**Program Abuse Prevention Plan**

**Program Name: click here to insert program name**

**Program Address: click here to insert program address**

**Date Plan Developed: click here to insert date plan developed**

1. **Each program must ensure that:**
2. People receiving services are provided with an orientation to the program abuse prevention plan. This orientation must be within 24 hours of admission or within 72 hours for individuals who would benefit from a later orientation.
3. The license holder’s governing body or the governing body’s delegated representative shall review the plan at least annually using the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review period. The governing body or the governing body’s delegated representative shall revise the plan, if necessary, to reflect the review results.
4. A copy of the program abuse prevention plan must be posted in a prominent place in the facility and be available, upon request, to mandated reporters, people receiving services, and legal representatives.
5. If the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan must document this determination.
6. In addition to the program abuse prevention plan, an individual abuse prevention plan must be developed for each new person receiving services. A review of the individual abuse prevention plan must be done as part of the review of the program plan. The persons receiving services must participate in the development of the individual abuse prevention plan to the best of their abilities. All abuse prevention plans must be reviewed at least annually by the interdisciplinary team.

**II. Population Assessment**

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

 **Click here to enter text.**

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

**Click here to enter text.**

1. Gender of persons the program plans to serve:

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

1. **Physical Plant Assessment**
2. Describe the condition and design of the facility as it relates to safety for the people receiving services:

**Click here to enter text.**

1. What specific measures has the program taken to minimize the risk of abuse to people as related to the

condition and design of the facility in terms of safety for people receiving services?

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

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

**Click here to enter text.**

1. Describe the program’s staffing pattern:

**Click here to enter text.**

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

**Click here to enter text.**

**Policy reviewed and authorized by: click here to enter name and title**

**Date of last policy review: click here to enter date of last policy review**

**Date of last policy revision: click here to enter date of last policy revision**

**Legal Authority:** Minnesota Statutes, section 245A.65, subdivision 2, paragraph (a) and section 626.557, subdivision 14, pargraph (a)