

**Division of Health Service Regulation
Complaint Intake and Health Care Personnel Investigations Section
Investigation Report Instructions**

Section A: Provider Information (Facility Information, Administrator/Director Information and Contact Person Information pre-populates from the Initial Allegation Report). **Any Changes to the Pre-Populated Areas will need to be made on the Initial Allegation Report.**

Facility/Provider Name - (pre-populates from Initial Allegation Report).

Facility/Provider Type - (pre-populates from Initial Allegation Report).

Facility/Provider License # - (pre-populates from Initial Allegation Report).

National Provider # - (pre-populates from Initial Allegation Report).

Main Office Phone # - (pre-populates from Initial Allegation Report).

Main Office (Secure) Fax # - (pre-populates from Initial Allegation Report).

Facility/Provider Physical Address

Street - (pre-populates from Initial Allegation Report).

City - (pre-populates from Initial Allegation Report).

State - (pre-populates from Initial Allegation Report).

Zip - (pre-populates from Initial Allegation Report).

County - (pre-populates from Initial Allegation Report).

Facility/Provider Main Office Mailing Address

Check box pre-populates from Initial Allegation Report.

Street - (pre-populates from Initial Allegation Report).

City - (pre-populates from Initial Allegation Report).

State - (pre-populates from Initial Allegation Report).

Zip - (pre-populates from Initial Allegation Report).

Administrator/Director

Name - (pre-populates from Initial Allegation Report).

Phone - (pre-populates from Initial Allegation Report).

Ext - (pre-populates from Initial Allegation Report).

Email - (pre-populates from Initial Allegation Report).

Contact Person

Check box pre-populates from Initial Allegation Report.

Name - (pre-populates from Initial Allegation Report).

Phone - (pre-populates from Initial Allegation Report).

Ext - (pre-populates from Initial Allegation Report).

Email - (pre-populates from Initial Allegation Report).

Job Title - (pre-populates from Initial Allegation Report).

Site or Actual Incident Location

Check the box if the location, where the incident occurred is the same as the facility/provider physical address and Section C Allegation/Incident Type.

Room #/name of room/business/etc. - Provide the physical location within the building where the incident took place.

Street - Enter the street address of the location, where the incident actually occurred.

City - Enter the city of the location, where the incident actually occurred.

State - Enter the state of the location, where the incident actually occurred.

Zip - Enter the zip code of the location, where the incident actually occurred.

County - Select the county with the drop down arrow for the actual incident location.

**Division of Health Service Regulation
Complaint Intake and Health Care Personnel Investigations Section
Investigation Report Instructions**

Section B: Accused Employee Information (please complete a separate Investigation Report if multiple Accused Employees are involved in the incident)

Check the box if there are multiple accused employees involved in the same incident and use the Accused tab to document additional accused employees' information.
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Check the box if there are no named accused employees and skip to Section C Allegation/Incident Type.

(Employee's Name, SS #, Date of Birth, Job Title, Mailing Address, Telephone Numbers and Email pre-populates from the Initial Allegation Report). **Any Changes to the Pre-Populated Areas will need to be made on the Initial Allegation Report.**

Employee's Full Name - (pre-populates from Initial Allegation Report).

Full Social Security # - (pre-populates from Initial Allegation Report).

Date of Birth - (pre-populates from Initial Allegation Report).

Job Title - (pre-populates from Initial Allegation Report).

Date of Hire - (pre-populates from Initial Allegation Report).

Last Known Mailing Address

Street - (pre-populates from Initial Allegation Report).

City - (pre-populates from Initial Allegation Report).

State - (pre-populates from Initial Allegation Report).

Zip - (pre-populates from Initial Allegation Report).

Home Phone # - (pre-populates from Initial Allegation Report).

Other Phone # - (pre-populates from Initial Allegation Report).

Email - (pre-populates from Initial Allegation Report).

Section C: Allegation/Incident Type - Check beside the box according to the definitions below:

- 1. Resident Abuse*** - the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.
- 2. Resident Neglect*** - the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.
- 3. Diversion of Resident Drugs** - unauthorized taking or use of a resident's drug.
- 4. Diversion of Facility Drugs** - unauthorized taking or use of facility drugs.
- 5. Fraud Against Resident** - an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State Law.
- 6. Fraud Against Facility** - an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State Law.

Division of Health Service Regulation
Complaint Intake and Health Care Personnel Investigations Section
Investigation Report Instructions

Section C: Allegation/Incident Type Continued

- 7. Misappropriation of Facility Property** - the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a health care facility's property without the facility's consent.
Estimated Value - Enter the dollar amount of the estimated value of the facility's property, rounded to the closest whole dollar amount (i. e., \$100, \$5, \$35, etc.).
- 8. Misappropriation of Resident Property*** - the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.
Estimated Value - Enter the dollar amount of the estimated value of the facility's property, rounded to the closest whole dollar amount (i. e., \$100, \$5, \$35, etc.).
- 9. Injury of Unknown Source** - source of the injury was not observed by any person or the source of the injury could not be explained by the resident; **and** the injury is suspicious because of the extent of the injury or the location of the injury or the number of injuries observed at one particular point in time or the incidence of injuries over time.
- *Skilled nursing facilities/nursing facilities should select abuse, neglect or misappropriation of resident property for allegations of mistreatment or exploitation of residents.**

Section D: Allegation Information

Incident Date - (pre-populates from Initial Allegation Report). If date not known, explain in Additions/Changes/Updates to Description of Incident below.

Date Facility Became Aware of Incident - (pre-populates from Initial Allegation Report).

Time Facility Became Aware of Incident - (pre-populates from Initial Allegation Report).

Incident Location Description (184 characters, including spaces) - Provide detailed description of exactly where the incident occurred (i.e., if in facility, Room #123, Resident XX's room on A Hall in Bed B or if not in facility, Dollar Store parking lot on Benthere Drive in Cityville).

Original Allegation Details - (pre-populates from Initial Allegation Report).

Additions/Changes/Updates to Description of Allegation Details (624 characters, including spaces) - Provide **additional** information or **updates** obtained during the facility/provider investigation. Document any **changes** in the information that was submitted on the Initial Allegation Report such as staff involved, cause of incident, changes in resident or witness statements, additional staff involved or having knowledge of incident, factors causing the incident, etc.

Incident Resulted in Physical Injury/Harm or Substantial Risk of Injury/Harm? - Select Yes or No using drop down arrows.

Describe Resident's Injury/Harm or Risk of Injury/Harm (230 characters, including spaces) - If Yes selected above, provide description of how the resident was at risk for harm (i.e., level of cognition and/or safety awareness, element of threat involved) or if actually hurt, give a detailed description of wound or injury (i.e., 2 inch cut to left lower arm with small amount bleeding initially, redness and pain right shoulder).

Mental Anguish? - Select Yes or No using drop down arrows indicating whether or not the resident experienced mental anguish.

Describe Resident's Emotional Response & Behaviors (230 characters, including spaces) - If Yes selected above, provide details of resident's emotional reaction to incident (i.e., crying, expressing fear, becoming isolated in room, stopped eating, suddenly hostile & aggressive since incident, etc).

**Division of Health Service Regulation
Complaint Intake and Health Care Personnel Investigations Section
Investigation Report Instructions**

Section E: Resident Information - (Resident's Name and Date of Birth pre-populates from the Initial Allegation Report). **Any Changes to the Pre-Populated Areas will need to be made on the Initial Allegation Report.**

Check the box if there are multiple residents affected by the incident and use the Residents tab to document additional residents' information.

Check the box if there are no residents affected and skip to Section F Accused Other Individual Information.

Resident's Full Name - (pre-populates from Initial Allegation Report).

Date of Birth - (pre-populates from Initial Allegation Report).

Was this resident residing in a nursing home bed at the time of the incident? - (pre-populates from Initial Allegation Report).

Resident Address

Check the box if the resident's address is the same as the facility's physical address and skip to Memory and Orientation of Resident.

Street - Enter the resident's physical home street address, if care was provided in resident's own home or in a residential setting other than the reporting provider.

City - Enter the city for the resident's address.

State - Enter the state for the resident's address.

Zip - Enter the zip code for the resident's address.

Memory and Orientation of Resident (155 characters, including spaces) - Describe the resident's memory and orientation as documented in the resident's record, for example, MDS, FL-2, DMA 3000, physician's assessment form, psychiatric/psychology evaluation of resident's mental age.

Additional Resident Information (300 characters, including spaces) - Enter any relevant resident information that pertained to the incident that was not captured on the Initial Allegation Report. For example, address details about the resident's behaviors, specific needs and mobility skills. Include information that would disclose the resident's current location, reason for discharge, or if the resident has expired, with the dates included. Also, document how the resident and the accused individual were related or if the accused individual had a relationship with the resident, outside of the caregiver role.

Section F: Accused Other Individual Information (Non-employee) (Skilled Nursing/Nursing Facility & ICF/IIDs only) - This section is for documenting anyone accused of an allegation in/at your facility/agency that is NOT employed by your facility, for example, visitors, family members, another agency employee, etc. (Individual's Name and Relationship pre-populates from the Initial Allegation Report). **Any Changes to the Pre-Populated Areas will need to be made on the Initial Allegation Report.**

Check the box if there are multiple accused other individuals and use the Accused tab to document additional accused other individuals' information.

Check the box if there are no named accused other individuals and skip to Section G Notifications to Other Agencies.

Other Individual's Full Name - (pre-populates from Initial Allegation Report).

Relationship - (pre-populates from Initial Allegation Report).

**Division of Health Service Regulation
Complaint Intake and Health Care Personnel Investigations Section
Investigation Report Instructions**

Section G: Witness Information (Individuals who observed incident, heard incident or with knowledge of incident, whether present during the incident or not).

Check the box if there are multiple witnesses to the incident and use the Witness tab to document additional witnesses' information.

Check the box if there are no named witnesses and skip to Section H Investigative Actions.

Number of Witnesses - If witnesses were identified, enter the number of witnesses to the incident. Use the Witnesses tab to document additional Witnesses' information.

Name - Select the title (Mr. or Ms.) with the drop down arrow for the witness' title. Enter the full name (no initials) of the witness.

Job Title/Other - If witness was an employee of the facility/provider, enter the job title (no abbreviations) of the witness at the time of the incident. If witness was not an employee of the facility/provider, enter the relationship of the witness to the resident or provider (i.e., daughter of resident XXXXXX, volunteer, visitor, roommate of resident XXXXX, etc.).

Last Known Mailing Address

Street - Enter the mailing street address or PO Box for the witness. Include house/apartment # if applicable.

City - Enter the city for the witness' mailing address.

State - Enter the state of the witness' mailing address.

Zip - Enter the zip code of the witness' mailing address.

Home Phone # - Enter the home telephone number for the witness, including area code without any dashes (i.e., 1234567890).

Other Phone # - Enter any other known telephone number for the witness, if different from their home number, including area code without any dashes (i.e., 1234567890). For example, mobile, other job, emergency contacts.

Section H: Investigative Actions

Check the box if there is a reasonable suspicion of a crime with serious bodily injury (Skilled nursing facilities/nursing facilities, ICF/IID and Hospices providing services in a long term care (LTC) facility only). A "crime" is defined by law of the applicable local enforcement district, where a LTC facility is located.

Check the box if there is serious bodily injury (Skilled nursing facilities/nursing facilities, ICF/IID and Hospices providing services in a long term care (LTC) facility only). "Serious bodily injury" is defined as an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or requiring medical intervention such as surgery.

Allegation Substantiated? - Select Yes or No using the drop down arrow to indicate whether or not the reported selected allegation did or did not occur based on evidence gathered during provider's investigation.

Accused Individual's Employment Terminated? - Select Yes or No using the drop down arrow to indicate whether or not the accused individual's employment was terminated.

Termination Related to Allegation? - If the accused individual was terminated, select Yes or No using the drop down arrow to indicate whether or not the accused individual's employment was terminated and was related to the allegation listed in this report.

Date of Termination - If the accused individual was terminated, enter the date the accused individual was terminated.

Other Employment Actions (175 characters, including spaces) - If the accused individual's actions resulted in other actions by the facility/provider, enter any other actions such as other disciplinary actions, additional trainings, reassignment of work duties, etc. If the accused individual had similar allegations made at the facility, and received disciplinary actions or re-training related to this allegation, include that information. If the accused individual's employment was terminated as a result of another reason, enter that reason.

Division of Health Service Regulation
Complaint Intake and Health Care Personnel Investigations Section
Investigation Report Instructions

Section H: Investigative Actions Continued

Summary of Facility Investigation (630 characters, including spaces) - This summary should demonstrate the facility/provider conducted a thorough investigation. Describe how the facility conducted the investigation of this allegation including a summary of observations, interviews and record reviews. Please include the rationale used to determine whether to substantiate or to not substantiate the allegation. Supporting facility documents such as statements by the resident, the accused, and witnesses, pictures, and summary reports should be faxed/mailed with this report - see Section J.

Corrective Actions Following Incident (625 characters, including spaces) - Explain what interventions were implemented to protect the resident(s) during the facility's/provider's investigation and interventions to prevent a reoccurrence of this incident; i.e. staff training, disciplinary action, safety measures, medical devices, follow-up with medical providers, etc.

Investigation End Date - Enter the date the facility investigation was completed.

Facility/Provider Investigator

Name - Select the title (Mr. or Ms.) with the drop down arrow for the person completing the facility/provider investigation. Enter the full name (no initials) of the person completing the facility/provider investigation.

Job Title - Enter the job title (no abbreviations) of the person completing the facility/provider investigation.

Section I: Notification of Other Agencies

Social Services

Incident Reported to County Department of Social Services (DSS)? - Select Yes or No using the drop down arrow to document whether or not the incident was reported to protective services at the department of social services.

Date Reported - If Yes selected in above box, enter the date the incident was initially reported to DSS.

DSS County - If Yes selected in above box, select name of which county DSS was notified, using drop down arrows.

On-site Visit By DSS? - Select Yes or No using the drop down arrow to document whether or not DSS made an on-site visit to the facility.

Date of On-site Visit - If Yes selected in above box, enter the date for date of DSS on-site visit.

Name of DSS Investigator - If DSS conducted an on-site visit, enter the full name of the DSS Investigator.

Phone # - If DSS conducted an on-site visit, enter the phone number for the DSS Investigator listed above, including area code without any dashes (i.e., 1234567890).

Law Enforcement - (Incident Reported, Date Reported, Time, Law Enforcement Agency, Investigating Officer and Phone # pre-populates from the Initial Allegation Report). **Any Changes to the Pre-Populated Areas will need to be made on The Initial Allegation Report.**

Incident Reported To Law Enforcement? - (pre-populates from Initial Allegation Report).

Date Reported - (pre-populates from Initial Allegation Report).

Time - (pre-populates from Initial Allegation Report).

Law Enforcement Agency - (pre-populates from Initial Allegation Report).

Investigating Officer*** - (pre-populates from Initial Allegation Report).

Phone # - (pre-populates from Initial Allegation Report).

Accused Charged? Select Yes or No using drop down arrows, indicating whether or not you have knowledge that the accused individual was charged with criminal action by law enforcement following the incident.

Charges Related to Allegation? Select Yes or No using drop down arrows indicating whether or not the charges were related to the incident/allegation.

Specific Charges/Case Number (150 characters, including spaces) - Enter any specific charges filed by the law enforcement agency and or any case number provided by the law enforcement agency. This information could be obtained either from the law enforcement officer, copies of the warrants, or from court documents regarding upcoming trials relevant to this incident/allegation. List the charges as stated on any warrant, for example, Larceny by the employee, abuse of elderly/handicapped, etc.

Division of Health Service Regulation
Complaint Intake and Health Care Personnel Investigations Section
Investigation Report Instructions

Section J: Supporting Documentation - Check the appropriate boxes indicating any documents submitted with this report. Please provide any documents that helped support the facility/provider decision making process, such as the facility/provider's written investigation summary/conclusion, the resident(s) written statements, the accused individual(s) written statements, the witness(es) written statements, nursing/doctor/other health care personnel progress notes from the resident's medical record, outside agency reports such as DSS, Police, Hospital, Laboratory, X-rays or other medical reports.

Section K: Signature

Name of Person Preparing Report - Enter the full name of the person preparing this report.

Title of Person Preparing Report - Enter the job title (No abbreviations) of the person preparing this report.

Signature of Person Preparing Report - Person preparing this report must sign the report.

Date Signed - Enter full date for when this report was signed by the person preparing the report.