



RISK MANAGEMENT PLAN

Brightlife Enhancement Services Risk Management Plan (RMP) provides a consistent method to manage risks. The purpose of the Risk Management Plan (RMP) is to provide guidelines and methods to assure that the broad range of both administrative and direct care service are monitored and coordinated in order to reduce losses associated with individual, employee, or visitor injuries, property loss or damage and other sources of potential liability.

Brightlife Enhancement Services Management Team oversees all continuous performance improvement and risk management/root cause analysis process activities of Brightlife Enhancement Services This committee assures that performance improvement and risk management monitoring and evaluation are conducted, as well as corrective actions taken as appropriate.

Risk management involves the process for identification, assessment, mitigation, and management of Brightlife Enhancement Services risks. It drives decisions that affect the development of the business capability and the management of Brightlife Enhancement Services This RMP serves as a guide to all team members on managing program-wide and team level risks. The risk management process will enable Brightlife Enhancement Services to create strategies to effectively address potential barriers to Brightlife Enhancement Services success.

The Management Team will be composed of the Owner/Program Director, Compliance Officer, Rehabilitation Specialist and Nurse.

RISK MANAGEMENT

- A. The Rehabilitation Specialist provides advice to the administration and direct care staff in an attempt to minimize risk and loss and assure that Brightlife Enhancement Services and its policies, procedures and practices remain in compliance with all applicable state and federal laws, rules and regulations, and policies and procedures. The Rehabilitation Specialist is responsible for ensuring all COMAR Rules and Regulations and Brightlife Enhancement Services policies and procedures are enforced.
- B. The main office shall be involved in the identification, reporting, analysis and prevention of sentinel events and other serious incidents. The main office shall be the focal point for reporting (or any related information of any potential sentinel event, or if necessary, provide information which may provide clarity of an event). The main office shall initiate any root cause analysis or system review by facilitating the Incident Analysis.



- C. The Corporate Compliance Officer will work closely with the staff to ensure all allegations of client abuse are reviewed and investigated. The CCO is responsible for ensuring these events are reported to the Division's Office of Investigative Services.
- D. The CCO is the responsibility for ensuring all staff members are meeting the needs of the individuals as required and the environment is up to standards to ensure compliance with COMAR and all other state mandated programs.

The CCO and staff actively participates in the following risk management activities concerning the aspects of individual care and safety:

- A. Identifying general areas of potential risk in the care and safety of clients and employees.
- B. Developing criteria for identifying and evaluating specific cases of potential risk in the care and safety of clients and employees.
- C. Participate in reviewing any serious events which may warrant a root cause analysis.
- D. Corrects identified problems in the care and safety of clients and employees.
- E. Designing programs to reduce risk in the care and safety of clients and employees.
- F. Referring appropriate matters to the administrator for evaluation and appropriate corrective action.
- G. Conducting a monthly meeting which reviews and acts upon issues of risk management and continuous quality improvement.

CONTINUOUS QUALITY IMPROVEMENT PROGRAM

The agency has implemented a quality improvement data collection which will identify deficiencies in the agency. A plan of collection will be implemented to correct all deficiencies.

QUARTERLY REVIEWS

The agency shall conduct quarterly reviews of the data collected during quality improvement checks. At these Quarterly Reviews, monitoring data is presented and discussed and corrective action is planned, with appropriate staff being assigned responsibility for completion within a specific time frame. Concerns in the potential risk management area are referred to the appropriate individual/committee for evaluation and/or corrective action, with a copy to the administrator and the board.

REPORTING OF INCIDENTS

Brightlife Enhancement Services utilizes the Critical Incident Report (CIR), the Medication Error Report, and the Accident/Injury Report to report serious and/or unusual incidents and accidents/injuries. These reports are used by the agency to create corrective action and developing preventive measures. The administrator is responsible for the review of each Critical Incident Report, obtaining any additional information required, and keeping the agency in compliance with the reporting of all incidents. Each Critical Incident Report shall be reviewed by



the administrator with appropriate corrective action being implemented and reported the necessary agencies and/or personnel organization. The nurse reviews all Medication Error Reports, takes action as required and notify the administrator of all potential risk or risk involvement. The nurse is responsible for training and re-trainings staff members to reduce the risk of medication errors

MEDICAL RECORD REVIEWS

The nurse is responsible for ongoing reviews of the individual's medical records with any deficiencies being reported to appropriate staff for corrective action. Those items identified as risk management issues will be reported to the administrator for monitoring and for appropriate follow-up.

SAFETY

The CCO is responsible for the ensuring that environmental checks are completed to ensure the health and safety of the individuals being served. All concerns must be forwarded to the compliance officer for additional follow-up required.

POLICIES, PROCEDURES AND PLANS

Brightlife Enhancement Services shall create policies and procedures that meet the standards of all state and federal guidelines. The agency shall ensure the policies and procedures are updated to ensure that Brightlife Enhancement Services is in compliance with all required standards to effectively meet the needs of the individuals being served.

Staff Meetings

The agency will hold monthly staff meetings. This will provide the CCO and the administrator the opportunity to discuss data that was collected during quality improvement checks and discuss with the staff any concerns exhibited by management or staff. The administrator will discuss activities, problems, potential risk situations, and areas needing improvement, etc.

Direct Care Staff

All direct care staff are required to comply with the Brightlife Enhancement Services rules and regulations, COMAR standards and the standards of DHMH to ensure the agency is in compliance with all state rules and regulations. All staff members are expected to complete all trainings requirements and health clearance to maintain employment.

Medical and Physical Examination Program

These examinations and screenings are conducted for the safety and protection of the clients as well as for the continued health of the employee. Individuals are expected to have a yearly physical to ensure their medical needs are met and the agency is competent to provide the needed services for their care.



Criminal History Checks

To ensure the continued safety of all individual, anyone with a criminal record applying for employment with Brightlife Enhancement Services must be cleared by the CJIS Criminal Record Check Division before being hired by the agency.

Fire Safety Inspections

These inspections and Brightlife Enhancement Services response to any deficiencies cited are necessary for the continued safety of all clients, employees and visitors. The CCO shall ensure all fire extinguishers are charged and all smoke detectors are in working order.

Records in Litigation/Mortality Review

All non-active record files identified as involved in litigation or potential litigation are secured in the management. The administrator may authorize the release of these records. All active records so identified are closely watched and copies from these records may only be authorized by the director and a completed Release of Information by the individual/guardian.

Individual Rights and Organizational Ethics

All employees are expected to respect and adhere to the individuals' rights. Each staff members shall sign a copy of the Code of Ethics and shall ensure that the Code of Ethics are respected at all times.

Use of Seclusion or Restraint for Emergency Safety

Brightlife Enhancement Services does not use any form of seclusion or restraint.

Visual Reproductions of Individual and Individuals' Identification Photographs

Photographs of individuals can be very helpful to staff both in documenting physical changes and in providing identification in times of crisis such as a client's leave without consent.

Court Orders

The administrator shall review all court orders for adequacy and appropriateness, and seeks corrective action when necessary from courts, attorneys, district attorneys or other involved agencies. Any such problem which cannot be solved at the Brightlife Enhancement Services level is referred to the DHMH for assistance.

Critical Incident Reports

All incident reports must be completed in accordance with the COMAR Investigations requirements. All CIRs will be reviewed by management to identify trends and patterns and create a plan of correction.



Individual Visits and Visitors' Responsibilities

Monitoring visits with individuals is necessary for the physical safety of all individuals as well as staff and visitors.

Right to Consent/Refuse

The CCO acts as a consultant to the direct care staff when questions arise as to informed consent issues.

Allegations of Individual Abuse Investigation and Employee Action to be Taken Allegations of Client Verbal and Physical Abuse and/or Neglect

All clients have the right to be free from abuse and neglect, and it is the responsibility of every employee of Brightlife Enhancement Services to report any such occurrence.

Advance Directives

Individuals have the right to make health care decisions, including those decisions concerning life support/sustaining equipment. Living Wills and Durable Powers of Attorney for Health Care are the two advance directives recognized in Maryland.

Informed Consent and of Psychotropic Medication

Brightlife Enhancement Services recognizes the personal integrity of all persons, and the protection of the individuals' rights. It is also the policy of Brightlife Enhancement Services to obtain informed consent whenever possible prior to administration of psychotropic medication.

Suspected Abuse Prior to Admission; or Upon Return from Temporary Leaves

The notification and reporting of alleged, confirmed or suspected abuse to individual prior to admission or during temporary leaves or home visit shall be made to the appropriated authorities.

Control of Firearms and Contraband Items

Firearms and other weapons are not allowed in the agency under any circumstances.

Reporting of Individual Deaths and Critical Incidents



The administrator is responsible for reviewing each Critical Incident Report (CIR), obtaining additional information as needed, coordinating corrective actions and related documentation and reporting areas of potential risk/loss to the Owner/Program Director and to DHMH

Notice of Possibility of Claim

All direct care staff and managers are responsible for ensuring that CCO is notified of any incident which may result in litigation against the state. The CCO will collect any necessary data concerning the incident and report to DBHDD.

Liability and Bond Coverage

All staff members are required to notify the administrator/CCO in all cases of potential liability. The administrator/CCO then coordinates all necessary notifications concerning the potential risk situations and works with the DHMH as well as the Attorney General's Office in any case which results in litigation.

Storage and Disposal of Drug Samples

Drugs and drug samples must be properly stored and disposed of for the protection of the individual. The agency shall encourage the family to partake in the medication practices outlined by DHMH. All staff members shall undergo medication management training which shall entail, but not limited to, medication side effects, risks and benefits, documentation, discontinued medications etc.

Release of Information to News Media and Attorneys; and Publication of Articles

To insure accuracy of information presented as well as to protect the confidentiality of Brightlife Enhancement Services individuals, only the administrator may release any information to the news media. Because of confidentiality requirements, attorneys contacting any staff member are to be referred to the administrator.

Research

Brightlife Enhancement Services elects not to participate in research of individuals.

The following Plans dealing with emergency situations are a vital part of the risk management plan of Brightlife Enhancement Services

- Emergency Preparedness Manual
- Fire Safety
- Safe Use Handling and Storage of chemicals
- Motor Vehicle and Traffic Regulations
- Safety Officer, the Safety Committee and other individuals involved in safety activities.

Plan for Performance Improvement and Quality Enhancement



The Continuous Quality Improvement and Risk Management Plans are intricately related and, in some aspects, overlapping. The Rehabilitation Specialist oversees both areas and assures the accomplishment of objectives in both areas.

Plan for Client Care

Hazardous Chemicals and Waste Management

Special procedures and training are required in these areas to protect all of Brightlife Enhancement Services clients, employees and visitors as outlined in this plan.

LITIGATION/POTENTIAL LITIGATION

The administrator is responsible for the collection and presentation of appropriate data, information and material as required by the Attorney General and/or courts in matters related to lawsuits involving the state of Maryland and/or its agencies/employees and for advising the Owner/Program Director and DHMH of areas which may result in litigation.

TRAINING

Appropriate training is a vital element of any risk management program. The administrator shall ensure all staff members are trained in the expected standards of the agency, DHMH, CARF and COMAR.

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