

# STEP, INC

## VULNERABLE ADULT POLICIES

### PART I

#### PURPOSE, REVIEW, DEFINITIONS AND REPORTING

It is recognized that due to the nature of the disabilities of the clients of STEP, Inc., they are susceptible to maltreatment. In order to ensure the safety and well-being of the clients of STEP, Inc. and to comply with the Minnesota Vulnerable Adult Act, the following is a policy statement of STEP, Inc. The policy of this agency shall include reporting of maltreatment of vulnerable adults, program abuse prevention plans, and provisions for an individual abuse prevention plan.

This policy, and the plans included, shall be reviewed yearly and revised if necessary by staff members and/or the Board of Directors, using assessment factors of the program plan and any reports of maltreatment that have occurred in the previous year.

Each client or client's representative shall be made aware of and oriented to this policy at its inception, significant revision or within 72 hours of admittance to the program. The staff (and other mandated reporters involved with the agency) shall be informed of this policy upon its inception and after revisions. New employees will be oriented to the plan within 72 hours of employment. Staff will receive training yearly regarding this policy. This plan shall be posted in the agency's office, and will be made available upon request for review by clients, client representatives and mandated reporters.

#### **I. Definitions**

See Attachment "A" for definitions of Abuse, Accident, Immediately, Financial Exploitation, Maltreatment, Neglect, Therapeutic Conduct and Vulnerable Adult from the Vulnerable Adult Act. Definitions are contained in Minnesota Statutes section 626.5572.

#### **II. Reporting of Maltreatment of Vulnerable Adults:**

##### **A. Mandated Reporters**

The Vulnerable Adult Act mandates that "an employee of or person providing services in a facility" which services vulnerable adults report suspected maltreatment. Any employee of STEP, Inc., any volunteer of STEP, Inc. or any person providing service at STEP, Inc. is required to report suspected maltreatment.

##### **B. Conditions in which a report must be made**

A report must be made by a mandated reporter if:

1. the mandated reporter has reason to believe that a vulnerable adult is being or has been maltreated. Maltreatment includes abuse, neglect and financial exploitation.
2. the mandated reporter has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained by the history of injuries provided by the caretaker(s).

C. Reporting Procedures for maltreatment

Any employee, volunteer and person providing service at STEP, Inc. is required to report suspected maltreatment. Either of the following procedures may be used:

1. Internal Reporting Procedures

a. When a person suspects maltreatment has occurred, within or without the agency, they should orally report to the Program Manager and/or the Executive Director immediately. The oral report should be followed by written report on Attachment "B" as soon as possible. The Program Manager and/or the Executive Director shall forward an oral report to the Minnesota Adult Abuse Reporting Center either by phone or by on-line reporting. Should there be reason to believe that the Executive Director is involved in the maltreatment, the report should be made to the Chairperson of the Board, who will be responsible for forwarding the report to the Minnesota Adult Abuse Reporting Center. Should there be reason to believe that the Program Manager is involved in the maltreatment, the report shall be made to the Executive Director. All information regarding incidents of suspected maltreatment will be communicated to the common entry point, the Minnesota Adult Abuse Reporting Center (MAARC), either by calling or by using the online reporting system for mandated reporters.

- b. The reporter will be notified in writing by the Program Manager or Executive Director within 2 working days of the initial report of the following:
- whether or not the internal report was forwarded to the Minnesota Adult Abuse Reporting Center.
  - that if the reporter is not satisfied with the action taken by the facility, the reporter may report externally
  - that the reporter has statutory protection from retaliation by the facility for any good faith external report
- This notification will be done in a manner that protects the confidentiality of the reporter.

See Attachment "C".

- c. Within twenty-four hours of reporting maltreatment, the Program

Manager or Executive Director must inform the case manager of the suspected maltreated adult that a report has been made, unless there is reason to believe that the case manager is involved in the suspected maltreatment. The case manager must be informed of the nature of the activity or occurrence reported.

- d. Persons who are not mandated reporters (visitors, etc.) are encouraged to report any incidences of suspected maltreatment to the Executive Director following the procedures above, or the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574.

## 2. External Reporting Procedures

A reporter may bypass the internal reporting process, and may report directly to the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574 or by using the online Department of Human Services reporting system at [mn.gov/dhs/reportadultabuse](http://mn.gov/dhs/reportadultabuse).

## 3. Internal Investigations of maltreatment

If STEP representatives has reason to know that an internal or external report of alleged or suspected maltreatment has occurred, the Executive Director shall investigate the report and make a written review of findings. Should the report involve the Executive Director, the Chairperson of the Board of Directors will forward the report to the common entry point, will conduct the investigation and review, and make the written review. The investigation will include evaluation of whether policies and procedures were followed, whether policies and procedures were adequate, whether the reported event is similar to past events with the vulnerable adults or services involved, whether there is a need for additional staff training, and whether there is a need for corrective action to protect the health and safety of Vulnerable Adults. The written review will include a summary of findings, persons involved, persons interviewed, persons and investigating authorities identified, conclusions and the corrective action plan that has been developed, designed and implemented to correct current lapses and prevent future lapses in performance by individuals or the agency. The record shall be dated and signed, and kept in a confidential file by the Executive Director. Internal written reviews will be made accessible to the Commissioner of Human Services upon request, and may consist of a checklist that verifies completion of each of the requirements of the review.

## 4. Reporting Procedures for Client to Client Maltreatment

Client to client abuse that causes serious harm or involves sexual exploitation or sexual abuse will be reported immediately to the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574

or by using the online Department of Human Services reporting system at [mn.gov/dhs/reportadultabuse](http://mn.gov/dhs/reportadultabuse). In addition, all other incidents will be recorded in confidential documentation on individual clients, and in incident reports as appropriate.

### III. Reporting and Recording Errors in Therapeutic Conduct

#### A. When there is no harm to Vulnerable Adult

When a error in the provision of therapeutic conduct does not result in injury or harm requiring the care of a physician, it is not required to be reported as possible maltreatment, and is excluded from the definition of neglect.

#### B. When there is harm to Vulnerable Adult

When an error in the provision of therapeutic conduct does result in injury or harm which reasonably requires the care of a physician, it must be reported as possible maltreatment to the Minnesota Adult Abuse Reporting Center (MAARC) or to the online reporting system for mandated reporters, but the following criteria must be present in order to avoid the error meeting the criteria for neglect.

1. the necessary care is provided in a timely fashion as dictated by the condition of the Vulnerable Adult
2. after receiving care, the health status of the Vulnerable Adult can be reasonably expected, as determined by the attending physician, to be restored to the person's preexisting condition.
3. The error is not part of a pattern of errors by the individual.
4. If in a facility, the error is immediately reported as required by the Vulnerable Adult Act, and recorded internally in the facility.
5. If in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors, and
6. If in a facility, the actions required by numbers (4) and (5) are sufficiently documented for review and evaluation by the facility and any applicable licensing, certification, and ombudsman agency.

### IV. Protections and Consequences for Mandated Reporters

#### A. Protection and Liability for Persons Making Reports

1. Persons who make reports in good faith are immune from any civil liability. They will not be subject to retaliatory action from the agency. Persons who make intentionally false

reports will be liable for actual damages and for punitive damages up to \$ 10,000 and attorney's fees. Disciplinary action will be taken against any STEP staff person who makes intentionally false reports.

2. Intentional failure to report maltreatment is a misdemeanor. A person who negligently fails to report maltreatment is liable for any damages caused by the failure to report.

B. Liabilities and Disciplinary Action for Persons Who Maltreat Vulnerable Adults

1. Any caretaker who intentionally maltreats a vulnerable adult, or who permits conditions to exist which result in maltreatment of a vulnerable adult, is liable to criminal penalties.
2. Disciplinary action will be taken against any employee of STEP who maltreats a vulnerable adult or who permits conditions to exist which result in maltreatment of a vulnerable adult. Retention of an employee who has been convicted of maltreatment of a vulnerable adult may jeopardize the agency's license.

Reviewed and Approved by Board of Directors June 10, 2021  
Attachments: A,B,C

## MINNESOTA STATUTES 2020 626.5572

## 626.5572 DEFINITIONS.

Subdivision 1. Scope. For the purpose of section 626.557, the following terms have the meanings given them, unless otherwise specified.

Subd. 2. Abuse. "Abuse" means:

(a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

(1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;

(2) the use of drugs to injure or facilitate crime as defined in section 609.235;

(3) the solicitation, inducement, and promotion of prostitution as defined in section 609.322; and

(4) criminal sexual conduct in the first through fifth degrees as defined in sections 609.342 to 609.3451. A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

(1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;

(2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;

(3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and

(4) use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.

(c) Any sexual contact or penetration as defined in section 609.341, between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.

(d) The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.

(e) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parenterally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:

(1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or

(2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

(f) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.

(g) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:

(1) a person, including a facility staff person, when a consensual sexual personal relationship existed prior to the caregiving relationship; or

(2) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship.

Subd. 3. Accident. "Accident" means a sudden, unforeseen, and unexpected occurrence or event which:

(1) is not likely to occur and which could not have been prevented by exercise of due care; and

(2) if occurring while a vulnerable adult is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event.

Subd. 4. Caregiver. "Caregiver" means an individual or facility who has responsibility for the care of a vulnerable adult as a result of a family relationship, or who has assumed responsibility for all or a portion of the care of a vulnerable adult voluntarily, by contract, or by agreement.

Subd. 5. Common entry point. "Common entry point" means the entity responsible for receiving reports of alleged or suspected maltreatment of a vulnerable adult under section 626.557.

Subd. 6. Facility. (a) "Facility" means a hospital or other entity required to be licensed under sections 144.50 to 144.58; a nursing home required to be licensed to serve adults under section 144A.02; a facility or service required to be licensed under chapter 245A; an assisted living facility required to be licensed under chapter 144G; a home care provider licensed or required to be licensed under sections 144A.43 to 144A.482; a hospice provider licensed under sections 144A.75 to 144A.755; or a person or organization that offers, provides, or arranges for personal care assistance services under the medical assistance program as authorized undersections 256B.0625, subdivision 19a, 256B.0651 to 256B.0654, 256B.0659, or 256B.85.

(b) For services identified in paragraph (a) that are provided in the vulnerable adult's own home or in another unlicensed location, the term "facility" refers to the provider, person, or organization that offers, provides, or arranges for personal care services, and does not refer to the vulnerable adult's home or other location at which services are rendered.

Subd. 7. False. "False" means a preponderance of the evidence showsthat an act that meets the definition of maltreatment did not occur.

Subd. 8. Final disposition. "Final disposition" is the determination of an investigation by a lead investigative agency that a report of maltreatment under Laws 1995, chapter 229, is substantiated, inconclusive, false, or that no determination will be made. When a lead investigative agency determination has substantiated maltreatment, the final disposition also identifies, if known, which individual or individuals were responsible for the substantiated maltreatment, and

whether a facility was responsible for the substantiated maltreatment.  
Subd. 9. Financial exploitation. "Financial exploitation" means:

(a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person:

(1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or

(2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

(b) In the absence of legal authority a person:

(1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

(2) obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;

(3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or

(4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

(c) Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

Subd. 10. Immediately. "Immediately" means as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.

Subd. 11. Inconclusive. "Inconclusive" means there is less than a preponderance of evidence to show that maltreatment did or did not occur.

Subd. 12. Initial disposition. "Initial disposition" is the lead investigative agency's determination of whether the report will be assigned for further investigation.

Subd. 13. Lead investigative agency. "Lead investigative agency" is the primary administrative agency responsible for investigating reports made under section 626.557.

(a) The Department of Health is the lead investigative agency for facilities or services licensed or required to be licensed as hospitals, home care providers, nursing homes, boarding care homes, hospice providers, residential facilities that are also federally certified as intermediate care facilities that serve people with developmental disabilities, or any other facility or service not listed in this subdivision that is licensed or required to be licensed by the Department of Health for the care of vulnerable adults. "Home care provider" has the meaning provided in section 144A.43, subdivision 4, and applies when care or services are delivered in the vulnerable adult's home, whether a private home or a housing with services establishment registered under chapter 144D, including those that offer assisted living services under chapter 144G.

(b) The Department of Human Services is the lead investigative agency for facilities or services licensed or required to be licensed as adult day care, adult foster care, community residential settings, programs for people with disabilities, family adult day services, mental health programs, mental health clinics, chemical dependency programs, the Minnesota Sex Offender Program, or any other facility or service not



listed in this subdivision that is licensed or required to be licensed by the Department of Human Services.

(c) The county social service agency or its designee is the lead investigative agency for all other reports, including, but not limited to, reports involving vulnerable adults receiving services from a personal care provider organization under section 256B.0659.

Subd. 14. Legal authority. "Legal authority" includes, but is not limited to: (1) a fiduciary obligation recognized elsewhere in law, including pertinent regulations; (2) a contractual obligation; or (3) documented consent by a competent person.

Subd. 15. Maltreatment. "Maltreatment" means abuse as defined in subdivision 2, neglect as defined in subdivision 17, or financial exploitation as defined in subdivision 9.

Subd. 16. Mandated reporter. "Mandated reporter" means a professional or professional's delegate while engaged in: (1) social services; (2) law enforcement; (3) education; (4) the care of vulnerable adults; (5) any of the occupations referred to in section 214.01, subdivision 2; (6) an employee of a rehabilitation facility certified by the commissioner of jobs and training for vocational rehabilitation; (7) an employee or person providing services in a facility as defined in subdivision 6; or (8) a person that performs the duties of the medical examiner or coroner.

Subd. 17. Neglect. "Neglect" means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is: (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and (2) which is not the result of an accident or therapeutic conduct.

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

(c) For purposes of this section, a vulnerable adult is not neglected for the sole reason that: (1) the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or sections 253B.03 or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration parenterally or through intubation; this paragraph does not enlarge or diminish rights otherwise held under law by: (i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or (ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or (2) the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult; (3) the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue

influence, engages in consensual sexual contact with: (i) a person including a facility staff person when a consensual sexual personal relationship existed prior to the caregiving relationship; or (ii) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship; or (4) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult which does not result in injury or harm which reasonably requires medical or mental health care; or (5) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician, and: (i) the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult; (ii) if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition; (iii) the error is not part of a pattern of errors by the individual; (iv) if in a facility, the error is immediately reported as required under section 626.557, and recorded internally in the facility; (v) if in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and (vi) if in a facility, the actions required under items (iv) and (v) are sufficiently documented for review and evaluation by the facility and any applicable licensing, certification, and ombudsman agency. (d) Nothing in this definition requires a caregiver, if regulated, to provide services in excess of those required by the caregiver's license, certification, registration, or other regulation. (e) If the findings of an investigation by a lead investigative agency result in a determination of substantiated maltreatment for the sole reason that the actions required of a facility under paragraph (c), clause (5), item (iv), (v), or (vi), were not taken, then the facility is subject to a correction order. An individual will not be found to have neglected or maltreated the vulnerable adult based solely on the facility's not having taken the actions required under paragraph (c), clause (5), item (iv), (v), or (vi). This must not alter the lead investigative agency's determination of mitigating factors under section 626.557, subdivision 9c, paragraph (c).

Subd. 18. Report. "Report" means a statement concerning all the circumstances surrounding the alleged or suspected maltreatment, as defined in this section, of a vulnerable adult which are known to the reporter at the time the statement is made.

Subd. 19. Substantiated. "Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

Subd. 20. Therapeutic conduct. "Therapeutic conduct" means the provision of program services, health care, or other personal care services done in good faith in the interests of the vulnerable adult by: (1) an individual, facility, or employee or person providing services in a facility under the rights, privileges and responsibilities conferred by state license, certification, or registration; or (2) a caregiver.

Subd. 21. Vulnerable adult. (a) "Vulnerable adult" means any person 18 years of age or older who:

- (1) is a resident or inpatient of a facility;
- (2) receives services required to be licensed under chapter 245A, except that a person receiving outpatient services for treatment of chemical dependency or mental illness, or one who is served in the Minnesota Sex Offender Program on a court-hold order for commitment, or is committed as a sexual psychopathic personality or as a sexually

dangerous person under chapter 253B, is not considered a vulnerable adult unless the person meets the requirements of clause (4);  
(3) receives services from a home care provider required to be licensed under sections 144A.43 to 144A.482; or from a person or organization that offers, provides, or arranges for personal care assistance services under the medical assistance program as authorized under section 256B.0625, subdivision 19a, 256B.0651, 256B.0653, 256B.0654, 256B.0659, or 256B.85; or

(4) regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction: (i) that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and (ii) because of the dysfunction or infirmity and the need for care or services, the individual has an impaired ability to protect the individual's self from maltreatment.

(b) For purposes of this subdivision, "care or services" means care or services for the health, safety, welfare, or maintenance of an individual.

History: 1995 c 229 art 1 s 22; 2000 c 319 s 3; 1Sp2001 c 9 art 14 s 32; 2002 c 252 s 23,24; 2002 c 379 art 1 s 113; 2004 c 146 art 3 s 46; 2006 c 212 art 3 s 41; 2007 c 112 s 57; 2008 c 326 art 2 s 15; 2009 c 79 art 6 s 20,21; art 8 s 75; 2009 c 119 s 17; 2009 c 142 art 2 s 48; 2011 c 28 s 16,17; 2012 c 216 art 9 s 32; 2013 c 108 art 8 s 58; 2014 c 262 art 4 s 9; art 5 s 6; 2015 c 78 art 6 s 26-28; 2016 c 158 art 1 s 210,211; 2019 c 60 art 1 s 47; art 4 s 33



**STEP, Inc.**  
**VULNERABLE ADULT POLICIES**  
**PART II**

**Individual Abuse Prevention Plan Procedures**

Each client in STEP licensed services shall have an individual abuse prevention plan. The purpose of these procedures is to establish and enforce ongoing written individual abuse prevention plans as required under Minnesota Statutes, section 626.557, subdivision 14 and section 245A.65, subdivision 2 (b).

An individual abuse prevention plan shall be developed for each new person as part of the initial individual program plan or service plan required under the applicable licensing rule. The review and evaluation of the individual abuse prevention plan shall be done as part of the review of the program plan or service plan. The person receiving services shall participate in the development of the individual abuse prevention plan to the full extent of the person's abilities. If applicable, the person's legal representative shall be given the opportunity to participate with or for the person in the development of the initial and subsequent plans. The interdisciplinary team shall document the review of all abuse prevention plans at least annually, using the individual assessment and any reports of abuse relating to the person. The plan shall be revised to reflect the results of this review. If a team member is not able to participate in the annual review meeting, input will be gathered via phone contact, mail, etc,

The plan shall include a statement of measures that will be taken to minimize the risk of abuse to the vulnerable adult when the individual assessment required in section 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the specific measures identified in the program abuse prevention plan. The measures shall include the specific actions the program will take to minimize the risk of abuse within the scope of the licensed services, and will identify referrals made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services. When the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan shall document this determination.

If the program knows that the vulnerable adult has committed a violent crime or an act of physical aggression toward others, the individual abuse prevention plan must detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. Under this section, a facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority or through a medical record prepared by another facility, another health care provider, or the facility's ongoing assessments of the vulnerable adult.

Reviewed and Approved by the Board of Directors  
June 9, 2021

Attachments: D

Attachment D

STEP, Inc.  
Individual Abuse Prevention Plan

NAME:

DATE:

SERVICE SITE:

The purpose of this plan is to assess and identify areas in which this individual may be susceptible to abuse or at risk of abusing other vulnerable people, and to develop a plan that gives specific measures that staff will take to protect the individual and minimize the risk in identified areas.

The plan will be developed as part of the individual program or service plan.

- Prior to initiating services, at the initial review, and at least annually thereafter, the plan will be reviewed and updated. STEP will coordinate the plan with other licensed caregivers.
- STEP will give the individual's legal representative and case manager an opportunity to participate in the ongoing plan development, as evidenced by dated signatures to document completion of the annual review of the plan.

**Instructions:** For each area, assess whether the person is susceptible to abuse by others and the person's risk of abusing other vulnerable people. If susceptible, indicate why by checking the appropriate reason or by adding a reason. Identify specific measures to be taken to minimize the risk within the scope of licensed services and identify referrals needed when the person is susceptible outside the scope or control of the licensed services. If the person does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, document this determination and identify the area of the program prevention plan that addresses the area of susceptibility.

A. Physical Abuse

1. \_\_\_ Has history of being physically abused or assaulted
2. \_\_\_ Inability to identify potentially dangerous situations
3. \_\_\_ Inappropriate interactions with others
4. \_\_\_ Inability to deal with verbally/physically aggressive persons
5. \_\_\_ Verbally/physically abusive to others
6. \_\_\_ Other

Specific measures to minimize risk of abuse for each area checked:

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred).

B. Sexual Abuse

1. \_\_\_ Is unable to exercise judgement and give consent to sexual activity
2. \_\_\_ Has history of being sexually abused or exploited
3. \_\_\_ Is unable to protect self from sexual exploitation or sexual assault

4.  Likely to seek or cooperate in an abusive situation
5.  Other:

Specific measures to minimize risk of abuse for each area checked:

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred).

C. Financial Exploitation

1.  Is not capable of handling personal funds or understanding value of money
2.  Gives away money or allows money or other property to be taken away
3.  Does not carry or store money or valuables safely

Specific measures to minimize risk of abuse for each area checked:

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred).

D. Self-abuse

1.  Has history of self-injurious behavior
2.  Dresses neglectfully
3.  Refuses to eat
4.  Lacks hygiene skills (handwashing, toileting, bathing, etc)
5.  Lack of self-preservation skills (ignores personal safety)
6.  Neglects or refuses to take medications
7.  Other:

Specific measures to minimize risk of abuse for each area checked:

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred).

E. History of violent crime or acts of physical aggression toward others

1.  History of violent crime indicated by law enforcement or medical records
2.  History of physical aggression toward others

Specific measures to be taken to minimize the risk this person might reasonably be expected to pose to visitors to the program and persons outside the program, if unsupervised:

Referrals made when the person is susceptible to abuse outside the scope or control of this program (Identify the referral and the date it occurred).

Individual Abuse Prevention Plan prepared by: \_\_\_\_\_

Signatures of those reviewing and/or participating in the development of this plan

Name	Signature	Title	Date
		Person completing IAPP	
		Person	
		Legal Representative	
		Case Manager	
		STEP Representative	
		Residential Caregiver	

Cc:

Distributed on:

\*\*In addition to this Individual Abuse Prevention Plan, each service location has a Program Abuse Prevention Plan. The Program Abuse Prevention Plan for this site is available by requesting a copy from the STEP main office or by viewing the plan that is posted at this site.