**TRANQUILITY CARE LLC.**

# **Program Abuse Prevention Plan**

Program Name: Tranquility Care LLC

Program Address: 2229 5th St NE Minneapolis, MN 55418

Date Plan Developed:

**EACH PROGRAM MUST ENSURE THAT:**

A. People receiving services are provided with an orientation to the program abuse prevention plan. This orientation must be within 24 hours of admission or within 72 hours for individuals who would benefit from a later orientation.

B. The license holder’s governing body or the governing body’s delegated representative shall review the plan at least annually using the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review period. The governing body or the governing body’s delegated representative shall revise the plan, if necessary, to reflect the review results.

C. A copy of the program abuse prevention plan must be posted in a prominent place in the facility and be available, upon request, to mandated reporters, people receiving services, and legal representatives.

D. If the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan must document this determination.

E. In addition to the program abuse prevention plan, an individual abuse prevention plan must be developed for each new person receiving services. A review of the individual abuse prevention plan must be done as part of the review of the program plan. The persons receiving services must participate in the development of the individual abuse prevention plan to the best of their abilities. All abuse prevention plans must be reviewed at least annually by the interdisciplinary team.

**POPULATION ASSESSMENT:**

1. Age range of persons the program plans to serve: 18 - 80

2. What specific measures has the program taken to minimize the risk of abuse to people as related to the age of people receiving services? Staff has been trained on the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act and can take steps to prevent abuse and take corrective action. All staff are mandated reporters and would report any maltreatment immediately.

3. Gender of persons the program plans to serve: Tranquility Care serves all Genders

4. What specific measures has the program taken to minimize the risk of abuse to people as related to the gender of people receiving services?

In order to reduce the potential of abuse and/or harm to people related to the gender of people receiving services we have staff that has been trained on the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act readily available at all times.

5. Describe the range of mental functioning of persons the program plans to serve:

The individuals that we support have a mixture of mental functioning. We support individuals in the range of profound DD, severe DD, moderate DD, and mild DD. We also serve participants with traumatic brain injuries, Autism, Aspersers, Down Syndrome, Cognitive Learning Disabilities, Epilepsy, Ataxia, Cerebral Palsy, Pervasive Developmental Disorder, Cognitive Learning Disability, Trisomy 13, Hydrocephalus, Fetal Alcohol Syndrome, ADHD, allergies, Alzheimer’s Disease, anxiety, Alpert’s syndrome, asthma, ataxia, Atypical Anxiety disorder, auto-immune disorders, Bipolar Disorder, Borderline Personality Disorder, cancer, Cardiac issues, Celiac Disease, circulatory problems, Crohn’s disease, classic galactosemia, colitis, colostomies, Dandy Walker Syndrome, Dependent Personality, depression, detached retina, Diabetes, Diabetes Insipidus, Diverticulosis, dry eyes, dysphagia, epilepsy, Fetal Alcohol Syndrome, foot deformities, Fragile X, gastric reflux disorder, Glomerulonephritis, Harrington Rod implants, hearing loss, high blood pressure, high cholesterol, hypothyroidism, impulse control disorder, Klimke’s Paralysis, macular degeneration, melanoma, Metabolic Syndrome, microcephaly , Migraine headaches, Miringoff catheters, neurogenic bladder, obsessive compulsive disorder, Oppositional Defiant Disorder, osteoarthritis, osteoporosis, Paranoid Schizophrenia, Parkinson’s Disease, Pervasive Developmental Disorder, Premenstrual Dysphoric Syndrome, Rett’s Syndrome, rheumatoid arthritis, scoliosis, small muscle fiber disease, spastic quadriplegia, sleep apnea, strokes, Tracheotomy, urinary retention, Vader Syndrome, and Vitamin Deficiency Disorder

6. What specific measure has the program take to minimize the risk of abuse to people as related to the mental functioning of people receiving services?

Each participant of Tranquility Care services will have an individual abuse prevention plan, self-management assessment and Coordinated Services and Support Plan (CSSP) addendum.

Tranquility Care staff will take protective measures as described in the three documents and will be trained on individual participant protocols.

7. Describe the range of physical and emotional health of persons the program plans to serve:

Tranquility care serves a variety of participants. Some of them have no physical or emotional health issues. Some achieve participants have multiple health issues from ADHD, allergies, Alzheimer’s Disease, anxiety, Alpert’s syndrome, Asperger’s, asthma, Trisomy 13, ataxia, Atypical Anxiety disorder, Autism, auto-immune disorders, Bipolar Disorder, Borderline Personality Disorder, cancer, Cardiac issues, Celiac Disease, cerebral palsy, circulatory problems, Crohn’s disease, classic galactosemia, colitis, colostomies, Dandy Walker Syndrome, Dependent Personality, depression, detached retina, Diabetes, Diabetes Insipidus, Diverticulosis, dry eyes, dysphagia, epilepsy, Fetal Alcohol Syndrome, foot deformities, Fragile X, gastric reflux disorder, Glomerulonephritis, Harrington Rod implants, hearing loss, high blood pressure, high cholesterol, hypothyroidism, impulse control disorder, Klimke’s Paralysis, macular degeneration, melanoma, Metabolic Syndrome, microcephaly , Migraine headaches, Miringoff catheters, neurogenic bladder, obsessive compulsive disorder, Oppositional Defiant Disorder, osteoarthritis, osteoporosis, Paranoid Schizophrenia, Parkinson’s Disease, Pervasive Developmental Disorder, Premenstrual Dysphoric Syndrome, Rett’s Syndrome, rheumatoid arthritis, scoliosis, small muscle fiber disease, spastic quadriplegia, sleep apnea, strokes, Tracheotomy, traumatic brain injury, urinary retention, Vader Syndrome, and Vitamin Deficiency Disorder.

8. What specific measure has the program take to minimize the risk of abuse to people as related to the physical and emotional health of people receiving services served?

Staff will go by the individual abuse prevention plan, self-management assessment and CSSP addendum. Tranquility care staff will take protective measures as described in the three documents. Staff are also trained on person specific protocols – such as insulin, catheter care, seizure care, and medication administration. Staff is also trained in First Aid and CPR if required.

9. Describe the range of adaptive/maladaptive behavior(s) of persons the program plans to serve:

The range of adaptive and maladaptive behaviors varies widely. Tranquility Care provides services to participants who have no maladaptive behaviors and those who have severe maladaptive behaviors. Other behavior includes verbal and physical aggression, elopement, self-endangering decisions, and failure to perform adequate self-care despite skill level.

10. What specific measures has the program taken to minimize the risk of abuse to people as related to the adaptive/maladaptive behavior(s) of the people receiving services served?

Each participant of Tranquility Care will have an individual abuse prevention plan, self-management assessment and CSSP addendum. Achieve Services staff will take protective measures as described in the three documents. Staff are also trained on person specific behavior protocols. Staff has been trained on the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act and can take steps to prevent abuse and take corrective action. All staff are mandated reporters and would report any maltreatment immediately. Staff are trained in first aid, and if required by the CSSP addendum staff are also trained in CPR.

11. Describe the need for specialized programs of care for persons the program plans to serve:

Other than the physical and emotional health areas mentioned above, we do not have an assessed need for any specialized program of care.

12. What specific measures has the program taken to minimize the risk of abuse to people as related to the need for specialized programs of care for people receiving services?

Each participant of Tranquility Care will have protective measures as described in the three documents individual abuse prevention plan, self-management assessment and CSSP addendum. Staff are also trained on person specific behavior protocols. Staff has been trained on the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act and can take steps to prevent abuse and take corrective action. All staff are mandated reporters and would report any maltreatment immediately. Staff are trained in first aid, and if required by the CSSP addendum staff are also trained in CPR.

13. Describe the need for specific staff training to meet individual service needs:

Based upon the assessed areas already mentioned and training staff in the items required by MN Statues, Chapter 245D, there is not an additional staff training need

14. What specific measures has the program taken to minimize the risk of abuse to people as related to the need for specific staff training designed to meet individual service needs?

Staff persons are trained in the items required by MN Statutes, Chapter 245D, including their staff responsibilities and duties. Staff has been trained on the self-management assessments, Individual abuse prevention plans, and the CSSP addendum for individuals served

15. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services:

Some of our clients have history of sexual and/or physical abuse and we go over that when we start services.

16. What specific measures has the program taken to minimize the risk of abuse to people as related to the knowledge of previous abuse?

We talk with the client (without going too much into details) about their history and how previous situations occurred. Then we go over how as a company we can help avoid future situations.

**PHYSICAL PLANT ASSESSMENT:**

1. Describe the condition and design of the facility as it relates to safety for the people receiving services:

We have a 2 story 4-building facility located at 2229 5th St NE Minneapolis, MN. We have 2 units upstairs and 2 units on the main floor. The building isn’t new but it is in great condition. The building has a big backyard and a big balcony/patio with private areas for all units. We use all units for ICS services.

2. What specific measures has the program taken to minimize the risk of abuse to people as related to the condition and design of the facility in terms of safety for people receiving services?

We don’t believe that the condition of the facility affect the susceptibility of our clients but we screen all clients in the facility for abuse problems and make sure that the clients don’t have problems with each other.

3. Describe any areas of the facility that are difficult to supervise:

Bathrooms and Bedrooms at certain times

4. What specific measures has the program taken to minimize the risk of abuse to people as related to the areas of the facility that are difficult to supervise?

The areas that we unable to supervise are private areas but all staff are trained in identifying and reporting any and all maltreatment

**ENVIRONMENTAL ASSESSMENT:**

1. Describe the location of the facility including information about the neighborhood and community in which the facility is located:

The facility is located in a nice quiet neighborhood in North East Minneapolis. Clients have close access to stores and the community center. There are also parks and other community areas that the clients can walk to.

2. What specific measures has the program taken to minimize the risk of abuse to people as related to the location of the facility, including factors about the neighborhood and community?

We prioritize the safety of our clients so we have motion detected cameras and plans for our clients if they ever feel unsafe.

1. Describe the type of grounds and terrain that surround the facility:

The facility is located on a cross street with little to no traffic, a small fence around the backyard and a small driveway.

4. What specific measures has the program taken to minimize the risk of abuse to people as related to the type of grounds and terrain that surround the facility?

We prioritize the safety of our clients so we have motion detected cameras and plans for our clients if they ever feel unsafe.

5. Describe the type of internal programming provided at the program:

Our employees work hard and closely with each of our clients so we make sure that their communication is always positive and that the clients are comfortable.

6. What specific measures has the program taken to minimize the risk of abuse to people through the type of internal programming provided at the program?

As said above our staff has been trained on the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act and can take steps to prevent abuse and take corrective action. All staff are mandated reporters and would report any maltreatment immediately.

7. Describe the program’s staffing pattern:

We communicate with our clients and our employees to make sure that they are always providing service when needed. We have emergency staff on standby. We also have office employees working from 10 through 4:30pm

8. What specific measures has the program taken to minimize the risk of abuse to people through the program’s staffing pattern?

All employees must pass a state background as required by DHS. Any employee that has a history of abusing another would not be enrolled with us. Staff has been trained on the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act and can take steps to prevent and identify abuse to take corrective action. All staff are mandated reporters and would report any maltreatment immediately.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Print name and title of Signature Date

Governing Body or

Governing Body’s Delegated Representative

Review: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The review occurred at least on an annual basis.

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

Review: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The review occurred at least on an annual basis.

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

Review: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The review occurred at least on an annual basis.

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

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