



Residential Care Services

in North Carolina

**POLICIES &
PROCEDURES
MANUAL**

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Policy 001: Purpose of the Manual and Organizational Profile

Effective Date: [Insert Effective Date]

Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

1.1 Purpose of the Manual

The purpose of this Policy and Procedure Manual is to serve as the definitive resource for operational guidelines, protocols, and ethical standards that govern all activities at [COMPANY NAME]. This manual ensures consistency in operations, compliance with state and federal regulations, and alignment with the organization's mission, vision, and goals. It reflects [COMPANY NAME]'s commitment to providing compassionate, person-centered care and fostering a supportive environment for adults living with mental health challenges.

The manual supports staff in understanding their responsibilities, providing high-quality care, and maintaining ethical and professional standards in all aspects of service delivery. It serves as a tool for training, performance evaluation, and continuous improvement, ensuring that every staff member upholds the organization's values and practices. Additionally, it provides a transparent framework for clients, families, and stakeholders, demonstrating [COMPANY NAME]'s dedication to operational excellence and client-centered care.

1.2 Organizational Profile

1.2.1 Overview of [COMPANY NAME]

[COMPANY NAME], located at [ADDRESS], is a leading residential care facility dedicated to supporting adults facing mental health challenges.

1.2.2 Mission Statement

At the heart of [COMPANY NAME]'s operations is its mission:

This mission underscores the organization's commitment to holistic and individualized mental health care, emphasizing recovery, empowerment, and community integration as core pillars.

Our Goal

1. Promote Individualized Recovery

2. Enhance Emotional and Psychological Well-being

3. Ensure Safety and Stability

4. Encourage Independence and Empowerment

5. Support Social and Community Integration

6. Promote Holistic Wellness

7. Collaborate with Families and Support Networks

8. Continuously Improve Care Standards

These goals aim to create a well-rounded, person-centered care environment that addresses both the immediate and long-term needs of residents, while promoting autonomy, well-being, and social integration

1.2.3 Vision Statements

[COMPANY NAME]'s vision is multifaceted, reflecting aspirations for systemic change, community integration, and holistic well-being. These statements articulate the organization's long-term objectives and the standards it strives to achieve:

1. Vision for Empowerment and Recovery:

2. Vision for Community and Belonging:

3. Vision for Holistic and Personalized Care:

4. Vision for Systemic Change and Awareness:

5. Vision for Innovation in Mental Health:

[REDACTED]

6. Vision for Strengthening Families and Communities:

[REDACTED]

7. Vision for Long-term Impact and Sustainability:

[REDACTED]

1.3 Organizational Management and Structure

1.3.1 Governance

[COMPANY NAME] operates under a governance framework designed to ensure accountability, transparency, and excellence in all operations. The governing body consists of an Executive Director and a Board of Directors, each playing a pivotal role in strategic planning, policy development, and oversight.

[REDACTED]

1.3.2 Management Roles

Key management roles within [COMPANY NAME] include:

1. Executive Director:

[REDACTED]

2. Program Manager:

[REDACTED]

3. Clinical Coordinator:

[REDACTED]

4. Compliance Officer:

[REDACTED]

5. Administrative Staff:

[REDACTED]

1.3.3 Organizational Chart

The organizational chart outlines the hierarchy and communication flow within [COMPANY NAME]:

PLEASE INCLUDE THE ORGANIZATIONAL CHART HERE

1.4 Goals of [COMPANY NAME]

[COMPANY NAME] has established specific goals to guide its operations and ensure positive outcomes for residents. These goals include:

- [REDACTED]

Policy 002: Governing Body Policies

Effective Dates: [Insert Effective Date]

Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

2.1 Purpose

The purpose of this policy is to establish clear and comprehensive guidelines for the governance and operational procedures at [COMPANY NAME]. The policy ensures effective delegation of management authority, outlines criteria for client discharge, safeguards client record management, and promotes safe client transportation. Additionally, it specifies quality assurance and improvement protocols, incident reporting measures, fee assessment procedures, emergency preparedness plans, and volunteer utilization protocols.

2.2 Additional Authority

- 10A NCAC 27G .0201
- North Carolina General Statutes applicable to residential care operations
- Department of Health and Human Services (DHHS) standards

2.3 Scope

This policy applies to all administrative staff, clinical personnel, volunteers, and other stakeholders involved in the management and operation of [COMPANY NAME].

2.4 Responsible Parties

[REDACTED]

2.5 Definitions

1. **Chain of Command:** The structured delegation of authority within the organization to ensure seamless operational management.
2. **Client Records:** All documents, electronic or physical, containing information about residents' care and treatment.
3. **Incident Levels:** Categorization of incidents into Level I, II, and III based on severity and impact.
4. **Quality Assurance/Quality Improvement (QA/QI):** Systematic processes to evaluate and enhance client care and service delivery.

2.6 Policy Statement

[COMPANY NAME] is dedicated to maintaining the highest standards of governance and operations. This policy outlines a comprehensive framework to ensure effective leadership, promote client safety, safeguard confidentiality, and provide a structured approach to operational management.

2.7 Governing Body Policies

2.7.1 Delegation of Management Authority (Chain of Command)

[REDACTED]



[REDACTED]

2.7.2 Criteria for Client Discharge

[REDACTED]

2.7.3 Client Record Management

[REDACTED]

2.7.4 Safe Client Transportation

[REDACTED]

2.7.5 Quality Assurance/Quality Improvement (QA/QI) Committee

[REDACTED]

2.7.6 Incident Reporting and Response

[REDACTED]

2.7.7 Client Fee Assessment and Collection

[REDACTED]





[Redacted text block]

2.7.8 Medical Preparedness Plan

[Redacted text block]

2.7.9 Volunteer Utilization

[Redacted text block]

2.8 Procedure

2.8.1 Chain of Command Implementation

[Redacted text block]

2.8.2 Client Discharge Process

[Redacted text block]





[REDACTED]

2.8.3 Client Record Management Process

[REDACTED]

2.8.4 Transportation Protocol

[REDACTED]





[REDACTED]

2.8.5 Quality Assurance/Quality Improvement (QA/QI) Activities

[REDACTED]

2.9 Continuous Improvement

1. Governing body policies are reviewed annually to ensure alignment with updated regulations and best practices.
2. Feedback from staff, clients, and stakeholders informs revisions to the policy manual.

2.10 References

- 10A NCAC 27G .0201
- Department of Health and Human Services (DHHS) standards
- [COMPANY NAME]'s Operational Guidelines

2.11 Policy Review and Approval

Executive Director Signature: _____ Date: _____
Compliance Officer Signature: _____ Date: _____

2.12 Policy Distribution

This policy is distributed during staff orientation and is accessible in the administrative office and on the [COMPANY NAME] intranet.



Policy 003: Personnel Requirements

Effective Dates: [Insert Effective Date]

Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

3.1 Purpose

The purpose of this policy is to establish comprehensive guidelines for training professional and paraprofessional staff at [COMPANY NAME], ensuring competency in their roles and adherence to state and federal standards. Additionally, this policy details procedures for identifying, reporting, investigating, and managing infectious and communicable diseases to protect the health and safety of residents and staff.

3.2 Additional Authority

- 10A NCAC 27G .0202 – Personnel Requirements
- Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard
- Centers for Disease Control and Prevention (CDC) Guidelines on Infection Control

3.3 Scope

This policy applies to all employees of [COMPANY NAME], including professional and paraprofessional staff, who are involved in direct or indirect resident care or administrative support.

3.4 Responsible Party

[REDACTED]

3.5 Definitions

- **Professional Staff:** Licensed personnel such as nurses and therapists who provide specialized care.
- **Paraprofessional Staff:** Support staff such as aides and administrative workers assisting in care delivery.
- **Infectious Disease:** Illnesses caused by microorganisms such as bacteria, viruses, and fungi that spread within populations.
- **Bloodborne Pathogens:** Microorganisms in human blood capable of causing diseases like HIV and hepatitis B or C.

3.6 Policy Statement

[COMPANY NAME] is committed to ensuring that staff are fully trained to meet residents' needs through structured initial and ongoing education. The organization upholds the highest standards for managing infectious and communicable diseases, emphasizing prevention, timely intervention, and compliance with local, state, and federal regulations.

3.7 Policy

3.7.1 Staff Training

1. Initial Training

[REDACTED]

2. Ongoing Education

[REDACTED]

3. Competency Evaluations

4. **Documentation of Training**

3.7.2 *Infectious Disease Management*

1. **Identification and Reporting**

2. **Investigation and Containment**

3. **Training on Bloodborne Pathogens and Infection Control**

4. **Preventive Measures**

5. **Emergency Preparedness**

3.8 **Procedure**

3.8.1 *Training Implementation*

1. **Orientation Process**

- a. The Training Coordinator schedules orientation sessions for new employees within their first week of employment.
- b. Orientation includes both theoretical and practical components, such as hands-on demonstrations of infection control protocols.
- c. New hires complete evaluations to confirm their understanding of key concepts before beginning independent responsibilities.

2. **Annual In-Service Training**

3. **Competency Reviews**

3.8.2 Infection Control Protocols

1. **Daily Monitoring**
 - a. All staff perform self-checks for symptoms before reporting to work. Symptomatic individuals inform their supervisors and refrain from entering the facility.
 - b. Residents are assessed daily by nursing staff for signs of illness, with findings documented in their medical records.
2. **Incident Reporting**
 - a. Staff complete incident reports immediately upon identifying potential infectious disease symptoms in residents or colleagues.
 - b. Reports are submitted to the Infection Control Officer for evaluation within 24 hours.
3. **Exposure Management**
 - a. Exposed individuals receive immediate medical evaluation and post-exposure prophylaxis, when applicable.
 - b. The Infection Control Officer maintains detailed logs of all exposure incidents and monitors affected individuals' health status.
4. **Environmental Hygiene**
 - a. Cleaning staff follow a strict sanitation schedule, disinfecting all high-touch surfaces multiple times daily and conducting deep cleaning weekly.
 - b. The Infection Control Officer audits cleaning practices monthly to ensure compliance with CDC guidelines.
5. **Collaborations with Health Authorities**
 - a. The Infection Control Officer maintains direct communication with the Monroe County Health Department for guidance on managing outbreaks and implementing control measures.
 - b. Updates from health authorities are incorporated into staff training materials and operational protocols.

3.9 Review and Revision

The Administrator and Infection Control Officer review this policy annually. Updates are made to reflect regulatory changes, advancements in infection control practices, and feedback from staff and residents.

3.10 References

- 10A NCAC 27G .0202 – Personnel Requirements
- Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard
- Centers for Disease Control and Prevention (CDC) Guidelines on Infection Control
- North Carolina Department of Health and Human Services Guidelines

3.11 Policy Review and Approval

- Administrator: _____ Date: _____
- Training Coordinator: _____ Date: _____

3.12 Policy Distribution

- Hard copies are distributed during orientation.
- Electronic versions are available on the internal [COMPANY NAME] network under "Policies and Procedures."

Policy 004: Competencies and Supervision of Paraprofessionals

Effective Dates: [Insert Effective Date]

Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

4.1 Purpose

The purpose of this policy is to establish a structured framework for the implementation and documentation of individualized supervision plans for paraprofessional staff at [COMPANY NAME]. This ensures that staff competencies align with state regulations, job requirements, and the organization's mission to provide high-quality, person-centered care.

4.2 Additional Authority

- 10A NCAC 27G .0204 – Competencies and Supervision of Paraprofessionals
- North Carolina General Statutes (NCGS) §131D-6 – Adult Care Home Regulations
- Occupational Safety and Health Administration (OSHA) Training Standards

4.3 Scope

This policy applies to all paraprofessional staff at [COMPANY NAME], including newly hired staff, those undergoing professional development, and staff under performance review.

4.4 Responsible Party

[REDACTED]

4.5 Definitions

- **Paraprofessional Staff:** Individuals providing supportive care services under the supervision of licensed professionals, including aides and other support personnel.
- **Supervision Plan:** A tailored document outlining performance goals, areas for improvement, and strategies for professional growth.
- **Competency Evaluation:** An assessment of a paraprofessional's ability to perform job-specific tasks safely and effectively.

4.6 Policy Statement

[COMPANY NAME] is committed to fostering professional growth and ensuring that all paraprofessional staff receive the supervision and training necessary to meet organizational and regulatory standards. Supervision plans are designed to enhance employee competencies, address identified areas of need, and support the delivery of high-quality care to residents.

4.7 Policy

4.7.1 Development of Supervision Plans

[REDACTED]

4.7.2 Ongoing Supervision and Monitoring

[REDACTED]

[REDACTED]

4.7.3 Addressing Identified Needs

[REDACTED]

4.8 Procedure

4.8.1 Development of Supervision Plans

1. Initial Needs Assessment

a. Assessment Timing and Framework

[REDACTED]

b. Assessment Components

i. Experience and Skills Inventory

[REDACTED]

ii. Training and Knowledge Evaluation

[REDACTED]

iii. Role-Specific Competencies

[REDACTED]

c. Output of the Needs Assessment

- At the conclusion of the assessment, the Clinical Supervisor prepares a written summary that identifies the employee's strengths, areas requiring targeted development, and competencies essential for excelling in the position.

2. Plan Creation**a. Drafting the Supervision Plan**

[REDACTED]

b. Employee Involvement

- The draft plan is presented to the employee for review during a one-on-one meeting. The Clinical Supervisor discusses the proposed objectives and strategies, inviting feedback and adjustments to ensure the plan reflects the employee's aspirations and comfort level.

c. Feedback and Finalization

- After incorporating the employee's input, the Clinical Supervisor finalizes the plan. This ensures mutual agreement on the performance goals and developmental activities outlined in the document.

3. Plan Review and Approval**a. Formal Review Meeting**

- Within 30 days of the employee's start date, the Clinical Supervisor and the employee hold a dedicated meeting to formally review and approve the supervision plan.
- The meeting serves as an opportunity to reaffirm expectations, clarify timelines, and address any concerns regarding the plan's implementation.

b. Approval and Filing

- Both the Supervisor and the employee sign the finalized supervision plan to signify agreement. The signed document is then added to the employee's personnel file for future reference and regulatory compliance.

4.8.2 Implementation of Supervision Plans**1. Regular Supervisory Meetings****a. Weekly Meetings During Onboarding**

[REDACTED]

b. Transition to Biweekly or Monthly Meetings

[REDACTED]

c. Documentation of Meetings

2. Competency Evaluations

a. Observational Assessments

- Supervisors conduct regular observations of the employee performing job-specific tasks, such as assisting residents, completing documentation, and adhering to safety protocols. These observations help gauge practical competency and adherence to [COMPANY NAME] standards.

b. Feedback Integration

- Evaluations incorporate feedback from residents, colleagues, and licensed professionals to provide a well-rounded assessment of the employee's performance.

c. Performance Reviews

- Formal competency evaluations are conducted quarterly during the first year of employment. These evaluations include a comprehensive review of the employee's progress, strengths, and areas for continued development.

3. Adjustments to Supervision Plans

a. Plan Updates

- Supervisors revise supervision plans as needed to reflect changes in job responsibilities, newly identified training opportunities, or the employee's progress toward objectives. Updates are documented and communicated to the employee.

b. Collaborative Review

- Updated plans are reviewed during a dedicated meeting, with both the Supervisor and employee signing the revised document to signify agreement.

4.8.3 Addressing Performance Concerns

1. Implementation of Performance Improvement Plans (PIPs)

[REDACTED]

2. Monitoring and Feedback

[REDACTED]

3. Termination of Employment

[REDACTED]

4.8.4 Recordkeeping and Compliance

1. Documentation Standards

a. Comprehensive Records

- Supervisors maintain detailed and accurate records of all supervision activities, including:



- These records are updated regularly and stored securely to ensure confidentiality and regulatory compliance.

b. Access and Review

- Documentation is accessible to the Administrator, Clinical Supervisor, and relevant regulatory authorities during audits or performance reviews.

2. Annual Review of Supervision Policy

a. Policy Evaluation

- The Administrator and Clinical Supervisor jointly review this policy on an annual basis. The review process involves analyzing feedback from staff, outcomes of supervision plans, and findings from regulatory audits.

b. Policy Revisions

- Any identified gaps or areas for improvement are addressed through revisions to the policy. Updates are communicated to all staff and incorporated into training programs to ensure consistency.

4.9 Review and Revision

The Clinical Supervisor reviews this policy annually. Updates are made to reflect changes in state regulations, organizational goals, and employee feedback.

4.10 References

- 10A NCAC 27G .0204 – Competencies and Supervision of Paraprofessionals
- Occupational Safety and Health Administration (OSHA) Training Standards
- North Carolina General Statutes (NCGS) §131D-6 – Adult Care Home Regulations

4.11 Policy Review and Approval

- Administrator: _____ Date: _____
- Clinical Supervisor: _____ Date: _____

4.12 Policy Distribution

- Hard copies are provided to all supervisors during training.
- Electronic copies are accessible via the [COMPANY NAME] internal policy portal.

Policy 005: Assessment and Treatment/Habilitation Plan

Effective Date: [Insert Effective Date]

Reviewed and Revised Date: [Insert Reviewed/Revised Date]

5.1 Purpose

The purpose of this policy is to establish the procedures for completing a comprehensive admission assessment and creating individualized treatment or habilitation plans for each client admitted to [COMPANY NAME]. This ensures a thorough understanding of each client's presenting problems, strengths, and needs while promoting their recovery, independence, and well-being through evidence-based practices.

5.2 Additional Authority

- **10A NCAC 27G .0205:** Assessment and Treatment/Habilitation or Service Plan.
- Relevant provisions under North Carolina General Statutes for adult care homes and mental health services.

5.3 Scope

This policy applies to all clients admitted to [COMPANY NAME], as well as all clinical and care staff responsible for assessments, treatment planning, and ongoing care delivery.

5.4 Responsible Party

[REDACTED]

5.5 Definitions

1. **Admission Assessment:** The structured evaluation of a client's presenting issues, strengths, and challenges upon admission to the facility.
2. **Provisional Diagnosis:** A temporary diagnosis made at admission, subject to confirmation within 30 days through further evaluations.
3. **Established Diagnosis:** A formal, confirmed diagnosis derived from in-depth assessments conducted post-admission.
4. **Treatment/Habilitation Plan:** An individualized plan addressing the client's needs, including goals, strategies, and outcomes for recovery or habilitation.
5. **Legally Responsible Person:** An individual authorized to make decisions on behalf of the client, such as a guardian or power of attorney.

5.6 Policy Statement

[COMPANY NAME] is committed to providing a person-centered approach to care by performing detailed admission assessments for all clients before services begin. A treatment or habilitation plan is developed within 30 days of admission to address the client's presenting problems and long-term goals. These plans are created in collaboration with the client and/or their legally responsible person and are regularly reviewed to ensure they remain relevant and effective.

5.7 Policy

5.7.1 Admission Assessment

[REDACTED]



[REDACTED]

5.7.2 Treatment/Habilitation Plan Development

[REDACTED]

[REDACTED]

5.8 Procedure

5.8.1 Admission Assessment Procedure

[REDACTED]



5.8.2 Treatment/Habilitation Plan Procedure

[REDACTED]

5.8.3 Plan Review and Updates

[REDACTED]

5.8.4 Compliance and Documentation

1. **Recordkeeping**
 - a. All assessments, plans, and progress notes are securely stored and readily accessible for review.
2. **Policy Review and Updates**
 - a. The Administrator reviews this policy annually, incorporating feedback from staff and regulatory authorities.

5.9 References

- 10A NCAC 27G .0205
- North Carolina General Statutes governing mental health and adult care services

Approval Signatures:

- **Clinical Supervisor:** _____ Date: _____
- **Administrator:** _____ Date: _____

Policy 007: Medication Management Policy

Effective Date: [Insert Effective Date]

Reviewed and Revised Date: [Insert Reviewed/Revised Date]

7.1 Purpose

The purpose of this policy is to establish comprehensive guidelines for the management of medications at [COMPANY NAME]. This includes dispensing, packaging, labeling, administration, storage, review, and disposal to ensure compliance with regulatory standards under **10A NCAC 27G .020G** and the safe, ethical, and effective handling of medications for the health and safety of clients.

7.2 Additional Authority

- **10A NCAC 27G .020G** Medication Requirements.
- North Carolina Board of Pharmacy Regulations.
- Federal Controlled Substances Act (CSA).

7.3 Scope

This policy applies to all staff, clients, and contractors involved in medication-related processes at [COMPANY NAME], including prescribing, dispensing, administering, transporting, storing, or disposing of medications.

7.4 Responsible Party

[Redacted]

7.5 Definitions

1. **Medication Dispensing:** The process of preparing and providing medications to a client based on a licensed prescriber's order.
2. **Medication Administration Record (MAR):** A detailed document used to record medication administration to a client.
3. **Self-Administration:** A client's independent management of their prescribed medications, authorized in writing by a licensed medical professional.
4. **Medication Disposal:** The secure and safe destruction of medications to prevent misuse or accidental ingestion.
5. **Medication Error:** Any deviation from the prescribed medication order, including incorrect dosage, timing, or method of administration.

7.6 Policy

7.6.1 Statement on Medication Management

[COMPANY NAME] adheres to all legal and ethical standards for medication management. Medications are handled only by licensed personnel or individuals appropriately trained under supervision. The facility ensures that medications are stored securely, administered correctly, and disposed of safely to prevent errors, misuse, or harm to clients.

7.7 Medication Dispensing Procedures

1. **Authorized Personnel**
 - a. Medications are dispensed only by a registered pharmacist, licensed physician, or other authorized professionals registered with the North Carolina Board of Pharmacy.

- b. Take-home methadone is administered exclusively by Registered Nurses (RNs) in licensed programs.
- 2. **Prescription Requirements**
 - a. Medications are dispensed based on a valid written prescription from a licensed medical doctor.
 - b. The facility does not maintain a stock of prescription medications for dispensing unless a licensed pharmacist is engaged for this purpose.
- 3. **Emergency Stock**
 - a. Prescription medications for emergency use are stored and dispensed in compliance with state laws.

7.8 Medication Packaging and Labeling Procedures

- 1. **Non-Prescription Medications**
 - a. Over-the-counter medications retain their original manufacturer packaging, with visible expiration dates.
- 2. **Prescription Medications**
 - a. Prescription medications are provided in tamper-resistant packaging.
 - b. Each prescription label includes the following:

[REDACTED]

7.9 Medication Administration Procedures

- 1. **Authorization for Administration**
 - a. Medications are administered only based on a valid written order from an authorized prescriber.
 - b. Clients may self-administer medications with written authorization from their physician.
- 2. **Licensed and Trained Personnel**
 - a. Licensed personnel administer medications, including injections.
 - b. Unlicensed staff trained by an RN, pharmacist, or other qualified professional may administer medications under supervision.

3. Medication Administration Record (MAR)

- a. A MAR is maintained for every client, documenting:

[REDACTED]

- 4. **Documentation**
 - a. Medications are documented immediately after administration in the MAR.
 - b. Client requests for changes in medications are documented and followed up with the prescribing physician.

7.10 Medication Disposal Procedures

- 1. **Safe Disposal Practices**

[REDACTED]

- 2. **Disposal Records**

- a. A disposal record is maintained for all destroyed medications, detailing:

[REDACTED]

3. Discharge Protocols

- a. Upon a client's discharge, unused medications are held for no longer than 30 days or disposed of promptly if the client does not return.

7.11 Medication Storage Procedures

1. General Storage Requirements

- a. Medications are stored in a securely locked cabinet within a clean, well-lit, and ventilated room.
- b. The room's temperature is maintained between 59° and 86° F.

2. Refrigeration

- a. Medications requiring refrigeration are stored between 36° and 46° F in a separate, locked compartment if food items are also present.

3. Client-Specific Storage

- a. Medications are stored separately for each client, clearly labeled with their name.
- b. Internal and external medications are stored separately.

4. Self-Medication

- a. Medications for clients approved for self-administration are securely stored according to the physician's instructions.

7.12 Medication Review Procedures

1. Six-Month Drug Reviews

- a. A licensed physician or pharmacist conducts a drug regimen review for clients on psychotropic medications every six months.
- b. Findings and any corrective actions are documented in the client's record.

7.13 Medication Error Procedures

1. Reporting and Documentation

- a. Medication errors or adverse drug reactions are reported immediately to the prescribing physician or pharmacist.
- b. Errors are documented in the client's file, along with corrective actions.

2. Client Refusal

- a. A client's refusal to take medication is documented in the MAR, and follow-up with the physician is arranged.

7.14 Procedure

7.14.1 Medication Dispensing Process

[REDACTED]



[REDACTED]

7.14.2 Administration Protocol

[REDACTED]

7.14.3 Storage and Security Checks

[REDACTED]



[REDACTED]

7.14.4 Disposal Protocol

[REDACTED]

7.14.5 Continuous Quality Improvement

1. **Policy Review and Updates**
 - a. Medication dispensing, administration, storage, and disposal procedures are reviewed annually by the Administrator and Clinical Supervisor.
 - b. Feedback from staff and clients, as well as findings from audits, inform revisions to ensure the procedures align with the latest regulatory and best-practice standards.

2. Training and Education

- a. Staff receive annual training on all medication-related procedures, including updates to protocols and compliance requirements.
- b. Newly hired staff complete a comprehensive orientation covering medication policies before assuming responsibilities.

3. Incident Review

- a. Medication errors and adverse drug reactions are reviewed during monthly quality assurance meetings to identify patterns and implement preventive measures.
- b. Outcomes of incident reviews are shared with staff during training sessions to promote a culture of safety and continuous improvement.

7.15 References

- 10A NCAC 27G .020G Medication Requirements.
- North Carolina Board of Pharmacy Standards.

Approval Signatures:

- **Clinical Supervisor:** _____ **Date:** _____
- **Administrator:** _____ **Date:** _____

Policy 008: Search, Seizure, and Periodic Internal Review

Effective Dates: [Insert Effective Date]

Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

8.1 Purpose

The purpose of this policy is to establish and communicate clear guidelines regarding search and seizure activities and periodic internal reviews at [COMPANY NAME]. This ensures that client privacy and dignity are respected while maintaining a safe and secure environment. The policy also ensures compliance with applicable state regulations, specifically 10A NCAC 27D .0103 and .0104, which require documented procedures for searches and periodic reviews to uphold client rights.

8.2 Additional Authority

- North Carolina Administrative Code (NCAC) 10A NCAC 27D .0103 – Search and Seizure
- North Carolina Administrative Code (NCAC) 10A NCAC 27D .0104 – Periodic Internal Review
- Federal and state privacy and confidentiality laws
- [COMPANY NAME] Client Rights Guidelines

8.3 Scope

This policy applies to all staff members of [COMPANY NAME], including administrative and clinical personnel, as well as clients residing in the facility. It encompasses all activities related to searching clients, their belongings, or their living spaces, as well as the regular evaluation of compliance with client rights policies.

8.4 Responsible Parties

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

8.5 Definitions

- **Search:** A formal inspection of a client's belongings, room, or living space to ensure the safety and compliance of the home environment.
- **Seizure:** The act of confiscating items that may pose safety risks or violate facility policies.
- **Compliance Review:** A systematic evaluation of policies and practices to ensure alignment with client rights and regulatory requirements.

8.6 Policy Statement

[COMPANY NAME] prioritizes the safety and privacy of its clients while ensuring compliance with regulatory standards. Search and seizure activities are conducted only when there is a compelling need to maintain safety or enforce policy compliance, and they are carried out respectfully and transparently. The home also conducts periodic internal reviews every three years to assess and enhance adherence to client rights regulations.

8.7 Policy

8.7.1 Search and Seizure

[REDACTED]

8.7.2 Periodic Internal Reviews

1. The governing body ensures that compliance reviews related to client rights are conducted no less than every three years.
 - a. Reviews are overseen by the Administrator and involve input from key staff members and stakeholders.
2. The findings of these reviews are documented and maintained in a secure manner.
 - a. Reports include compliance status, gaps identified, and recommendations for improvement.
3. The three most recent review reports are kept on file and made available for regulatory audits.
4. Client and staff feedback is incorporated into the review process to ensure continuous improvement in upholding rights and dignity.

8.8 Procedure

8.8.1 Search and Seizure

8.8.1 Search and Seizure (Expanded and Detailed)

1. Identification and Authorization

[REDACTED]



[REDACTED]

2. Preparation

[REDACTED]

[REDACTED]

[REDACTED]

3. Conducting the Search

[REDACTED]

[REDACTED]

[REDACTED]





4. Seizure and Documentation

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

5. Post-Search Communication

[Redacted text block]

[Redacted text block]

[Redacted text block]

6. Monitoring and Evaluation of Searches

[Redacted text block]





[REDACTED]

[REDACTED]

8.8.2 Periodic Internal Reviews

1. Scheduling and Preparation

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

2. Review Process

[REDACTED]

[REDACTED]





[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

3. *Documentation of Findings*

a. Development of the Compliance Review Report

The review team compiles a comprehensive report that captures all findings in a structured format.

- i. **Compliance Status:** The report outlines the extent to which the organization adheres to client rights rules and related policies.
- ii. **Identified Gaps and Risks:** Specific areas of non-compliance or procedural weaknesses are detailed, including examples and potential consequences.
- iii. **Recommendations:** Actionable recommendations are provided to address identified gaps, mitigate risks, and enhance policy effectiveness.

b. Inclusion of Supporting Evidence

The report includes supporting evidence to substantiate findings.

- i. Data from records, client feedback, and interview notes are referenced and included as appendices.
- ii. Visual aids, such as charts or graphs, are used to illustrate trends or statistical findings for clarity.

c. Presentation to the Governing Body

The finalized report is presented to the governing body for review and decision-making.

- i. A formal meeting is scheduled where the review team summarizes key findings and



recommendations.

ii. The governing body provides feedback on the report and approves next steps for implementation.

4. *Implementation of Recommendations*

a. Translation of Recommendations into Action Plans

The Administrator develops detailed action plans to operationalize the recommendations from the compliance review.

i. Each action plan includes specific tasks, responsible personnel, timelines, and measurable outcomes.

ii. Priority is given to addressing high-risk gaps, such as procedural deficiencies in search and seizure protocols or unresolved client complaints.

b. Staff Training and Education

Training sessions are organized to address gaps identified during the review and reinforce compliance with updated policies.

i. Training content focuses on practical scenarios, such as proper documentation of searches or handling of sensitive client information.

ii. Attendance and participation in training sessions are documented, and post-training assessments are conducted to ensure retention of knowledge.

c. Policy and Procedural Updates

The Administrator updates relevant policies and procedures based on review findings.

i. Changes are communicated to all staff through internal memos, updated handbooks, and staff meetings.

ii. Updated policies are reviewed and approved by the governing body before implementation.

d. Ongoing Monitoring of Corrective Actions

Progress on implementing corrective actions is tracked through regular staff meetings and follow-up reviews.

i. The Administrator assigns specific personnel to monitor each action item and report on progress during bi-weekly meetings.

ii. Any delays or challenges in implementation are addressed promptly to ensure timely resolution.

e. Follow-Up Reviews

A follow-up review is scheduled within six months of the initial compliance review to assess the effectiveness of implemented changes.

i. The review focuses on previously identified gaps to determine whether corrective actions have resolved the issues.

ii. Findings from the follow-up review are documented and integrated into ongoing quality improvement efforts.

5. *Continuous Improvement and Organizational Learning*

a. Integration of Lessons Learned

Insights from the compliance review process are used to refine [COMPANY NAME]'s policies and practices.

i. Best practices identified during the review are documented and shared with staff to standardize effective approaches.

ii. Lessons learned from identified gaps are used to proactively prevent similar issues in the future.

b. Creation of a Compliance Review Archive

The Administrator maintains an archive of compliance review reports and supporting documents.

i. This archive serves as a resource for future reviews, enabling comparison of progress over time.

ii. It also provides evidence of compliance for external audits or regulatory inspections.

c. Building a Culture of Accountability

The periodic review process reinforces a culture of accountability and continuous improvement within

[COMPANY NAME].

- i. Staff are encouraged to view compliance reviews as opportunities for growth and enhancement, rather than as punitive measures.
- ii. Open communication and collaboration during reviews foster trust and commitment to shared goals.

8.9 Review and Revision

1. This policy is reviewed annually by the Administrator and Clinical Supervisor to ensure alignment with current regulatory requirements and best practices.
2. Staff feedback and client experiences are considered during revisions to enhance clarity and effectiveness.

8.10 Documentation and Records

1. Search and seizure records are securely stored for a minimum of three years and made available to regulatory authorities upon request.
2. Periodic review reports are maintained for at least nine years to ensure the availability of the three most recent reports.

8.11 References

- North Carolina Administrative Code: 10A NCAC 27D .0103 and .0104
- [COMPANY NAME] Client Rights Guidelines
- Applicable federal and state privacy laws

8.12 Policy Review and Approval

This policy is reviewed and approved by the governing body of [COMPANY NAME]. Amendments are documented and approved by the same authority.

Approval Signatures:

Administrator: _____ Date: _____

Clinical Supervisor: _____ Date: _____

8.13 Policy Distribution

Copies of this policy are distributed to all employees and relevant personnel. An electronic version is made available on [COMPANY NAME]'s internal systems for easy access.

Policy 009: Informing Clients

Effective Dates: [Insert Effective Date]

Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

9.1 Purpose

The purpose of this policy is to ensure that clients of [COMPANY NAME], along with their legally responsible persons, are fully informed of their rights, responsibilities, and the policies governing their care. This includes providing clear and timely communication that promotes understanding, respect, and empowerment, while ensuring compliance with 10A NCAC 27D .0201 and relevant provisions under G.S. 122C, Article 3.

9.2 Additional Authority

- G.S. 122C, Article 3
- 10A NCAC 27D .0201
- The Disability Rights of North Carolina

9.3 Scope

This policy applies to all clients of [COMPANY NAME], their legally responsible persons, and all staff involved in the admission and orientation processes. It also governs the ongoing dissemination of information to clients and their representatives throughout their stay.

9.4 Responsible Party

[REDACTED]

9.5 Definitions

Client Rights Summary: A written document summarizing the rights of clients under G.S. 122C, Article 3.

Legally Responsible Person: A person authorized to make decisions on behalf of a client who is unable to do so independently.

Disability Rights of North Carolina: An advocacy organization that protects the rights of individuals with disabilities.

9.6 Policy Statement

[COMPANY NAME] commits to ensuring that every client and their legally responsible person is informed of their rights, responsibilities, and all relevant policies in a timely, clear, and culturally appropriate manner. This aligns with the organization's mission to foster dignity, autonomy, and transparency in every aspect of care.

9.7 Policy

1. Client Rights Summary

The Residential Coordinator provides each client and their legally responsible person with a written summary of their rights upon admission.

- a. The summary includes details on confidentiality, access to the Disability Rights of North Carolina, and procedures for grievances and policy access.
- b. Staff members explain the rights verbally in a manner appropriate to the client's level of understanding.

2. Timely Notification

Clients are informed of their rights and relevant policies based on the following timelines:

- a. Clients receiving day/night or periodic services are informed within three visits.
- b. For clients admitted to 24-hour facilities, rights are explained within 72 hours of admission.

3. Rules and Penalties

The Residential Coordinator provides clients with a written list of rules and potential penalties. This includes behavioral expectations, consequences of rule violations, and the process for appealing penalties.

4. Confidentiality Protections

Clients and their representatives receive an explanation of how [COMPANY NAME] safeguards confidential information under G.S. 122C-52 through G.S. 122C-56.

5. Access to Treatment Plans

Clients and their representatives are informed of the process for obtaining copies of their treatment or habilitation plans. Requests are directed to the Clinical Supervisor, who responds within five business days.

6. Governing Body Policies

Clients receive written information on the following governing body policies:

- a. Fee assessment and collection processes, including any applicable sliding scale or payment plans.
- b. Grievance procedures, including contact details for filing complaints and accessing assistance.
- c. Suspension and expulsion criteria and processes.
- d. Search and seizure procedures, including client protections and documentation requirements.

7. Special Considerations for Restrictive Interventions

For clients in 24-hour facilities or those receiving restrictive interventions:

- a. Information is provided about behavior management systems, including goals, reinforcement structures, and potential restrictions.
- b. Clients and their representatives are informed of the use of restrictive interventions, notification requirements following emergencies, and procedures for restricting client rights.

8. Documentation

Staff document the explanation of client rights and policies in the client's record. This includes the date of explanation, materials provided, and acknowledgment of receipt by the client or legally responsible person.

9.8 Procedure

9.8.1 Admission Process and Orientation



[REDACTED]

9.8.2 Explaining Policies and Procedures

[REDACTED]

9.8.3 Ongoing Communication

[REDACTED]

9.8.4 Documentation and Verification

[REDACTED]

9.8.5 Special Considerations for Restrictive Interventions

[REDACTED]





9.8.6 Review and Quality Improvement



9.9 Review and Revision

The Administrator ensures this policy is reviewed and revised annually or as needed to reflect changes in regulations or organizational practices. Feedback from staff, clients, and legally responsible persons informs revisions.

9.10 References

- G.S. 122C, Article 3
- 10A NCAC 27D .0201
- Disability Rights of North Carolina

9.11 Policy Review and Approval

- Administrator: _____ Date: _____
- Clinical Supervisor: _____ Date: _____

9.12 Policy Distribution

Copies of this policy are distributed to all staff and are available to clients and their legally responsible persons upon request. Electronic copies are accessible on [COMPANY NAME]'s internal systems.

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