

Agency Name: <i>(Agency that operates certified site or provides service)</i>	Agency ID Code:
Site or Agency Address:	OC #
Date of Review:	
Reviewer Name:	Team #:

INCIDENTS & OCCURRENCES REVIEWED:

INDIVIDUALS	CODE	INCIDENT MIN#		INCIDENT MIN#		INCIDENT MIN#		INCIDENT MIN#	
		INCIDENT MIN#	class						
1.									
2.									
3.									
4.									
5.									
6.									
7.									

Incident Management Protections: BPC Site Visit - Service Review

GENERAL GUIDANCE

03/01/2015

USE:

This protocol should be implemented routinely as follows:

- During routine visits to certified sites and programs
- When conducting a review of services received by individual(s):
 - As part of a visit to a certified site
 - As part of a review of WBCM services and supports
 - As part of a review of non-site based Waiver Services
 - As part of an MSC services review
- As needed, due to the nature of the need for review: e.g. complaint investigation
- The regulations referenced in this protocol apply only to incidents, occurrences and events occurring since June 30th, 2013.

PURPOSE:

Review that individuals are safe, treated with respect and protected from abuse and neglect through the following actions:

- DQI will verify that there is no evidence that abuse, neglect, other reportable incidents, and notable occurrences are unreported by the certified site, or program.
- DQI will verify that immediate treatment and protection of individuals was provided when an incident or notable occurrence is reported, as reported in IRMA and as was necessary.
- DQI will verify that investigation reports as entered into IRMA and thorough.
- DQI will verify that corrective and preventative measures at the person, site or service level identified as a result of the investigation or review of incidents and notable occurrences were implemented.
- DQI will verify that when the investigation and review of incidents and/or notable occurrences results in identification of needed changes in supports and services, the ISP or Plan of Care is revised accordingly.

SAMPLE SELECTION – Reportable incidents, Notable Occurrences, and Events/situations:

- Guidance Instruction regarding sampling is always a starting point. Surveyor judgment is always required to determine whether expanded sampling is required. Suspected or discovered failures to report, protect and/or remediate may require increased or revised sampling strategies. Repeated demonstrated compliance may justify sampling revisions. If you have any questions, contact your area director.
- Review information in IRMA for the site or service and identify trends for events that have been reported in the past 12 months or since the last visit whichever is the shorter. Include in the sample, incidents that appear to be trends. Trends may be noted regarding persons and/or types of events. Feedback from IMU will be helpful in decision making for sample selection. In addition, specific sampling instruction is provided below.
- For special visits such as complaints, monitoring, etc. sampling will be made according to circumstances of the situation. See first Bullet.

ACTIONS REQUIRED FOR SAMPLED INCIDENTS: *When a Reportable Incident and/or Notable Occurrence is sampled, it must be reviewed for all applicable standards included in this protocol including the verification that corrective actions are implemented and effective. Corrective actions for sampled incidents/occurrences should be reviewed for all classifications and for all recommendation sources (i.e. investigator, agency Incident Review Committee (IRC), OPWDD or the Justice Center.* Note: If the incident under review is a Reportable Incident of abuse or neglect, the corrective actions are identified in a **Corrective Action Plan (CAP)**. The plan and required supporting documentation must be available in IRMA and is the CAP of record for incidents occurring after January 01, 2015.

- **SAMPLING FOR ALL IRAs/CRs and FSRs and Day Programs <20 capacity. Sample for the time period since the last review of the site (or 12 months at team's discretion, if shorter).**
 - **WBCMs in IRAs/CRs:** Review all incidents, occurrences, and 625 events/situations reported for class members
 - **ALL RECERT VISITS (including IRAs w/ WBCMs):**
 - Review all Reportable Incidents and Notable Occurrences and 625 Events/Situations **for people in the survey sample**
 - If no incidents were reported for people in the survey sample: review the 5 most recent RIs and 3 most recent Notable Occurrences, and 3 most recent 625 events reported for the site
 - Also verify implementation of all CAPs **directed by the Justice Center** regardless of whether the entire incident was sampled (see below).
 - **ANNUAL SITE VISIT:**
 - Review the 5 most recent RIs and 3 most recent Notable Occurrences and 3 most recent 625 events reported for the site **for standards identified in this protocol**, including verification of **corrective actions** regardless of source.
 - Verify implementation of all CAPs **required by the Justice Center** regardless of whether the entire incident was sampled (see below).
 - **REVIEW OF JUSTICE CENTER CAPs DURING ALL VISIT TYPES:**
 - **Identify Reportable Incidents of Abuse and Neglect that were required by the Justice Center to have a Corrective Active Plan (CAP). This may be in their own investigative report or in a letter of determination. CAPs required for Reportable Incidents of Abuse and Neglect occurring after January 15, 2015 will be identified and available through IRMA, inclusive of the plan and documentation related to implementation. Verify that the CAP was implemented effectively. Only the CAP plan in IRMA can be considered. This is in addition to the routine review of corrective actions for full incidents/occurrences reviewed.**
- **SAMPLING FOR DAY PROGRAMS >20, NON-CERT WAIVER SERVICES, MSC SERVICES**
 - Review all incidents, occurrences, and 625 events/situations for individuals in the DOH MSC survey sample
 - Review 10% sample of RIs maximum 10 (regardless of visit type).
 - Review the five most recent Notable Occurrences and 5 most recent 625 events (regardless of visit type)

- **REVIEW OF JUSTICE CENTER CAPs DURING ALL VISIT TYPES:**
 - Identify Reportable Incidents of Abuse and Neglect that were required by the **Justice Center to have a Corrective Active Plan (CAP)**. This may be in their own investigative report or in a letter of determination. CAPs required for Reportable Incidents of Abuse and Neglect occurring after January 15, 2015 will be identified and available through IRMA, inclusive of the plan and documentation related to implementation. Verify that the CAP was implemented effectively. Only the CAP in IRMA can be considered. This is in addition to the routine review of corrective actions for full incidents/occurrences reviewed.

NOTE: Verification of implementation/effectiveness of corrective actions and recommendations related to incident investigations and review has been an ongoing task of DQI/BPC staff and is not a new task. Specific inclusion of instruction to verify CAP implementation is in response to the addition of (current Part 624 requirements) and Justice Center oversight of Reportable Incidents of Abuse and Neglect. Please see Standard #s 8 and 9.

BPC PREPARATION and IRMA INFORMATION REVIEW:

Prior to the visit or review:

- **Contact the Incident Management Unit (IMU) Regional Compliance Officer (RCO) at least 2 weeks prior to visit, relaying Agency, site and/or service, and if necessary and known, persons being reviewed.**

The RCO will ensure BPC is provided information regarding the agency's performance re: incident management, conveying any known concerns and problems that BPC should be aware of prior to the review. IMU's information may influence sampling or a review activities. For example: while review for required notifications is not included in this IM Site/Service protocol (in in the IM Central/Agency protocol), if the IMU has already noted repeated failure to report e.g. to Law Enforcement, details may be conveyed and BPC can follow up as needed, up to issuing a statement of deficiency to the Agency, once sufficient detail is provided by IMU/gathered.
- **IRMA Review**
 - Run available IRMA report(s).
 - You want to first get an overview of the incidents/occurrences/events that have been reported.
 - A good starting point is running a report that can be accessed via AGENCY INCIDENT HISTORY. While this says "agency" once you enter it, you can select a specific agency site or service also. You are able to request a report that includes all classifications as a starting point. You will have basic information about all the IRMA reported events. This will help you to see trends, individuals involved in incidents, etc. Once you have that information you will be able to select other reports to pursue and will have Master incident #s (MINs) which will be helpful in getting additional information about a particular incident.

- For the sampled incidents, review the RI, NO and event/situation (625) incident information, focusing on the event and surrounding circumstances, investigation report, care, protections, and corrective actions and recommendations. (It is understood that not all sampling may be determined in advance, and some additional IRMA review may need to occur during the visit.) Reportable Incidents and Notable Occurrences should be reviewed for the following:
 - Thoroughness/adequacy of investigation report entered into IRMA. If investigation report in IRMA for abuse/neglect does not provide sufficient information to demonstrate a thorough investigation, additional information may be requested in order to ensure that the agency took appropriate action. Contact the appropriate RCO to inquire if there is supplemental investigation material and request same.
 - Immediate protections reported by the agency
 - Protective/corrective measures recommended by the investigator, Incident Review Committee, and/or OPWDD
 - Prevention/remediation plans to address substantiated abuse and neglect
 - Corrective Action Plans required by the Justice Center

NOTE: Minor Notable Occurrences (MNOs) are required to be entered into IRMA for State Operated sites and services and should be therefore available for review in IRMA. For Voluntary Operated Agencies, MNOs may or may not be available in IRMA dependent on agency policies. Voluntary Operated agencies are not required, at this time, to enter MNOs in IRMA. You will need to ask for needed paper documentation to review sampled MNOs during site/service reviews.

BPC ACTIVITIES ON-SITE / DURING REVIEW:

- **Verify that events that meet the definition of reportable incidents or notable occurrences are reported by the certified site or service type.**
 - While on-site at a certified program, review program records for the previous three (3) months such as daily logs, communication logs, accident reports, etc., in order to verify that all events that should have been reported as incidents or notable occurrences have been so reported.
 - Anytime a review of a person's supports/services are reviewed, documentation related to that person's services will also provide information regarding events that have occurred (e.g. waiver service notes, prn notes, behavior notes, health care reports, MSC notes, etc.)
- **For Incidents and Occurrences sampled, take appropriate action for the following:**
 - Verify that information regarding immediate treatment and protection of individuals occurred as reported in IRMA.
 - Verify that when the investigation and review of incidents and/or notable occurrences results in identification of needed changes in supports and services, the ISP or Plan of Care was revised accordingly.
 - Verify that site/service/person level corrective measures identified as a result of investigation and/or review of incidents and notable occurrences were implemented
 - Verify that **recommendations/plans for the prevention and remediation for any incident sampled** and **Corrective Action Plans (CAPs)** for ALL sampled abuse and neglect cases have been implemented. This includes actions determined by the agency, IRC,

Incident Management Protections: BPC Site Visit - Service Review

03/01/2015

OPWDD and/or the Justice Center. In addition verify that the CAPs directed by the Justice Center were implemented, whether or not the full allegation of abuse/neglect was sampled.

- Conduct observations and interviews to verify that individuals are protected from abuse/neglect at the program and that events that should be reported are reported.

Interviews:

- Service Recipients: Ask program participants about the care and treatment they receive. Known victims and alleged victims of abuse should be asked if they felt safe and sufficiently protected once the abuse was reported and if they feel safe since the time of the incident. (Note: While individuals may express they do not feel safe, it should not necessary be used as an indication that they are not safe. Surveyor analysis is necessary.)
- Family members, guardians, and correspondents: The individuals' involved family members may also be interviewed regarding their confidence in protections provided to the individuals in the program environment.
- Agency Staff: Interview agency direct support staff regarding significant events that occurred while they were on duty, about medical emergencies, their understanding of the events that need to be reported and how to report, and their responsibilities to protect individuals.

BPC COMMUNICATION OF FINDINGS TO IMU:

If a Statement of deficiencies includes incident management please send the incident management information to the IMU Regional Compliance Officer.

Please Note:

- The guidelines in this document cannot be inclusive of every scenario a surveyor may encounter and are not meant to substitute for the judgment and knowledge base of experienced DQM staff. If items not specifically identified in the protocol are found to be inadequate for the welfare and safety of the individuals receiving services at the site, the surveyor is responsible to take appropriate action to identify, notify and ensure corrective action.
- Procedures identified in this document do not restrict OPWDD's ability to assess any environmental or safety item determined to influence the safety, well-being and comfort of people receiving services.

<p>CHECK APPLICABLE SITE/SERVICE</p> <p><input type="checkbox"/> State Operated Service or Site</p> <p><input type="checkbox"/> Voluntary Operated Certified Site</p> <p><input type="checkbox"/> Voluntary Operated Service, non-certified</p>	<p>CHECK APPLICABLE EVENT CLASSIFICATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Reportable Incident- Abuse/Neglect (RI-AN)</td> <td><input type="checkbox"/> Minor Notable Occurrence (MNO)</td> </tr> <tr> <td><input type="checkbox"/> Reportable Incident- Significant Event (RI-SE)</td> <td><input type="checkbox"/> Part 625 Event/Situation (625 other)</td> </tr> <tr> <td><input type="checkbox"/> Serious Notable Occurrence-Death (SNOD)</td> <td><input type="checkbox"/> Part 625 Event/Situation (625 death)</td> </tr> <tr> <td><input type="checkbox"/> Serious Notable Occurrence - not death (SNO)</td> <td></td> </tr> </table>	<input type="checkbox"/> Reportable Incident- Abuse/Neglect (RI-AN)	<input type="checkbox"/> Minor Notable Occurrence (MNO)	<input type="checkbox"/> Reportable Incident- Significant Event (RI-SE)	<input type="checkbox"/> Part 625 Event/Situation (625 other)	<input type="checkbox"/> Serious Notable Occurrence-Death (SNOD)	<input type="checkbox"/> Part 625 Event/Situation (625 death)	<input type="checkbox"/> Serious Notable Occurrence - not death (SNO)		<p>CHECK if APPLICABLE</p> <p><input type="checkbox"/> Justice Center made recommendations for Corrective Actions</p>
<input type="checkbox"/> Reportable Incident- Abuse/Neglect (RI-AN)	<input type="checkbox"/> Minor Notable Occurrence (MNO)									
<input type="checkbox"/> Reportable Incident- Significant Event (RI-SE)	<input type="checkbox"/> Part 625 Event/Situation (625 other)									
<input type="checkbox"/> Serious Notable Occurrence-Death (SNOD)	<input type="checkbox"/> Part 625 Event/Situation (625 death)									
<input type="checkbox"/> Serious Notable Occurrence - not death (SNO)										

PLEASE NOTE: Standards 2-9 and 11-12 are answered per each incident reviewed.

PART 624 Reportable Incidents and Notable Occurrences Under the Auspices						
CODE	REG	STANDARD	Met	Not Met	NA	COMMENTS
IS 101	624.5(b)(1)	1. All events that meet the definition of reportable incident or notable occurrence have been reported.	Met	Not Met	NA	Include MIN # and individuals for not-mets
<p>Guideline: Answer for the site or service as a whole.</p> <p>If a site based, review program records for the previous three (3) months such as daily logs, house logs, communication logs, accident reports, etc., in order to verify that all events that should have been reported as incidents or notable occurrences have been so reported.</p> <p>If the BPC activity involves a sample review of services provided to individual(s), review of documentation related to that review (e.g. service notes, daily notes, health care documentation, etc.) may also provide information regarding possible incidents.</p> <p>Speak with staff, individuals receiving services, family members regarding significant events involving individuals. Ask staff persons if there have been any recent significant events, injuries, ER visits, etc. Follow up on any information provided by staff to assess whether it should have been reported as an incident or notable occurrence and whether it was or was not.</p>						

Incident Management Protections: BPC Site Visit - Service Review

03/01/2015

IS 102	624.5(g)(1)	2. Immediate care and treatment identified was provided to the individual.	Met	Not Met	NA	Include MIN # and individuals for not-mets
--------	-------------	---	-----	---------	----	--

Guideline:

Answer for each incident reviewed.

The IRMA reporting of the event should document initial treatment and care provided to the person. Verify that this was implemented through documentation review and interview. Ensure that this care appears to be adequate.

IS103	624.5(g)(2) 624.5(g)(3)	3. Initial measures to protect individuals receiving services from harm and abuse, were implemented immediately	Met	Not Met	NA	Include MIN # and individuals for not-mets
-------	----------------------------	--	-----	---------	----	--

Guideline:

Answer for each incident reviewed.

The IRMA reporting of the event should document initial actions taken to protect the individual(s). Verify that this was implemented through documentation review and interview. Ensure that the actions appear to be adequate.

- An employee, intern, volunteer, consultant, or contractor alleged to have abused or neglected a person must be removed from direct contact with, or responsibility for, all persons receiving services from the agency.
- An individual receiving services shall be removed from a facility when it is determined that there is a risk to such individual if he or she continues to remain in the facility.
- Immediate protection may also include provision of increased staff support and/or supervision, specialized equipment, immediate changes in interventions, etc.

Incident Management Protections: BPC Site Visit - Service Review

03/01/2015

IS104	624.5(h)(1) 624.5(h)(3) 624.5(h)(5)	4. Investigations of Reportable Incidents and Notable Occurrences are thorough and documented.	Met	Not Met	NA	Include MIN # and individuals for not-mets
-------	---	--	-----	---------	----	--

Guideline: *Answer for each incident reviewed.*

Review investigation reports and investigative record when available as entered into IRMA. Request and review additional documentation from the provider agency for events that do not require record upload and/or entry into IRMA (e.g. MNOs).

Investigations may vary in their scope and intensity depending on the event, location and circumstances. In all cases, investigation reports/records should demonstrate every effort to determine what happened. In some cases, the investigation may need to determine whether the event actually occurred. Investigative reports should include specifics such as what happened, when it happened, who was involved; who was present; where the situation occurred, and whether the event is indicative of abuse, neglect or mistreatment. Staffing levels, environmental factors, immediate response/protective actions and/or care provided, and relevant information from the individual's program plan and/or health care plan should also be considered. Based on analysis of that information the Investigation report should provide an explanation of why the event happened by identifying contributing factors and probable causes. Based on the identified causes and contributing factors appropriate recommendations should be made to address the event and to prevent similar events from occurring in the future.

The required form and format of the investigation should result in the inclusion of the following types of information, as appropriate to the event:

- The following are required by regulation for investigations conducted by agencies or central office of OPWDD [624.5\(h\)\(3\)](#) :
 - (i) If a person is physically injured, an appropriate medical examination of the injured person shall be obtained. The name of the examiner shall be recorded and his or her written findings shall be retained.
 - (ii) Witnesses to the incident or occurrence shall be identified and shall be interviewed in as private an environment as possible.
 - (iii) Interviews should be conducted separately by qualified, objective parties. Interviews of individuals receiving services should be conducted by parties with an understanding of the persons' unique needs and/or capabilities.
 - (iv) Pertinent information shall be reviewed (e.g., records, photos, observations of incident scene, expert assessments).
 - (v) Physical evidence, if any, shall be identified and appropriate steps shall be taken to safeguard and preserve physical evidence.
- The following are required for investigations of reportable incidents and serious notable incidents, inclusive of information in the form 149 [624.5\(h\)\(5\)](#):
 - (a) identifying data, such as the name(s) of person(s) receiving services involved in the incident or occurrence; the date the incident/occurrence was reported and/or discovered; the classification of the incident; and the incident/occurrence number. For incidents/occurrences entered into IRMA, this includes the master incident number assigned by IRMA;
 - (b) a description of the incident or notable occurrence;
 - (c) immediate protections provided to person(s) receiving services;
 - (d) investigatory question(s);
 - (e) a description of the investigative process and specific evidence obtained;
 - (f) a summary of the evidence obtained in the investigation;
 - (g) conclusions, including the findings (substantiated or unsubstantiated) in the case of a report of abuse or neglect; and
 - (h) recommendations, including recommendations for remedial actions

Inclusion of the following as part of the above should also be considered:

- Circumstances of the event were established: e.g. timeframe, place, people present, activity, etc.
- Review of initial care provided
- Information received via statements taken from/and or interviews conducted with all relevant parties in addition to witnesses
- Relevant medical and clinical assessments are conducted and/or documentation is reviewed
- Relevant documentation is reviewed based on the nature of the event: staff log, staff schedule, Service Plans, IPOPS, BSPs and documentation, prn notes, medication records, training records, etc.
- Recommendations are made to address precipitant causes of the event and prevention of similar events

Incident Management Protections: BPC Site Visit - Service Review

03/01/2015

IS 105	624.5(h)(8)(i-v)	5. There is no conflict of interest for the assigned investigator.	Met	Not Met	NA	Include MIN # and individuals for not-mets
--------	------------------	--	-----	---------	----	--

Guideline: *Answer for each incident reviewed.*

Review investigation and if possible interview investigators to ensure that any conflict of interest was not present. Consider the relationship the investigator/reviewer has with the individual, staff involved, the facility and/or others identified in the investigation such as chain of command, supervisory responsibilities, and personal relationships. Regulation guidance includes:

- If a person assigned to investigate recognizes a potential conflict of interest in the assignment, he/she must report this information to the agency. The agency must relieve the assigned investigator of the duty to investigate if there is a conflict of interest in the assignment.
- A person should not be assigned the investigation of an incident/occurrence if any of the following conditions exist:
 - He/she is directly involved in an event or their testimony is incorporated into the report of the event,
 - He/she is a spouse, domestic partner, or immediate family member of someone directly involved in the event
 - He/she is the spouse, domestic partner, or immediate family member of an employee who provides supervision to the program where the incident took place or provides supervision to directly involved parties.
 - He/she is a member of an incident review committee (IRC) responsible to review the event. If an IRC member does need to conduct the investigation, they should not participate in the committee review of the event and investigation
 - He/she is not in the direct line of supervision of staff directly involved in the incident/occurrence (except for the CEO)

IS 106	624.5(n)(1-2)	6. Investigation was completed no later than 30 calendar days after the incident or notable occurrence is reported.	Met	Not Met	NA	Include MIN # and individuals for not-mets
--------	---------------	---	-----	---------	----	--

Guideline: *Answer for each incident reviewed.*

- When the agency is responsible for the investigation:
 - The investigation should be completed no later than 30 days after the incident or serious notable occurrence is reported to the Justice Center and/or OPWDD
 - In the case of a minor notable occurrence, the investigation should be completed no later than 30 days after completion of the written initial occurrence report or entry of initial information in IRMA.
- An investigation shall be considered complete upon completion of the investigative report.
- Completion of a specific investigation beyond 30 days may occur if there is adequate justification to do so. The agency must document its justification for the extension. Examples include request by outside entity (e.g. police) to delay or circumstances beyond an agency's control
- Note: The agency should be considered in compliance if the investigation has been completed within the required time frame, but is awaiting the Letter of Determination from the Justice Center. (This status information should be noted in the agency's monthly updates.)

IS107	624.5(j)(1)-(3)	7. Investigation results in a finding that the allegation was substantiated or unsubstantiated.	Met	Not Met	NA	Include MIN # and individuals for not-mets
-------	-----------------	---	-----	---------	----	--

Guideline: **This applies to reports of abuse or neglect only.** Answer for each reportable incident of abuse/neglect reviewed

The determination should be documented in IRMA.

- The investigating party will make the determination, e.g. the agency, OIIA, or the Justice Center.
- A finding shall be based on a preponderance of the evidence and shall indicate whether:
 - (i) the report of abuse or neglect is *substantiated* because it is determined that the incident occurred and the subject of the report was responsible or, if no subject can be identified and an incident occurred, that the agency was responsible; or
 - (ii) the report of abuse or neglect is *unsubstantiated* because it is determined not to have occurred or the subject of the report was not responsible, or because it cannot be determined that the incident occurred or that the subject of the report was responsible.
- Note: For investigations of reported abuse or neglect by provider agencies or OPWDD, investigation findings and determinations are not considered final until they are reviewed by the Justice Center. The JC may amend the findings. Justice Center findings are considered final. 624.5(j)(3)
- It is not expected that BPC verify or challenge the determination. However, if their concerns or questions that cannot be resolved with the agency, they should bring it to the attention of the Area Director and IMU.

Incident Management Protections: BPC Site Visit - Service Review

03/01/2015

IS 108	624.7(b)(2) 624.5(k)(1)-(3) 624.5(i)(2)(i)-(ii) 624.5(l)(1-2)	8. Measures identified to prevent future similar events were <u>planned and implemented.</u>	Met	Not Met	NA	Include MIN # and individuals for not-mets
--------	--	---	-----	---------	----	--

Guideline: Answer for each incident reviewed.

- This requirement **applies to all classifications** of incidents and occurrences resultant recommendations and preventive and corrective actions.
- This requirement is meant to **address implementation of actions that are recommended by non-Justice Center sources**: i.e. the agency investigator; OPWDD Office of Investigations and Internal Affairs (OIIA); and/or Agency Incident Review Committee. Implementation of Justice Center recommendations are reviewed in #9 below.
- Actions taken or to be taken to address issues identified in investigation of an incident/occurrence and/or prevent similar events are required to be entered in IRMA. Review what is documented and verify that the actions related to the person, the site and or the service were implemented. The corrective actions may be identified by: the agency investigator; OPWDD Office of Investigations and Internal Affairs (OIIA); Agency Incident Review Committee or the Justice Center investigation or letter of determination (if JC is the source, review under #9 below). These corrective and/or preventive recommendations and or actions will be documented in the investigative report, IRC minutes or may be identified as a separate plan for prevention/correction/remediation, e.g. Corrective Action Plan (CAP). The actions may include site and support staff training, staffing issues, supervision and oversight, service plan clarifications, revision of the ISP/Care plan related to changes in the services, supports or care; etc.
 - REGARDING CAPs: For **reports of abuse/neglect** a plan for prevention/remediation must be developed within 60 days of the date of the Letter of Determination from the Justice Center. The plan must include projected dates of implementation and the agency staff responsible to monitor the implementation and efficacy of the actions. As of 01/01/15 this plan is referred to as the Corrective Action Plan (CAP). Agencies are required to upload/enter CAP information for reportable incidents of abuse/neglect occurring after January 1, 2015. IRMA will enable this upload effective January 15, 2015.
 - In IRMA you will be able to review:
 - The completed OPWDD 161-Corrective Action Plan Submission Form. The OPWDD 161 will indicate all corrective actions recommended and the agency response/actions to be taken in response to each recommendation
 - Documentation evidencing of the implementation of each recommendation (e.g. staff training sign-in sheet, revised service plan, communication memo, revised policy and procedure, equipment purchase, etc.,

On Site Verification:

While documentation of actions taken will be available in IRMA, DQI surveyors **may need to complete additional activities on survey to verify that actions required were implemented and effective, (e.g. verify that staff understand their responsibilities related to training, new procedures, new service plan result in improved supervision or better strategies to address behaviors; verify that equipment has been provided and helpful, verify that medical interventions are provided, etc.)** Take action to verify those actions related to the person, the site and or the service. This should be verifiable through observation, interview and additional (if necessary) documentation review.

Some systemic agency corrective actions that would not verifiable in the site or service level operations will be reviewed during a separate process during agency reviews.

Incident Management Protections: BPC Site Visit - Service Review

03/01/2015

IS109	624.5(l)(1-2)	9. Corrective Actions reported to OPWDD and the Justice Center in response to Reportable Incidents of Abuse and/or Neglect were implemented.	Met	Not Met	NA	Include MIN # and individuals for not-mets
-------	---------------	---	-----	---------	----	--

Guideline: Answer for each Reportable Incident of Abuse or Neglect reviewed that resulted in **recommendations from the Justice Center**.

This requirement is different from #8 above as it **applies only to Corrective Action Plans (CAPs) developed in response to recommendations directed by the Justice Center**. So while recommendations for actions to address, prevent, and correction can come from multiple sources as noted in #8 above, this review is specifically for the actions taken on recommendation resulting from the Justice Center investigation or letter of determination.

For **reports of abuse/neglect** a plan for prevention/remediation must be developed within 60 days of the date of the Letter of Determination from the Justice Center The plan must include projected dates of implementation and the agency staff responsible to monitor the implementation and efficacy of the actions. As of 01/01/15 this plan is referred to as the Corrective Action Plan (CAP).

Agencies are required to upload/enter CAP information for reportable incidents of abuse/neglect occurring after January 1, 2015. IRMA will enable this upload effective January 15, 2015.

In IRMA you will be able to review:

- The completed OPWDD 161-Corrective Action Plan Submission Form. The OPWDD 161 will indicate all corrective actions recommended and the agency response/actions to be taken in response to each recommendation
- Documentation evidencing of the implementation of each recommendation (e.g. staff training sign-in sheet, revised service plan, communication memo, revised policy and procedure, equipment purchase, etc. Corrective actions may also be identified in the Justice Center investigation or Letter of Determination

Agencies are required to upload/enter CAP information for reportable incidents of abuse/neglect occurring after January 1, 2015, so information will be available for your review through IRMA effective January 15, 2015.

In IRMA you will be able to review:

- The completed OPWDD 161-Corrective Action Plan Submission Form. The OPWDD 161 will indicate all corrective actions recommended and the agency response/actions to be taken in response to each recommendation
- Documentation evidencing of the implementation of each recommendation (e.g. staff training sign-in sheet, revised service plan, communication memo, revised policy and procedure, equipment purchase, etc.,

On Site Verification:

While documentation of actions taken will be available in IRMA, DQI surveyors **may need to complete additional activities on survey to verify that actions required were implemented and effective, (e.g. verify that staff understand their responsibilities related to training, new procedures, new service plan result in improved supervision or better strategies to address behaviors; verify that equipment has been provided and helpful, verify that medical interventions are provided, etc.)** Take action to verify those actions related to the person, the site and or the service. This should be verifiable through observation, interview and additional (if necessary) documentation review.

Some systemic agency corrective actions, that would not verifiable in the site or service level operations, will be reviewed during a separate process during agency reviews.

**PART 625
Events and Situations
Not under the auspices of the agency**

IS 110	625.4(a) 625.5(c)(2)	10. All events and situations as defined in Part 625 that are required to be reported have been reported to OPWDD.	Met	Not Met	NA	Include MIN # and individuals for not-mets
--------	-------------------------	--	-----	---------	----	--

Guideline: *Answer for the site or service as a whole.* This applies to events occurring **not under the auspices** of the agency.

Events and situations to be reported include those that meet the definition of physical, sexual, or emotional abuse; active, passive, or self-neglect; or financial exploitation. 625.4(a); Deaths 625.5(c)(2)

If site based, review program records for the previous three (3) months such as daily logs, house logs, communication logs, accident reports, etc., in order to verify that all events that should have been reported have been so reported.

If the BPC activity involves a sample review of services provided to individual(s), review of documentation related to that review (e.g. service notes, daily notes, health care documentation, etc.) may also provide information regarding possible incidents.

Speak with staff, individuals receiving services, family members regarding significant events involving individuals. Ask staff persons if there have been any recent significant events. Follow up on any information provided by staff to assess whether it should have been reported and whether it was or was not. Per 625.4(a) (1) applicable events should be entered into IRMA.

IS 111	625.3(b)(1-6)	11. The Agency has intervened to protect the Individual involved in the 625 event/situation	Met	Not Met	NA	Include MIN # and individuals for not-mets
--------	---------------	---	-----	---------	----	--

Guideline: *Answer for each incident reviewed.*

When the event comes to the agency's attention that requires agency action, the agency is expected to intervene in a manner they have judged to be appropriate for the situation: these may include but are not limited to the following:

- (b)(1) notifying an appropriate party that may be in a position to address the event or situation (e.g., Statewide Central Register of Child Abuse and Maltreatment, Adult Protective Services, law enforcement officials, family members, school, hospital, or the Office of Professional Discipline);
- (b)(2) offering to make referrals to appropriate service providers, clinicians, State agencies, or any other appropriate parties;
- (b)(3) interviewing the involved individual and/or witnesses;
- (b)(4) assessing and monitoring the individual;
- (b)(5) reviewing records and other relevant documentation; and

Incident Management Protections: BPC Site Visit - Service Review

03/01/2015

(b)(6) educating the individual about his or her choices and options regarding the matter.

The agency is expected to intervene to support in protections for a Part 625 event as deemed necessary when the involved adult meet the following criteria [625.3 (c)]:

- (c)(1) the individual resides in a residence certified or operated by OPWDD (or a family care home);
- (c)(2) the individual receives day program services certified or operated by OPWDD;
- (c)(3) the individual receives Medicaid Service Coordination (MSC) or Plan of Care Support Services (PCSS) authorized by OPWDD; and/or
- (c)(4) the individual receives Home and Community Based Services (HCBS) waiver services authorized by OPWDD.

The IRMA reporting of the event should document actions taken to protect/assist the individual. Verify that this was implemented through documentation review and interview. Ensure that the actions appear to be adequate.

IS 112	625.4 (b)(2)(i-ii)	12. Actions reported in IRMA in response to recommendations were implemented as reported.	Met	Not Met	NA	Include MIN # and individuals for not-mets
--------	--------------------	---	-----	---------	----	--

Guideline:

IRMA information will include OPWDD recommendations for and event. See BPC Preparation Instructions in general guidance.

Review the information and take action to verify those actions related to the person, the site and or the service. These may include site and support staff training, staffing issues, supervision and oversight, service plan clarifications, etc. This should be verifiable through documentation review, observation and interview dependent on the actions needed.

Systemic agency corrections will be reviewed during a separate process.

625.4 (b)(2) When an event or situation is investigated or reviewed by OPWDD, OPWDD may make recommendations to the agency or sponsoring agency concerning any matter related to the event or situation. This may include a recommendation that the agency conduct an investigation and/or take specific actions to intervene. In the event that OPWDD makes recommendations, the agency or sponsoring agency shall either:

- (i) implement each recommendation in a timely fashion and submit documentation of the implementation to OPWDD; or
- (ii) in the event that the agency does not implement a particular recommendation, submit written justification to OPWDD within a month after the recommendation is made, and identify the alternative means that will be undertaken to address the issue, or explain why no action is needed.

END OF PROTOCOL