

WNC Group Homes

Handbook for

Parents and Guardians



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Welcome to WNC Group Homes!

Whether the person you are caring for and placing with us is 5 or 45, you are both about to take a big step that will have a significant impact on your lives. This handbook is your guide through this process and will be a valuable resource for you in years to come.

In it you will find answers to many frequently asked questions as well as information on the day to day practices of WNC Group Homes. This guide will provide information on all aspects of the agency as well as other outside resources that you may find helpful.

We look forward to providing your loved one with the care that they deserve. Please feel free to contact us if you have any questions or concerns regarding any of the information found in this handbook.

Mission Statement

WNC Group Homes provides residential care and life skills education, specializing in working with individuals on the autism spectrum who have significant behavioral challenges.

Guiding Principles

WNC Group Homes believes in:

- Providing residents a meaningful lifestyle.
- Recognizing the value of each individual and his/her potential to succeed in life and work.
- Providing programs and facilities that meet the individual needs of persons with autism.
- Supporting staff with the resources, training and leadership to carry out the agency's mission.
- Supporting and counseling families affected by autism to ensure love, respect, and human dignity within the family unit and broader community
- Educating the general public about autism and the special needs of the autism community.

History and Overview

Western North Carolina Group Home for Autistic Persons, Inc. (WNCGHAP) is a non-profit corporation established to serve developmentally disabled persons with autism and mental retardation. Four of the present group homes are Intermediate Care Facilities for the Mentally Retarded (ICF/MR), each serving five to six residents, with priority placement given to those from the Western twenty-five counties of North Carolina. The fifth home is a group home for Developmentally Disabled Adults (DDA).

The first home, the Ora Street Group Home, was built in 1984 with a HUD grant and is now owned by the Agency. The home was certified as an ICF/MR facility in May of 1985. In November of 1989, the Board of Directors submitted two Certificate of Need (CON) applications to the Division of Facility Services. One was to expand our first home from five to six residents and the second was to build a new group home for six adults. Both applications were approved and we admitted our sixth resident at our first home in September of 1990. Construction on the second group home for adults began in the fall of 1990. The home, the Pisgahview Group Home was licensed in June and certified in September of 1991.

Our third home, a children's home, opened in February 1993. The Kenmore Street Group Home currently serves young adolescents and adults. As the children age, there is a possibility that this home may become an adult home.

Our fourth home opened in January 1994. The original name for this home was Pinesprings. In 2008 it was renamed in honor of a long time employee who passed away in 2007. The Gwen Rash Memorial Group Home is classified as a Developmentally Disabled Adult home and serves high functioning adults with a variety of disabilities. The home serves two to four persons with autism and the remainder with other disabilities. This deviation from serving only persons with autism is to provide increased socialization opportunities for the residents.

The fifth home, the Montford Group Home, was awarded its Certificate of Need in November of 1993 and accepted residents in February of 1995. Currently this home serves five adolescents and young adults. As these residents age, eventually this home will become an adult home. Montford is an ICF/MR facility.

The Board of Directors of the agency is composed of parents of autistic or autistic featured individuals, various professionals in the fields of autism and mental retardation, and concerned citizens.

It is the philosophy of WNCGHAP that every human being has the inherent right to enhance their development and maximize their achievement of self determination and autonomy in the least restrictive, most humanistic and normalizing environment available to them. It is also the philosophy of the group home that families and guardians are encouraged to become involved in the daily activities of the group home. Visits between residents and their families are encouraged, whether at the group home or the family's home.

Residents of these group homes are involved in an active treatment plan. This plan is developed by an interdisciplinary team comprised of specialized consultants, group home staff, parents, guardians, and when possible, the resident him/herself. This plan provides for specialized services that encourage the individual resident to develop skills enabling him or her to become more self-sufficient, independent and to maximize social acceptance. The following services are available for each resident as needs are identified: medical, nutritional and nursing services, physical and occupational therapy, psychological services, speech, language, hearing, social, recreational, educational, vocational, and day activity services.

Licensure and Accreditation

WNCGHAP is licensed by the Division of Health Services Regulations (DHSR). The ICF/MR level group homes are Ora St., Pisgahview, Kenmore and Montford. The DDA level home is the Gwen Rash Memorial Group Home. All homes receive funding from the Medicaid system. In addition the Gwen Rash Memorial Group Home receives some funding from other sources including but not limited to CAP funding and grants from the Western Highlands Local Management Entity (LME)

WNCGHAP is currently nationally accredited through CARF.

Who's Who at WNC Group Homes

The administrative team manages the group homes and makes decisions that apply to all. The team meets regularly to discuss operations, concerns and improvements

that may be needed. All decisions are made using a "team process" and each member of the team has an important role to play in the overall process. You will be notified should members of the administrative team change or leave their positions.

Executive Director

The Executive Director is the direct agent of the Board of Directors, carrying out their directives. . She is responsible for supervising many of the administrative staff and ensuring that the day to day operations of the group home are managed. The Executive Director makes decisions that affect the agency as a whole.

Assistant Director

The Assistant Director is directly in charge of staffing for the agency. She interviews prospective staff and arranges for proper training. She is in charge of ensuring that annual trainings are up to date. The Assistant Director supervises the House Managers who in turn manage many the practical day to day operations in all of the group homes.

Finance Manager

The Finance Manager handles all money related matters for the agency. She ensures that the bills are paid and that resident accounts are in good standing. The Finance Manager processes all requests for reimbursement by staff and advocates for the resident with the bank. She processes all Medicaid billings and receipts. The Finance Manager assists the Executive Director in making sound financial decisions for the agency.

Registered Nurse

The Registered Nurse is in charge of all the medical issues on a day to day basis for the agency. She works closely with the Medical Director, Psychiatrist and other medical professionals to ensure that our residents' health care needs are met. The RN sees that the proper forms are in place for the correct administration of medications and also teaches the class necessary before staff are able to administer medications. The RN attends all habilitation plan, quarterly review and consultation meetings. The RN visits the residents at home to follow up

on any issues that may arise and assists staff in caring for any injuries that may occur.

Licensed Practical Nurse

The Licensed Practical Nurse assists the RN in all duties. She makes and follows up on medical appointments for the residents. The LPN ensures that the necessary over the counter oral medications and non prescription topical medications are available. The LPN administers the practical examination before any staff can administer medications in the group homes. She follows up on any injuries, bumps and bruises sustained by the residents. The LPN is available by phone to answer questions and direct staff in the event of illness or injury with the residents.

Psychological Associate

The Psychological Associate is the behavioral specialist for the agency. She works as part of the interdisciplinary team to create, train, and monitor all the behavior programs for the agency. The Psychological Associate also prepares the reports for the psychiatrist and the Human Rights Committee. She observes the residents throughout their day and offers training tips to the staff on an as needed basis. The Psychological Associate is also responsible for training staff in the basics of Autism and Behavior Management.

Facilities Manager

The Facilities Manager does just that...manages all of the physical properties connected with the group home. He also is in charge of maintaining all the vehicles owned by the agency. The Facilities Manager keeps the homes maintained, arranges for repairs, and works closely with vendors hired to do the major work. The Facilities Manager can often be found in three places at once, handling emergencies as quickly as they arise.

QMRP

The QMRP/QDDP is the team leader for the Interdisciplinary team. She is in charge of maintaining the permanent record established for each resident as well as for conducting both the annual and quarterly reviews. The QMRP is responsible for the continuous program training and implementation necessary to provide active treatment for the residents. In addition to writing many of the programs, the

QMRP is responsible for implementing and otherwise monitoring these programs on a weekly basis. The QMRP is also the main liaison between families and the group home as well as the school/day program and the group home. The QMRP does regular observations and hands on work days in the homes that she supervises and also does observations at the school or day program.

House Manager

The House Manager is responsible for the day to day running of the group homes. She is mainly in charge of ensuring that all needs of the residents are met. She shops for the groceries, house supplies and other incidentals needed by the residents. The House Manager is responsible for supervising the direct care staff and seeing that the residents' rights are protected.

Social Services Coordinator

The Social Services Coordinator is responsible for assisting families through all the initial paperwork involved with admission. She monitors all resident rights to ensure that they are protected. The Social Services Coordinator assists in establishing and monitoring any financial assistance that might be available for the residents. She coordinates establishing guardianship for all residents as they turn 18, and the Social Services Coordinator assists in preparing paperwork for special events such as summer camp and Special Olympics.

Consultants and other Service Providers

WNCGHAP contracts for services from a variety of providers in and around the Asheville and Hendersonville area. Some of these services are provided "in house" in the form of a consultant who works with the agency. In other cases we seek services and take our residents out to receive these services.

The following is a list of the consultants currently working with WNCGHAP:

Dietician

The Dietician is responsible for the nutritional health of all the residents of WNCGHAP. She closely monitors weight, height and body mass, and develops appropriate diets to meet their needs. She writes nutritionally balanced menus and assists staff in making substitutions when necessary. The Dietician monitors all

lab work and closely looks at side effects of medications to ensure that there are no dietary complications.

Speech/Language Pathologist

The Speech/Language Pathologist addresses the communication needs of the residents. This may include learning picture symbols, verbal communication, reading, manual communication and, in some cases, chewing and swallowing programs.

NCI Instructors

The NCI instructors teach the staff all the preventative and restrictive techniques used at WNCGHAP. Although they have no direct contact with the residents, what they teach the staff is used on a daily basis. All staff are required to have this course and it is re-taught on an annual basis.

The following is a list of additional service providers with whom WNCGHAP has a relationship. Depending on the needs of the resident, they may have several or just a few included in their service plan. The Interdisciplinary Team, helps to decide which of these services might be necessary or desired for your loved one.

Buncombe County Schools
Blue Ridge Homes Workshop
AB Tech Compensatory Education Program
The Asheville TEACCH Center
Care Partners Occupational and Physical Therapy
Mountin' Hopes Therapeutic Riding Center
Liberty Corner Enterprises
Buncombe County Parks and Recreation
Special Olympics
Calvary Baptist Church
The Autism Society

Direct Care Staff

These dedicated individuals are the backbone of the team here at WNCGHAP. These are the people who wake your loved one up in the morning and tuck them in at night. They are the ones who provide all the care in the hours in between and at night when they are asleep. This agency could not function without the love and care that they provide day in and day out. Each home is staffed based on the needs of the individuals who reside there. Generally there are 3-4 staff on duty M-F from 3 p.m.-11 p.m and Saturday and Sunday from 8 a.m.- 11 p.m. At 11 p.m. one to two overnight staff take over. In the ICF/MR homes these staff are awake and providing care throughout the night. The Gwen Rash Memorial Group Home does not have overnight awake staff. On weekday mornings two to three additional staff arrive at 6 a.m. and work with the residents until they leave for school or work.

How We Get Things Done

As mentioned previously in this handbook, nothing at WNCGHAP gets decided or done by one person. "Team Process" is a term you will hear often, and it is the way we operate. Meetings are held as needed to handle situations as they arise. More formal meetings are held annually to plan out the year and then on a quarterly basis to review the plan for progress or regression. You are a vital part of the team and your input is both sought after and welcomed. We ask that you participate as you can, and that you plan on attending the annual review. You will be notified in advance by letter of the date and time of the annual review. Although these meetings are typically held on Monday mornings, they can be scheduled for a date and time that works for you. Please notify the Social Services Coordinator as soon as possible after you receive your letter should you decide to change the assigned meeting time.

This next section of the handbook goes into greater detail on the "Interdisciplinary Team," the terms used, and the importance of the process as it relates to your loved one.

The Interdisciplinary Team

The interdisciplinary team is comprised of the QMRP who is the team leader, the Executive Director, Psychologist, Registered Nurse, Dietician, Speech/Language

Pathologist, Social Services Coordinator, Physician, day program or school provider, the resident and YOU.

Each year there is a meeting held to discuss your loved one. This is known as the Annual Review meeting. This is a time for the entire interdisciplinary team to come together to discuss progress made and plan for future goals. Prior to the meeting each team member assesses the resident and submits an evaluation to the QMRP. Each assessment includes strengths and needs, and a list of recommendations for training and services to be provided during the upcoming year. Guardians are required to attend and participate in this meeting.

At the beginning of the meeting, time is spent talking about the resident in very "person centered" language. What does he/she like? What are some things that are important to him/her? What do people like or appreciate about him/her? We do this to get a better sense of exactly who the resident is as a person, and not just a person with a disability.

The meeting then moves into a more detailed discussion of the progress that the resident has made over the past year. In order to effectively plan for the future it is necessary to know where we have been. Throughout this discussion the "person centered" approach is continued. The plan is written from the "person centered" perspective.

After progress has been discussed, each member of the team talks about goals and recommendations they have for the resident. The discussion that surrounds each of these recommendations is important as it ensures that all disciplines are being represented in as many of the goals as possible. Once a list of goals has been created the team spends time prioritizing those goals for inclusion in the finished plan. Your input is vital in creating these goals for your loved one. There may be a particular routine you have followed at home that may work perfectly at the group home. You may have a particular way of motivating your loved one. This is all information which can be included in any goals that are written and will help achieve the maximum level of independence for the resident.

Active Treatment

The creation of the Habilitation plan is the basis of what is known as "Active Treatment." Active Treatment can be described in many ways. It involves the formal things such as assessments, programs and goal and data collection, but more

importantly it is like good parenting. It involves looking for opportunities to teach and ways to encourage independence. We often say that "every moment is a teaching moment" and this is exactly what Active Treatment is...finding those teaching moments in every moment of every day.

Providing Active Treatment means being constantly aware of a resident's progress on goals. This is done by the careful recording of data on formal programs and by more informal observations and anecdotal notes. The QMRP is responsible for reviewing this data on a weekly basis, monitoring staff for accurate recording practices. On a monthly basis this data is tabulated and entered as a data point on a graph. These easy to read graphs are a clear indicator of progress made. If a resident is not making progress, the QMRP will look closely at possible reasons for this. If no progress is made for 2 consecutive months, the program will be revised to better assist the resident in achieving independence on the desired skill.

Observations are done several times each week by both the House Manager and the QMRP. They occur at various times throughout the day and are often "hands on." The House Managers and QMRP work with the residents and run programs, as well as observing the direct care staff as they use the programs. This process promotes the creation of programs which are practical, functional, and easy to understand. Active Treatment is a way of life at WNCGHAP and everyone involved with your loved one is committed to their reaching their maximum potential.

Day Program

All of the residents in WNCGHAP group homes attend a day program of some kind. For the adults, the team assesses their needs and plans their day activities accordingly. In the Asheville area there are numerous opportunities for our adults including, but not limited to: The Blue Ridge Homes Day Program, the Compensatory Education Program at Asheville-Buncombe Technical College, Liberty Corners Enterprises, and Blue Ridge Bags and More.

School age children attend Buncombe County schools. WNCGHAP works very closely with the school administration and the individual teachers to promote appropriate education for the child. The QMRP for the children's homes is a member of the PTO for the Progressive Education program, where many of the children attend school.

The QMRPs for both the children's and adult homes are the liaison between the home and the day program provider. Observations are done frequently and the day program providers are invited to the Annual Review meetings.

Social Services

The Social Services Coordinator wears many hats for the agency. You will have already worked very closely with her as she was your main contact during the admission process. The Social Services Coordinator will contact you to invite you to various meetings and events held at WNCGHAP.

For the children residing at WNCGHAP the Social Services Coordinator also assists families in establishing guardianship when they turn 18. This process, while not complicated, can be a bit daunting. The Social Services Coordinator will assist you in navigating the process smoothly and will go with you to the various appointments that are necessary.

The Social Services Coordinator also assists in insuring that all financial matters are settled to the satisfaction of the family. This can include visiting the Social Security office to set up WNCGHAP as the Representative Payee, as well as looking into other sources of financial assistance. She facilitates completing and filing all necessary paperwork. Once funding and public assistance have been established for your loved one, all financial matters are turned over to the Finance Manager.

One of the most important duties of the Social Services Coordinator is to ensure the rights of your loved one are protected. This is accomplished by careful review of notes written, observations, attendance at all meetings, participation in the Human Rights Committee and in doing internal investigations as they are needed. The Social Services Coordinator is also responsible for training all staff on the rights of our residents.

In short, the Social Services Coordinator is the person in charge of making sure the lines of communication remain open between you and the Group Home. No question or concern is too small. The Social Services Coordinator, along with the QMRP, make certain that situations are resolved quickly and efficiently.

Admission, Transfer and Discharge

You have already been through the admission process. The contract and social history you filled out and signed will remain in the permanent record for your loved one. Further details on the admission process can be found in the appendix located at the back of this handbook.

There are times when it is necessary to transfer a resident from one WNCGHAP group home to another. This can occur when a resident makes a great deal of progress in one home and the team feels that they may be more suitable for another home, or in the event of a discharge at one home and a possible applicant for yet a different home. Transfers are carefully considered and are always done with your input. Transfers are treated in a similar manner to admissions and your loved one will have numerous opportunities to visit the new group home before the transfer takes place.

There are also times when residents are discharged from WNCGHAP. Discharges can occur for various reasons. As with everything that happens at WNCGHAP, team process is used with discharges as well. Meetings are held to discuss the reasons for discharge, and a plan is developed to help the transition to the next placement go smoothly. WNCGHAP works closely with the agency that the resident is being transferred to, providing any information requested by the new agency.

There are also times when WNCGHAP recommends that a resident be discharged. This decision is never taken lightly. Prior to this recommendation every effort is made to work on behavioral, medical and programmatic issues. Your input in resolving these issues will be sought and appreciated. If these issues cannot be resolved and the recommendation is made for discharge, you will be notified in person at a meeting and given step by step information on how the discharge process will occur. Our contract with you stipulates that a 30 day notice be given if discharge is recommended. We at WNCGHAP feel that is best practice to give as much notification as possible, often giving significantly more than 30 days. Again, team process will be used to facilitate the discharge.

The “On Call” System

WNCGHAP provides care for your loved one 24 hours per day, 7 days per week and 365 days per year. At the ICF/MR level homes there is always someone awake and

working to care for the residents. Despite this, there are times that additional support is needed. WNCGHAP uses an "on call" system that is staffed by members of the administrative team and other WNCGHAP staff.

In the event of an emergency the on call staff member responds as necessary, often responding in person to provide support. Staff members who have on call responsibilities take this very seriously and respond quickly to emergency situations.

Another level of on-call support is used in the event of an injury of unknown origin or suspected abuse or neglect. This "hotline" is covered by the Executive Director, Assistant Director and Social Services Coordinator. These incidents are investigated thoroughly and completely. Additionally, WNCGHAP has procedures in place to protect the rights and safety of your loved one.

Consents and Release of Information Forms

Upon admission we ask you to sign various consent and release of information forms. Consent forms are used so that we may administer medications for behavior control and utilize various restrictive techniques and procedures. The consent forms and your rights in regards to these forms have been discussed in other areas of this handbook.

Release of information forms are used so that we may share information about your loved one with other outside agencies and parties. No information about your loved one may be shared without your written consent. Each time we need to share information with a new agency or person, a written release form must be obtained.

Confidentiality

The information you have provided about your loved one is privileged and confidential. Only select individuals have access to the permanent record that is created and maintained for each resident. These permanent records are kept in a locked room and are generally not removed from Group Home property. These records are legal documents and can be placed under subpoena. As the parent/guardian you have access to this permanent record, but we do ask that a representative from WNCGHAP be with you as you review the written material to answer any questions that may arise.

Confidentiality in regards to verbal communication is also maintained. Information is not to be shared via conversation with anyone not included in your list of consents. Information may not be shared about your loved one with former staff of WNCGHAP. Care is taken to insure that conversations about your loved one are held in private locations and that respect and dignity are maintained.

We ask that you also maintain confidentiality for your loved one as well as the other residents of the group home. Although you will come to know the residents in a particular home, know that we will not share any information about those residents with you. We will not mention the names of any other residents in meetings held for your loved one and we ask that you do the same.

WNCGHAP complies with all Federal HIPAA laws and regulations.

How We Handle Medical Issues

WNCGHAP takes the health and well being of your loved one very seriously. We strive to seek and provide the best possible health care for our residents at all times. We use a variety of health care providers in and around the Asheville and Hendersonville area. You may always select your own health care provider if you have one that you prefer.

General Health Care

WNCGHAP currently contracts for medical services through Life Enhancement Medical Services (704-880-8665). The Medical Director for the agency is Dr. Richard Pavelock who specializes in working with patients on the autism spectrum. In addition to seeing residents at the WNCGHAP office, Dr. Pavelock attends a medical review meeting for each of the five WNC Group Homes on a quarterly basis.

Emergency Services

In the event that a resident requires emergency medical care, the Mission Hospital System is used. If emergency care is necessary, 911 will be called and residents are transported to the hospital via ambulance. A group home representative will always go along, but may not be able to ride in the ambulance with the resident due to rules and regulations with the EMS providers. Group Home representatives

bring along personal information, information about medicines and a copy of the Medicaid card. You will be notified as soon as possible after an emergency. You have already signed a consent form to admit and treat in case of emergency, so there will be no delay in caring for your loved one.

Urgent Care

There are times when your loved one may not be feeling well and a regular appointment with the general practitioner cannot be obtained. There may also be times when medical care is needed on a semi-emergency basis. For these cases WNCGHAP utilizes the services of the Sisters of Mercy Urgent Care. The staff at these facilities, located in the Asheville area, are very familiar with our residents and staff. As with ER visits, group home staff bring along all necessary information ensuring quick and efficient treatment.

Nursing Services

WNCGHAP is pleased to have the services of both a registered nurse (RN) and a licensed practical nurse (LPN) on staff. The nursing office is located in the basement of the Kenmore Group home and the nurses can be reached at 828 277 0205. Both nurses work closely with the Medical Director to provide appropriate medical care. In addition the RN teaches a class in the proper way to administer medications. This 6 hour class is required of all staff. The LPN administers both the written test and the practical exam, which is given after the staff member has practiced passing medications under the supervision of the House Manager.

Both nurses visit each of the group homes 2-3 times each week. They follow up on bumps, bruises and sick residents as well as review written notes and entries on the medication administration forms.

Medications

Medications are prescribed by the physician and dispensed by the pharmacy. Currently WNCGHAP contracts for pharmacy services with Cane Creek Pharmacy located in Fletcher NC. They provide all prescribed medications, both oral and topical, and necessary paperwork related to medication administration for each resident. No medication may be administered without a written order, and this includes over the counter medications.

Prescription medications are billed directly to Medicaid and/or Medicare and over the counter medications are paid for by WNCGHAP. Residents of the Gwen Rash Memorial Group Home assume the cost of their over-the-counter medications.

Medications are provided to you when you take your loved one home for a therapeutic leave visit. Whenever possible we ask that you give at least three days notice to allow the pharmacy to package medications specifically for your visit.

Medical Exams

All residents have a physical examination within 30 days of admission to WNCGHAP. In addition each resident is required to have recurring medical exams as determined by a physician which may include, but are not limited to, eye examinations, hearing screenings, gynecological exams, and dental exams and blood work. All medical examinations are billed to Medicaid and/or Medicare directly by the provider.

Dental exams and cleanings are provided regularly depending upon the individual's need. Generally, two cleanings per year are needed which are covered by Medicaid.

Blood Work, Immunizations, and Needle Sticks

Lab work may be ordered by the physician depending on the needs of the resident. Due to some of the medications that your loved one may be taking, more frequent lab work may be necessary. Lab work is done at the Mission Express Lab, but may be done at a physician's office. Lab work is never done in the group homes.

You must provide a current immunization record upon admission to WNCGHAP. All immunizations are kept current as ordered by the physician. In addition WNCGHAP strongly recommends that an annual Influenza vaccine be given. The Hepatitis-B vaccine is recommended for all adult residents and required for all children attending school. A TB skin test is required and given to all residents and WNCGHAP staff annually.

In the event of an undesired exposure to blood or other bodily fluid, your loved one will be tested for both HIV and Hepatitis. This will be done at least once and then again at the recommendation of the physician. Other people involved, including staff, will also be tested. These tests are done to protect everyone involved in any

unexpected exposure to bloodborne pathogens. WNCGHAP conforms to all OSHA standards and uses universal precautions at all times.

Many of our residents are fearful of needle sticks. A "blood draw desensitization" program has been created and used with great success. You may wish to accompany your loved one to any appointment where a needle stick may be involved. While this is your choice, it is not required by the agency.

Notifications

It is the desire of all of us at WNCGHAP to keep you as informed as possible of the health status of your loved one. With that in mind it is helpful for us to know when and how you wish to be contacted. Please keep the nurses, House Manager QMRP, and Social Services Coordinator informed of any change to telephone numbers and e-mail addresses. WNCGHAP staff will contact you as often as you wish for any issues that you choose. An information sheet listing these issues will be kept in a location for easy use by the staff.

_____ 's Medical Provider List

Primary Care Physician: _____

Dentist: _____

Eye
Doctor: _____

Neurologist: _____

Psychiatrist: _____

Dermatologist: _____

Podiatrist: _____

Gynecologist: _____

Ear, Nose, and Throat: _____

Other: _____

How We Handle Behavioral Issues

WNCGHAP utilizes a structured behavioral approach when working with our residents. All residents use schedules that have been specifically developed for them. Positive behavioral supports and reinforcement are a way of life and used in all aspects of programming.

A majority of our residents exhibit some form of behavior that we consider inappropriate. This behavior can be somewhat mild in the form of temper tantrums or throwing objects or more severe in the form of aggression, self injurious behavior (SIB), and property destruction. The members of the interdisciplinary team at WNCGHAP have years of experience in dealing with all forms of inappropriate behavior. Many techniques for dealing with inappropriate behavior are used to correct such behavior. These will be discussed in the following sections.

The ways in which we approach correcting inappropriate behavior are closely monitored and reviewed by our licensing agencies. All procedures must be approved by you as well as by the Human Rights Committee, and copies of written consent forms are kept with the program in the permanent record.

Behavior Programs/Plans

Behavior programs are generally written by the Psychological Associate with assistance from all members of the Inter Disciplinary Team (IDT). When writing a behavior program the Psychological Associate looks at all the behavioral notes written and examines what types of inappropriate behavior are being exhibited. Generally a baseline is established. The Psychological Associate interviews the staff working with the resident as well conducts a personal observation to get a better picture of what the inappropriate behavior looks and feels like. From there several "target behaviors" are identified. These target behaviors are prioritized for inclusion in the plan. The IDT then determines how the behavior might be corrected and what reinforcer to use to encourage appropriate behavior. These reinforcers are chosen specifically for the resident for whom the program is being written. Reinforcer objects or experiences are often rotated or changed so they remain fresh and motivating for the resident.

The use of restrictive techniques is also included as behavior plans are developed. The least restrictive techniques are always included before any of the more restrictive techniques are considered. Occasionally plans are developed which do not include restrictive techniques. These require your consent and approval as well.

Behavior plans are only implemented with your written consent. You may revoke your consent to a behavior program at any time by calling the QMRP or Psychological Associate. It would be helpful to everyone if you could give us some advance notice of your intent to revoke consent. This gives the IDT time to evaluate and put procedures in place to insure a smooth transition.

Restrictive Techniques

Restrictive techniques are used when all other techniques have been attempted. These techniques come on a varying scale from least restrictive (gently touching to guide a hand away when attempting to hit) to most restrictive (a personal prone restraint). These techniques are taught to all staff in a required class in NCI (North Carolina Interventions). In this class staff are taught exactly how to perform these techniques and practice on each other so they know how the techniques feel. These procedures, and only these procedures, are used whenever staff need to "lay hands" on a resident. The majority of the training done in the NCI class focuses on avoiding physical procedures as much as possible. The use of these techniques and procedures is closely monitored by DHSR as well as by the Human Rights Committee established by the agency. If you wish to have a full description of any of these techniques or procedures, ask the QMRP for the home in which your loved one resides.

It is understood by staff that they may only utilize restrictive techniques which have been written into the individual behavior plan for any particular resident. However, there are rare times when a technique that is not written into a plan must be used to keep a resident safe. When this happens it is called an "Emergency Intervention." When an emergency intervention is used several people are notified. The QMRP and Assistant Director are notified as they have 48 hours to process several reports. You are also notified as the guardian. If three emergency interventions occur in one month, a behavior program must be written to address the issues.

As mentioned previously, WNCGHAP staff are only permitted to use restrictive techniques taught in class. Staff may not use techniques that you may have used at home. Along with that you may get reports of your loved one exhibiting behaviors that you never saw at home. This is typical. You may also hear reports that behavior you often saw at home suddenly declines or disappears. This is also typical and in no way reflects on your love and caregiving. As you are probably aware, a new environment can stimulate different behaviors.

Time Out and “Calming Area” Procedures

All of the WNCGHAP group homes have a “calming area.” This is typically a small room with nothing on the walls. There is generally a mat on the floor in the room. This room is used when a resident needs a quiet space with little to distract him/her. There is often a door on the room, however there are STRICT rules in place for how and when the door is closed. The door may never be closed unless it is written into the program for a particular resident. Closing the door may NEVER be used as an emergency procedure under any circumstances, and this rule is strictly enforced by all administrative staff at WNCGHAP.

Closing the door effectively turns the calming area into a “time out” situation. Time out is used when the IDT feels it would be safest for the resident. Some residents calm much more quickly when all stimuli are removed. Some people calm quicker when they are not held. There is always a window in the door and it is mandated that staff maintain an “eyes on” presence when someone is in the room with the door closed. This means that they may not take their eyes off the resident in the room. There are strict rules governing the length of time someone may spend in a “time out” situation as well. “Time out” is never used for residents who exhibit self injurious behaviors. Also, if a resident who is in “time out” should happen to injure him/herself in any way, the door is opened immediately.

Personal Prone Restraints

A “personal prone restraint” is when a resident is held on a mat with his/her arms crossed in front of them. The hold is done face down. This hold is carefully considered for each resident before it is written into his/her behavior plan. As mentioned previously, staff do practice this hold on one another and know exactly how it feels for the residents. Staff are instructed to gradually release the hold as the resident calms. This hold is used to keep residents safe when they are

exhibiting dangerous behavior. It is not taken lightly or used if not absolutely necessary.

Other Restrictive Techniques and Practices

There are some restrictive techniques and practices which are rarely used, but necessary to be informed about. As with all restrictive techniques, your consent and approval for the use of these techniques is vital. These techniques are tailored for the specific use by individual residents and are generally not used by all residents. One specific example of this is the "Response Cost" system. This involves having a resident pay for damages to property, be it that of another resident or the agency. For example, a resident tears an item of clothing belonging to another resident. If the resident doing the tearing is capable of understanding, he/she may be asked to purchase an item of clothing to replace the one torn. This is written into the behavior plan and must be approved by the parent/guardian.

Medications for Behavior Control

Many of our residents take some form of medication for behavioral control. These medications are generally prescribed by the consulting psychiatrist. Your loved one will be introduced to the psychiatrist who will then consult with the agency for ongoing treatment and care. You will be asked to attend and participate in the introductory meeting as well. You know your loved one better than we ever will, and your input is crucial. These medications are never prescribed unless it is felt by all members of the team, including you, that they are necessary for the health, safety and well being of your loved one.

These medications and their effectiveness are monitored closely by the physician, psychological associate, psychiatrist, and other members of the interdisciplinary team. This review happens on a quarterly basis, but may occur more frequently if the need arises. Use of these medications are also reviewed by the Human Rights Committee quarterly. If a resident's behavior improves and remains stable, decreasing these medications is always considered. Conversely, if a resident's behavior and stability deteriorates, increases of these medications may be considered. It should be noted that changes in doses of medication that a resident already takes do not require additional consent. However, we here at WNCGHAP feel it to be a best practice to always inform you when a change in dosage is going to occur. Likewise we feel it is best practice to provide you with written information about medications that are proposed for your loved one. You will be

given an information sheet on the medications prior to them being prescribed. This will assist you in giving your informed consent to these medications.

It is an ICF/MR regulation that residents take the lowest doses possible of all medications. It is also a regulation and WNCGHAP best practice that all other behavioral interventions be attempted before medication is recommended.

Medications for behavior control go through the same strict approval process that behavior programs go through. Your written consent is necessary prior to administering any medication. You will also be asked to renew your written consent on an annual basis. As always you have the option to refuse or revoke consent at any time by calling the QMRP or Psychological Associate at any time.

The Human Rights Committee

The Human Rights Committee is a committee comprised of volunteers who have no direct connection to WCGHAP, but who typically work or have worked in the Human Services field. This committee meets once each month to review and approve behavior plans as well as to review all emergency interventions that have occurred. In addition the committee carefully reviews use of all medications for behavioral control. This committee makes recommendations to WNCGHAP on how best to preserve and maintain the rights of our residents.

Your Involvement in Behavioral Issues

Know that you are always welcome to share ideas and give input. You know your loved one and what motivates him/her. You also know the things and situations that your loved one does not like. You are one of the most important members of the team. Know also that you may ask questions at any time for any reason. The QMRP for the house that your loved one resides in is your main contact person, and he/she will provide you telephone a number and e-mail address for direct contact. As mentioned previously you may revoke your consent for a medication or behavior program at any time by calling the QMRP or Psychological Associate.

How We Maintain the Rights of our Residents

Persons with disabilities have the same rights as people without disabilities. The administration and staff at WNCGHAP are mandated to protect the rights of all residents living in one of our group homes.

Our residents have the right to:

- Be treated with dignity
- Receive medical treatment
- Have protection from abuse, neglect and exploitation
- Exercise their civil rights.
- Participate in religious worship and have cultural traditions maintained
- Send and receive mail and phone calls.
- Consult with a client advocate
- Consult with private counsel

Abuse, Neglect and Exploitation

In the event that abuse, neglect or exploitation is suspected the resident is immediately separated from the perpetrator. The alleged perpetrator is then relieved of duties pending further investigation. The on call administrator is notified as is the holder of the investigation hot line phone mentioned previously in this handbook. Statements are taken from all staff who may have witnessed or been involved in the incident. In cases where the resident is able to report, they are also interviewed. In addition there are other levels of reporting that occur, including several at the state level.

All staff are given training in abuse, neglect and exploitation. Topics discussed include definitions of each, how to report, why it is necessary to report and things to look for. Another topic stressed is the timeframe necessary for reporting. It is also emphasized to staff that failure to report any suspected abuse, neglect or exploitation is considered neglect itself and can result in termination of employment.

Grievances, Complaints and Advocacy

We totally understand that you may have complaints from time to time. We are invested not only in the happiness and well being of your loved one, but yours as well. If you have a complaint we ask that that you bring it to our attention so that we may resolve it quickly. You may wish to begin with the QMRP or Executive Director. If you are still not satisfied you may wish to contact a representative on the Board of Directors. If this does not resolve the issue, there are several other

options available to you. A formal complaint may be made without fear of retaliation or reprisal toward yourself or your loved one.

The Governor's Advocacy Council

The Governor's Advocacy Council was created to protect the rights of people with disabilities. It does not work to protect the agency, but rather the rights of your loved one. Calls to the Governor's Advocacy Council are taken very seriously. When you call you will talk with an intake specialist who will then refer your case to someone who specializes in the issue you are having. To reach the Governor's Council on Advocacy call **1-800-821-6922**

Division of Health Services Regulation

WNCGHAP is visited annually by representatives of the Division of Health Services Regulation (DHSR). They look at all aspects of life at WNCGHAP and determine where we are meeting the standards and where we are not.

The representatives of DHSR also function to address complaints received in their office by concerned parties. You may, at any time, call DHSR to report a complaint. They will then visit the group home and investigate thoroughly. Following the investigation you will receive a letter stating any findings. You may make this call anonymously and your confidentiality will be maintained. You can reach a representative of DHSR by calling **1-800-624-3004**.

Practical Things to Know about Life at WNC Group Homes

This next section of the handbook outlines the day to day operations of WNCGHAP. Here you will find answers to many of the frequently asked questions about group home life. Know that we here at WNCGHAP strive to make the group home as "homey" as we can and that we do recognize that this IS your loved one's new home.

In this section of the handbook you will see the term "advocate." This is a staff member, who works directly with your loved one, and takes on the role of looking out for their health and well being. In a way they become a special "buddy" for

your loved one. They are responsible for many things including, but not limited to, all the items mentioned in the following sections.

Basic Care

During the first 30 days that your loved one lives at WNCGHAP staff are assessing their ability to do things independently. All areas are looked at including bathing, dressing, toileting, toothbrushing/flossing, dining, etc. If they are not independent in any area, such as washing their hair, staff will see that it is done satisfactorily, and a training program may be developed. New skills are prioritized so that the resident is not trying to learn everything at once. During the training of skills, staff provide the resident the opportunity to work on the new skill they also watch for the task to be done correctly for cleanliness and proper hygiene. Once a resident has reached their optimum level of independence in any skill area, staff continue close monitoring to ensure that a proper job is being done.

Hair Cuts

It is required that hair cuts be done by a licensed professional. The staff member advocating for your loved one will most likely be the person taking them for their hair cuts. If you wish to assume this responsibility that is also acceptable. In the ICF/MR level group homes, the agency pays for the basic haircut. Any special treatments, products or services are paid for out of the residents' funds. In the DDA level home the residents pay for their own hair care. If there is a particular way that you would like your loved one's hair cut or styled, please let the House Manager or advocate know so they may give that information to the stylist.

Clothing

Advocates are responsible for seeing to it that the resident they work with has enough clothing in the correct size and in good repair. Clothing is purchased using funds from the residents' personal account. You may also purchase clothing for your loved one if you desire. Clothing inventories are done twice each year and clothing is seasonally switched at that time. In the event that an item becomes damaged or ill fitting, you will be informed and asked how you would like it disposed of.

We mark all residents' clothes using a permanent marker on the tag or another spot that is not visible. This prevents the sharing of clothing between residents.

It is the responsibility of the advocate to insure that proper care is taken and that all clothes are kept in the proper rooms.

It is recommended that all clothing be easy care. This includes purchasing pre-shrunk clothing if at all possible. All of the residents are learning or will be learning to wash their own clothes. Most of them cannot read the care labels in the clothing to determine how things should be laundered. The group homes wash clothing in cold water unless medically necessary to do otherwise. If clothing needs to be dry cleaned, you will need to arrange for that. The advocate and resident may take it to the dry cleaner, and the expense is paid for by the resident.

If a resident opposes doing his/her own laundry they may opt to take it to a laundromat to have it professionally laundered. Funds for this also come from the resident's personal account. As a general rule staff do not do laundry for the residents.

Household linens including towels, sheets, tablecloths and napkins are always washed separately from clothing. In addition sheets are washed separately from other linens. Each resident washes his/her own clothing separately from that of other residents. Each resident has at least one and sometimes two days each week to do their laundry. It is asked that you initially provide enough clothing for your loved one to last between scheduled laundry times.

Money and Financial Matters

Upon admission a checking account will be established for your loved one. Residents in the ICF/MR level homes receive \$30 each month from Social Security or Supplemental Security Income. Residents in the DDA level home receive \$66 per month from either of these two government programs. The Finance Manager is responsible for keeping track of the accounts and disbursing funds as necessary. It is recommended that you supplement this account as you are able to. In the ICF/MR level homes soap, shampoo, toothpaste and other toiletries are provided. If you wish to use particular items or brands for your loved one, these are paid for using the residents' own funds. Residents also use their own money for personal items (special toiletries, toys, DVD players, games, etc.), clothing, shoes, for gifts on their birthday and Christmas and attendance at summer camp. Telephone calls (within reason), school field trips and all over the counter medications are also paid for by the agency. In addition any special reinforcer items or outings

recommended by the interdisciplinary team as necessary for the success of a program are also paid for by the agency. The residents of the DDA level home pay for the majority of the items, services and experiences listed above out of their own funds.

Outings are paid for by the agency if everyone is required to attend. It should be noted however, that this is a very rare occurrence. During the summer the school age children participate in WNCGHAP's "Summer Program." All costs incurred with this program are assumed by the agency. Special one on one outings, called "advocate outings" are paid for using the residents funds. These outings generally involve an activity of interest to the resident and typically include a meal. Advocate outings usually occur monthly. The agency assumes partial cost of the staff member attending an advocate outing.

Medicaid, SSI, SA, and SS all contribute to the cost of care at the group home. It is your responsibility to assist the Social Services Coordinator in maintaining benefits for your loved one. If benefits are cut, lost or change in any way, it is your responsibility to inform WNCGHAP as soon as possible. Should you have any questions regarding finances you may contact the QMRP or the Finance Manager (274-8368). You may request a statement of spending or the checking account statement from the Finance Manager at any time.

Visits and Therapeutic Leave

Please visit, and visit as often as you can!!

Overnight visit limits are established by Medicaid. Each resident in the ICF/MR level homes is allowed 60 overnight visits per calendar year. There is no limit at the DDA level home, but it is good practice to keep visits within reason so that active treatment and training may occur. If a resident is selected for summer camp, the nights that they will be away from the group home will be deducted from the 60 night total. If a resident is hospitalized for any reason, these nights do not get deducted from the 60 night amount. If a resident has more than 60 nights away from the group home in any calendar year, Medicaid will not pay the cost of care for those nights and it becomes your responsibility. The current daily rate is in excess of \$275. The Finance Manager, who is responsible for billing Medicaid, keeps close watch on the number of nights used. You may contact her at 274-8368 if you have questions about the number of nights remaining in the year. The Social

Services Coordinator may also contact you if you are getting close to the limit on therapeutic leave days.

You are allowed an unlimited number of day visits. Residents may be brought back to the group home any time before midnight, but we recommend that they be returned early in the evening so as to get back into their evening routine before their established bed time.

We at WNCGHAP ask that you call in advance of a visit. We do have an open door policy, but our residents are often out and about in the community. This is especially true during nicer weather and weekends all year around. If you are taking your loved one home for an overnight visit, we ask that you call at least 3 days in advance. This allows staff time to pack a bag and get medicines ready for you to take home with you.

If you wish to visit with your loved one at the group home you may certainly do so. We do ask that you be mindful of the other residents living there, and respect their privacy. We also ask that you limit the number of people that come along for the visit. Many of our residents are sensitive to having unfamiliar people in their home and we ask that you respect this when you visit. We also ask that you not visit in the group home after 9 p.m. Many of our residents are ready for quiet time by that time of the day and we ask that their privacy be maintained.

Telephone, Cable TV, Internet, and Mail

Our residents love receiving mail. Letters, cards and packages are eagerly awaited by all. All mail is opened by the resident, with assistance if necessary. Privacy is maintained with all written correspondence.

Our residents love making and receiving phone calls. We do ask that phone calls be somewhat short as there is generally only one line into each house. There are no private lines in any of the bedrooms.

Cable TV is provided by the agency in the common areas of the house, typically the living or leisure rooms. If an resident wishes to have cable TV installed in his/her bedroom the cost is assumed by the resident and their family. Television sets in public areas of the house are provided by the agency, but personal TV's are not provided. You may purchase a television set for your loved one's bedroom if you

wish to do so. TV's in individual bedrooms can be mounted on brackets and the brackets will be provided by the agency.

Currently there is no internet service in any of the resident bedrooms. Should you wish to have internet installed for your loved one, you may do so at your expense. This is similar to the procedure for cable TV.

Bedrooms

All residents at WNCGHAP have private bedrooms. WNCGHAP provides furnishings including a single bed, dresser, night stand and bookcase. Other furniture may be acquired if required for the resident. You are allowed to bring the resident's personal furniture if the agency currently has space to store the unused furniture. Mattresses and box springs are provided and replaced as necessary. Should you wish/require a special mattress for your loved one you may provide it at your cost.

WNCGHAP encourages personalization to meet the interests and desires of each resident. The agency will paint each resident's room a neutral or pastel color of your choice. We ask that no bright or dark colors be chosen. Bedrooms may be personalized and items hung on the walls. This includes the bedroom doors. Curtain rods will be provided by the agency as will any hangers or fasteners. Any items placed in bedrooms must be durable and replaceable.

In the event that an item in any bedroom is damaged by another resident it will be replaced by the agency. In the event that an item is damaged by the resident him/herself it will be replaced by the resident.

WNCGHAP furnishes bed linens and towels. You may wish to purchase special sheets, comforters and other bed linens. This is welcome, but not necessary. If you do purchase bedding for your loved one it will be treated like their clothing and washed separately from the regular house linens.

Meals, Snacks and Nutrition

WNCGHAP consults with a registered dietician who works with each of the group homes. It is a requirement of the ICF/MR licensure that meals are planned by a licensed dietician. She assesses each resident's needs, likes and dislikes on an annual basis and develops menus for each home. She works closely with staff to

find out what in particular each resident likes and which meals are not favorites. The dietician is a member of the interdisciplinary team and attends all meetings and reviews. She monitors weight, height and lab information to ensure proper nutritional status and address any dietary concerns in a timely manner.

Each group home supplies three balanced meals a day as well as a minimum of two snacks. Each resident has their own diet order as well as a listing of any dietary restrictions, needs, likes and dislikes. These are all considered in the meal planning, shopping and preparation. Portion control and good food choices are stressed instead of diets. All residents are encouraged to assist in the preparation of meals and kitchen skills are worked on daily.

Meals are served family style. Each resident is assisted in serving him/herself an appropriate portion of the meal being served. Staff are encouraged to sit at the table with the residents during mealtimes and are not permitted to bring food to the group home to eat while the residents are eating different food. Likewise staff may not eat their personal food in front of the residents.

Menus are followed and special meals are generally not prepared. If a resident requires a deviation from the menu for religious or health related reasons, this is accommodated. If a resident does not eat any given meal, a "substantial snack" will be offered later in the evening. This generally consists of a sandwich and a side item as well as a beverage.

Snacks at the group home consist mainly of fruits and vegetables. Occasionally a "special" snack may be offered. Likewise, desserts are generally sugar free. Again the occasional sugary or salty snack or dessert may be offered, but this is rare. We do feel that it is a best practice to celebrate all birthdays with cake and ice cream!

Exercise is encouraged as this definitely promotes good health. Exercise programs are often developed to assist in maintaining optimum health. Staff are encouraged to set good examples both at meal times and with exercise.

Pets

WNCGHAP does not allow pets in the group home residence areas. Due to the various preferences of persons residing in a group home, residents are not

permitted to bring pets to the group home upon admission or during the time of their stay in a WNCGHAP group home.

Your Involvement with WNC Group Homes

We are so glad to have your loved one living at WNC Group Homes. We are also glad to have you as part of the team. There are many ways in which you can support your loved one during their time here.

We ask that you keep us informed of changes in telephone numbers and e-mail addresses. This enables us to reach you quickly and efficiently in case of emergency, or to just send you updates on your loved one. We are doing more and more communication via e-mail and it would be helpful if you could provide us with an e-mail address. In addition, we ask that you leave us contact information when you are vacationing. Again, this allows us to be able to reach you should we need to do so.

The WNC Group Homes website (www.wncgrouphomes.org) has a page for parents and guardians. This is a place where you will find general information about goings on at the agency and in the group homes. Please check in often to stay up to date with what is happening at WNCGHAP.

You may be asked to take part in an event. From time to time WNCGHAP plans fund raising and "fun raising" events. The fund raising events are events held to help us raise money for various necessary things. The "fun raising" events are events such as the annual picnic designed to get everyone together for a good time.

You may feel that you cannot help. Know that we appreciate any form of support that you can give, not just financially but with your time and talent. We often need help with mailings, news releases, or just getting the word out when we have an event.

One of the best ways you can support WNCGHAP is by supporting the direct care staff with positive feedback, compliments, and simple thanks when deserved. This is SO appreciated and totally "makes their day." Although the administration thanks them as often as possible for the hard and tireless work they do on behalf of the residents, it means even more coming from parents and guardians.

In conclusion we hope you find this handbook helpful. Feel free to call the QMRP for the house that your loved one resides in to have any further questions or concerns answered.

QMRP Kenmore and Pisgah 828 545 0191

QMRP Montford and Ora St. 828 243 4357

Gwen Rash Memorial Group Home 828 298 8625

Pisgahview Office 828 274 8368

Kenmore Office 828 277 0205

Executive Director Office 828 274 7540

Assistant Director Office 828 274 7171