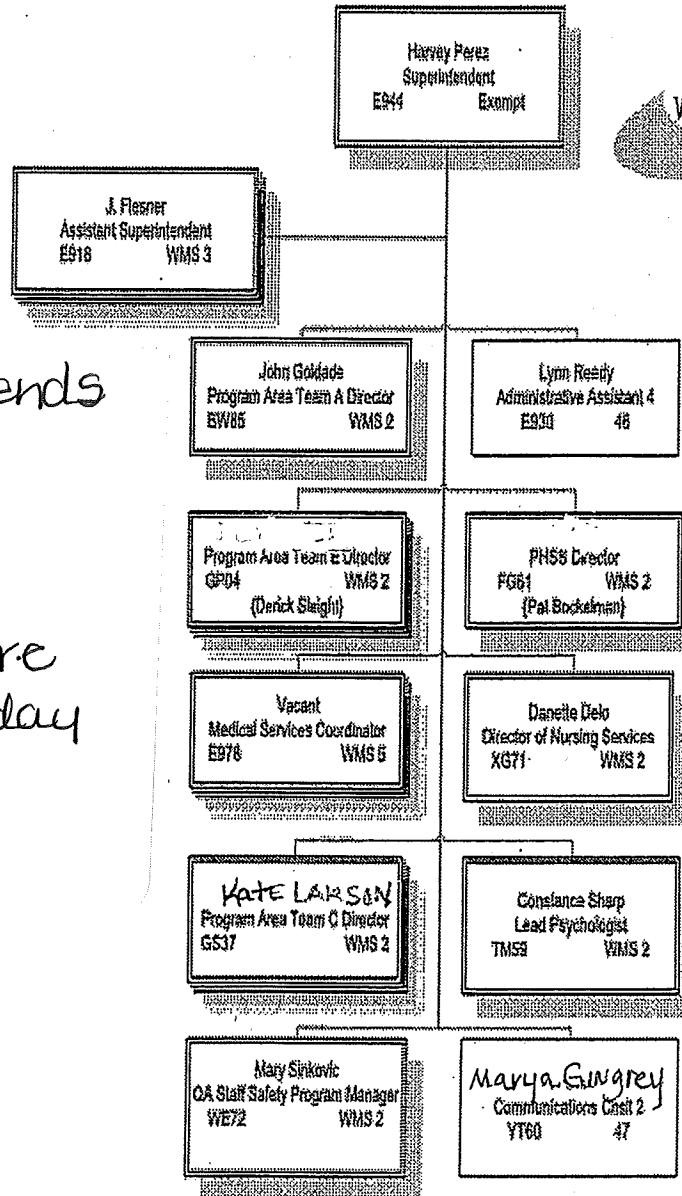


Rainier School

Organizational Chart

Wednesday, November 16, 2016



Info for Friends
of Rainier.

HRC Meetings are
held every Monday
1-4pm.

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: HUMAN RIGHTS COMMITTEE (HRC) POLICY 5.10

Authority: 42 CFR 483.10 *Resident Rights* (Regulations for NF clients)
42 CFR 483.440 *Condition of Participation: Active Treatment
Services* (Regulations for ICF/ID clients)
Chapter 71A RCW *Developmental Disabilities*

Reference: DSHS Administrative Policy 5.01, *Privacy Policy - Safeguarding Confidential
Information*
DSHS Administrative Policy 12.01, *Human Research Review Process*
DSHS Administrative Policy 12.06, *Research Misconduct*

DDA Policy 5.13, *Protection from Abuse: Mandatory Reporting*
DDA Policy 5.14, *Positive Behavior Support*
DDA Policy 5.15, *Use of Restrictive Procedures*

BACKGROUND

People who live at the Residential Habilitation Centers (RHCs) operated by the Developmental Disabilities Administration (DDA) have the same rights as all Washington citizens. Each RHC is required to have an ongoing oversight group to help safeguard the rights of people living there. The RHC Human Rights Committees (HRCs) are designed to fulfill this responsibility. HRC membership and responsibilities shall be consistent with federal regulations and DDA policy.

PURPOSE

This policy specifies the elements and processes which must be integrated into RHC standard operating procedures to protect the rights of the people who live at the RHCs. The RHC operating procedures must meet Nursing Facility (NF) and/or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) regulations that apply to Human Rights Committees.

SCOPE

This policy applies to all RHC Human Rights Committees.

DEFINITIONS

Facility means a DDA Residential Habilitation Center.

POLICY

- A. Each RHC Superintendent shall appoint and maintain an active Human Rights Committee (HRC) to review and recommend approval or disapproval of policies, procedures, care plans, restrictive programs, and other RHC activities with a potential to impact client rights, and in general to monitor issues pertaining to client rights.
1. HRCs are advisory to the Superintendent and do not act as governing bodies for RHC administrative decisions.
 2. The facilities may choose to have a separate HRC or combine HRCs with other facilities.
- B. **HRC Membership Appointments and Recruiting**
1. Membership is time-limited.
 - a. The Superintendent shall appoint members for terms of two (2) or three (3) years. Terms should be staggered to enhance consistency in committee operations.
 - b. HRC members may serve up to a maximum of six (6) years.
 - c. Membership beyond six (6) years must be approved annually by the Regional Administrator.
 - d. Vacancies will be filled for the remainder of the term of the position.
 2. Membership should broadly represent those interested and involved in services and supports for people with intellectual disabilities and their legal rights. For that reason, membership should come from the following groups:
 - a. Clients, parents, legal representatives, or family members of clients;
 - b. Other DSHS or state employees who do not work at the RHC;
 - c. Advocates and/or representatives of the disability community or of individuals with disabilities;

- d. Interested human services professionals; and
 - e. Citizens at large who are not connected with RHC operations.
3. Every effort will be made to balance membership by having the following representation:
 - a. One-third clients and family members;
 - b. One-third community members (such as advocates, persons with disabilities, and other interested individuals) and/or other DSHS staff; and
 - c. One-third interested human services professionals.
 4. RHC employees may be appointed under certain conditions with the approval of the Regional Administrator.
 - a. In situations where recruitment has not resulted in adequate numbers of citizen, professional and family representatives, a limited number of RHC employees may be appointed to HRC committees.
 - b. No more than three (3) RHC employees may be appointed as voting members of the HRC.
 - c. RHC employees may never be the majority of the committee appointments.
 - d. RHC employees must recuse themselves from decision-making if the employee is an interdisciplinary team member for a client undergoing review.
 - e. Other non-voting RHC employees may be assigned responsibilities to organize, coordinate and otherwise support the committee process and work products of the HRC.
 5. The RHC will maintain documentation that demonstrates efforts to recruit membership from each representative group.
 6. Appointments shall be made in writing with a copy to the committee chair.
 7. Committee Chair:
 - a. The HRC members will select the chairperson (or co-chairs if desired).

- b. The chair will serve for a one-year term.
 - c. Chairs may be re-elected on the vote of the other HRC members.
8. Quorum:
- a. A quorum includes at least three (3) members of the HRC.
 - b. The quorum may not be made up of a majority of RHC employees.
 - c. It is preferred that one (1) member of the three (3) identified representative groups is available for the committee to conduct business.
 - d. To meet a quorum, the HRC may choose to conduct business by telephone.
9. Record keeping:
- a. The chairperson shall submit written minutes to the Superintendent on all matters acted upon by the committee within two (2) weeks of the meeting or sooner if there is an urgent issue.
 - b. Committee meeting records will include individual written documentation of the committee's review and decisions for each client's program.
10. Meeting Schedules:
- a. Meetings will have a regular schedule to ensure routine committee work can be accomplished timely.
 - b. Special meetings may be scheduled by the HRC chairperson as needed.
 - c. Meetings may be scheduled by phone or other electronic media as long as appropriate documentation of committee decisions is recorded.
11. Attendance:
- a. Multiple or consecutive absences, without notice, is potential grounds for termination of membership.
 - b. The Superintendent makes the final decision to terminate membership in consultation with the HRC chairperson.

C. HRC Member Responsibilities

1. HRC members have a responsibility to educate themselves and others about client legal rights, advocate for clients' legal rights, and in general represent the best interests of RHC clients.
2. Apply and be accepted as a DSHS volunteer.
3. Successfully pass a criminal history background check prior to HRC appointment and annually thereafter.
4. Participate in an orientation about HRC duties and specific member responsibilities prior to their first HRC meeting.
5. Consult as requested with the RHC Superintendent, other RHC staff, and clients, parents, legal representatives, or other appropriate individuals on issues pertaining to client's rights.
6. Participate in any ongoing or specially scheduled training identified for HRC members by DSHS/DDA related to client rights, human research review activities, and elements of informed consent, positive behavior support, and restrictive procedures.
7. Follow DSHS/DDA expectations about client and employee confidentiality.
 - a. Complete an annual confidentiality statement, which will be kept on file by the RHC.
 - b. Follow all confidentiality rules regarding client information.
 - c. Failure to maintain client confidentiality will be grounds for rescinding committee appointments.
8. Members must disqualify and remove themselves (recuse themselves) from participation in HRC discussions and decisions that could involve a conflict of interest. Such conflict could occur when:
 - a. The HRC member is a parent, family member, relative, friend of the family or client, or legal representative of the individual client undergoing review.
 - b. The HRC member is the representative payee or has financial interest in an individual client's funds or income.

- c. The HRC member employs the individual client.
- d. The HRC member is the therapist, healthcare provider, direct service provider, or treatment team member for an individual client.
- e. The HRC member is a legal or political advocate for the individual client. General advocacy work on behalf of all people with developmental or other disabilities would not be disqualifying.

D. Committee Roles and Responsibilities

Committee roles and responsibilities are advisory to the Superintendent and include the following:

- 1. To review and recommend approval or disapproval of program interventions that may place clients at risk, including:
 - a. All use of psychoactive medication, including:
 - 1) Any medications prescribed to treat mental illness or reduce challenging behaviors;
 - 2) Any use of psychotherapeutic medications prescribed for general functioning reasons, such as a psychoactive drug used to treat headaches.
 - 3) Chemical restraint.
 - 4) Use of psychoactive medications for medical/dental sedation.
 - 5) Prescribed use of general medications for their psychotherapeutic properties, such as prescribing an antihistamine for its sedating effects.
 - b. Any physical intervention, including:
 - 1) Any restrictive physical procedure identified in DDA Policy 5.15, *Use of Restrictive Procedures*, and/or DDA Policy 5.17, *Physical Intervention Techniques*.
 - 2) Any techniques used to interrupt or stop a behavior from occurring or to evade/avoid contact.

- 3) Physically supporting all or part of a person's body in a way that limits the person's free movement.
 - c. Use of protective or restrictive supervision of a client intended to prevent the client from engaging in identified behavior or limiting freedom of movement, such as one-to-one supervision of clients to prevent them from leaving a building, or one-to-one supervision during a meal to prevent clients from eating certain food items.
 - d. Use of any mechanical restraint or physically restraining device. Physical devices that are used for proper body alignment, positioning, seating and other therapeutic movements are not considered mechanical restraints.
 - e. Any environmental actions, practices or modifications that restrict access to places or objects or people, such as locking drawers, doors and cabinets or use of alarms.
 - f. Any exception to policy requests forwarded to Regional Administrators that have a potential for impacting client rights.
 - g. Any restrictive health practices, such as restricted calorie diets for weight control. Medically necessary diets such as those for diabetes, food allergies, or dysphagia are not considered restrictive health practices.
 - h. Any other action that may impact the rights of RHC clients or their family members or legal representatives, such as removing activities or objects as a form of control; removing someone's plate or spoon during a meal as a method to control rate of eating or inappropriate meal behavior; or preventing access to phone, mail or funds without a directly justifiable reason or rights review.
 - i. To ensure informed consent is received prior to the implementation of any program, procedure, and plan or practice that may infringe upon client rights. See DDA Policy 7.03, *Informed Consent*, for more information.
2. To review and advise the RHC Superintendent regarding:
 - a. Facility standard operating procedures, practices, protocols, and/or individual plans that have the potential to impact client rights.
 - b. Complaints or grievances filed by clients, their parents or legal representatives, and authorized representatives regarding rights issues (refer to DDA Policy 5.03, *Client Complaints*).

TITLE:

HUMAN RIGHTS COMMITTEE (HRC)

POLICY 5.10

- c. Client rights issues related to proposed research activities or studies (refer to DSHS Administrative Policy 12.01, *Human Research Review Process*).
- d. Facility procedures that deal with informed consent, service delivery, conditions of treatment and client rights.
- e. Any other issue as requested by the RHC Superintendent.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary or designee.

SUPERSESSION

DDD Policy 5.10

Issued November 15, 2012

Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: March 1, 2016

HUMAN RIGHTS COMMITTEE

PURPOSE:

To provide additional assurance that the rights of individuals who live at Rainier School are fully recognized and protected.

PRACTICE:

Programs developed to address inappropriate behavior must be reviewed and approved by the Human Rights Committee prior to implementation. This review process ensures the protection of basic human and civil rights for all people living at Rainier School.

Any program involving a modification of rights must provide supporting evidence of the need to use restrictive procedures. A clear explanation of the risks and benefits of implementing the plan as opposed to not implementing the plan must also accompany the program. Physical or mechanical restraints are used for protection of the person (or others) from injury, and then only if other, less restrictive measures have been unsuccessful. Psychotropic medication use must be supported by a specific psychiatric diagnosis and an identification of the dysfunctional behaviors being treated. Programs that include rights modifications, physical or mechanical restraints, and psychotropic medications must also include a plan to eliminate the need for such treatment. All programs must have the written consent of the client or the client's guardian prior to implementation.

Programs are reviewed by the Human Rights Committee annually, or whenever a change is made in the program.

Committee meetings are held four or five times every month. The psychologist from the team who developed the client program and a staff person from the client's living unit attend the review to answer questions and provide any necessary background information. Committee members may also visit areas on-grounds to observe programs being implemented and monitor effectiveness.

COMMITTEE COMPOSITION:

Parent/Guardian**

Community Representatives

Rainier School Staff**

** *A vacancy presently exists. If you are the parent/guardian of an individual who is developmentally disabled, living at Rainier School or in the community, and are interested in participating in the Human Rights Committee's important service, please call Lynn Reedy, Human Rights Committee Coordinator, at 360-829-3023.*

CLIENTS' RIGHTS & RESPONSIBILITIES

People who live at Rainier School have the same basic human and civil rights as any other citizen. These individuals have these rights regardless of their ability to exercise them. Some persons have guardians who can legally exercise selected rights on the person's behalf. The federal regulations under which Rainier School is certified require us to ensure that individuals' rights are safeguarded, and that people are provided training and support in learning how to exercise their rights.

1. Right to be informed of clients' rights and responsibilities.
2. Right to exercise rights as client of the facility, and as citizens of the United States, including the right to vote.
3. Right to access to the courts; right to counsel, and the right to obtain private legal representation.
4. Right to voice grievances and to recommend changes in policy and services.
5. Right to participate in the development of the Individual Habilitation Plan identifying needs; and in the design of programs that meet those needs; and to participate in the selection of alternatives to the program(s) he or she rejects.
6. Right to active treatment as specified by concerns addressed in the Individual Habilitation Plan.
7. Right to be transferred or discharged only for good cause.
8. Right to medical treatment.
9. Right to be informed of medical condition, and developmental and behavioral status.
10. Right to be informed of any attendant risks of treatment.
11. Right to refuse treatment; to refuse or to withdraw from research projects.
12. Right to be free from drugs and physical restraints, right to treatment to reduce dependency on drugs and physical restraints.
13. Right to the opportunity for personal privacy; right to privacy during treatment, care of personal needs, and conferences.
14. Right that all information contained in personal records will be kept confidential and discussed in a confidential manner in a private area.
15. Right to be free from any physical, verbal, sexual, or psychological abuse or punishment.
16. Right to adequate housing, food and clothing.
17. Right to retain and use appropriate personal possessions and clothing; right to dress in one's own clothing each day.
18. Right to decline search of person or personal belongings or premises.
19. Right to communicate, associate, and meet privately with individuals of her or her choice.
20. Right to send and receive unopened mail, including mail that may appear to contain legal documents in which case the social worker will accompany the client to the mail room for in-person delivery.
21. Right to access to telephones with privacy for incoming and outgoing calls.

22. Right of opportunity to participate in social, religious, and community group activities.
23. Right for a husband and wife who both reside at the facility to share a room.
24. Right to not be compelled to perform services for the facility right to be compensated at prevailing wages, and commensurate with abilities for any work performed for the facility.
25. Right to manage personal financial affairs and be taught to do so to the extent of his or her capabilities.
26. Right to sexual expression based upon his or her capabilities and legal status.

BEHAVIOR SUPPORT PLANS AND RESTRICTIVE PROGRAMS

Client Name: _____ DSHS# _____ Living Unit: _____

Number	Question	Answer	Comments
W214	1. Is there an analysis of potential causes of behavior occurring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W252	2a. Does data recording match objective for reduction relative to criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W252	2b. Is there evidence that the program as written has been successful in past (if the same/similar program)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
W274	3. Does the BSP comply with facility policies 303,310,311 and 312?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W275	4. Are there consistent positive reinforcement procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W278	5a. Does the risk of behavior clearly outweigh the risk of the restrictive component? (list)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
W278	5b. Does the program consider environmental alterations before instituting more restrictive programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W278	5c. Does the behavior treatment intervention go from least to most restrictive?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
W278	5d. Is there clear documentation of less intrusive / restrictive programs attempted and failed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W285	6a. Does the BSP employ sufficient safeguards and supervision to ensure the safety, welfare, civil and human rights of clients are adequately protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W285	6b. Is there a restraint reduction plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
W288	7. Is usage (restrictive intervention) tied to a carefully approved behavior reduction program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
W289	8a. Are adaptive behaviors to be taught identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W289	8b. Is the BSP integrated with the IHP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Client Name: _____ DSHS# _____ Living Unit: _____

Number	Question	Answer	Comments
W290	9. Is there a long-term pattern of usage of restrictives without discernable gains?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W295	10. Does the severity of the behavior(s) justify the use of restraint?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
W302	11. Is there an upper limit and an early exit criteria (<i>as soon as individual is calm or no longer a threat to self or others</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
W304	12. Are restraints designed and used so as not to cause physical injury to client? (<i>For programs containing special precautions to use due to client physical / medical condition, the PCP has signed off as reviewing and approving.</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
W312	13. Are drugs integrated into the BSP, and if so, do they target specific behavior / symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
W313	14. Is there an identified schedule (plan) for drug review / reduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

NOT APPROVED AS MEETING IMR REGULATIONS

APPROVED AS MEETING IMR REGULATIONS

***CONDITIONALLY APPROVED FOR FURTHER REVIEW WITH FOLLOWING CHANGES:**

IMR COORDINATOR: _____ DATE: _____

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4. Right to voice grievances and to recommend changes in policy and services.
5. Right to participate in the development of the Individual Habilitation Plan identifying needs; and in the design of programs that meet those needs; and to participate in the selection of alternatives to the program(s) he or she rejects.
6. Right to active treatment as specified by concerns addressed in the Individual Habilitation Plan.
7. Right to be transferred or discharged only for good cause.
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25. Right to manage personal financial affairs and be taught to do so to the extent of his or her capabilities.
26. Right to sexual expression based upon his or her capabilities and legal status.

PLEASE COMPLETE, SIGN, DATE, &
RETURN THIS FORM IN THE ENVELOPE PROVIDED

MEDICAL/DENTAL CARE, EVALUATION AND TREATMENT

1. I consent to permit routine medical/dental care as considered necessary in the judgment of the medical staff (including mammograms, pap smears, rectal exams, x-rays and other diagnostic procedures). Yes No
2. I understand the facility will proceed with emergency care as deemed necessary by the attending physician in the event I cannot be reached. I understand that continuing attempts to contact me will be made. I understand that if I cannot be reached, the superintendent will give permission for emergency medical/dental care. Yes No

CLIENT FUNDS

I request that the facility accept responsibility to account for all funds received in trust and dispensed at the facility per WAC 275-38-645 and to provide to me, if I am the appointed guardian of estate or client advocate if there is no guardian, quarterly statements of the account. Yes No

RELEASE OF GUARDIAN INFORMATION

I authorize the release of my name, address and telephone number to the Friends of Rainier Parent Club and other PAT family/advocate groups: Yes No

CLIENT RIGHTS AND RESPONSIBILITIES

I have received a written copy of the Clients' Rights and Responsibilities and understand I can contact the HPA if I have any questions or concerns: Yes No

PHOTOGRAPHS

Photographs, use of first name (only) and art work may be published in Rainier School's newsletter Evergreen Bough or placed on bulletin boards at Rainier School.

Yes, I agree No, I do not agree

I would consider authorized persons to photograph, videotape or record _____ for the purpose of training DSHS staff. (Detailed specific consent would be required)

Yes, I would consider this No, I do not want this

I would consider authorized persons to photograph, videotape or record _____ for the purpose of News Media Release. (Detailed specific consent would be required as well as Superintendent approval before release.)

Yes, I would consider this No, I do not want this

GUARDIAN/FAMILY SIGNATURE: _____ DATE: _____

NAME: DSHS#: LIVING UNIT: BIRTHDATE:	RAINIER SCHOOL LEGAL CONSENT FORM
---	--

RS 16-48a
Rev. 08/2012

Original: Habilitation File
Copy: RIS, ACCTG., HPA, HDQT

PLEASE COMPLETE, SIGN, DATE, &
RETURN THIS FORM IN THE ENVELOPE PROVIDED

Clients' Rights & Responsibilities

CLIENTS' RIGHTS

Clients of Rainier School have the same basic human and civil rights as any citizen. As clients of a facility for the developmentally disabled, which meets certain requirements established by the federal government, clients have additional very specific rights. Although the degree to which any of these rights will be exercised may vary in relation to each client's individual disability and required treatment, the right itself is never lost. In situations where it has been determined that a client is incapable of understanding his/her rights, the client's guardian is to be advised of the following rights:

1. Right to be informed of clients' rights and responsibilities.
2. Right to exercise rights as clients of the facility, and as citizens of the United States, including the right to vote.
3. Right to access to the courts- right to counsel, and the right to obtain private legal representation.
4. Right to voice grievances and to recommend changes in policy and services.
5. Right to participate in the development of the Individual Program Plan identifying needs; and in the design of programs that meet those needs; and to participate in the selection of alternatives to the program(s) he or she rejects.
6. Right to active treatment as specified by concerns addressed in the Individual Habilitation Plan.
7. Right to be transferred or discharged only for good cause.
8. Right to medical treatment.
9. Right to be informed of medical condition, and developmental and behavioral status.
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14. Right that all information contained in personal records will be kept confidential and discussed in a confidential manner in a private area.
15. Right to be free from any physical, verbal, sexual, or psychological abuse or punishment.
16. Right to adequate housing, food and clothing.
17. Right to retain and use appropriate personal possessions and clothing; right to dress in one's own clothing each day.
18. Right to decline search of person or personal belongings or premises.
19. Right to communicate, associate, and meet privately with individuals of his or her choice.
20. Right to send and receive unopened mail.
21. Right to access to telephones with privacy for incoming and outgoing calls.
22. Right of opportunity to participate in social, religious, and community group activities.
23. Right for a husband and wife who both reside at the facility to share a room.
24. Right to not be compelled to perform services for the facility; right to be compensated at prevailing wages, and commensurate with abilities for any work performed for the facility.
25. Right to manage personal financial affairs and be taught to do so to the extent of his or her capabilities.
26. Right to sexual expression based upon his or her capabilities and legal status.

STANDARD OPERATING PROCEDURE THIS FORM IS FOR YOUR INFORMATION AND USE

Subject: *Clients Rights/Grievance Procedures*

GRIEVANCE PROCEDURES

Each client, personally or through a representative (guardian, staff, family member, friend, or interested party), has the right to grieve client conditions, client rights, and client treatment issues. Each client has the right that a grieved issue will be thoroughly processed.

The Habilitation Plan Administrator for each client who feels aggrieved will have the responsibility to process the grievance until resolution through the appropriate channels; and will respond to the client within one working day.

If the client, guardian, or concerned person is dissatisfied with the action taken to resolve the grievance, he/she will be referred to the PAT director who will respond within **three** working days to the grievant.

If the client, guardian, or concerned person continues to be dissatisfied with the action taken to resolve the grievance, he/she will be referred to the superintendent. The superintendent will respond within **five working** days.

Should there be no agreed resolution; the grievant will be referred to the Human Rights Committee (HRC) for appropriate review and resolution. The committee will respond to the grievant within one working day following the next regularly scheduled Human Rights Committee meeting.

If unable to reach resolution of the grievance with the Human Rights Committee action, the grievant may utilize legal counsel to seek judicial review.

Complete records of the grievance will be kept and filed with the superintendent.

RAINIER SCHOOL CONSENT FORM SUPPLEMENTARY INFORMATION

To provide the best possible care for those who live at Rainier School, staff who provide this care are involved continuously in determining what is needed by each individual and in meeting those needs promptly and appropriately. As legal guardian or family member of someone at Rainier School, your consent to certain aspects of this care is required and the consent must be renewed at regular intervals.

The MEDICAL/DENTAL CARE, EVALUATION AND TREATMENT section lists the consents required that can assist us in the provision of care. Further information about each item on the form is as follows:

1. ROUTINE MEDICAL CARE:

As part of the ongoing monitoring of an individual's health, routine medical care includes treatment of minor illnesses (e.g. colds, flu, stomach upset, constipation, mammograms, pap smears, rectal exams, x-rays and other diagnostic procedures) and referral as needed to medical specialists who provide services at Rainier School (specialists in treatment of seizure disorders, ENT, skin disorders, etc.) It also includes any needed adjustment of medication that is taken on a regular basis. You will always be contacted, however, of any unusual medical condition and you will always be contacted for consent to any medical service to be provided away from Rainier School. Routine dental care includes regular checkups, cleaning, scaling and fillings. Extractions will not be performed without your prior consent unless an emergency exists. In the event of an emergency, the emergency care procedure will be followed (as follows below).

Note: If there are certain aspects of routine medical care that you wish to be informed of regularly, discuss this with the PAT primary care physician so that arrangements may be made accordingly.

2. EMERGENCY CARE:

Whenever any emergency treatment is necessary, efforts will be made immediately to contact you and inform you of the emergency and any treatment required. If we are unable to reach you, we will attempt to contact you through those persons you have designated. Emergency medical treatment will not be delayed.

3. CLIENT FUNDS:

WAC 275-38-645 outlines the responsibility Rainier School must assume for "all client moneys instructed to and received by the facility for the client." Responsibilities include maintaining a bookkeeping system adequate for audit and providing at least a quarterly report of all financial transactions in a client's account to the client's guardian. The WAC also specifies that the facility must have a guardian's written request that the facility assume the responsibilities outlined.

4. PERSONAL POSSESSIONS:

Personal possessions, which include clothing items that are no longer usable, furniture or equipment that is broken and no longer repairable may be disposed of or passed on at the discretion of Rainier School. To maintain guardianship records, you will be advised when your wards possessions are disposed of. If you have further instructions in regard to clothing and/or personal possessions, please address them in writing to the HPA and request that your instructions be brought to the attention of all staff involved.

5. CLIENT'S RIGHTS AND RESPONSIBILITIES:

Clients of Rainier School have the same basic human and civil rights as any citizen. As clients of a facility for people with intellectual disabilities which meets certain requirements established by the federal government, clients have additional very specific rights. Although the degree to which any of these rights will be exercised may vary in relation to each client's individual disability and required treatment, the right itself is never lost. In situations where it has been determined that a client is incapable of understanding his/her rights the client's guardian is advised of these rights.