plan will be signed by the resident, the administrator or other designated RTF staff person, and others, as appropriate, to indicate mutual agreement with the course of services outlined in the plan.
4. Progress Notes. Progress notes will be maintained within each resident's record and document significant information relating to all aspects of the resident's functioning and progress toward desired outcomes identified in the residential service plan. A progress note will be entered in the resident's record at least once each month for regular residents and at least daily for crisis-respite residents.
5. Reassessments and Revisions to the Residential Service Plan. The assessment and residential service plan will be reviewed and updated at least annually. On an ongoing basis, the residential service plan will be updated, as necessary, based upon changing circumstances or upon the resident's request for reconsideration.

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 15 Page: 1 of 2
SUBJECT: Resident Services and Activities (OAR 309-035-0165)	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments:

Purpose:

To ensure the services and activities available at [facility name] Residential Treatment Facility will meet the needs of each resident and assist them in developing independence.

Policy:

The services and activities available at [facility name] Residential Treatment Facility will include care and treatment consistent with ORS 443.400 as well as services individually specified for the resident in the residential service plan developed as outlined in OAR 309-035-0159.

Procedure:

1. **General Requirements.** The services and activities available at the RTF will include care and treatment consistent with ORS 443.400 and those services individually specified for the resident in the residential service plan developed as outlined in OAR 309-035-0159. Residents will be encouraged to care for their own needs to the extent possible. All services and activities will be provided in a manner that respects residents' rights, promotes recovery and affords personal dignity.
 2. **Services and Activities to Be Available.** Services and activities to be available will include but not be limited to:
 - a. Provision of adequate shelter consistent with OAR 309-035-0125 through 309-035-0140;
 - b. At least three meals per day, seven days per week, provided in accordance with OAR 309-035-0170;
 - c. Assistance and support, as necessary, to enable residents to meet personal hygiene and clothing needs;
 - d. Laundry services, which may include access to washer(s) and dryer(s) so residents can do their own personal laundry;
 - e. Housekeeping essential to the health and comfort of residents;

- f. Activities and opportunities for socialization and recreation both within the facility and in the larger community; [Insert examples of provider training and skill building activities such as budgeting and money management, computer classes, job preparation, personal growth training, exercise classes, and community projects, etc., as well as recreational outings and social activities.]
- g. Health-related services provided in accordance with OAR 309-035-0175;
- h. Assistance with community navigation and transportation arrangements;
- i. Assistance with money management, where requested by a resident, to include accurate documentation of all funds deposited and withdrawn when funds are held in trust for the resident.
- j. Assistance with acquiring skills to live as independently as possible;
- k. Assistance with accessing other additional services, as needed; and
- l. Any additional services required under contract with the Department.

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 16 Page: 1 of 2
SUBJECT: Use of Seclusion or Restraints OAR 309-035-0167	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments:

Purpose:

To assist staff in developing consistent, safe, therapeutic approaches to potential and actual assaultive incidents and to prohibit the use of seclusion and restraints in **[Facility Name]** Residential Treatment Facility.

Policy:

Since **[Facility Name]** Residential Treatment Facility is not a Secure Residential Treatment Facility, the use of seclusion or restraints **is prohibited** at the facility.

Procedure:

1. Prohibition of Seclusion and Restraints. In accordance with OAR 309-035-0167, seclusions and restraints are prohibited.
2. In the event that a resident is violent or has the immediate potential for violence, staff will use de-escalation and active listening skills to manage the situation. If necessary, separate other residents from the (potentially) violent resident.
 - a. Call 911 if the situation requires immediate assistance, such as in case of a fire, an intruder, assault, or use of a weapon.
 - b. Call the Multnomah County Call Center at (503) 988-4888 and request the Project Respond team if additional assistance is needed as soon as possible but not immediately.
 - c. Call the on-call administrator and on-call therapist.
 - d. Notify other staff on duty or in the vicinity for back-up assistance.
 - e. After the situation is resolved, complete an incident report and fax to Multnomah County Residential Specialist and ECMU.
 - f. If a resident is assaulted, report the incident to Adult Protective Services at 503-988-5464.
2. **Prevention and Management of Assaultive Behavior. [Example]** The **[Facility Name]** staff will be provided with biannual mandatory Non-violent Crisis Intervention training through the Crisis Prevention Institute, or comparable training such as Professional Assault Response Training (PART), this includes:
 - a. Crisis Development Behavior Levels.
 - b. Proxemics and Kinesics.
 - c. Paraverbal Communication.
 - d. Verbal Escalation Continuum.
 - e. Precipitating Factors, Rational Detachment, and Integrated Experience.
 - f. Staff Fear and Anxiety.
 - g. Personal Safety.

h. Postvention: Establishing Therapeutic Rapport

3. Documentation. Staff attendance at mandatory trainings will be documented and records maintained in their personnel files at [Facility Name].

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 17 Page: 1 of 2
SUBJECT: Food Services OAR 309-035-0170	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments: Sample Menu

Purpose:

To ensure residents are provided a nutritious balanced diet.

Policy:

[Facility Name] residents and staff will prepare breakfast, lunch, and dinner.

Procedure:

1. Well Balanced Diet. Meals will be planned and served in accordance with the recommended dietary allowances found in the United States Department of Agriculture Food Guide Pyramid.
2. Modified or Special Diets. An order from a Licensed Medical Professional will be obtained for each resident who, for health reasons, is on a modified or special diet. Such diets will be planned in consultation with the resident.
3. Menus. Menus will be prepared at least one week in advance and will provide a sufficient variety of foods served in adequate amounts for each resident at each meal and adjusted for seasonal changes. Records of menus, as served, will be filed and maintained in the facility for at least 30 days. Resident preferences and requests will be considered in menu planning. Religious and vegetarian preferences will be reasonably accommodated.
4. Supply of Food. Adequate supplies of staple foods for a minimum of one week and perishable foods for a minimum of two days will be maintained on the premises.
5. Sanitation. Food will be stored, prepared and served in accordance with the Health Services Food Sanitation Rules.

[FACILITY NAME] RESIDENTIAL TREATMENT FACILITY

SAMPLE MENU

Dates: From:

To:

Menu Plan

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Breakfast	home style potatoes scrambled eggs fruit juice/milk	Cereal Toast Fruit Juice/milk	Oatmeal Toast Fruit Juice/milk	Cereal toast Fruit Juice/milk	Cream of wheat Toast Fruit Juice/milk	Cereal toast Fruit Juice/milk	Oatmeal Toast Fruit Juice/milk
Lunch	Broccoli soup Crackers Salad Fruit Milk	Sandwich Deviled eggs Fruit Milk	Sandwich Potato salad Fruit Milk	Sandwich Salad Fruit Milk	Sandwich Cottage cheese Fruit Milk	Chicken Strips Tater-babies Fruit Milk	Grilled ham & cheese Salad fruit Milk
Dinner	Stuffed cabbage Salad Green beans Fruit Milk	Tatertot casserole vegetable salad fruit milk	Sweet & sour chicken Rice vegetable salad fruit milk	Jambalaya vegetable salad fruit milk	Surprise Casserole Potatoes Gravy Vegetable Salad Fruit Milk	Waffles Eggs Bacon Fruit Milk	Hamburgers Macaroni Salad Green salad Fruit milk
Misc.							

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 18 Page: 1 of
SUBJECT: Health Services OAR 309-025-0175	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments: MAR record Controlled Drug Count Sheet

Purpose:

To ensure provision of appropriate health services and proper administration, disposal, and secure storage of resident medication, including training of direct care staff to remind, observe and document resident's compliance or noncompliance with medication regimen.

Policy:

Upon admission all medications (prescription and over the counter) will be given to the [Facility Name] Residential Treatment Facility staff on duty to be inventoried, logged, and stored in a locked cabinet. Staff will continually monitor and document any side effects caused by medication and will contact appropriate medical staff within 48 hours. All errors, adverse reactions or refusals of medication will be reported within 24 hours. Within 72 hours of admission a list of current medications and regimen will be submitted to LMP or PCP for review.

It is required at the [Facility Name] RTF to have a written order signed by a physician, or other qualified health care professional, before any medication is dispensed to, or provided for, a resident. Medication is not used for convenience of the staff. Medications are not to be withheld, are not to be used as reinforcement or punishment, and are not to be given in quantities that are excessive, in relation to the amount needed to attain the residents best possible functioning.

Procedure:

1. General. The administrator will be responsible for assuring that all residents are offered medical attention when needed. Arrangements for health services will be made with the informed consent of the resident and/or guardian (as applicable). The RTF will arrange for physicians or other qualified health care professionals to be available in the event the resident's regular physician or other health care professional is unavailable. A hospital emergency room will be identified and may be used in case of emergency.
2. Initial Health Screening. Each resident admitted to the RTF will be screened by a qualified health care professional to identify health problems and to screen for communicable disease. Documentation of the initial health screening will be placed in the resident record.
 - a. The health screening will include a brief history of health conditions, current physical condition and a written record of current or recommended medications, treatments, dietary specifications and aids to physical functioning.
 - b. For regular admissions, the health screening will be obtained prior to the resident's admission and include the results of testing for tuberculosis and Hepatitis B.
 - c. For emergency admission, including crisis-respite admissions, the health screening will be obtained as follows:

- (1) For individuals experiencing psychiatric or medical distress, a health screening will be completed by a qualified health care professional prior to the resident's admission or within 24 hours of the emergency placement. The health screening will confirm that the individual does not have health conditions requiring continuous nursing care, a hospital level of care, or immediate medical assistance. For each crisis-respite resident who continues in the RTF for more than seven consecutive days, a complete health examination will be arranged if any symptoms of a health concern exist.
 - (2) For other individuals who are admitted on an urgent basis due to a lack of alternative supportive housing, the health screening will be obtained within 72 hours after the resident's admission.
 - (3) The health screening criteria may be waived for individuals admitted for crisis-respite services who are under the active care of an LMP or other qualified health care professional if it is the opinion of the attending health care professional that the crisis-respite placement presents no health risk to the individual or other residents in the RTF. Such a waiver must be provided in writing and be signed and dated by the attending health care professional within 24 hours of the resident's admission.
3. Regular Health Examinations. Except for crisis-respite residents, the program will insure that each resident has a primary physician or other qualified health care professional who is responsible for monitoring his/her health care. Regular health examinations will be done in accordance with the recommendations of this primary health care professional, but not less than once every three years. New residents will have a health examination completed within one year prior to admission or within three months after admission. Documentation of findings from each examination will be placed in the resident's record.
4. Written Orders for Special Needs. A written order, signed by a physician or other qualified health care professional, is required for any medical treatment, special diet for health reasons, aid to physical functioning or limitation of activity.
5. Medications. A written order signed by a physician or other qualified health care professional is required for all medications administered or supervised by RTF staff. This written order is required before any medication is provided to a resident. Medication will not be used for the convenience of staff or as a substitute for programming. Medications will not be withheld or used as reinforcement or punishment, or in quantities that are excessive in relation to the amount needed to attain the client's best possible functioning. All medication maintained in the RTF will be provided to residents in accordance with the applicable written orders. [Refer to detailed Medication Administration procedures.]
 - a. Medications will be self-administered by the resident if the resident demonstrates the ability to self-administer medications in a safe and reliable manner. In the case of self-administration, both the written orders of the prescriber and the residential service plan will document that medications will be self-administered. The self-administration of medications may be supervised by RTF staff who may prompt the resident to administer the medication and observe the fact of administration and dosage taken. When supervision occurs, staff will enter information in the resident's record consistent with section OAR 309-035-0175(5)(h) below. [Refer to detailed Med Self-Administration procedures?]
 - b. Staff who assist with administration of medication will be trained by a Licensed Medical Professional or other qualified health care professional

- approved by OMHAS on the use and effects of commonly used medications.
- c. Medications prescribed for one resident will not be administered to, or self-administered by, another resident.
 - d. Stock supplies of prescription medications will not be maintained. The RTF may maintain a stock supply of non-prescription medications.
 - e. The RTF will provide and implement a policy and procedure which assures that all orders for prescription drugs are reviewed by a qualified health care professional, as specified by a physician or other qualified health care professional, but not less often than every six months. Where this review identifies a contra-indication or other concern, the resident's primary physician, LMP or other primary health care professional will be immediately notified. Each resident receiving psychotropic medications will be evaluated at least every three months by the LMP prescribing the medication. The RTF will obtain from the LMP the results of this evaluation and any changes in the type and dosage of medication, the condition for which it is prescribed, when and how the medication is to be administered, common side effects (including any signs of tardive dyskinesia, contra-indications or possible allergic reactions), and what to do in case of a missed dose or other dosing error. [Refer to policy and procedure on review of physician's orders.]
 - f. All unused, discontinued, outdated or recalled medications, and any medication containers with worn, illegible or missing labels will be disposed. The method of disposal will be safe, consistent with any applicable federal statutes, and designed to prevent diversion of these substances to persons for whom they were not prescribed. A written record of all disposals will be maintained and specify the date of disposal, a description of the medication, its dosage potency, amount disposed, the name of the individual for whom the medication was prescribed, the reason for disposal, the method of disposal, and the signature of the staff person disposing the medication. For any medication classified as a controlled substance in schedules 1 through 5 of the Federal Controlled Substance Act, the disposal must be witnessed by a second staff person who documents their observation by signing the disposal record. [Refer to detailed Med Disposal procedures?]
 - g. All medications will be properly and securely stored in a locked space for medications only in accordance with the instructions provided by the prescriber or pharmacy. Medications for all residents will be labeled. Medications requiring refrigeration must be stored in an enclosed locked container within the refrigerator. The RTF will assure that residents have access to a locked secure storage space for their self-administered medications. The RTF will note in its written policy and procedures which persons have access to this locked storage and under what conditions.
 - h. For all residents taking prescribed medication, staff will record in the medical record each type, date, time and dose of medication provided. All side effects, adverse reactions and medications errors will be documented in the resident's record. All serious adverse reactions or errors will be reported immediately to the prescribing health care professional. All other errors, adverse reactions or refusals of medication will be reported to the prescribing

- professional within 48 hours.
- i. P.r.n. medications and treatments will only be administered in accordance with the parameters specified by the prescribing health care professional, or in cases where a nurse assigns or delegates p.r.n. medication or treatment administration, in accordance with administrative rules of the Board of Nursing, Chapter 851, Division 47.
6. Medication Errors. In the event that staff mistakenly administers a medication improperly or at an improper time, the staff member will circle the mistake and indicate on the reverse of the medication administration record the mistake, who was notified, and the outcome. Staff will also complete an incident report form, which will be turned in to the Residential Manager and sent on to the Regional Placement Officer of the Extended Care Management Unit. Staff will be trained in this procedure during pre-service training and periodically during in-service trainings as needed. **[Refer to detailed Med Error procedures?]**
7. Delegation of Nursing Tasks. Where a nurse is involved in the care of an RTF resident, nursing tasks may be delegated by a Registered Nurse to direct care staff in accordance with administrative rules of the Board of Nursing, Chapter 851, Division 47.
8. Death of a Resident. **[Example--optional]** In the event of a death of a **[Facility Name]** resident, staff will take steps necessary to counsel and support the remaining residents. Careful attention will be paid to insure each resident has the opportunity to express his/her fear, grief, feelings, etc. in private with staff. Group time will also be offered to talk about feelings together. If possible, one staff person will remain with residents away from the deceased person, while another staff notifies authorities and follows procedures.
- a. Call 911. Give only pertinent information.
 - b. Notify the Residential Manager (or designee), who in turn will notify the **[Provider or Facility Name]** administrator or the clinical director, and the state Office of Mental Health and Addiction Services.
 - c. In the absence of the Residential Manager or designee, staff will notify the **[Provider or Facility Name]** administrator or clinical director who will notify the state Office of Mental Health and Addiction Services.
 - d. Staff will follow law enforcement's directives.
 - e. Staff will request that law enforcement have their Chaplain contact the resident's family. If this is not possible, inform the Residential Manager who will call the family.
 - f. Any media will be directed to the **[Provider or Facility Name]** administrator or the clinical director.
 - g. The resident's county of record will also be notified as soon as possible to begin any investigations needed. Any burial arrangements will also be planned through the county of record.
 - h. The crisis intervention unit will be contacted to assess what support may be necessary to both residents and staff.
 - i. Staff will complete an incident report immediately and give to the Residential Manager.
 - j. Staff will carefully document all information pertaining to the incident in the

resident's progress notes.

- k. Staff will complete any documentation that may be required by law enforcement or other agencies.

(See attached Medication Administration Record)

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 19 Page: 1 of 3
SUBJECT: Civil Penalties OAR 309-035-0185	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments: None

Purpose:

To ensure that [Facility Name] Residential Treatment Facility will comply with OAR 309-035-0185 (1) – (9).

Policy:

[Facility Name] Residential Treatment Facility will comply with OAR 309-035-0185 (1) – (9).

Procedure:

[Provider Name] management and [RTF Name] Administrator are responsible for reviewing and understanding the provisions regarding Civil Penalties, as follows:

1. Applicability of Long Term Care Statute. For purpose of imposing **civil penalties, Residential Treatment Facilities licensed under ORS 443.400 to 443.455 and subsection (2) of ORS 443.991 are considered to be long term care facilities subject to ORS 441.705 to 441.745**

2. Sections of Rule Subject to Civil Penalties. Violations of any requirement within any part of the following sections of the rule may result in a civil penalty:
 - a. 309-035-0110 Licensing
 - b. 309-035-0113 Contract and Rates
 - c. 309-035-0115 Administrative Management
 - d. 309-035-0117 Records
 - e. 309-035-0120 Staffing
 - f. 309-035-0125 Facility Requirements
 - g. 309-035-0130 Safety
 - h. 309-035-0135 Sanitation
 - i. 309-035-0140 Resident Furnishings
 - j. 309-035-0145 Admission to Facility
 - k. 309-035-0150 Termination of Residency
 - l. 309-035-0155 Residents Rights
 - m. 309-035-0157 Grievances and Appeals
 - n. 309-035-0159 Resident Assessment and Residential Service Plan
 - o. 309-035-0165 Resident Services and Activities
 - p. 309-035-0167 Use of Seclusion and Restraints
 - q. 309-035-0170 Food Services and
 - r. 309-035-0175 Health Services.

3. Assessment of Civil Penalties. Civil Penalties will be assessed in accordance with the following guidelines:
 - a. Civil penalties, not to exceed \$250 per violation to a maximum of \$1000.00, may be assessed for general violations of these rules. Such penalties will be assessed after the procedures outlined in OAR 309-035-0110(8) have been implemented;
 - b. A mandatory penalty up to \$500 will be assessed for falsifying resident or facility records or causing another to do so;
 - c. A mandatory penalty \$250 per occurrence will be imposed for failure to have direct care staff on duty 24 hours per day;
 - d. Civil penalties up to \$1000 per occurrence may be assessed for substantiated abuse;
 - e. In addition to any other liability or penalty provided by the law, the Department may impose a penalty for any of the following:
 - (1) Operating the RTF without a License;
 - (2) Operating with more residents than the licensed capacity; and
 - (3) Retaliating or discriminating against a resident, family member, employee, or other person for making a complaint against the program.
 - f. In imposing a civil penalty, the following factors will be taken into consideration:
 - (1) The past history of the person incurring the penalty in taking all feasible steps or procedures to correct the violation;
 - (2) Any prior violations of statutes, rules or orders pertaining to the RTF;
 - (3) The economic and financial conditions of the person incurring the penalty;
 - (4) The immediacy and extent to which the violation threatens or threatened the health, safety or welfare of one or more residents; and
 - (5) The degree of harm caused to residents.
4. Notification. Any civil penalty imposed under this section will become due and payable ten days after notice is received, unless a request for a hearing is filed. The notice will be delivered in person, or sent by registered or certified mail and will include a reference to the particular section of the statute or rule involved, a brief summary of the violation, amount of the penalty to penalties imposed, and a statement of the right to request a hearing.
5. Request for Hearing. The person to whom the notice is addressed will have ten days from the date of receipt of the notice to request a hearing. This request must be in writing and submitted to the Administrator of the Department. If the written request for a hearing is not received on time, the Department will issue a final order by default.
6. Hearings. All hearings will be conducted pursuant to the applicable provisions of ORS 183.310 and ORS 183.400 to 183.502, Administrative Procedure and Rule for Civil Penalties.
7. Judgment. Unless the penalty is paid within ten days after the order becomes final, the order constitutes a judgment and may be recorded by the County Clerk, which becomes a lien upon the title to any interest in real property owned by the person. The Department may also take action to revoke the license upon failure to comply with a final order.
8. Judicial Review. Civil penalties are subject to judicial review under ORS 183.480, except that the court may, at its discretion, reduce the amount of the penalty.
9. Disposition of Funds. All penalties recovered under ORS 443.790 to 443.815 will be paid into the State Treasury and credited to the General Fund.

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: 20 Page: 1 of 1
SUBJECT: Criminal Penalties OAR 309-035-0190	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments: None

Purpose:

To ensure that **[Facility Name]** Residential Treatment Facility is in compliance with OAR 309-035-0190 (1) – (2)

Policy:

[Facility Name] Residential Treatment Facility will comply with OAR 309-035-0190 (1) – (2).

Procedure:

[Provider Name] management and **[RTF Name]** Administrator are responsible for reviewing and understanding the provisions regarding Criminal Penalties, as follows:

1. Specifications of Criminal Penalty. Violation of any provision of ORS 443.400 through ORS 443.455 is a class B misdemeanor.
2. Grounds for Law Suit. In addition, the Department may commence an action to enjoin operation of a RTF;
 - a. When a RTF is operated without a valid license; or
 - b. When a RTF continues to operate after notice of revocation has been given and a reasonable time has been allowed for placement of residents in other programs.

<Provider>

SECTION: [] Residential Treatment Facility (RTF)	Policy Number: .021e Page: 1 of 5
SUBJECT: Staff Medication Error Policy In compliance with 309-035-0175 Health Services (1-6)	DATE OF IMPLEMENTATION: Date of Reviewed (r) or Revision (R):
REVIEWED BY:	Attachments: Medication Observation Form

PURPOSE: To ensure accuracy in the dispensing of medications to residents residing at [] residential treatment program of <Provider>.

This policy and procedure operates in compliance with OAR 309-035-175 Health Services (1-6).

POLICY: It is the policy of <Provider> that program employees are to directly respond to, address, and resolve the causes and effects of all medication errors (defined here as “serious medication errors”), as well as documentation errors in the practice of dispensing medications to residents in our care. Policy and Procedures regarding staff documentation and handling procedures for all medication errors please see policy [Fill in policy name and number].

DEFINITION (S):

A serious medication error is defined as:

1. Giving the wrong medication to a client (someone else’s medications, or not as ordered).
2. Giving any medication at the wrong time (i.e.: other than the scheduled and listed time), without a written order to do so.
3. Giving any medication that does not have an existing order.
4. Giving a client an incorrect dose of medication.
5. Failure to give a medication at the prescribed time

Exceptions include:

- a. The client is out of the facility.
- b. The client refuses to take the prescribed medication
- c. Clarification – all items must be properly documented.
- d. The medication is not available.

A life threatening medication error is defined as:

A serious medication error (as defined above) in which the effects or the circumstances, caused a serious threat of harm to a client or could have potentially caused a serious threat of harm to a client as defined by a LMP (Licensed Medical Professional) usually involving serious or potential harm.

In the case of a life threatening medication error, a Critical Incident Review would be scheduled, including oversight from the Medical Director. The incident would be discussed and strategies would be developed and implemented to further prevent a repeated

occurrence. The corrective action plan may involve bypassing procedures #1 and #2, and go directly to procedure #3, at the discretion of the Program Manager.

PROCEDURE:

For all residents taking prescribed medication, staff shall record in the medical record each type, date, time and dose of medication provided. All effects, adverse reactions and medications errors shall be documented in the resident's record. All errors, adverse reactions or refusals of medication shall be reported to the prescribing professional within 48 hours.

#1. When an employee makes their first serious medication error, the following interventions will occur:

1. A verbal counseling meeting with the program supervisor or their designee.

In this verbal counseling meeting, the supervisor will discuss the circumstances surrounding the medication error, including the type of medication error, the status of the employee at the time of the error, time of day, status of the resident, documentation completed regarding the error, etc.

Following the verbal counseling meeting, the supervisor will discuss the findings with his/her supervisor, and if further interventions are necessary. Depending on the severity of the error and/or chronicity of the employee's errors, further interventions may be used, to include but not be limited to the following:

1. Requiring the employee to take the medication quiz.
2. Requiring the employee to attend the next scheduled medication training, held the 3rd Friday of every month.
3. Requiring the employee to observe a set amount of medication passes.
4. Requiring the employee to perform observed medication passes. The staff member observing the passes will complete the Med Pass Observation Form and turn it in to the Administrator.
5. Documenting the medication error with a verbal or written warning.

#2. *When an employee makes a second serious medication error within 90 days of the first serious medication error, the following interventions will occur.*

1. A verbal counseling meeting with the program supervisor or their designee.

In this verbal counseling meeting, the supervisor will discuss the circumstances surrounding the medication error, including the type of medication error, the status of the employee at the time of the error, time of day, status of the resident, documentation completed regarding the error, etc.

Following the verbal counseling meeting, the supervisor will discuss the findings with his/her supervisor, and determine if further interventions are necessary. Depending on the severity of the error and/or chronicity of the employee's errors, further interventions may be used, to include but not be limited to the following:

- a. Document the medication error with a written warning (as long as they have already received a verbal warning).

- b. Require the employee to attend the next scheduled medication training.
- c. Develop an action plan to formally address the staff members work performance and additional training and or supervision needs.
- d. The employee will not be allowed to pass medications until the designated corrective action is completed.

More significant interventions may include:

1. Requiring the employee to take the medication quiz, and review the results with the supervisor before being allowed to dispense medications.
2. Requiring the employee to have observed medication passes for two weeks. If the employee is an on-call employee, then they shall have observed medication passes for the next 10 shifts worked.
3. An intervention would be determined at the discretion of the Administrator and the Program Manager.

#3. When an employee makes a third medication error within one year of the first medication error, the Site Administrator and Program Manager following interventions will occur:

1. A verbal counseling meeting with the program supervisor or their designee.

In this verbal counseling meeting, the supervisor will discuss the circumstances surrounding the medication error, including the type of medication error, the status of the employee at the time of the error, time of day, status of the resident, documentation completed regarding the error, etc.

Following the verbal counseling meeting, the supervisor will discuss the findings with his/her supervisor, and determine if further interventions are necessary. Depending on the severity of the error and/or chronicity of the employee's errors, further interventions may be used, to include but not be limited to the following:

1. A supervision meeting with the supervisor and or/designee to discuss the circumstances surrounding the event. Review previous information regarding the staff member's history with medication delivery. Review the seriousness of the medication incident actual and potential danger/harm to the client.
2. The employee would be suspended from dispensing medications for a determined length of time. The employee would be required to complete more intensive training, as defined by the Site Administrator and Program Manager. The action plan would be updated, outlining specific training that the employee would have to complete before returning to dispensing medications.
3. Further disciplinary action will be implemented, up to an including termination.

When a medication error is discovered, the Administrator/Administrator On-Call will be notified. The staff member identifying the medication error will fill out the Medication Error Review Form and ensure that the Administrator receives the form. The Administrator will fill out the Medication Error Response Form and review it with the Program Manager.

As a resident of a licensed residential treatment facility, you have certain rights outlined in Oregon State law. These laws are known as Oregon Administrative Rules (OAR) and Oregon Revised Statute (ORS). Your rights as a resident are listed below.

OAR 309-035-0155

- (1) **Statutory and Constitutional Rights.** Each resident will be assured the same civil and human rights accorded to other citizens. These rights will be assured unless expressly limited by a court in the case of a resident who has been adjudicated incompetent and not restored to legal capacity. The rights described in paragraphs (2) and (3) of this section are in addition to, and do not limit, all other statutory and constitutional rights which are afforded to all citizens including, but not limited to, the right to vote, marry, have or not have children, own and dispose property, enter into contracts and execute documents.
- (2) **Rights of service recipients.** In accordance with **ORS 430.210**, residents will have the right to:
 - (a) Choose from available services those which are appropriate, consistent with the plan developed in accordance with paragraphs (b) and (c) of this subsection, and provided in a setting and under conditions that are least restrictive to the person's liberty, that are least intrusive to the person and that provided for the greatest degree of independence;
 - (b) An individualized written service plan, services based upon that plan and periodic review and reassessment of service needs;
 - (c) Ongoing participation in planning services in a manner appropriate to the person's capabilities, including the right to participate in the development and periodic revision of the plan described in paragraph (b) of this subsection, and the right to be provided with a reasonable explanation of all service considerations;
 - (d) Not receive services without informed consent except in a medical emergency or as otherwise permitted by law;
 - (e) Not participate in experimentation without informed voluntary written consent;
 - (f) Receive medication only for the person's individual clinical needs;
 - (g) Not be involuntarily terminated or transferred from services without prior notice, notification of available sources of necessary continued services and exercise of a grievance procedure;
 - (h) A humane service environment that affords reasonable protection from harm and affords reasonable privacy;
 - (i) Be free from abuse or neglect and to report any incident of abuse without being subject to retaliation;
 - (j) Religious freedom;
 - (k) Not be required to perform labor, except personal housekeeping duties, without reasonable and lawful compensation;
 - (l) Visit with family members, friends, advocates and legal and medical professionals;
 - (m) Exercise all rights set forth in **ORS 426.385** and **427.031** if the individual is committed to the Department;

- (n) Be informed at the start of services and periodically thereafter of the rights guaranteed by this section of the procedure for reporting abuse, and to have these rights and procedures prominently posted in a location readily accessible to the person and made available to the person's guardian and any representative designated by the person;
- (o) Assert grievances with respect to infringement of the rights described in this section, including the right to have such grievances considered in a fair, timely and impartial grievance procedure;
- (p) Have access to and communicate privately with any public or private rights protection program or rights advocate; and
- (q) Exercise all rights described in this section without any form of reprisal or punishment.

(3) **Additional Rights in Residential Treatment Facilities.** Residents will also have a right to:

- (a) Adequate food, shelter, clothing, consistent with **OAR 309-035-0159**;
- (b) A reasonable accommodation if, due to their disability, the housing and services are not sufficiently accessible;
- (c) Confidential communication, including receiving and opening personal mail, private visits with family members and other guests, and access to a phone with privacy for making and receiving telephone calls;
- (d) Express sexuality in a socially appropriate and consensual manner;
- (e) Access to community resources including recreation, religious services, agency services, employment, and day programs, unless such access is legally restricted;
- (f) Be free from seclusion and restraint, accept as outlined in **OAR 309-035-0167**.
- (g) To review the Residential Treatment Facility's policies and procedures; and
- (h) Not participate in research without informed voluntary written consent.

(4) **Program Requirements.** The program will have and implement written policies and procedures, which protect residents' rights and encourage and assist residents to understand and exercise their rights. The program will post a listing of residents' rights under these rules in a place readily accessible to all residents and visitors.

Stat. Auth: ORS 409.010 & ORS 443.450

Stat. Implemented: ORS 443.400 to ORS 443.455 & ORS 443.991(2)

Signature of Resident: _____

Signature of Staff Person: _____

Date Resident Rights were explained: _____

Original to resident – photocopy in resident chart

[Name of Program if different from Facility]

[NAME OF RESIDENTIAL TREATMENT FACILITY]	Policy Number: Page: 1 of
SUBJECT:	Date of Implementation: Date of Review (r) or Revisions (R):
REVIEWED BY:	Attachments: None

Purpose: