

Responses for Community Alternatives Consortium name changed to Community Alternatives Assisted Living, LLC

1. Community Alternatives Assisted Living, LLC is managed by Denesha Alexander. There is no Board of Directors. See attached Bylaws.
2. Community Alternatives Consortium uses a wraparound approach to service delivery that reflects the most recent literature. Understanding that stability for persons with mental illness is provoked by an array of factors we have several consultants to include licensed mental health professionals and a registered nurse. Our staff work in concert with other service providers such as case managers, mental health support workers, medical professionals, etc. to assist with stability and preventing psychiatric relapse. We encourage residents to be active and develop the highest quality of life possible through meaningful experiences and relationships. Our staff assist residents with securing other needed services to include day support and mental health support services based on their need and preferences for services. These services help to buffer against psychiatric relapse and other unfavorable outcomes.

Our agency takes a supportive housing approach to stability and preventing psychiatric relapse. Research has shown that supported housing is effective for people with mental illnesses (National Mental Health Association, 2006). In addition to housing, supported housing programs according to The National Mental Health Association should offer services such as mental health treatment; physical health care; education and employment opportunities; peer support; daily living and money management skills training. The agency provides some of these services internally, consults and/or secures services from other reputable providers. Our agency is moving forward with employing evidenced based practices. We currently utilize interventions that are empirically supported.

Services are provided to adults who need assistance with activities of daily living and instrumental activities of daily living. Room and board is included with an array of other services. Residents are assisted with medication administration; transportation and support to medical appointments. Residents are prompted and encouraged to bathe and dress in socially appropriate ways.

The cooks at Community Alternatives Assisted Living, LLC prepare nutritional, home-style meals in an inviting dining atmosphere. Resident choice is incorporated in menu planning. Meals reflect USDA recommended nutritional values and adherence to any specialized diets.

A variety of activities are available each day. These activities foster physical, social, cognitive/intellectual/creative, productive, sensory, reflective/contemplative, outdoor, and nature/natural world categories. Community resources as well as facility resources are used for activities. The focus is to help residents achieve and maintain their overall wellbeing.

3. Residents are linked to other important services designed to assist with maintaining their mental stability. These services include connection to the local community services board- Richmond Behavioral Health Authority; Mental Health Skillbuilding Services and Psychosocial Rehabilitation Day Support Services. The local community services board offers case management, psychiatry and primary health services. Mental Health Skillbuilding and Psychosocial Rehabilitation Services are community based mental health services designed to assist individuals from suffering psychiatric relapse.
- 4.

Eligibility:

- We accept women or men 18-55 years of age
- Agency current capacity between both buildings 27 preference for census of 40
- We accept people diagnosed with mild intellectual disabilities and/or mental illness with demonstrated stability
- We accept people who are compliant with medication regimens and physician's orders
- We accept people free of substance abuse problems or in treatment for such problems
- We do not accept people with a history of physical aggression within the last 90 days and unfavorable rating on the V-RISK9
- We do not accept sex offenders
- We accept people who need assistance with activities of daily living
- The agency is a level 11 facility—this means anyone we accept has to have a score of 11 on the Uniform Assessment Instrument—residents have to be relatively independent and mostly need verbal prompting and encouragement
- We accept people free of Communicable Disease
- Residents can sign in and out therefore they must have the cognitive ability to be safe in the community

5. Operational details for on-site programs, including:

i. The agency operates 24 hours per day 7 days per week. The agency is never closed for holidays, etc.

ii.

Community Alternatives Assisted Living, LLC employs an array of degreed and non-degreed professionals with a host of professional experiences and passion to work in human services. The following credentials are represented throughout our staff Bachelor of Arts Psychology, Master of Arts Human Services with a Specialization in Marriage and Family Therapy, Clinical Psychologist; Registered Nurse (contracted), Licensed Medication Aides, State Board Certified Nursing Assistants and Direct Care Staff. All staff are trained in CPR/First Aid and Crisis Prevention Intervention (CPI).

Administrator: Ph.D. Clinical Psychology, BA Psychology, Master's Degree Human Services;
Licensed Medication Aide

Assistant Administrator: Certified Nursing Assistant; Licensed Medication Aide

Registered Nurse:

Licensed Medication Aides:

Direct Care Staff:

The Administrator and Assistant Administrator work full time hours that fluctuate between day and evening hours. The registered nurse is contracted and works hours based on needs. There is at least one full time licensed medication aide on each shift. There are two full time licensed medication aides on staff. There are three direct care staff on the agency's staff. These staff work flexible schedules with hours between 30-40 hours per week based on agency need. Direct Care Staff work any shift as the agency operates 24 hours per day and 7 days per week.

iii. Resident supervision is a two part process that consist of physical observations by on duty staff and observations by closed circuit camera. Staff conduct rounds in the building by physically observing each resident on site at least hourly and sometimes more often. All common areas to include hallways; dining rooms; sitting rooms; porches and part of the yard are under video surveillance.

iv. Potential residents are interviewed face to face by the Administrator or Assistant Administrator. This is an opportunity for agency staff to tell the individual about the program, rules and behavioral expectations. It is also an opportunity for the potential resident to inquire about the program and set up a tour of the facility. Each potential resident is encouraged to set up a tour such that they may observe services and the facility. It is also an opportunity for them to inquire with others who are receiving the service about service quality. Staff collaborate with referents to receive collateral information to ensure the admission process has involved a comprehensive review of the client—face to face interview; observation of behaviors during tour; mental health documentation; Uniform Assessment Instrument and Physical Examination.

If a decision is made to admit the potential resident, the resident is oriented to the structure, rules and behavioral expectations. Orientation is documented at the time of admission and reorientation is documented annually. New residents are assigned to a staff member who provides extra support during transition. This extra support includes providing reminders; assisting the new resident with getting acclimated to the milieu and making the facility home. The new resident is also paired with at least one resident who will also assist them with becoming acclimated; socializing; participating in activities and meeting likeminded peers at the facility.

v. See Resident Rules

vi. Residents must continue to present in a manner consistent with the eligibility for the program. They must complete an annual physical and tuberculosis screening. The results from these examinations must evidence that the resident is free of communicable disease and physically able to persevere in an assisted living facility. The resident must complete an annual Uniform Assessment as required by Virginia Department of Social Services. They must continue to meet the rating for the facility based on that assessment. Residents with mental illness must have current mental health progress reports from a licensed health care provider indicating that that mental health needs can be met in an assisted living facility. In addition, each resident with a mental illness must have a mental health agreement for services on file evidencing that they are under the care of a licensed mental health professional and that the licensed mental health professional understands their residency in an assisted living facility. Furthermore, the resident must evidence that they are suitable for the program by complying with rules and behavioral expectations. The resident must agree to the services and annually reorient to the agency's policies and procedures.

vii.

1. Smoking is not allowed in the facility. Residents may smoke only in designated areas.
2. Residents are to consume all meals and snacks in designated eating areas-kitchen and dining room.
3. Residents must ask permission to enter a peer's room.
4. Profanity, vulgar or disrespectful language is prohibited in the facility.
5. The volume of all personal televisions and radios must be turned down while others are sleeping. If televisions and/or radios are left on once the resident falls asleep staff reserve the right to adjust the volume and/or turn the appliance off.
6. Horse playing is not allowed in the facility.
7. Only one resident is permitted in the bathroom at a time.
8. Television viewing will be based on the preference of the majority. In the event that there is a dispute regarding selection, staff will intervene and decide what station and/or television show will be viewed.
9. Residents' laundry will be washed according to the posted laundry schedule. Residents who are capable of washing their laundry will be expected to wash their laundry independently. Residents who require assistance will receive assistance from staff. This rule is not applicable when any resident has soiled clothing and/or linen that requires laundering. Linen must be washed once per week on the scheduled laundry day.
10. Bumping nor bartering is allowed.

11. Physical or verbal aggression towards peers and/or staff is not allowed.
12. Residents must leave their rooms only when they have on appropriate attire-covering all private areas and not suggestive in nature.
13. Stealing of any kind is not allowed.
14. No weapons are allowed in the facility. A weapon (guns, knives, chains, clubs, bats, sticks, pipes, razor, blades, etc.) is defined as any article used to defend and includes any object that has been modified into a weapon.
15. Alcohol and other drugs are not allowed in the facility.
16. Residents are encouraged to eat their meals at designated meal times.
17. Residents are expected to follow staff directives.
18. Residents are expected to comply with their individualized service plan goals.
19. Residents are expected to remain compliant with taking their medication(s) and any other physician's orders or recommendations.
20. Residents are expected to attend their appointments.
21. Residents are responsible for hanging coats, jackets or sweaters in their room or in the hall closet when not in use.
22. Residents are encouraged to assist in planning activities.
23. Residents can not administer their own medication without documented authorization from their primary care physician. Even in cases where a physician authorizes self administration of medication, all medications must remain locked in the staff office.
24. Residents may not house food, medication, nutritional supplements or similar items in their bedroom. Residents are prohibited from taking any medications to include over the counter medications without a physician's order.
25. Residents are prohibited from taking dietary supplements, weight loss or other substances without authorization of their primary care physician.
26. All residents must be ambulatory.
27. All residents must be 18 years of age or older.
28. All residents must have a signed agreement on file and agree with receiving services from CAC.
29. Residents are required to give 30 day notice of their intent to move.
30. Intimidation of a resident by another resident is prohibited.

31. Attendance to daily hygiene is required to prevent the spread of germs/disease. Residents are required to maintain their hair in a manner consistent with decreasing the spread of lice or other unfavorable parasites. Residents who are unable or unwilling to maintain their hair will be required to have their hair in low maintenance hair styles.

viii.

ix. Denesha Alexander (Administrator) and/or Tinelle Ross (Assistant Administrator) respond to all emergencies. Respective telephone numbers are 804-437-2187 and 804-878-8598. Richmond Alarm does monitoring for each building.

6. Annual operating budget, including sources of funding.

	<u>REVENUE (ANTICIPATED)</u>
Fees for Care	593,280
Fees from Other Clients/Services	_____
Federal Funds	_____
State Funds	_____
Local Funds	_____
Endowment(s)/Trust Fund(s)	_____
Income from Investments	_____
Donations/Solicitations	_____
Other (<i>Specify</i>)	_____
TOTAL REVENUE:	\$ 593,280

EXPENSES (ANTICIPATED)

Date: _____ to _____

1. ADMINISTRATION

Office Supplies & Equipment	\$1,000
Insurance	
Liability (Premises/Operations)	\$6,000
Liability (Vehicles)	_____
Other (Specify by Type)	_____
Interest	_____
Taxes (Specify by Type)	\$4,000
TOTAL ADMINISTRATIVE EXPENSES	\$11,000

2. SALARIES, WAGES, AND BENEFITS

Salaries and Wages	\$ 275,000
FICA (Social Security)	\$12,000
Health Care Insurance	_____
Group Life Insurance	_____
Employer Retirement Contributions	_____
Other Benefits (Specify)	_____
TOTAL SALARIES, WAGES,	

AND BENEFITS EXPENSES

\$287,000

EXPENSES (ANTICIPATED)

Date: _____ to _____

3. OPERATIONS

Food	\$36,000
Rent and Mortgage	\$60,000
Utilities	\$18,000
Maintenance & Repairs	\$7,000
Equipment & Supplies	\$2,000
Laundry and Linens	\$1,200
Motor Vehicles	_____
Staff Travel	_____
Staff Training	\$1,500
Contractual Services (Specify)	_____
Other (Specify)	_____

TOTAL OPERATIONS EXPENSES \$125,000

TOTAL EXPENSES (Administration;

Salaries, Wages, and Benefits; and

Operations): \$ 423,000

Community Alternatives Assisted Living Facility Policies and Procedures

Approved by: Denesha Alexander
Regulation:

Review Date: June 2016

22 VAC 40-72-930-970 Emergency preparedness and Response Plan

Policy: Community Alternatives Assisted Living, LLC shall ensure the safety of its staff, clients, and others during emergencies by implementing these policies and procedures to follow that address emergency response during time of crisis, emergency medical, mental health, severe weather, and other types of emergencies. HR's emergency preparedness policies and procedures have been reviewed by local emergency management. The policies and procedures will be sent to the Emergency Manager annually for review and approval.

Emergency Preparedness Plan

Overview of Emergency Preparedness Plan

Community Alternatives Assisted Living, LLC has adopted the following plan to address emergencies. The plan outlines the followings: Definition, Purpose and Scope,

Objectives, Emergency Core Team, Command Post, Activities, Notifications, Call Lists,

Codes, Evacuation, Assembly, Traffic Control, Media, Responsibility of Plan, Statement of Drills, and Plan.

The company's internal disaster plan addresses the following: Fire Safety, Severe Weather, Bomb Threat, Loss of Utilities, Medical Emergencies, Psychiatric Emergencies and Total Facility Evacuation.

The company's external disaster plan addresses Disaster Core Team Call List, Staff Call List, Emergency Assistance Call List and Vendor Supply List.

The Administrator of HR will document contact with the local emergency coordinator to determine local emergency risks, communitywide plans to address different disasters and emergency situations, and assistance, if any, that the local emergency management office will provide to the facility in an emergency.

An emergency situation exists when a resident care demands exceed capabilities or are hampered by the disruption of essential facility systems or by unforeseen conditions exclusive of facility operation.

The purpose of the emergency preparedness plan is to:

Provide a logical framework for efficiently managing emergency situations with their inherent work volume increase while assuring for:

1. Communication internally and externally.
2. Logistical needs such as procurement and disposition of personnel and supplies.
3. Ongoing resident care.
4. Safety and security for residents and staff.

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Review Date: June 2016

Regulation:

The scope of the internal and external emergency preparedness plan is reviewed separately in their respective sections.

The objectives of the emergency preparedness plan are:

1. To provide a ready reference for staff to ensure their preparedness for disaster/emergency situations as demonstrated through their performance in regular drills simulating primarily internal situations.
2. To foster awareness of the need for emergency preparedness through review of the emergency plan, in part or in its entirety.

An emergency team has been established for emergency situations which affect or could affect resident and employee safety. The team will be activated for fire, severe weather, bomb threats and total facility evacuation. The facility emergency team will be comprised of the CAO, Administrator and Direct Care Staff.

When a disaster occurs or is likely to occur, Administrator will assemble the Disaster Team at the command post which normally would be designated as the office located at the company's physical address. As the assembly, the core team will be apprised of the situation. Participants will gather information and make decisions in accordance with the nature of the emergency.

The appropriate phase of the plan will be activated by the Administrator/designee after evaluating the nature of the event.

The first notifications of an emergency will normally come through the telephone either from the outside or from internal staff in the area most closely involved.

The following data should be recorded by the individual receiving notification:

1. Kind of emergency, cause, location, estimated time emergency occurred or is to occur.
2. Estimated number of casualties, if any, and general nature of injuries if available.
3. Name, title, location and call back number of person calling.
4. Time of receipt of first notification.
5. If notification is a bomb threat, a special form to record appropriate information shall be used,

Emergency data other than when internal medical and psychiatric emergencies shall be transmitted as follows:

If notification Monday-Friday: 8am-5pm Telephone: Administrator/Designee
Disaster Team

If notification Saturday-Sunday: After 5pm Telephone: Assistant Administrator or On-Call staff.

If using call trees, if a person may not be reached, call the Chief Administrative Officer/Administrator if the Chief Administrative Officer is not available the Administrator of the Company shall be notified.

The company maintains the following Emergency Call Lists:"

- a. Staff Roster and telephone list

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b. Emergency Assistance Numbers

Evacuation is addressed in each separate plan. Section G outlines a total evacuation of the facility in the event the facility could no longer provide care due to disruption of service.

Evacuation should normally be directed to the street in front of the facility for head counts.

In the event an emergency situation becomes known publically and results in the influx of non-emergency personnel, staff will be stationed at the driveway to carefully screen and guide families or other significant others to designated areas.

All questions from the media should be directed to the Chief Administrative Officer. It is the intent of the plan to have one spokes-person to preclude misinformation.

The Safety Committee shall organize and maintain the facility Emergency Preparedness Plan.

The Safety Committee shall be responsible for evaluating all emergency training drills, and for making recommendations for improvements to the plan.

Emergency preparedness orientation and drills other than fire drills shall be conducted at least once quarterly and reviewed for staff, residents and volunteers. Orientation and review will cover 1. Alerting personnel and sounding alarms, 2. Implementing evacuation shelter in place and relocation procedures 3. Using, maintaining and operating emergency equipment 4. Accessing emergency medical information, equipment and medications for residents. 5. Locating and shutting off utilities and 6. Utilizing community support services

During drills, at no time shall regular resident care be interrupted in such a way as to jeopardize the residents' condition, rehabilitation, or attitude about care being provided to them.

Drills may be staged using non-personnel individuals as "resident victims" and scenarios which closely simulate potential emergency situations.

The planned response to each potential emergency is summarized as follows:

Internal:

Plan A: Fire Safety

Plan B: Severe Weather

Plan C: Bomb Threat

Plan D: Loss of Utilities

Plan E: Medical Emergencies

Plan F: Psychiatric Emergencies

Plan G: Total Facility Evacuation

External: The plans will often refer back to information contained in this overview of the emergency preparedness plan.

Call Tree for Emergency Plan (After 5pm)

- Individual Reporting Emergency
- Staff Answering the Telephone

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- Administrator or Designee
- Assistant Administrator
- Chief Administrative Officer
- Licensure Specialist

Core Disaster List for Facility

Title	Name	Home Phone	Pager/Co. Cell Phone
CAO/Administrator	Denesha Alexander		804-437-2187
Assistant Administrator	Tinelle Ross		804-878-8598
Safety Officer	Denesha Alexander		804-437-2187
Procurement Officer	Denesha Alexander		804-437-2187

Emergency Assistance Numbers

Category	Name	Contact	Phone Number
Emergency Vehicles	EMS		911
Fire Department	Richmond Department		911
Police Department	Richmond Police Department		911
Emergency Centers	VCU Medical Center		804-828-9000
Poison Control			1-800-552-6337
Electrical Power	Virginia Energy		888-667-3000
Telephone Communications	Verizon		804-440-8000
Civil Defense	Commonwealth of Virginia		804-323-2300
Licensing Specialist	Kimberly Davis		804-662-9780
Trash Solid Waste	City of Richmond Department of		804-646-4646

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	Public Utilities		
Sewer	City of Richmond Department of Public Utilities		804-646-4646
Plumbing/Heating	Curran Brothers		804-553-8384
Electrical	Langhorne Electric Inc. 5521 Hull St. Rd. Richmond, VA		804-232-8266

Emergency Vendor List

Type of Supplies	Vendor
Medical Supplies	McKesson Medical-Surgical 5601 Eastport Boulevard Richmond, Virginia23236 804-320-5330
Medical Equipment	Westfacility Health 2277 Dabney Road Richmond, Virginia23230 804-353-7703
Accessory Supplies (tents, kitchen utensils, etc.)	Aarow Rental 2367 Staples Mill Road Richmond, Virginia 804-358-2124
Food	Sysco Food Service 800-733-1319 ext 426
Bottled Water	HomeTown Bottled Water 757-229-7268
Portable Toilets	Rich lite Inc. (24 hour service) 804-226-4996
Paper products (toilet tissue, paper towels)	Lawrence Sanitary 5220 Klockner Drive Richmond, Virginia23230 804-236-0090
Pharmaceuticals	Richmond Apothecaries/Bremo Pharmacy 804-285-7823
Linen Service	Virginia Linen 875 East Bank Street

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	Petersburg, Virginia 23803 804-732-3312
Generator Hook Up	804-335-1677

Plan A: Fire Safety Plan

The company provides a modern, protected environment for the safety of residents and staff. It is however necessary that staff becomes well acquainted with the techniques and practices which will minimize that risk of fire and in the event of fire, techniques and procedures which attempt to minimize injury and/or property damage.

The fire safety plan is used:

1. to protect human life
2. to ensure early detection and extinguish of fire
3. to minimize property damage

Prevention of fire and fire hazards is the first line of defense in the fire safety plan. The Safety Officer and facility supervisory staff along with the Safety Committee will maintain and enforce policies and practices related to smoking, electrical safety and sanitation to minimize risk of fire due to these causes as well as others.

The facility has an Emergency Team that is led by the Administrator.

The role of the emergency team will be to carry out the following when requested by the Administrator.

1. To aid in the ongoing prevention, extinguishment and emergency procedures.
2. To participate in fire drills, evaluating and documenting the response and recommending corrective action.
3. To conduct fire hazard inspections throughout the facility.
4. To respond to fire alarms and carry out containment, extinguishment, and evacuation procedures as necessary.
5. To direct staff involved in a fire emergency until the arrival of the fire department.

The mechanical fire protection system in the facility is composed of the following:

1. Smoke detectors in ceilings
2. Multipurpose (ABC) dry chemical fire extinguishers at each level of the facility

If the fire is in your work area, the following procedures will be followed>

Remain calm, complete tasks, swiftly and effectively

Rescue

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Regulation:

Alert

Contain

Extinguish/Evacuate

1. Rescue-remove any residents or other persons from immediate danger to a safe area
2. Alert-alarm the environment by calling "Fire" or "code red". If necessary, alert while removing residents and assign coworkers to make notifications. If visible smoke is present but no flames seen, treat as if it were a fire and call 911. If flames are seen, call 911.
3. Contain-close windows and doors to stop air movement. Disconnect electrical equipment in the fire area. Do not attempt to remove burning items.
4. Extinguish-secure proper fire extinguisher or wet blanket and attempt to extinguish the fire if not placing yourself in danger. Extinguish by pointing the nozzle at the base of the fire starting at the edge and working towards the center. When the fire department arrives, the control of the activities is turned over.

Evacuation

Begin resident evacuation procedures upon receiving the command from the individual immediately designated in charge.

The following are guidelines for evacuating residents:

1. Begin evacuation with residents nearest the fire
2. Instruct residents to form a chain and to proceed in a single file line. Following the lead staff person to a safe area
3. Evacuate visitors and others in the facility simultaneously with residents
4. Make a final check of the rooms, bathrooms, check under beds, Close doors when leaving rooms
5. If danger is not imminent, move resident charts to a safe area
6. Double check for all residents by head count

Evacuation routes are posted throughout the facility and should be memorized. Staff are to inform emergency personnel—fire fighters of locked areas of the facility and provide keys for access if needed. Staff will inform fire fighters of the location of the breaker box in the facility and any other information necessary for the fire department to engage their role.

Once accounted for residents and visitors should be directed to the street gathering point.

Drills are essential in training employees in combating fire situations intelligently, calmly and quickly. Unscheduled fire drills will be conducted at least once per quarter per shift. Facility supervisory staff are authorized to conduct fire drills.

The steps involved in a fire drill are as follows:

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Regulation:

1. Notification of the commencement of a drill is made by calling "Fire Drill."
2. If silent notification will describe the type of fire, i.e., trash can, electrical, etc., and its location.
3. The person providing the notification will at once put the fire procedure in motion.
4. The procedure of the fire drill is the same as in the case of an actual fire.
5. A designated Emergency Team member (CAO, Administrator and Assistant Administrator) will evaluate the drill, record observations, and share results with the involved staff at the conclusion of the drill. The reports will be forwarded to the Safety Officer each month who will review the results with the Safety Committee and appropriate supervisory staff.

**FIRE
EXTIN-
GUISHERS:**

Multi-Purpose, ABC, fire extinguishers are located in various places throughout the facility. (See Appendix E for types of extinguishers). Facility staff will inspect and initial extinguisher cards each month during a fire drill.

**SMOKE
ALARMS:**

Smoke alarms in each facility are to be inspected and tested at least monthly during fire drills by facility staff. Questionable and failing batteries must be replaced. Acknowledgement after fire extinguisher inspection and fire alarm test/inspection to be recorded on the Fire Drill Form (attached).

**STAFF
EDUCATION:**

Facility staff shall be provided with instruction regarding the fire safety plan during the facility orientation program, and updated as needed. Continuing education around the fire safety plan shall be provided as a cooperative effort of the Safety Committee and the Staff Education and Development Program.

Fire safety programs shall address at a minimum the facility fire plan, alerting, containing, extinguishing, and evacuating procedures.

**QUALITY
ASSURANCE:**

The Safety Committee shall review fire drill reports at least quarterly for staff knowledge and responsiveness.

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SUMMARY- GENERAL

PRECAUTIONS: The first consideration must be saving lives; second, property.

Remain Calm. Fear, panic, and particularly smoke causes more deaths and serious injuries than actual contact with flames.

Close all windows and doors to minimize air movement.

Never attempt to open a hot door. Put towels at the base of a hot door to contain the smoke.

Never attempt to move a burning object. Always have any object, especially a mattress, which has been burning but extinguished removed from the building.

In severe smoke, put a wet towel over your nose and mouth and move along the walls as close to the floor as possible.

Keep hallways and walkways free of objects and clutter.

In a real fire, the Administrator or Assistant Administrator will notify each client's guardian or authorized representative, and licensing specialist as soon as time permits but no later than 24 hours after the incident. Efforts to notify guardians or authorized representatives and licensing specialist will be documented.

The Administrator or designee is responsible for providing emergency access to secured areas and opening locked doors; conducting evacuations and sheltering in place, as appropriate, and accounting for all residents, locating and shutting off utilities when necessary; maintaining and operating emergency equipment effectively and safely; communication with staff and emergency responders during and emergencies and conducting relocations to emergency shelters or alternatives sites when necessary and accounting for residents.

The Administrator or designee is responsible for securing supporting documents needed in an emergency to include: emergency call list, building and site maps necessary to shut off utilities, memoranda of understanding with relocation sites, and list of major resources such as supplies of emergency equipment.

PLAN B

SEVERE WEATHER PLAN

PURPOSE: The facility shall strive to maintain a high level of care for residents when weather imposes the possibility of loss of outside supportive utilities and services, as well as provide protection and comfort for residents and staff.

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ASSESSMENT: When the facility is alerted to the possibility of severe weather within the vicinity of the facility, the Administrator or designee and key personnel shall determine how imminent the emergency is and review specific preventative and supportive actions which are to be taken. In this assessment, the CAO will determine when the facility can not be maintained within the temperature standards of licensing (no warmer than 80 degrees Fahrenheit and no colder than 65 Fahrenheit) residents should be relocated from the facility. When a supply of running water is not available to include hot water (at a temperature between 100-120 degrees Fahrenheit) residents will be removed. The Administrator will follow directives given by the local emergency manager.

PRECAUTIONS: At a minimum, the following areas of concern will be addressed:

1. Assessment of supplies on hand and determination of how many days' supplies would last to meet normal operational needs. Emergency supplies are checked on a monthly basis by the Administrator or CAO. These supplies include emergency food, water, Over the Counter Medication and other supplies necessary in events or power outages or emergency situations. Checks of supplies will be documented.
 2. The performance testing and access to other emergency equipment and supplies to include those needed in the event of utility outages.
 3. Determine appropriate resident management issues to include the need for modified schedules, cessation of non-essential services.
 4. The need of taking preventative measures to minimize damage to buildings and grounds as well as records.
 5. Provision for the maintenance of a safe level of staffing for resident care.
- The CAO or Administrator will report all fires or other disasters that impact the facility to licensing within 24 hours.

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Regulation:
WEATHER
PERTINENT
PLAN:

SNOW AND ICE: Snow and ice present specific problems related to availability of human resources and so the following will apply when there is an accumulation which creates a situation whereby an emergency is created:

That the Administrator is to assume the Snow Coordinator role.

The Snow coordinator will coordinate volunteer drivers and authorize pickup of employees.

In the event of mechanical failures such as lack of heat pump capability, the Administrator will authorize temporary use of electric heaters.

TORNADO: In the event there is tornado warnings/watch, the Administrator /designee may:

- a. Assign a staff person to listen to the weather radio for detailed information.
- b. Issue a directive for staff to bring all residents back to the facility, or indoors, postpone exits from the facility.
- c. If a tornado warning is issued, windows should be opened slightly on all levels and residents should be evacuated to the basement or innermost hallway of the building away from doors and windows. Pillows and cushions should also be taken to help protect residents' heads.

PLAN C

EMERGENCY PREPAREDNESS PLAN

BOMB THREAT PLAN AND PROCEDURE

PURPOSE: To outline the steps to take to prevent injury and minimize disruption to resident treatment and facility operations in the event of bomb threat.

POLICY: Bomb threats represent a serious internal emergency situation. The keys to the management of a bomb threat are coordination, command, and control.

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RECEIPT OF: The individual receiving the threat should stay calm and attempt to obtain and record as much information as possible by carrying out the following using the attached Bomb Threat Form as a prompt:

1. Ask the caller to identify the actual area involved.
2. Ask for the exact location of the bomb (within the building).
3. Ask the caller for the type of bomb or device and a complete description of the device (an accurate and detailed description lends credibility to the threat).
4. Ask what time the bomb is expected to detonate.
5. Ask the reason for the bombing (this information could lend validity to the threat and aid authorities in identifying a suspect).
6. Attempt to record as much information as possible, noting the time of the call, the caller's tone of voice, the sex and race of the caller, speech variations, or any unusual background noise.
7. Attempt to have the caller repeat the message and check the accuracy of your information. Try to keep the caller on the phone.

NOTIFICATION: Immediately following receipt of the threat, notify the following individuals who if not present will report to the facility at once:

1. 911—Local Fire Department
2. CAO or Administrator
3. Safety Officer

COMMAND: The Chief Administrative Officer or Administrator, whoever is available first, shall take charge immediately upon being notified and give direction with regard to further notifications and actions.

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Regulation:

Review Date: June 2016

DISCOVERY: No actions shall be taken without the CAO or designee's consent, direction or approval.
If a suspicious object is found:

1. Do Not Touch or jar the object.
2. Open all doors and windows adjacent to the devices.
3. Notify the CAO or Administrator by phone or messenger.
4. Exit the building to a distance of at least 300 feet and guard the building to prevent unauthorized entry.
5. The search of other buildings(s) will not be concluded upon the discovery of one device since there may be more devices.

EVACUATION: The building is to be evacuated by:

1. Leaving the building immediately and staying out of the building until it has been cleared by the authorities, i.e., Local Fire Department or Local Police Department.

2. Moving all parties to the designated area, i.e., down the street

Corner of M St. and Leigh St. as fire hydrant is at the corner of M St. and N. 32nd St.

3. Posting a guard to prevent anyone from returning to the facility without authorization if additional staff are available

SUMMARY-GENERAL PRECAUTIONS: Do not use cellular phones for communication.
Remain calm. Do not excite residents or others
Stop all unrelated movement of residents and staff.
Stop all unrelated use of the telephones.
Evacuation to the outside should be at least 300 feet from the building.

COMMUNICA-

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TION:

When communicating regarding the search, it is recommended that staff tell residents that we are conducting part of our emergency preparedness plan which calls for evacuation of the building to another area. Incoming callers should also be given similar information (facility is operating under provision of our emergency preparedness plan). If pressed by a legal guardian or authorized representative, it is acceptable to indicate the nature of the emergency along with reassurance that the staff is taking precautions to keep all the residents safe.

BOMB THREAT PLAN FORM

IF PHONE CALL IS RECEIVED:

1. Prolong conversation as long as possible.
2. Ask where and when the bomb will explode.
3. Note if caller indicates knowledge of the facility by description of locations.
4. Be alert for distinguishing noises, music, voices, machinery.
5. Tell caller many lives will be lost if indeed the bomb explodes.
6. NOTIFY THE CHIEF ADMINISTRATIVE OFFICER AND Administrator.
7. Complete Bomb Threat Check Sheet below:

Complete as much of the following as possible immediately after the telephone call.

EXACT MESSAGE AS RECEIVED:

INFORMATION ON CALLER'S IDENTITY:

Name _____
Address _____

Sex _____
Age _____

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Phone _____

Organization _____

BOMB FACTS:

When will it go off _____

Location _____

Other _____

CALL WAS (Circle One)

TONE	SPEECH	ACCENT	LANGUAGE	EMOTIONS
Loud	Fast	Local	Excellent	Calm
High	Distinct	Foreign	Fair	Emotional
Low	Distorted	Caucasian	Cursing	Laughing
Raspy	Stuttery	Black	Abusive	Rational
Pleasant	Nasal	Spanish	Religious	Irrational

COMMENTS _____

Name _____

Date _____

**PLAN D
LOSS OF UTILITY PLAN**

PURPOSE: This plan describes actions to be taken and resources available in the event that any utility services are lost.

UTILITY OUTAGES: Any utility outage should be reported immediately to the Administrator.
The Chief Administrative Officer or Administrator shall be responsible for calling the appropriate supplying utility company or service representative for emergency repair.

Losses of utilities are inconvenient, but if brief can usually be tolerated without major hardships.

LOSS OF UTILITIES

A. Electrical Power:	Flashlights and battery	
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	operated lanterns are to be used. Serve cold dishes using disposable plates and cutlery.	
B. Water	The facility stores emergency drinking water in bottles. Limit flushing of toilet. Ordered bottled water. Use paper plates/disposable cutlery. Use stored water.	
C. HVAC:	Depending on the season and weather conditions: (Loss of heating, ventilation and air conditioning systems)	The facility can use electric heaters. *obtain/set up portable fans *open windows and doors may be used with approval of Administrator *obtain heating units *obtain extra supply of blankets
D. TELEPHONES: (Loss impacts internal and external communications)	*The group facility has cellular phones installed in vans which may be used in the event of total phone failure (i.e., cable has been cut).	

GUIDELINES FOR
PERSON IN
CHARGE DURING

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UTILITY LOSS: The worst case scenario for utility loss is total failure of utilities in the event of electrical power outage. This occurrence would mean that the following has been affected:

Telephone System
Lighting
Heating, Ventilation and Air Conditioning
Refrigeration

TELEPHONE COMMUNICATION:

In the event of loss of all power, the facility will lose telephone capability associated with the telephone system. There are, however, alternative means of communicating internally and externally:

Additionally, each facility is equipped with a cellular phone. This phone may also be used, but normally is considered backup for disruption of phone service such as what may prevail when an underground cable is out. There is a Mobil cellular phone in the Administrator's possession as well as totaling two (2) mobile telephones devices for use. .

LIGHTING:

In the absence of emergency power, flashlights and battery operated lanterns are stocked with backup supplies.

RESPONSIBILITIES OF MANAGER IN CHARGE:

Determine/confirm extent of disruption of service.
Contact the Administrator who will notify the Chief Administrative Officer.
Determine the status of all residents and initiate problem solving groups with residential staff. Assess whether additional resources will be needed early to allow time for "reinforcements" to arrive at facility.

The above steps reflect the priorities for action as follows:

1. Ensuring safety of residents.

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2. Getting repairs underway through internal or external resources.

3. Notifying Administration and Owners

The Administrator will ensure the facility maintains a well stocked first aid kit accessible to staff. The kit will be checked for completeness and product expiration on a monthly basis by the Safety Officer. Depleted or expired products will be replaced. The emergency equipment and supplies will include: activated charcoal, adhesive tape, antiseptic ointment, band-aids (assorted sizes), blankets, disposable single use breathing barriers/shields for use with rescue breathing or CPR (CPR Mask or other type)

Cold Pack

Disposable Single use waterproof gloves

Gauze pad and roller gauze (assorted sizes)

Hand cleaner

Plastic bag

Scissors

Small flashlight and extra batteries

Thermometer

Triangular Bandages

Tweezers

First Aid Instructional Manual

PLAN E

MEDICAL EMERGENCY

INTRODUCTION: Recognizing the limitations in scope of emergency services provided by the facility, the facility shall transfer on an emergency basis any resident who becomes medically unstable to a more appropriately equipped/staffed facility.

Should a resident or non-resident experience an accident or sudden onset of a medical condition beyond the scope of the facility level of care, the facility shall provide medical care as directed by the physician, comfort care, first aid or CPR and make arrangements to transport to the nearest emergency room or call 911.

This plan is written to assist staff in coordinating effective responses and minimize to the extent possible the disruption of care to our residents.

INITIAL

RESPONSE:

When a medical emergency exists, the first person on the scene (sometimes referred to as rescuer) should initiate appropriate intervention procedures and request the second

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person on scene to alert the supervisor to initiate a coordinated response.

ALERT NOTIFICATION PROCEDURES:

1. Dial 911
2. Give exact location calling from, location of emergency, resident/non-resident involved.
3. Repeat message and ensure operator repeats your message.
4. Notify staff on duty and call Administrator.

STAFF RESPONSES:

CPR: Providing basic life support should be the primary goal of all direct care staff persons responding to a medical emergency. This means initiating cardiopulmonary resuscitation, and if necessary, following physician's orders for emergency treatment as given.

The most knowledgeable and qualified staff person arriving on the scene shall take charge and lead those responding to the codes.

TRANSFER: The second most important goal is the arrangement of transportation to the appropriate medical facility. In most cases, persons in acute medical crises will be transported to the hospital of the attending physician's choice, in the most expedient manner, utilizing rescue squad vehicles or transport vans.

DOCUMENTATION: The third most important responsibility of the team is to appropriately document all emergency measures and treatments initiated in the medical record.

In the event that emergency measures were provided to a resident, documentation should consist of:

- * A "face sheet"
- * Progress note

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- * Resuscitation record if applicable/Advanced Directives, MAR, Copy of Authorization or Medical Treatment.

- * Physician Consultation Form

An incident report should be completed on all medical emergencies. The report should include time, details of incident, treatment rendered, notification of physician, notification of the family, licensing specialist and disposition of the resident.

COMMUNICA-TION

The fourth step is communication of events with appropriate individuals. The Administrator or designee will notify the attending physician if he has not been communicated with earlier in the event. The Administrator shall then contact the resident's legal guardian and family members. The Administrator will notify the Chief Administrative Officer.

TRANSPORTA-TION

The decision to transfer/transport a resident to a hospital shall be made by the resident's attending physician or physician designated by the attending physician to cover in his/her absence or EMS. Residents requiring emergency room services shall be transported to the facility designated by physician order or EMS.

The choice of transportation to be used in transfer is primarily dependent on the acuity of the resident's/employee's condition and the expediency with which the service may be delivered. The options available include:

- a. VAN: Generally choose when needs of resident are limited to transport and not life threatening.

- b. *Rescue squad: 911

 - *Identify yourself with full name and job title

 - *State: MEDICAL EMERGENCY
AT Community Alternatives Assisted Living, LLC
Facility at 618/620 N. 32nd St. Richmond, VA
23223

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*State the type of medical emergency (i.e., cardiac/respiratory arrest, long bone fracture).

*Dispatch staff to direct rescue vehicles and expedite pick up.

*Page supervisor.

Whenever a resident/employee is transported to another medical facility by van or ambulance he/she must be accompanied by a staff with supporting documents i.e. face sheet, MAR, DNR ,etc. .

ROLES OF CAREGIVERS:

Administrator: The Administrator is responsible for ensuring intervention is initiated and directions of physician are carried out.

Directs arrangement of necessary transportation for resident transfer.

Contacting the receiving medical facility and alerting the triage nurse of the resident's condition and time of departure from the facility.

Ensuring appropriate documentation of medical crises to include narrative in medical record and Incident Report.

Contacting resident's physician (if previously unavailable) and family if necessary.

Ensure that appropriate information is provided to the receiving facility, i.e.:

- a. Obtain a signed release of information form.
- b. At time of transfer, or as promptly as possible after, send a Xerox copy of the following from the medical record:

*Current medical findings including a note about the emergency problem, treatment, and medications given.

*Diagnosis

*Resident's face sheet

*Legal Guardian consent for emergency medical and dental treatment

*History & Physical

*Psych evaluation

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- *Recent lab
- *Recent progress notes

SPECIAL CONSIDERATION:

If the resident is admitted to the receiving hospital, she will be discharged from the facility in accordance with the bed hold policy, unless other arrangements are made by the placing agency and legal guardian. The resident's clothes and other personal belongings and valuables should be given to the resident's legal guardian.

If there is no family available, immediately store resident's belonging until the family comes to pick them up and note in the medical record this has been done.

The resident will be re-admitted as soon as the medical emergency problem has been treated and can return to resume the course of care for which the resident was admitted at the facility.

If the resident is treated and released to the facility the same day, the facility staff will remain with the resident at the receiving emergency center, and when the resident is ready to return, call the facility to make arrangements for transportation back to this facility via the facility vehicle.

NON-RESIDENTS: If the emergency situation involves a facility employee or visitor, the following must be done:

- a. The Employee Incident Report must accompany the injured person carried by the staff person accompanying the injured.
- b. Completed form, upon treatment, must be returned to the facility and forwarded to the Administrator.

PLAN F

PSYCHIATRIC EMERGENCIES

PSYCHIATRIC EMERGENCY INITIAL RESPONSE:

When a psychiatric emergency exists, staff should begin appropriate intervention procedures and request that someone alert the on-call Administrator.

TEAM'S

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Regulation:

RESPONSE:

Staff members who have been trained in Crisis Prevention Intervention (CPI) at the facility, when alerted, should go directly to the problem area.

Other personnel in the area, but not involved in the situation, should remain with the other residents, moving them away from the area and involving them in other activities.

The following guidelines should be used when responding to a psychiatric crisis:

1. Dispense with any hazardous objects. Remove from your person any objects which could become damaged or cause injury to either yourself or the resident. This includes such things as jewelry (pins, chains, bracelets, and earrings), eyeglasses, pens and pencils, scarves around neck, jackets, etc.
2. Know who the “leader” of the team is. This is extremely important because if there is no leader, or if there is more than one leader, the team will not function effectively.
 - a. Generally, the person already dealing with the resident will be the leader and guide the team unless relieved by the Administrator or designee.
 - b. If the person leading is unfamiliar with the resident, he/she will inform the team member who best knows the resident of the rationale for calling for help, and turn the leadership over to that staff member.
3. One person only, the “leader”, talks with the resident and the team members. The leader provides all verbal direction to the other team members. Other team members are not to interfere in the communication to the resident unless the leader requests communication from a team member.
4. Be sure you understand the objective and your special assignment. The leader will state the objective—for example, to remove the weapon

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from the resident, etc. He/she will also give verbally directions limb assignments—for example, “John, right arm; Mickey, left arm;

CPI

APPROACHES:

Team members should use the following approaches based on the CPI Program and the leadership of the Team Leader:

1. One person will remain with the resident experiencing crisis, simply to monitor the resident unless the resident becomes dangerous.
2. The team will assemble to organize and be given a short overview of the problem.
3. A team leader will be identified.
4. Team Leader will assign duties such as handling body parts, removal of furniture, etc.
5. Team members shall follow the leader’s direction.
6. Team Leader will talk with resident, giving resident choices and specific time frame in which to make a choice.
7. Once the resident has made his/her choice, the team will act immediately, still under leader’s direction.
8. The team leader will signal physical intervention using the word “NOW.”
9. Methods of restraint will follow the guidelines taught in CPI Training to include physical holds.
10. If necessary call Crisis Intervention—Richmond Behavioral Health Authority Board—804-819-4000—for assessment.

DISSOLVING
THE CODE:

The team remains together until the crisis has been controlled appropriately and the leader dismisses the team. Prior to dismissal, the leader and the team will process and critique the intervention in terms of performance and suggestions for improvement of technique.

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The team leader is responsible for processing serious Incident Reports if a resident, staff member is injured, or if property has been damaged. Names of team members should be listed as witnesses.

PLAN G EVACUATION PLAN

In assessing the potential of the need of a total facility evacuation, the facility determined the most likely scenario for evacuation would be responding to actual environmental or man-made events rather than the threat of one.

At such time that it is determined that a disruption of service is to extend beyond facility capability or that resident care could be compromised, the total facility evacuation plan shall be implemented.

DECISION

TO EVACUATE: The decision to evacuate shall be made by the Administrator or designee after consultation with the Safety Committee of the facility. Transfer facilities within the area include:

**Hampton Inn
421 International Center Dr.
Sandston, Virginia 23150
804-226-1888**

CASE MANAGEMENT ASSIGNMENT:

Staff shall be assigned to each resident to specifically handle the detailed disposition of no more than two residents. Staff positions who would assume the role include:

Chief Administrative Officer
Administrator, Assistant Administrator
Direct Care Staff

The scope of the assignment responsibility includes notification of licensing, Legal Guardians, contacting admissions department of appropriate receiving facilities,

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communicating to appropriate subgroups as to support needs, as well as tracking residents post-discharge.

**CENTRALIZED
SUPPORT
FUNCTIONS:**

The facility shall coordinate the following efforts and assign as follows:

(*primary responsibility)

a. Notification of licensing, residents Families or referral sources	Administrator
b. Notification of third party payors/agencies regarding resident disposition	Administrator
c. Resident transportation (use of group facility vehicles, rescue squad, ambulance service, Med-Flight, National Guard, commercial Transportation	Administrator
d. Medical records to accompany Resident (securing, copying, completion)	Assistant Administrator
e. Inventory and gathering of Resident personal effects	Assistant Administrator
f. Notification of staff and Coordination of personnel pool (to run errands, assist with calls)	To Be Assigned
g. Notification of facility insurers, Licensing agencies, etc.	Administrator
h. Centralized Information Services (media)	Administrator
i. Disruption of business operation	Administrator
j. Physical Plant normalization (interim measures and cleanup and contracting for repair)	Safety Officer
k. Supplies/equipment	Safety Officer
l. Medications—3 day supply	Assistant Administrator

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FIRE PLAN

The plan shall be reviewed annually by the Safety/Risk Management Committee and revised or updated as necessary. It is the responsibility of the Administrator to ensure that any revised copies of the evacuation plan are forwarded to the Safety/Risk Management Committee within 10 days of revisions.

Operating Procedure:

The respective Fire Marshall's Office and the Safety/Risk Management Committee for the facility review the facility's emergency preparedness annually.

The review includes the following:

- Location of building/floor plan
- Exit signs and directional arrows for traffic flow
- Location of posted plans within the house
- Location of smoke detectors and fire extinguishers
- Provisions for monthly drills
- Location of fire ladders where appropriate

1. In the event of visual observation of smoke or fire or an alert from smoke detection

devices, staff members on duty shall:

- a. Get occupants out of immediate danger
- b. Sound a verbal/audible alarm to evacuate the building
- c. Call the fire Department (911)
- d. Account for all occupants (residents, staff, and visitors) at the pre-determined meeting point: mailbox in front of the house

2. If one staff member is on duty, then that person will be responsible for supervising a calm, orderly and immediate evacuation of the facility. Staff shall pay particular attention to aid any sick, injured, or resident with special needs. The staff member shall be responsible for ensuring an accurate headcount at the pre-determined assembly point mailbox. This staff member shall supervise the group and notify the Fire Department if the fire is not immediately extinguished. If not deemed excessive risk, the staff member shall collect and remove all resident charts during the course of the evacuation.

3. If two or more staff members are on duty, one shall be designated as fire fighter and the other as supervisor of residents. Any additional staff will be assigned as needed and should ensure that all resident charts, staff phone list, and the van keys are removed from the building unless excessive risk prohibits such actions. The staff members assigned as supervisor of residents shall carry out all duties as described in (2) above while the staff

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assigned as fire fighter shall call 911 and if in his/her judgment it is prudent and without excessive risk, attempt to contain or extinguish the fire with fire extinguishers and ensure any doors that may limit the spread of fire are closed. Remember fire extinguishers are for small fires, when in doubt contact the department.

4. Staff shall communicate with the emergency response personnel the situation status and a completed headcount. Any unaccounted for persons must be communicated to the emergency response personnel.

5. The facility shall have a clearly posted fire exit plan and a pre-arranged assembly point. The facility fire exit plans are posted next to each exit door and in the upstairs hallway. The fire plan shall specify alternative exit points to be used if the primary exit is blocked. This evacuation plan is posted next to the exit plans. Assembly points for the facility areas at least 30 feet away from the building. Every occupant of the building shall be required to exit the building whenever a fire alarm is sounded or a drill is conducted. The fire exit plan include location to shut off utilities and fire extinguishers.

6. Each and every fire drill and practice fire drill shall include:

- a. Identify person conducting the fire drill
- b. The date and time of drill
- c. The methods used for notification of the drill
- d. The number of staff participating
- e. Any special conditions simulated
- f. The number of residents participating
- g. The time it took to complete the drill
- h. Weather conditions
- i. Problems encountered

7. Fire drills shall be conducted at least once per month in each building without fail:

- a. Each succeeding fire drill shall be held at a different hour from the preceding drill and on a different work shift so that in any three-month period all shifts have had drills.
- b. At least every third drill shall be held during sleeping hours.
- c. At least every quarter there will be a practice drill for education of staff and residents in which one or more residents are designated sick, injured or disabled, and practice use of all equipment and all procedures is carried out. Residents shall receive advance notice of practice drills. The practice exercises are teaching events during which time staff members shall teach residents the fire evacuation plan and rehearse specific escape procedures. **Practice drills will not be counted as the monthly drill!** A regular fire drill evacuation form

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should be completed and marked "practice." The practice drills will be reviewed during the next scheduled staff meeting.

- d. During a fire drill all windows and doors shall be closed. All appliances shall be turned off. All lights shall be left on.
- e. As part of a new resident's orientation he/she shall be instructed as to the location of smoke detectors and their sounds and shall be oriented to fire drill procedures, the location of the assembly point and their role in a fire drill or evacuation.
- f. All fire fighting and fire warning equipment shall be inspected regularly.
*Fire warning devices (smoke detectors) shall have batteries checked on a monthly basis and replaced every quarter. Fire extinguishers shall be checked and initialed by staff monthly to ensure adequate charge and that they are in operable condition. Fire extinguishers are to be inspected annually by professional fire extinguisher company.
- g. New staff members shall read, study, and be instructed in the implementation of the facility fire plan and documented in the employee file.
- h. A general training session in the use of fire extinguishers and moving sick or injured residents shall be conducted for the staff at least once a year.
- i. The Administrator will be the monitor for internal compliance with this procedure. The Administrator is responsible for ensuring compliance.
- j. In the event of a fire, no matter how small, the following persons should be notified in this order and an incident report completed (when and only when the above plan has been carried out and all occupants accounted for):

* Chief Administrative Officer

* Administrator

* Owner- Regulating Authority Resident's Legal Guardian

The Administrator in consultation with the owner of Community Alternatives Assisted Living, LLC will adhere to the following general guidelines in regards to responding to emergencies in addition to policies and procedures established by the company. As necessary and warranted by emergency conditions the Administrator of Community Alternatives Assisted Living, LLC will contact the Regional Coordinator of Virginia Department of Emergency Management and follow his advisement. The Administrator will also follow directives communicated through the media. The Administrator will document all contacts with the Regional Coordinator or other personnel from that agency. The CAO is responsible for contacting the local emergency coordinator

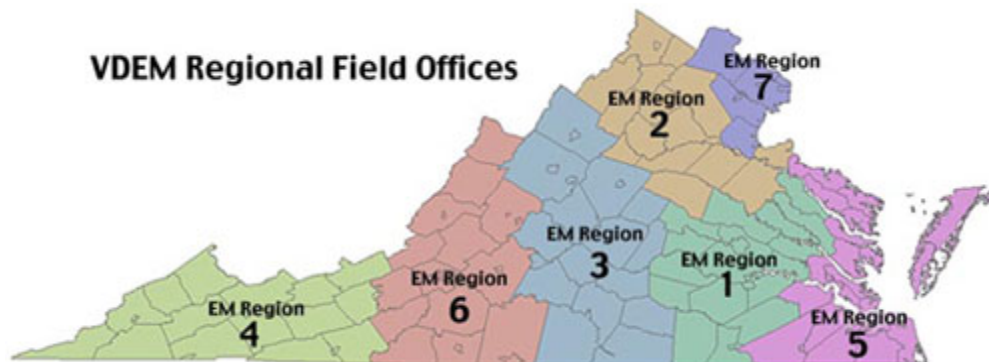
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and the regulatory authority. Review of the initial emergency preparedness plan with the local emergency coordinator and annually thereafter. The CAO will document contact with the local emergency coordinator. Contact will be made to address local disaster risks. community wide plans and assistance that may be provided to the facility. All contact will staff will be made by the Administrator Designee to keep staff apprised of conditions.

Regional Coordinator



Region 1 – Richmond/Henrico - Gene Wills

10501
Richmond,
E-mail: gene.wills@vdem.virginia.gov

Trade

Court
VA23236

Chesterfield County/Curt Nellis, Emergency Manager

P. O. Box 40 Chesterfield, VA 23832 Telephone: 804-751-1000 email: nellisc@chesterfield.gov

Administrative Headquarters

Switchboard Number: (804) 897-6500

Mailing Address:
Virginia Department of Emergency Management
10501 Trade Court
Richmond, VA23236

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Public Information Office and Webmaster E-mail: pio@vdem.virginia.gov

Virginia Emergency Operations Center

Switchboard Number: (804) 674-2400

Mailing			Address:
Virginia	Emergency	Operations	Center
7700	Midlothian		Turnpike
Richmond, VA23235			

Local Support Services expands upon the work of the agency's Field Services activity, which employed three regional coordinators to provide hands on emergency management support/resources to local jurisdictions. Almost identical to the Virginia State Police Divisions, the seven, newly designated Emergency Management (EM) regions contain an average of 16 - 20 jurisdictions.

A dedicated, professional regional coordinator has been assigned to each EM region to provide ongoing support in the design, development, analysis and implementation of comprehensive all hazards emergency management programs at the local and regional levels.

LSS is the eyes and ears of VDEM senior staff, offering an unparalleled opportunity to forge strong relationships that will enhance our ability to effectively partner with Virginia localities in times of crisis. During normal operations, these field coordinators will maintain a continuing dialogue between localities and VDEM central office staff to ensure that state and federal programs support and enhance development of comprehensive local emergency management capabilities. They will also help to synchronize target and threat assessments, state planning, federal funding and incident management activities between state agencies and localities.

When major emergencies or disasters affect communities, the regional coordinators provide critical coordination of information and resources to those communities in order to alleviate problems and to promote a return to normalcy

According to the National Weather Service, flash flooding is the No. 1 weather-related killer in the U.S., costing an average of \$3.7 billion annually. FEMA cites

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flooding as the cause of 90 percent of all natural disaster damage, excluding drought.

Flood Risks Extend Statewide

Flooding events caused by severe storms, hurricanes, tropical storms and tropical depressions have plagued the Commonwealth of Virginia. Virginia's abundance of water, its many low-lying areas and its coastline make it particularly susceptible to flooding.

Between 1996 and 2005, Virginia experienced 13 flood-related federally declared disasters, and 12 hurricanes tracked across the state, including Floyd, Jeanne, Isabel, Bonnie, Fran and Dennis.

- Tropical Storm Gaston (2004): This storm stalled over the commonwealth and dropped 12 – 14 inches of rain in Richmond in less than 10 hours, causing devastating flash floods.
- Hurricane Fran (1996): Widespread 5- to 10-inch amounts of rain were recorded over the Middle Atlantic region with 14 to nearly 16 inches in parts of Virginia. Flood damage across the state totaled approximately \$1 billion.
- Severe Storm (June 1995): This was the worst flash flooding in Virginia since Camille in 1969. It is estimated that near 20 inches of rain fell in southwestern Madison County in less 12 hours.

Key Virginia Flood Insurance Statistics

(Source: National Flood Insurance Program)

Virginia is not flood-insured. Even though there are nearly 2.7 million households in Virginia (2000 US Census), there are less than 92,000 flood insurance policies in effect throughout the state (data as of 5/31/2006).

If you live in a highest-risk area (special flood hazard area), you need to be covered by flood insurance. Fifty-two percent of households in the highest-risk areas of the state are financially protected with flood coverage. However, more than 16,000 homeowners lack this vital protection against the devastating effects of flooding.

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You don't have to live in a highest-risk area to be at risk for floods. Approximately 25 percent of all flood claims occur outside of a special flood hazard area, yet only 4.3 percent of Virginia households in low-to moderate-risk areas are covered with flood insurance protection.

The Virginia Department of Emergency Management, the National Weather Service and local emergency management officials offer these safety tips to protect lives and reduce property damage during hurricane season, June 1 to November 30:

Before the storm

- Learn the difference between a watch and a warning. A hurricane watch indicates that hurricane conditions are possible in your area within 36 hours. A hurricane warning indicates that hurricane conditions are possible in your area within 24 hours.
- Know your risk. Consult your local emergency management office to find out if your area is flood-prone or for local preparedness information.
- If you live in a flood-prone area, identify where to go if ordered to evacuate and the safest route to get there. If there is a flood, you may only have minutes to get to safety. Choose several places – a friend's home in another town, a motel or a shelter. Remember, public shelters and many motels don't allow pets in their facilities.
- Cut dead trees and limbs that could fall on your home.
- If your home or business is in a flood-prone area, make sure you have a current flood insurance policy (not typically part of a standard insurance policy). A 30-day waiting period is generally required to purchase flood insurance, so take time now to visit your insurance agent to learn more.
- Take pictures of your property before the storm to help validate your claim and remember to take your policies with you if you need to evacuate.

When a hurricane is approaching

- To help keep food cold for several hours if the power goes out, fill plastic containers with water, leaving about an inch of space inside each one. (Remember, water expands as it freezes, so it is important to leave room in the container for the expanded water.) Place the containers in the refrigerator and freezer. This chilled or frozen water will help keep food cold for several hours if the power goes out.
- Fill your bathtub with water to use for toilet flushing in case water services are unavailable following the storm.
- Bring in garbage cans, lawn furniture and other items that could blow away.

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- Fill your car's gas tank. Functional gas stations will be in short supply in a power outage.

If heavy rains occur

- Floods are deceptive. Avoid already-flooded areas. Floodwaters that are above your knees are dangerous. Turn around and go back to higher ground.
- If you find floodwaters on the road while driving, turn around and find an alternate route. The road could have washed out and rapidly rising water could lift your car and carry it away.

After the storm

- Prepare to be without power, telephone or any outside services for a week or more.
- Watch out for downed power lines, weakened structures, rodents and snakes, and avoid standing water.
- Avoid drinking tap water unless officials say it is safe to do so. Eat only foods you are absolutely sure are safe.
- Be extra careful when handling power tools, gas lanterns and matches.
- Operate generators outdoors only in a well-ventilated, dry area, away from air intakes to the home. Never use a generator indoors or in attached garages. Poor ventilation can result in carbon monoxide poisoning or death.
- Avoid using candles as a light source. Deadly fires can result

Preparing for Tornadoes

Prepare a home Tornado Plan

Develop a safety plan for you and your family for home, work, school and when outdoors. Make sure you practice the plan. Review the plan on days when severe weather is forecast for your area.

- Pick a place where family members could gather if a tornado is headed your way. It could be your basement or, if there is no basement, a center hallway, bathroom or closet on the lowest floor. Keep this place uncluttered.
- If you are in a high-rise building, you may not have enough time to go to the lowest floor. Pick a place in a hallway in the center of the building.
- Assemble a Tornado Safety Kit containing:
 - First aid kit and essential medications

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- Battery-powered radio, flashlight and extra batteries
- Canned food and manual can opener
- Bottled water
- Sturdy shoes and work gloves
- Also include in the kit written instructions on how to turn off your home's utilities.
- Have a [NOAA Weather Radio](#) with a warning alarm tone and battery backup to receive updated forecasts and critical information such as watches and warnings.
- Keep a Virginia map handy to help you follow the movement of threatening storms from weather bulletins

Responding to Winter Weather

During the winter months, keep an eye on your local weather forecasts. When the forecast calls for severe winter weather, be sure to monitor your local radio, TV or NOAA Weather Radio stations for updated information. Listen for winter-related watches and warnings, and be ready to take action.

When the weather turns cold, make sure that company vehicles' gas tanks are kept full to prevent freezing of gas lines. Also, propane and oil tanks used for power and heating should be kept stocked.

When a winter weather advisory is issued

- Winter weather conditions are expected to cause difficulty and might be dangerous.
- These situations should not become life-threatening as long as caution is taken.

When a winter storm watch is issued

- Severe winter conditions, such as heavy snow or ice, are possible within the next day or two.
- Prepare now. Make sure your disaster supply kits are fully stocked and that all vehicles are fueled up and winterized (with antifreeze, etc.).
- Be sure animals or livestock are in a warm, dry place.

When a winter storm warning is issued

- Severe winter conditions have begun or are about to begin in your area.
- Stay indoors if possible. Travel only if absolutely necessary.

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When a blizzard warning is issued

- Snow and strong winds will combine to produce a blinding snow with near zero visibility, deep drifts and life-threatening wind chill.
- Stay indoors if possible. Travel only if absolutely necessary.

Winter-Related Medical Emergencies

Frostbite: Frozen body tissue

- **Symptoms:** Loss of feeling in the extremity and a white or pale appearance. Fingers, toes, ears and the tip of the nose are most susceptible.
- **Treatment:** Get medical attention immediately. Affected area(s) should be slowly rewarmed.

Hypothermia: Occurs when the body's temperature falls below 95°F.

- **Symptoms:** Uncontrollable shivering, memory loss, disorientation, incoherence, slurred speech, drowsiness and exhaustion.
- **Treatment:** Get medical attention immediately. If you can't get help quickly, begin warming the body slowly. Warm the body first, not the extremities. Get the victim into dry clothing and wrap in a warm blanket covering the head and neck. Do not give the victim alcohol, drugs, coffee or any hot beverage or food. Warm broth and food is better.

To report suspicious activity:

- Call the toll-free Terrorism Hotline at 877-4VA-TIPS (877-482-8477), or

The U.S. Department of Justice defines terrorism as the unlawful use of force or violence committed by a group or individual against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives.

According to the Virginia Crime Prevention Association, terrorism is a politically motivated crime to elicit fear, panic and disorder. Terrorists use many different criminal acts to support their mission including kidnapping, cyber terrorism, illegal drug dealing, and identity theft, and fraud, burglary and auto theft.

For more information about terrorism, be sure to visit the [Virginia Fusion Center](#) Web site.

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Responding to Blackouts

If your power goes out:

- Use your emergency supply kit if needed during the blackout.
- Use a flashlight only for emergency lighting. Never use candles.
- Unplug electrical equipment until a steady power supply returns.
- Do not run a generator inside your home. Doing so will produce carbon monoxide, which can be deadly.
- Listen to your emergency alert, radio or TV station for further information.
- Leave one light turned on so you know when power is restored.
- Eliminate unnecessary travel, especially by car. Traffic signals will stop working during an outage, creating traffic congestion.
- If power is restored, be certain it is steady before you plug equipment into it

Homeless Shelters and Community Supports:

Greater
420
RichmondVA23219
804.780.2250
804.780.2263 Fax

Richmond
East

Red
Cary

Cross
St

Goodwill Industries

6301 Midlothian Turnpike, Richmond, VA23225

Main Number:

(804)

745-6300

Fax Number: (804) 276-6519



The Salvation Army
Richmond Area Command
2 West Grace Street
P.O. Box 12400
Richmond, VA23241

804-225-7470

Good Samaritan Ministries

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Regulation:
2307
Richmond,
(804) 231-9995

Hull

Street
VA23224

The CAO will document contact with the local emergency coordinator. During this contact the CAO will inquire with the coordinator about

1. Local disaster risks
2. Community plans to address different disasters and emergency situations.
3. Assistance the local emergency management office will provide to the home in emergencies.

The CAO or designee is responsible for contacting employees, the regulating authority, legal guardian and/or Legal Guardians as needed to keep them abreast of changes with the home, hazards and/or precautionary measures. All contacts or attempted contacts will be documented to include:

1. Date/Time contact mode or attempted
2. Individual contacted
3. Information communicated

The CAO or designee is responsible for ensuring all employees are trained on how to shut off utilities when necessary. This training will be provided during orientation.

Missing Residents

A missing resident is any resident whose whereabouts are unknown to staff. Prior to determining a resident is missing, staff should engage in the following tasks:

1. Search the home premises thoroughly to include the yard and immediate area of the facility
2. Inquire with other residents about the possible whereabouts of the resident

Provided the resident cannot be located:

If the resident cannot be located after one hour the on call staff will do the following:

1. Contact the local police department and complete a missing persons report
2. Contact the resident's legal guardian to advise of the resident's status and next of kin

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3. Complete a Serious Incident Report and advise the regulatory authority
4. Document contact with the local police department and resident's legal guardian and next of kin

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BYLAWS OF
Community Alternatives Assisted Living, LLC

ARTICLE I

Section 1

The name of this organization shall be Community Alternatives Consortium, a private organization incorporated in the State of South Virginia , henceforth referred to as the Corporation.

Section 2

Area. The primary area of benefit shall be the Richmond, Virginia (Metropolitan Area); however, other communities may be supported by the Corporation.

Section 3

Principal Office. Initially, the principal office of the Corporation shall be located at 618 N. 32nd St. Richmond, Virginia 23223. Later, the office may be located where the Manager considers it to be most beneficial.

Section 4

Other Offices. The Corporation may have offices at such other places in Virginia or outside the State of Virginia as the Manager may designate or as the affairs of the Corporation may require from time to time.

ARTICLE II

Purposes

Section 1

Purposes. All of the purposes of the Corporation are consistent with maintaining a licensed assisted facility per the regulation of the Virginia Department of Social Services. The corporation is for profit. Agency will operate per it's license with the regulatory authority, Virginia Department of Social Services.

Section 2

Limitations. Will operate a license for an assisted living facility.

ARTICLE III

Members

Owner and managing partner is Denesha Alexander.

ARTICLE IV
Manager

Section 1

General Powers. The owner of the Corporation shall be vested. The business and affairs of the Corporation shall be managed by its Manager. The Manager will have the authority to hire all staff members to execute the daily and other affairs of the Corporation. The Manager shall consider and approve a budget for each fiscal year. The Manager shall have general control of the affairs, funds and property of the Corporation and shall determine policy and establish guidelines for the effective conduct of the business affairs of the Corporation.

Section 2

Number, Term and Qualifications. Denesha Alexander is the only manager, member. Denesha will serve as manager/member for the duration of company's existence. The member/manager has experience and education managing human service entities.

Section 3

Initial Election.

N/A

Section 4 Appointment of Directors

N/A

Section 5 Removal

N/A

Section 6 Vacancies

Section 7

President of the Board.

Denesha Alexander serves as president and managing member.

Section 8

Compensation.

N/A

ARTICLE V
Meetings of Directors

Section 1

Annual Meeting. Annual review between president/accountant and attorneys.

Section 2

Regular Meetings.

N/A

Section 3

Special Meetings.

N/A

Section 4

Notice of Meetings.

N/A

Section 5

Quorum.

N/A

Section 6

Manner of Acting. President makes all decisions.

Section 7

Presumption of Assent.

N/A

Section 8

Informal Action by Directors.

N/A

ARTICLE VI
Executive Committee

Section 1

Creation. President makes all decisions.

Section 2

Vacancy.

N/A

Section 3

Removal.

N/A

Section 4

Responsibility of Directors.

N/A

ARTICLE VII
Standing Committees

Standing Committees.

N/A

ARTICLE VIII
Community Advisory Board

N/A

ARTICLE IX
Officers

Section 1

Officers of the Board.

Company only has a president.

Section 2

Election and Terms.

N/A

Section 3

Removal

N/A

Section 4

President. The President shall preside at all meetings of the Corporation. He or she shall promote the interests of the corporation and shall be the accredited representative of the Corporation at outside meetings unless he or she shall delegate this authority to someone else. The President shall be the principal executive officer of the Corporation and subject to the control of the Corporation, shall in general supervise and control all of the day to day business and affairs of the Corporation. He or she shall sign the Corporation, any deeds, mortgages, bonds, contracts, or other instruments. In general he or she shall perform all duties incident to the office of President and such other duties as they may come up.

Section 5

Vice President.

N/A

Section 6

Secretary.

President will engage secretarial and administrative functions.

Section 7

Treasurer.

N/A

Section 8

Filling of Vacant Office.

N/A

ARTICLE X
Specific Operating Procedures

Section 1

Rules.

N/A

Section 2

Meeting Frequency. The President shall schedule meetings as needed w/others.

ARTICLE XI
Contracts, Loans, Checks, and Deposits

Section 1

Contracts. The President Manager may enter into a contract or to execute and deliver any instrument in the name of and on behalf of the Corporation, and such authority may be general or confined to specific instances.

Section 2

Loans. No loans shall be contracted on behalf of the Corporation and no evidence of indebtedness shall be issued in its name unless authorized by the President.

Section 3

Checks and Drafts. Checks, drafts, or other orders for payment of money issued in the name of the Corporation, shall be signed by the President of the Corporation.

Section 4

Deposits. All funds of the Corporation not otherwise employed shall be deposited from time to time to the credit of the Corporation in such depositories as the President may select.

ARTICLE XII
Seal

N/A

ARTICLE XIII
Fiscal Year

The fiscal year of the Corporation shall begin on the first day of January and end on the last day of December each year.

ARTICLE XIV
Waiver of Notice

N/A

ARTICLE XV
Amendments

Except as otherwise provided herein, these bylaws may be amended or repealed by the President.

Adopted this January 1, 2009.

