## Brotoloc Health Care Systems

## Western Rivers Region

Phone: 715-273-5060 Fax 715-273-6206

## RIDGEWOOD CBRF

### PROGRAM STATEMENT

#### Mission:

Brotoloc Health Care Systems, Inc. has a commitment to serving persons with disabilities in the community. We provide affordable, comfortable and accessible housing, links to public services, and trained support staff to assist in daily activities, decision making and actualization of personal choices and goals. We support persons throughout the lifespan with respect and careful attention to the maintenance of personal dignity.

## Description:

Ridgewood CBRF is proposed to be a two-story home, with two ramped exits, located at N7211 Hwy 65, River Falls, Wisconsin. The home is in a rural setting with quick and easy access to community activities and services. It will be home to a maximum of eight adults, male or female, with Intellectual Disabilities, AODA issues, ALZ, TI, Mental illness and /or Traumatic Brain injury. Facility has all private rooms.

### Licensee:

Residential Facility to Brotoloc Health Care Systems, Inc. at the address listed above. It will have provided services to residents who are ambulatory or semi-ambulatory, but no more than 4 residents are not physically or mentally capable of responding to a fire alarm by exiting CBRF without help or verbal or physical prompting. A Program Manager/ Assistant Program Manager or their designee is available to the home, 24 hours per day 7 days per week. Regional Director, is available to these people as back up. Qualified Resident Care Staff is on duty whenever residents are present in the home.

### Admission Policy:

Resident candidates must be programmatically compatible with the other residents of the home, be professionally recommended for community placement, and have primary diagnosis which would allow benefit from the Ridgewood Program. An assessment will be completed

prior to admission that identifies the individual's needs, abilities, interests and expectations. This assessment will include both a personal interview and a record review including medical and social histories. Resident candidates must be screened by a health professional within 90 days prior to admission as evidenced by a written statement and found free of communicable disease. An admissions agreement will be completed prior to admission and signed by the resident or the resident's guardian that person's consent is legally required.

## Program Goals:

Ridgewood CBRF provides supported community living and personal care services to persons with mental or physical handicaps in clean, comfortable, secure and accessible environment.

Services provided by the home and covered under the daily rate includes:

- \*Information and referral services
- \*Leisure time support services
- \*Assistance with independent living skills
- \*Health monitoring services
- \*Individualized service planning
- \*Supervision by trained staff
- \*Assistance in communication with family, friends, and professionals
- \*Community activities

These services are provided to support successful community inclusion, maximum independence, individual choices, and enhanced quality of life throughout the lifespan.

## Payment of Charges:

Payment is dues upon receipt of the monthly bill. Brotoloc homes do not charge an entrance fee.

# Staffing:

At least one awake staff will be on duty 24 hours a day when the residents are present in the home. Addition staff will be added as directed by resident needs, to accomplish individualized program goals.

## **Respite Guidelines:**

Persons may be admitted for respite care for up to 28 consecutive days. Persons receiving respite care will normally not have individualized program plan, but will have interim plan developed to meet the short-term needs of the individual. Persons accepted for respite must be programmatically compatible with the permanent residents of the home.

## Discharge Policy:

Except in cases of emergency, where immediate discharge is necessary to protect the health or safety of the resident or others in the home, or during the first 30 days of admission, a 30 day notice of discharge will be given to resident, the resident's guardian, and the resident's case manager or responsible payer. Possible reasons for involuntary discharge are outlined in DHS 83.31, and may include nonpayment, a care level which the home cannot meet, medical reasons as ordered by a physician, imminent risk of harm to health or safety of the resident, others in the home, or others in the community, or for other reasons as specifically outlined in the admissions agreement.

## Conformity with DHS 83:

It is the intent of this program statement to conform to all applicable requirement of DHS 83. If any part of this state is found to conflict with Wisconsin statute, the applicable provisions of the statute will be followed.