



954 RECOVERY

Recovery Resident's Orientation Handbook

Welcome to 954 Recovery

Our Mission

Our purpose is to mentor and motivate our client in a way that brings purposeful change to their lives. While providing a safe and structured sober environment, that promotes individuals in recovery to assume and uphold responsibilities, and to increase their individual network with peers, and to work toward fully independent living

Our Vision

Our Vision is to provide men seeking recovery through a 12-step recovery program a nondiscriminatory safe, structured, and affordable residential facility.

Our Community-based environment promotes abstinence from all mind -and mood-altering substances while improving one's quality of life.



NARR CODE OF ETHICS

All persons working in NARR Affiliate organizations, (recovery residence owners, operators, staff and volunteers) are expected to adhere to the following Code of Ethics:

It is the obligation of all recovery residence owners/operators and staff to value and respect each resident and to put each individual's recovery and needs at the forefront of all decision making. To meet this obligation, we adhere to the following principles:

1. Assess each potential resident's needs, and determine whether the level of support available within the residence is appropriate. Provide assistance to the resident for referral in or outside of the residence.
2. Value diversity and non-discrimination.
3. Provide a safe, homelike environment that meets NARR Standards.
4. Maintain an alcohol- and illicit-drug-free environment.
5. Honor individuals' rights to choose their recovery paths within the parameters defined by the residence organization.
6. Protect the privacy and personal rights of each resident.
7. Provide consistent and uniformly applied rules.
8. Provide for the health, safety and welfare of each resident.
9. Address each resident fairly in all situations.
10. Encourage residents to sustain relationships with professionals, recovery support service providers and allies.
11. Take appropriate action to stop intimidation, bullying, sexual harassment and/or otherwise threatening behavior of residents, staff and visitors within the residence.
12. Take appropriate action to stop retribution, intimidation, or any negative consequences that could occur as the result of a grievance or complaint.
13. Provide consistent, fair practices for drug testing that promote the residents' recovery and the health and safety of the recovery environment and protect the privacy of resident information to the extent allowed by law.
14. Provide an environment in which each resident's recovery needs are the primary factors in all decision making.
15. Promote the residence with marketing or advertising that is supported by accurate, open and honest claims.
16. Decline taking an active role in the recovery plans of relatives, close friends, and/or business acquaintances who may apply to live in the recovery residence.
17. Sustain transparency in operational and financial decisions.
18. Maintain clear personal and professional boundaries.
19. Operate within the residence's scope of service and within professional training and credentials.
20. Maintain an environment that promotes the peace and safety of the surrounding neighborhood and the community at large.



The Code of Ethics must be read and signed by all those associated with the operation of the recovery residence.

All persons in position of authority within the home are assumed to be familiar with this Code of Ethics and are required to adhere to its terms. This statement commits the signatory and all responsible persons to adhere to this Code and to maintain a vital concern for the lives and well-being of all residents, staff, volunteers and family members.

Individuals subject to this code are obligated to report unethical practices according to the reporting rules set forth by the affiliate.

In signing the following, I affirm that I have read, understand and agree to abide by this Code of Ethics.

Name (print): _____ Date: _____

Signature: _____

Recovery Residence: _____ NARR Affiliate: _____

PERSONAL INFORMATION FORM

Name: _____

Cell _____

Date of Birth: _____

DL Number: ----- Exp Date: _____

Emergency Contact:

Name: _____ Relationship: _____

Cell: _____ Home/work: _____

Name: _____ Relationship: _____

Cell: _____ Home/work: _____

Employed _____ Employer: _____ Phone number: _____

Income Status _____

Have you ever had suicidal or homicidal thoughts? _____

Have you ever attempted suicide _____ if so when _____ and by what means?

Are you on a sex offender registry? _____

Do you have any open warrants? _____ Are you on probation? _____ Officer: _____

Are you court ordered? _____ Judge: _____

Current Legal Issues: Do you have any legal issues you need help with dealing currently?

List any medical or mental health conditions: _____

What is your drug of Choice? _____

Previous treatment and date: _____

List all your medications:

Please note: 954 Recovery does not accept Sexual Predators.

Completed by (Print Name)

Completed by (Signature)

Date: _____

Interview Completed by (Print Name)

Position at 954 Recovery

Interview Completed by (Signature): _____ Date: _____

NOTICE TO RECIPIENT OF INFORMATION: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. This information is also protected by Florida State Statute. As per Florida State Statute, this information shall be confidential and may not be further disclosed without written informed consent of the person to who it pertains.

RECOVERY AGREEMENT/PLAN

____ I will go to support groups/12 step meetings with 3 days of my arrival I will get a sponsor with 2 weeks. steps. I will get phone numbers from other recovering Persons in Recovery and build a support group. This will be verifiable by meeting attendance sheets and paycheck stubs.

____ I will remain abstinent from all mood- and mind-altering substances and am willing to take a drug test at any time. This will be verifiable by weekly drug screening.

____ I will abide by my curfew. This will be verifiable by house count.

____ I will get a Job that is conducive to recovery within 2 weeks. This will be verifiable by paycheck stub.

____ I will not contact any old people who are negative towards my recovery or are using drugs/alcohol. This is verifiable by self-report.

____ I will maintain boundaries with any unhealthy people in my life and put recovery first. This is verifiable by self-report.

____ I will complete an aftercare program and all that they require from me, if applicable.

____ I will participate in any alumni and/or recovery supportive events when possible. This will be verifiable by events hosted and 12 step meetings.

____ If I am struggling, I will reach out to my support and share in a meeting. This is verifiable by self-report.

____ I will commit to a minimum of 120 days at 954 Recovery.

____ I will not move out of 954 Recovery.

without a recovery supportive plan that I have discussed with my support group.

____ I will attend all out necessary outside appointments that are conducive to my recovery and assist me with becoming a healthy productive member of society. This is verifiable by self-report.

____ If applicable I will take my medication as prescribed and assist further care from the appropriate providers.

LEASE AGREEMENT

This agreement, on the date of _____ by and between _____ and 954 Recovery . hereinafter referred to as tenant, is as follows:

1. **TERM:** That the tenant agrees to reside at this place of residence for no less than 3 months.
2. **TIMELINESS OF PAYMENT:** Tenant hereby agrees to pay rent, in advance, on a weekly basis, from the inception of this agreement, weekly, by Friday at 11pm until the tenant's commitment is completed.
3. **RENT:** The amount of weekly rent shall be \$175.00 for Ft Lauderdale location and \$180.00 for Pompano location
4. **MOVE IN DEPOSIT:** Tenant shall pay 2 weeks rent a fee of \$175 for Ft Lauderdale location and \$180.00 for Pompano Location upon moving into the house to ensure the faithful performance of the terms and conditions of this weekly agreement. Failure to abide by the terms and conditions of this lease shall result in forfeiture of 1 weeks rent. All deposits nonrefundable unless commitment of 120 days is completed. When commitment is fulfilled all tenants will receive their last week free.
5. **LATE PAYMENT:** If rent is past due more than 1 week and you are employed, you will be evicted.
6. **CONDITION OF THE PREMISES:** Tenant acknowledges that he has examined the house and that it is in good order, repair, and in a clean and livable condition.
7. **MAINTENANCE AND REPAIR:** Tenant shall keep and maintain the house in a reasonably safe, serviceable, clean, and presentable condition. This includes, but is not limited to, notifying the housing manager of any and all damages and repairs that are needed, keeping his room and house clean and neat, disposing of waste/garbage in a safe and clean manner, and not engaging in any conduct or activity that would cause damage to the house.

8. **ANIMALS:** Are permitted at 954 Recovery for an additional \$250.00 deposit.
9. **RIGHT OF INSPECTION:** Landlord and House manager retains the right of inspection and the right to retain a key to the house.
10. **SERVICES PROVIDED:** We shall provide the following services/property to the tenant: comfortable enjoyment of the property, electric, cable, water, Wi-Fi, and bedding.
11. **HOUSE RULES:** Tenant hereby agrees to adhere and abide by the HOUSE RULES AND GUIDELINES, which are attached hereto and incorporated herein, as part of this lease agreement.
12. **TERMINATION:** We reserve the right to terminate this leases agreement with or without cause, and tenant hereby forfeit's the administrative fee if the tenant uses drugs or alcohol, fails to submit to a urine screen, engages in or threatens violence, is caught stealing, or violates the HOUSE RULES AND GUIDELINES.
13. **DEFAULT:** Tenant shall be in default of this agreement if tenant fails to fulfill any lease obligation, house rules, or term by which the tenant is bound.
16. **DESTRUCTION OF THE PREMISES:** Tenant shall be solely responsible for the cost to repair all damage caused by the tenant or due to the tenant's negligence.
17. **PERSONAL PROPERTY:** All personal property brought or placed into the house shall be the sole responsibility of the tenant, and the house is not liable to the tenant or anyone else for damage, loss, or abandonment thereof. We shall not be responsible for property left on the premises.
18. **END OF THE LEASE CLEANING:** Tenant is responsible to clean the property in a manner consistent with the condition the property was in at the inception of this lease agreement. Failure to do so shall result in complete forfeiture of the administrative fee.

RESIDENT NAME: _____

RESIDENT SIGNATURE: _____

DATE: ____/____/____

STAFF NAME: _____

STAFF SIGNATURE: _____

CONFIDENTIALITY POLICY & PROCEDURE

Residents rights and confidentiality

At 954 Recovery residents have the right to:

Consent in writing what information, if any, can be released to a third party.

A process for being informed of their rights and responsibilities, assistance in exercising their rights, and an accessible grievance system for resolution of conflict

Access to information on how to process a grievance

Assurance that a grievance may be filed for any reason with cause

Specific levels of appeals with corresponding time frames for resolution

Timely receipt of a filed grievance

The logging and tracking of filed grievances until resolved or concluded by actions of the provider's governing body

Written notification of the decision to the appellant; and analysis of trends to identify opportunities for improvement

Be treated with respect and dignity

Have access to review their rent payment records

Receive communication and correspondence from individuals

Practice their religious beliefs

Contract with and consult with legal counsel and private practitioners of their choice and at their own expense

Exercise constitutional, statutory and civil rights, including the right to personal clothing and effects

The right to live in a drug and alcohol-free environment

Confidentiality of living in Recovery Residence and to have their personal records kept confidential. The Federal Rules restricts any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Federal regulations state any person who violates any provision of the law shall be fined not more the \$500.00 in the case of the first offense and not more than \$5,000.00 in the case of each subsequent offense, except where noted in the Federal Law of Confidentiality, 42 CFR, Part 2, Section 2.22, which includes the following reasons that confidentiality may be violated

PROCEDURE:

During the application process, the House Manager or the CRRA will explain all resident's rights and confidentiality policy to the resident and they will sign acknowledgment of their understanding of their rights. This form will be kept with resident's file 954 Recovery is committed to providing an environment where residents may explore themselves and their relationship with Persons in addictive substances and behaviors. 954 Recovery will help residents to stay focused and to achieve their sobriety goals. Ultimately, residents are responsible for their sobriety; however, it is the ethical duty of 954 RECOVERY' to provide an environment for residents that is conducive to solid recovery from alcoholism and drug addiction.

- All individuals who apply for residency at 954 Recovery, regardless of race, age, color, creed, financial status, or national origin; are assured that their lawful rights as residents shall be guaranteed and protected.
- When is Authorization not required?
- PHI may be used/disclosed without authorization but with resident agreement:
 - To maintain a facility's resident directory.
 - To inform family member or other identified person involved in resident's care to notify them on resident condition, location or death.
 - To inform appropriate agencies during disaster relief.
 - PHI may be used/disclosed without resident agreement when there is an overriding public interest:
 - Public Health activities related to disease prevention or control.
 - To report victims of abuse, neglect or domestic violence.
 - Health oversight activities such as audits, legal investigations, licensure or for certain law enforcement purposes or government functions.
 - For coroners, medical examiners, funeral directors, tissue/organ donations or research.
 - To avert a serious threat to health and safety, Court orders and subpoena

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Consent to Release Information:

I, _____ hereby authorize the release and disclosure of information between the service providers/individuals listed below for the specific purpose indicated.

Name of Recovery Residence: **954 Recovery**

(Address): _____

Contact Name : _____

Contact Phone Number: _____

Agency Name /Individual Name:

Agency Name /Individual Address:

Agency Name /Individual Phone #

Regarding Resident's Name:

I certify that I have read the statement and information above and I understand and agree to its content.

Signature of Resident

Date

954 RECOVERY STAFF CONTACT

CRRA

Name: Jessica Watkins

Phone #: _____

House Manager

Name: Dante Angelo

Phone #: (561) 413-7815

PROGRAM CURFEWS

Program curfew policy's

Curfews are as follows: must be on the property but are not limited to being indoors

1st week: 10:00pm Sunday-Saturday with the following exclusions:

- Residents with unpaid balances
- Residents not employed
- Residents with curfew restrictions

2nd -4th week: 11:00pm Sunday-Thursday

12:00am Friday & Saturday except those on a curfew restriction due to the above outlined exclusions

5th week-: 12:00am Sunday-Thursday

1:00am Friday & Saturday except those on a curfew restriction due to the above outlined exclusions

Overnight Passes

are not issued during the first 30 days in the program. Clients in good standing, that have met their requirements and responsibilities, may be eligible for an overnight pass. An overnight request form must be submitted to the house manager (a minimum of) 48 hours in advance of the request date. All fees must be paid, and chores must be done prior to leaving on the overnight pass. The client should expect to be drug tested upon returning from an overnight stay.

VIOLATIONS OF THESE RULES AND GUIDELINES MAY RESULT IN LOSS OF PRIVILEGES OR EXPULSION FROM THE PROGRAM. OUR GUIDELINES AND POLICIES ARE STRUCTURED TO PROMOTE SAFETY AND ACCOUNTABILITY. CLIENTS ARE EXPECTED TO CONDUCT THEMSELVES IN A MANNER THAT IS IN ACCORDANCE 954 RECOVERY MISSION STATEMENT. FINES MUST BE PAID PROMPTLY (WITHIN 24 HOURS) OR ADDITIONAL CONSEQUENCES MAY BE ADMINISTERED. A RESIDENT THAT HAS BEEN EVICTED HAS 7 DAYS TO COLLECT THEIR PROPERTY. THEIR PERSONAL AFFECTS WILL BE BOXED UP AND PLACED IN STORAGE ON SITE. AFTER 7 DAYS 954 RECOVERY RESERVES THE RIGHT TO DISCARD ANY PROPERTY NOT COLLECTED WITHIN IN THIS TIME.

WEEKLY SCHEDULE (IS SUBJECT TO CHANGE)

All clients must submit proof that they have attended at least 3x weekly Sober support /12 step meetings.

Monday

Walking distance to 12-step meeting

Must be out of the house between 10am and 2pm

Tuesday

Walking distance to for 12-step meeting

Must be out of the house between 10am and 2pm

Wednesday

Walking distance to for 12 step meeting

Must be out of the house between 10am and 2pm

Thursday

Walking distance to 12-step meeting

Must be out of the house between 10am and 2pm

House Meeting 10pm

Friday

Walking distance to 12-step meeting

Must be out of the house between 10am and 2pm

Rent due 7pm

Saturday

Deep Cleaning

Walking distance to 12-step meeting

Sunday

Deep Cleaning

Walking distance to for 12 step meeting

House meeting MANDATORY 8:00pm

ZERO TOLERANCE POLICY

Behaving in any of the following ways will without exception result in the immediate termination of residency at 954 Recovery.

- Being under the influence of drugs
- Being in possession of drugs, drug paraphernalia or alcohol.
- Testing positive for drugs and/or alcohol.
- Abusing OTC or prescription medication
- Refusing to submit a U/A or a Breathalyzer test when asked.
- Violence in any way towards staff, clients, or the neighbors.
- Being in possession of any type of weapon or firearm.
- Vandalizing or stealing any 954 Recovery and/or any neighbors' property.
- Physical assault
- Violation of Good Neighbor Policy

PROGRAM RULES AND GUIDELINES

ABSTAIN FROM THE USE OF DRUGS AND ALCOHOL FOR YOUR ENTIRE STAY. Controlled substances are not allowed. This can include prescriptions, over the counter medication, or legal and illegal substances.

Respect neighbors

No Fighting, Stealing

Submit a drug test and/or a Breathalyzer whenever asked by staff.

Remain employed or be receiving financial assistance due to retirement, disability, or full-time school enrollment. If receiving financial assistance due to retirement or disability, be actively involved in volunteer work. Clients are encouraged to pay their own rent and maintain their own responsibilities.

PAY RENT ON TIME EVER WEEK IN FULL. Rent is due every Friday at 7pm.

Some types of employment are not conducive to recovery and will not be allowed.

This includes, but is not limited to, bars, alcohol sales. Strip clubs, casinos, Clients are responsible for ensuring their personal and employment schedules, adhere to the curfew policy, house meeting schedule, and their personal treatment plan with outside providers.

Clients are not to lend vehicles to other clients. Clients are not to drive any vehicle that is not registered and insured. Clients are not to drive any vehicle without a valid driver's license. Clients cannot leave/abandon vehicles on property. If derelict vehicles are left on property, they will be promptly removed/towed at the owner's expense.

ATTEND THE MANDATORY WEEKLY HOUSE MEETING at 7pm the Pompano location and for the Fort Lauderdale location Sunday at 8pm.

Help to maintain the property by performing assigned chores. This responsibility

Is mandatory for all clients in this program. Daily chores must be completed by 10:00 PM, manager inspection, and those chores delegated weekly or monthly are to be performed in the allotted timeframes. Continued and/or consistent noncompliance with this policy will lead to immediate discharge from the premises. Any chore assigned to a client is the assigned client's sole responsibility and it is not permitted to pay another member to perform duties.

Keep a clean, safe, and orderly living environment. Assigned living quarters must always be kept clean and organized.

The client is not to make any changes to living quarters or property without permission. Any alteration of the physical construction of the premises and/or property damage (Holes in walls, interior decorating, altering entertainment and/or communication devices, disabling smoke alarms etc.) is not allowed.

The consequence for such behavior could be any repair or replacement costs or dismissal from the program and or forfeit of prepaid program fees.

Bedrooms: Keep bed neatly made, clothes washed, hung up and put away, dresser tops uncluttered, garbage emptied, and floors swept and/or vacuumed. Change and wash linens weekly. No food allowed in any bedroom. Food is to be eaten in the kitchen or on the porch only.

Bathrooms: Clean and straighten up properly after use. Hang towels neatly on towel racks. Other than towels, no personal items are to be left in bathrooms.

Kitchens: Counter tops must be kept free of clutter and wiped clean. Absolutely no dishes of any kind (plates, glasses, cups, silverware etc.) are to be left in the sink at any time. Clean up and put dishes away immediately after cooking meals.

BURNING CANDLES, INCENSE AND/OR ANYTHING else that could pose a fire risk to property is strictly prohibited could result in expulsion from the program.

Smoking is not permitted inside any 954 Recovery residences. Smoking is to be done outside in designated smoking areas only and dispose of cigarette butts in the ashtrays provided.

Always treat the other clients and staff with dignity and respect. This includes not taking any food or property belonging to other clients and staff without their permission. No stealing.

Clients with cell phones must give the resident manager their cell number.

Staff will NOT hold medications or handle any client's med distribution. Staff will provide a lock box to each client to store their own medications. Staff may request client at any time to count their medication in front of them if there is suspicious of abuse. If a client is taking prescription medication for a medical condition or illness, it is that client's responsibility to be accountable for those medications, to store them in a lock box provided and not leave the bottles or pills out in plain view.

The opposite sex or romantic partners are not permitted on property without permission.

Turn all the lights and appliances off when leaving any room. Do not tamper with the air conditioning unit.

Be responsible and follow through on applying for, making appointments, and attending appointments for any available and relevant social services, medical services, and or therapeutic services. (bus passes, food stamps, self-care, counseling etc.).

Each resident is required to work a personal program of recovery to help build a strong foundation in recovery and a strong network in the recovery community. This means you must have a sponsor, start working the 12 steps, and home group within your first 2 weeks of stay. The sponsor must have a minimum of one-year continuous recovery.

Attend a minimum of one Support/12-step meeting (AA, NA, CA, OA, Al-Anon, Smart recovery etc.) at least 5 x a week until employment has been secured. After employment is secured, attend a minimum of three 12- step meetings a week.

Provide a detailed report of your meeting attendance and daily activities to house manger by the end of every week.

Obtain the literature for the 12-step fellowship(s) you attend. (AA Big Book, NA Basic Text etc.).

Some infractions are cause for immediate dismissal those include, violation of good neighbor rules, drug use, stealing refusal of drug testing , Ba, accountability testing, physical assault weapons or sex on the premises. All others will be discussed in community meeting

Resident's Acknowledgement: _____Date: _____

Witness: _____

GOOD NEIGHBOR POLICY PROCEDURE AND CONSENTS

POLICY:

It is the policy of 954 Recovery to provide all neighbors with the responsible person's contact information upon request and to ensure neighbor's concerns are addressed and resolved in a timely manner. 954 Recovery is committed to be a good neighbor and will instill that in all residents. It is the responsibility of the CRRA (Certified Recovery Residence Administrator) to implement this policy and procedure and to disseminate this information to employees under his/her direction.

Procedure:

1. The House Manager and CRRA is designated as the responsible contact person for the residence
2. The House Manager and all House technicians maintain all management's contact information on their cell phones as well as in their office area.
3. If anyone from 954 Recovery is approached by a neighbor or someone from the community, the House Manager or CRRA's name and phone number is to be provided to that neighbor.
4. The person being contacted by a neighbor should request the neighbor's name and phone number and inquire as to "How they can be of help to the neighbor."
5. Immediately upon completion of the interaction with the neighbor, the House Manager or resident is to contact the House Manager or CRRA, provide the neighbor's name and phone number and discuss any concerns that were relayed to them.
6. The House Manager or CRRA is to contact the neighbor within 12 hours to discuss their concerns and attempt to resolve any issues.
7. If deemed appropriate, the House Manager or CRRA will call a house meeting to discuss any possible issues.
8. An incident report is completed by either the CRRA or the House Manager and filed in the House office.
9. The House Manager should follow up with the neighbor in an appropriate time to make sure there are no other issues.
10. It is the residents and residences blend into the community and stay inconspicuous.

As part of the new residents' orientation, it is imperative to ensure ALL new resident orientation includes how residents and management are to interact and treat the neighbors.

If approached by a neighbor or anyone else from the community, please:

- 1) Ask "May I help you?" and always be polite.
- 2) Ask them to wait outside the residence and get the House Manager.
- 3) Do not engage the neighbors in arguments, explanations of the nature of the residence, etc. Please always let 954 Recovery management handle these types of situations.
- 4) House Managers are to provide the name(s) and phone number of the House Manager or CRRA and inform the neighbor someone will be in touch within them shortly.
- 5) The House Manager will contact the House Manager or CRRA and provide all pertinent information regarding the neighbor and the incident.
- 6) Document the interaction with the neighbor by completing an incident report.

HERE IS THE LIST OF THE GOOD NEIGHBOR RULES ESTABLISHED BY 954 RECOVERY:

- Smoking is allowed in designated outside the home areas only, never in the front of 954 Recovery butt cans are always to be used around the home.
- Loitering in the street is never allowed.
- Parking is designated at 954 Recovery for residents. Parking is only allowed in parking areas, not on the street, easement, etc.
- Loud noises are never allowed. We do not want to be a nuisance.
- Contractors cannot start work before 9AM. Work should be completed by 5PM.
- Lewd or offensive language is never allowed at 954 Recovery. No one is permitted to use foul or offensive language.
- All management & residents are to treat each other & the community with respect.
- Cleanliness of public space around the property is everyone's responsibility.
- Lawn and pest control will be handled by management.
- Never trespass on another's property.
- No one should ever litter or toss cigarette butts in the street or on the sidewalks. If seen by management, strict disciplinary action will be taken.

GOOD NEIGHBORHOOD RULES

(To be posted at each Residence)

954 Recovery has established the following “Good Neighborhood Rules” to promote a sense of community, goodwill, and harmony within the neighborhood.

- Smoke only in designated areas, outside the home, but never in front of the home. Use the butt cans, always.
- No one should ever litter or toss cigarette butts in the street or on the sidewalks. If observed by management, strict disciplinary action will be taken.
- Loitering in the street is never allowed.
- Parking is designated for residents. Parking is only allowed in parking areas, not on the street, sidewalk, easement, etc.
- Loud noises are never allowed.
- Contractors cannot start work before 9AM and should be finished by 5PM.
- Lewd or offensive language is never allowed at 954 Recovery.
- All management and residents are to treat each other and the community with respect.
- The cleanliness around the residence and the adjoining areas is the responsibility of everyone.
- Lawn and pest control will be handled by a contractor.
- Remember to never trespass on another’s property.

Resident’s Signature for Agreement to this Policy

Date

HAZARDOUS ITEMS SEARCH POLICY & PROCEDURE

POLICY:

954 Recovery, for the safety of the residents, has the right and the responsibility to search resident's belongings and the residence for illegal substances and inappropriate / hazardous items.

PROCEDURE:

954 Recovery reserves the right to search all resident's personal belongings for illegal or inappropriate hazardous items. Upon admission to 954 Recovery, all residents will be informed of the Search for Hazardous Items Policy and Procedure. This includes searches of vehicles.

All new residents when entering the residence will undergo the search process with either the House Manager, House Manager, or CRRA. Appropriate gloves must be worn during the process for protection.

The search of resident's personal belongings will be performed respectfully in front of the resident with the resident's consent.

Periodic searches (timing is decided by the staff on a weekly basis) of the residences will be done by the House Manager or House Manager or the CRRA to look for illegal or inappropriate / hazardous items. These items could include but are not limited to:

Any weapons (guns, knives, and any other type of weapons used to cause bodily harm) , any illegal drugs, any legal prescription drugs not belonging to the resident, any alcohol, and property not belonging to the resident. If a resident is found to be in possession of an illegal or inappropriate / hazardous item upon admission, the staff member will confiscate the items or substance. Mood altering substances will be properly disposed of with resident's permission. If, during a residence search, it is discovered that a resident is keeping an illegal substance or an inappropriate / hazardous item, the item(s) will be confiscated, and the resident will be discharged from the residence immediately. Any illegal substances will be disposed in an appropriate manner. Please note: 954 Recovery reserves the right to search resident's vehicles as well.

Policy & Procedure for Disposal of Legal and Illegal Medications/Drugs

Policy:

If prescription medications and illegal drugs are found at 954 Recovery whether legal medication and prescribed or not prescribed and/or illegal drugs, whether being abused or left at the residence after a resident leaves the premises, 954 Recovery will dispose in an appropriate manner. This also applies to any resident's medication left at the residence after the resident leaves the premises (abandons their property, terminated their stay at the residence, or transfers to a different recovery residence).

Procedure:

Attached is a list of disposal centers for prescription drugs which will be used by 954 Recovery whenever possible. These sites may also take illegal drugs for disposal but each center and situation has to be reviewed on an individual basis. For instance, it may be difficult to find a place that will accept "controlled" drugs, which include legal drugs that are closely regulated by the government, such as Persons in Recovery opiates.

If a convenient disposal site is not available, most government agencies — including the U.S. Food and Drug Administration and the U.S. Environmental Protection Agency — suggest throwing unwanted drugs into the trash following these rules:

Take the prescription drugs out of the original container. Remove the substance(s) from their container.

Mix the substance(s) with an undesirable substance such as dirt, kitty litter or used coffee grounds to make them unappealing to kids and pets, and to dissuade anyone who might be looking for drugs.

Before tossing in the trash, place the mixture in a sealable disposable container with a lid or a sealable plastic bag to prevent it from leaking.

Conceal or remove any personal information, including Rx number, on the empty containers by covering it with permanent marker or duct tape or by scratching it off, to protect your or anyone else's privacy, before disposing of medicine containers.

Place the sealed container, with the drug mixture and the empty drug containers, in the trash.

The FDA also says some drugs should be flushed if you can't find a take-back site because they "may be especially harmful and, in some cases, fatal with just one dose." The list of drugs, which you can find at <http://1.usa.gov>, includes Fentanyl, Oxycodone, and other opioids. The House Manager or CRRA will oversee the disposal effort.

Resident's Signature for Agreement to this Policy

Date

PUBLIC CONTROLLED SUBSTANCE DISPOSAL LOCATIONS:

WALGREEN CO.
NE 26TH STREET FT LAUDERDALE, FL 33305

HOLIDAY CVS, L.L.C.
1150 NE 26TH ST WILTON MANORS, FL 33305

HEALTHCARE FOUNDATION, DBA AHF PHARMACY
1785 E. SUNRISE BLVD, FORT LAUDERDALE, FL 33304

AIDS HEALTHCARE FOUNDATION
2097 WILTON DR, WILTON MANORS, FL 33305

WALGREEN CO. 1
515 E SUNRISE BLVD, FT LAUDERDALE, FL 33304

AIDS HEALTHCARE FOUNDATION
700 SE 3RD AVENUE, Suite 100 FT LAUDERDALE, FL 33316

WALGREEN CO.
3895 W BROWARD BLVD FORT LAUDERDALE, FL 33312

MEDICATION STORAGE & USE POLICY & PROCEDURE

POLICY:

Prescription narcotic medications, except (Subutex or Suboxone when individually prescribed) including medical marijuana are not permitted at 954 Recovery. All other prescription medications are allowed only if they are prescribed to the resident by a doctor and are taken as prescribed. **Medications are not shared with any other resident.** Residents are responsible for their own prescribed medications and provided a self-storage lock box. Staff will obtain a medical release for the prescribing physician and will confirm dosage. Suboxone and Subutex residents will have their medications counted by staff 3 x a week.

PROCEDURE:

954 Recovery does not administer medications.

Residents are expected to provide an accurate accounting of the medicines they bring to 954 Recovery.

All medications must be listed on the residents' intake forms with other pertinent information. At any time, if staff deems necessary, medications may be counted to confirm the accuracy of dosages taken. A dosage change of a resident's medication must be updated in the resident's medication records after verifying the change noted on the prescription container.

Residents should not leave medications in the open or unprotected areas. Medications should always be kept residents lock box that is issues on admission or on the resident. The resident is responsible for the control of their medication and any deviation are considered abuse. Abuse of medications will be considered a relapse and residency will be terminated.

Cautionary Over the Counter Drugs (OTC)

All OTC medications must be approved by staff. The following are prohibited

Pseudoephedrine, Dextromethorphan

MAT POLICY

954 Recovery requires all MAT clients to sign a release of information for medical records. All clients will be screened and assessed to determine appropriateness to the residences. If it is deemed that a client is not appropriate for 954 Recovery residences and appropriate referral will be made. 954 Recovery provides supportive housing for clients that are on a medication assisted taper program. Medications must be verified as medically necessary per client's physician and the client must have routinely scheduled appointments with their physician for medication management. All clients that are on the MAT program will be expected to participate in their recovery plan, have a support mentor and participate in recovery related support groups. These will be verifiable by meeting attendance sign in sheets and contacting the client's physician. Medications will be self-stored in a lock box provided but are subject to 3 x a week,

HOW PEOPLE IN MAT CAN PROTECT THEIR RIGHTS

People who face discrimination because they are in MAT can challenge the violation of their rights by filing a housing discrimination complaint with the U.S. Department of Housing and Urban Development (HUD) at 800-669-9777 (TTY: 800-927-9275) or visit HUD website for more information. about filing a complaint. Alternatively, a lawsuit could also be filed

Residents Signature for Agreement to this Policy

Date

DRUG TESTING POLICY AND PROCEDURE

POLICY:

It is the policy of 954 Recovery to conduct random drug testing on residents.

Procedure:

At 954 Recovery, we use UA testing (Urine Analysis Testing) as a method to monitor residents to ensure they are abstaining from drugs and alcohol. UA testing is probably the most developed and most common used monitoring technique in substance abuse treatment programs. Breathalyzers are also used at 954 Recovery. The new resident, with less than 30 days of sobriety, will be subject to weekly testing. Testing will be less frequent as sobriety increases. Refusal to fully cooperate and comply with testing procedures when requested will result in immediate dismissal. Tests may be conducted without prior notice, at random, and, from time to time with or without cause. Testing is always done after a resident has an has utilized an overnight pass upon their return to the residence.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has a number of documents about drug testing available in the Workplace Resources section of its Web site, www.samhsa.gov.

Testing Schedule:

Urine specimens are collected randomly for all newly sober residents or when suspicious behavior of the resident is apparent. The resident's suspicious behavior is usually observed by the House Manager, the House Manager, a CRRA or other residents/peers. A House Manager or the House Manager will observe collection of the urine sample so no one can substitute someone else's urine in the sample container.

Other samples can be taken as a result of:

- The routine sampling required during the intake process to confirm no alcohol or drugs are present in the potential new resident's system.
- Our routine process for residents to stay at 954 Recovery. These are random tests, not planned and scheduled events. This is a requirement to stay at 954 Recovery.
- To either prove a resident has used alcohol or drugs and is intoxicated or to prove he is abstinence.

954 Recovery can request a resident to participate in a urine test at any time. Residents with more than one year of sobriety will be randomly tested less frequently. 954 Recovery is responsible for the cost of the test kits.

Collection Procedures and Policies

At 954 Recovery, at our cost, we purchase and stock test kits and maintain a reorder system to make sure we never run low on supplies. We purchase urine cups with temperature strips to ensure that urine specimens are produced on site and are body temperature. Either the House Manager or the House Manager will accompany clients to obtain specimens.

As part of their orientation, residents are informed about the urine collection and testing procedures. Residents will also be advised that informed consent is necessary for release of toxicology results to anyone other than management at 954 Recovery.

Residents should also be proactive and report to the House Manager, CRRA or the House Manager any possible medicine's (even over the counter meds) before a urine sample is taken so the substance use can be addressed before the positive test results are indicated. Full disclosure is essential.

At 954 Recovery we explain to all residents that conducting urine sampling and monitoring is done in support of their recovery. These are random tests are performed on a weekly basis or when suspicion of drug or alcohol use is evident by the resident behavior.

Again, because prescribed medications or over the counter medicines may be present in a resident's tested urine, residents need to inform management in the event they are taking any other medication. Cross-reactivity and false positive results could be realized.

All results are documented in the resident's personnel folder. If abuse is determined, the resident is terminated from the residence. If the resident tests positive, **they have the right to go to the nearest hospital to have a drug screen performed there. They will be responsible for any costs associated with the hospital screening. They will have to provide documentation from the hospital regarding their test results. This should be done within 6 hours of the original test at the residence.**

954 Recovery is responsible for the cost of the test kits, no cost is passed on to the resident.

Resident Signature for Agreement to this Policy

Date_____

DISCHARGE POLICY & PROCEDURE

This policy addresses all discharged residents from 954 Recovery There are three situations we considered.

1. Successful Discharge Policy:

Resident has provided 2 weeks' notice, has remained abstinent from drugs and alcohol, has made plans to return to home of origin or decided to acquire new residence. All clients will be provided a continuing care plan that consists of local resources in the area they are relocating, A copy of the recommendations will be housed in the resident file.

2. ASA (Against Suggested Advice) Discharge: The resident leaves against the advice of Staff. All clients will be provided a continuing care plan that consists of local resources in the area they are relocating, A copy of the recommendations will be housed in the resident file.

3. Abandonment Discharge: The resident leaves property without notice and/or without personal property.

PROCEDURE:

Successful Discharge:

- The resident will provide two weeks' notice to 954 Recovery prior to departure.
- All furnishings undamaged and no items missing.
- All personnel belongings removed from the residence at discharge.
- If two weeks' notice are provided, the security deposit will be returned to the resident upon departure- Discharge will be maintained in clients file and necessary referrals for continuing with 12 step meetings will be provided on all discharges .

ASA (Against Suggested Advice) Discharge:

- If two weeks' notice is not provided, the security deposit will not be returned.
- If belongings are left without prior arrangements, the belongings are stored for 10 days; at the end of the 10 days, **belongings are donated to a non-profit thrift store and documented in the resident's file.**
- If resident's medications are left at the residence, the medications will be disposed of following discharge (see Page 38 for Disposal of Medications).
- The combo locks at the residents will be changed after the resident's departure.
- Emergency contact will be notified, and discharge will be documented in file

Abandonment Discharge:

- The security deposit will not be returned.
- **Abandoned belongings are stored for 10 days; at the end of the 7 days, belongings are donated to a non-profit thrift store and documented in the resident's file.**
- If resident's medications are left at the residence, the medications will be disposed of following discharge (see Page 38 for Disposal of Medications).
- The combo locks at the residents will be changed after the resident's departure. S
Emergency contact will be notified, and discharge will be documented in file.

Resident's Signature for Agreement to this Policy

Date_____

Resident's Initials_____ Date_____

REOCCURRENCE OF USE - POLICY & PROCEDURE

POLICY:

954 Recovery Recovery Residence has a policy of insisting all recovering residence be free from alcohol, drugs and any other illegal substance. This is necessary to maintain a safe and sober residence for ALL recovering residents.

Procedure:

If a client uses drugs, alcohol or any mood-altering substance while residing at 954 Recovery the House Manager or CRRA must be informed immediately.

Any one of these individuals will offer the resident immediate transportation to a Detoxification Center or Hospital. If the resident agrees to be transported, arrangements for transport will be made. Their emergency contact will be notified as to the action taken.

If a resident seeks to return to 954 Recovery after proof of completion of a higher level of care or testing negative on a urine screening his request will be considered for re-entry.

If the resident refuses the recommendation to go to a detoxification center or a hospital, as previously agreed to during their intake process, the resident will be provided referrals for a higher level of care and immediately be asked to leave 954 Recovery. The emergency contact will be contacted and notified as to the action taken.

Once the individual has left the premises, 954 Recovery will document the occurrence and update the individual's records/files.

The individual will forfeit monies associated with their last week's rent and security deposit.

Resident's Signature for Agreement to this Policy

Date_____

Resident's Initials_____ Date_____

FINANCIAL AND BILLING POLICY'S

All Resident will be provided a detailed billing items (fines, late fee's, security deposits) All Collections for rent the residents will be given a rent receipt

All refunds for deposits will be returned within 7 days with a detailed description of any funds that may be held due to damages, fines

Resident signature for Agreement to this Policy

Date_____

EMERGENCY POLICY AND PROCEDURE

It is the policy of 954 Recovery to have a written plan for emergency situations. At 954 Recovery we use FARR, NARR, OSHA and DCF guidelines. Promoting resident safety is a priority for us. We have implemented many processes to ensure we are prepared for emergency situations. 954 Recovery will review these plans on a routine basis.

PROCEDURE:

Some of the practices that we have in place include emergency exit plans posted in each house, emergency exit plans in our resident's recovery handbook and contact names for agencies that are available for crisis intervention. We have smoke detectors and fire extinguishers located throughout each house. These are both checked annually by the House Manager to insure they are in working condition.

Living in South Florida, it is imperative to have plans in place for natural disasters, with a specific emphasis on hurricanes. We prepare each year on June 1st, testing our emergency supplies such as hand flashlights, and batteries, first aid kit, and any other recommended items. Items outside of the residences, such as tables and chairs are secured and/or removed. Any items that could be considered a danger in high winds will be put in storage or secured outside. All of our residences have hurricane rated windows and doors adding additional assurance that our homes and our residents are protected.

In the event of an emergency evacuation any residents that can return to their home of origin will be granted permission to do so.

If any Staff member or resident is trained in First Aid or CPR, it is expected they will provide assistance in the event of a medical emergency. Calling 911 is essential if no staff individuals are trained in CPR.

DURING AN EMERGENCY, 954 RECOVERY WILL:

Provide staff with advance preparedness instructions in disaster emergencies (House Manager or CRRAs)

Prepare the homes for a potential disaster event if advance warning is given (Staff)

Ensure emergency equipment is operational (Staff)

Ensure safety equipment is operational and first aid kits are well stocked (Staff)

Minimize hazards and risk of disaster (Staff)

Ensure the safety of all residents and staff (Staff and Residents)

Prepare for continuous operations for residents during and after a disaster (Staff)

Prepare for normalized operations post disaster (Staff)

In the event of an evacuation, secure the residence prior to departing (Staff)

Prepare placement for emergency equipment such as emergency generators for the residence (House Manager)

Ensure that electricity-dependent systems, such as security alarms or water pumps, have battery backups or are connected to generators that automatically launch if power is lost

Assist residents with their needs (House Manager, Staff and CRRAs)

Continue to drug test for suspect residents

954 Recovery will ensure that client confidentiality is maintained

954 Recovery will develop a plan for disassembling, transporting, and reassembling any necessary equipment in an evacuation.

954 Recovery will utilize local Fort Lauderdale Police Department resources emergency incidents and in case of natural disasters.

Mitigate risk by working with our contractors that could reduce the impact of a disaster.

Secure outdoor furniture, grills, garbage containers, and other objects that could create hazards in heavy winds.

Listed below are resources to be utilized for information on personal preparedness:
FEMA-sponsored Web site, <http://www.ready.gov>.
American Red Cross at website <http://www.redcross.org/prepare/mobile-apps>
SAMHSA's Disaster Technical Assistance Center (DTAC). <http://www.samhsa.gov/dtac>
DTAC at 800-308-3515 or DTAC@samhsa.hhs.gov

Listed below are some sample provisions for different types of emergencies:

Hurricane: Physical - Structural and/or Electrical Damage: All house activities will be minimized until full electric service is restored and the structure of the residence is verified to be in good condition.

Evacuation: In the event of a disaster in which the residents need to evacuate, the EVAC Plan in place will be followed. The EVAC Plan for each of the residences are posted in each residence with the specific point where each resident must go and be counted (Rally Point).

RALLY POINT FOR RESIDENCES:

954 Recovery Pompano In the event of a house evacuation, leave the house, proceed right to go to cypress creek road and they will be picked up at the corner. Stay out of the way of EMS, Police and Fire Rescue Vehicles. remain in the visible and safe area for head count and check-in. Stay out of the way of EMS, Police and Fire Rescue Vehicles.

954 Recovery Ft Lauderdale In the event of a house evacuation, leave the house, head east on 5th to Andrews Ave. Stay out of the way of EMS, Police and Fire Rescue Vehicles. remain in the visible and safe area for head count and check-in.

MEDICAL EMERGENCY

In the event of a medical emergency, the staff at 954 Recovery will take the following actions:

For emergency services, rescue, or ambulance, call 911
Refer the resident to the closest hospital or medical facility
Provide assistance to look for a health care provider in the community

Notify the resident's emergency contact of the event
For overdose emergencies: please see policy

Fire Emergencies:

In the event of a fire that is not extinguishable, call 911
All emergency exit routes are posted in the resident and visible to all residents
954 Recovery has fire extinguishers in the residence. All staff and residents will be trained on their location and use.
Fire extinguishers will be checked monthly by CRRA, logs will be kept in file and extinguishers will be replaced when necessary. The House Manager or CRRA will demonstrate and train using the PASS method (Pull, Aim, Squeeze and Sweep) and is documented and placed in the resident's and staff's training file.

Falls, Slips, and Trips

In case of falls, slips, or trips, depending on severity, call 911. If not a serious injury, the resident will be referred to the nearest Medical Center for evaluation.

For suicidal ideations, seizures, and other serious medical emergencies call 911

Resident Signature for Agreement to this Policy

Date_____

POLICY FOR OVERDOSE SITUATIONS:

Narcan is supplied at each residence. Narcan is a nasal spray to be used in the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression.

Narcan nasal spray is intended for immediate administration as emergency therapy where opioids may be present. Narcan nasal spray is not a substitute for emergency medical care. Narcan is stored at 954 RECOVERY as a single-dose intranasal spray containing 2 containers of 2mg. each.

Procedure:

When an individual takes too many opioids the drugs may block their ability to breathe, which may lead to coma or death. If a resident appears to be overdosing, please follow these instructions:

STEP 1. Recognizing an Opioid Overdose

- 1.) Shout to see if the victim responds and gently shake their shoulders
- 2.) Rub your knuckles on their upper lip or up and down the front of their rib cage (sternal rub)
- 3.) If resident is unresponsive, have someone call 911. If you are alone with the individual, you call 911

STEP 2. When calling 911, share the following information:

- 1.) Individual's breathing has stopped, and they are unresponsive
- 2.) The exact location of the individual
- 3.) Whether or not Narcan (Naloxone) has been administered to the individual and if it helped

STEP 3. Rescue Breathing

- 1.) Place the individual on their back. Place one hand on their forehead and the other under their chin
- 2.) Tilt their chin up gently to open the airway
- 3.) Check to see if there is anything in their mouth blocking their airway, such as gum, undissolved pills, syringe cap, etc. if so, remove it
- 4.) Pinch their nose with one hand and keep their chin tilted up with the other hand. Create an airtight mouth-to-mouth seal and give 2 even, regular size breaths. Blow enough air into their lungs to make their chest rise. If the chest does not rise, make sure you pinch their nose and tilt their head back with each breath
- 5.) Give one breath every 5 seconds

STEP 4. Administering Narcan (Naloxone) Follow the steps below to give Narcan nasal spray

- 1.) Remove Narcan nasal spray from the box. Peel back the tab with the circle to open the Narcan nasal spray
- 2.) Hold the Narcan nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
- 3.) Gently insert the tip of the nozzle into either nostril. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose
- 4.) Press the plunger firmly to give the dose of Narcan nasal spray. Remove the Narcan nasal spray from the nostril after giving the dose

Administering a second dose:

If naloxone did not work after waiting 2-5 minutes, you may give a second dose of medication.... repeat Narcan nasal spray process every 2-3 minutes until the person responds or emergency medical help is received

Recovery Position:

If you have to leave the individual, even for a moment to call for help or to get more Narcan, make sure to roll the individual over on their side with their top leg and arm crossed over their body. This position will help maintain an open airway. If they happen to vomit, this position will lessen the risk that they choke on their vomit

Signs of Opioid Withdrawal: If naloxone is successful in overdose reversal, the resident may experience withdrawal symptoms because naloxone works to block the opioid in their system. Comfort the individual and keep them calm.

You will recognize opioid withdrawal in the individual by their dilated pupils, nausea and vomiting, signs of agitation and anxiety and sweating.

Special Notification of Overdose Situations:

In the event of an overdose situation, a detailed report must be completed by the House Manager, and FARR must be notified within 72 hours of the incident. Include whether the incident resulted in death and where the overdose occurred, on or off house property.

ADDITIONAL NARCAN INFORMATION

INDICATION AND IMPORTANT SAFETY INFORMATION NARCAN® (naloxone HCl) NARCAN Nasal Spray is used for the treatment of an opioid emergency or a possible opioid overdose when there are signs of breathing problems and severe sleepiness or the individual not being able to respond. NARCAN® Nasal Spray is to be given right away and does not take the place of emergency medical care. Emergency medical help should be sought right away after giving the first dose of NARCAN® Nasal Spray, even if the person wakes up because symptoms may return. Repeat doses may be necessary.

Do not use NARCAN® Nasal Spray if someone is allergic to naloxone hydrochloride or any of the ingredients in NARCAN® Nasal Spray.

NARC

EMERGENCY CONTACT NUMBERS

Police Department. Non-Emergency - 954-764-4357 or 954-764-HELP

Special Needs Registry with Broward County Human Services - 954-831-3902

Hearing-Impaired (TTY) Special Needs Registry with Broward County Human Services - 954-831-3940

Broward General – 1600 S Andrews Ave, Fort Lauderdale FL, 33316

AN® Nasal Spray is used to temporarily reverse the effects of opioid medicines. The medicine in NARCAN® Nasal Spray has no effect in people who are not taking opioid medicines.

Use NARCAN® Nasal Spray right away if you or your associate think signs or symptoms of an opioid emergency are present, even if you are not sure, because an opioid emergency can cause severe injury or death. Family members, caregivers, or other people who may have to use NARCAN® Nasal Spray in an opioid emergency should know where NARCAN® Nasal Spray is stored and how to give NARCAN® before an opioid emergency happens.

Get emergency medical help right away after giving the first dose of NARCAN® Nasal Spray. Call 911 or if possible, have someone else call 911 immediately.

Rescue breathing or CPR (cardiopulmonary resuscitation) may be given while waiting for emergency medical help. If you are alone and have to leave the non-responsive individual to call 911, turn them on their side and return to the individual as soon as possible.

The signs and symptoms of an opioid emergency can return after NARCAN® Nasal Spray is given. If this happens, give another dose after 2 to 3 minutes using a new NARCAN® Nasal Spray and watch the person closely until emergency help is received.

NARCAN® Nasal Spray may cause serious side effects, including sudden opioid withdrawal symptoms. Opioid withdrawal symptoms may include body aches, diarrhea, increased heart rate, fever, runny nose, sneezing, goose bumps, sweating, yawning, nausea or vomiting, nervousness, restlessness or irritability, shivering or trembling, stomach cramping, weakness, increased blood pressure.

These are not all of the possible side effects of NARCAN® Nasal Spray. Call your doctor for medical advice about side effects. To report SUSPECTED ADVERSE REACTIONS, contact ADAPT Pharma, Inc. at 1-844-4NARCAN (1-844-462-7226) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Resident Signature for Agreement to this Policy

Date

LOCAL RESOURCES

Barc Detox

325 SW 28th St, Fort Lauderdale, FL 33315
(954) 357-4880

Henderson Mental Health Center

4740 N. State Road 7, Building C #201 Fort Lauderdale, FL 33319
954-739-8066 www.hendersonmhc.org

Jubilee Center of South Broward- Food, Identification, counseling, legal for homeless

2020 Scott St Hollywood Florida
954-920-0106 <http://www.jubileecenterbroward.org/index.html>

Pride Center- Free HIV testing, Support Groups, 12 step Meetings

2040 N. Dixie Hwy Wilton Manors FL 33305
954-463-9005 <http://www.pridecenterflorida.org/about/>

Broward County 2-1-1 Hotline

Simply dial **2-1-1** for assistance. It's available 24 hours a day, 7 days a week, and you'll be directed to the nearest emergency food or social service agency in your area.

Florida Department of Children and Families (DCF) Food Stamps

1-866-762-2237 <http://www.myflorida.com/accessflorida>

CareerSource Broward- Employment Assistance

North Center - 2301 West Sample Road, Building 4, Suite 7-A, Pompano 954-969-3541

Central Center - 2610 West Oakland Park Blvd., Fort Lauderdale 954-677-5555

South Center - 7550 Davie Road Extension, Hollywood, FL 954-967-1010

Employ Florida

For more information (toll free): 1-866-FLA-2345 or 1-866-352-2345

Vocational Rehabilitation Division

1400 W Commercial Blvd #115 (954) 202-3850

Abuse Hotline:

(800) 96A-BUSE

DCF Local Office:

(561) 227-6680

12 Step Clubhouses

Sunshine Cathedral

1480 SW 9th Avenue
Fort Lauderdale FL 33315

954-462-2004

12 step House:

205 SW 23rd St. Ft Lauderdale FL 33315
<http://12stephouse-1949.org>

954-523-4984

4th Dimension:

4425 Hollywood Blvd Hollywood FL 33021
<http://4thdimensionclub.com>

954-967-4722

Pride Center

2040 North Dixie Hwy Wilton Manors F l 33305
<http://www.pridecenterflorida.org>

954-463-9005

Lambda South

1231 East Las Olas Blvd Ft Lauderdale FL 33304
<http://www.lambdasouth.com>

Serenity By the Sea:

3561 NW 9th Ave, Oakland Park FL 33309

786-355-3581

101 club house

700 SW 10th street, Pompano Beach Fl 33060

GRIEVANCE POLICY & PROCEDURE

All residents should feel safe to report any grievance between themselves and another resident or staff without fear of reprisals. 954 Recovery follows strict Confidentiality in addressing Grievances.

1. All information, notes, reports, transcripts, and any other documentation of any kind that are generated or received during an ethics investigation, shall be kept confidential by 954 Recovery.
2. The resident is entitled to a full and complete copy of the following:
 1. Compliant (Subject of compliant / grievance; Identity of complainant / grievant will remain confidential);
 2. Investigative summary.
 3. 954 Recovery Recommendations.
 4. Resolution

Procedure:

Residents are encouraged to submit a written report to the housing manager or the CRRA of their grievance and it is 954 Recovery policy that the grievance be addressed and satisfied within a 48-hour time frame.

Resident and the staff member addressing the complaint must sign off the grievance attesting to what the resolution was, how it was rectified and if it was to the resident's satisfaction.

Grievance forms will be available in each apartment and posted in a conspicuous manner and they will be maintained in the resident's file.

Policies are to be enforced in a fair and equal manner.

Intimidation or unfair policy enforcement will NOT be tolerated.

It is 954 Recovery residents right to contact FARR for external compliance with any grievances.

FARR office # 561-299-0405

Email: farronline.info/grievance

FARR GRIEVANCE POLICY

It is the policy of The Florida Association of Recovery Residences (FARR) to ensure Certified Residences and stakeholders' grievances are handled respectfully, appropriately, and professionally.

The Formal Grievance Procedure should be used to resolve interpersonal conflict between individuals and to report issues with existing FARR policy that a Certified Residence believes should be examined prior to the next scheduled annual policy review meeting.

The Formal Grievance Procedure should not be used for retribution or personal/agency gain.

The Formal Grievance Procedure includes but is not limited to the investigation, validation, and recommendation of the Ethics Committee as to the standing of the Certified Residence and sanctions and/or disqualification of their certification to the FARR Board, when necessary.

FORMAL GRIEVANCE PROCEDURE

Confidentiality of Proceedings

1. All information, notes, reports, transcripts, and any other documentation of any kind that are generated or received during the course of an ethics investigation, including the ethics committee meetings, and appeal hearings, shall be kept confidential by FARR.
2. The respondent is entitled to a full and complete copy of the following:
 1. Compliant; (Subject of compliant / grievance; Identity of complainant / grievant will remain confidential);
 2. Investigative summary.
 3. Ethics Committee's Recommendations.
 4. FARR Executive Board Recommendations.
3. The complainant is entitled to a full and complete copy of the following:
 1. Ethics Committee's Recommendations.
 2. FARR Executive Board Recommendations.

Oversight and Conflict of Interest

1. In all cases, the Chairman of the FARR Ethics Committee will direct ethics investigations under the supervision of the FARR Executive Director.
2. If a member of the Ethics Committee is a party in a grievance or involved in any way, he or she will be excused from the grievance proceedings.
3. If a member of the FARR Executive Board is a party in a grievance or involved in any way, he or she will be excused from the grievance proceedings.

Sanctions

- Possible sanctions for the violation of the FARR Code of Ethics or Standards include but are not limited to:
 1. Written Reprimand: A Written Reprimand with request for Corrective Action and follow-up review.
 2. Summary Suspension: Summary Suspension with request for Corrective Action and follow-up review.
 3. Revocation.
 4. Denial of Application for Certification with FARR.
- The Ethics Committee may consider the applicant's or agencies prior history in regard to ethical sanctions and disciplinary actions when determining the appropriate sanctions for the current ethics case.
- A third offense, confirmed by the Ethics Committee, in a two-year period will automatically result in an immediate summary suspension and sanctions shall include a suspension or revocation of Certification.

THE FORMAL GRIEVANCE PROCESS

It is important to follow the grievance or complaint procedures carefully and to document all pertinent facts, dates and information when filing a report or claim.

Step 1: Filing

A Formal Grievance should be filed within 30 days of when the complaint became aware or suspected the violation of ethics or standards. The Formal Grievance should be documented on the FARR Formal Grievance Form; Verbal grievances will not be acted upon.

Step 2: Submission

The FARR Formal Grievance Form should be submitted to the Executive Director of FARR, or if a perceived conflict exists, to the Chairman of the FARR Ethics Committee.

Step 3: Notification of Receipt

Grievant should be notified by email or telephone within 3 business days of the Executive Director's receipt of the grievance. The Executive Director of FARR forwards a copy of the Grievance to the Chairman of the FARR Ethics Committee for review and discussion.

Step 4: Investigation

Within 30 days of receipt of the written complaint, the FARR Ethics Committee will complete an objective investigation of the matter and record the findings in writing;

An extension of no more than 30 days may be granted for investigations that take longer than the initial 30-day timeframe. No member of the Ethics Committee or Executive Committee shall intentionally try to stall, prolong, or delay proceedings. The

complainant /grievant and / or respondent may be requested to appear separately in front of the Ethics Committee. Written notice of the time and date will be sent to the grievant at least 10 days prior to the hearing.

Step 5: **Presentation to the Board**

FARR Ethics Committee presents to the FARR Executive Committee at the next scheduled meeting. The presentation shall include the complaint / grievance; investigation summary including an objective account of everything that transpired to result in the grievance and as well as anything that have occurred as a result of the grievance, and the recommended action to be taken;

Step 6: **Board Decision / Recommendations**

FARR Board of Directors will discuss and make a formal recommendation for vote at the next general meeting. A report of the findings, voting results, and corrective actions to be taken will be provided to the grievant via email within 14 business days after the general meeting. The proceedings will be recorded in general meeting minutes to keep official record.

954 RECOVERY GRIEVANCE FORM

NAME : _____ DATE/TIME: _____

LOCATION: _____

Detailed description of grievance including names of other persons involved

Resident met with staff on _____

Supervisor is to fill out the following information:

SUPERVISOR NAME: _____

DATE/TIME _____

CORRECTIVE ACTION: _____

Detailed description of solution to grievance and how it was resolved.

Residents response to corrective action: _____ Date _____

CRRA _____ Date _____

MAINTENANCE/REPAIR POLICY AND PROCEDURE

It is the policy at 954 Recovery to provide a safe, clean and healthy living environment for our residents. House Managers are responsible for routine inspections of the interior residence as well as the exterior residence and lawn areas.

Procedure:

The House Manager or CRRA is responsible to identify and report all maintenance items that need attention. If repairs to the property need to be done, a Maintenance Request Repair Form must be completed. This form is attached to this procedure.

We have contracts with local contractors to provide routine HVAC inspections, monthly water sprinkler inspections, monthly pest control treatments for both the exterior and interior of the houses, and annual roof inspections. We have been working with these contractors for years; they are familiar with our homes and work hard to maintain them. We change our A/C filters monthly to assure that our air conditioners are in good working condition. We have a lawn service that maintains our lawns twice monthly. They also assist in tree and hedge trimming on a routine basis. By maintaining our homes in this manner, we are providing a residence recovery home in which our residents can focus on their sobriety and on their community, rather than be distracted by maintenance issues. With that said, there are always unexpected maintenance issues that arise due to the volume of use of our homes and their amenities. Each residence has a live-in house manager whose responsibility it is to inspect the rooms/house perimeter on a routine basis. If anything needs repair, the action item is reported to the House Manager immediately and a Maintenance Request Repair Form is completed. We use only licensed contractors for our residence. If repairs are major and a permit is needed to begin work, the Owner will be responsible for obtaining a permit from the City of Pompano Beach.

The House Manager is responsible in overseeing the repairs and maintenance items. All forms and other paperwork will be filed at the residence after review by the

MAINTENANCE REQUEST FORM

NAME : _____ DATE : _____

LOCATION:

YOUR REQUEST :

TO BE FILLED OUT BY CRRA

TIME AND DATE ISSUE WAS FIXED

POLICY REGARDING FAIR HOUSING

At 954 Recovery it is the policy of the recovery residence to ensure the Fair Housing Rights of all residents are supported and upheld.

The recovery residence does not discriminate on race, color, national origin, religion, sex, familial status or disability.

The residence will treat transgender populations on an individual basis.

Sexual discrimination in housing is illegal. The residence may not segregate residents by sex unless they have shared sleeping areas, bathing areas and/or bathrooms, which would negatively influence the residents' right to privacy.

The residence will attempt to make reasonable accommodations for individuals who request special accommodations due to a disability.

POLICY REGARDING LENGTH OF STAY

At 954 Recovery there is no maximum length of stay. It is totally up to the resident as far as their length of stay. We do encourage a stay of 1 year for the resident. However, if a resident decides to leave, we understand we can only encourage the length of stay. Residents have the right to terminate their stay, at any time, by providing notice to the House Director. If the deposit for last week's rent is to be returned to the departing resident, two weeks' notice is required prior to the departure date. The security deposit will be returned if the tenant leaves on good terms and no damage was reported to the room or premises.

AFFIDAVIT OF NON- DISCRIMINATION

954 Recovery does not discriminate on the basis of race, creed, color, religion, sex, national origin, age or disability when considering residency placement.

The agency will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship.

Resident Concerns:

1. Residents with questions or concerns about discrimination in the house are encouraged to bring these issues to the attention of the Certified Recovery Residence Administrator (CRRA) and/or file a grievance according to protocols.
2. Residents can raise concerns and make reports without fear of reprisal.
3. Anyone found to be engaging in unlawful discrimination will be subject to disciplinary action, including discharge from the Recovery Residence.

I have read the above Affidavit of Non-Discrimination and understand my rights as an employee/resident.

SIGNATURE: _____ Date: _____

AGREEMENT

- 1) I have read and signed the Resident Rights & Responsibilities. _____
- 2) I have read and understand the Grievance Policy _____
- 3) I have read and understand the House Rules for 954 Recovery _____
- 4) I have read and understand the 954 Recovery Relapse Protocol. _____
- 5) I have read and agree to the Hazardous Items Search Policy for 954 Recovery _____
- 6) I have read, agreed to and will comply with 954 Recovery Drug Testing Policy. _____
- 7) I have read, agreed to and signed my fee agreement with 954 Recovery _____
- 8) I have completed the application with all appropriate and accurate information. I agree to have my legal identification card to be copied and placed in my resident's file. _____
- 9) I understand and will comply with the Prescription Medication Storage and have been assigned a lock box for personal storage. _____
- 10) I have honestly and accurately filled out the 954 Recovery application which includes all my prescribed medications. _____
- 11) I have been informed and provided with the Emergency procedures utilized at 954 Recovery as well as the staff contact list. _____

Resident Name (Print)

Resident's Signature

Date

DATA COLLECTION

It is the policy at 954 Recovery to collect and review data in a survey format in order for 954 Recovery to continue their quest for improvements at the Residences.

- We collect information from residents leaving 954 Recovery whenever possible.
- We document resident's status upon separation from 954 Recovery we document resident's length of stay and reason(s) for leaving.
- We inquire about their future plans and their plans for their continued recovery.
- We try to collect information such as their satisfaction with their stay at 954 Recovery and ways to improve. We document all grievances they may have as well.

Information that we track to ensure continuous improvement is:

- a. Length of stay
- b. All Incidents Reports
- c. Safety recommendations involving all residents and staff safety.
- d. Upon discharge residents will be asked to complete the Satisfaction survey so we can collect data for quality improvement.
 - 1) Upon discharge, staff will provide discharging residents with the Satisfaction Survey
 - 2) The resident will be asked to complete their Satisfaction Survey
 - 3) The completed survey will be placed in an envelope and sealed
 - 4) The sealed envelope will be given to the House Director or CRRA
 - 5) The CRRA is responsible to review the information and document

Information deemed to be helpful will be reviewed by Management.

CLIENT SATISFACTION SURVEY

1. Which 954 Recovery residence were you residing?_____.
2. When you first made contact with staff at 954 Recovery, how long did you have to wait for a bed?

3. Were you treated with respect? _____
4. Did you feel the weekly rent was reasonable? _____
5. Was the residence clean and well kept? _____
6. Was the sleeping accommodations acceptable? _____
7. Did you receive an orientation at the Residence? _____
8. Did you receive a copy of the house rules? _____
9. Do you feel you received enough instructions regarding the Residences? _____
10. Is the House Manager and/or House Director accessible to you? _____
11. Did your stay at 954 Recovery help you? _____
12. Was your privacy respected? _____
13. Would you recommend 954 Recovery to a friend or anyone looking for a Recovery Residence?

If your answer is no, please explain why.

Please answer the following questions:

14. What did you like about the residence?

15. What did you dislike about the residence?

16. What changes would you recommend we make to improve 954 Recovery?

We thank you for taking the time to help us improve 954 Recovery!