

Winter Growth, Inc.

POLICIES AND PROCEDURES MANUAL FOR MEDICAL DAY CARE and ASSISTED LIVING

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**CHAPTER 1
GENERAL REQUIREMENTS**

1.1 Policies and procedures manual

This manual has been developed to comply with all rules and regulations established by the Maryland Department of Health (MDH) that set the standards necessary for the welfare and safety of individuals who receive care in medical day care centers and assisted living homes.

The organization and daily operation of Winter Growth are guided by the policies and procedures included in this manual.

The manual is to be reviewed on an annual basis and documented accordingly on the title page.

The manual shall be available in the Center to representatives of the Maryland Department of Health at all times.

A. Winter Growth's Mission

Winter Growth's mission is to foster community by empowering seniors and adults with disabilities to live their best lives. We do this by listening and creating an environment for connections in both our assisted living and adult daycare program and offering community transportation for people who require assisted transportation. Winter Growth's vision is to be the leader in person-centered care. We strive for this vision by: providing services that are responsive to individual preferences, needs and values; recognizing everyone's rights of choice, privacy, and opinion; providing care with empathy, warmth, and kindness; enhancing all staff's knowledge and skills through ongoing training; employing the latest research to design and deliver therapeutic activities and services; and by embracing everyone's right to have a life with purpose, meaning, joy, and satisfaction.

B. The goals of Winter Growth are:

- 1)To promote the individual's maximum level of independence;
- 2)To maintain the individual's present level of functioning as long as possible, preventing or delaying further deterioration;
- 3)To provide support and respite to family and other caregivers in continuing their care of the impaired person;
- 4)To provide an alternative setting for diagnostic and treatment procedures that will enable the impaired person to remain at home;
- 5)To sustain impaired seniors by providing outlets and services to supplement essential self-care activities which they cannot manage for themselves;
- 6)To foster socialization and peer interaction.

C. Winter Growth will provide the following services to all participants during our medical day care program:

- 1)Personal care

- 2) Structured, therapeutic activities
- 3) One meal and one snack for 4-6 hours at center and one meal and two snacks for 7-8 hours at center
- 4) Nutrition teaching
- 5) Health monitoring plus medical treatments as ordered by Physician
- 6) Health teaching
- 7) Counseling
- 8) Transportation within a designated area
- 9) Referral to social agencies
- 10) Arrangement for physical, occupational, and/or speech therapy as prescribed by physician

D. Winter Growth will provide the following services to all residents and respite visitors while in our assisted living program:

- 1) 24 hour supervision
- 2) Personal care assistance
- 3) Three nutritious meals and at least two snacks daily
- 4) Medication supervision and/or administration
- 5) Laundry services
- 6) Housekeeping services

E. An Organizational Chart delineating the lines of authority, responsibility and accountability for the administration and participant/resident care services of the facility is available in Chapter 2.

F. The Center will provide a continuum of care for participants through the referral mechanism described in chapter 9.

G. The quality assurance program is described in chapter 17.

1.2 Services provided

A. Winter Growth provides medical day care to participants who do not require 24-hour in-patient health care. The goals of the services may be preventive, therapeutic, diagnostic or rehabilitative. Winter Growth also provides assisted living to individuals who do not require twenty-four hour nursing care.

In general, participants shall be at least 18 years of age, with the emphasis on seniors with health and social problems and functional disabilities that would benefit from the services provided. Younger participants will be considered individually to determine if the program can meet their needs.

B. The following services are provided directly in the medical day care program:

1)Health services:

a)Nursing services under the direction of a registered nurse are available during all hours that participants attend the day program, providing nursing assessment, supervision, health monitoring, instruction and treatment. The nurse administers medication or designates this responsibility to a certified Medication Technician or CMA and documents care and changes in the participant's condition.

b)The nurse or designee obtains current medical orders regarding such items as diet, medications and treatments from participant's attending physician and has the primary responsibility for maintaining the medical record. The nurse or designee reports observed changes in health status, including reaction to medicine, to the physician.

c)The health, functional status, and adherence to a prescribed medical regimen shall be observed and documented in a form as required by the Department.

d)Arrangements to cope with emergency situations shall be made and shall include training of designated staff in first aid and cardiopulmonary resuscitation.

2)Social services: A licensed social worker shall provide social work services to the participants and their families, as needed. Staff provide information, referral and family support services.

3)Activities Program: The structured program, under the direction of an activity coordinator, provides a variety of recreational and social activities suited to the needs and interests of the individual participants, and designed to stimulate intellect and interest, to rekindle motivation, and provide opportunities for a variety of types and levels of involvement, including small and large group activities. Each day's activities shall include some physical exercise, rest, social interaction, personal care if needed, and mental stimulation. Participants shall be able to choose between group and individual activities during at least some part of the day. Participants shall have the choice of refusing to participate in any activity.

4)Nutrition services: Participants are served a congregate mid-day meal and one/two snacks. All meals and snacks adhere to individual dietary orders of their attending physicians.

5)Transportation: The program provides direct transportation services, between the participant's home and the Center, at designated times. The facility will establish a transportation area within which transportation services can be provided. A family may provide transportation if this better fits the participant's or family needs, if they reside outside the transportation service area or if they require longer hours of supervision at the center. Transportation to medical appointments, as well as outings will be offered based on need and availability.

C. The following services are provided in the assisted living program:

1) Personal care assistance: Residents/respice visitors will receive assistance with grooming, bathing, dressing, transferring, eating, and toileting as needed.

2) Nutrition services: Residents/respice visitors are served three congregate meals and at least two snacks. All meals and snacks adhere to individual dietary orders of their attending physicians.

3)Health services:

a)All medications and prescribed treatments are administered by RN, LPN, CMT or CMA. Any changes in health status, including reaction to medicine, are reported to the delegating nurse and/or assisted living manager.

b)The assisted living manager or designee obtains current medical orders regarding such items as diet, medications and treatments from residents/respice visitor's attending physician and has the primary responsibility for maintaining the record. The assisted living manager or designee reports observed changes in health status, including reaction to medicine, to the delegating nurse and/or physician.

c)The health, functional status, and adherence to a prescribed medical regimen shall be observed and documented in a form as required by the Department.

d)Arrangements to cope with emergency situations shall be made and shall include training of all assisted living staff in first aid and cardiopulmonary resuscitation.

4) Laundry and housekeeping services: Residents/respice visitors will receive assistance with laundry and housekeeping. Residents/respice visitors will be encouraged to assist with these services as they are able to encourage independence.

D. The medical day care program shall be open to day participants for at least 4 hours but less than 24 hours per day, at least 3 days a week, exclusive of holidays and other planned closings. The center's hours of operation shall be posted in a prominent place so that participants can easily see them. It is not the intention of this facility to provide day services for more than eight hours on any calendar day, except in an emergency situation. Hourly respice in our assisted living program is provided for all day participants who require supervision beyond the normal business hours of the day program.

E. The medical day care program shall have a system of staffing related to participant needs as determined by the AdCap.

F. All day participants shall be scheduled for days of attendance. Daily records shall be maintained on attended days of care. The reason for an unscheduled absence by a participant on a day scheduled that has not been communicated to a staff member shall be pursued on the day of the absence.

G. The facility shall adhere to all applicable Federal, State and local laws, rules, regulations and requirements.

1.3 Submission and availability of documents

A. The center shall keep such records as are needed for the operation of the program, as are required by MDH, and to document the progress of the participants. Records shall be retained for a period of at least 6 years after discharge.

B. All records, reports, documents, policies, and manuals specified in these standards are made available, upon request, to participants, staff, and the public. Participants' records are made available upon the written consent of the participant, unless medically contraindicated,

after such deletions as are required by law are made. If any of the requested records, reports, documents, policies, and manuals contains information involving confidential corporate or business materials, such information may be deleted. However, if such information is deleted, the administrator shall inform the requesting party in writing of the reasons for the deletions. Copies of these documents are provided, upon request, at a charge of \$0.50 per one-sided page and within 30 days of the request.

C. The following information is available in the Center, during business hours, to participants, responsible parties, and to the public:

1)All waivers granted by the Maryland Department of Health.

2)All records, reports, documents, policies and procedures and manuals required by the standards.

3)A list of deficiencies from the last annual licensure inspection and certification survey report (if applicable).

4)The names and addresses of the members of the governing authority (Board of Directors).

5)Policies and procedures regarding participant rights, obligations and prohibitions.

6)Copies of the documents listed shall be provided upon request within a reasonable time, and at a charge of \$0.50 per one-sided page, payable in advance.

1.4 Personnel

A. Winter Growth maintains written job descriptions. All personnel are assigned duties in accordance with their education, training and competencies, in accordance with their job descriptions.

B. All personnel, including substitute personnel, who require licensure, notification, or authorization to provide participant care shall be licensed, certified or authorized under the appropriate laws or rules of the State of Maryland.

C. All personnel shall agree to have a criminal background check completed prior to becoming an employee. In addition, all staff that shall agree to have another criminal background check completed at least every three years. Winter Growth must comply with State regulations in regards to initial and continued employment of individuals convicted of specified crimes as indicated in current regulations which may prevent employment or result in termination.

D. All personnel that require proof of education credentials shall be required to submit documentation.

E. All personnel who will be transporting participants in Winter Growth vehicles are subject to an initial and an annual motor vehicle record (MVR) check AND an annual drug screening. In addition, any person driving a Winter Growth vehicle that has a gross vehicle weight over 10,001 pounds must have a current Department of Transportation (DOT) card.

F. The center shall maintain written staffing schedules, implemented to ensure continuity of care. A staff member is considered full-time if they work 30 or more hours per week. A different standard may be applied as related to eligibility for benefits.

G. Employees of the Housing Program providing direct care to participants are required to undergo a pre-employment medical examination certifying ability to physically perform the duties for which employed. All employees must have certification of absence of tuberculosis in a communicable stage shall be made according to guidelines provided by the licensing authority.

H. Staff training- All staff are subject to mandatory initial and ongoing training as indicated by current regulations. Ongoing trainings are provided as needed. Some training is also provided at weekly interdisciplinary team meetings, housing meetings and at activity staff meetings. Housing staff is expected to access the current online training portal to maintain all mandated trainings. Training outside of the organization is provided for based on the availability of funds. Funds available are allocated among staff members with an effort to see that everyone has the opportunity to take part in training outside of the center on an equal basis. Documentation of all trainings is required.

I. Drug free workplace- Winter Growth's purpose in implementing this policy is to provide a drug-free and alcohol-free workplace in order to ensure a safe, healthy, and productive work environment for all employees. All employees must report to work in a fit condition to perform their duties. Being under the influence of drugs or alcohol is not acceptable. A conviction for drug or alcohol abuse crimes will be considered to be in violation of our substance abuse policy. If an employee is convicted of such a crime, the employee is required to report any such conviction to their supervisor. The employee may be subject to termination or required to submit to a bona fide drug or alcohol abuse rehabilitation program. In addition as stated under our Personnel Handbook section: Involuntary Termination of Employment: an example of behavior considered to be gross misconduct in our environment with vulnerable adults, and can result in immediate termination of employment includes:

- **Violating the drug- and alcohol-free workplace policy.**

In addition, an employee will not be terminated for voluntarily seeking assistance for a substance abuse problem. However, performance, attendance, or behavioral problems may result in disciplinary actions up to and including termination.

J. Emergency Response Plan to Workplace Violence-

1)The emergency response to a reported incident outside of the building is to immediately notify all staff that until further notice no one may exit or enter the building.

2)The emergency response to any witnessed violent incident in the building should be to pull the fire alarm which will cause all personnel and participants to evacuate from the building. The staff member who observed the incident should then call 911 and report the incident.

1.5 Written agreements for contracted professionals

The Center shall have written agreements, or its equivalent, for services not provided directly by the Center. The written agreements, or its equivalent, shall include a Business Agreement and shall require that services be provided in accordance with the rules in this chapter.

1.6 Reportable events

The facility shall notify MDH if:

- 1) Interruption or cessation of services listed,**
- 2) Termination of employment of the CEO/President and the name and qualifications of the CEO/President's replacement,**
- 3) Occurrence of epidemic disease in the Center,**
- 4) All fires, all disasters, and all deaths resulting from accidents or incidents in the Center or related to facility services. The written confirmation shall contain information about injuries to patients and/or personnel, disruption of services, and extent of damages; and**
- 5) All alleged or suspected crimes committed by or against participants, which shall also be reported at the time of occurrence to the local police department.**

CHAPTER 2

GOVERNING AUTHORITY AND ADMINISTRATION

2.1 Appointment of CEO/President

The governing authority (Board) shall appoint an individual to serve as CEO/President for the organization.

2.2 CEO/President's responsibilities

A. The CEO/President shall be responsible for, but not limited to, the following:

- 1) Review and authorize any written agreements with independent contractors. Ensure Human Resources personnel receive initial current licenses and insurance policies (malpractice/professional liability/workers compensation).
- 2) Write or review grant proposals and ensure reportables submitted for all approved grants.
- 3) Negotiate contracts to acquire funding needed for subsidizing individuals in the program, and obtaining needed resources not available through regular per diem reimbursement.
- 4) Through delegation and personal effort:
 - a) oversee recruitment, interview, and hiring of staff needed to accomplish stated goals of the program.
 - b) provide for staff counseling when appropriate.
- 5) Work with professional staff and outside contractors for the training and support of staff.
- 6) Supervise and support Center Directors who manage the day and housing program.
- 7) Supervise and support the Accounting Manager who oversees all phases of accounts payable, accounts receivable, payroll and benefits for employees.
- 8) Supervise and support all staff involved in Human Resources.
- 9) Support Registered Nurses, Health Coordinators, and Assisted Living Managers to ensure we are providing quality care and meeting or exceeding current regulations.
- 10) Support Activity Coordinators in the development of a program, which meets the individual needs of each participant.
- 11) Support the Transportation Coordinators and Maintenance Technicians in assuring that vehicles and buildings are maintained in optimal and safe conditions. Review contracts with outside vendors of repair and replacement services.
- 12) Insure program standards exceed those necessary for licensure. See that licenses remain current.

13) Maintain current knowledge of legislative and regulatory policies that impact Winter Growth's programs and the individuals served.

14) Manage risk.

15) Review insurance bids and employee benefit packages.

16) Follow all HIPAA standards of privacy and accountability. Support HIPAA designated official in assuring that standards are followed by all staff.

B. Minimum Physical Requirements: Able to operate personal computer; able to concentrate for long periods of time while maintaining accuracy.

2.3 Accounting Coordinator

Direct supervisor is the CEO/President

A. Be responsible for the full range of accounting duties to include accounts payable, and accounts receivable.

B. Support CEO/President in processing quarterly and annual filings for Payroll as needed.

C. Follow all procedures and guidelines for allocation of expenses and revenue in accounting software as directed by CEO and/or CPA firm.

D. Review all monthly invoices regarding employee benefits and communicate with CEO/President regarding changes/corrections.

E. Review with CEO/President regarding any aged receivables over two months.

F. Support CEO as requested for financial information for grant proposals and reports.

G. Provide support to the CEO in preparation for the annual review.

H. Provide budget information to CEO for identified departments as needed.

G. Minimum Physical Requirements: Able to operate personal computer; able to concentrate for long periods of time while maintaining accuracy.

2.4 Human Resource Coordinator

Direct supervisor is the CEO/President.

A. Understand all personnel policies and be available to provide clarification to staff regarding leave, benefits and other personnel issues.

B. Ensure all best practices are followed in regards to personnel records to include all new hire and recurring paperwork is correct.

C. Maintain current records of licenses and insurance policies (malpractice/ professional liability/workers compensation) for all consultants (ie; podiatrist, pharmacist).

D. Assist supervisors in assuring that all required new hire and ongoing training is

conducted.

E. Maintain accurate data for employees in human resources software to include changes in pay rate, benefits, and cost center distribution.

F. Maintain all employee benefits assuring eligible staff is notified in a timely manner and reviewing all invoices prior to payment.

G. Process all claims with Workers Compensation, Unemployment, FMLA requests and COBRA notification.

H. Process all staff employment advertisements as requested by supervisors.

I. Coordinate with CEO for annual evaluations to be conducted by Department Heads.

J. Arrange for provisions for all in-service meetings.

K. In collaboration with CEO, as appropriate, send recognition for birthdays, hospitalizations and other personal events.

L. In collaboration with CEO, organize all staff recognition throughout the year.

M. Support Accounting Manager with payroll duties and compliance issues, quarterly and annual filings for payroll.

N. Minimum Physical Requirements: Able to operate personal computer; able to concentrate for long periods of time while maintaining accuracy.

2.5 Administrative Assistant

Direct supervisor is the Center Director.

A. Answer telephone lines and direct calls to appropriate staff members efficiently while communicating friendliness.

B. Open and sort mail, distribute incoming correspondence including faxes

C. Order supplies as requested and review invoices received.

D. Review completed attendance and nutrition for programs for accuracy, follow-up on discrepancies.

E. Assist CEO as requested.

F. Assist Department Heads as requested.

G. Greet visitors to the building as required.

H. All other duties as requested.

I. Minimum Physical Requirements: Able to operate personal computer; able to concentrate for long periods of time while maintaining accuracy.

2.5 Organizational Chart

Board of Directors

CEO/President

Program Development

Community Outreach

Facility Manager

Maintenance Technician(s)

Housekeeping

Accounting Coordinator

Human Resource Coordinator

Registered Nurse/LPN

Day Care CNAs/Med Techs

Center Director

Memory Care Coordinator

Social Services/Human Services

Administrative Assistant

Kitchen Manager

Kitchen Assistant

Transportation Coordinator

Drivers

Life Enrichment Coordinator

Volunteer Coordinator

Life Enrichment Associates/Program Assistant(s)

Assisted Living Managers

Assisted Living CNAs/Med Techs

CHAPTER 3

STAFFING QUALIFICATIONS FOR MEDICAL ADULT DAYCARE REQUIRED POSITIONS

3.1 Qualifications of the center director of the adult day center

A. Have a bachelor's degree from an accredited college or university, preferably in a health and human services field, or be a registered nurse.

B. Duties exclusive to the administration and provision of services at the day care center.

3.2 Qualifications of registered nurses

The registered nurse services shall have at least three years' experience in a health care setting. The full-time day care director who is a registered nurse may also serve as the registered nurse.

3.3 Qualifications of the kitchen manager

A. Be certified by the ServSafe Food Protection Manager Certification, or equivalent, course every three years.

B. Have training and experience in food service supervision and management of at least one year.

3.4 Qualifications of activities coordinator

A. Have high school diploma or general equivalency diploma (GED);

B. Have at least 3 years experience in activities coordination or therapeutic recreation for the aged, individuals with disabilities, or other special populations.

3.5 Qualifications of program assistants/activity leaders

A. Have high school diploma or general equivalency diploma (GED);

B. The center shall have sufficient staff to meet the participants' needs.

CHAPTER 4

DEFINITIONS

4.1 Scope

The definitions in this chapter pertain to all Winter Growth, Inc. facilities which provide day services and/or assisted living.

4.2 Purpose

Winter Growth adult day centers and assisted living provide a menu of community based services for health impaired senior and disabled adults that allows them to remain in the living environment of their choice.

4.3 Definitions

The following words and terms shall have the following meanings, unless the context clearly indicates otherwise:

"Activities of daily living" (ADL) means the functions or tasks for self-care which are performed either independently or with supervision or assistance. Activities of daily living include assistance and retraining in walking, transferring, walking, grooming, bathing, dressing and undressing, eating, toileting, and the use of environmental aids to assist the individual to greater independence within his/her particular home environment.

"Bylaws" means a set of rules adopted by the Center for governing its operation. An articles of incorporation, and/or a statement of policies and objectives is an acceptable equivalent.

"Cleaning" means the removal by scrubbing and washing, as with hot water, soap or detergent, and vacuuming, of infectious agents and of organic matter from surfaces on which and in which infectious agents may find conditions for surviving or multiplying.

"Center" means physical building.

"Communicable disease" means an illness due to a specific infectious agent or its toxic products which occurs through transmission of that agent or its products from a reservoir to a susceptible host.

"Conspicuously posted" means placed at a location within the Center accessible to and seen by participants and the public.

"Contamination" means the presence of an infectious or toxic agent in the air, on a body surface, or on or in clothes, bedding, instruments, dressings, or other inanimate articles or substances, including water, milk, and food.

"Controlled Dangerous Substances Acts" means the Controlled Substances Act of 1970 (Title II, Public Law 91-513)

"Current" means up-to-date, extending to the present time.

"Direct supervision" means supervision on the premises within view of the supervisor.

"Disinfection" means the killing of infectious agents outside the body, or organisms transmitting such agents, by chemical and physical means, directly applied.

"Document" means form that has been signed, and dated.

"Drug administration" means a procedure in which a prescribed drug is given to a participant by an authorized person in accordance with all laws and rules governing such procedures.

"Epidemic" means the occurrence in the Center of one or more cases of an illness in excess of normal expectancy for that illness, derived from a common or propagated source.

"Family" means persons related by blood, marriage, or commitment.

"Full-time" means relating to a time period of not less than 30 hours, established by the Center as a full working week, as defined and specified in the Winter Growth's policies and procedures. Number of hours to be eligible for specific benefits may vary from the above.

"Governing authority" means Board of Directors set up to assume full legal responsibility for the policy determination, management, operation, and financial liability of the company.

"Health care facility" means a facility so defined in Maryland.

"Health care provider" means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.

"Job description" means specifications developed for each position in the Center, containing the qualifications, duties and responsibilities, and accountability required of employees in that position.

"Licensed nursing personnel" (licensed nurse) means registered professional nurses or practical (vocational) nurses licensed by the Maryland State Board of Nursing.

"MDH" means the Maryland Department of Health.

"Medical day care" means a facility which is licensed by the Maryland Department of Health and Mental Hygiene to provide therapeutic arts and crafts; community excursions, if appropriate; hobby cultivation; health services; and other services that enhance social functioning and develop activities in daily living and personal independence.

"Medical record" means all records in the Center which pertain to the participant.

"Monitor" means to observe, watch, or check.

"Multidisciplinary team" means those persons, representing different professions, disciplines, and services, who work together to provide an integrated program of care of the participant.

"Nosocomial infection" means an infection acquired by a participant while in the Center.

"Participant" means individual who is actively enrolled in either the medical day care.

"Participant plan of care" means a plan for a participant which contains documentation of joint planning by the multidisciplinary team. The plan is based upon the participant assessments of all services participating in the participant's care and includes care and treatment to be provided. Each service that the participant receives develops its own portion of the participant plan of care.

"Prescriber" means a person who is authorized to write prescriptions in accordance with Federal and State laws.

"Progress note" means a dated document summarizing information about a participant that includes care provided and the participant's response to it.

"Resident" means an individual who is actively enrolled in the assisted living program.

"Respite Visitor" means someone who is admitted for short-term residential care.

"Restraint" means a physical device or chemical (drug) used to limit, restrict, or control participant movements.

"Secretary" means the Secretary of MD Dept of Health or the Secretary's designee.

"Self-administration" means a procedure in which any medication is taken orally, injected, inserted, or topically or otherwise administered by a participant to himself/herself. The complete procedure of self-administration includes removing an individual dose from a previously dispensed, labeled container (including a unit dose container), verifying it with the directions on the label, and taking orally, injecting, inserting, or topically or otherwise administering the medication.

"Signature" means at least the first initial and full surname and title (for example, RN, LPN, LBSW) of a person, legibly written with the person's own hand.

"Staff orientation plan" means a plan for new employees that includes duties and responsibilities of the service to which the employee has been assigned, as well as personnel policies of the Center.

"Sterilization" means a process of destroying all microorganisms, including those bearing spores, in, on, and around an object.

"Supervision" means authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his or her sphere of competence, with initial direction and periodic on-site inspection of the actual act of accomplishing the function or activity.

"Transportation services" means the conveying of participant between the Center and the participant's home.

"Unit dose drug distribution system" means a system in which drugs are delivered in single unit packaging. Each participant has his or her own receptacle, such as a tray, bin, box, cassette, drawer, or compartment, labeled with his or her first and last name and containing his or her own medications. Each medication is individually wrapped and labeled with the generic name, trade name (if appropriate), strength of the drug, lot number or reference code, expiration date, and manufacturer's or distributor's name, and ready for administration to the participant.

"Volunteer" means an individual who gives help, does a service, or takes an obligation, on-site for 8 hours or more per week, without payment; and serves or acts of his/her own free will under the direction of the staff of the Center.

CHAPTER 5

PARTICIPANT CARE POLICIES

5.1 Policies and procedures

The written participant care policies shall be established, implemented and reviewed on an annual basis, by the CEO/President and a Registered Nurse. Additions and revisions shall be established, implemented and reviewed on an on-going basis, as needed. Each review shall be documented.

A. Participant Rights - See Chapter 12 of this manual.

B. Staffing Levels: Staffing Levels will meet or exceed regulatory requirements, in order to meet the acuity needs of those participants in attendance and to provide the highest quality, therapeutic daytime program. Daycare direct care staffing levels shall be indicated by the AdCaps.

C. Continuity of Participant Care: Within the adult day center setting, continuity of participant care is a primary objective. The staff of the program recognizes that the family and other community agencies are an essential part of the support system that allows the participant to remain in the community. Therefore, an ongoing effort is made to coordinate all aspects of participant care, without infringing upon the dignity or privacy of the individual participant. The following procedures to ensure continuity of care shall be in place:

1)The Registered Nurse shall instruct families to inform the nursing department regarding any pending medical appointments. When staff is alerted of an appointment, then staff will provide a Physician's Office Visit Form to be taken to the appointment, completed and signed by the health professional providing the service.

2)Results of all consultations and services shall be added to the medical record as soon as they are received.

3)Discharge planning is considered essential to ensure the continuity of care. Discharge needs are evaluated by the multi- disciplinary team with the development of the initial care plan. (See Chapter 13 "Discharge Planning Services")

4)The social worker shall maintain an active and up-to-date file of referral agencies, and shall maintain ongoing contact with these agencies in order to provide a continuum of care for the participant.

5)The multidisciplinary team shall be involved in all aspects of participant care, including admission, assessment, planning, implementing, and quality assurance.

D. Emergency care of participants: Detailed plans and procedures relating to emergency care are available at each center.

E. Written informed consent: On or before admission to the program, participants and their families receive a thorough explanation of the program and their rights as participants and receive at a minimum the following: transportation agreement, service contract, media release, financial policies agreement, acknowledgment of receipt of Winter Growth's notice of privacy practices, adult day care meal benefit application and home alone agreement, if applicable. These documents are given to the participant and/or family. The original signed documents are placed in the chart.

F. Participant health instruction and education: Participant health instruction and education is considered to be an important aspect of care, and is included in the plan of care where appropriate.

G. Smoking: Both campuses are Smoke-free.

H. Discharge, Transfer and Readmission Policies: Discharge planning is addressed in Chapter 13 of this manual. Readmission policies are addressed in Section 5.2 of this Chapter.

I. Care and Control of Pets: Winter Growth encourages the use of animals as a therapeutic tool. The rationale behind animal visiting has been for "pet therapy". Pets may be allowed in the Center, if they meet the following standards.

1) Visiting pets must not pose a threat or nuisance to the participants, staff, or visitors because of size, odor, sound, disposition or behavioral characteristics. Aggressive or unprovoked threatening behavior will mandate the pet's immediate removal.

2) Visiting pets must be healthy and free of parasites. The owner of a dog or cat must be able to show proof of current vaccinations for rabies and other animal diseases as required by the Animal Health Certificate and Rabies Document.

3) Visiting dogs or cats must be house broken if more than four months of age.

4) Proper and frequent hand washing shall be required of all persons handling animals.

5) Pets and their utensils, food and equipment are prohibited from the following areas:

a) food preparation and storage areas;

b) areas used for the cleaning or storage of human food utensils and dishes;

c) vehicles used for the transportation of prepared food;

d) nursing stations, drug preparation area, cleaning supply, and linen rooms;

e) areas where soiled or contaminated materials are stored.

J. Exclusion of Participants with an Infectious and/or Transmissible Disease: Participants with an infectious and/or transmissible disease are not allowed to remain at the center while their disease is infectious and/or transmissible. The following standards shall be in effect:

1) A physician's assessment and order form is required prior to admission to the program. The physician or other medical personnel shall also certify that the participant is free of infectious and/or transmissible diseases.

2) Families and participants will be instructed during the admission process of the requirement to exclude participants with infectious and/or transmissible diseases, and advised of alternative care arrangements that can be made. The duration of the exclusion shall be a decision of the Health Coordinator, in coordination with the participant's attending physician.

3) If a participant arrives at the Center in an infectious state, or develops signs of infection during the day, the registered nurse shall isolate the participant as much as possible, and call the family to pick up the participant at the center or we will transport the participant home in one of the center vehicles.

5.2 Admission and retention of participants:

It is the policy of Winter Growth to accept and accommodate a wide range of disabilities and problems at the medical day care and assisted living programs. Winter Growth uses the professional expertise of staff to devise individualized plans of care that allow participants to remain in our programs for as long a time as possible. The multidisciplinary team, as a unit, will advise on the admission and retention of all participants/residents.

A. Admission Requirements

1) Admission to all Winter Growth programs is determined by an initial assessment by the agency's social/human services staff or designee in consultation with the Center's nursing department and/or delegating nurse. Winter Growth reserves the sole right to make these determinations. Admission is based on an evaluation of the program's ability to meet each individual's needs within a group setting that respects the rights of all individuals.

2) For admission to Winter Growth's Medical Day Program, an individual must:

a) Be deemed an appropriate recipient of medical day care by a physician.

b) Obtain a Physician's Assessment and Order Form: Before admission, the center shall obtain from a physician a written statement including an assessment of the applicant's general medical condition which is based on a medical evaluation performed within 45 days before admission. The physician's statement shall also include:

- i. Restriction on activities;**
- ii. Allergies;**
- iii. Prescribed medications;**
- iv. Diet modifications;**
- v. Presence of communicable disease and infections;**
- vi. Instructions relative to health care; and**
- vii. Statement of the participant's ability to self-medicate.**

c) Be deemed appropriate by the Center Director based on a social work and nursing evaluation including being free of communicable diseases such as TB.

d) Have his or her own private physician who is willing to work with and advise Winter Growth on the care of the participant, and respond with instructions in an emergency. The physician must provide a signed agreement to have a back-up physician designated at all times when he/she is not available. The back-up physician must be willing to respond to Winter Growth, providing instructions and advice on behalf of the individual participant.

e) Have the needed support during hours not cared by the center.

f) Demonstrate an ability to function within the program without causing undue disruption or danger to self or others.

g) Be able to stand and pivot with the assistance of only one person for transferring.

h) If require transportation services, live within our current transportation area and have available space on the vehicle that travels in that area.

i)Not be a “combative wanderer”, needing full time one-to-one staff attention for their own protection and the protection of others.

j)Function at such a level that a less expensive type of program, such as a senior center, or county nutrition site could meet their needs.

3)For admission to Winter Growth’s residential program, an individual must:

a)Be deemed appropriate by the Center Director based on a social work, physician, and nursing evaluation including being free of communicable diseases such as TB and,

b)Have his or her own private physician who is willing to work with and advise Winter Growth on the care of the resident, and respond with instructions in an emergency. The physician must provide a signed agreement to have a back-up physician designated at all times when he/she is not available. The back-up physician must be willing to respond to Winter Growth, providing instructions and advice on behalf of the individual resident.

c)Demonstrate an ability to function within the assisted living program without causing undue disruption or danger to self or others.

d)Be able to stand and pivot with the assistance of only one person for transferring.

e)Not be a “combative wanderer”, needing full time one-to-one staff attention for their own protection and the protection of others.

f)Function at such a level that Winter Growth is able to meet the care needs and services of the individual.

4)Non-Discrimination Policy: The services and facilities of Winter Growth are operated on a non-discriminatory basis and comply with Title VI of the Civil Rights Act of 1964. The Center is open to serve all without regard to race, color, national origin, religion, age, disability, sex, sexual orientation, genetic information or any other factor protected by federal, state or local law. This policy applies to the provision of services, use of the facilities, employment practices, granting of privileges, and accommodations, and the opportunity to participate in all programs of activities. In addition, service is not denied or terminated based on a communicable disease. Communicable diseases are reported to the Secretary of the Maryland State Department of Health and Mental Hygiene and we abide by his/her decision and instructions regarding the above.

5)Restrictions on Admissions: Participants will not be admitted to the Center, according to the following criteria:

a)Participants under eighteen years of age are not to be admitted;

b)Participants who manifest such a degree of behavioral disorder that they are a danger to themselves or others, or whose behavior causes undue disruption for other participants/residents are not admitted or retained.

B. Admission Procedures-Residential Program

1)The nursing assessment is completed on the first day of the program.

2)Participant information obtained from the initial assessment is entered into the current software program.

C. Denial of Admission

- 1)Failure to pursue funding or qualify for funding;**
- 2)Failure to sign private pay or third party financial responsibility agreement.**
- 3)Failure to obtain a history and physical and medical plan of care from attending physician;**
- 4)Participant's needs cannot be served within the setting of the medical day or assisted living program;**
- 5)Failure to meet minimum standards of behavior, dress and grooming for acceptance within a group;**
- 6)Participant lives outside the established range of transportation resources and participant cannot provide self-transportation.**

D. Participant Discharge

Enrolled participants may be subject to discharge from the program at any time. The reasons for discharge may include, but are not limited to, the following:

- 1)Participant deemed inappropriate for the program by the center staff, family physician, guardian and/or responsible family member.**
- 2)Failure to pay the required fee for services;**
- 3)Failure to attend as scheduled, or to be ready for transportation as scheduled;**
- 4)Failure to provide medications needed during the program hours;**
- 5)Failure to meet minimum standards of behavior, dress and grooming for acceptance within a group;**
- 6)Immediate termination will be necessary where continued service to the participant:
 - i.Represents a safety hazard to the participant or others.**
 - ii.Represents a disruption for other participants so severe as to cause fear or other extreme distress.****

5.3 Financial Arrangements:

A. The Center shall maintain a current schedule of charges and make such schedule available to all participants and responsible parties.

B. Participants shall be informed of changes in the Schedule of Charges in advance of the change through a written notice delivered 30 or more days for the day program and 45 or more days for the Assisted Living residents.

C. All participants attending the medical day program are billed on a scheduled day basis. No refunds are made for missed days, however, all private pay participants are allowed a set amount of exchange days per month subject to the availability of space not to exceed our licensed capacity as documented in the current financial policy.

5.4 Physician Telephone Orders:

Telephone orders shall be taken by a qualified nurse. Orders shall be written into the participant's record and signed by the nurse. The physician shall sign and date the order within 10 working days of the telephone order.

5.5 Notification of family:

The participant's next of kin and/or housing provider shall be notified immediately in the event of any injury, accident or serious incident involving the participant. This notification shall be documented in the medical record.

5.6 Use of restraints (device or medication)

A. An order for the use of restraints for medical reasons is required and must be renewed every 7 days. The order and plan of care addressing the use of restraints shall include:

- 1)The maximum period of time that the device may be in use;**
- 2)The need for the use of the device or medication;**
- 3)The frequency of participant observations**
- 4)Ensure participant does not remain in a restraint for more than 2 hours without a change in position and toileting opportunity**
- 5) Notification of participant's family or representative each time a restraint is used;
and**
- 6)A process for reviewing the necessity of the restraint.**

B. A chemical restraint means the use of a drug or medication that is not a standard treatment for a participant's condition to control or restrict the participant's movement.

C. A seat belt on a vehicle is a form of restraint and this form of restraint is required by Maryland law. If the participant is oriented and refuses to keep the seat belt buckled, the participant needs to be advised that he/she has the choice of using the seat belt or finding an alternative form of transportation to the center.

5.7 Medical day care participant follow-up on absences

All participants attend on scheduled days. Changes to the schedule on any day, such as a family notification of illness, shall be recorded, with the reason for change.

If no change has been recorded, and a participant does not appear on a scheduled day, a follow-up phone call shall be made to the participant and/or family. If no answer is obtained, further follow-up phone calls may be made to neighbors, or other family members. Police may be asked to investigate, and report back to the Center, if the participant lives alone and could be deemed to be at risk.

5.8 Provision for furniture for resting

Winter Growth shall provide at least one bed to be available for medical examinations and for temporary holdover for day care participants who become ill or upset.

5.9 Assistance with activities of daily living

Assistance with activities of daily living shall be provided to participants attending the medical day program or in our residential program who require such assistance. This assistance can include assistance in ambulation, bathing, dressing, feeding, and the use of environmental aids to assist the individual to greater independence within his particular home environment.

5.10 Security and accountability during transportation

Transportation policies shall include plans for security and accountability for the participants and their personal possessions while transportation services are being provided.

Participants will be encouraged not to bring cash or valuables to the Center. Personal possessions will remain with the participant while he/she is being transported and shall be identified as the participant enters the Center.

A. Families and participants will be encouraged to label all removable belongings, such as coats and scarves.

B. Soiled clothing being transported home shall be placed in a plastic bag and labeled to ensure identification.

5.11 Participant assessment

A. There shall be a Adult Day Care Assessment and Planning System (ADCAPS) for each participant comprised of a comprehensive assessment completed by the RN, that is designed to evaluate the participant's strengths and needs, which facilitates the development of a problem list, service plans, and personal goals that make up the individualized plan of care. The assessment shall be completed within 30 days or as required by state regulations of a participant's enrollment and shall include:

- 1)Health status;
- 2)Functioning status;
- 3)Participation in activities;
- 4)Nutritional status;
- 5)Psychosocial status; and
- 6)Home management skills.

B. The entire comprehensive assessment is completed on a recurring basis as required by state regulations.

C. Regardless of the schedule above, a reassessment shall be completed when any significant change in the participant's condition occurs. This includes a change in the participant's physical, mental, or psychological status as defined by the RN's comprehensive assessment.

5.12 Care Planning

A. There shall be a plan of care completed for each participant within 30 days following enrollment or as required by state regulations. The plan of care shall be updated as indicated by the participant's change in status and on a recurring basis as required by state regulations.

B. The plan of care shall be based on the comprehensive assessment (Adcap). All of the participant's special care requirements shall be addressed, including anything necessary to maintain the participant at, or to restore the participant to optimal capability for self-care.

C. Goals shall be established for each problem or need identified. The goal shall be realistic, practical, and geared to the desired outcome for the participant.

D. Approaches to accomplishing each goal shall be established.

E. Each goal and approach shall be evaluated according to time intervals specified for each goal, but not less than required by state regulations.

CHAPTER 6

NURSING AND PERSONAL CARE SERVICES

6.1 Provision of nursing services

The Center shall have the services of a registered nurse with at least 3 years of experience in a health care setting. A registered nurse shall be on-site or readily available by phone during the medical day program. If the RN is not on site either an LPN or CNA shall be present and on site.

Physical requirements include being able to stoop, bend, stand, and walk most of an eight hours shift. Also must be able to perform occasional physical activities to include lifting, rotating and assisting residents who are partially or totally dependent in transferring including from wheelchairs, beds or other sitting positions.

6.2 Responsibilities of Registered Nurse

The registered nurse reports directly to the Center Director. The responsibilities include:

A. Act as liaison between families, physicians and other health care professionals to assure optimum care for clients.

B. Supervise and support LPNs, CNAs and Med Techs for Medical Day Care program.

C. Supervise and participate in the maintenance of required medical records including: Ensuring ADCAP, care plan, progress notes and other State mandated forms are completed based on current State guidelines for medical day program participants and obtaining physician signatures on all forms as required by the State.

D. Oversee the work of the Med Tech as prepares, administers and charts medications according to State and County regulations.

E. Chart and communicate to private physicians therapeutic and untoward effects of medications.

F. Carry out treatments as prescribed by private physicians.

G. Monitor clients for insidious and/or obvious health issues. Notify physicians and families as appropriate.

H. Provide for the isolation of clients or staff who present with suspected contagious diseases.

I. Take charge in the event of a medical emergency.

J. Provide CPR and/or first aid for clients and staff on site if needed.

K. Participate in health teaching for client and staff.

L. Participate in multi-disciplinary meetings, providing information, as appropriate, on clients' medical issues and suggesting appropriate or inappropriate activities based on those issues.

M. Participate in maintaining the therapeutic milieu and interpreting the organizations

philosophy and goals for staff, clients, families, and the community.

N. Ensure emergency packets are maintained for all participants with current medical information. This packet shall accompany a participant who requires transport to a hospital.

O. Able to operate personal computer; able to concentrate for long periods of time while maintaining accuracy. In addition, must be able to perform occasional physical activities to include lifting, rotating and assisting residents who are partially or totally dependent in transferring including from wheelchairs, beds or other sitting positions.

6.5 Responsibilities of Delegating Nurse/Case Manager (DN/CM)

The Delegating Nurse/Case Manager reports directly to the Center Director in which they perform their duties. This position may be filled by a subcontractor however the responsibilities are the same regardless of employment status. The responsibilities include:

A. Review with Assisted Living Manager (ALM) the Resident assessment form of all potential residents for accuracy, completeness, and ability to safely care for the resident.

B. Prior to a new resident's admission: assess the resident, review the resident's current medical profile, including all prescription and non-prescription medications and make appropriate recommendations to the ALM. Also assess the medication technician's ability to administer medications that the resident is prescribed or if indicated by the physician, the resident's ability to self-administer medications.

C. At least every 90 days reassess all residents who are currently self-administering to ensure their continued ability to self-medicate.

D. Perform on-site reviews every 45 days for all residents.

E. Be available to the Assisted Living Manager to answer questions concerning resident medical issues and/or medication issues.

F. Teach the Medication Administration course as requested.

G. Consult with families, physicians, and pharmacy personnel as requested.

H. Ensure coordination with the back-up DN/CM when scheduling vacations.

I. Able to operate personal computer; able to concentrate for long periods of time while maintaining accuracy. In addition, must be able to perform occasional physical activities to include lifting, rotating and assisting residents who are partially or totally dependent in transferring including from wheelchairs, beds or other sitting positions.

6.6 Responsibilities of Assisted Living manager (ALM)

The Assisted Living manager reports directly to the Center Director in which they perform their duties. The responsibilities include:

A. Work with Delegating Nurse to have required Housing paperwork completed for residents including Resident Assessment, Service Plan

B. Work closely with Center Director and Delegating Nurse to ensure that all regulations that affect our Assisted Living programs in the State of Maryland are being followed to include maintaining an Emergency Procedures notebook with current information.

C. Check in medications monthly; work with resident pharmacies to ensure correct medications are on site. Ensure MARS received from pharmacy are correct.

D. Ensure residents have the personal supplies needed either by contacting families for non-Medicaid Waiver residents or facilitating purchase of supplies for Medicaid Waiver residents.

E. Participate in hiring, training and supervising staff for the housing programs for the complex. Participate in orientation duties with the Center Director and Human Resource staff. Request ads from Human Resources for new staff. Contact DN/CM if observe medication errors, care issue concerns, and for assistance with strategies for care of residents.

F. Participate in the creation and maintenance of appropriate employee work schedules for the housing program that accomplishes a fair distribution of work at a high level of quality. Contact agency as needed. Fill in when unable to find replacements.

G. Provide counseling as needed to staff, helping them to maintain a sense of pride in their work, consistently focusing on client needs, and maintaining a pleasant living environment for day participants and residents.

H. Participate in assuring that orientation is conducted for housing employees.

I. Participate in assuring that evaluations are conducted for Housing employees at least annually and within 90 days for new housing employees.

J. Routinely observe the environment, delegating tasks that need to be corrected or repaired to the appropriate staff. Monitor supplies and request and/or purchase towels, blankets, damaged items (lamps, etc) as needed.

K. Alert DN/CM of medical concerns

L. Alert Center Director regarding behavior concerns and family issues

M. Oversee creation of care schedules for residents (showers, laundry, etc)

N. Ensure to maintain CEUs as directed by State regulations

O. Participate in assuring that all housing staff and volunteers adhere to Winter Growth's privacy policies as prescribed by HIPAA.

P. Help to interpret Winter Growth's employee vision and policies for all staff.

Q. Help to interpret the agency's mission, philosophy, and program goals for all staff and the community.

R. Able to operate personal computer; able to concentrate for long periods of time while maintaining accuracy. In addition, must be able to perform occasional physical activities to include lifting, rotating and assisting residents who are partially or totally dependent in transferring including from wheelchairs, beds or other sitting positions.

6.7 Responsibilities of licensed nursing personnel (CNA/GNA/CMA/Medication Technician, and LPN)

Licensed nursing personnel report directly to the registered nurse and/or Assisted Living manager at the program in which they perform their duties. The responsibilities include:

A. Assist participants with toileting, ambulating, and any other activities of daily living including feeding and showering as directed by supervisor.

B. If Medication Technician, prepare and administer medications and chart according to State and Board of Nursing regulations to include counting controlled substances before and after shift.

C. Assist all new participants to orient to their new environment.

D. Assist with meal distribution, as needed.

E. Report any health concerns to health coordinator or assisted living manager as appropriate.

F. Obtain weights and blood pressure of participants and record as directed by supervisor.

G. Do treatments as ordered by physician and requested by RN to include blood glucose levels and administration of insulin.

H. Participate in assuring that participants, family members and visitors are given respect and service in a manner, which is both safe for them and courteous.

I. Work closely with the clinical and social service staff, activity leaders, and transportation staff to address the needs of each participant. Fill in where needed when emergency situations such as last minute absences of other direct service staff or a participant requiring one to one assistance.

J. Adhere to Winter Growth's privacy policies and procedures in compliance with HIPAA regulations.

6.8 Medication Policies

A. Orders concerning medications, treatment, and diet shall be ordered, signed, and dated by the participant's physician and will be in effect for the specified number of days indicated by the physician. If not specified, the period may not exceed 180 days. Reorders of medications or treatments shall be written on the participant's record.

B. Participants and families (caregivers) are responsible for providing any medications prescribed by a private physician that are to be taken at the Center.

C. Medications will be administered by authorized nursing personnel as follows:

1) They shall be retained in their original container issued by the doctor or pharmacist, and;

2) That the container be labeled with the

a) Participant's full name;

b) Physician's name;

c) Prescription number;

d) Name of medication and dosage;

- e) Date of issuance;
- f) Expiration date of all time-date drugs; and
- g) Name, address, and telephone number of the pharmacy issuing the drug.

3) The administration of all medication shall be documented on the record.

4) Wherever feasible, day participants and their families will be advised to have participants take medications before coming to program, and after arriving home.

5) In order to avoid medication errors, all medications will be administered by the RN, LPN, or Med Tech, unless the physician and program nurse approve self administration.

6) The door to the medical clinic shall be secured when not in use. Schedule II medications shall be kept in a locked box within the medicine cabinet.

7) Only a registered pharmacist may change labels. Medications from day participants with defaced or illegible labels, OR medications with order changes, shall be returned to the family to have the pharmacy relabel.

8) Any changes in color, consistency, or odor in medications, shall be reported to the pharmacy for residents and family for day clients, and returned for a new supply.

9) Any outdated medications shall be disposed of, and a new supply obtained as necessary.

10) Interruptions shall be kept to a minimum when medication is being poured or administered.

11) The RN, LPN or Med Tech will only administer medications which he/she has poured.

12) Labels on all medications read (3) times:

- a) before removing medication from the cabinet or;
- b) before pouring;
- c) after pouring; and before administration.

13) Before administering medication, identify the participant and address the participant by name.

14) Never pour medication from one bottle to another.

15) When a medication is ordered for a specific number of doses or days, the stop date and hour of the last dose should be indicated by the RN, LPN Med Tech administering the last dose.

D. Special instructions for administration of medications which are indicated on the vial from the pharmacy must be adhered to; e.g., "take with orange juice".

E. If a participant has difficulty swallowing tablets or capsules, notify the family for day clients and the pharmacist for residents. When possible, liquids shall be provided. For tablets

needing to be crushed, a crusher shall be provided. DO NOT crush medications when contradicted on caution label from pharmacy.

F. Disposal of needles and syringes: A covered disposable container shall be provided for the safe disposal of all sharp syringes and needles, at the nurse's station. To avoid an accidental needle stick, used needles are not to be clipped or reinserted in their cover.

G. Verbal orders shall be immediately recorded on the participant's medical record and dated and signed by the RN or LPN receiving the order. These orders must be countersigned by the prescribing/attending physician within 10 days and returned to the center.

H. Policies and Procedures in Reference to Controlled Drugs

- 1) Controlled drugs are properly recorded on the MAR and control sheet with the sufficient details requested.
- 2) Controlled drugs for each participant/resident will be kept under double lock.
- 3) Certified Medication Technicians are designated to administer these medications.
- 4) At the end of each shift, all controlled drugs will be counted and signed by the Med Techs coming on duty and going off duty.
- 5) The registered nurse or DN/CM must be notified of any discrepancy in the count as soon as it is noticed.
- 6) When the controlled drugs are not needed or the dates expire, they are disposed of according to current regulations.

I. Policies and Procedures in Reference to Medications Released into the Community

- 1) Discharged daycare participants/residents-If medications were administered at the program and the individual is discharged medications shall be returned to the family.
 - a) All medications shall be counted and documented.
 - b) All medications shall be returned to the family who shall sign the medication summary acknowledging receipt of the medications.
 - c) If a discharged participant does not have medications accepted by a family representative within thirty days, then said medications will be destroyed following current Board of Nursing protocol.
- 2) Current daycare participants-If medications for the individual must be transferred between facility and participant home:
 - a) Winter Growth staff will create a log listing all medications on-site to include a current count of medications.
 - b) Medications returned to participant's home shall have a signature from designated party upon receipt and/or transfer back to Center
- 3) Residents-If a resident is leaving facility for a period of time in which ordered medications must be administered:

a) A copy of the current MAR MUST be given to the person escorting resident from facility.

b)The person escorting resident from facility must sign for any medications leaving the Center

6.9 Protocol for health emergencies or procedures:

A. Seizures

1)Characteristics - rhythmic jerking movements of extremities and body bilaterally or unilaterally

a)tremors or twitching usually on one side of body and face

b)psychomotor symptoms include chewing movements of mouth, picking movements of fingers and wandering

2)What to do:

a)Remove objects from around individual to prevent injury

b)Check time and note duration of seizure

c)As soon as possible, assist individual on to his/her side to prevent aspiration

d)Observe characteristics of seizure:

i.kind of movements

ii.length

iii.precipitating factors

iv.incontinence- change in skin color

e)Observe level of consciousness after seizure

f)Take blood pressure, pulse, respiratory rate after seizure

g)If blood pressure, pulse, or respiratory rate is absent, begin CPR

h)Calmly reassure individual, do not restrain

i)Arrange for transport to emergency facility if status epilepticus, or if individual does not have a pre-existing seizure disorder

j)Notify attending physician and family in the above situation

B. Dizziness

1)Assist individual to safe, quiet place to sit or lay down

2)Elevate feet (above level of heart if lying down)

3)Take vital signs

4)Notify physician or caregiver if unrelieved by rest

- 5) Perform CPR if indicated
- 6) Keep individual warm, head turned to side, and safe
- 7) Do not allow groggy individual to take anything by mouth

C. Loss of consciousness (LOC)\ Fainting

- 1) Call rescue squad or ambulance service for assessment
- 2) Take vital signs, initiate CPR if indicated
- 3) Keep individual warm and in safe position and location

D. Fall

- 1) Assess precipitating factors
- 2) Do not allow individual to get up and do not move participant
- 3) Assess level of consciousness
- 4) Remain calm and reassuring
- 5) Inquire and observe for:
 - a) location of pain
 - b) open, bleeding wounds
 - c) inability to feel any extremity
 - d) LOC - see III, Section C, Loss of Consciousness
- 6) Perform first aid to wounds
- 7) Arrange for transport of individual to emergency room if there has been an injury OR if person fell on their head or face.
- 8) Notify individual 's physician and family if Winter Growth participant.

E. Shortness of Breath, Difficulty Breathing, Wheezing

- 1) Assess any precipitating factors
- 2) Do not allow or ask individual to speak any more than necessary
- 3) Anxiety worsens situation, stay calm and reassuring
- 4) Assess possibility of choking or aspiration, see Section F(3)
- 5) Loosen clothing at neck and waist, take vital signs

6)If rest does not relieve problem or if individual 's mental status worsens or color becomes blue, call for rescue squad or ambulance

7)Sudden onset of wheezing can be critical, call for ambulance for transport to hospital

8)Notify participant's physician and family

F. Choking/Aspiration

1)Assess precipitating factors to determine cause

2)Allow participant to cough in an effort to dislodge object

3)If he/she can no longer speak or make crowing sounds or gives hand to neck choking signs, perform Heimlich maneuver

4)Call for rescue squad or ambulance

5)Notify individual 's physician and family if Winter Growth participant

G. Vomiting

1)Assess precipitating factors.

2)Prevent aspiration by assisting individual to lean forward or if in reclining position, turn head to side.

3)If there is blood present, call 911 immediately.

4)Notify family physician and family if Winter Growth participant.

H. Blood in urine or stools

1)Blood in urine shall be brought to the attention of family and attending physician

2)Spotting of blood in stools is usually related to hemorrhoids and family/caregiver should be notified

3)Gross blood in stools requires immediate transport to emergency room

4)Blood in urine or stools associated with any of these symptoms are of shock or hemorrhage, and immediate transport to emergency facility must be arranged.

a)Dizziness

b)Confusion

c)Pallor

d)Shortness of breath - increased heart rate

e)Decreased blood pressure

f)Rigid abdomen

5) Notify individual 's physician and family if Winter Growth participant

I. Chest Pain

1) This is a "catch-all" term to describe:

- a) pain in the chest - neck, throat, back or left arm**
- b) discomfort in the chest, neck, throat, back or left arm**
- c) tightness in the chest, neck, throat, back, or left arm**
- d) burning in the chest, neck, throat, back, or left arm**

2) What to do:

- a) Assess precipitating factors: administer nitrostat if individual has a PRN order for same**
- b) Call rescue squad or ambulance service for assessment**
- c) Loosen clothing at neck and waist**
- d) Assist participant into comfortable position**
- e) Check blood pressure and pulse: note if there is a difference in vital signs on vital signs record**

J. Signs of an impending or actual stroke

- 1) One-sided facial droop**
- 2) One-sided weakness**
- 3) Awkward or uncoordinated movements**
- 4) Slurred or inappropriate speech**
- 5) Confusion**
- 6) Drowsiness**
- 7) Dizziness**
- 8) Headache**
- 9) Fever**
- 10) Change in mental status**
- 11) Elevated blood pressure**

12) If an individual exhibits several of these symptoms, arrange transport to emergency room.

13) Notify physician and family if Winter Growth participant.

6.10 First Aid

A. Burns

1) If an individual sustains a burn, decide what degree of burn it is:

a) First Degree: red, painful burn; like sunburn

b) Second Degree: red, painful burn with blisters

c) Third Degree: black or white painless burn

2) Treat Accordingly:

a) First Degree: put burned part in cold water until pain subsides. Repeat when necessary; do not put ice or salt in the water.

b) Second Degree: put burned part in cold water, do not put ice or salt in the water; put ice cold, wet dressings on burn; do not break blisters; arrange transport of participant to the emergency facility. Notify participant's physician and family.

c) Third Degree: leave burned clothes on skin; if face is burned, keep participant sitting up; keep airway open by tilting head back, elevate burned arms or legs above the level of the head; arrange transport to emergency facility immediately - this is a medical emergency.

B. Chemical in eye

1) Do not let individual rub his/her eye

2) Do not let individual keep eye closed

3) Rinse eye with clean, room temperature water for a full 15 minutes:

a) have individual lie down

b) hold eyelid open

c) pour water slowly over the eyeball at the inner corner

d) let the water run out of the eye from outer corner

4) Transport to emergency room after 15 minute rinse

C. Bleeding wound

1) Apply pressure to the wound by covering it with a bandage, clean cloth, or handkerchief

2) Place hand over bandage and press

3)Keep pressure until bleeding stops

4)If blood soaks through the bandage, do not remove it, add more and continue to apply pressure

5)If possible, elevate bleeding part i.e., arms or legs;

6)Arrange transport to the emergency facility. Notify individual 's physician and family if Winter Growth participant.

D. Ingestion of Poison

Call Poison Control 1-800-492-2414 and follow their instructions. If unable to immediately reach Poison Control use the following list, and arrange for transport to the emergency facility, bringing container of ingested substance. Continue to try to reach Poison Control for further instructions.

6.11 Cardiopulmonary Resuscitation (CPR)

A. Members of the clinical staff will be CPR certified. At a minimum, the director of nursing services or health coordinator will be CPR certified.

B. If an individual is found not breathing and without a pulse, the staff member will call for help and then begin CPR until breathing and pulse returns or until medical help arrives.

C. When the ambulance arrives, the EMT personnel will supervise and conduct CPR efforts. If individual is a Winter Growth participant a copy of the participant's emergency packet will accompany the participant to the emergency room and a family member will be contacted to meet participant at the emergency room.

6.12 Body mechanics

A. General principles for safe body mechanics:

1)To stoop, squat, or kneel - bend at the knees and lower body to the floor.

2)If you must bend at the waist (to open a low drawer, for example), bend at the knees slightly and place one hand on the counter or desk top for added support.

3)To lift and carry an object - face the object squarely and closely; spread feet; lower yourself to the object by bending knees and hips; grasp object firmly; stand using knees and hips.

B. Assisting a participant out of a chair:

1)If it is a wheelchair, lock both wheels first.

2)Instruct the participant, if they are able, to place both hands on the arms of the chair, feet on the floor, one foot slightly behind the other. As the participant pushes up with his/her arms, place your arm under his/her arm pit close to the body; bend at the knees. As you straighten your knees you will be lifting without back strain. If a participant is unable to assist in any way, two people should assist with getting him/her out of the chair.

6.13 Physician's routine orders

The licensed nursing staff will administer to a day participant any of the medications listed on the physician medication order form that are required during their shift. Any of these medications listed as allergies, or not advisable for a particular participant, will not be given under any circumstance. Any questions will be directed to the participant's attending physician.

6.14 Medication system

A. Medications will be dispensed to those participants who normally take medications. These medications will be ordered in writing by the participant's attending physician. They will be dispensed by the registered nurse, LPN and/or medication technician delegated to administer medication by the nurse.

B. All medications and syringes will be kept in a locked area. External/topical medications will be kept in a plastic bag in the resident's medication bin.

C. Drug Destruction - Medications left at the Center after a participant no longer attends, will be destroyed per current regulations.

D. Labeling - All medications given at the Center must be in the original pharmacy container or bubblepack. Labels include:

- 1)participant's full name;**
- 2)prescription number;**
- 3)name of medication and dosage;**
- 4)date of issuance;**
- 5)physician's name ;**
- 6)expiration date of all time-date drugs; and**
- 7)name, address, and telephone number of pharmacy.**

6.15 Administration of medications

A. Pills, tablets, capsules, and liquids by mouth:

- 1)The nurse or medication technician will remain with the participant until the medication is completely swallowed.**
- 2)Ample water will be given with medications.**

B. Topical medications: These will be administered in the nurse's office.

C. Eye drops:

- 1)Position the participant with his/her head tilted back and turned slightly toward the same side as the eye in which the drug is to be placed.**

2) Pull down the lower lid with the finger of one hand, instruct the participant to look upward.

3) Rest the side of your hand that is holding the dropper on the forehead and drop the medication into the exposed lower lid.

4) Release the lower lid and place gently pressure on the inner canthus.

5) Instruct the participant to close his/her eyes gently and rotate the eyeball.

D. Insulin subcutaneously:

1) Roll long acting insulin vial between palms.

2) To mix insulins in same syringe:

a) Wipe the tops of the insulin bottles with an alcohol swab.

b) Inject air into long acting vial, then into short acting vial.

c) Withdraw desired amount of short acting first, then withdraw desired amount of long acting being careful not to contaminate vial with insulin already in the syringe.

d) Tip syringe several times to mix.

3) Locate the site on the participant for injection.

4) Clean site with alcohol swab.

5) Spread the skin taut or form a skin by picking up subcutaneous tissue.

6) Insert needle with a quick thrust to the hub at the right angle.

7) Release skin fold and pull back on plug if no blood, inject.

8) Remove needle and discard it.

9) Normally insulin will be given in early morning by family.

E. Rectal suppository:

1) Don glove and lubricate suppository.

2) Insert suppository one finger length into rectum.

6.16 Vital signs

A. Vital signs are to be taken the first day of attendance, then at least monthly, or more frequently if necessary. They are documented on the vital signs records. Vital signs include blood pressure, pulse, and weight. Height is taken during initial health assessment.

B. Instructions for taking a blood pressure with arm cuff and stethoscope. (Note: Taking blood pressure with the digital wrist cuff does not require a stethoscope. Simply attach the cuff and read the pressure as indicated on the screen):

- 1) Place the participant in a comfortable position with the forearm supported and the palm upward.
- 2) Evaluate the participant's upper arm to utilize appropriate cuff size.
- 3) Apply the cuff so that the inflatable band is centered over the brachial artery, (it lies midway between the anterior and medial aspects of the arm) so that lower edge of cuff is 2 cm above the antecubital fossa.
- 4) Place the stethoscope to ears ready for use.
- 5) Use the fingertips to feel a strong pulsation in antecubital space. Inflate cuff to a pressure 20mm - 30mm over the point of pulse disappearance.
- 6) Place stethoscope on the brachial artery where pulse was noted.
- 7) Using the valve of the bulb, release air 2-3mm per heartbeat and note on the manometer the point at which the first sound is heard. Record as the systolic pressure.
- 8) Continue to release air in the cuff evenly and gradually.
- 9) Note the reading on the manometer the last loud distinct sound is heard. Record as diastolic pressure.
- 10) Allow remaining air to escape quickly and remove cuff.

6.17 Nursing coverage

A registered nurse shall be on-site or readily available by phone at all times.

6.18 Infection control policy

A. This policy is designed to be used as an educational guide for all staff and volunteers.

B. All procedures set forth in this policy will be part of a topic of in-services for staff and volunteers.

C. The purpose is to prevent the spread of infection between:

participant to staff
 participant to participant
 staff to participant
 staff to staff

D. **All individuals who enter the facility will be screened for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and anyone with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status) shall be denied entry into the building.**

E. Hand hygiene is considered the single most important means of preventing the spread of infection. Participants and staff should either use an alcohol-based hand rub or wash hands with hot water and soap and scrub vigorously for 10 seconds. Hands are to be washed/sanitized:

- a) upon arrival to the center
- b) before, between and after participant contact
- c) when hands are obviously soiled
- d) before and after using gloves
- e) after contact with potential source of microorganisms, i.e. soiled tissues, utensils, napkins, etc.
- f) before eating
- g) after toileting
- h) throughout the day

- 1) when entering the building;
- 2) before and after eating;
- 3) after toileting;
- 4) after arts and crafts;
- 5) when obviously soiled;
- 6) immediately after touching another person.

F. Gloves are to be worn when providing direct care.

- 1) Always change gloves in between participant contact.
- 2) After using, gloves should be turned inside-out before disposing and hands should be sanitized/washed.

G. Face Covering or mask:

- 1) While in a public spaces inside of the building or in a Winter Growth vehicle a face covering shall be worn which covers the mouth and nose.
- 2) While in a private space inside of the building a face covering shall be worn which covers the mouth and nose if you are within six feet of another person.
- 3) While visiting with someone outside of the building a face covering shall be worn which covers the mouth and nose.

H. Six Feet Physical Distancing shall be adhered to while in a Winter Growth building or bus.

I. Instructional signage shall be placed throughout the facility to educate staff, clients and visitors on COVID-19 signs and symptoms, infection control precautions, use of face covering or mask, and proper hand hygiene.

L. EPA approved Cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit.

F. Needles & Syringes:

1)Any medication administered with a needle and syringe will be given by the registered nurse or Med Tech who has been trained by an RN.

2)The needle and syringe is to be immediately disposed of, without recapping the needle, in the designated needle box.

3)The needle box is to be secured in a locked area.

4)The needle box is to be sealed when 2/3 full and disposed according to policies of the Center and the regulations requiring proper disposal of all medical waste.

G. Communicable Infections

Day participants and staff shall not attend the center if they have an active communicable infection, such as a fresh cold, diarrhea, influenza, pink-eye, staph or strep infection. When no longer infectious they may return to the Center. Residents shall be required to remain in their rooms or other limited access areas to minimize spread of infection.

6.19 Protocol for toileting to ensure good hygiene and privacy

A. The Center's nurse and/or assisted living manager will instruct and monitor all staff in appropriate toileting procedures.

B. All participants will be monitored for bathroom usage and needs.

C. Participants independent in the bathroom will be ensured privacy by being shown locations of bathrooms.

D. Participants who require assistance with toileting will be evaluated by a nurse and/or assisted living manager to determine the amount of assistance needed.

E. Staff will be made aware of type and amount of assistance needed.

F. Participants requiring assistance of one or more staff will always receive such assistance to ensure the safety of both the participant and staff members.

G. Upon conclusion of toileting, staff will clean participant as needed and clean bathroom as needed. Gloves shall always be worn for this type of assistance.

H. Staff will monitor the bathroom throughout the day, assuring cleanliness and safe conditions.

6.20 Protocol for feeding participants to ensure adequate nutritional intake.

A. The RN and/or assisted living manager will instruct and monitor all staff in appropriate feeding procedures for those participants/residents who require assistance with feeding.

B. Staff will be aware of any special precautions/needs of participant to be fed, i.e.: choking potential.

C. Staff will sit at participant's level at the table.

D. Clothes protectors will be used as needed to protect participant's clothes. They should be offered in a way that does not threaten participant's self-esteem.

E. Staff will cut food into small pieces if the participant requires this assistance.

F. Staff will feed participant slowly, monitoring for adequate swallowing before next bite.

G. When possible, staff will allow participant to choose what food to be fed and in what order.

H. Upon conclusion of meal, all participants' hands, face, and garments will be wiped clean.

I. All feeding precautions applied at meals will be applicable for snacks or other food served at the Center to participant.

6.21 Protocol for wandering participants to facilitate safe and escorted ambulation.

A. The RN and/or assisted living manager will instruct and monitor all staff in appropriate wandering precautions procedures.

B. Staff will be responsible for the safety of wandering participants.

C. The facility will be kept free and clear of obstacles.

D. As staffing permits, one staff member will be assigned to monitor wandering participants during the medical day program.

E. Staff will monitor wandering participants for safety and will attempt to redirect into engaging activities.

F. To protect participants prone to wandering, the buildings are equipped with electronic locks that respond to the fire alarm system.

6.22 Protocol for participants capable of ambulation to provide safe ambulation with assistance or supervision.

A. All staff will be instructed on providing safe ambulation assistance to participants.

B. Staff will be aware of which participants/residents need assistance or supervision with ambulation.

C. The facility will be kept clear of obstacles.

D. Participants needing assistance with ambulation will be given consistent assistance and supervision by staff each time he/she ambulates.

E. Staff will monitor all participants for safe ambulation.

6.23 Protocol for participants needing toileting assistance.

The goal is to assist all participants as needed to remain clean and dry throughout the day. The certified nursing assistant (CNA) will provide assistance at the level required to accomplish this goal. The medical day care CNA will focus particularly on arrival, before lunch, and pre-departure times. Those requiring more frequent visits to the restroom during

the medical day program will be given a toileting schedule created by the RN to be carried out by the CNA. A change of clothing will be requested to be maintained at the center for those who may need it. Accidents will be addressed immediately and staff will attempt to protect the privacy and dignity of the participant.

6.24 Protocol for resident with pressure sore/ulcer.

- A. Delegating nurse and/or daycare nurse shall assess any reports of pressure sore/ulcer and document on wound care sheet if needed.

The sore/ulcer shall be identified using the four stages based on severity as defined by the National Pressure Ulcer Advisor Panel:

1) Stage I- The beginning stage of a pressure sore has the following characteristics:

- The skin is not broken.
- The skin appears red on people with lighter skin color, and the skin doesn't briefly lighten (blanch) when touched.
- On people with darker skin, the skin may show discoloration, and it doesn't blanch when touched.
- The site may be tender, painful, firm, soft, warm or cool compared with the surrounding skin.

2) Stage II-

- The outer layer of skin (epidermis) and part of the underlying layer of skin (dermis) is damaged or lost.
- The wound may be shallow and pinkish or red.
- The wound may look like a fluid-filled blister or a ruptured blister.

3) Stage III- At stage III, the ulcer is a deep wound:

- The loss of skin usually exposes some fat.
- The ulcer looks crater-like.
- The bottom of the wound may have some yellowish dead tissue.
- The damage may extend beyond the primary wound below layers of healthy skin.

4) Stage IV- A stage IV ulcer shows large-scale loss of tissue:

- The wound may expose muscle, bone or tendons.
- The bottom of the wound likely contains dead tissue that's yellowish or dark and crusty.
- The damage often extends beyond the primary wound below layers of healthy skin.

B. If the delegating nurse and/or daycare nurse determines a resident has a pressure sore/ulcer then,

If resident's skin shows signs of infection, such as fever, drainage or a foul odor from the sore, or increased heat and redness in the surrounding skin staff shall seek immediate medical care.

1) If Stage I or II-Immediately implement a repositioning schedule. Monitor at least weekly and note any changes. In addition,

- **Apply dressing to promote healing by keeping wound moist.**
- **If affected skin is not broken (Stage I), gently wash area with water and mild soap and pat dry.**
- **If open sores (Stage II), clean with saltwater (saline) solution each time the dressing is changed.**
- **Relieve pressure on any sores to include: using specialized mattress for bed-bound residents; using cushions to help sit/lie in an appropriate position**
- **Stage I and II pressure sores/ulcers usually heal within several weeks with conservative care of wound and ongoing, appropriate general care.**

2) If Stage III or IV-Immediately have resident assessed by physician. In addition, OHCQ must be notified. Following instructions provided by physician.

CHAPTER 7

TRANSPORTATION SERVICES

7.1. Provision of transportation services

The Center shall provide transportation to participants to and from the center, for activity outings and for medical appointments and other destinations.

7.2 Responsibilities of the Transportation Coordinator

The direct supervisor is the Center Director.

- A. Supervise and support drivers. Be the first person to fill in for absences.
- B. Recruit and hire the drivers with support of Human Resources.
- C. Provide for the orientation and on-going training of employees within the department.
 - 1) Review the driver's responsibilities annually.
 - 2) Accompany new driver on at least two runs to familiarize with route.
 - 3) Ensure annual driver training as required by the State is completed by all drivers.
- D. Schedule runs, both routine and CSS, and assure access to other staff as needed.
 - 1) Adjust runs as needed as participants are discharged and new ones are enrolled. Remembering no one should be promised a specific route or a specific vehicle.
 - 2) Schedules should be assigned to drivers in an equitable manner to all drivers. Individual driver skills to meet particular client needs as well as skill and experience in driving larger vehicles should be taken into account.
- E. Work with families to solve problems related to transportation.
- F. Assure that drivers do not make *special arrangements* with families for pick-ups or drop off times.
- G. Immediately report any injury to a participant, driver or yourself to the on-site nurse and Human Resources staff and complete necessary paperwork.
- H. Immediately report any vehicle accident to the Center Director and CEO.
- I. Assure that drivers understand the procedure when an accident occurs.
- J. Assure that vehicles are maintained in safe, clean, and presentable condition.
- K. Annually have vans inspected based on current timelines from state.
- L. Keep an accurate log of vehicle repairs listing the date, van #, repair(s), and cost. For all repairs estimated to cost over \$750, communicate with CEO BEFORE authorizing repair.
- M. Purchase vehicle supplies such as anti-freeze and windshield wiper.

N. Weekly check condition of vans inside/out including monitoring need for oil change.

O. Understand and follow Winter Growth's HIPAA's privacy policy.

7.3 Boarding at the Center

A. Boarding Coordinator (or designee):

A designated staff member shall have current run sheet for each bus and direct people to the appropriate bus.

B. Bus Driver (in addition to Driver Job Description (7.8):

1) Buses must be in Park while participants are entering/exiting.

2) All drivers must have a cellphone with them when operating any Winter Growth vehicle. No driver shall use a handheld device while driving. Drivers must retrieve voicemail and/or contact families, the Transportation Coordinator, front office or other entity, once the vehicle is parked.

3) Staff shall bring participants to the vehicle and the driver shall assist into bus and secure seatbelts and wheelchair locks.

C. Activity Leaders, Nurses, Program Assistants, and CNAs:

1) Staff will assist participants to gather coats and other personal items at departure.

2) Staff will then escort the participants to their designated vehicle.

7.4 Arrival to the Center:

A. Bus Driver:

1) The driver will alert staff when arriving at Center.

2) The driver will help to unload the bus with other staff as needed.

3) The driver will complete Run Sheets noting any unexpected absences.

4) Schedule changes or other family concerns, shall be directed to the transportation coordinator or the social worker as appropriate.

5) Participants shall be escorted into the building.

6) If a driver goes to a home and gets no answer, the driver shall call the number indicated on the run sheet. If no answer, the driver shall call the Transportation Coordinator or designee for further instructions.

B. Activity Leaders, Program Assistants, and CNAs:

1) Staff members will be assigned to greet the buses.

2) Staff will escort participants into the building.

7.5 Transportation to the resident's home

A. Participants shall be escorted, (even if they walk independently), to their door and the driver will ensure they are safely inside their home.

B. Unless the driver is given written instructions to leave the participant alone, the driver will always verify that someone is at the residence before leaving.

C. The driver's responsibility ends when the participant has been escorted into their home.

7.6 Changes to the transportation schedule

Changes to a participant's transportation schedule will be recorded on the daily communication log and on the individual driver's run sheet.

7.7 Updating the run sheets

The Transportation Coordinator will daily ensure any changes are noted on the run sheets and the appropriate driver is made aware of a change.

7.8 Responsibilities of Drivers

- A. All Winter Growth vehicles should be driven within 5 mph of posted speed limits and no faster than 5 mph while on Winter Growth property.
- B. Any participant to be transported by Winter Growth shall be screened for signs/symptoms of COVID-19 and potential exposure to someone with COVID-19. If the participant has any signs/symptoms OR the person has been exposed to someone with COVID-19, then no transportation shall be provided and Center personnel shall be notified.
- C. While driving a Winter Growth vehicle, all drivers must drive in a safe manner to include no sudden turns, signaling when changing lanes, and no tailgating.
- D. Drivers are expected to follow the Winter Growth dress code at all times.
- E. Vehicles will not be driven for reasons other than Winter Growth business unless authorized by administration.
- F. A supervisor will monitor all mileage accrued on Winter Growth vehicles.
- G. Drivers will insure that their vehicle has sufficient fuel prior to each run. Fueling should never happen when a client is on the van.
- H. Any concerns regarding the performance of a Winter Growth vehicle must be reported to a supervisor immediately.
- I. Drivers will complete a Pre and Post Trip inspection daily and report any concerns to their supervisor. In addition, vehicles shall be sanitized before and after each trip to the Center.
- J. Drivers will assure that inside of vehicles are clean at all times.

- K. Winter Growth drivers should provide "door-to-door service" UNLESS the home's door does not allow the driver to visually see the vehicle at all times while clients are onboard.
- L. If a person scheduled for pick-up does not respond to a knock/doorbell the driver will immediately call the emergency number listed on the run sheet. If there is no response, the transportation coordinator or designee shall be contacted.
- M. During pick-up, assure that each participant has the appropriate attire during cold weather prior to taking participant to the vehicle.
- N. Driver will provide physical assistance as appropriate. Never allow a participant to board or leave vehicle without accompaniment. If they appear independent with ambulation the driver should still ensure they are walked to/from the vehicle.
- O. Every passenger and driver must be in a seat belt at all times when the vehicle is moving. If seat belt becomes detached, the driver must find a safe place to pull over and reattach the seat belt. This incident must be reported to the Transportation Coordinator.
- P. In the absence of a family member during am pick-up, be sure that the door of the house is closed and locked before leaving.
- Q. Upon arrival at the center, it is the driver's responsibility to ensure the safety of each individual during exit from the vehicle. No one is to exit van and enter center without being escorted.
- R. Take note of the outer garments worn by clients and assist activity staff in seeing that they return home with these garments.
- S. Make every effort to avoid disrupting activities when arriving at the center in the afternoon.
- T. Day staff should escort each individual scheduled to go home in the PM to the vehicle. The driver's responsibility is to make sure that the individual is assisted onto the vehicle and has a seat belt in place.
- U. Participants must be left inside their homes in the afternoon unless met by a family member who takes the individual from the driver. If the participants has a Home Alone form then, the driver must assist or observe that the participant is inside the home and ensure the door is closed. In the event that a responsible party is not at home when the driver arrives, and the emergency contact cannot be reached, then the participant shall be returned to the center and family shall be notified.
- V. Drivers must enter times on run sheet as directed.
- W. Any falls or incidents involving client or driver during transport should be reported immediately to the Transportation Coordinator and/or nurse. (Incident reports shall be filled out).
- X. In the event of an accident, if participants are on the vehicle the driver shall first call 911 and administer first aid/CPR as needed. Once EMTs are on the scene, if the driver is not injured, the Transportation Coordinator and/or Center Director shall be contacted. A determination shall be made about who will contact families to notify them of the accident. Accident information forms should be found in each vehicle and

should be utilized in any type of vehicle accidents. The driver of the vehicle will be required to give a report of the accident to Winter Growth's insurance company.

Y. All traffic violations (speeding, red light camera, etc.) and At Fault damage to Winter Growth vehicles shall be paid by the driver by means of a payroll garnishment for the full amount of the fine levied for the violation.

Z. In the event of a breakdown the driver shall contact the Transportation Coordinator and/or Center Director.

AA. Check every row in the vehicle to ensure all clients have left before leaving the vehicle. Assure that the vehicle is locked after completing a run.

BB. First aid kits and instructions are in each vehicle.

CC. Drivers shall be trained in emergency evacuation procedures annually.

DD. Ensure vehicle keys are locked and secured away from non-drivers after use.

EE. The use of handheld cellphones is prohibited while driving a Winter Growth vehicle pursuant to Maryland law.

7.9 Usage of Winter Growth vehicles

A. Usage of Winter Growth vehicles shall be restricted to official Winter Growth business unless authorized by administration.

B. Anyone authorized to use Winter Growth vehicles for limited, personal usage must provide proof of insurance.

7.10 Usage of personal vehicles for Winter Growth purposes

A. No clients should be transported in anyone's personal vehicle unless directed to do so by the Center Director and/or CEO/President due to an extreme emergency (ie; natural disaster requiring immediate evacuation).

B. All personal vehicles used for Winter Growth business shall provide proof of insurance. Renewal certificates indicating continued coverage shall be submitted as needed. Minimum coverage shall be determined annually with guidance from insurance carrier.

7.11 Restricted from operating Winter Growth vehicle

A. No person shall operate a Winter Growth vehicle if that person is unfit to operate a vehicle by reason of (as noted in WMATC safety regulations):

- 1) any alcohol in his/her system;
- 2) any controlled substance, narcotic, or habit-forming drug in his/her system;
- 3) any prescription medication in his/her system of a type or in an amount that might render the person incapable of operating a motor vehicle safely; or
- 4) illness or fatigue.

I. No person shall operate a vehicle while disqualified by reason of being found guilty of the following offenses:

- 1) driving under the influence of alcohol;

- 2) driving under the influence of a controlled substance, narcotic, or habit-forming drug;**
- 3) leaving the scene of an accident while operating a motor vehicle;**
- 4) committing a felony or a misdemeanor involving the use of a Winter Growth vehicle;**
- 5) committing any other offense that tends to render the person unfit to drive.**

C. Disqualification Period under WMATC Regulation No. 64-02 (e):

- 1) 90 days to 1 year after date of first conviction;**
- 2) 1 year to 5 years after date of second conviction;**
- 3) 3 years to 5 years after date of third conviction.**

CHAPTER 8

DIETARY

8.1 Provision of meals

A. Each day participant present for 3 or more hours shall be provided with a meal which meets 1/3 of the recommended dietary allowance of the Food and Nutrition Board of the National Research Council. All residents will be provided with 3 meals and at least 2 snacks per day.

B. Snacks consisting of a nourishing food or beverage, or both, shall be available to participants.

C. Food is prepared on site and the commercial kitchen meets the requirements of the local health department.

D. Food prepared away from the site shall be prepared in a facility, which meets the requirements of the local health department.

E. Therapeutic diets approved shall be served only on the written order of a physician and/or registered dietitian.

8.2 Dietician Oversight

A. All daycare participants shall have an initial nutritional assessment by a dietitian.

B. A registered dietician shall perform a nutritional assessment for all participants who have been identified as 'at risk of malnutrition' or 'malnourished' based on medical documentation and nurse observations.

8.3 Kitchen Manager

Direct supervisor is the Center Director. Required credential is Certified Sanitation license

A. Obtain recipes for the 5-week lunch and dinner cycle.

B. Prepare age-appropriate meals and snacks for the Center according to the approved menus.

C. Order food and food supplies for the three meals and two snacks needed for seven days a week for the day and housing program from approved vendors. (Verify delivery slips & send to accounting)

D. Be responsible for maintaining the commercial kitchen according to county health regulations.

E. Monitor the satisfaction of the day participants and residents to the food and recipes and adjust as needed.

8.4 Requirements for dietary services

A. Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:

1)Menus shall be prepared with regard for the nutritional and therapeutic needs and cultural backgrounds of the participants.

2)Written, dated menus shall be planned on a five week cycle.

3)Current menus with portion sizes (and any changes) shall be posted in the day care area. Menus with changes, shall be kept on file in the Center for a minimum of one year.

4)Diets served shall be served in accordance with physicians' orders.

5)Food shall be prepared by cutting, chopping, grinding or blending to meet the needs of each participant. Participants who need assistance in eating will be provided that assistance in a helpful and dignified way.

6)Snacks and beverages shall be available at all times for each participant, unless medically contraindicated as documented by a physician in the participant's medical record.

7)Substitute foods and beverages of approximate equivalent nutritional value shall be available to all participants as needed for allergies, medical conditions, or religious beliefs.

8)Staff will be assigned to assist and supervise throughout meals. If a participant refuses a meal, or is unable to consume the meal for any reason, the staff person shall report this to the nurse and/or assisted living manager who will document the information in the interdisciplinary progress notes of the medical record.

9)Self-help feeding devices will be provided, if needed, to maximize independent participant functioning.

10)All meals shall be attractive when served to participants.

11)All participants shall eat in the dining areas with sufficient space to accommodate all participants at each meal. In some instances, where participant needs are better met by serving them in an area with less stimulation, those participants may be served there.

12)A master list of all participants currently enrolled in the medical day program who require special diet per physician order, allergies and other special dietary needs shall be available in the kitchen or dining area.

CHAPTER 9

SOCIAL WORK SERVICES

9.1 Provision of social work services

The Center shall provide social work services to participants, directly in the Center.

9.2 Social work responsibilities of Center Director

The direct supervisor is the CEO/President.

- A. Provide support to social services/human services staff.
- B. Take referral calls as needed.
- C. Recruit and interview prospective participants and families as needed.
- D. Provide case management to participants and families as needed by working with county resources and other resources to coordinate care options.
- E. Assist in developing an individual plan of care for each participant in keeping with stated goals.
- F. Manage funding sources available to participants.
- G. Maintain appropriate paperwork, documents, and computer input.
- H. Maintain all housing records as specified in the housing and Medicaid waiver regulations.
- I. Support activity coordinator and leaders with new participants and helping to manage difficult behaviors of any of the participants in the day program and housing program.
- J. Conduct or delegate participant counsel group monthly.
- K. Support housing staff with residents.
- L. Support clinical staff.
- M. Assist in maintaining the building as a clean, safe, and attractive setting.
- N. Assist in promoting Winter Growth's philosophy and goals for participants, families, and community. Assure that participants and families are given respect and service in a manner which is both safe and courteous by all staff.

9.3 Responsibilities of the Human Services/Social Services staff

A. Direct Supervisor is Center Director

J. Provide Support to Direct Service Staff :

- 1) Assist with behaviorally challenging participants.
- 2) Assist with behaviorally challenging residents.

C. Participate in Outreach:

- 1) Take charge of our participation in trade shows such as the 50+ Expo.**
- 2) Process referral calls. Send out brochure packets when desired appointment cannot be scheduled within two days or in other appropriate situations.**
- 3) Give informational tours to visitors, including potential client and families, potential referral sources, and interested members of the community.**

D. Conduct Assessments and Process Appropriate Admissions for Day and Housing Programs:

- 1) Schedule Preview Days after obtaining Physician's Assessment and Referral Form.**
- 2) Assure that ALL required documentation is complete before scheduling a new admit.**
- 3) Assist *preview day* participants and new participants to become involved in appropriate activities, and help to orient to the center. Share information related to preview day and first day participants with direct service staff PRIOR TO their day at the center. Share this responsibility with Center Director based on who had contact with the individual and scheduled the preview or start day.**

E. Process Respite Care Requests and Maintain the Respite Calendar:

- 1) Share this responsibility with the Center Director each processing and scheduling temporary residents based on who takes the request.**
- 2) Work with the ALM to determine our ability to meet the needs of the individual in our respite care program. Discuss any first time Respite admits with Center Director as well.**

F. Case Management:

- 1) Assist families with minor issues related to their family member's participation in the day or housing programs. Work with Center Director to determine which of these issues will be managed by whom.**
- 2) Provide referrals to County services as appropriate.**
- 3) Assist families with paperwork required for benefits.**
- 4) Email family updates, especially during the first week/month of attendance.**
- 5) Serve as an advocate for participants in the day programs.**
- 6) Process voluntary discharges, providing support to client and their family in finding alternative services and documenting the process appropriately.**

G. Understand and remain current with Winter Growth Privacy and HIPAA policies as well as all State, Local, and Agency policies.

CHAPTER 10

PARTICIPANT ACTIVITY SERVICES

10.1 Provision of participant activities program.

A. The Center shall provide a planned, diversified program of participant activities directly in the Center. The center shall have the services of a full-time life enrichment coordinator who shall have: a high school diploma or GED; at least 3 years' experience in activities coordination or therapeutic recreation for the aged, individuals with disabilities, or other special populations.

B. Life enrichment staff shall arrange a diversity of programming to maintain participants' sense of usefulness and self-respect. Included shall be activities in each of the following categories:

- 1) Social, such as parties, picnics, and other special events;
- 2) Physical, such as exercise, and dancing;
- 3) Creative, such as crafts, poetry, drama, music, art;
- 4) Educational and cultural, such as discussion groups, guest speaker programs, and musical programs;
- 5) Spiritual, such as religious services;
- 6) Awareness, such as, individual and group sessions, cognitive and sensory stimulation for participants; and
- 7) Community-integrating, such as visits by community volunteers and nursery school classes; and outings to community events, parks, and stores of interest.

C. Participants shall participate in activity programs regardless of the participants' financial status.

10.2 Responsibilities of Life Enrichment Coordinator

The direct supervisor is the Center Director or Assistant Director in his/her absence. Winter Growth shall designate a Life Enrichment Coordinator who shall be responsible for the direction, provision, and quality of the participant activities program.

A. Supervise and support the life enrichment team in creating and implementing a therapeutic activities and social experiences program for each participant in keeping with stated goals.

- 1) Evaluate the interests, knowledge, and skills of each activity leader and aide.
- 2) Help each leader and aid to develop a repertoire of activities that meet the therapeutic goals for individual participants.
- 3) Develop and implement activities him/herself.
- 4) Arrange for or provide training to fill gaps in knowledge.

5)Assure a wide diversity of activities that meet the needs of all levels of physical and mental functioning and interests.

6)Incorporate intergenerational activities, pet therapy and healing arts into the program.

7)Incorporate the "food experience" into the programming.

8)Assure cultural diversity in programming.

9)Include social services in developing an "interests inventory" for each participant who is able to participate. The inventory will be used to develop activity groups.

B. Evaluate, on an ongoing basis, the success of the activity program from the standpoint of each participant. Make adjustments as needed.

1)How does the program meet the needs of the advanced dementia population?

2) The highly mentally alert population?

3) Deaf and/or sight impaired participants?

4) Those who are paralyzed?

C. Manage the time flow of the overall program day.

1)Groups start on time.

2)Activities continue for each individual starting with their arrival in the AM until they board the van in the PM.

3) Allow for shorter groups (or individual interactions) for those with advanced dementia, longer groups for those who benefit from more time intensive activities.

D. Take responsibility, with the support of the social service, clinical and all other staff for maintaining a warm and stimulating human environment.

1)Assure that displays, activities, language, and behaviors of staff and volunteers reflect the knowledge that we are working with adults and not children.

2) Assure that direct service staff are "in touch" with participants and not talking unnecessarily with each other during work hours.

E. Ensure staff assists clinical staff, when necessary, with ADL assistance.

F. Assure ethical behavior of the team and others as observed.

1)Assure that everyone is adhering to Winter Growth's HIPAA privacy procedures.

2)Assure that all participants receive equal care and attention.

G. Lead the team in attending to the safety needs of participants while arriving, departing and at the center.

1) Make assignments for the team's involvement with unloading and loading vans. Assure that assignments are carried out in a motivated and competent manner.

2) Attend to potentials for falls, especially with too many people in one location, accidental spills, assistive devices in the way of others. Where structural, procedural, or schedule changes need to be made, bring these to the attention of the center director and other department heads for review resolution.

H. Help to assure participant safety during meals.

1) Attend to the potential for swallowing problems and notify the nursing staff of any concerns.

2) Assure that the staff is attending to dietary restrictions as directed by physicians.

I. Assure the fair distribution of work and planning time among staff.

1) Planning time should be associated with the numbers of days per week each staff person works.

2) Clean up assignments should be made.

3) Each staff should have the opportunity to work with the most challenging and those participants who are able to give them feedback.

J. Promote professional development and behavior among staff.

1) Encourage a positive, participatory attitude toward training sessions.

2) Encourage non-defensive attitudes toward quality improvement and problem solving.

3) Encourage appropriate dress in the work place.

4) Participate with center director and others to create appropriate training sessions from time to time.

K. Maintain accurate and timely records.

1) Activity assessments for each participant once a month.

2) Time punches are reviewed and by designated time.

10.3 Responsibilities of Volunteer Coordinator

A. The direct supervisor is the Life Enrichment Coordinator.

B. Facilitate all aspects of volunteer program.

C. Includes all duties of Life Enrichment Associate

10.4 Responsibilities of Life Enrichment Associate

A. The direct supervisor is the Life Enrichment Coordinator.

B. The activity leader shall be responsible for, but not limited to, the following:

1) Work effectively with the activity team to create specific activities and social experiences for each participant in keeping with stated goals for that participant. Help to establish mini-communities within the center in which participants can actively participate.

a) Plan activities thoughtfully in advance, gather materials. The exception to this is when last minute adjustments must be made due to last minute absences of staff or emergencies.

b) Make effective use of time, keeping the program goals in mind.

c) Ensure Brain Fitness programs include props.

d) Know how to use all games, materials, equipment available.

e) Individualize activities addressing the special needs and interests of participants. Help establish roles for participants within mini-communities, which will validate their lives.

f) Vary the small group activities presented.

2) Work effectively with the team to implement the above activities on a daily basis.

a) Start groups on time, making sure all participants assigned are accounted for.

b) Lead exercise and mental stimulation at least once a week.

c) Effectively fill in for a leader who is unavailable when asked by the Coordinator.

d) Lead a small group every day (except when pre-empted by a special event).

e) Assist in collecting the group on time.

f) Stay with the group through the activity.

g) Be attentive to emergencies and participants leaving group.

h) Support the leader by helping to create enthusiasm without taking over.

i) Determine and use the appropriate time, place, and manner to work out conflicts with other team members.

j) Support other team members in carrying out their projects and tasks.

k) Recognize the value each team member can bring to an event or project being developed.

l) Use effective, professional communication techniques including "I statements" and feedback, avoiding defensive and judgmental behavior.

3) Participate in promoting and maintaining a warm and stimulating human environment that is therapeutic to participants.

a) Be attentive to information regarding each participant provided by clinical staff from intake. Actively share information with other staff until everyone has a solid knowledge of the whole individual.

b) Assume a share of creating a sense of warmth and friendliness in the center by communicating with participants through words and touch during unstructured times.

c) Use active listening techniques effectively.

d) Use validation when appropriate.

e) Refrain from infantilizing.

f) Avoid discussion of participants' problems in front of him/her or others. Discussion of problems should be done privately with other staff members with a goal of finding solutions and enhancing their life satisfaction is appropriate.

4) Assist participants in activities of daily living.

a) Attend to special needs and special diets of individual participants.

b) Assume a reasonable share of serving and clean up.

c) Be attentive to the individual ADL needs of each participant acknowledging verbal and non-verbal cues.

d) Learn and use effective methods of assistance for each participant.

5) Participate in maintaining a pleasant, stimulating, and safe physical environment for participants.

a) Attend to the safety needs of individual participants and the group as a whole. Be attentive to wanderers.

b) Remove any observed hazards when possible. Report concerns to maintenance.

c) Remain "alert" with participants at all times not allowing personal feelings or staff to staff conversation to distract.

d) Assume reasonable share of straightening and keeping supplies in proper place; games on appropriate shelf, arts and crafts supplies marked and put away, records stored appropriately, and chairs returned to their assigned area.

6) Actively participate in all in-service and interdisciplinary staff meetings. Continue to build skills and knowledge of the field.

7) Understand and adhere to Winter Growth's HIPAA compliant privacy procedures.

8) Understand, operate from, and participate in the interpretation of the program's philosophy and goals for all staff, participants, families, and the community.

10.5 Responsibilities of Program Assistant

The direct supervisor is the Life Enrichment Coordinator.

- A. Assist in unloading morning vans.**
- B. Assist designated participants by talking with them or engaging in an activity one on one.**
- C. Assist associates in a designated group, be sure to assist a participant (not participate yourself).**
- D. Lead small activity groups (with the guidance of Coordinator).**
- E. Assist CNAs as needed/directed with toileting, dressing, bathing, eating, ambulating, etc.**
- F. Assist clinical staff in preparing and serving meals and snacks to participants as directed.**
- G. Fill in where needed when emergency situations, such as last minute absences of other direct service staff.**
- H. Assist clinical staff in setting of tables in resident meal rooms for lunch.**
- I. Assist in feeding of participants who need help.**
- J. Assist staff with cleaning of tables and placemats after lunch as directed.**
- K. Assist in loading afternoon vans.**
- L. Understand, operate from, and participate in the interpretation of the program's philosophy and goals for all staff, participants, families, and the community.**
- M. Adhere to Winter Growth's policies and procedures in compliance with HIPAA regulations.**

CHAPTER 11

EMERGENCY SERVICES AND PROCEDURES

11.1 Emergency plans and procedures

A. The Center shall develop written emergency plans, policies, and procedures which shall include plans and procedures to be followed in case of medical emergency, equipment breakdown, fire, or other disaster.

B. Medical emergency services are available, as follows:

1)Nursing: Nursing staff is available at all times that day services are in operation at the center. When a staff member encounters a situation that appears to be a medical emergency, the registered nurse or designee assigned shall immediately be summoned. The health coordinator or designee will assess the situation and follow approved nursing procedures for the participant and situation at hand (See Chapter 6, of this manual).

2)Ambulance/Rescue Squad: Whenever the situation appears to be life threatening, or where the participant requires immediate transport to a hospital or emergency center, an ambulance is called immediately using 911.

3)Physician: The participant's attending physician is notified as soon as possible when a medical emergency occurs. His alternate, if he has named one, is called if he is not immediately available.

4)Hospital/Emergency Facility: Transportation to a hospital or emergency center is arranged, whenever ordered by a participant's physician or whenever immediate care or diagnostic procedures are indicated. If a medical emergency occurs while participant is in transit, the general procedure is to go immediately to the nearest emergency center. If the participant is not in a life-threatening situation, transport may be arranged on a Center van, if that in no way compromises the care that the participant receives. A third alternative is for the family to drive the participant from the day center to the emergency facility, if this does not compromise the participant's condition.

C. Emergencies in Transport Van:

If an emergency occurs in transit, the driver shall stop vehicle and administer CPR/first aid as appropriate and then call for emergency transport.

D. Equipment Breakdown:

1)Gas furnace smell burning: Next to furnace turn off switch (looks like light switch), then contact Facility Manager.

2)Carbon monoxide detector alarm: Evacuate building, call 911 and then contact Center Director and/or Assisted Living Manager.

3)Stove fire: If unable to contain with fire extinguisher activate Ansul Hood which will put out the fire then contact Facility Manager.

4)Toilet overflow: Turn off knob located next to toilet to turn off water. Then contact Facility Manager. Lock bathroom until toilet is repaired.

5)Water pipe burst: Go to Main Water Valve and turn off water. Then contact Facility Manager. Alert Center Director and Assisted Living Manager.

6)Vehicles: Other transportation resources will be used.

If equipment that services the center (i.e. heat, cooling, lights, toilets) ceases to work for a period of time sufficient to cause a safety hazard or considerable discomfort, then follow Controlled Evacuation Procedure.

E. Procedures for Fire or Natural Disasters:

For the safety of the residents and participants at this facility, management and staff will know and practice emergency procedures during drills with the residents and participants. Management and staff will concentrate on assisting less mobile participants in most immediate danger first.

The facility shall designate an individual who will assume responsibility in the event of an emergency. The facility will also designate an individual to act as the responsible person's backup, should the responsible person be unable to perform duties.

In the event of a catastrophic condition that renders the facility uninhabitable, it is our intention to move the residents to our sister facility using Winter Growth owned vans. The staff would accompany the residents. Extra bedding, medications, and change of clothing would be taken along with the residents.

In the event that we would be unable to transport residents to our sister facility due to impassible roads or severe weather conditions we would evacuate to other facilities in which we have made a Transfer Agreement. If this was not possible then we would evacuate to the area hospital for accommodations or residents and staff would be placed in a hotel/motel for the duration of the incident.

1)Fire policy

Staff shall use the R.A.C.E. method for responding to a fire emergency.

a) *R - Rescue:* Move residents/participant, visitors and impaired employees away from immediate danger of fire or smoke **IF YOU CAN DO THIS WITHOUT PUTTING YOURSELF IN IMMEDIATE DANGER and IF THERE ARE OTHER STAFF AVAILABLE TO COMMUNICATE THE EMERGENCY AND TURN IN THE ALARM. Ambulatory persons should be instructed to leave under their own power. Get out as safely and quickly as possible. The less time you and others are exposed to poisonous gases, heat, or flames, the safer everyone will be. *Rescue* includes assisting those in need from the fire area to an area of safety, which may be the closest fire zone away from the fire or outside of the building. This may also include the moving of large numbers of people who may need additional staff assistance out of an area. Such assistance ranges from opening doors and windows to providing a shoulder for someone to lean on, as well as performing various lifts, drags, and carries necessary to remove people who cannot remove themselves. You may need to do blanket drags for those who are bed-bound.**

b) *A - Alarm/Alert others:* Activate the nearest fire alarm pull station as soon as possible. Alert other staff regarding the location of the fire. If unable to get to the pull station ask a fellow worker to activate the pull station which notifies our alarm company who in turn will contact the fire department.

c) C – Confine/Contain Close all doors and windows. Pack sheets and towels under doors to contain smoke. During evacuation close the doors behind you. Confining the fire limits the migration of heat and smoke as residents are moved horizontally on the floor or out of the building.

d) E – Extinguish: Only attempt to extinguish the fire if it is safe for you to do so. Retrieve the nearest fire extinguisher and follow the “P.A.S.S.” procedure: **P** = Pull the pin breaking the plastic seal; **A** = Aim the nozzle at the base of the fire; **S** = Squeeze the handles together; and **S** = Sweep from side to side at the base of the flames. The fire extinguisher should be limited to fighting small fires, while not placing anyone in danger. Staff wouldn’t try to stop a major arterial bleed with a small bandage strip, so staff should not try to extinguish a room fire with a portable fire extinguisher. The fire extinguisher use is an option only after the rescue, alarm/alert, and confinement are accomplished and the fire

e) If it is safe to do so and time permits, staff will gather resident medication and emergency files

f) If during evacuation it is necessary to go through a closed door, prior to opening touch the door and knob. If either is hot do not open the door. If it is necessary to remain in a room, residents and participants should be instructed to stand in front of a window and wave a white sheet or some other object to get the attention of rescue personnel

g) Remain calm

h) Do not allow the gathering of personal belongings, to get fully dressed, to put on eye glasses, hearing aids, etc. instead move immediately to the nearest exit

2) For small contained fires

- a) Use a fire extinguisher to smother the fire.**
- b) If unable to put out the fire in 30 seconds follow above procedure.**

3) Tornado Watch/Warning

- a) Listen to the radio and/or television to stay informed of weather alerts.**
- b) In the event of a tornado warning ask residents and/or participants to move as quickly as possible to a safe area such as the resident hallways away from windows.**
- c) If time permits, have residents take pillows with them for protection from flying debris.**
- d) Stay in the safe area until the warning has been canceled.**

4) Flood

- a) Listen to the local radio station for information on the nearest shelters.**

b) Fill the bathtubs, sinks, and jugs with clean water, in case water becomes contaminated.

c) If evacuation is required, and time allows, follow Controlled Evacuation Procedure.

d) Turn off all utilities at the main switch.

e) Follow recommended evacuation routes.

5) Blizzard, heavy snow

a) Check food and staple supplies to assure sufficient quantities for at least three days. Procure supplies if necessary.

b) In case of a prolonged electrical outage residents will be relocated.

6) Hurricane

a) Determine if evacuation is advisable. If so, follow Controlled Evacuation Procedure.

b) If evacuation is not necessary, proceed with the following (c-i).

c) Check food and staple supplies to assure sufficient quantities for at least three days. Procure supplies as necessary.

d) Check all flashlights and battery supply.

e) Verify that a three day supply of all medications is available.

f) Remove or secure any loose objects inside and outside of facility to protect residents from flying objects.

g) Tape (X) on all windows to prevent/minimize shattering glass.

h) Move residents beds and chairs away from windows.

i) Require all residents to remain inside.

7) Earthquake

a) After an earthquake has passed, there may be aftershocks.

b) Move residents to a safe location such as the resident hallways.

c) Assess and treat any resident injuries and call 911 if serious.

d) Assess any damage to the building and determine if evacuation is necessary.

e) If evacuation is advisable, follow Controlled Evacuation Procedure.

8) Electricity Outage

a) Emergency lights will automatically activate.

**b) -IF residents are AWAKE, move all residents to the Resident Lounge.
-IF residents are ASLEEP, ensure they are warm/cool depending on the weather.**

c)Call Assisted Living Manager/Center Director to inform of the situation.

- 1. ALM or Ctr Director will contact utility company for estimated time for power to be restored.**
- 2. ALM or Ctr Director will monitor situation to determine if residents must be evacuated due to unsafe conditions in building.**
- 3. ALM or Ctr Director will coordinate any evacuation plan.**

d)Under no circumstances are candles to be used.

e)One staff member should retrieve all flashlights/lanterns and place in hallways, common areas to illuminate the area.

f)One staff member should turn on all battery-powered lights located in restrooms.

g)If outage disrupts meal preparation prepare cold foods.

F. Shelter In Place

To establish safety measures for caring for participants and staff if notified by police or other emergency authorities that the Center must detain participants due to an act of terrorism, natural disaster, or other event that would endanger people leaving the Center.

1)Immediate Response

a)Upon receiving such information, the Center Director or designee will instruct participants and staff to remain inside the building and continue the program.

b)If situation such as a tornado or other severe weather, requires moving to a safe area which is determined by the Center Director:

i.Nurse or designee will bring medical supplies (first aid kit, water purification tablets, gloves), medication book and emergency box (towels, flashlights, battery radio, batteries).

ii.Director or designee will bring Emergency Notebook.

2)Supplies

a)Water and Food

- i. Water shall be purified as needed to be used for drinking water.**
- ii. A minimum of three day supplies of non-perishable food and water is maintained at each center at all times.**

b)Medical supplies, medications, and an the emergency box are maintained at the Center.

3)Care of Participants

a) Staff will provide continuity of care for participants as long as they remain at the Center.

b) Staff will call families/residences to notify of the situation.

c) Staff assignments will be made by the Director, or designee.

4) Transportation Home

a) When notified by a public official that it is safe to transport participants, calls will be made to families/residences to ensure someone is there to receive them.

b) Depending on circumstances, bus drivers, Winter Growth staff or families will transport participants to their places of residence.

5) Toileting Alternatives and Disposal: Predetermined receptacles will be used if unable to use toilets.

6) Emergency turnoff valves: power will be turned off if warranted.

G. Emergency Evacuation when necessary to leave area surrounding Winter Growth

To establish safety measures for caring for participants if instructed by police or other emergency authorities to leave the area immediately due to a bomb threat nearby, potential terrorist activity, or other event

1) Immediate response

Upon receiving instructions to evacuate area, the Transportation Director or designee will instruct available drivers and other staff authorized to drive to pull vans to the loading area. Overflow participants will be transported in staff cars as a Last Resort Only.

2) Supplies

a) Nurse will take medications, medical supplies and the medication book.

b) Social worker will bring the Emergency book which includes all participant contact phone numbers.

3) Destination

a) If public official instructs us to evacuate to a specific shelter or other destination, such directions will be followed.

b) If no specific shelter instructions then all participants will be transported to an unaffected Winter Growth Center.

4) Transportation after the incident has cleared

a) Winter Growth staff will call the emergency contacts to determine that someone will be at the residence to receive the participant.

b)When given instructions by a public official that road and safety conditions allow, Winter Growth buses and/or Winter Growth staff will transport participants home.

H. Rules for Controlled Evacuation:

If administrative staff has determined that an evacuation is necessary then:

- 1)Families will be contacted to allow them to take their family member home;**
- 2)Staff would gather resident Emergency Folder, medications, extra clothes, pillows, blankets, and first aid supplies;**
- 3)Residents would be moved to our sister facility using Winter Growth owned vans. If this is not possible then we would evacuate to other facilities in which we have made a Transfer Agreement. If this was not possible then we would evacuate to the area hospital for accommodations or residents and staff would be placed in a hotel/motel for the duration of the incident.**

I. Emergency Medication Kit: An emergency medication kit for treating shock, burns, and small, medium, and large wounds, should include but not limited to triangular bandages, blunt-tipped scissors, tweezers, and sterile gauze dressing and bandages.

J. Specific Emergency Procedures

1)Persons to be Notified During a Medical Emergency (In Order)

- a)Ambulance/rescue squad**
- b)Participant's caregiver**
- c)Participant's personal physician**

2)In the event of any delay, equipment breakdown, weather emergency, or disaster, participants and/or families will be notified by phone, using the master list. Staff members will be designated by the administrator or person in charge to call certain participants and/or families.

3)First aid supplies and emergency equipment are located in the pharmacy and nurse's office/clinic.

4)Fire Instructions: Fire instructions are prominently placed in the Center giving instructions and directions for evacuation.

5)Staff Orientation: The Center Director or designee organizes fire emergency orientation sessions for all staff when first hired and at least once every year. Each staff member is assigned a duty and location in case of emergency. They are to proceed as directed and instructed. New staff and volunteers receive special orientations when starting their assignments. A list of the assigned duties is regularly reviewed, brought up-to-date and posted. A record of staff training, time attendance, and issues covered is kept by the Center.

6)Fire Drills: The registered nurse, center director and/or assisted living manager organizes simulated drills on fire, medical emergency, disaster and equipment or power failure on each shift at least four times a year. A record is maintained of each

such drill, including the date, hour, and description of the drill, participating staff, and signature of the person in charge.

7)Fire Alarm: Pull alarms are located in the Center as well as smoke and heat detectors. The system is checked annually by the fire protection equipment contractor.

8)Fire Extinguisher: Fire extinguishers are located in the Center. Each fire extinguisher is to be examined annually and maintained in accordance with manufacturers' and National Fire Protection Associate (N.F.P.A.) requirements.

9)Fire Safety Procedures: In the event of a fire, the following regulations apply:

a)A member of the staff pulls the building fire alarm and the alarm company will then notify the fire department.

b)The staff and volunteers/interns evacuate the building in the following order:

i.those closest to the fire

ii.those in wheelchairs, on walkers, or using canes

iii.those who ambulate independently

c)Staff assist all participants to the nearest fire exit.

d)A member of the staff is in charge of supervising the participants to walk towards safety.

10)Fire Exit Routes: Fire exit routes are planned to accommodate the need of the ambulatory, those who ambulate with assistance, and those in wheelchairs. Each room has an evacuation route posted.

11)Emergency Closing: To insure the safety of each participant, weather and emergency closing procedures have been established.

a)The Center Director or designee in consultation with the Transportation Coordinator in each county, determines if weather, or emergency conditions pose a serious threat to the safety of participants during van transport.

b)If the Center Director or designee decides to open the center on a day where weather is a hazard, but with no transportation provided, and the individual participant wishes to attend on that day, transportation to and from the Center is the responsibility of the participant/caregiver, as detailed in the 'Weather Closing Policy' given at admission.

c)If during programming an emergency condition or inclement weather should become potentially hazardous the Center Director or designee may decide to close early. If transportation is provided, the Center will verify that someone is home prior to departure. If transportation is not provided, the staff will call each caregiver to inform him/her of the early closing, and to arrange for participant pickup.

d)Caregivers will need to make provisions for someone to be at the participant's home when he/she is returned home early. If the participant can be left alone at home, the participant should have a key to the home.

12)Emergency Call Lists: Emergency call lists, with the phone numbers of the Center Director, all clinical staff, Transportation Coordinator, ambulance or rescue squad, pharmacy, and poison control shall be posted near each phone in the Clinic. All other Center telephones have posted the number for poison control.

11.2 Disaster Drills

Disaster Drills shall be conducted at least semi-annually and documented, including the date, hour, and description of the drill, participating staff, and signature of the person in charge.

CHAPTER 12

PARTICIPANT RIGHTS AND PRIVACY PRACTICES

12.1 Policies and procedures regarding participant rights

A. The Center shall establish and implement written policies and procedures regarding the rights of participants. These policies and procedures shall be available to participants, staff, and the public, and shall be conspicuously posted in the Center.

B. The staff maintains a strong conviction that each participant is due the respect, care and dignity which should be accorded to all human beings. Winter Growth, Inc., has undertaken the responsibility of caring for the aged, ill and disabled and will maintain the highest standards of compassion and caring.

Each of our participants is an individual, wholly unique in and of himself. Earnest efforts will be applied to maintain the individuality of our participants; treating them in the same way that we would wish to be treated.

The Center Director has made provisions for and encourages independence in thought and action for the participants.

Having committed this program to this philosophy of ensuring participant dignity, participants, families and responsible persons are encouraged to advise the Center Director when there is evidence of behavior inconsistent with this philosophy.

The Center Director maintains an open-door policy relative to apparent or suspected physical or mental mistreatment of participants, as well as to complaints regarding care and services at this program

Through cooperative efforts of the participants, family, responsible parties and staff, Winter Growth, Inc., endeavors to create a home-like and caring atmosphere for our participants.

C. Winter Growth shall comply with all applicable State and Federal statutes and rules concerning participant rights. Staff is required to report cases of abuse, neglect, self-neglect, or exploitation of participants to the Department of Social Services according to Family Law Article 14-302, Annotated Code of Maryland.

During the application process and no later than the date of admission a copy of Participant Rights and Responsibilities are given to the participant or responsible party and explained in detail by the social worker or other authorized person.

1)Participant or responsible party signifies in writing that they have received a copy and an explanation of their rights.

2)A copy of participant rights are posted conspicuously in the day room and other areas of the center as appropriate.

3)Staff receive an initial orientation and annually thereafter training, review and update on rights and procedures.

4)Participant responsibilities naturally flow from rights that are shared equally with others. Similar to the exercise of rights, the individual's abilities to exercise his responsibilities is effected by overall physical and mental status. A partial listing of responsibilities follows:

- a) Cooperate with the policies and procedures governing the center.
- b) Respect the personal rights and private property of others.
- c) Cooperate with the established plan of care.
- d) Make respectful use of equipment and the Center.
- e) Report hazardous or emergency situations in the Center.
- f) Call the program staff as soon as possible if planning not to attend on a scheduled day, preferably at least the day before.

D. Following our guidelines in respect to suspected abuse and/or neglect

1) Definition and Signs:

a) Physical Abuse: non-accidental use of force against a vulnerable adult that results in physical pain, injury, or impairment. Such abuse includes not only physical assaults such as hitting or shoving but the inappropriate use of drugs, restraints, or confinement. Signs include:

- Unexplained signs of injury such as bruises, welts, or scars, especially if they appear symmetrically on two side of the body
- Broken bones, sprains, or dislocations
- Report of drug overdose or apparent failure to take medication regularly (a prescription has more remaining than it should)
- Broken eyeglasses or frames
- Signs of being restrained, such as rope marks on wrists
- Caregiver's refusal to allow you to see the individual alone

b) Emotional Abuse: people speak to or treat a vulnerable adult in ways that cause emotional pain or distress. (humiliation and ridicule, ignoring the elderly person). Signs include:

- Threatening, belittling, or controlling caregiver behavior that you witness
- Behavior from the elder that mimics dementia, such as rocking, sucking, or mumbling to oneself

c) Sexual Abuse: contact with a vulnerable adult without consent. Such contact can involve physical sex acts, showing pornographic material, forcing the person to watch sex acts, or forcing the vulnerable adult to undress. Signs include:

- Bruises around breasts or genitals
- Unexplained venereal disease or genital infections
- Unexplained vaginal or anal bleeding\
- Torn, stained, or bloody underclothing

d) Neglect by caregivers or self-neglect: neglect can be active (intentional) or passive (unintentional, based on factors such as ignorance or denial that a vulnerable adult needs as much care as he or she does). Signs include:

- Unusual weight loss, malnutrition, dehydration
- Untreated physical problems, such as bed sores

Unsanitary living conditions: dirt, bugs, soiled bedding and clothes

Being left dirty or unbathed

Unsuitable clothing or covering for the weather

Unsafe living conditions (no heat or running water; faulty electrical wiring, other fire hazards)

Desertion of the elder at a public place

e) Financial exploitation: This involves unauthorized use of a vulnerable adult's funds or property, either by a caregiver or an outside scam artist. Signs include:

Significant withdrawals from vulnerable adult's accounts

Sudden changes in vulnerable adult's financial condition

Items or cash missing from the vulnerable adult's household

Suspicious changes in wills, power of attorney, titles, and policies

Addition of names to the vulnerable adult's signature card

Unpaid bills or lack of medical care, although the vulnerable adult has enough money to pay for them

Financial activity the vulnerable adult couldn't have done, such as an ATM withdrawal when the account holder is bedridden

Unnecessary services, goods, or subscriptions

f) Healthcare fraud and abuse: Carried out by unethical doctors, nurses, hospital personnel, and other professional care providers. Signs include:

Not providing healthcare, but charging for it

Overcharging or double-billing for medical care or services

Getting kickbacks for referrals to other providers or for prescribing certain drugs

Overmedicating or undermedicating

Recommending fraudulent remedies for illnesses or other medical conditions

Medicaid fraud

Duplicate billings for the same medical service or device

Evidence of overmedication or undermedication

Evidence of inadequate care when bills are paid in full

2) Reporting suspected abuse/neglect

a) All suspicions of abuse/neglect MUST be reported immediately to the employee's direct supervisor to include reasons for this suspicion.

b) The direct supervisor will advise administration of the report immediately. The CEO and Center Director will review the report and investigate the evidence presented. In addition, the Office of Health Care Quality will be informed of the report and also presented with any findings of the investigation.

c) If the investigation determines sufficient evidence of abuse/neglect the appropriate law enforcement agency and the local Ombudsman's office will be notified.

12.2 Receiving of participant complaints

A. Should a day participant, resident, family member or member(s) of the community feel that service is being unfairly denied, not provided equally, or provided in a sub-standard manner, they may take their grievance to the appropriate Center Director or the CEO/President of Winter Growth, Inc.

B. If a satisfactory resolution is not found among the parties, the participant, resident, family or community member may contact the Chairman of the Winter Growth Board of Directors to request a meeting. Winter Growth's Directors will be available to meet with the individual(s) within a week of complaint or immediately if the complaint relates to a safety issue. The Chairman will be available within two weeks following a request unless out of town. If the Chairman is unavailable due to being out of the area another Board member will meet with the parties.

C. If a satisfactory resolution is still not found, you may contact the Montgomery or Howard County Office on Aging, the State Coordinator for Adult Day Care in the Office of Health Care Quality of MDH and/or the State Assisted Living Complaint Unit.

12.3 Policies and procedures regarding Privacy Practices

A. Notification of Privacy Practices

Participants (or their representatives) who enroll in Winter Growth centers will receive a copy of the Notice of Privacy Practices. An Acknowledgment of Receipt of Winter Growth's Notice of Privacy Practices will be signed and filed in the HIPAA section of the medical record. The HIPAA portion of the record will also contain a sheet listing any disclosures made that do not involve expected treatment, payment, or health care operations and oversight. This will be retained six years after discharge. Any authorizations, or revocations of same, to use or disclose health information will be filed in the HIPAA section of the medical record. Any requests to access or amend health information, restrict use or disclosure of health information, or to receive an accounting or disclosures will be filed in the HIPAA section of the medical record.

B. Privacy Practices regarding Internal Communications

It is the policy of Winter Growth that participants have the right to have their protected health information remain confidential, except when it is necessary for treatment, payment, or healthcare operations.

- 1) Written communication about transportation to medical appointments will contain only the first name and last name initial of participants**
- 2) Housing staff who have a "need to know" medical information about Assisted Living residents and Respite Care participants will not access Day Program participant files**
- 3) Verbal communications that include health information taking place in common areas regarding participants will be limited to information necessary to provide needed immediate treatment/care, (i.e. staff needs to communicate information about a symptom or problem that must be addressed without delay). These communications will never take place within the hearing of participants or other unauthorized persons.**

4) Papers containing protected health information will not be left out in common areas. The clinic will be secured when not in use by day or evening staff.

C. Privacy Practices regarding External Communication

It is the policy of Winter Growth that participants have the right to have their protected health information remain confidential, except when it is necessary for treatment, payment, or healthcare operations.

1)All faxes sent from Winter Growth will contain the cover page containing the statement regarding the confidentiality of information contained in the fax.

2)Fax machines shall be maintained in a secure location and receipt of medical information shall be immediately delivered to the authorized staff person by a staff person authorized to do so.

3)Whenever possible, any mail containing protected health information will be addressed to an individual.

4)Winter Growth's computer networks are protected by extensive fire walls to ensure that no one can access protected information through the internet.

5)Telephone conversations containing protected health information regarding participants should take place in the privacy of staff offices.

CHAPTER 13

DISCHARGE PLANNING SERVICES

13.1 Discharge planning policies and procedures

A. Written Policies and Procedures are as follows:

1)The social services department develops, implements, and maintains the discharge planning program. Staff is responsible for performing and documenting on a discharge summary the following:

a)Reviewing each participant's medical record, evaluating each participant's discharge planning needs, and developing discharge planning goals for each participant;

b)Developing the participant's discharge plan, in collaboration with the multidisciplinary team and other personnel involved in the participant's care;

c)Making referrals to agencies involved in follow-up care;

d)Coordinating services within the Center and with outside agencies to ensure continuity of care, as necessary;

e)Documenting reasons for discharge and the facility or location to which the participant was discharged.

f) Follow up documenting the date, person contacted and sufficiency of service(s.)

13.2 Criteria for Discharge

A. Participants will be discharged for the following reasons:

1)If they require, permanent 24 hour care on an in-patient basis in a hospital or long-term care facility.

2)If deemed inappropriate for the program by the center staff, family physician, guardian and/or responsible family member.

3)If payment of the fees is not made in a timely fashion, or if the third party payer no longer agrees to fund attendance at the program.

4)Immediate termination will be necessary where continued services to the participant:

a)Represents a safety hazard to the participant or others

b)Represents a disruption for other participants so severe as to cause fear or other extreme distress

CHAPTER 14

MEDICAL RECORDS

14.1 Maintenance of medical records

A. A current, medical record shall be maintained for each participant and shall contain documentation of all services provided. Any records that have been thinned shall be stored in a designated area and proper notification shall be found in the record.

B. A record system shall be maintained in which the participant's most current and initial medical record is readily accessible. Current participant's records will be maintained within the Center.

14.2 Assignment of responsibility

Under the direction of the Center Director, the registered nurse shall have the primary responsibilities for the maintenance of the medical record.

14.3 Contents of medical records

A. The complete participant medical record shall include, but not be limited to, the following;

1) Participant identification data, including name, date of admission, address, telephone number, date of birth, age, sex, ethnic background, identifying numbers related to health care benefits, referral source (if available), marital status, and the emergency contact to include the name, address, and telephone number of the person(s) to be notified.

2) The participant's signed acknowledgment that the participant has been informed of, and given a copy of participant's rights;

3) Assessment of the home environment, if available;

4) Intake paperwork including service contract, media release, financial agreement (if applicable), meal benefit form (if applicable), family questionnaire (if completed), and Participant Information form(s).

5) Power of Attorney, if applicable

6) MOLST, if applicable

7) Hospice documents, if applicable

8) Privacy Practices acknowledgment receipt

9) Copy of medical cards, if applicable

10) Documentation of the medical history and physical examination, signed and dated by the physician, including tuberculosis screening and subsequent additional information;

11) Podiatry reports, if applicable

12)Medical Assistance documents, if applicable

13)Participant assessments developed by each service providing care to the participant; functional assessment, original and revised versions noting participant progress;

14)A participant plan of care;

15)Progress notes (evaluations and summaries);

16)A record of medications administered, including the name and strength of the drug, date and time of administration, dosage administered, method of administration, and signature of the person who administered the drug;

17)A record of self-administered medications, if the participant self-administers medications;

18)Documentation of allergies in the medical record and on its outside front cover including drug reactions;

19)Documentation of dental, laboratory, and radiological services provided;

20)A record of referrals to other health care providers;

21)Documentation of consultations;

22)Any signed, written informed consent forms;

23)A record of any treatment, drug, or service offered by personnel of the Center and refused by the participant;

24)All orders for treatment, medication, and diets, signed by a physician. Physician orders for speech-language pathology, physical therapy, and occupational therapy services shall include specific modalities and the frequency of treatment;

25)Accidents;

26)The discharge plan; and

27)The discharge summary which is added to the closed chart.

14.4 Requirements for entries

A. All orders for participant care shall be prescribed in writing and signed and dated by the prescriber, in accordance with the laws of the state.

B. All entries in the participant medical record shall be legible and signed and dated by the person entering them.

14.5 Medical records policies and procedures

A. The Center shall maintain a comprehensive medical record for each participant admitted to the Center. Each record will contain documentation of all services provided and will be filed in accessible area for the following purposes:

- 1) To serve as a basis for planning and for continuity of care.
- 2) To provide a means of communication among all health care providers.
- 3) To furnish complete and accurate documentary evidence of treatments and services rendered.
- 4) For compliance with state and federal standards of regulatory agencies.
 - a) **Protection of Records:** The medical record shall be kept in a secured location when the program is not in session. Only staff involved in the participant's care shall have access to the participant's chart.

The records are used/shared under the following circumstances:

- i. Other professionals who are involved with your medical care
- ii. To run our programs, improve your participant care and contact family when necessary
- iii. To bill and get payment from long-term care insurance or other entities
- iv. Help with public health and safety issues
- v. Comply with the law
- vi. Work with a medical examiner or funeral director
- vii. Address workers' compensation, law enforcement, and other government requests
- viii. Respond to lawsuits and legal actions

b) **Permanency of Record:** All records shall be recorded in ink, typed, printed on a computer or stored electronically in an Electronic Health Record. "White-Out" is not permitted. If the recorder makes an error, it must be crossed out with one thin line, so that it is still legible, marked "error" and initialed. All entries must be dated and signed.

c) **Completion of the Record:** The participant record shall be completed, including the discharge summary, within 30 days from the date of discharge. Completion shall mean that the chart is removed from the binder to a folder, as a unit, and filed in a safe, locked place in the Center. The order of the closed chart shall be the same as the open chart, except for the addition of the Discharge Summary as the first page.

d) **Transfer of Information from the Record:** Participant information from the medical record shall be transferred to another health care facility, on receipt of a request for- specific information, which is signed by the participant and/or his representative. Only copies shall be sent. The original record shall stay with the Center. If permission is denied, a copy of the denial shall be retained in the medical record.

e) **Policies Relating to Release of Information from the Record**

- i. The fee for the copying of information from the medical record shall be \$0.50 per one-sided page. The Center may waive this fee for another health care provider if it chooses.

- ii. Participants may have access to their medical record if it is not medically contraindicated by the participant's physician, or by a decision of the

multidisciplinary team involved in the participant's care. The request for access must be received in writing; the date of receipt shall be noted on the document and initialed by the administrator.

iii. The participant's authorized representative may have access to the medical record, if it is medically contraindicated, as documented by a physician in the participant's medical record, for the participant to have access to or obtain copies of the record. The request for access or copies must be received in writing; the date of receipt shall be noted on the document and initialed by the administrator.

The authorized review of the medical record shall be from 9:00 A.M. to 4:00 P.M., Monday through Friday. The center director, registered nurse or social worker must be present during review.

iv. It shall be the responsibility of the administrator to comply with the request for access within 30 days of receipt of the written request.

14.6 Preservation, storage, and retrieval of medical records

A. All medical records shall be retained for a period of at least six years.

1) Following participant's discharge from program, the record shall be analyzed, organized, and completed within 30 days of discharge. The closed records will be filed separately from the open records.

2) Medical records may not be removed from the premises except by receipt of subpoena, court order or by statute. Personal and medical record information shall be treated confidentially and shall be protected against loss, destruction or unauthorized use.

B. If the Center plans to cease operation, it shall notify the Department in writing, at least 14 days before cessation of operation, of the location where medical records will be stored and of methods for their retrieval.

1) Medical records shall be retained in their entirety for 6 years following the most recent discharge.

2) Participant medical records are the property of the Center. In the event that the ownership should change, the records will be transmitted for use to the new owners.

CHAPTER 15

INFECTION PREVENTION AND CONTROL SERVICES

15.1 Infection control policies and procedures

A. Goals of the infection control policy at Winter Growth are to:

- 1) Decrease person to person spread of disease.
- 2) Prevent outbreaks of infection.
- 3) Be aware of potential problems.

B. Control measures:

1) Participants and employees must report to the health coordinator when:

a) They are exposed to, or have, **a contagious illness including COVID-19**. Exposure to COVID-19 is when a person has been in close contact (less than 6 feet for 15 minutes or more cumulative over 24 hours) with someone who is COVID-19 positive. The health coordinator will advise the person of next steps based on current CDC guidelines. The Local Health Department will be immediately notified for further direction.

Return to the center shall be according to current CDC guidelines and direction by the Local Health Department.

Employees should be aware of their history of childhood diseases and immunizations.

b) They are exposed to body fluids which splash on an open cut or in your eyes or mouth.

2) Participants and employees must stay home and report this information to the center when they have any of the following communicable diseases or symptoms:

a) Fever over 100 degrees,

b) Diarrhea

c) Vomiting

d) Measles, Mumps, Rubella, Varicella (Chicken Pox) or Shingles (Herpes Zoster)

e) **Symptoms of COVID-19** including respiratory/flu symptoms, cough, shortness of breath, new sore throat, new muscle/body/head ache, new loss of taste or smell, nausea, vomiting or diarrhea. (Note: **If these symptoms are exhibited while at the center the individual must leave the center as soon as possible and contact their PCP.**) The Local Health Department will be immediately notified for further direction.

Return to the center shall be according to current CDC guidelines and direction by the Local Health Department.

3) Personal hygiene (Hand-washing/Sanitizing) is considered the single most important means of preventing the spread of infection. Hands are to be washed/sanitized:

- a) upon arrival to the center**
- b) before, between and after participant contact**
- c) when hands are obviously soiled**
- d) before and after using gloves**
- e) after contact with potential source of microorganisms, i.e. soiled tissues, utensils, napkins, etc.**
- f) before eating**
- g) after toileting**
- h) throughout the day**

4. Standard Precautions

- a) Gloves are to be worn when there is a potential for contact with blood, body fluids, mucous membranes, or non-intact skin.**
- b) Gloves are to be worn for handling items or surfaces soiled with blood or body fluids.**
- c) Gloves are to be disposable and single use.**
- d) Gloves should be peeled off inside out and disposed after a single use.**
- e) **Facemasks** shall be worn in a Winter Growth vehicle or building per current CDC guidelines. NOTE: Per CDC guidance, those with certain medical conditions may be exempt from wearing masks such as respiratory impairments (trouble breathing), physical impairments (being incapacitated or being unable to remove face covering without assistance), cognitive/behavioral impairments and where necessary for communication (lip reading). Social distancing will be strictly adhered to in those cases. Documentation from the participant's doctor is required if participant is exempt from wearing a face covering.**
- f) If facemask becomes soiled or damaged, it should be replaced as soon as possible.**
- g) Facemasks may only be removed during active eating so long as social distancing is strictly adhered to or due to medical conditions that exempt face coverings.**

5. Transmission-based Precautions:

The second tier of basic infection control and to be used in addition to Standard Precautions for clients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.

a) Contact Precautions:

Use Contact Precautions for patients with known or suspected infections that represent an increased risk for contact transmission.

- Ensure resident is away from others and alone in their room.
- Wear a gown and gloves for all interactions that may involve contact with the resident or the resident's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens.
- Limit transport and movement of resident outside of the room to medically-necessary purposes. When transport or movement is necessary, cover or contain the infected or colonized areas of the patient's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions. Don clean PPE to handle the patient at the transport location.
- Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.
- Prioritize cleaning and disinfection of the rooms of residents on contact precautions ensuring rooms are frequently cleaned and disinfected (e.g., at least daily) focusing on frequently-touched surfaces and equipment in the immediate vicinity of the resident.

b) Droplet Precautions:

Use Droplet Precautions for residents known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a resident who is coughing, sneezing, or talking.

- Source control: put a mask on the resident.
- Ensure resident is away from others and alone in their room.
- Use personal protective equipment (PPE) appropriately. Don mask upon entry into the resident room.
- Limit transport and movement of the resident outside of their room to medically-necessary purposes. If transport or movement outside of the room is necessary, instruct resident to wear a mask and follow Respiratory Hygiene/Cough Etiquette (as possible depending on cognitive functioning).

c) Airborne Precautions:

Use Airborne Precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., **COVID-19**, tuberculosis, measles, chickenpox, disseminated herpes zoster).

- Source control: put a mask on the resident.

- **Ensure appropriate patient placement in an airborne infection isolation room (AIIR) constructed according to the Guideline for Isolation Precautions. In settings where Airborne Precautions cannot be implemented due to limited engineering resources, masking the patient and placing the patient in a private room with the door closed will reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an AIIR or returned home.**
- **Restrict susceptible staff from entering the room of residents known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune staff are available.**
- **Use personal protective equipment (PPE) appropriately, including a N95, face shield and goggles for direct care staff.**
- **Limit transport and movement of residents outside of their room to medically-necessary purposes. If transport or movement is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette. Staff transporting residents who are on Airborne Precautions do not need to wear a mask or respirator during transport if the resident is wearing a mask and infectious skin lesions are covered.**
- **Immunize susceptible persons as soon as possible following unprotected contact with vaccine-preventable infections (e.g., measles, varicella or smallpox).**

CHAPTER 16

HOUSEKEEPING, SANITATION AND SAFETY

16.1 Provisions of services

A. The Center shall provide and maintain a sanitary and safe environment for participants and staff.

B. The Center shall provide housekeeping, laundry, and pest control services, directly or under contract.

16.2 Responsibilities of Facilities Manager

The direct supervisor is the CEO/President.

A. With the CEO/President, develop a schedule of inspections for all of Winter Growth's facilities that will assure that potential safety hazards, and potentially expensive repairs are addressed before they develop into major problems.

B. Develop a schedule for routine maintenance such as changing furnace filters, cleaning the outdoor ponds, maintaining the storm water pond in Columbia, cleaning out dryer vents, HVAC grates, etc.

C. Observe the condition of buildings and furnishings and make repairs or arrange for repairs to be made addressing safety concerns first.

D. Supervise and support the facilities assistant and housekeepers. Create and monitor a list of tasks for the assistant to follow. Help to solve cleaning issues the housekeepers may have in carrying out their duties, and observe the overall cleanliness of the centers. Address any problems with the housekeepers.

E. Order materials for repair and replacement, working with the CEO/President for high cost materials.

F. Arrange for and monitor independent vendors and contractors as needed.

G. Maintain repair and replacement records for all three buildings.

H. Maintain warranties on all equipment purchases and repairs by contractors.

I. Arrange for and work with the County Fire Inspectors and independent Fire Safety Equipment Vendors to assure that all of Winter Growth's buildings meet or exceed standards for fire safety.

J. Follow up on any findings by County Environmental Health Inspectors.

K. Work as a part of the leadership team in promoting Winter Growth's philosophy and goals for participants, families, and community.

L. Support the CEO/President and other team members with all other duties as needed.

M. Follow Winter Growth's HIPAA Privacy and procedures and help to insure that all staff are aware and adhering to the procedures.

16.3 Housekeeping Responsibilities

A. The Center shall provide sufficient housekeeping to maintain the facility in a safe, clean, orderly, attractive, and sanitary manner.

1)The Center will be cleaned daily.

- a)Empty trash cans**
- b)Wash tables and chairs as needed**
- c)Clean kitchen area**
- d)Follow restroom procedures**
- e)Sweep/mop floor and vacuum carpet, shampoo spots**
- f)Clean and dust offices**
- g)On a weekly basis, clean closets and storage areas**

2)Vinyl upholstered furniture cleaning: Cleaned on a weekly basis, using disinfectant cleaner, whether they appear soiled or not.

3)Dining tables:

- a)Table frames cleaned with disinfectant.**
- b)Table surfaces cleaned before and after meals with disinfectant cleaning solution.**

4)Window cleaning: Windows in the day rooms are cleaned.

5)Lights and Lamps: Cleaned using clean cloths, glass cleaner and appropriate polish.

6)Drapes and Blinds cleaned.

7)Restrooms:

- a)Using a porcelain cleaner and scrubbing sponge, scrub all porcelain surfaces in the restrooms. Clean inner and outer and under sides of the sink. Clean bathroom completely and dry chrome fixtures with cloth.**
- b)Toilets: Clean and disinfect the toilet bowl- Scrub the inside of the toilet with bowl mop. Shower chairs and stalls are cleaned as required with disinfectant.**
- c)Clean all mirrors with glass cleaners.**
- d)Empty trash can by lifting out liner and placing in large liner. Wipe can with disinfectant, reline trash can and place back in restroom.**
- e)Mop floors with disinfectant as required.**
- f)Dispensers (Soap, paper towels, and toilet paper) will be checked and replenished as necessary.**

8)Floor care: All tile and laminate floors will be mopped daily. Carpets shall be vacuumed daily.

9)Wet floor signs are required to be placed in any area that has just been mopped.

10)Trash removal: Trash cans in all areas must be emptied.

11)Stove and Refrigerator: clean the stove and refrigerator, and behind the refrigerator as required.

12)Care and upkeep of housekeeping equipment:

a)Faulty equipment is always reported to the Maintenance Director.

b)Use appropriate equipment for each type of cleaning operation.

c)Keep equipment clean.

d)Housekeepers are responsible for emptying sweeper bag before it gets too full.

13)Replace soiled mops and rags as required.

14)Housekeeping carts:

a)Cart shall always be near the area that the housekeeper is cleaning.

b)All supplies should be kept in locked area when not supervised.

B. Housekeeping personnel shall be trained in cleaning procedures, including the use, cleaning, and care of equipment.

C. Cleaning supplies, chemicals and solutions shall be stored in a locked Janitor's closet, except when in use.

16.4 Environment

The following housekeeping, sanitation, and safety conditions shall be met:

A. The Center and its contents shall be free of dirt, debris, and insect and rodent harborages.

B. Nonskid wax shall be used on all waxed floors.

C. All rooms shall be ventilated to help prevent condensation, mold growth, and noxious odors.

D. All areas shall be free of noxious odors.

E. Throw rugs or scatter rugs shall not be used in the Center.

F. All furnishings shall be clean and in good repair, and mechanical equipment shall be in working order. Broken or worn items shall be repaired, replaced, or removed promptly.

G. All equipment shall have unobstructed space provided for operation.

H. All equipment and materials necessary for cleaning, disinfecting, and sterilizing shall be provided and stored in a secure location.

I. Unauthorized areas including space that holds HVAC and electrical equipment, medication, and administrative records shall be secured by a locking mechanism to prevent access from non-staff.

J. Thermometers which are accurate to within three degrees Fahrenheit shall be maintained in refrigerators and freezers.

K. Articles in storage shall be elevated from the floor.

L. All cleaning agents, pesticides, and poisonous products shall be stored apart from food and in a secure location. Such items shall be used in a manner which insures the safety of the participants and the staff.

M. Combustible materials shall not be stored in heater rooms.

N. Paints, varnishes, lacquers, thinners, and all other flammable materials shall be stored in a secure location that is safe for flammable items.

O. Unobstructed aisles shall be provided in storage areas.

P. A program shall be maintained to keep rodents, insects, vermin, and birds out of the Center.

Q. Toilet tissue, soap, and towels shall be provided in each bathroom at all times.

R. Draperies, upholstery, and other fabrics or decorations shall be fire resistant and flameproof.

S. The temperature of the hot water used for bathing and hand washing shall not exceed 110 degrees Fahrenheit (43 degrees Celsius).

T. The temperature in the Center shall be kept at a minimum of 70 degrees Fahrenheit (22 degrees Celsius) when participants are in the Center. During warm weather months, the inside temperature shall not exceed 80 degrees Fahrenheit.

16.5 Occupational Safety and Health Administration (OSHA) Compliance

A. Winter Growth shall designate an OSHA Compliance officer.

B. Winter Growth shall follow standards developed under the OSHA Act of 1970 to assure a safe and healthful working environment for staff.

C. All employee injuries/accidents shall;

- 1) Be reported to the direct supervisor or designee.**
- 2) Be reported to the Human Resources or designee verbally within twenty-four hours and submitted in writing within two business days using designated form to ensure compliance with workman's compensation first report guidelines.**
- 3) The injury/accident shall be investigated by the direct supervisor or designee and recommendations to prevent reoccurrence shall be submitted to the center director for review and implication if feasible.**

16.6 Access into facilities

- A. All Winter Growth entrances are secured by either a passcode or electronic protected locking system.**
- B. All visitors (excluding volunteers, contracted individuals, and other individuals authorized by Winter Growth to be in the building) shall complete the Visitor Log located at each entrance recording both arrival and departure time and purpose of visit.**
- C. All volunteers shall document their arrival and departure time on a designated log.**

CHAPTER 17

INFORMATION TECHNOLOGY

INFORMATION SECURITY INCIDENT RESPONSE PLAN

17.1 Incident Response plan

Winter Growth has established the following plan that deals with any event that harms or threatens the security of information assets. Such an event may be a malicious code attack, an unauthorized access to information or systems, the unauthorized use of services, a denial of service attack, or a hoax. The goal is to facilitate quick and efficient response to incidents, and to limit their impact while protecting the company's information assets.

17.2 Terms and Definitions

Control: Means of managing risk, including policies, procedures, guidelines, practices, or organizational structures, which can be of administrative, technical, management, or legal nature.

Incident: A single or a series of unwanted or unexpected information security events that result in harm, or pose a significant threat of harm to information assets and require non-routine preventative or corrective action.

Information: Any knowledge that can be communicated or documentary material, regardless of its physical form or characteristics, including electronic, paper, and verbal communication.

Information Asset: Anything that has value to the company.

Information Security: Preservation of confidentiality, integrity, and availability of information; in addition, other properties, such as authenticity, accountability, non-repudiation, and reliability can also be involved.

Information Security Event: An observable, measurable occurrence in respect to information asset that is a deviation from normal operations.

Threat: A potential cause of an unwanted incident, which may result in harm to a system or the agency.

17.3 Procedure for Incidents

Once an event is determined to be an **incident** the following procedure shall occur:

- A. Contact direct supervisor who shall notify IT staff.
- B. Document the following:
 - 1) What type of incident occurred,
 - 2) Who is involved,
 - 3) What is the scope
- C. IT staff shall notify current software contractor who shall determine:
 - 1) Urgency,
 - 2) Impact thus far,

- 3) What can be done to contain incident,
- 4) Are there other vulnerable or affected systems,
- 5) Effects of the incident,
- 6) Actions to be taken,
- 7) Recommendations for proceeding,
- 8) May perform analysis to identify the root cause of the incident.

D. Threat/Vulnerability Eradication.

After an incident, efforts will focus on identifying, removing, and repairing the vulnerability that led to the incident and thoroughly clean the system.

After the cause of the incident has been removed or eradicated and data or related information is restored, all threats and vulnerabilities shall be mitigated to prevent new threats or vulnerabilities to be introduced.

1)Department Head meeting.

2)A random audit of charts to verify if all assessments and/or initial care plan have been completed within one month.

3)Multi-disciplinary meetings.

E. Notification

Winter Growth maintains personal information of current and past staff and clients. If personal information has been subject to a security breach than notification shall be done as soon as possible, in one of the following manners:

- 1) Written notification,
- 2) Electronic, if this is the customary means of communication between the company and the client and/or representative,
- 3) Conspicuous posting of the notice or a link to the notice on Winter Growth website,
- 4) Notification to major statewide television and newspaper media.

Notification may be delayed if a law enforcement agency determines that it will impede a criminal investigation.

PRIVACY POLICY

17.4 Policy regarding the collection, use and disclosure of personal data when an individual uses our website and the choices the individual has associated with that data. Winter Growth, Inc. ("us", "we", or "our") operates the www.wintergrowthinc.org website (hereinafter referred to as the "Service").

Winter Growth uses an individual's data to provide and improve the Service. By using the Service, an individual agrees to the collection and use of information in accordance with this policy.

17.5 Definitions

Service: the www.wintergrowthinc.org website operated by Winter Growth, Inc.

Personal Data: data about a living individual who can be identified from the data (or from those and other information either in our possession or likely to come into our possession).

Usage Data: data collected automatically either generated by the use of the Service or from the Service infrastructure itself (for example, the duration of a page visit).

Cookies: small files stored on an individual's device (computer or mobile device).

Data Controller: the natural or legal person who (either alone or jointly or in common with other persons) determines the purposes for which and the manner in which any personal information are, or are to be, processed. For the purpose of this Privacy Policy, Winter Growth is a Data Controller of an individual's Personal Data.

Data Processor (or Service Provider): any natural or legal person who processes the data on behalf of the Data Controller. Winter Growth may use the services of various Service Providers in order to process your data more effectively.

Data Subject (or User): is any living individual who is using our Service and is the subject of Personal Data.

17.6 Information Collection and Use

Winter Growth collects several different types of information for various purposes to provide and improve our Service to you.

Types of Data Collected

Personal Data

While using Winter Growth's Service, an individual may be asked to provide certain personally identifiable information that can be used to contact or identify you ("Personal Data"). Personally identifiable information may include, but is not limited to:

Email address

First name and last name

Phone number

Address, State, Province, ZIP/Postal code, City

Usage Data

Winter Growth may also collect information on how the Service is accessed and used ("Usage Data"). This Usage Data may include information such as a computer's Internet Protocol address (e.g. IP address), browser type, browser version, the pages of Winter Growth's Service that is visited, the time and date of the visit, the time spent on those pages, unique device identifiers and other diagnostic data.

Tracking Cookies Data

Winter Growth uses cookies and similar tracking technologies to track the activity on our Service and hold certain information.

Cookies are files with a small amount of data which may include an anonymous unique identifier. Cookies are sent to a browser from a website and stored on that device. Other tracking technologies are also used such as beacons, tags and scripts to collect and track information and to improve and analyze our Service.

Anyone can instruct their browser to refuse all cookies or to indicate when a cookie is being sent. However, if an individual does not accept cookies, they may not be able to use some portions of our Service.

Examples of Cookies used:

Session Cookies: to operate our Service.

Preference Cookies: to remember preferences and various settings.

Security Cookies: for security purposes.

Use of Data

Winter Growth, Inc. uses the collected data for various purposes:

To provide and maintain our Service

To notify individuals about changes to our Service

To allow visitors to our site to participate in interactive features of our Service

To provide customer support

To gather analysis or valuable information so that we can improve our Service

To monitor the usage of our Service

To detect, prevent and address technical issues

17.7 Legal Basis for Processing Personal Data under the General Data Protection Regulation (GDPR)

Those from the European Economic Area (EEA), Winter Growth, Inc.'s legal basis for collecting and using the personal information described in this Privacy Policy depends on the Personal Data we collect and the specific context in which we collect it.

Winter Growth, Inc. may process Personal Data because:

We need to perform a contract with an individual;

An individual has given us permission to do so;

The processing is in our legitimate interests and it is not overridden by an individual's rights;

To comply with the law;

17.8 Retention of Data

Winter Growth, Inc. will retain Personal Data only for as long as is necessary for the purposes set out in this Privacy Policy. We will retain and use your Personal Data to the extent necessary to comply with our legal obligations (for example, if we are required to retain your data to comply with applicable laws), resolve disputes and enforce our legal agreements and policies.

Winter Growth, Inc. will also retain Usage Data for internal analysis purposes. Usage Data is generally retained for a shorter period of time, except when this data is used to strengthen the security or to improve the functionality of our Service, or we are legally obligated to retain this data for longer periods.

17.9 Transfer of Data

An individual's information, including Personal Data, may be transferred to — and maintained on — computers located outside of the individual's state, province, country or

other governmental jurisdiction where the data protection laws may differ from those of the individual's jurisdiction.

Those located outside the United States and who choose to provide information to us, are notified via our website Privacy Policy that we transfer the data, including Personal Data, to the United States and process it there.

Consent to Winter Growth's Privacy Policy followed by an online submission of such information represents agreement to that transfer.

Winter Growth, Inc. will take all the steps reasonably necessary to ensure that all data is treated securely and in accordance with this Privacy Policy and no transfer of Personal Data will take place to an organization or a country unless there are adequate controls in place including the security of data and other personal information.

17.10 Disclosure of Data

Disclosure for Law Enforcement

Under certain circumstances, Winter Growth, Inc. may be required to disclose Personal Data if required to do so by law or in response to valid requests by public authorities (e.g. a court or a government agency).

Legal Requirements

Winter Growth, Inc. may disclose your Personal Data in the good faith belief that such action is necessary to:

- To comply with a legal obligation;**
- To protect and defend the rights or property of Winter Growth, Inc.;**
- To prevent or investigate possible wrongdoing in connection with the Service;**
- To protect the personal safety of users of the Service or the public;**
- To protect against legal liability.**

17.11 Security of Data

The security of data is important to Winter Growth there is no method of transmission over the Internet or method of electronic storage that is 100% secure. While we strive to use commercially acceptable means to protect Personal Data, we cannot guarantee its absolute security.

17.12 An individual's Data Protection Rights under the General Data Protection Regulation (GDPR)

Residents of the European Economic Area (EEA), have certain data protection rights. Winter Growth, Inc. aims to take reasonable steps to allow those individuals to correct, amend, delete or limit the use of their Personal Data.

If residents of the EEA wish to be informed about what Personal Data we hold about them and if they want it to be removed from our systems, they must contact us.

17.13 In certain circumstances, an individual has the following data protection rights:

The right of rectification.: right to have information rectified if that information is inaccurate or incomplete.

The right to object: to our processing of Personal Data.

The right of restriction: request that we restrict the processing of personal information.

The right to data portability: be provided with a copy of the information we have on you in a structured, machine-readable and commonly used format.

The right to withdraw consent: at any time where Winter Growth, Inc. relied on your consent to process your personal information.

Please note that we may ask you to verify your identity before responding to such requests.

An individual has the right to complain to a Data Protection Authority about our collection and use of Personal Data. For more information, please contact your local data protection authority in the European Economic Area (EEA).

17.14 Service Providers

Winter Growth may employ third party companies and individuals to facilitate our Service ("Service Providers"), provide the Service on our behalf, perform Service-related services or assist us in analysing how our Service is used.

These third parties have access to Personal Data from the website only to perform these tasks on our behalf and are obligated not to disclose or use it for any other purpose.

17.15 Analytics

We may use third-party Service Providers to monitor and analyze the use of our Service.

Google Analytics is a web analytics service offered by Google that tracks and reports website traffic. Google uses the data collected to track and monitor the use of our Service. This data is shared with other Google services. Google may use the collected data to contextualize and personalize the ads of its own advertising network.

An individual can opt-out of having made their activity on the Service available to Google Analytics by installing the Google Analytics opt-out browser add-on. The add-on prevents the Google Analytics JavaScript (ga.js, analytics.js and dc.js) from sharing information with Google Analytics about visits activity.

For more information on the privacy practices of Google, please visit the Google Privacy Terms web page: <https://policies.google.com/privacy?hl=en>

17.16 Links to Other Sites

Our Service may contain links to other sites that are not operated by us. If an individual clicks a third party link, they will be directed to that third party's site. We strongly advise a review of the Privacy Policy of every site visited.

We have no control over and assume no responsibility for the content, privacy policies or practices of any third party sites or services.

17.17 Changes to This Privacy Policy

We may update our Privacy Policy from time to time. Any changes will be posted on the new Privacy Policy on our website.

CHAPTER 18

QUALITY ASSURANCE PROGRAM

18.1 Quality assurance plan

Winter Growth has established the following plan of activities to assure the highest quality of care and service for the enrolled participants and their families.

The center director at each center shall have the overall responsibility for the implementation of the plan.

The center director, the health coordinator, and the professional staff of the center shall all participate in the quality assurance process.

18.2 Quality assurance activities

There will be an annual quality assurance meeting, to summarize and review the indicators of quality that have been collected. However, quality assurance activities shall be on-going throughout the year.

A. Review of staff qualifications, orientation and education

At the time of hire, the director shall see that a personnel file is created and shall contain;

- 1)Application and/or resume which includes name, address, telephone number, age, sex, person to be notified in case of emergency.
- 2)Pre-employment medical examination for housing staff certifying ability to physically perform the duties for which employed. Certification of absence of tuberculosis in a communicable stage shall be made according to guidelines provided by the licensing authority.
- 3)Educational background including copies of applicable diplomas/certificates or licenses as related to the position.
- 4)Employment history and notes on references.
- 5)Evaluation of performance and attendance.

B. Evaluation of operations (participant care services, staffing, infection control, housekeeping and sanitation, maintenance of physical plant and equipment, participant care statistics, and discharge planning services).

The center director, registered nurse, and the professional staff of the center shall evaluate these areas on at least a monthly basis through:

- 1)Department Head meeting.
- 2)A random audit of charts to verify if all assessments and/or initial care plan have been completed within one month.
- 3)Multi-disciplinary meetings.

C. Evaluations by families and participants (Evaluation of care and services provided by the center.)

Periodically families and/or participants will be asked to complete a questionnaire about service satisfaction. Discharged participants and their families may also receive the questionnaire. In addition, complaints and compliments will be reviewed at least on a quarterly basis by the center director and appropriate personnel as determined by the center director.

A report will go to the CEO/President of Winter Growth with a recommended course of action if there are significant problems.

D. Review of medication errors and adverse drug reactions.

E. Incident reports involving participants and/or staff shall be summarized in an annual log that shall be reviewed at least quarterly by the center director and professional staff. All plans to minimize similar incidents from recurring shall be reviewed and adjusted at that time.

CHAPTER 19

COVID-19 PROTOCOLS

19.1 Access to Program

A. All participants attending in-person adult daycare shall be fully vaccinated (per CDC guidelines individuals are considered fully vaccinated 2 weeks after completing required dose(s) of COVID-19 vaccine.)

B. All daycare participants and/or participant representative shall review and acknowledge receipt of Winter Growth's COVID-19 precautions which includes:

- 1. IF you have ANY of the following COVID-19 symptoms BEFORE entering a Winter Growth vehicle or building, including respiratory/flu symptoms, cough, shortness of breath, new sore throat, new muscle/body/head ache, new loss of taste or smell, nausea, vomiting or diarrhea the participant should remain home and contact the center immediately for further instructions.**
- 2. IF a participant has been diagnosed with COVID-19 or has been in close contact (less than 6 feet for 15 minutes or more cumulative over 24 hours) with someone who is COVID-19 positive the participant shall remain home and must report this immediately to the center.**
- 3. Upon entry into a Winter Growth vehicle or building the participant will have a symptom-based screening. The screening will consist of:**
 - o Temporal temperature check**
 - o Verbal screening, if able: Have you been diagnosed with COVID-19 within the past 10 days (20 days if immunocompromised)? Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Have you had a new fever of 100.0° or higher in the last 24 hours? Do you now or have you had in the past 14 days any respiratory or flu symptoms such as cough, sore throat, congestion, runny nose, shortness of breath, new fatigue, new muscle/body/headache, new loss of taste or smell, new nausea/vomiting/diarrhea?**

Should the participant or representative answer "Yes" to any of the screening questions or has a temperature above 100.4°, they will not be permitted to:

- o Board the transportation vehicle. The participants will be directed to consult with their primary care provider/facility for direction. Drivers should notify the Nurse/Center Director when this arises for follow up and return to center instructions.**
 - o Participate in the program. Winter Growth will determine if the participant is allowed entrance or should be taken home as quickly as possible. Isolation and transmission-based precautions may be required if participant must wait for transport or be transported. The participants will be directed to consult with their primary care provider/facility for direction.**
- 4. Throughout the day, participants will be required to use hand sanitizer which staff will facilitate as needed.**
 - 5. While in a Winter Growth vehicle or building, participants should wear a face mask.**
 - 6. While in a Winter Growth vehicle or building, participants should follow State requirements for social distancing. Whenever possible, all individuals within the center will remain six feet apart from each other. If social distancing is not possible especially due to ADL assistance, additional safety precautions will be used such as PPE usage by staff.**
 - 7. If a participant develops a fever or even mild symptoms consistent with the above referenced COVID-19 symptoms, the participant will be isolated and required to be taken home as soon as possible, preferably by a family member.**

8. Any COVID-19 outbreak amongst staff or participant(s) shall cause the in-person program to be shut down until further notice and all individuals with a potential exposure shall be notified of the outbreak as soon as possible.

19.2 Additional Infection Control Procedures

A. Any supplies used by a participant/resident during an activity will be cleaned/disinfected before another participant/resident uses it.

B. Tables will be disinfected prior to and immediately after a participant/resident uses a table.

C. Any equipment or spaces used for participant/resident care will be cleaned and disinfected in between participants (including changing table or bathroom stalls after toileting).

D. Vehicles will be disinfected prior to picking up participants and immediately after all participants leave the vehicle.

E. CDC guidelines on cleaning & disinfecting including using EPA approved disinfectants for use against SARS-CoV2- (COVID-19) shall be used in vehicles and buildings.

F. High touch areas such as tables, doorknobs, handrails, light switches, countertops, handles, arm rests, phones, faucets, towel dispensers, water fountains will be cleaned/disinfected multiple times a day.

G. Employees will be trained on frequency of hand sanitizing, masking procedures, social distancing, screening procedures, cleaning and disinfection, PPE usage.

H. Anyone entering a Winter Growth building shall wear a facemask at all times unless permitted not to wear a facemask based on current CDC, MDH guidelines.

19. COVID-19 Outbreak amongst assisted living residents

A. Any incidence of COVID-19 with a resident will require the immediate closure of adult daycare.

B. All residents shall be restricted to their rooms until 14 days after the last known COVID-19 exposure.

C. All staff caring for COVID-19 positive residents shall use infection control precautions including the donning of N95/K95 facemask, face shield, gown, gloves, and goggles.

These policies and procedures help Winter Growth to meet its mission to support older and disabled adults in achieving their highest potential for health, independence, dignity, and life satisfaction.