

**DEPARTMENT FOR
MENTAL HEALTH
AND
MENTAL RETARDATION
SERVICES**

**FACILITY INCIDENT MANAGEMENT
PROTOCOL**

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**DEPARTMENT FOR MENTAL HEALTH
AND MENTAL RETARDATION SERVICES**

FACILITY INCIDENT MANAGEMENT PROTOCOL

1. PURPOSE AND PHILOSOPHY OF INCIDENT MANAGEMENT

A. Purpose

The purpose of this protocol is to describe the responsibilities related to the protections of individuals who are served by the Department for Mental Health and Mental Retardation Services (DMHMRS), and all of its facilities and the management of incidents. Incident Management includes the components of effective abuse protection recommended by the Centers for Medicare & Medicaid Services (CMS); the classification of incidents; tracking and trending of incidents; and implementing effective actions to protect from harm those individuals served.

B. Philosophy

Incident Management serves to promote an environment that is free from harm. The Department believes all individuals served are entitled to appropriate services in a caring and hospitable environment that is free from harm. In order to create this environment, facilities must eliminate, wherever possible, the occurrence of incidents; i.e., episodes of harm or potential harm. The fewer the incidents, particularly serious incidents, the more caring and hospitable the circumstances under which those individuals we serve will live, work, and learn. Furthermore, Incident Management is one component of a larger Quality Improvement process through Risk Management by which the emphasis is on improvement of systems and processes.

2. EFFECTIVE ABUSE PROTECTION¹

Facilities must have developed and operationalized integrated systems to ensure that all individuals served are free from all forms of abuse, neglect, and exploitation. Facilities are responsible to organize systems in such a manner as to **proactively** assure individuals are free from serious and immediate threat to their physical and psychological health and safety. The following components are necessary for effective protection from harm:

A. Prevent

This system ensures there are adequate staff on duty, especially during the evening, nighttime, weekends and holiday shifts, to take care of the individual needs of all persons served. Facilities must ensure that there are the number and types of qualified, trained, and experienced staff at the facility and available to meet the care needs of every patient.

B. Screen

This system ensures that persons with a record of abuse or neglect are not hired or retained as employees.

C. Identify

This system ensures the facility creates and maintains a proactive approach to identify events and occurrences that may constitute or contribute to abuse, neglect, or exploitation.

¹ State Operations Manual. Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. (Rev. 1, 05-21-04). Pp. 71-72.

D. Train

This system ensures the facility, during its orientation program, and through an ongoing training program, provides all employees with information regarding abuse, neglect, and exploitation, and related reporting requirements, including prevention, intervention, and detection.

E. Protect

This system ensures the facility protects individuals from abuse during investigation of any allegations of abuse, neglect, exploitation, or harassment.

F. Investigate

This system ensures the facility conducts an objective investigation of all allegations of abuse, neglect, exploitation, or harassment, in a timely and thorough manner.

G. Report/Respond

This system ensures the facility assures that any incidents of abuse, neglect, exploitation, or harassment are reported and analyzed, and the appropriate corrective, remedial or disciplinary action occurs, in accordance with applicable local, State, or Federal law.

3. AGENCY ROLES

A. Department for Mental Health and Mental Retardation Services

The Department for Mental Health and Mental Retardation Services (DMHMRS) provides minimum guidelines for incident management by state owned facilities. The Department is responsible for the administration, implementation, coordination, and monitoring of the Facility Incident Management Protocol and providing technical assistance to the facilities regarding the Facility Incident Management Protocol.

B. Office of Inspector General

The Office of Inspector General (OIG) investigates for potential facility regulatory violations with state and federal law, to include allegations of abuse, neglect, and exploitation. Investigation objectives will focus on the facility's protective oversight, prevention, efficiency and quality within the healthcare delivery system.

C. Department for Community Based Services: Adult and Child Protections

a. Adult Protections

The Department for Community Based Services (DCBS) provides protective services that may include, but are not limited to, conducting investigations of complaints of possible abuse, neglect, or exploitation to ascertain whether or not the situation and condition of the adult in need of protective services warrants further action; social services aimed at preventing and remedying abuse, neglect, and exploitation; and services directed toward seeking legal determination of whether or not the adult in need of protective services has been abused, neglected, or exploited and to ensure that he/she obtains suitable care in the facility.

This is an integration of the following: KRS 209.020 (5)

b. Child Protections

Any person who knows or has reasonable cause to believe that a child is dependent, neglected or abused shall immediately cause an oral or written report to be made to a local law enforcement agency or the Kentucky State Police; the cabinet or its designated representative; the Commonwealth's attorney or the county attorney; by telephone or otherwise. Any supervisor who receives from an employee a report of suspected dependency, neglect or abuse shall promptly

make a report to the proper authorities for investigation. Nothing in this section shall relieve individuals of their obligations to report.

This is an integration of the following: KRS 620.030(1)

4. APPLICATION AND AUTHORITY

A. Application

This Protocol applies to all individuals served in the DMHMRS facilities, whether operated directly or under contract, and to all state employees, contract employees, consultants, and agents.

B. Authority

The Facility Incident Management Protocol is based upon the following statutes, regulations, and State Operation Manuals:

KRS Chapter 209, KRS 209.020(5), KRS 209.020(8), KRS 209.030(4), KRS 216.532, KRS 216.533(1), KRS 216.533(2), KRS 216.533(3), KRS Chapter 218A, KRS 222.005, KRS 507.020, KRS 507.030, KRS 507.040, KRS 508.010, KRS 508.020, KRS 508.030, KRS 508.032, KRS Chapter 509, KRS Chapter 510, KRS 510.010, KRS Chapter 511, KRS Chapter 513, KRS 514.030, KRS Chapter 530, KRS Chapter 531, KRS 600.020(1), KRS Chapter 620, KRS 620.030(1), KRS 620.030(2), 101 KAR 2:102, Section 8, 902 KAR 20:016, 902 KAR 20:048, 902 KAR 20:051, 42 CFR 483.13(c)(2), 42 CFR 483.13(4), 42 CFR 483.352(3), 42 CFR 483.420(a)(5), 42 CFR 483.420(c)(6), 42 CFR 483.420(d)(2), 42 CFR 483.420(d)(3), 42 CFR 483.420(d)(4), State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 1, 5-21-04), State Operations Manual Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Persons With Mental Retardation, and State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities.

5. GENERAL DEFINITIONS

A. Agent

Any individual not employed by the facility but working under the auspices of the facility, such as a volunteer, a student, etc.

B. Certified Investigator

A person who successfully completes a DMHMRS approved training and has sample investigations reviewed and approved by the Department Incident Management Administrator, or designee.

C. Department Incident Management Administrator

The person appointed by the DMHMRS Commissioner responsible for providing functional oversight and management of the facility-based incident investigation process and provides functional supervision of the Department Incident Management Coordinator.

D. Department Incident Management Coordinator

The person appointed by the DMHMRS Commissioner responsible for facility on-site reviews of Incident Reports.

E. Facility Incident Management Coordinator

The staff assigned by the Facility Director responsible for implementing the Incident Management Review Process.

F. Incitement

To spur to action or instigate into activity; implies responsibility for initiating another's actions.

G. Individual

Refers to the person served in a facility: who resides in a nursing home; who resides in an ICF; who does not reside in an ICF but receives services at the ICF; who receives services in a psychiatric hospital; OR who may be physically away from the facility (nursing home, ICF/MR, or psychiatric hospital) but still carried on the census of the facility.

H. Inquiry

This process entails an examination of the facts reported in a Class 2 incident to ensure the information is accurate and that the facility has responded appropriately.

I. Investigation

This process ensures the facility conducts an objective investigation of all allegations of abuse, neglect, exploitation, and Class 3 incidents, in a timely and thorough manner. This process follows the standard investigative report format approved by the Department Incident Management Administrator (Appendix B).

J. Retaliatory Action

Any action intended to inflict emotional or physical harm or inconvenience on an employee or individual served that is taken because he or she has reported abuse, neglect, or exploitation. This includes, but is not limited to, harassment, disciplinary measures, discrimination, reprimand, threat, and criticism.

6. ABUSE, NEGLECT, AND EXPLOITATION DEFINITIONS

Facilities must have a system in place to protect individuals from abuse, neglect and exploitation of all forms, whether from staff, other individuals (peer-to-peer), visitors or other persons.

A. Adult Abuse

Adult abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment that results in physical pain or injury, including mental injury or anguish. Abuse also refers to the ill-treatment, violation, revilement, malignment, and/or otherwise disregard of an individual, whether purposeful, or due to carelessness, inattentiveness, or omission of the perpetrator. This may be a direct act by an individual or the incitement of another staff member or individual to perform the act. Abuse also may be due to staff neglect or indifference to infliction of injury or intimidation of one patient by another.

This is an integration of the following:

KRS 209.020(8), 902 KAR 20:016 Hospitals; operations and services., 902 KAR 20:051. Operation and services; intermediate care., 902 KAR 20:048. Operation and services; nursing homes.

Hospital: State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 1, 5-21-04)

ICF/MR: State Operations Manual Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Persons With Mental Retardation

Nursing Home: State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities

B. Adult Neglect

A situation in which an adult is unable to perform or obtain for himself the goods or services that are necessary to maintain his health or welfare, or the deprivation of services by a caretaker, i.e. the failure to provide goods and services necessary, to maintain the health and welfare of an adult, which may result in physical harm, mental anguish, or mental illness.

This is an integration of the following:

KRS 209.020(8), 902 KAR 20:016 Hospitals; operations and services., 902 KAR 20:051. Operation and services; intermediate care., 902 KAR 20:048. Operation and services; nursing homes.

Hospital: State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 1, 5-21-04)

ICF/MR: State Operations Manual Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Persons With Mental Retardation

Nursing Home: State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities

C. Child Abuse and Neglect (KRS 600.020(1))

"Abused or neglected child" means a child whose health or welfare is harmed or threatened with harm when his parent, guardian, or other person exercising custodial control or supervision of the child:

- a. Inflicts or allows to be inflicted upon the child physical or emotional injury as defined in this section by other than accidental means;
- b. Creates or allows to be created a risk of physical or emotional injury as defined in this section to the child by other than accidental means;
- c. Engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child including, but not limited to, parental incapacity due to alcohol and other drug abuse as defined in KRS 222.005;
- d. Continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child;
- e. Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;
- f. Creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child;
- g. Abandons or exploits the child;
- h. Does not provide the child with adequate care, supervision, food, clothing, shelter, and education or medical care necessary for the child's well-being. A parent or other person exercising custodial control or supervision of the child legitimately practicing the person's religious beliefs shall not be considered a negligent parent solely because of failure to provide specified medical treatment for a child for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child; or
- i. Fails to make sufficient progress toward identified goals as set forth in the court-approved case plan to allow for the safe return of the child to the parent that results in the child remaining committed to the cabinet and remaining in foster care for fifteen (15) of the most recent twenty-two (22) months.

D. Exploitation

Obtaining or using an individual's resources, including but not limited to funds, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the individual of those resources. Exploitation includes the misappropriation of an individual's property which includes the deliberate misplacement, mistreatment, or wrongful, temporary, or permanent use of an individual's belongings or money without the individual's consent.

This is an integration of the following:

KRS 209.020(8), 902 KAR 20:016 Hospitals; operations and services., 902 KAR 20:051. Operation and services; intermediate care., 902 KAR 20:048. Operation and services; nursing homes.

Hospital: State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 1, 5-21-04)

ICF/MR: State Operations Manual Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Persons With Mental Retardation

Nursing Home: State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities

E. Immediately

After ensuring the safety and well-being of the individual(s) served, the Facility Director or Designee shall contact, without further delay, all required state and local government agencies of any reported, suspected, or alleged incident of abuse, neglect, exploitation, OR any other Class 3 Incident, according to applicable statutes listed under Section 4.B., Authority.

F. Incident

An occurrence or event that causes, or may cause, harm to an individual(s) served, staff, visitors, or property.

G. Injuries of Unknown Source

An injury should be classified as an “injury of unknown source” when both of the following conditions are met:

- a. The source of the injury was not observed by any person **or** the source of the injury could not be explained by the resident; **and**
- b. The injury is suspicious because of the extent of the injury **or** the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) **or** the number of injuries observed at one particular point in time **or** the incidence of injuries over time.

This definition is from: Nursing Home: State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities

H. Medication Errors

There are nine (9) categories of medication errors, according to Categories as defined by National Coordinating Council for Medication Error Reporting and Prevention (NCC-MERP) Error Outcome Category Index:

- a. Category A: Circumstances or events that have the capacity to cause error; this error requires a medication variance report to the facility Pharmacy and Therapeutics Committee.
- b. Category B: An error occurred, but the error did not reach the patient; this error requires a medication variance report to the facility Pharmacy and Therapeutics Committee.
- c. Category C: An error occurred that reached the patient, but did not cause patient harm, considered Class 1.
- d. Category D: An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient, and/or required intervention to preclude harm, considered Class 1 UNLESS there is a trend, at which point it bumps to Class 3.
- e. Category E: An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention, considered Class 3.
- f. Category F: An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization, considered Class 3.
- g. Category G: An error occurred that may have contributed to or resulted in permanent patient harm, considered Class 3.
- h. Category H: An error occurred that required intervention necessary to sustain life, considered Class 3.
- i. Category I: An error occurred that may have contributed to or resulted in the patient's death, considered Class 3.

I. Mental/Psychological Abuse

Includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, sexual coercion, intimidation, whereby individuals suffer psychological harm or trauma.

This is an integration of the following:

KRS 209.020(8), 902 KAR 20:016 Hospitals; operations and services., 902 KAR 20:051. Operation and services; intermediate care., 902 KAR 20:048. Operation and services; nursing homes.

Hospital: State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 1, 5-21-04)

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J. Missing Individual

Absent without authorization regardless of leave status; an individual is considered to be missing if the individual 1) has not been accounted for when expected to be present or 2) has left the grounds of the facility without permission.

K. Para-suicidal Behavior

Behavior suggesting suicidal thoughts, with no serious attempt present.

L. Physical Abuse

Physical abuse is any physical motion or action, by which bodily harm or trauma occurs and includes but is not limited to hitting, slapping, pinching, punching, kicking and burning. Physical abuse also includes controlling behavior through corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purposes of punishment.

This is an integration of the following:

KRS 209.020(8), 902 KAR 20:016 Hospitals; operations and services., 902 KAR 20:051. Operation and services; intermediate care., 902 KAR 20:048. Operation and services; nursing homes.

Hospital: State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 1, 5-21-04)

ICF/MR: State Operations Manual Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Persons With Mental Retardation

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M. Serious Injury

Any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else. Additional events considered as serious injuries are harms sustained that require treatment beyond first aid.

This is an integration of the following: Psychiatric Residential Treatment Facility: 42 CFR 483.352(3)

N. Sexual Abuse/Assault

Sexual contact between staff and an individual or between two individuals and includes any touching of the sexual or other intimate parts of a person done for the purpose of gratifying the sexual desire of either party. Sexual abuse/assault also includes but is not limited to, staff negligently allowing intimate sexual contact between individuals, sexual harassment, and sexual coercion.

This is an integration of the following:

KRS 209.020(8), KRS 510.010, 902 KAR 20:016 Hospitals; operations and services., 902 KAR 20:051. Operation and services; intermediate care., 902 KAR 20:048. Operation and services; nursing homes.

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O. Suicidal Behavior

Any serious attempt to kill one's self.

P. Threat

Any condition or situation which could cause or result in severe, temporary, or permanent injury or harm to the mental or physical condition of individuals, or in their death.

This is an integration of the following:

KRS 209.020(8), 902 KAR 20:016 Hospitals; operations and services., 902 KAR 20:051. Operation and services; intermediate care., 902 KAR 20:048. Operation and services; nursing homes.

Hospital: State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 1, 5-21-04)

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Q. Verbal abuse

Any use of oral, written or gestured language that willfully includes disparaging and/or derogatory terms to individuals, their families, and/or their significant others, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Verbal abuse also includes pejorative and derogatory terms to describe individuals with disabilities.

This is an integration of the following:

KRS 209.020(8), 902 KAR 20:016 Hospitals; operations and services., 902 KAR 20:051. Operation and services; intermediate care., 902 KAR 20:048. Operation and services; nursing homes.

Hospital: State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 1, 5-21-04)

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7. CLASSIFICATION OF INCIDENTS

After following KRS 209 and KRS 620 for **reporting** when a reasonable cause is present to suspect an adult or child has suffered abuse, neglect, or exploitation, the facility should classify the incident.

Incidents are classified according to the potential for harm to individuals and carry protocols for recording and follow-up. Immediate follow-up for all incidents shall include the cause of the incident with interventions for future prevention.

A. Class 1 Incident

- a. Includes Category C medication errors;
- b. Includes Category D medication errors, if a trend is not evident;
- c. May include, as examples, sprain of known origin, trip and fall with no resulting injury, paper cut;
- d. Is minor in nature;
- e. Does not create a serious consequence;
- f. Requires a completed Incident Report that is retained on file;
- g. Requires a simple fact-finding to be conducted which is documented on the Incident Report form;
- h. Is reported on a monthly basis by providing summary report of Class 1 incidents to the Department Incident Management Administrator; OR
- i. After an initial assessment of the incident or as fact-finding is conducted, if there is a reasonable cause present to suspect abuse, neglect, or exploitation, the incident should be immediately reported to DCBS, the Department Incident Management Administrator, and OIG; AND
- j. The incident is reclassified to Class 3.

B. Class 2 Incident

- a. May include, as examples, transportation of an individual to an emergency room, para-suicidal behavior;
- b. Has the potential to cause serious injury or harm to the health, safety or welfare of an individual or individuals;
- c. Requires a completed Incident Report that is retained on file;
- d. Requires an inquiry to be conducted which is documented on the Incident Report form;
- e. Does not require either the incident or inquiry to be immediately reported to the Department Incident Management Administrator;
- f. Requires the facility to fax/mail the Incident Reports to the Department Incident Management Administrator as the Class 2 Incident Reports are completed on a daily basis;
- g. Requires the facility to fax/mail the Inquiry forms to the Department Incident Management Administrator as the Inquiries are completed on a daily basis; OR

- h. After an initial assessment of the incident or as the inquiry is conducted, if there is a reasonable cause present to suspect abuse, neglect, or exploitation, the incident should be immediately reported to DCBS, the Department Incident Management Administrator, and OIG; AND
- i. The incident is reclassified to Class 3.

C. Class 3 Incident

- a. Includes:
 - i. Reported, alleged, or suspected abuse, neglect, or exploitation;
 - ii. Class 1 or Class 2 incidents reclassified to Class 3;
 - iii. Category D medication errors if a trend is present;
 - iv. Category E-I medication errors;
 - v. Death of any individual on state property ;
 - vi. Death of any individual served;
 - vii. Missing individual(s) from a facility;
 - viii. Serious injuries of a known cause if:
 - a. There is suspicion of abuse, neglect or exploitation;
 - b. The facilities' tracking and trending of similar injuries indicates suspected abuse, neglect or exploitation; or
 - c. After reporting to the OIG Regional Coordinator a determination is made that an investigation is warranted;
 - ix. Any injury of unknown cause if:
 - a. The injury requires more than first aid;
 - b. There is suspicion of abuse, neglect or exploitation; or
 - c. The facilities' tracking and trending of similar injuries indicates suspected abuse, neglect or exploitation;
 - x. Sexual abuse / assault;
 - xi. Injury due to peer-to-peer aggression;
 - xii. Injury to individuals served due to staff interventions;
 - xiii. Individual served found out of level of supervision as required by the current treatment plan;
 - xiv. Suicidal behavior; or
 - xv. Other serious occurrences
- b. Is critical in nature OR alleges an immediate threat to the health, safety, and welfare of an individual or individuals;
- c. Requires the facility to immediately report the situation to DCBS, the Department Incident Management Administrator, and OIG;
- d. Requires a completed Incident Report that is retained on file;
- e. Requires an investigation to be conducted;
- f. Requires the facility to fax/mail the Incident Reports to the Department Incident Management Administrator as the Class 3 incident forms are completed on a daily basis; and
- g. Requires the facility to fax/mail the Class 3 Investigative Reports to the Department Incident Management Coordinator as the Reports are completed on a daily basis.

8. INITIAL IMMEDIATE and FOLLOW-UP REPORTING TO FACILITY DIRECTOR or DESIGNEE, DCBS, OIG and DEPARTMENT INCIDENT MANAGEMENT ADMINISTRATOR

As soon as the facility obtains initial information regarding the health, safety and welfare of the individual served and the incident itself, the facility must ensure that all reasonable causes of suspicion that an adult or child has suffered abuse, neglect or exploitation, as well as injuries of unknown source, are reported immediately to the Facility Director or Designee (see Sections 8.A. and 8.C.), DCBS (see Sections 8.A., 8.C, and 8.E), OIG (see Sections 8.B. and 8.E.), and the Department Incident Management Administrator (see Sections 8.A.,8.C., 8.D., and 8.E.) Use the Report of Unusual Incidents form as a guideline for reporting (Appendix A).

If the incident is an event or act that appears criminal in nature, the facility will report the incident to local law enforcement after consultation with the Facility Director or designee.

This is an integration of the following: KRS 209, KRS 620, 42 CFR 483.13(c)(2), and 42 CFR 483.420(d)(2)

A. All Facility Initial Reports of Alleged Adult Abuse to the Facility Director or Designee, DCBS, and the Department Incident Management Administrator

For all initial immediate reports to the Facility Director or Designee, DCBS and the Department Incident Management Administrator, minimum information per KRS 209.030(4) must be provided, if known.

All initial immediate reports are made to DCBS through a telephone call. Contact the local DCBS office during regular working hours. Contact the DCBS Adult Abuse/Child Abuse Hot Line at (800) 752-6200 after regular work hours, on holidays, and weekends.

After reporting to DCBS, the same initial reporting is sent through electronic mail to the Department Incident Management Administrator.

B. Nursing Home Initial Reports of Alleged Adult Abuse to OIG

Nursing homes will fax an immediate initial written report to OIG, according to 42 CFR 483.13(c)(2).

C. All Facility Initial Reports of Alleged Child Abuse to the Facility Director or Designee, DCBS, and the Department Incident Management Administrator

For all initial events reported to the Facility Director or Designee, DCBS, and the Department Incident Management Administrator, minimum information per KRS 620.030(2) must be provided, if known.

In addition, the following information should be provided:

- a. Date and time the incident / event occurred;
- b. Unit or home where the individual(s) resides at the time of the incident / event.

All initial immediate reports are made to DCBS through a telephone call. Contact the local DCBS office during regular working hours. Contact the DCBS Adult Abuse/Child Abuse Hot Line at (800) 752-6200 after regular work hours, on holidays, and weekends.

After reporting to DCBS, the same initial reporting is sent through electronic mail to the Department Incident Management Administrator.

D. Additional Immediate Reporting to the Department Incident Management Administrator

The following events require additional information to be submitted through electronic mail, along with the minimum information stated in Section 8.A.

a. Death

If the incident being reported is a death, add the following information:

- i. Initial cause; and
- ii. Relevant background information

b. Emergency Room

If the incident being reported is an emergency room visit, add the following information:

- i. Reason for the visit; and
- ii. Outcome of the visit (this information should be emailed as soon as confirmed)

c. Hospitalization

If the incident being reported is a hospitalization, add the following information:

- i. Reason for the hospitalization

d. Regulatory Agency or Law Enforcement

Other events to report include:

- i. Regulatory Agency Visits
- ii. Law Enforcement Visits

If the event being reported is a regulatory agency or law enforcement visit, add the following information:

- i. Date and time of the visit;
- ii. Agency name;
- iii. Name(s) of visitor; and
- iv. Explanation for visit.

E. Follow-Up Reporting Via Written Report of Unusual Incident Forms

After the initial reporting, a Report of Unusual Incident form is completed.

Using the Report of Unusual Incident form, the facility shall:

- a. Simultaneously fax the Report to the Department Incident Management Coordinator, DCBS, OIG, and, Protection and Advocacy, if the individual is a Protection and Advocacy client. All deaths must be reported to Protection and Advocacy; and
- b. On weekends, holidays, or during non-office hours, simultaneously fax the Report to the Department Incident Management Coordinator, DCBS, OIG, and if applicable, Protection and Advocacy, within the first eight (8) hours of the next regular workday following the incident(s), except for nursing homes, which shall fax all reports immediately; and
- c. If information gathered during the inquiry or investigation differs significantly from the initial Report, simultaneously fax an updated Report to the Department Incident Management Coordinator, DCBS, OIG, and if applicable, Protection and Advocacy.

9. ADDITIONAL NOTIFICATION REQUIREMENTS

Facilities shall pursue the following notifications according to the guidelines provided.

A. Parents, Guardians, Next of Kin, Emergency Contact

All facilities are required to “notify promptly” regarding any significant incidents, or changes in the individual’s condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence:

- a. The individual’s parents, if permission is given by the individual; or
- b. The individual’s private or state guardian; or
- c. The individual’s spouse, if permission is given by the individual; or
- d. The individual’s next of kin, if permission is given by the individual; or
- e. The individual’s emergency contact, if permission is given by the individual.

This is an integration of the following: ICF: 42 CFR 483.420(c)(6)

B. Notify Promptly

“Notify promptly” is defined as soon as possible unless otherwise agreed to by family/guardian.

- a. In all cases, every attempt must be made to reach the family/guardian within twelve hours of discovery.
- b. If a message is left on an answering machine, the only information that may be provided is the name and telephone number of the facility caller with a request for the parent/guardian/next of kin/emergency contact to return the telephone call.
- c. Written notices shall be sent if the parent/guardian/next of kin/emergency contact is unable to be reached by telephone within the twelve hours of discovery.

10. FINAL INVESTIGATIVE REPORT

A. Psychiatric Hospital Class 3 Investigative Report

A final written report of the findings of a Class 3 Incident investigation in psychiatric hospitals:

- a. Shall be submitted within 14 calendar days of the incident to:
 - i. The Facility Director or Designee;
 - ii. The Department Incident Management Coordinator;
 - iii. Office of Inspector General, as requested; and
 - iv. Department for Community Based Services, as requested;
- b. If requested in writing, the Department Incident Management Coordinator or Department Incident Management Administrator may approve an extension to the 14 calendar day requirement due to extenuating circumstances;
- c. A written response regarding the extension request will be forwarded to the Facility Director.

B. Nursing and ICF/MR Facilities Class 3 Investigative Report

A written report of the findings of a Class 3 Incident investigation in nursing homes and ICF/MR facilities:

- a. Shall be submitted within five (5) working days of the incident to:
 - i. The Facility Director or Designee;
 - ii. The Department Incident Management Coordinator;
 - iii. OIG, as requested; and
 - iv. DCBS, as requested.

This is an integration of the following: Long Term Care Facilities: 42 CFR 483.13(4); ICF: 42 CFR 483.420(d)(4)

11. BACKGROUND CHECKS and PERSONS WHO MAY NOT BE EMPLOYED

Criminal background and Nurse Aide Abuse Registry checks are required before any person is employed at a facility. In addition, facilities must conduct a 100% annual background check on current state and contract employees, regardless of work area, at the time of their annual hire date.

A. Criminal Background Checks

KRS 216.533(1) requires the following background check(s) prior to employment:

- a. An in-state criminal background information check shall be obtained from the Justice Cabinet or Administrative Office of the Courts for each applicant recommended for employment; and
- b. An out-of-state criminal background information check(s) shall be obtained for any applicant recommended for employment who has resided or been employed outside of the Commonwealth.

B. Persons Who May Not Be Employed

- a. KRS 216.532 prohibits the employment of any person listed on the Nurse Aide Abuse Registry; and
- b. KRS 216.533(2) prohibits the facility from knowingly employing any person who has been convicted of a felony offense under:
 - i. KRS Chapter 209;
 - ii. KRS Chapter 218A;
 - iii. KRS 507.020, 507.030, and 507.040;
 - iv. KRS Chapter 509;
 - v. KRS Chapter 510;
 - vi. KRS Chapter 511;
 - vii. KRS Chapter 513;
 - viii. KRS 514.030;
 - ix. KRS Chapter 530;
 - x. KRS Chapter 531;
 - xi. KRS 508.010, 508.020, 508.030, and 508.032;
 - xii. A criminal statute of the United States or another state similar to paragraphs (a) to (k) of this subsection; or
 - xiii. A violation of the uniform code of military justice or military regulation similar to paragraphs (a) to (k) of this subsection which has caused the person to be discharged from the Armed Forces of the United States.
- c. Anyone who has a misdemeanor offense that would indicate the employee would be at risk to abuse, neglect or exploit an individual served in one of the facilities (e.g. history of assaults or thefts.)
- d. Anyone who has a felony offense under any other Kentucky or other state, or federal statute.

EXCEPTION: KRS 216.533(3) allows the facility to employ a person who has received a pardon for an offense or has had the record of such an offense expunged as specified in subsection KRS 216.533(2), noted in 11.B.b. above.

C. Duty to Protect

The facility must take whatever action is necessary to protect the individuals residing there. For example, if a facility is forced by court order or arbitration rulings to retain or reinstate an employee believed to be abusive, the facility may need to take other measures to ensure beneficiary safety such as:

- a. Assigning the employee to an area where there is no contact with individuals;
- b. Providing increased supervision and additional training for the employee;
- c. For merit employees, confer with the Kentucky Cabinet for Health and Family Services, Office of Human Resource Management and Office of Legal Services regarding appealing the arbitration or court decision, which may include pursuing formal criminal charges.

This is an integration of the following: ICF/MR: State Operations Manual Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Persons With Mental Retardation: 42 CFR 483.420(a)(5)

12. EMPLOYEE RESPONSIBILITIES

For any employee who is involved in, observes, or receives a report of an incident or event (hereafter known as "incident" in Section 12), certain responsibilities apply.

A. Medical Treatment

Staff discovering an incident must immediately ensure any necessary first aid is provided and medical services are contacted if additional assistance is needed.

B. Reporting Requirements

It is the responsibility of any staff person to make an immediate verbal report about an incident, regardless of classification, to the immediate supervisor AND/OR the Facility Director or Designee AND/OR to other authorized officials as required by KRS 209 and KRS 620, and facility policy. A follow up written report of the incident shall be initiated before the end of the shift of discovery utilizing a facility standardized Incident Report format.

C. Responsibility to Report Abuse, Neglect, or Exploitation

Any staff failing to report an incident immediately upon receiving a report, receiving an allegation, or based on a suspicion of abuse, neglect, or exploitation shall be considered in violation of KRS 209, KRS 620, and facility policy and shall be subject to disciplinary action, up to and including dismissal.

D. Responsibility to Report Other Incidents or Events

Any staff failing to report an incident immediately upon discovery shall be considered in violation of facility policy and shall be subject to disciplinary action, up to and including dismissal.

E. Responsibility to Cooperate

Staff are expected to fully cooperate in any internal or external investigation of an incident. Staff are to provide any information pertinent to the incident and any recommendations they may have which may assist in the prevention of future incidents. Failure to cooperate with the investigation process shall be considered in violation of facility policy and shall be subject to disciplinary action, up to and including dismissal.

F. Prohibition Against Retaliatory Actions

Any forms of retaliatory action made toward either an individual served or staff who report incidents, or provide information regarding such incidents in good faith, are strictly prohibited. All forms of retaliatory action against an investigator, either during the course of conducting an investigation or afterwards, are strictly prohibited. Employees found involved in retaliatory actions to any degree shall be considered in violation of facility policy and shall be subject to disciplinary action, up to and including dismissal.

13. FACILITY INCIDENT MANAGEMENT REVIEW PROCESS

Each facility shall have a system to review incidents and address incident management issues, no less than once a week. Each facility shall have a Facility Incident Management Coordinator.

A. Facility Incident Management Coordinator Responsibilities

Each facility shall assign an individual(s) the responsibility to coordinate the incident management process. These responsibilities shall include, at a minimum:

- a. Ensure full implementation of the facility's Incident Management Protocol in accordance with the Department Facility Incident Management Protocol;
- b. Provide technical assistance to staff members in the completion of the Incident Report form;
- c. Review all Incident Report forms to ensure they are logical, plausible, and complete;
- d. Review all Class 2 and Class 3 Incident Report forms to ensure they are properly classified;
- e. Provide trend reports and analysis of incident data to the staff;
- f. Coordinate a weekly assessment of all incidents to determine whether incidents have been appropriately referred for an investigation; and
- g. Maintain the incident management database.

B. Incident Management Review Process Responsibilities

The responsibilities of the Process shall include, at a minimum:

- a. A discussion of all incidents which have occurred within the facility since the previous meeting;
- b. A discussion of how the incidents occurred; whether or not they could have been prevented; and strategies and implementation plans for future prevention;
- c. A review of the summaries of the total number of incidents, types of incidents, total number of injuries, type and severity of injuries, location and shifts where incidents and injuries occurred. Identify any apparent trends or patterns that could facilitate protection from harm or prevention of incidents. Discuss analyses formulated by the Facility Incident Management Coordinator;
- d. Identifying any additional information needed to determine the cause or circumstance of the incidents, with a plan, timeframe, and assigned responsibility to collect the information. The timeframe for follow-up should be based on the severity of the incident. The plan(s) should include action to reduce the number of incidents and make improvements in the facility's procedures;
- e. Assisting managers to determine possible causes of incidents, and provide advice and resources. Ensure a system is in place for managers to pass the information to direct care staff to prevent such harm in the future;
- f. Ensuring the treatment team is responsible for submitting recommendations for resolution of identified problems or trends to staff. The treatment team should assign responsibility of implementing the resolutions to appropriate staff;
- g. Providing sufficient staff assigned to the incident management review process to ensure effective management, oversight, communication, and accountability for incident management; and
- h. Systematically monitoring of the implementation and outcome of all plans.

14. INVESTIGATION OF CLASS 3 INCIDENTS

A description of the responsibilities of the Facility Director or Designee, responsibility and authority of the investigator, and investigation coordination is defined.

A. Responsibilities of the Facility Director or Designee

The Facility Director or Designee shall be responsible to:

- a. Designate a minimum of one "Certified Investigator" for the facility;
- b. Ensure that any individuals receiving services involved in an incident are provided appropriate care and medical treatment and/or measures are taken to ensure the safety of the individual(s) whether it is an individual served, staff or visitor;
- c. Immediately review the incident to determine whether the employee alleged to have participated in abuse, neglect, or exploitation shall be immediately reassigned from direct client care;
- e. Assign an investigator to investigate the incident within two hours of receiving notice of the incident. In making this assignment, the following should be considered:
 - i. Investigations shall be assigned only to those persons who have received appropriate training in conducting investigations;
 - ii. Investigations shall be assigned, whenever possible, to someone who has no direct administrative or clinical responsibilities, personal associations, or any other potential biases in the organizational unit where the incident occurred;
 - iii. Assignments shall be made on a rotating basis whenever possible, to ensure the trained investigators get sufficient opportunity to practice their skills;

- f. Ensure that proper initial and reclassified incident notifications are completed and transmitted to the Department Incident Management Administrator, DCBS, OIG, and other officials in accordance with state and federal law;
- g. Ensure for state-run facilities, if a determination is made the merit employee should not be on the facility grounds:
 - i. Notification is made to the Commissioner's Office of the need for "special leave" under the authority of 101 KAR 2:102, Section 8; and
 - ii. A written request for special leave is submitted to the Appointing Authority through the Commissioner's Office; and
 - iii. If approved by the Appointing Authority, the Office of Human Resource Management will submit requests to the Personnel Cabinet Secretary for final approval.
- h. Ensure for contracted facilities, if a determination is made the contract employee should not be on the facility grounds, internal policies shall be followed.
- i. At the conclusion of the facility's incident investigation, determine:
 - i. If the target employee(s) may be returned immediately to their previous work status if the facility investigation does not substantiate the allegation of suspicion of abuse, neglect or exploitation;
 - ii. If the target employee(s) will receive disciplinary action, up to and including dismissal, if the facility investigation substantiated the allegation of abuse, neglect or exploitation. The facility will make a request to the appropriate Human Resource office to initiate disciplinary action.
 - iii. If the target employee(s) may or may not be returned to their previous work status if the facility investigation determines the allegation of abuse, neglect, or exploitation is inconclusive. The facility should proceed with making a determination on work status, and not hinge the decision on external reports (e.g. DCBS.) If further information is needed, the facility can request a copy of the Continuous Quality Assessment (CQA) from DCBS for further review.
- j. Assign an individual(s) to supervise the investigative function, which shall include:
 - i. Assign investigations;
 - ii. Participate in the facility incident management review process;
 - iii. Provide technical assistance to investigators;
 - iv. Identify persons to receive investigation training;
 - v. Monitor the follow-up to any recommendations;
 - vi. Serve as the facility point of contact with DMHMRS; and
 - vii. Coordinate internal facility peer reviews on investigations;
- k. Notify the Department Incident Management Administrator directly, as soon as practical after discovery, of any important, unforeseen event or situation which occurs (e.g., negative media attention); and
- l. Designate a person(s) to assist with the coordination of investigations made by external agencies. This person shall be responsible for securing all necessary information regarding the incident and assisting as needed in the external investigation process.

B. Responsibilities and Authority of the Investigator

To competently carry out assigned duties, the investigator has the following responsibilities and authority:

- a. When an investigator is assigned to a case, all other responsibilities are considered secondary to a timely and thorough investigation;
- b. The investigator shall have direct access to all staff members and individuals served for the purpose of conducting investigations;
- c. The investigator shall have the authority to appear at certain places and times for the purpose of conducting interviews;

- d. The investigator shall have the authority to require staff to complete a written statement;
- e. The investigator shall have the authority to instruct employees to remain beyond their assigned shift or return to the facility if needed to complete the investigation in an appropriate manner;
- f. The investigator shall have access to all relevant documentary evidence concerning the allegation, including access to the records of individuals served;
- g. The investigator shall, during the period of the investigation, act at the direction of the Facility Director or Designee.

C. Responsibilities of Facility Supervisors

Supervisors for the unit/home/location where the incident occurred shall take the following actions where appropriate:

- a. Secure the scene in an appropriate manner;
- b. Keep potential witnesses at the scene and:
 - i. Keep potential witnesses separated when possible;
 - ii. If not possible, assign a supervisor to the scene to minimize the potential witnesses from discussing the incident among themselves; and
 - iii. Separate potential witnesses as soon as replacement staff coverage is assigned and present;
- c. Secure relevant documentary evidence; and
- d. Upon the investigator's instruction, assist in ways which will facilitate the investigation.

D. Conducting the Investigation

The investigator shall perform the following investigative activities:

- a. Initiate the investigation within two hours of assignment by beginning the collection of testimonial evidence;
- b. Visit the incident scene to:
 - i. Determine whether medical care has been provided where needed; and
 - ii. Determine whether other proper measures have been taken to ensure the safety of the alleged victim;
- c. Obtain from the program/home/unit supervisor all physical and documentary evidence or collect it after arriving at the scene if it has not already been collected;
- d. Collect all necessary demonstrative evidence including photographs of the scene or the victim where appropriate, diagrams of the scene, etc. and:
 - i. Take photographs of all visible injuries or take photographs to document that no injury is present;
 - ii. Secure the scene of the incident to ensure nothing is disturbed if law enforcement authorities are immediately expected, so they can collect the evidence; and
- e. Conduct interviews with all potential witnesses and obtain written and signed statements from all potential witnesses.

E. The Final Investigative Report

The final investigative report documents the evidence collected and is used to determine whether a report, allegation, or suspicion of abuse, neglect, or exploitation, or other Class 3 incident has been found to be substantiated, unsubstantiated, or inconclusive.

- a. The final investigation report shall be given to:
 - i. The Facility Director or Designee for end determination; and
 - ii. After end determination, a final copy shall be submitted to the Department Incident Management Coordinator.

- b. After the collection of all relevant evidence, the facility investigator or a review committee must evaluate the report to determine whether there is sufficient evidence to confirm the causes of the allegation:
 - i. The analysis of all relevant evidence must be thoroughly documented in the investigative report in an objective manner;
 - ii. The standard of proof to be used is “preponderance of the evidence” which is often expressed as the belief that it is more likely than not that a particular set of facts is true; and
 - iii. Based on the available evidence, the investigator and/or a review committee may reasonably choose to believe one witness over another;
- c. The facility shall use a standard investigative report format (Appendix B.)
- d. The investigative reports and documents contained in the investigative file are confidential and may be disclosed within the facility to those staff with responsibilities for taking disciplinary action or responding to recommendations that require knowledge of its contents.
- e. Facilities shall develop procedures for the maintenance of investigative files including:
 - i. A chronological log of all investigations;
 - ii. An identification number for each incident;
 - iii. Information that should be included in an investigative file;
 - iv. Person(s) responsible for maintenance of the files; and
 - v. Maintaining the files in secure facility location.

15. DMHMRS FACILITY INCIDENT MANAGEMENT PROTOCOL ADMINISTRATION

The administration of the DMHMRS Facility Incident Management Protocol involves the DMHMRS Commissioner, the Department Incident Management Administrator, the Department Incident Management Coordinator, and the Department’s Risk Review Committee.

A. The DMHMRS Commissioner shall:

- a. Be responsible for the administration, implementation, coordination, and monitoring of the Facility Incident Management Protocol; and
- b. Appoint a Department Incident Management Administrator and Department Incident Management Coordinator.

B. The Department Incident Management Administrator shall:

- a. Provide oversight of the DMHMRS Facility Incident Management Protocol;
- b. Be the point-of-contact for the facilities, and other agencies, for consultation when questions arise about the DMHMRS Facility Incident Management Protocol;
- c. Provide the Commissioner and governance body members with periodic reports that examine the incident management data for relevant trends and used for:
 - i. Improving performance;
 - ii. Comparison analysis;
 - iii. Decision making;
 - iv. Planning; or
 - v. Training opportunities;
- d. Attend Facility Director and governance body meetings, as requested; and
- e. Periodically chair meetings of all facility incident management coordinators to discuss issues with implementing the DMHMRS Facility Incident Management Protocol; and
- f. Review:
 - i. A sample of facility Class 1 Incident Reports on an annual basis, to ensure they are properly classified;
 - ii. The monthly summaries to see if they identify a trend;

- iii. All Class 2 and Class 3 Incident Report forms to ensure they are properly classified, and provide feedback; and,
- iv. Provide guidance to the Facility Director, as necessary;
- g. Notify the Facility Director if a determination is made an incident has been improperly classified;
- h. Coordinate the Department's 24/7 reporting function, which includes preparation and distribution of the following reports to Executive staff and those having a need to know:
 - i. Daily Morning Report;
 - ii. Daily Report recap;
 - iii. Weekly Summary.
- i. Periodically contact facilities about developing appropriate staff training initiatives to meet the changing training needs.
- j. Be responsible for making all necessary arrangements for statewide training events.
- k. Serve on the Department's Risk Review Committee.

C. The Department Incident Management Coordinator and Department Incident Management Administrator shall:

- a. Review Class 1 monthly summaries, all Class 2 inquiry reports, and all final investigative reports for Class 3 incidents to ensure the quality of inquiries and investigations and that appropriate follow up occurs;
- b. Conduct an annual assessment of the incident management process in each facility:
 - i. All annual assessments will be before June 30; and
 - ii. Copies of the assessment report shall be sent to the Facility Director.

D. Department Incident Management Coordinator and Risk Review Committee shall:

- a. Assist facilities in the development of an incident management database and a method for properly analyzing the data for useful quality improvement follow up.

16. SEXUAL ABUSE/ASSAULT POLICIES AND PROCEDURES

Each facility shall develop and implement policies and procedures addressing the appropriate response to suspected sexual abuse / assault of individuals served. The Facility shall annually submit a copy of the sexual abuse/assault policies and procedures to the Department's Risk Review Committee for review and comment.

17. DEATH AND MORTALITY POLICIES AND PROCEDURES

Each facility shall develop and implement policies and procedures addressing the appropriate response to the death of an individual served either on the facility grounds, off grounds or occurring within 30 days of discharge.

Facilities Shall:

- a. Implement a system to contact the family/guardian/next of kin to encourage an autopsy at the facility's expense; and
- b. Submit the Mortality Review Forms as defined in the Mortality Review Protocol; and
- c. Annually submit a copy of the death and post-mortem policies and procedures to the Department's Risk Review Committee for review and comment.

Appendix A

REPORT OF UNUSUAL INCIDENTS

Date/Time Reported to DMHMRS: _____ Incident Number: _____

Facility Name: _____

The identity of the complainant, if possible: _____

Person Sending Report: _____ Title: _____

Date/Time of Incident: _____ Date/Time of Discovery: _____

- Death Missing Person Sexual Assault
- Suspected/Alleged Abuse Suspected/Alleged Neglect Suspected/Alleged Exploitation
- Serious Injury of Known/Unknown Cause Injury of Unknown Cause
- Medication Error (Class 3) Other (Specify): _____

Name of Individual Being Served	SS# of Individual Being Served	Age	Male or Female	Unit/Home of Individual Being Served

Where did the accident happen (specify location): _____

Describe the nature and extent of the abuse, neglect, exploitation or Class 3 incident. Include how the incident happened and the sequence of events: _____

If known, include any evidence of previous abuse, neglect, or exploitation. If known, include the date and time of the previous events and the time between events:_____

Name of Individual Being Served Involved in Incident	Staff, Family Member, Agent, Visitor Involved in Incident	Relationship

Add any other information that might be helpful in establishing the cause of abuse, neglect, exploitation, or the Class 3 incident:

Describe actions taken by the facility:_____

How was the individual being served effected?_____

The identity of the alleged perpetrator(s) if known:_____

Names of witnesses:_____

Name of Investigator:_____ Date/Time Assigned:_____

Name/Date/Time of call to DCBS:_____ DCBS Responder:_____

Date/Time Faxed to DMHMRS:_____

Date/Time Faxed to DCBS:_____

Date/Time Faxed to OIG:_____

Date/Time Faxed to P&A (if appropriate):_____

Date/Time Guardian Contacted:_____ Name of Guardian Contacted:_____

Name of Person Who Contacted Guardian: _____

CONFIDENTIALITY NOTICE: The information contained herein is subject to all appropriate confidentiality statutes and regulations and must not be shared without proper written authorization.

Appendix A Instructions
REPORT OF UNUSUAL INCIDENTS
Recording Instructions

1. *Date/Time Reported to DMHMRS*
Record the date and time the INITIAL Report is emailed to the DMHMRS Department Incident Management Administrator.
2. *Incident Number*
Record the facility-specific incident number.
3. *Facility Name*
Record the facility name.
4. *The identity of the complainant, if possible*
Record the name of the original person making the Report.
5. *Person Sending Report*
Record the name of the person sending the Report.
6. *Title*
Record the title of the person sending the Report.
7. *Date/Time of Incident*
Record the date and time of the incident.
8. *Date/Time of Discovery*
Record the date and time of the discovery of the incident.
9.

<i>Death</i>	<i>Missing Person</i>	<i>Sexual Assault</i>
<i>Suspected/Alleged Abuse</i>	<i>Suspected/Alleged Neglect</i>	<i>Suspected/Alleged Exploitation</i>
<i>Serious Injury of Known/Unknown Cause</i>		<i>Injury of Unknown Cause</i>
<i>Medication Error (Class 3)</i>	<i>Other (Specify)</i>	

Record the type of Report. If Other is marked, be as specific as possible.
10.

<i>Name of Individual Being Served</i>	<i>SS# of Individual Being Served</i>	<i>Age</i>
<i>Male or Female</i>	<i>Unit/Home of Individual Being Served</i>	

 - a. Record the name of all individuals being served who are identified as being involved in the incident.
 - b. Record the social security numbers of all individuals being served who are identified as being involved in the incident.
 - c. Record the age of all individuals being served who are identified as being involved in the incident.
 - d. Record the gender of all individuals being served who are identified as being involved in the incident.
 - e. Record the unit or home number of all individuals being served who are identified as being involved in the incident.
11. *Where did the accident happen (specify location)*
Record the location, as specific as possible, where the incident occurred.

12. *Describe the nature and extent of the abuse, neglect, exploitation or Class 3 incident. Include how the incident happened and the sequence of events*
Record the details of the abuse, neglect, exploitation, or Class 3 incident. As recording begins, order the events as they occurred, describing how the incident happened (e.g. what was happening before the incident, what happened during the incident, what happened after the incident.) Include the names of individuals being served as well as staff, family members, agents, or visitors who were involved in the description.
13. *If known, include any evidence of previous abuse, neglect, or exploitation. If known, include the date and time of the previous events and the time between events*
 - a. Record data, if known, of any evidence of previous abuse, neglect, or exploitation.
 - b. Record data, if known, of the date and time of the previous events of abuse, neglect, or exploitation and the time between the events.
14. *Name of Individual Being Served Involved in Incident*
Staff, Family Member, Agent, Visitor Involved in Incident
Relationship
 - a. Record the name of the individual(s) being served involved in the incident.
 - b. Record the names of the staff, family member(s), agent(s), or visitor(s) involved in the incident.
 - c. Record the relationship of the staff, family member(s), agent(s), or visitor(s) to the individual(s) being served.
15. *Add any other information that might be helpful in establishing the cause of abuse, neglect, exploitation, or the Class 3 incident*
Record other information regarding the incident that may help establish the cause of the abuse, neglect, exploitation, or Class 3 incident.
16. *Describe actions taken by the facility*
Record the immediate actions taken by the facility during and after the incident to assure individual(s) are free from serious and immediate threat to their physical and psychological health and safety. Include information about facility actions regarding the alleged perpetrator.
17. *How was the individual being served effected?*
Record information regarding the effect of the incident on the individual(s) being served (e.g. crying, shouting, hitting, running, etc.)
18. *The identity of the alleged perpetrator(s) if known*
Record the names of all alleged perpetrators, if known.
19. *Names of witnesses*
Record the names of all witnesses.
20. *Name of Investigator* *Date/Time Assigned*
 - a. Record the name of the investigator assigned to the incident.
 - b. Record the date and time the investigator is assigned.
21. *Name/Date/Time of call to DCBS* *DCBS Responder*
 - a. Record the name of the person who made the initial telephone call to DCBS, and the date and time of the call.
 - b. Record the name or identification number of the DCBS responder to whom the incident details were given.
22. *Date/Time Faxed to DMHMRS*
Record the date and time the Report was faxed to DMHMRS.
23. *Date/Time Faxed to DCBS*
Record the date and time the Report was faxed to DCBS.

24. *Date/Time Faxed to OIG*
Record the date and time the Report was faxed to OIG.
25. *Date/Time Faxed to P&A (if appropriate)*
Record the date and time the Report was faxed to Protection and Advocacy, if appropriate.
26. *Date/Time Guardian Contacted Name of Guardian Contacted*
 - a. Record the date and time the guardian was contacted.
 - b. Record the name of the guardian who was contacted.
27. *Name of Person Who Contacted Guardian*
Record the name of the facility person who contacted the guardian.

Appendix B

STANDARD INVESTIGATIVE FORMAT

Investigations must include the following:

- I. Introduction
 - A. Date and time the incident allegedly occurred, if known:
 - B. The date and time the incident was reported to facility personnel:
 - C. The name of the person or persons reporting the incident:
 - D. The date and time the investigator was assigned the case:
 - E. The nature of the allegation and/or information provided to the investigator at the time of the assignment:

- II. Investigative Procedure
 - A. General information:
 - 1. The dates and times of initial actions taken by the investigator:
 - B. Collecting physical and demonstrative evidence:
 - 1. The manner in which the scene of the incident, if any, was secured.
 - 2. A list of each piece of physical evidence collected.
 - 3. The manner in which the physical evidence was collected and logged.
 - 4. The manner in which the physical evidence was kept after collection in order to maintain the chain of custody.
 - 5. A list of any pictures which were taken.
 - 6. A list of any demonstrative evidence available to the investigation, i.e. diagrams, maps, floor plans, x-rays.
 - C. Testimonial Evidence
 - 1. The way in which the investigator determined whom to interview:
 - 2. A list of all persons interviewed in chronological order, including title, date, and time of each interview:
 - 3. The person identified as the target or targets of the case.
 - 4. The way in which the investigator afforded the target or other witnesses any right to representation, if such rights exist by labor contract, law or regulation.
 - D. Documentary Evidence
 - 1. A list of any statements taken from individuals interviewed in the case:
 - 2. A list of other documents collected in the case:

- III. Summary of Evidence
 - A. List of questions that the investigator must answer:
 - B. List of all direct evidence available to answer each question:
 - C. List of all indirect evidence available to answer the questions:

- IV. Conclusions

FACILITY INCIDENT MANAGEMENT PROTOCOL

REVISED AND APPROVED:

John M. Burt, Ed.D. Commissioner for DMHMRS

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