

Disability Resources Incorporated  
Residential Program Policies and Procedures  
Revised and Implemented  
May 2018

**Residential Policies and Procedures**

**Mission Statement:** The Mission of Disability Resources Incorporated is to provide exceptional care and contented lives to intellectually challenged adults in a Christian environment.

**Purpose:** Disability Resources Incorporated provides services for Assisted Living Facilities and Intermediate Care/Intellectual Disability/Related Condition Program (ICF/ID/RC) Level VIII Facilities. Admission Procedures are in compliance with Texas Department of Human Services Standards, ICF/ID/RC Level VIII Standards, and Disability Resources Incorporated Standards to assure that individuals are admitted only if the applicant is eligible for services provided, is in need of the services provided and the services chosen are the least restrictive means available to assist the individual and family to meet desired goals.

Disability Resources Incorporated will not admit or retain:

- A. An individual who does not meet the criteria for the Assisted Living Facilities or ICF/ID/RC Facilities.
- B. An individual whose needs cannot be met by Disability Resources Incorporated facilities.
- C. An individual requiring the services of facility employees who are licensed nurses on a daily or regular basis. (Individuals with a terminal condition or experiencing a short term, acute episodes are excluded from this requirement if the individual meets all other requirements at admission.)

No otherwise qualified individual, as set forth below, will be denied admission based on race, sex, national origin, place of residence, and/or religious affiliation.

**Confidentiality:** Records are confidential and are safeguarded from unauthorized use, loss or destruction. Records are required to be available to individuals, their legal representatives (with written consent), and Department of Human Services staff and those listed in the Enrollment Agreement #3.

**I. Admission Policy and Procedures for ICF/ID/RC and Assisted Living Facilities**

The Admission Policy and Procedures is available for staff, parent/ guardian/surrogate decision maker, Licensing Agency, and interested individuals. The manual complies with all applicable rules and regulations required by the Licensing Agency.

## II. Families or Guardians – Financial Planning

Disability Resources Incorporated makes its services available to developmentally disabled individuals at the lowest feasible cost for the care and services provided. Funds available to Disability Resources Incorporated are limited. Prior to admission, parent/guardian/surrogate decision maker is expected to develop a financial plan that will include long range funding for the care of their developmentally disabled family member or ward; ~~Information can be made available about other resources.~~ Disability Resources Incorporated must receive a recommendation for admission based upon a third-party financial review.

## III. Criteria for Admission to Assisted Living Facility

The Assisted Living Facility provides services to individuals who have a diagnosis of a developmental disability that is attributable to mental or physical impairments provided that they meet the following: The individual is 18 years of age or older;

- A. The condition is manifested before the person reaches the age of 22;
- B. The condition is likely to continue indefinitely;
- C. The condition causes functioning limitations in:
  1. Self-care;
  2. Receptive and expressive language;
  3. Learning;
  4. Mobility;
  5. Self-direction;
  6. Capacity for independent living;
  7. Economic self-sufficiency.
- D. Assisted Living Facilities are not authorized to provide ongoing services comparable to services available in a nursing facility or to provide rehabilitation services to individuals with brain injury.
- E. The condition reflects the person's need for a combination and sequence of special or interdisciplinary care, treatment or other services that are lifelong or of extended duration and these services are individually planned and coordinated.
- F. Applicants admitted to service have the following characteristics or skills:
  1. Capable of being trained for self-medication with supervision or minimal assistance;
  2. Able to participate in programmed activities;
  3. Capable of acquiring basic self-help skills (i.e., dressing, feeding, bathing self, etc. with supervision);
  4. Demonstrates no behaviors posing serious danger to self, others or property;
  5. In need of and always will be in need of sustained supervision;
  6. Ambulatory or mobile non-ambulatory, i.e.;
    - a. Ambulatory – able to self-arise from bed; able at a reasonable rate of speed to escape the building in emergency, including passage over any stairs, without assistance of another person, walking device (except cane), or wheelchair.
    - b. Mobile non-ambulatory – unable to walk independently or without assistance but able to move from place to place with the use of devices such as walkers, crutches, wheelchairs and wheeled platforms, if capable of transfer and

evacuation without assistance.

7. Must be physically and mentally capable of evacuating the facility unassisted within designated Life Safety Code time frame.
8. Does not require routine attendance during nighttime sleeping hours.
9. Must be capable of following directions under emergency conditions.

#### **IV. Eligibility Determination for Assisted Living Facility**

- A. Prior to an individual's admission to services, a comprehensive assessment, evaluation and screening by an Interdisciplinary Team (IDT) must be completed. The IDT assesses, evaluates and screens all applicants to ensure each individual meets the criteria for the Assisted Living Facility, oversees the individual's service plan and reviews the individual's progress after admission.
- B. Interdisciplinary Team is made up of:
  1. Program Director;
  2. House Manager;
  3. Vocational Director;
  4. Other professionals as needed.
- C. Based on recommendations of the IDT, the Chief Executive Officer (CEO) retains the final responsibility and authority for admission to the facility, transfer or discharge from the facility.
- D. Prior to admitting a resident:
  1. DRI must receive a recommendation for admission based upon a third-party financial review.
  2. A disclosure statement will be explained and provided to the individual and family member or guardian.
  3. A copy of the Resident's Bill of Rights will be provided to the individual to be served and parent/guardian/surrogate decision maker.
- E. Forms to complete the admission process:
  1. Application for Admission;
  2. Medical History;
  3. Physical Assessment by a physician;
  4. Identification & Emergency Information (that identifies parent/guardian/ surrogate decision maker);
  5. Enrollment Agreement for Assisted Living Facility (some health care or supplies maybe a Medicare benefit);
  6. Medication Profile (including physician order for routine medication and treatment);
  7. List of PRN (as needed) Medications;
  8. Treatment and Immunization Authorization form;
  9. Medical Power of Attorney (Names of people who can make medical decisions for the individual);
  10. Personal Care Disclosure Statement;
  11. Employment Eligibility Verification;
  12. Advanced Directives (Identifies individual's decision for medical treatment in case of a life threatening condition).
- F. Skills Assessment:

The individual must be capable of learning skills in major life activities as well in self-medication, treatments and caring for external and internal medication devices (i.e., catheters, etc.), with supervision. Reassessment is to be done yearly.

I. Physical Assessment:

1. An individual must have a physical assessment by a physician 30 days prior to admission when possible, if not available from a health facility or hospital (current within one year prior to admission), or 14 days after admission, with permission from the CEO.
2. The assessment must include screening for Tuberculosis and physician clearance of any contagious or infectious disease(s). A follow-up on tuberculosis screening after exposure to TB is also required.
3. The assessment must also include a statement that the individual does not require nursing care.
4. A yearly medical assessment by a physician may be obtained on a sick visit to physician, if close to time for a yearly physical.
5. All medical expenses acquired by the individual will be the responsibility of the individual, parent/guardian/surrogate decision maker.

H. 90-Day-In-Residence Assessment Period

1. At the end of the 90-day assessment period, or at any time prior to or subsequent to that date, the individual may be discharged by the CEO upon a finding by the IDT that the individual is unable to benefit from the programs offered by Disability Resources Incorporated or that Disability Resources Incorporated is not able to meet the needs of the individual.
  2. Prior to the decision to discharge an individual becomes final, the parent/guardian/surrogate decision maker of the individual will be afforded a consultation with the CEO and appropriate members of the IDT in which the reasons for discharge will be disclosed.
  3. Nothing in this section will prevent an individual so discharged from being reconsidered for admission upon a change in circumstance.
  4. Prior to the end of the 90-day assessment period, a Disability Resources Incorporated staff person will counsel with the individual and the parent/guardian/surrogate decision maker of the individual to establish a viable option for alternative care in the event the individual is determined to be unable to benefit from the programs offered by Disability Resources Incorporated. As a part of this consultation, the parents or guardians action in concern with Disability Resources Incorporated will develop a contingency plan for alternative care in the event the individual, for health or other reasons, becomes unable to continue in care at Disability Resources Incorporated at some time in the future.
- B. An initial Service Plan will be developed within 14 days of admission and reassessed within 90 days of admission.
- C. This service is offered in an effort to assure the parent/guardian/surrogate decision maker that their desires in regard to the care of their child or ward are carried out. A copy of the plan for alternative care will be placed among the records of the individual and can be updated upon the request of the parent/guardian/surrogate decision maker or at the suggestion of Disability Resources Incorporated.

D. If the individual's needs are being met and the individual is benefiting from our services, then

the individual will be considered for on-going regular placement for the services Disability Resources Incorporated offers.

E. Aging in Place:

If an individual is appropriate when admitted and his/her condition deteriorates, the individual may stay at the facility if the individual can still evacuate independently and meet the other conditions.

**V. Criteria for Admission to ICF/ID/RC Homes**

The ICF/ID/RC Program provides services to individuals who do not have a primary diagnosis of intellectual disabilities but who have a related condition.

A. The condition is attributed to:

1. Cerebral palsy or epilepsy;
2. or Any other condition, other than mental illness, found to be closely related to intellectual disabilities because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disabilities, and requires treatment or services similar to those required for intellectually disabled persons (must be one of a group of TXMHID approved diagnosis):

B. The condition is manifested before the person reaches the age of 22;

C. The condition is likely to continue indefinitely;

D. The condition causes substantial functioning limitations in at least three areas of major life activity:

1. Self-care;
2. Understanding and use of language;
3. Learning;
4. Mobility;
5. Self-direction;
6. Capacity for independent living;

E. The individual, ambulatory and non-ambulatory, must independently demonstrate the ability to evacuate the residence or work place within designated Life Safety Code time frame.

F. The individual exhibits moderate to extreme deficits in adaptive behavior as evidenced by an adaptive behavior level of II, III or IV.

The individual has a need for and able to benefit from the active treatment provided in the 24-hour supervised residential setting. This must be evidenced by information submitted for a level-of-care determination by the Texas Department of Human Services. Level-of-care determinations are based on variables regarding the developmental needs of each individual's (A) adaptive behavior and (B) health status.

G. The individual meets the Title XIX Medicaid financial eligibility criteria and level-of-care criteria.

H. The individual is 18 years of age or older.

I. The individual is overall healthy, free from communicable diseases.

J. The individual exhibits no extreme behavioral problems.

- K. The individual must be able to self-medicate and/or do self-treatment and use medical equipment with staff assist and/or supervision.

## **VI. Eligibility Determination for ICF/ID/RC Homes**

- A. Prior to an individual's admission to services, a comprehensive medical, social, and psychological evaluation of the individual's needs will be completed.
- B. When services are provided on an emergency basis, the evaluation must be completed within 30 days of initial service.
- C. To determine eligibility, an individual must receive an evaluation prior to admission to Disability Resources Incorporated services or otherwise as required by the Mentally Retardation Authority. Therefore, Disability Resources Incorporated can admit an individual to services if an evaluation has been completed by another evaluation team prior to application for services with Disability Resources Incorporated.
- D. The Screening Document for ICF/ID/RC Level VIII and RC Assessment Form are completed and forwarded to Texas Department of Health for processing.

## **VII. Admission Team for ICF/ID/RC**

- A. The Disability Resources Incorporated admission team is composed of:
  - 1. Program Director;
  - 2. Vocational Director;
  - 3. Other professionals as needed.
- B. The Disability Resources Incorporated Admission Team will complete the Admission Review and in that process will document the current status of the individual's conditions, disabilities and abilities and the degree to which they have in the past or currently impede or assist the individual to achieve his or her desired goals. The following areas are addressed:
  - 1. Adaptive Behavior;
  - 2. Cognition;
  - 3. Health;
  - 4. Speech/Other Communication;
  - 5. Hearing;
  - 6. Vision;
  - 7. Mobility;
  - F. Nutrition;
  - 9. Recreation/Leisure Skills;
  - 10. Vocational skills and/or Educational attainment.
- C. If conclusive evidence exists that the person is ineligible for Level VIII Services the Admission Team documents that evidence and makes recommendations for referrals to other service agencies if appropriate.
- D. For individuals whose needs appear to be appropriately met through Disability Resources Incorporated services the Admission Team will consider the following assessments and document on the Admission Team Review the assessments determined to be beneficial to the provision of services:
  - 1. Psychological;

2. Social;
  3. Educational;
  4. Medical;
  5. Adaptive Behavior;
  6. Visual;
  7. Auditory;
  8. Communication;
  9. Occupational Therapy;
  10. Physical Therapy.
- E. At the time a referral is reviewed by the Admission Team and it is determined that the individual's needs can be met through Disability Resources Incorporated services. The individual is then assigned to the appropriate service component.

### **VIII. Admission to Services for ICF/ID/RC and Assisted Living Facilities**

- A. Prior to admission a physical examination must be obtained that is current within 30 days for residential services or current within one year of admission to other services if that service requires regular primary supervision by Disability Resources Incorporated staff (e.g., a Health Department examination is required for support services). Disability Resources Incorporated will encourage the individual and/or his or her parent/guardian/surrogate decision maker to obtain the physical examination unless the physical is completed as part of the evaluation process.
- B. Prior to admission to a facility the Program Director will arrange for a pre-admission visit at the service location by the individual and/or parent/guardian/ surrogate decision maker to:
1. Exchange information with the staff concerning the needs of the individual and the family;
  2. Sign additional consents pertinent to the type of service which include:
    - a. Acknowledgement of Receipt of Rights;
    - b. Emergency Medical Treatment Authorization;
    - c. Disability Resources Contract for Services;
    - d. Consent for Release of Name and Photograph;
    - e. Consent for Residential Services;
    - f. Financial Assistance Authorization;
    - g. Employment Eligibility Verification;
  3. Be counseled regarding:
    - a. The relative advantages and disadvantages of the program;
    - b. The entrance and exit criteria;
    - c. Disability Resource Incorporated's commitment to reduce the restrictiveness of an individual's environment and program as skills are acquired and criteria met;
- C. Assessments:
1. Within 30 days of admission a health examination and skills assessments will be obtained or documentation explaining that the individual requesting services and/or his or her parent/guardian/surrogate decision maker declined the examination(s).
  2. Assessments must be completed within 30 days prior to admission unless the transferring facility provides a physical examination with a copy of medical records

(except a psychological which may have been completed within three years prior to admission for an adult may be used if it is determined by a qualified professional that the information is sufficient.)

3. Within 30 days of admission the individual's Interdisciplinary Team is identified and meets to:
  1. Synthesize the results of assessments and interviews into an initial comprehensive evaluation of the development and potential of the individual;
  2. Identify environments that would support his or her development;
  3. Make recommendations for other assessments, as needed for provision of services, such as occupational therapy assessment, neurological examination, psychiatric evaluation, etc.;
  4. Develop the individual Active Treatment Plan.

D. Items which will be provided by Disability Resources Incorporated will include a twin bed frame and mattress, chest, and night stand. All personal items shall be provided by individual or family/guardian/advocate.

## **IX. Discharge from ICF/ID/RC and Assisted Living Facility**

### **A. Transfers:**

1. It may be necessary to transfer an individual from one residential facility to another, either on-site or to another facility in the community, or to a treatment facility such as a hospital or a nursing home. It will be necessary for parent/guardian/surrogate decision maker or the individual if legally competent, to sign upon admission release forms allowing the CEO to make immediate transfers in emergency situations and to authorize treatment, if required. Except for emergency cases the CEO will make transfers only after consultation with the IDT and whenever possible the individual, and with the signed consent of the parent/guardian/surrogate decision maker.
2. Disability Resources Incorporated is unable to assume responsibility for payment of care and supplies and equipment received by the individual at an off-site facility. Financial arrangements for such off-site care will remain the responsibility of the individual, parent/guardian/surrogate decision maker.
3. A Bed Charge will be the responsibility of the individual, parent/guardian/surrogate decision maker while the individual is out of the facility for any length of time, without regard to the reason, unless the individual has been discharged from the program.

### **B. Determination for Discharge/Transfer to the Least Restrictive Environment**

1. The goal for each individual in an Assisted Living Facility or ICF/ID/RC Facility is movement to the least restrictive environment.
2. Criteria that may indicate a change in habitat which allows for a 30-day discharge to a less restrictive environment, and will include written notice when discharge is



appropriate, and when the following criteria are met:

- a. An individual has acquired the communication skills needed to live in a least restrictive environment;
- b. An individual exhibits no interfering maladaptive behaviors;
- c. An individual is independent of nursing services;
- d. An individual can evacuate the facility and work place independently;
- e. An individual is in no risk of physical or health injury by remaining in the program;
- f. An individual may be more appropriate for a program offering greater independence, vocational training opportunities and more diversified leisure time activities.

~~0. Other criteria that may indicate a change in habitat but still may allow for a 30-day discharge are:~~

~~5. The individual displays progressive abusive, inappropriate behavior;~~

~~6. May become a danger to self and/or others and medication and/or redirection do not correct behavior;~~

~~7. The individual has recurring attempts to leave facility without permission;~~

~~8. The individual refuses to participate in the program and documentation shows that efforts are/were being made to make the program more suitable for the individual's needs;~~

9.4. The IDT will incorporate discussion and active consideration of discharges and transfers into each Annual Review.

10.5. All potential placements and living situations (including families, other Assisted Living Facilities, ICF/ID/RC Facilities, Supervised Apartments, etc.) will be reviewed and examined. The individual's habilitation plan will include objectives and strategies designed to facilitate the goals of independent living.

#### C. Determination for Discharge/Transfer for Other Criteria

1. The individual displays progressive abusive, inappropriate behavior;
2. May become a danger to self and/or others and medication and/or redirection do not correct behavior;
3. The individual has recurring attempts to leave facility without permission;
4. The individual refuses to participate in the program and documentation shows that efforts are/were being made to make the program more suitable for the individual's needs;

#### D. Discharge Process

1. The individual, parent/guardian/surrogate decision maker and/or the IDT will decide if the individual's needs are not being met within the facility.
2. Steps for a 30-day discharge process may begin if it is decided that the individual will benefit from another program. The CEO will have the final approval of the 30-day discharge actions.
3. Written notice of 30-day discharge will be given to parent/guardian/surrogate decision maker and individual if above criteria are met.
4. A date for discharge planning will be scheduled.
5. The individual, parent/guardian/surrogate decision maker, attending physician and the

- responsible agency, if any, will be consulted in advance of the actual transfer or discharge and will be invited to the pre-discharge and to the actual transfer or discharge.
6. If the individual is unable to be discharged within 30 days, records will show that the parent/guardian/surrogate decision maker is looking for a more appropriate facility.
  7. If the individual's discharge is delayed, documentation will indicate that services will be provided as prescribed on the interim basis.
  8. Professional staff will provide an update summary, which includes recommended treatment and goals. A copy will be placed in the individual's file.
- E. Immediate Discharge Procedure
1. Failure to pay within 30 days of payment for services.
  2. In the case of emergency or extenuating circumstances, an immediate discharge may be necessary. Possible criteria for immediate discharge from a facility:
    - a. Individual's needs can no longer be met as determined by assessments or the Team;
    - b. Individual becomes bedridden, indefinitely;
    - c. Individual contracts a serious infectious illness or disease;
    - d. Individual requires licensed nursing staff on continued basis for:
      1. Feeding;
      2. Providing treatment for non-healing wounds;
      3. Suctioning nasal and oral passages; or
      4. Other invasive procedures.
    - e. Individual requires continued 24-hour care and observation;
    - f. Individual can no longer self-medicate or care for own health care needs with minimal assistance/supervision and the individual or parent/guardian/surrogate decision maker has not obtained staff to meet these needs;
    - g. Individual cannot evacuate facility independently within the time of life safety codes.
    - h. Individual's health is unstable and is at risk of serious injury, deterioration or death (i.e., brittle diabetes, untreated seizure activity, tendency to aspirate on fluids and solid foods on a daily basis, etc.);
    - i. Individual becomes incontinent of bowel or bladder on a daily basis.
  4. The CEO will have final approval of discharge actions.
  5. Discharge expenses will be the responsibility of the individual, parent/guardian/surrogate decision maker.
- F. Aging in Place:
- If an individual is appropriate when admitted and his/her condition deteriorates, the individual may stay at the facility if the individual can still evacuate independently and meet the other conditions.

## **X. Discharge Staffing Procedures**

- A. When a client is to be discharged from the ICF/ID/RC Facility or the Assisted Living Facility by recommendation of the individual's Interdisciplinary Team, a staffing will be scheduled.
1. Each discipline will make recommendations for treatment needs, i.e., outpatient

- goals, objectives and therapies, pertaining to their disciplines.
- 2. Representatives from appropriate disciplines will be in attendance with the individual, parent/guardian/surrogate decision maker.
- B. Staffing Day Procedures – Discharge from ICF/ID/RC Facility
  - 1. A Discharge Staffing will be conducted to identify needs and requirements that will benefit the individual.
  - 2. Discharge Summary will be prepared
- C. Emergency Discharge or Transfer, all Facilities
  - 1. An individual may be moved from the facility
    - a. If their condition becomes critical without regards to code status (identified on the Advanced Directives);
    - b. If the individual becomes infectious;
    - c. If the CEO decides a move is necessary for the well-being of the individual and/or peers in the facility;
  - 2. After the Discharge Summary has been typed, it will be placed in the individual's file.

## **XI. Transportation Policy for Assisted Living Facilities**

- A. Disability Resources Incorporated provides basic transportation to individuals who receive residential services. Basic transportation provided at no expense to the individual is:
  - 2. To Disability Resources Incorporated functions;
  - 3. To group outings and fieldtrips;
  - 4. To church and church related activities that all in an Assisted Living Facility agree to attend (unless arrangements were made prior to the implementation of these Revised Policies and Procedures);
  - 5. Emergency trips to physician, dentist, hospital or other health care facility.
- B. Individual transportation that will be provided when staff is available at a fee of \$20.00 per occasion and billed monthly to the individual, parent/guardian/surrogate decision maker:
  - 1. Scheduled/planned physician appointments;
  - 1. Scheduled/planned dental appointments;
  - 2. Scheduled/planned health care appointments;
  - 3. Family and/or individual requested activities or functions;(NOTE: Transportation costs may not be charged when suggested by the IDT for therapeutic purposes).

## **XII. Health Care**

- A. DRI is responsible for the medical care of the ICF/ID clients. A consultant physician regularly sees clients; however, the guardian/parent/advocate may choose to utilize an alternate physician. DRI is responsible for all payment not covered by Medicaid or Medicare and for payment of prescription plans and co-pays. DRI is also required to have nursing care available for each ICF home.

1. The responsibility to procure medical care in the ALF homes is shared by DRI, client and the parent/guardian/advocate. DRI has a relationship with a physician who will accept any of our clients if the client so chooses. The client is responsible for all payment for any care, plans or prescriptions.
  2. Each client has a medical chart and all documentation will be stored in this chart or can be archived if required by the limited space in the chart. Any documentation that is critical to the care of the client will be maintained in the chart regardless of the space available. This includes diagnosis of any major conditions, surgeries, psychological evaluations, etc...
- B. Disability Resources Incorporated does not provide for medical needs that require long term care, licensed nursing staff or physician's care.
- C. Medical needs not provided by DRI include but are not limited to:
1. Breathing treatments;
  2. Medication administration daily or;
  3. Emergency medication (by mouth, injection, inhalant, topical, intravenous, rectal, feeding devices or other mechanical device);
  4. Care of ostomies;
  5. Catheters;
  6. Feeding Tubes;
  7. Wound Care;
  8. Suctioning;
  9. 24-hour nursing or staff supervision;
- D. If an emergency arises, DRI staff are trained in CPR and First Aid and will attempt to provide comfort measures to the individual until individual is transferred or emergency transport arrives.
- E. In the event of an accident, injury or acute illness requiring medical, dental or nursing care or in event of apparent death, the facility will:
1. Ensure the individual is safe;
  2. Make arrangements for care and/or transfer to an appropriate place for treatment, such as a physician's office, clinic, hospital or other facility;
  3. Notify parent/guardian/surrogate decision maker, as soon as possible;
  4. Document the description of injury, accident or illness and the final disposition, which will be kept in individual's file. Documentation includes a copy of physician's orders and the Medical Information Received forms.
  5. The Residential Coordinator is responsible for the coordination of transportation for any appointment. The Residential Coordinator will also make any appointment that they are aware are needed. Any other appointments are the responsibility of the client, parent/guardian/advocate. These appointments include any physicians, physical therapy, eye exams, dental or other medical appointment as needed.
  6. The Residential Coordinator is responsible for the transportation of clients to the appointments. This means that the Residential Coordinator will make sure that the client has a way to get to each appointment. The house manager or other DRI employee can transport the client if the Residential Coordinator is not available. The parent/guardian/advocate can take the client to any appointment if they so choose.

7. The Residential Coordinator is responsible for communicating to the house manager what the recommendations/instructions that were made during the appointment. This will be accomplished in writing and signed by both. The house manager is responsible for communicating to the Residential Coordinator or Director of Residential Services the recommendations/instructions if the house manager has taken the client to the appointment. If the parent has taken the client for the appointment and provides the instructions to the house manager, then the house manager will provide these recommendations/instructions to the Residential Coordinator or Director of Residential Services.

F. ICF/ID/RC

1. Licensed Nursing Consultant may do short term care or treatments provided that the individual can still evacuate independently and meet all other license requirements.
2. ICF/ID/RC – The individual must benefit from active treatment.

G. Assisted Living Facility

1. Illness or injury causing individual to require recovery time will be provided by the facility for 3-day duration, no more than 9 days per year.
  - a. Provided the individual can still evacuate the facility, and
  - b. With supervision, the individual can continue to take medication and do self-treatments.
    - ii. If illness or injury requires an individual to refrain from daily activities for longer than 3 days or require 24-hour nursing supervision then the parent/guardian must make other arrangements for the individual at the individual, parent/guardian's own expense.
    - iii. The CEO has final approval of any arrangements.
2. Disability Resources Incorporated has contracts with licensed nurses for the ICF/ID/RC facilities. If an individual from the Assisted Living Facility requires short term nursing services, the individual or parent/ guardian/surrogate decision maker may make private arrangements for such care, with the approval of the CEO.

H. Medications—all facilities

1. DRI currently only performs medication supervision, this means that we will supervise the taking of medications, but cannot administer them to the client. Under this method, DRI employees can fill daily and weekly pill containers or pour liquids if the client cannot do these for themselves. Medication Administration Records (MARs) are kept for each client and the house manager/relief house manager are responsible for the documentation of these records in the assisted living home. The direct care staff is responsible for documentation in the ICF/ID homes.
2. The Director of Residential Services and/or the Residential Coordinator are responsible for producing the MARs on a monthly basis for the assisted living homes. The nurses are responsible for producing the MARs on a monthly basis for the ICF/ID homes.
3. The Residential Coordinator is responsible for gathering information about medication changes. Parents/guardians/advocates are encouraged to ask physicians for documentation from any appointment, as this is required by the state. In the ALF

homes the house manager is responsible for documenting in the observation notes whether information was received from parents. The Director of Residential Services and the Residential Coordinator are the only ones to make permanent changes to the MARs in the ALF homes. The ALF house managers are responsible for any write in changes for medications that are prescribed during the month. The nurses are responsible for making any changes to the MARs in the ICF/ID homes. The house manager must inform the Residential Coordinator of any changes that they are aware of and document in observation notes before allowing the client to take the medication. The Residential Coordinator is responsible for communicating with the clients, parents/guardian/advocate and the nurses on all medication changes. The house manager/direct care staff can also assist the Residential Coordinator in this communication with the client, parent/guardian/advocate and the nurses.

4. The Residential Coordinator must be familiar with each client's medication to the extent that they can communicate with the client, parent/guardian/advocate and nurses.
5. The House Manager must be familiar with each client's medication to ensure that they are properly taken and to be able to observe any changes in client's condition or behavior. Document all changes in behavior.
6. DRI cannot be responsible for making sure that the medications are compatible, as DRI is not a medical facility. DRI must rely on the physicians to make sure that the medications are compatible.
7. Only DRI employees that have been trained to receive medications can accept receipt of medications and will sign the medication into the log book. The house manager must come to the office and sign for the medication. Clients are not allowed to pick up the medications.
8. Residents of Disability Resources Incorporated shall be capable of self-administering their medication/treatments.
9. All resident staff will be trained in the policy and procedures pertaining to self-administering of medication/treatments.
10. Definition of Medication:
  - a. Any substance recognized as a drug in the official United States Pharmacopoeia, Official Homeopathic Pharmacopoeia of the United States, Texas Drug Code Index or official National Formulary or any supplement to any of these official documents.
  - b. Any substance intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease.
  - c. Any substance (other than food) intended to affect the structure of any function of the body.
  - d. Any substance intended for use as a component of any substance specified in this

definition. It does not include devices of their components, parts or accessories.

I. General Information

1. Medications must be administered according to physician's orders.
2. Only prescribed medications with physicians orders will be supervised or stored with the exception of over the counter medications as approved on the Allowable Non-prescription drug document.
3. Prescribed medications must be dispensed through a pharmacy or individual's treating physician or dentist. DRI has a preferred pharmacy that does not charge for delivery of prescriptions. The client is responsible for any pickup or delivery charges from outside preferred vendor.
4. Physician sample medications must provide specific dosage instructions for individual.

J. Assisted Living Facility

1. Emergency Medications – Staff may assist with medications but the individual must still administer own medication.
2. Staff may also obtain over-the-counter medications that are approved with written consent of the individual, or parent/guardian/surrogate decision maker for PRN (as needed) use. The cost of such medication will be the responsibility of the individual or parent/guardian/ surrogate decision maker.
3. The facility and staff are not responsible for injury or accident that may occur to the individual if medication, treatment or safety device (helmet, braces, crutches, etc.) are refused by the individual. Documentation will show staff encouraged and explained the benefits of above.
4. Individual, parent/guardian/surrogate decision maker will be responsible for final expenses incurred for individual medications, medical supplies, physician visits or diagnostic tests.
5. Exceptions to above expenses are those supplied by Disability Resources Incorporated to all staff and individuals (i.e. TB screening). Documentation on medications for all facilities
6. A medication profile will be maintained on each individual.
7. Information on profile:
  - a. Medication Name;
  - b. Strength;
  - c. Dosage;
  - d. Amount Received;
  - e. Directions for use;
  - f. Route of Administration;
  - g. Prescription Number;
  - h. Pharmacy Name;
  - i. Date each medication was issued by the pharmacy.
- II. Controlled medications will be maintained in locked controlled medication area.
8. Medication will be listed on medication profile.
9. A daily count will be done at the Assisted Living Facilities and a count will be done during the 10-6 shift for ICF-ID/RC Facilities, which will include initial amount, amount taken that day and the amount remaining.

10. Counseling must be provided daily and documented on every month for medications the individual is taking.
11. New medications and PRN (as needed) medications must be documented in health notes with each initial dose if not given on a routine (daily) basis.
12. Documentation includes:
  - a. Any changes to current MAR must be accompanied by a Medical Information Received document signed by both parties. (Attached)
  - b. Counseling:
  - c. Reason medication prescribed/given;
  - d. Signs and symptoms, if any;
  - e. Any positive or negative reaction after administered.
13. If unusual reaction to medications or treatments occurs, staff will:
  - a. Immediately report to House Manager or Nurse Consultant, who will report to physician or parent/guardian/surrogate decision maker.
  - b. Document in individuals record
    - (1) Medication given or treatment;
    - (2) Time reaction occurred;
    - (3) Who was notified;
    - (4) What was done;
    - (5) Final outcome.
14. Missed Medication or Treatment (Does not apply when individual is on home visits)
  - a. Incident or Error report filed;
  - b. House Manager and Nursing Consultant will be notified;
  - c. Date and time dose should have been taken; medication and strength will be documented. Document and follow Nursing Consultants instructions pertaining to medical error.
15. Release of Medication  
Individuals leaving on therapeutic home visits from facility or being discharged from facility will have medications sent with them in a pharmacy or physician dispensed container, unless other provisions have been made.
16. Disposal of Medications and Supplies
  - a. Medications that have been discontinued, passed the expiration date, contaminated, or remain after the individual is deceased, will be disposed of in accordance with regulation of the State Board of Pharmacy.
  - b. Needles and syringes with needles attached must be disposed of in a sharps container and when container is full, disposed of by a pharmacist.
17. Staff Assistance/Supervision of Medication Administration:
  - a. Remind individual to take medication at proper time.
  - b. Assist in opening and replacing the medication container lid or opening package, if needed.
  - c. Pouring prescribed dosage according to medication profile record, if needed.
  - d. Remain with resident while medication or treatment is obtained from a central medication storage area.
  - e. Use hand-over-hand technique (in ICR/ID/RC facility only), if necessary.



- f. Supervise individuals' entire time they are in the central medication storage area.
- g. See that medications are returned to proper locked areas.
- h. May assist in obtaining medication and supplies from a pharmacy with a physician's order.

(NOTE: If the individual of an Assisted Living Facility refuses to take medications or treatments the house manager will contact the parent/guardian/advocate to notify them of client's refusal to take medications or treatments and the parent/guardian/advocate is now responsible for medication and treatment and other arrangements may be required).

18. Storage

- a. Medication will be kept in a locked control medication storage area.
- b. Medications in the ICF homes requiring refrigeration will be kept in the locked storage area of the refrigerator.
- c. Oral medication will be stored separate from external uses medications. External medications will be labeled "External use only".
- d. All poisons will be stored in a locked area separate from medication or preparation.
- e. Individual's routine medications will be stored separately from other individuals' medications within the storage area.
- f. Each facility will stock and maintain a First Aid supply kit with supplies to treat burns, cuts and poisoning in locked medication area.

19. Immunizations:

- a. DRI only provides the Flu vaccination to our clients and staff. Client participation will be based on information received on the Allowable Non-prescription Drug document. DRI does not provide any other vaccination.
- b. DRI is required to test each client and staff member for Tuberculosis each year. If any client or staff has a reaction they are referred to a physician for further testing. If a client or staff has previously had a reaction or is allergic to the serum, an x-ray will be administered every three years. A physician must review the x-ray and make a determination in writing to DRI.

Date\_\_\_\_\_

Medical Information Received

I have received medical information about\_\_\_\_\_

From\_\_\_\_\_after he/she was seen by  
\_\_\_\_\_. Changes will be made to the MAR if  
necessary and treatment will be changed if indicated.

Parent/Guardian contacted\_\_\_\_\_.

Signature of House Manager\_\_\_\_\_



		MEDICATION LIST REVIEWED

\*FORM MUST BE SUBMITTED TO ADMINISTRATION OFFICE WITHIN 24 HOURS\*

**MEDICATION ERROR**

DATE: \_\_\_\_\_

INDIVIDUAL'S NAME: \_\_\_\_\_

DATE OF ERROR: \_\_\_\_\_ TIME OF ERROR: \_\_\_\_\_

NAME OF MEDICATION INVOLVED: \_\_\_\_\_

\_\_\_\_\_

REASON FOR MEDICATION NOT TAKEN AS PRESCRIBED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WAS MEDICATION TAKEN AS PRESCRIBED BUT ERROR INVOLVED  
DOCUMENTATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF STAFF PERSON NOTIFIED IMMEDIATELY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Signature of person reviewing form

\_\_\_\_\_  
Date

RECOMMENDATIONS FOR FURTHER ACTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Kelly Young, President/CEO

\_\_\_\_\_  
Effective Date