

## Investigative Action Level Checklist

May 1, 2005

### Provider Responsibilities:

\_\_\_\_\_ Contact P&A

Within 8 hours if the report is a Class I -

Class I is defined as a report that represents an imminent danger or a substantial probability of resultant death, or increased harm or risk of harm to an adult with a developmental disability or mental illness. Immediate action is imperative.

Within first working day if the report is a Class II or III

Class II is defined as a report which may present an endangerment to the health, safety, security or rights of an adult with a developmental disability or mental illness, but which does not involve a substantial probability or resultant death or increased harm or risk of harm. Class III is a report which presents no safety or health risks, or one which appropriate Risk Management steps were implemented immediately, thereby eliminating the danger/risk.

\_\_\_\_\_ Contact the individual's guardian, if one has been appointed, and the issue is within the guardian's area of authority

Within 8 hours if the report is a Class I -

Class I is defined as a report that represents an imminent danger or a substantial probability or resultant death, or increased harm or risk of harm to an adult with a developmental disability or mental illness. Immediate action is imperative.

Within first working day if the report is a Class II or III

Class II is defined as a report which may present an endangerment to the health, safety, security or rights of an adult with a developmental disability or mental illness, but which does not involve a substantial probability or resultant death or increased harm or risk of harm. Class III is a report which presents no safety or health risks, or one which appropriate Risk Management steps were implemented immediately, thereby eliminating the danger/risk.

\_\_\_\_\_ Contact the Regional DD Program Administrator or designee within one working day after the alleged incident,

\_\_\_\_\_ Within 3 working days, submit a copy of:

Provider's Incident Report,

risk management steps taken,

the individual's data/face sheet and

\*guardianship papers if a guardian has been appointed to:

\_\_\_\_\_ \*Regional Protection and Advocacy Project (only P&A needs the guardianship papers)

\_\_\_\_\_ Regional DD Case Management

\_\_\_\_\_ Disability Services Division – DD Unit

\_\_\_\_\_ Within 5 working days, submit a copy of the provider's written report of all follow-up activities related to the alleged incident to:

\_\_\_ The Regional Protection and Advocacy Project  
\_\_\_ Regional DD Program Administrator  
\_\_\_ Disability Services Division – DD Unit

**This internal report must include the following;**

1. Name of the alleged victim(s); date and time of alleged incident
  2. **Signed** and dated statement from the consumer (alleged victim(s)). If consumer cannot participate in an interview, or sign the statement, this must be documented within the report.
  3. **Signed** and dated statements from each staff person of the organization involved in the alleged incident as to what happened, when it happened, precipitating factors to the alleged incident and the individual staff person's involvement.
  4. Documentation by the provider's chief executive officer as to the:
    - Findings of the organization in regard to the alleged incident**

The statement of findings must include the following:

      - a. What happened
      - b. What immediate steps were taken to assure the health and safety of the individual (risk management)
      - c. Why the incident happened. i.e., consider, Could the incident have been prevented, if so how?; Was the necessary training provided to staff? Were agency policies and procedures followed? If not, why not? Was the consumer's plan of care followed?
      - d. Agency's role if any in the incident occurring
      - e. Any supporting documentation (i.e., progress notes, charting, Medication Administration Records, relevant components of individual program or behavior plan etc.,).
      - f. Any resultant disciplinary action.
      - g. Steps taken **by the agency to assure the incident is not repeated. The response must indicate:**
        1. who is responsible for implementation of the plan or recommendations,
        2. when it will be completed and
        3. who is responsible for follow up.
        4. once the plan is implemented, the provider must provide documentation that it was in fact completed and available to the D.D. Case Manager.
      - h. **Documentation that the following parties were promptly notified of the incident AND the findings:**
        1. the governing body
        2. the chief executive officer or designee;
        3. the chairperson of the provider's Human Rights Committee, and
        4. the alleged victim's guardian (if one has been appointed and the issue is within the guardian's area of authority.)
        5. the consumer, if they are their own decision-maker.
- If applicable, indicate if an extension (additional time to complete the report) was requested by the provider and that the request was granted.**