

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2024
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NAME OF PROVIDER OR SUPPLIER DAVIDSON #1	STREET ADDRESS, CITY, STATE, ZIP CODE 108 FAIRVIEW DRIVE LEXINGTON, NC 27292
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 9/12/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000	Type text here	
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <ol style="list-style-type: none"> (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. <p>(b) In addition to the requirements set forth in</p>	V 366	Type text here	

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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 366	<p>Continued From page 1</p> <p>Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p>	V 366		

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V 366	<p>Continued From page 2</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement written policies governing their response to level II incidents as required. The findings are:</p>	V 366	<p>10A NCAC 27G .0603 Incident Response Reporting requirements for Category A and B Providers</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement written policies governing their response to level II incidents as required</p> <p>RP1 Abuse, Neglect & Exploitation in Section for External reporting States that The Arc of Davidson County, Inc. will inform the person supported and or legally responsible party: The Executive Director or designee will inform the persons supported and/or legally responsible party the results of the investigation.</p> <p>SD9 Incident Reporting Appendix C; Incident Response overview: States that The Arc of Davidson County, Inc, will report in timely manner of incidents involving persons served to Required agencies & individuals and or legally responsible persons within allowed timeframes.</p> <p>Plan of Correction</p> <ol style="list-style-type: none"> DSP will contact QP or person on-call when incidents occur QP or person on-call will notify guardian as soon as reasonably possible. Guardian notification will be documented in THERAP EHR under GER and will include IRIS report when required. IRIS report will be completed within the timeframe required for type of incident being reported. 	

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V 366	<p>Continued From page 3</p> <p>Review on 9/10/24 of the facility's internal reports revealed:</p> <ul style="list-style-type: none"> - Date of report: 12/8/23 - "Describe what happened before the event: [client #2] and one of her peers (client #1) ran into each other and she fell onto the floor broke her arm." - "Corrective Action Taken: Called 911. They came and got her (client #2) off the floor and took her to the ER (Emergency Room)...She has a cast on her left arm." - No documentation that client #2's Legal Guardian had been contacted. <p>Interview on 9/11/24 with client #2's Legal Guardian revealed:</p> <ul style="list-style-type: none"> - She had not been told that client #2 fell and broke her arm on 12/8/23. <p>Interviews on 9/11/24 and 9/12/24 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - She had not notified client #2's Legal Guardian about the injury. - On 12/8/23, she had been on vacation and the Residential Program Manager would have been the acting QP while she was on vacation. - "[Residential Program Manager] said she does not recall calling the Legal Guardian (client #2's Legal Guardian) and it is not documented in GER (General Event Report) (internal incident report)." <p>Interview on 9/12/24 with the Residential Program Manager revealed:</p> <ul style="list-style-type: none"> - "That was on me (not reporting 12/8/23 incident to client #2's Legal Guardian). It happened quickly and the Q (QP) was not here." 	V 366		

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V 367	Continued From page 4	V 367	10A NCAC 27G .0604 Incident Reporting requirements for Category A and B Providers	
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously</p>	V 367 V 367	<p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement written policies governing their response to level II incidents as required</p> <p>RP1 Abuse, Neglect & Exploitation in Section for External reporting States that The Arc of Davidson County, Inc. will inform the person supported and or legally responsible party: The Executive Director or designee will inform the persons supported and/or legally responsible party the results of the investigation.</p> <p>SD9 Incident Reporting Appendix C; Incident Response overview: States that The Arc of Davidson County, Inc, will report in timely manner of incidents involving persons served to Required agencies & individuals and or legally responsible persons within allowed timeframes.</p> <p>Plan of Correction</p> <ol style="list-style-type: none"> 1. DSP will contact QP or person on-call when incidents occur 2. QP or person on-call will notify guardian as soon as reasonably possible. 3. Guardian notification will be documented in THERAP EHR under GER and will include IRIS report when required. 4. IRIS report will be completed within the timeframe required for type of incident being reported. 	

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V 367	<p>Continued From page 5</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that 	V 367		

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V 367	<p>Continued From page 6</p> <p>meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to submit Level II incident report to the Local Management Entity (LME) within 72 hours as required. The findings are:</p> <p>Review on 9/10/24 of the NC Incident Response Improvement System (IRIS) revealed: - There were no incident reports when client #2 went to the hospital and received medical treatment on the following dates: 12/8/23, 5/7/24 and 7/30/24.</p> <p>Interview on 9/11/24 with the Qualified Professional (QP) revealed: - She had completed internal incident reports, but did not do IRIS reports regarding client #2 receiving medical treatment after going to the hospital on 12/8/23, 5/7/24 and 7/30/24. - "No (did not do IRIS reports) not when [client #2] went to the hospital. That was on me then."</p>	V 367		

Policy Area: Service Delivery	Title of Policy: Incident Reporting
Effective Date: 3/27/2013	Number: SD9
Revision Date: 9/12/2013	Approved by: Board of Directors

Policy: The Arc of Davidson County shall ensure the protection of individuals receiving services by requiring that a report is completed for all incidents involving individuals under the care of The Arc of Davidson County. Individuals receiving residential services are considered under the provider's care 24 hours a day.

Procedure: Level I incidents are to be completed in The Arc of Davidson County, Inc. Behavior/Incident Level I form. Level II and Level III Incidents will be reported using the North Carolina Incident Response Improvement System (IRIS). If IRIS should not be operable, incidents are to be reported on the standardized DHHS Incident and death Report Form QM02.

The Qualified Professional for The Arc of Davidson County will maintain a data base of incident related information.

Incidents are not to be referenced in the client record or be filed in the client record. Level I, II, III Incident Quarterly Reports will be submitted to the Managed Care Organization as part of the ongoing quality improvement process. The report will be submitted on the Provider Quarterly Incidents Report Form QM11.

Incident report data for individuals receiving services will be considered in the service planning process to assist in improving services.

Incidents shall be reported as determined by the DHHS Criteria for Determining the Level of Response to Incident form.

Procedures for properly implementing this policy will be developed.

For the purpose of this policy: The following definition of an incident shall be used: Incidents are events that are inconsistent with the routine operation of a service or care of an individual that are likely to lead to adverse effects.

The Incident Report Procedure is to assure that each employee of The Arc of Davidson, Inc. complies with state standards for the documentation and reporting of Level I, II, and III incidents. Staff shall adhere with all required timelines and reporting requirements. Review of Incidents within the Agency, by the Quality Assurance and Quality Improvement Committee and the Human Rights Committee shall be done on a quarterly basis to assure that trends and opportunities for improvement may be identified. Staff shall be trained on the Incident Reporting when hired and refresher course offered when there are significant changes required by the State or Managed Care Organization. There shall be a competency based test associated with training for staff.

- I. Procedure for Reporting Incidents:
 - A. The Arc of Davidson County, Inc shall report any adverse event that is not consistent with the routine operation of a facility or service or the routine care of an individual.
 - B. All incident reports are confidential documents, reporting of incidents must adhere to confidentiality standards as outlined in APSM-45-1 Confidentiality Rules for Mental Health, Developmental Disabilities and Substance Abuse North Carolina Administrative Code 26B.

- C. Level I Incidents shall be reported on The Arc of Davidson County, Inc Incident Form.
- D. Level II and Level III Incident Reports shall be reported on a QM02, DHHS Incident and Death Reporting Form.
- E. Any incident containing allegations or substantiation of abuse, neglect, or exploitation must be immediately reported to DSS. The Arc of Davidson shall ensure that any person accused does not have contact with any individual in service until the completion of the investigation.
- F. Incident Reports may be submitted by fax or via the mail. The Arc of Davidson does not submit any data related to individuals via e-mail.
- G. The Arc of Davidson shall maintain all Level I Incidents in a separate file which is reviewed quarterly by the Qualified Professional with the members of the Management Team for trends and to assist in the continuous improvement process. In addition, the Incident Reports shall be reviewed quarterly by the Human Rights Committee and report findings to The Arc Board of Directors at the regular scheduled meetings. Discussion of the incident reports will be documented in meeting minutes.
- H. Quarterly Incident Reporting shall be submitted to the Managed Care Organization per the timelines established for each residential facility and copies of the reports maintained at the Agency.

II. Level I Incidents

- A. Level I incidents include any incident, as defined above, that does not meet the definition of a Level II or Level III incident. Level I incidents are events, that in insolated numbers, do not significantly threaten the health or safety of an individual, but could indicate systemic problems if they occur frequently. Level I incidents may signal a need for a provider to review its clinical care and practices, including supervision and training.
- B. Level I Incidents are to be completed by the staff person who was a direct witness to the event or who first became aware/has the most knowledge of the event.
- C. Staff shall verbally report the incident no later than 9:00AM the next business day and complete/submit The Arc of Davidson County Incident Report to the Qualified Professional or designee within twenty-four (24) hours
- D. The Qualified Professional or designee shall complete an initial review of the incident. The Qualified Professional may:
 - 1. Request additional information
 - 2. Take immediate action in response to the incident
 - 3. Review other data in making a decision
 - 4. Assure corrective actions plans are implement
 - 5. Ensure the safety of individuals and others
- E. Incident reports are not to be filed in the individual's record. Incident reports will be maintained in the agency incident record files referenced by individual's first name and last initial.
- F. The Arc of Davidson County, Inc shall report to the Managed Care Organization (MCO) aggregate data on trends an actions taken on Level I incidents related to medication errors, search and seizure, consumer behavior and other.

III. Level II Incidents

- A. Level II includes any incident, as defined in 10A NCAC 27G .0602 that involves a threat to an individual's health or safety or a threat to the health or safety of others due to individual's behavior.
- B. Level II Incident reports shall be documented on the QM02 Incident and Death Forms.
- C. Staff who has witnessed or has the first knowledge of the incident shall immediately report the Level II incident to his or her supervisor.
- D. The staff member is to complete Page 1 and Page 2 of the report form as soon as possible after learning of the incident and submit to the Qualified Professional or designee within twenty – four (24) hours.
- E. The Qualified Professional or designee shall complete Page 3 and send the form to the MCO within seventy – two (72) hours
- G. The Qualified Professional or designee shall complete an initial review of the incident. The qualified professional may;
 - 1. Request additional information
 - 2. Take immediate action in response to the incident
 - 3. Review other data in making a decision
 - 4. Assure corrective actions plans are implement
 - 5. Ensure the safety of individuals and others
- H. Incidents reports will not be referenced in the individual's file and are not to be filed in the individual's record. Incident reports will be maintained and filed in the agency incident data base files referenced by individual's first name and last initial.

IV. Level III Incidents

- A. Level III incident reports includes any incident, as defined in 10A NCAC 27G .0602 that results in a (1) death or permanent physical or psychological impairment to the individual, (2) death or permanent physical or psychological impairment caused by an individual, or (3) a threat to public safety caused by an individual.
- B. Level III Incident reports shall be documented on the QM02 Incident and Death Form.
- C. The staff person witnessing the incident or has the first knowledge of the incident shall immediately report it to the Qualified Professional or designee. The Qualified Professional or designee shall notify the MCO immediately by telephone of the Level II incident.
- D. The staff member is to complete Page 1 and Page 2 of the report form as soon as possible after learning of the incident and submit to the Qualified Professional or designee within twenty –four (24) hours.
- F. The Qualified Professional or designee shall complete Page 3 and send the form to the host MCO, home MCO, and MH/DD/SA Quality Management Team within seventy–two (72) hours. If requested information is not available, an explanation will be provided on the form and the information will be reported as soon as possible
- G. Deaths that occur from suicide, accident, or homicide or violence are to be reported immediately
- H. Deaths that occur within seven (7) days of seclusion or restraint shall be reported immediately

- I. The Arc of Davidson County shall notify the individual's legal guardian and law enforcement of the incident.
 - J. The Qualified Professional or designee shall complete an initial review of the incident. The Qualified Professional may;
 - 1. Request additional information,
 - 2. Take immediate action in response to the incident,
 - 3. Review other data in making a decision,
 - 4. Assure corrective actions plans are implement, and
 - 5. Ensure the safety of individuals and others
 - K. The Qualified Professional or designee shall convene an Incident Review Committee within twenty-four (24) hours if services were actively being provided to the individual at the time of the incident
 - L. The Arc of Davidson County, Inc. Qualified Professional or designee shall assure that the affected individual's medical record is secured immediately following the incident, copying the medical record; certifying the copied medical record's completeness; and send a copy of the record to the Incident Review Committee. The Incident Review Committee will review the copied record, gather other information as related to the incident, and issue a report concerning the incident to the provider's internal staff and the individual's home MCO.
 - M. The results of the Incident Review Committee shall be included in Page 4 of the Incident and Death Review Form
 - N. Incident reports will not be referenced in the individual's file and are not to be filed in the individual's record. Incident reports will be maintained and filed in the agency incident data base files referenced by individual's first name and last initial.
- V. Reporting
- A. The Qualified Professional shall submit quarterly reports to the MCO for Incident Reports.
 - B. The Qualified Professional shall compile quarterly reports on minor incidents that include the types of incidents, outcomes, trends, and analysis.
 - C. Reports shall be reviewed by The Arc of Davidson County, Inc. management team, Quality Assurance and Quality Improvement Committee, Human Rights Committee and the Board of Directors.
 - D. Reviews and discussion of Incident Reports by Quality Assurance and Quality Improvement Committee, Human Rights Committee and the Board of Directors shall be documented in meeting minutes.

Attachments:

The Arc of Davidson County, Inc. Level I Behavior/Incident Form
NC DHHS Criteria for Determining Level of Response to Incidents and Incident Response Overview

IX. APPENDIX B: CRITERIA FOR DETERMINING LEVEL OF RESPONSE TO INCIDENTS

	INCIDENT	LEVEL I	LEVEL II	LEVEL III	Guidelines
CONSUMER DEATH	Consumer Death	NONE	<u>Due to:</u> - Terminal illness or other natural cause	<u>Due to:</u> - Suicide - Violence / homicide - Accident - Unknown cause - Death occurring within 7 days of seclusion or restraint	<ul style="list-style-type: none"> • Providers should report Level II deaths to the Host LME as soon as they learn of the death. • Providers should report Level III deaths as soon as they learn of the death. Report all Level II and III deaths that occur within 90 days of the last service provision. • Level III internal reviews are required <u>only</u> if the incident occurred when a consumer was receiving a billable service or the incident occurred on provider premises.
RESTRICTIVE INTERVENTION	Seclusion Isolated time-out Restraint	Any planned use administered appropriately and without discomfort, complaint, or injury	1. Any emergency or unplanned use OR 2. Any planned use that exceeds authorized limits, is administered by an unauthorized person, results in discomfort or complaint, or requires treatment by a licensed health professional	Any restrictive intervention that results in permanent physical or psychological impairment or if the incident is perceived to be a significant danger to or concern of the community.	Providers will submit aggregate numbers of Level I restrictive interventions to the host LME each quarter.
CONSUMER INJURY	<u>Due to:</u> Accident Aggressive behavior Self-harm Trip or fall Auto accident Other Unknown cause	Any injury that requires first aid only, as defined by OSHA guidelines in manual (<i>regardless of who provides the treatment</i>)	Any injury that requires treatment* by a licensed health professional (<i>such as MD, RN, or LPN</i>) beyond first aid, as defined by OSHA guidelines in manual. *Treatment does not include diagnostic tests such as blood work, x-ray, MRI, EKG, etc.	Any injury that results in permanent physical or psychological impairment; or if the is perceived to be a significant danger to or concern of the community.	Level III internal reviews are required <u>only</u> if the incident occurred when a consumer was receiving a billable service or the incident occurred on provider premises.

	INCIDENT	LEVEL I	LEVEL II	LEVEL III	Guidelines
MEDIATION ERROR	Refusal Missed dose Wrong dose Wrong medication Wrong time (more than 1 hr. before or after prescribed time) Dose given to wrong person Dose taken by wrong person Dose preparation error Loss or spillage of medication Other	Any error that does not threaten the individual's health or safety (<i>as determined by the physician or pharmacist notified of the error</i>)	Any error that threatens the individual's health or safety (<i>as determined by the physician or pharmacist notified of the error</i>)	Any error that is likely to result in permanent physical or psychological impairment or if the is perceived to be a significant danger to or concern of the community.	<ul style="list-style-type: none"> • Providers of periodic services should report errors for individuals who self-administer medications as soon as they learn of the incident. • Internal incident review for a Level III within 24 hours required <u>only</u> if incident occurred when a consumer was receiving a billable service or the incident occurred on provider premises. • All providers will submit aggregate numbers of Level I medication errors to the host LME each quarter
	<p>NOTE: Report <u>all</u> drug administration errors and all adverse drug reactions to the consumer's physician or pharmacist <u>immediately*</u>, as required by 10A NCAC 27G .0209(b).</p> <p>*However, if the consumer requires immediate medical attention, do not hesitate to give or get the medical attention.</p>				
CONSUMER BEHAVIOR	Suicidal behavior	Any suicidal threat or verbalization that indicates new or different behaviors or an increase in the number of these behaviors.	Any suicidal behavior that does not result in death or permanent physical or psychological impairment	Any suicidal behavior that results in permanent physical or psychological impairment, or if the incident is perceived to be a significant danger to or concern of the community.	

	INCIDENT	LEVEL I	LEVEL II	LEVEL III	Guidelines
S U S P E N S I O N	Suspension from services	Any provider withdrawal of services for less than one day due to consumer misconduct	Any provider withdrawal of services for one day or more due to consumer misconduct	NONE	Includes suspension and expulsion from any provider. Includes suspension for not following agency rules: specify rule when reporting. Report only if a mh/dd/sa service provider was on-site and providing a direct service at the time of the cause of the incident. This includes public school if a mh, dd and/or sa service was being provided at the time of the incident.
E X P U L S I O N	Expulsion from services	NONE	Any permanent provider withdrawal of services due to consumer misconduct	NONE	Includes expulsion for not following agency rules. Specify rule when reporting.
F I R E	Fire	Any fire that poses no threat to the health or safety of consumers or others	Any fire that threatens the health or safety of consumers or others	Any fire that results in permanent physical or psychological impairment or if the incident is perceived to be a significant danger to or concern of the community.	

X. Appendix C: INCIDENT RESPONSE OVERVIEW

Note: All incidents at each level must be reviewed as part of the reporting and receiving agencies' quality assurance process to ensure adequate and timely response and to minimize the likelihood of future incidents of a similar nature. Aggregate information on all incidents at each level must be analyzed to identify trends and patterns and potential improvements, as part of the reporting and receiving agencies' quality improvement process.

Acronyms: DHSR = Division of Health Services Regulation, DSS = Division of Social Services, DRNC=Disability Rights NC, HCPR = Healthcare Personnel Registry, LME = Local Management Entity, QI = Quality Improvement

	Reporting Requirements	Reporting Timelines	Responsibilities of Provider	Responsibilities of Host LME	Responsibilities of DMH/DD/SAS
LEVEL I	<p><i>Provider reports to:</i></p> <ul style="list-style-type: none"> • Internal incident Mgmt staff • Other agencies as required by law, rule or statute (e.g. HCPR) 	24 hours	<p>Attend to safety & health needs of involved parties</p> <p>Analyze cause(s), correct problem, review in QI process to prevent similar incidents and document incident & response</p> <p>Report to required agencies & individuals within allowed timeframes</p> <p>Report quarterly to host LME aggregate information, trends and actions taken on medication errors, searches & seizures, and restrictive interventions</p>	<p>Review sample of documented responses as part of local monitoring, when determined necessary by the Frequency and Extent of Monitoring Tool (FEM).</p> <p>Analyze trends and patterns in Level I medication errors, searches & seizures, and restrictive interventions as part of QI and monitoring planning processes</p>	None

	Reporting Requirements	Reporting Timelines	Responsibilities of Provider	Responsibilities of Host LME	Responsibilities of DMH/DD/SAS
LEVEL III	<p><i>Provider reports to:</i></p> <ul style="list-style-type: none"> • Internal incident Mgmt staff • Other agencies as required by law (e.g. law enforcement) • Host LME Incident Mgmt unit • Home LME • Consumer's legal guardian, where applicable • DMH/DD/SAS Quality Management Team • DHSR Complaint Intake Unit (in cases of death, if service is licensed under G.S. 122-C) • DHSR Personnel Registry (in cases where staff is alleged perpetrator) 	<p>Verbal notification within 24 hours</p> <p>Written report within 72 hours</p> <p><u>Exception:</u> Deaths within 7 days of restrictive intervention must be reported immediately</p>	<p>Attend to immediate health & safety needs of involved parties</p> <p>Convene an internal review committee within 24 hours for Level III incidents when a consumer was receiving a service at the time the incident occurred or if the incident occurred on the provider's premises.</p> <p>Analyze cause(s), correct problems and review in QI process to prevent similar incidents</p> <p>Document on reporting tools provided by the state</p>	<p>Review provider handling to ensure that consumers are safe, certified copy of record is secured, review committee meeting is convened, and appropriate agencies are informed</p> <p>Monitor and provide technical assistance as warranted to ensure that problems are corrected</p> <p>Analyze & respond to patterns of incidents as part of QI and monitoring processes</p> <p>Report aggregate information, trends, and actions taken to DMH/DD/SAS quarterly</p>	<p>Review LME oversight of providers and follow up as warranted to ensure problems are corrected</p> <p>Analyze & respond to statewide patterns of incidents as part of QI and monitoring processes</p> <p>Produce statewide quarterly incident trend reports</p>

Policy Area: Rights and Privacy	Title of Policy: Abuse, Neglect & Exploitation
Effective Date: 2/21/2013	Number: RP1
Revision Date: 3/23/20	Approved by: Board of Directors 2/21/2013

The Arc prohibits abuse, neglect, mistreatment and exploitation. All reporting and investigation procedures used for allegations are applicable to employees and people supported.

It is the policy of The Arc to encourage and support all people supported, staff, families, visitors and volunteers in reporting any suspected acts of abuse, neglect, exploitation, involuntary seclusion or misappropriation of resident property. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint. The term "abuse" (abuse, neglect, exploitation, involuntary seclusion or misappropriation of resident property from abuse, neglect, misappropriation of resident property, and exploitation) will be used throughout this policy unless specifically indicated.

The Arc does not discriminate in providing services on account of membership in any protected class, including, without limitation, race, color, creed, religion, national origin, sex, disability, or sexual orientation.

An employee or volunteer associated with the agency shall not physically, mentally or emotionally abuse, mistreat or neglect a person supported. Any employee or volunteer who becomes aware of abuse, mistreatment, neglect, exploitation or misappropriation shall immediately report to the Administrative staff.

The Executive Director or designee will report abuse to the state agency per State and Federal requirements.

When people have been subjected to abuse, neglect, mistreatment or exploitation, they are afforded supports to address the effects of the abuse even if the abuse occurred before they entered into services of The Arc, even if the perpetrator is someone else receiving services regardless of the legal definition of abuse.

DEFINITIONS OF ABUSE AND NEGLECT

Abuse and neglect exist in many forms and to varying degrees. The following are the approved CMS definitions of abuse and neglect.

- a. **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 persons supported, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. Abuse includes verbal/ sexual / physical / 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.
 - i. **Verbal abuse** is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to person supported or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten an individual, such as telling a person that he/she will never be able to see his/her family again.
 - ii. **Sexual abuse** is non-consensual sexual contact of any type with a resident.
 - iii. **Physical abuse** includes hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment.

- iv. **Mental abuse** includes but is not limited to, humiliation, harassment, threats of punishment or deprivation.
- b. **Involuntary seclusion** is defined as the separation of a person supported from other individuals or confinement to her/his room against the person's will or the will of the legally responsible person.
- c. **Exploitation** is defined as unfair treatment or use of a person supported or the taking advantage of an individual for personal gain through the use of manipulation, intimidation, threats, or coercion.
- d. **Misappropriation** of a person's property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a person's belongings or money without the person's consent.
- e. **Mistreatment:** inappropriate treatment or exploitation of a person supported.
- f. **Neglect** is the failure of the facility, its employees or service providers to provide goods and services to a person supported that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.
- g. **Injuries of Unknown Origin: An injury should be classified as an injury of unknown source when both of the following conditions are met:**
 - i. The source of the injury was not observed by any person or the source of the injury could not be explained by the person supported;
 - ii. 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 vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.
- h. **Immediately:** means as soon as possible, but ought not to exceed 24 hours after discovery of the incident, *in the absence of a shorter State time frame requirement.*
- i. **Policy:** It is the policy of The Arc that each person supported will be free from Abuse. Abuse can include verbal, mental, sexual, or physical abuse, corporal punishment or involuntary seclusion. People supported will also be free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. No abuse or harm of any type will be tolerated, and persons supported and staff will be monitored for protection. The agency will educate staff and other applicable individuals in techniques to protect all parties.

The Arc of Davidson County, Inc. does not distinguish between abuse, neglect, mistreatment and exploitation perpetrated by a staff, by a community member, or by another person supported.

Procedure: The objective of the abuse policy is to comply with the seven-step approach to abuse and neglect detection and prevention. The abuse policy will be reviewed on an annual basis or more frequently and will be integrated into the Basic Quality Assurance program. Staff and persons supported are educated around the definitions of abuse, neglect, mistreatment and exploitation in order to assure that situations involving such mistreatment are appropriately handled. Victims of abuse, for the purposes of this policy, are limited to persons receiving services. Where staff feel they are being subjected to such mistreatment, they are encouraged to follow The Arc of Davidson County, Inc. Employee Handbook guidelines on employee harassment.

OVERVIEW OF SEVEN COMPONENTS

- Screening
- Training
- Prevention
- Identification

- Investigation
- Protection
- Reporting and Response

Informing the Person Supported

Upon admission to any of The Arc of Davidson County, Inc.'s programs and at least annually thereafter, a representative of The Arc of Davidson County, Inc. will meet with the person receiving supports and or their legally responsible person to review and discuss The Arc of Davidson County, Inc.'s abuse, neglect and exploitation policy and procedures for identifying and reporting suspected cases of abuse, exploitation and neglect.

A. SCREENING COMPONENTS

ABUSE POLICY REQUIREMENTS: It is the policy of this agency to screen employees and volunteers prior to working with persons supported. Screening components include verification of references, certification and verification of license and criminal background check.

PROCEDURE:

1. EMPLOYEE SCREENING AND TRAINING

- Before new employees are permitted to work with persons supported, references provided by the prospective employee will be verified as well as appropriate board registrations and certifications regarding the prospective employee's background. The agency will not employ or otherwise engage individuals who have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law.
- Nurse Aides: The agency will not employ or otherwise engage an individual who:
 - Has a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment or misappropriation of property
 - In addition, the agency will report to the State nurse aide registry any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff
- Licensed Staff: The agency will not employ or otherwise engage a licensed professional who:
 - Has a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment or misappropriation of property
 - In addition, the agency will report to the State licensing authorities any knowledge it has of actions by a court of law against an employee which would indicate unfitness for service as a licensed professional
- A criminal background check will be conducted on all prospective employees as provided by the agency's policy on criminal background checks. A significant finding on the background check will result in denied employment consistent with the criminal background check policy in accordance with State and Federal Regulation.
- All new employees/volunteers will receive training on the abuse policy prior to direct or indirect contact with persons supported.
- All new employees/volunteers will be oriented to the Abuse Policy and made aware of their responsibility to report any suspected maltreatment as defined and described in this policy.
- Attendance at a yearly in-service on the Abuse Policy and on Resident Rights is mandatory for all employees/volunteers.
- The agency will provide information regarding the procedure for reporting suspected maltreatment

upon request and by posting the procedure in a conspicuous location in the agency

B. TRAINING COMPONENTS

ABUSE POLICY REQUIREMENTS: It is the policy of this agency to train employees, through orientation and on-going sessions on issues related to abuse and prohibition practices.

PROCEDURE:

Staff and volunteers will receive education about mistreatment, neglect, and abuse, including injuries of unknown source, exploitation and misappropriation of property upon first employment and annually after that, incorporating the following elements:

- Orientation and ongoing programs
- Training on the abuse policies and procedures
- How to deal with aggressive and catastrophic reaction of persons supported
- How to report abuse without fear of reprisal
- Recognizing signs of burnout, frustration, and stress
- Training about challenging behaviors and how to intervene
- Communication of reports of mistreatment, neglect, and/or abuse, including injuries of unknown source, and misappropriation of property
- The definition of what constitutes mistreatment, neglect, or abuse, including injuries of unknown source, exploitation and misappropriation of property
- How to identify persons supported at risk for neglect or abuse
- Declaration of Human Rights
- Review of facility abuse policies and procedures
- Annual notification of covered individuals of their obligation to comply with reporting requirements

ABUSE POLICY REQUIREMENTS: The agency will monitor staff for burnout, which could lead to the potential maltreatment of persons supported.

PROCEDURE:

- a. Staff will be taught the signs and symptoms of staff burnout
- b. Staff should report any signs and symptoms of burnout to their supervisor.
- c. Staff that is identified with burnout may require referral for assistance. If it is determined that a staff member requires special intervention such as training, time off work, or referral for assistance, this will be handled by the Management Team.

C. PREVENTION

ABUSE POLICY REQUIREMENTS: It is the policy of this agency to prevent abuse by providing persons supported, families and staff information and education on how and to whom to report concerns, incidents and grievances without the fear of reprisal or retribution. The facility will provide feedback regarding complaints and concerns. The agency leadership will assess the needs of persons supported to be able to identify concerns in order to prevent potential abuse.

PROCEDURE:

1. ASSESSMENT

- a. Upon admission and periodically, persons supported will have an Individual Assessment completed which identifies potential vulnerabilities such as cognitive, physical, psychosocial, environment and communication concerns.
- b. The interdisciplinary team will identify the vulnerabilities and interventions on the person's individual service plan.

2. ORIENTATION (*Persons supported, Representatives and Staff*)

- a. Individuals will be provided orientation to the Abuse Policy and Resident Rights.
- b. Current persons supported/families/guardians will receive information with regards to the Abuse Policy, upon admission, via meetings and other forms of communication.

D. IDENTIFICATION

“ABUSE” POLICY REQUIREMENTS: It is the policy of this agency that all staff monitor persons supported and will know how to identify potential signs and symptoms of abuse. Occurrences, patterns and trends that may constitute abuse will be investigated. Management Team and Human Rights Committee will identify any trends and identify corrective actions.

PROCEDURE:

All staff will receive education about how to identify signs and symptoms of abuse. Persons supported will be monitored for possible signs of abuse. Symptoms that will be monitored:

- a. Suspicious or unexplained bruising
- b. Unnecessary fear
- c. Abnormal discharge from body orifices
- d. Inconsistent details by staff regarding how incidents occurred
- e. Unusual behavior toward other staff, peers, family members, or visitors

E. INVESTIGATION

“ABUSE” POLICY REQUIREMENTS:

It is the policy of The Arc that reports of abuse (mistreatment, neglect, or abuse, including injuries of unknown source, exploitation and misappropriation of property) are promptly and thoroughly investigated.

PROCEDURE:

The investigation is the process used to try to determine what happened. Incidents where an individual supported claims or is alleged to have been abused, neglected, exploited or mistreated by an employee of The Arc of Davidson County, Inc. necessitates that an internal risk assessment review be conducted. Direct care staff accused of such will be suspended from all contact with people receiving services pending investigation.

The QP will assume the lead role in all matters that reflect upon the quality of care or involve the death or the abuse, neglect or exploitation of an individual supported by The Arc of Davidson County, Inc. Upon completion of the investigation, the results of the investigation will be submitted to the Executive Director, and to the Human Rights Committee for review and comment.

a. Investigation of abuse: When an incident or suspected incident of abuse is reported, the Qualified Professional or designee will investigate the incident with the assistance of appropriate personnel. The investigation will include:

- a. Who was involved
- b. Person supported statements
 - a. For those who do not use words to communicate, or those who refuse to be interviewed, observe then complete an evaluation of the person’s behavior, affect and response to interaction, and document findings.
- c. Peer statements (if applicable)

- d. Involved staff and witness statements of events
- e. A description of the person supported behavior and environment at the time of the incident
- f. Injuries present
- g. Observation of person supported and staff behaviors during the investigation
- h. Environmental considerations

All staff must cooperate during the investigation to assure the person supported is fully protected.

b. Investigation of injuries of Unknown Origin or Suspicious injuries: must be immediately investigated to rule out abuse:

- a. Injuries include, but are not limited to, bruising of the inner thigh, chest, face, and breast, bruises of an unusual size, multiple unexplained bruises, and/or bruising in an area not typically vulnerable to trauma.

c. Investigation regarding misappropriation: complete an active search for missing item(s) including documentation of investigation.

- a. The investigation will consist of at least the following:
- b. A review of the completed complaint report
- c. An interview with the person or persons reporting the incident
- d. Interviews with any witnesses to the incident
- e. A review of the person supported medical record if indicated
- f. A search of person supported room, if applicable (with person supported permission)
- g. An interview with staff members having contact with the individual during the relevant periods or shifts of the alleged incident
- h. Interviews with peers, family members, and visitors
- i. A root-cause analysis of all circumstances surrounding the incident.

d. Investigation of involuntary seclusion should include:

- a. Symptoms that led to the consideration of the separation
- b. Investigation into whether the symptoms were caused by failure to meet the person supported needs, provide meaningful activities or manipulation of the environment
- c. Was the cause of the symptom removed?
- d. Were alternatives attempted prior to separation?
- e. Was the separation for the least amount of time necessary?
- f. Was the family/legal representative involved in the care planning and informed choice regarding the separation?
- g. Is there evidence of monitoring and adjustments in care to reduce negative outcomes and attempt to determine less restrictive alternatives?

Additional Investigation Protocols

- a. While the investigation is being conducted, accused individuals not employed by the facility will be denied unsupervised access to the person supported. Visits may only be made in designated areas, supervised by staff after approval by the Executive Director or designee.
- b. The Executive Director or designee will keep the person supported and the legally responsible person informed of the progress of the investigation.
- c. The results of the investigation will be recorded and attached to the report.
- d. The Executive Director or designee will complete a copy of the investigation materials.
- e. The Executive Director or designee will inform the person supported and the legally responsible person of the findings of the investigation and corrective action taken.
- f. Inquiries made concerning abuse reporting and investigation must be referred to the Executive Director or designee.
- g. Law Enforcement:
- h. All reports of suspected crime and/or alleged sexual abuse must be immediately reported to local law

enforcement to be investigated. Facility staff will fully cooperate with the local law enforcement designee.

Incident Response Improvement System will be utilized to report all allegations.

Investigation Timelines of Alleged Abuse, Exploitation and Neglect

- If any representative of The Arc of Davidson County, Inc. has cause to suspect the abuse, exploitation and neglect of a child or adult with a disability, s/he is responsible for reporting such concern to the appropriate legal authority **immediately, but within 24 hours** of suspicion.
- An investigation into the circumstances surrounding the alleged abuse, exploitation, and neglect will be completed within **five (5) working days of the allegation**.
- The Executive Director or designee will respond to substantiated allegations of abuse, exploitation and neglect within **ten (10) working days of the allegation**.

F. PROTECTION

ABUSE POLICY REQUIREMENTS: It is the policy of this agency that the person supported will be protected from the alleged offender(s).

PROCEDURE:

Immediately upon receiving a report of alleged abuse, the Executive Director or designee will coordinate delivery of appropriate medical and/or psychological care and attention. Ensuring safety and well-being for the vulnerable individual are of utmost priority. Safety, security and support of the person supported and others with the potential to be affected will be provided. This should include as appropriate:

- a. **Procedures must be in place to provide the person supported with a safe, protected environment during the investigation:**
 - i. The alleged perpetrator will immediately be removed and the person supported protected. Employees accused of alleged abuse will be immediately removed from the facility and will remain removed pending the results of a thorough investigation. (Decision of the extent of immediate disciplinary action will be made by the Executive Director or designee).
 - ii. If a family member is possibly contributing to the potential abuse and the person supported could be at risk, evaluate the situation and identify options to put into place for protection of the individual.
 - iii. If the alleged perpetrator is a peer, the staff member will immediately remove the perpetrator from the situation and another staff member will stay with the alleged perpetrator and wait for further instruction from administration, if possible. If the situation is an emergent danger to the other persons supported or staff, dial 911 for immediate assistance.
 - iv. Examine, assess and interview the person supported and peers potentially affected immediately to determine any injury and identify any immediate clinical interventions necessary.
 - v. Social Services or designee should keep in frequent contact with the person supported
 - vi. If the individual could be at risk in the same environment, evaluate the situation and consider options
 - vii. Notification of law enforcement and/or State Agency, Crisis Response, Poison Control, etc. as indicated
 - viii. A medical, evidentiary, or sexual assault exam should be completed as soon as possible, as appropriate.
1. **Other measures as deemed appropriate and by existing safety policies and procedures.**
 - i. If the injury is unexplainable (i.e., fracture), and if the findings of abuse are substantiated (physical, verbal, sexual, financial exploitation), and if there is caregiver neglect (i.e., care

- plan not followed resulting in injury), or if a therapeutic error resulted in injury a report must be made per IRIS guideleines
- ii. a. Within five business days of the original report, Executive Director or designee and Director of Social Services will meet to make the final decision regarding the outcome of the investigation.
 - iii. b. If the investigation shows maltreatment did take place, the employee will be disciplined, up to and including termination.
 - c. If the investigation shows maltreatment was unsubstantiated, the employee's individual situation will be reviewed to determine, reinstatement, potential for pay, and further training education needs in coordination with the Executive Director or designee
 - d. The person supported and /or family will be notified of the completion of the investigation and whether the incident was substantiated. Information will be provided according to confidentiality guidelines.
 - e. Education will be provided as needed to all parties involved.
 - f. Information on advocacy group and other resources will be provided.
 - g. Community resources will be utilized if the psychosocial needs warrant counseling services.

G. REPORTING AND RESPONSE

ABUSE POLICY REQUIREMENTS:

If a representative of The Arc of Davidson County, Inc. has cause to suspect the abuse, exploitation and neglect of a child or adult with a disability, s/he is responsible for reporting such concern to the appropriate legal authority immediately, but no later than within 24 hours of the alleged incident. Wherever appropriate, The Arc of Davidson County, Inc.'s supervisory assistance will be available to provide support to the staff person making the allegation. Depending upon the individual involved, and the alleged offense, reports may be made to any or all of the following entities:

- County Adult Protective Services (APS)
- County Child Protective Services (CPS)
- Local Law Enforcement
- Managed Care Organization
- The Arc of Davidson County, Inc. Human Rights Committee (via Qualified Professional-QP)

PROCEDURE: Level II and Level III Incident Reports shall be reported to Incident Response Improvement System - NC DHHS (web based system for reporting and documenting responses to Level II and Level III).

Level II Incidents

- a. Level II includes any incident, as defined in 10A NCAC 27G .0602 that involves a threat to a person supported's health or safety or a threat to the health or safety of others due to person supported's behavior.
- b. Staff who has witnessed or has the first knowledge of the incident shall immediately report the Level II incident to his or her supervisor.
- c. The Qualified Professional or designee shall complete IRIS Form as soon as possible after learning of the incident within twenty – four (24) hours.
- d. The Qualified Professional or designee shall notify MCO within seventy – two (72) hours
- e. The Qualified Professional or designee shall complete an initial review of the incident. The Qualified Professional may:
 1. request additional information
 2. take immediate action in response to the incident
 3. review other data in making a decision
 4. assure corrective actions plans are implement

5. ensure the safety of persons supported and others
- b. Incidents reports will not be referenced in the persons supported's file and are not to be filed in the persons supported's record. Incident reports will be maintained and filed in the agency incident data based files, referenced by individual's client first name and last initial.

Level III Incidents

- A. Level III incident reports includes any incident , as defined in 10A NCAC 27G .0602 that results in a (1) death of permanent physical or psychological impairment to the person supported, (2) a death or permanent physical or psychological impairment caused by a persons supported, or (3) a threat to public safety caused by a persons supported.
- B. Level III Incident reports shall be documented on the Incident Response Improvement System NC-DHHS.
- C. The staff person witnessing the incident or has the first knowledge of the incident shall immediately report it to the Qualified Professional or designee. The Qualified Professional or designee shall notify the MCO immediately by telephone of the Level III incident.
- D. The Qualified Professional will complete report form as soon as possible after learning of the incident and submit within twenty -four (24) hours.
- A. The Qualified Professional or designee shall complete send the form on IRIS. If requested information is not available, an explanation will be provided on the form and the information will be reported as soon as possible
- B. Deaths that occur from suicide, accident, or homicide or violence are to be reported immediately
- C. Deaths that occur within seven (7) days of seclusion or restraint shall be reported immediately
- D. The Arc of Davidson County shall notify the persons supported's legally responsible person and law enforcement of the incident.
- E. The Qualified Professional or designee shall complete an initial review of the incident. The Qualified Professional may:
 1. request additional information,
 2. take immediate action in response to the incident,
 3. review other data in making a decision,
 4. assure corrective actions plans are implement, and
 5. ensure the safety of consumers and others
- F. The Qualified Professional or designee shall convene an incident review committee within twenty-four (24) hours if services were actively being provided to the persons supported at the time of the incident
- G. The Qualified Professional or designee shall assure that the affected persons supported medical record is secured immediately following the incident, copying the medical record; certifying the copied medical record's completeness; and send a copy of the record to the incident review team. The incident review team will review the copied record, gather other information as related to the incident, and issue a report concerning the incident to internal staff and the persons supported home MCO
- H. The results of the Incident review committee shall be included in IRIS report
- I. Incidents reports will not be referenced in the persons supported file and are not to be filed in the persons supported record. Incident reports will be maintained and filed in the agency incident data based files, referenced by persons supported first name and last initial

INTERNAL REPORTING:

- a. Employees must always report any abuse or suspicion of abuse immediately to the Executive Director or designee ****Note: Failure to report can make employee just as responsible for the abuse in**

accordance with State Law

- b. The Executive Director or designee will involve key leadership personnel as necessary to assist with reporting, investigation and follow up.

Level I Incident

Will be completed by staff member learning of incident first. It will be completed on the electronic health records system.

The Qualified Professional or designee shall complete an initial review of the incident. The Qualified Professional may:

- a. request additional information
- b. take immediate action in response to the incident
- c. review other data in making a decision
- d. assure corrective actions plans are implement
- e. ensure the safety of persons supported and others

EXTERNAL REPORTING:

- a. **Initial reporting of allegations:** If an incident or allegation is considered reportable, the Qualified Professional or designee will make an initial (immediate or within 24 hours) report to IRIS. A follow up investigation will be submitted to the State Agency within five (5) working days. When making a report, the following information should be reported:
 - 1. Name, age, diagnosis and mental status of the persons supported allegedly abused or neglected.
 - 2. Type of abuse reported (physical, sexual, theft, neglect, verbal or mental abuse).
 - 3. Date, time, location and circumstances of the alleged incident.
 - 4. Any obvious injuries or complaints of injury.
 - 5. Report/Notification to persons supported attending physician
 - 6. Steps the agency has taken to protect the persons supported.
 - 7. Names and social security numbers of alleged staff involved.
 - 8. The facility must include the following investigative components:
 - 9. Have evidence that all alleged violations are thoroughly investigated.
 - 10. Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.
- Report the results of all investigations to the Executive Director or designee and to other officials in accordance with State law, including immediate or 24 hour reporting to the State Survey Agency, law enforcement and the follow up report to the State Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.
- Law Enforcement:
 - All reports of suspected crime and/or alleged sexual abuse must be immediately reported to local law enforcement to be investigated. Agency staff will fully cooperate with the local law enforcement designee.
- The Executive Director or designee will inform the persons supported of the report of an incident and that an investigation is being conducted.
- The agency will protect reporting individuals from potential retaliation.

For the protection of all individuals involved, copies of any internal reports, interviews and witness statements during the course of the investigation shall be released only with the permission of the Executive Director or designee.

Informing the persons supported and/or legally responsible Party: The Executive Director or designee will inform the persons supported and/or legally responsible party the results of the investigation.

Inquiries about the Incident: Inquiries concerning the abuse reporting and investigation should be referred to the Executive Director.