

GENERAL INSTRUCTIONS:

PLEASE NOTE: For purposes of narrative in this document, the term incident is meant to refer to any reported event.
*Applicable only to incidents and occurrences occurring **June 30, 2013 and later**, under the auspices of the state or voluntary agency, with the exception of deaths, which must be reported regardless of setting.*

USE: This protocol is for use during a review of incident and occurrence processes such as routine reporting, notification, Jonathan's Law, IRMA entry, and Incident Review Committee activities. Most typically it will be used during a centralized review of agency Incident and Occurrence Management, but may be used at other times, see below.

- The purposes of BPC's Central review of an agency's incident management processes are the following:
 - BPC will validate that information provided to OPWDD in IRMA is complete and accurate.
 - BPC will evaluate an agency's use of its incident management process, including the activities and effectiveness of the agency's Incident Review Committee to ensure continuous improvement in the safety, services and supports of individuals served by the agency, through sampling of incidents.
 - **Some requirements are to be evaluated per each incident reviewed; others are an evaluation of the agency process(es). This is identified for each requirement.**
- To this end, BPC will:
 - Review that reporting and notifications occurred as required.
 - Review that the agency is entering required information into IRMA accurately and completely.
 - Since minor notable occurrences may not be in IRMA and not reviewed during site/service reviews, review the sample of minor notable occurrences for information required per the protocol.
 - Review the functioning of the agency's Incident Review Committee (IRC) by reviewing minutes for the past 12 months and evaluating whether the agency has met the requirements in the protocol with emphasis on the minutes for sample incidents selected.
 - Review a sample of governing body minutes to verify that the governing body has been kept informed about patterns and trends and has approved action to improve the operation of the agency.

FREQUENCY: The survey team, in coordination with the Area Director as needed, should determine the most effective way to complete this review. Considerations of agency size and organization, number of incidents reported, geographic location and travel, and workload will all contribute to the decision making. When making these decisions, keep in mind that the focus of this review is to evaluate the effectiveness of **agency systems for compliance**. As always, this is guidance, but surveyor judgment is always necessary.

Routine: At least annually; May be semi-annually or quarterly based on agency size and BPC availability

Ad Hoc: May be implemented as needed, in consultation with the Area Director:

- When relevant to a complaint investigation
- When site/service/person review findings indicate a need for the review of incident processes

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 name and date of planned visit.**
 - 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. 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 of classifications, locations, and people 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.
- **Make Arrangements with the Agency**

As this will require access to much of the agency incident management information and access to people who can provide the information and respond to questions and requests, this activity should be scheduled with the agency in advance of the visit. The advance planning should be determined by the surveyor in consultation with the Area Director based on knowledge of agency and logistics involved.

BPC ACTIVITIES AT AGENCY:

In addition to information in IRMA, at the central review, surveyors will also review documentation to support their findings.

REQUEST THE FOLLOWING DOCUMENTATION for incidents/occurrences that have not had the entire investigative record and corrective actions uploaded into IRMA:

Request and review the following documentation and information for **Incidents, Occurrences, and Events and minor events**. The agency may provide it in hard copy or electronic format. Electronic format is not meant to mean IRMA in this case, but rather if the agency uses an electronic record keeping software or mechanism as a substitute for paper documentation. Documents should not be requested if the information is available in IRMA.

- OPWDD 147 - Reportable incident and Notable Occurrence reports
- OPWDD 148 - Report on Actions Taken in Response to an Incident
- OPWDD 149 – Investigative Reports
- OPWDD 150 – Report of Event Situations or agency document for reporting events required per Part 625
- Documentation for those "non-reportable" events reported per agency policy
- All related attachments and supporting documentation
- Documentation of required notifications
- Documentation demonstrating compliance with Jonathan's Law
- Incident Review Committee (and subcommittee) review minutes
- Documentation that demonstrates implementation of actions in response to recommendations by any party (investigator, IRC, OPWDD, and Justice Center-Corrective Action Plans-CAPs).
- Documentation of actions taken with agency employees implicated in confirmed cases of abuse. This may not be included with incident/allegation information provided to you. You may need to request this information through the agency's Human Resources office.
- Governing Body meeting minutes for the past twelve (months) or since last central review whichever is shorter

Surveyors may request this information for all the incidents that have occurred so that sampling may also be determined on site.

DOCUMENTATION REVIEW: Review all relevant incident documentation as needed to complete necessary sampling and assess agency performance per this protocol.

INCIDENT MANAGEMENT CENTRAL REVIEW -- Routine Sampling

- Sample should represent all agency services (residential, day services, clinics, non-site based waiver services, MSC, transportation services)
- Sample selected should take into account the organization of the agency (e.g. administrative regions, etc.) and ensure inclusion of incidents from each.
- The sample should include a representative sample number from all of the agency’s assigned investigators
- ***If at least 20% of incidents reviewed fail to meet requirements in this protocol, surveyors should increase the sample by half the original sample size. (Always round the sample size up.)***

CLASSIFICATION	Sample Size
<p>Reportable Incidents</p>	<p>20% Minimum all or 5, whichever is smaller Maximum 25</p>
<p>Serious Notable Occurrences</p>	<p>20% Minimum all or 5, whichever is smaller Maximum 25</p>
<p>Minor Notable Occurrences</p>	<p>10% Minimum all or 5, whichever is smaller Maximum 15</p>
<p>Part 625 Events</p>	<p>10% Minimum all or 5, whichever is smaller Maximum 10</p>
<p>Agency Events Agency Reportables Minor Events <i>(events by agency policy required to be reported and documented that do not require reporting per 624 and 625)</i></p>	<p>Medication Errors: 10% Minimum all or 10 whichever is smaller ***** "Other" Minor Events: 5% Minimum: 5 Maximum: 10</p>

PART 624

Applicable to Events occurring under the Auspices of an Agency

Notification of Policies and Procedures

REG	REQUIREMENT	MET	NOT MET	NA	Comments
624.5(a)(3)(i) IA 101	1. Individuals are offered written information regarding policies and procedures when beginning services and annually thereafter.	MET	NOT MET	NA	
<p>Guideline: ANSWER FOR AGENCY AS A WHOLE</p> <p>The agency must offer to make available written information, developed by OPWDD in collaboration with the Justice Center ("Learning About Incidents" brochure), and a copy of the agency's policies and procedures, to persons receiving services who have the capacity to understand the information and to their parents, guardians, correspondents or advocates, unless a person is a capable adult who objects to their notification. The agency must also offer to make available a copy of OPWDD's Part 624 regulations. In order to satisfy this requirement the agency shall:</p> <p>(a) provide instructions on how to access such information in electronic format and;</p> <p>(b) upon written request, provide paper copies of such information.</p>					
624.5(a)(3)(ii) IA 102	2. All staff and applicable associates are provided the policies and procedures on incident management when beginning employment and annually thereafter.	MET	NOT MET	NA	
<p>Guideline: ANSWER FOR AGENCY AS A WHOLE</p> <p>The agency's policies and procedures on incident management are made known to agency employees, interns, volunteers, consultants, contractors, and family care providers. This can be through provision of the policy and procedure documents or format of the information in a manner suitable for communication with the staff. For parties who are required to be trained, this information shall be provided in conjunction with training conducted in accordance with section 633.8 of this Title.</p>					

<p>624.5(d)(2)-(3) IA 103</p>	<p>3. The agency ensures that staff required to contact the VPCR for a particular incident, have done so.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
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Guidance: ANSWER FOR AGENCY AS A WHOLE

While all parties who reported to the VPCR can be found through IRMA, the ability to verify that all applicable staff have reported is difficult. However, an adequate review of the initial information should allow an agency to identify staff who witnessed or discovered a reportable incident. As the agency is responsible for the competency of the staff members to understand their reporting responsibilities, the agency should have a means to ensure that all staff required to report to the VPCR complete the reporting immediately upon their witnessing or discovery of the reportable incident.

- All custodians (glossary, section 624.20) in programs or facilities operated or certified by OPWDD are “mandated reporters” and are required to report reportable incidents to the VPCR immediately upon discovery of the reportable incident.
- For purposes of this Part, “discovery” occurs when the mandated reporter witnesses a suspected reportable incident or when another party, including an individual receiving services, comes before the mandated reporter in the mandated reporter's professional or official capacity and provides the mandated reporter with reasonable cause to suspect that the individual has been subjected to a reportable incident.

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Reporting Requirements & IRMA Entry

624.5 (b) (2) (i) IA 104	4. The Minor Notable Occurrence was reported to the CEO within 48 hours of occurrence or discovery.	MET	NOT MET	NA	
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Guidance: PER INCIDENT

- The CEO may include a designee who must be a senior staff person.
- Notification should indicate at least date, time, and who was notified.
- This notification should be documented to indicate at least date, time, and who was notified.
- If agency uses IRMA for Minor NOs it will be entered in IRMA.

624.5 (b) (2) (ii) IA 105	5. The Reportable Incident or SNO was reported to the CEO immediately upon occurrence or discovery.	MET	NOT MET	NA	
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Guidance: PER INCIDENT

- The CEO may include a designee who must be a senior staff person.
- Immediately means without delay but within 24 hours.
- Notification should be entered into IRMA and should indicate at least date, time, and who was notified. The agency will likely also use a document to capture notifications prior to IRMA entry.
- Surveyor should verify through review of IRMA information and agency used notification sheet.

<p>624.5(c)(1)-(3) IA 106</p>	<p>6. The RI or SNO was reported immediately to OPWDD.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance:</p> <p>PER INCIDENT</p> <p>Both Voluntary Providers and State Operations Offices must notify OPWDD immediately through the Incident Management Unit (IMU) of Reportable Incidents and Serious Notable Occurrences. Immediate IRMA entry and/or reporting to the Justice Center (VPCR) by the agency does not qualify as notification to OPWDD.</p> <ul style="list-style-type: none"> • Notification should be entered into IRMA and should indicate at least date, time, and who was notified. The agency will likely also use a document to capture notifications prior to IRMA entry. • Surveyor should verify through review of IRMA information and agency used notification sheet. <p>Appropriate notifications to IMU can be made in the following ways:</p> <p>ON HOURS: Reportable Incidents and other incidents which are egregious or are sensitive in nature must be reported to OPWDD/IMU via telephone or email to the local incident compliance office/regional compliance officer.</p> <p>OFF HOURS: Telephone Notification Reportable Incidents and other incidents which are egregious or are sensitive in nature must be reported to OPWDD/IMU via telephone during off hours. Email Notification Notifications of incidents which do not rise to the level of a Reportable Incident but for which immediate notification to OPWDD is required or for which technical assistance is not needed may be made by sending the following information to OPWDD.Incident.Notifications@opwdd.ny.gov</p>					

<p>624.5(d)(1) IA 107</p>	<p>7. OPWDD operated or certified facilities and programs reported the reportable incident to the VPCR/Justice Center.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>Applies to: STATE OPERATED – ALL SITES AND SERVICES VOLUNTARY OPERATED - ALL CERTIFIED SITES</p> <p>The agency has ensured that the reportable incident has been reported to the VPCR hotline number immediately upon occurrence or discovery.</p> <ul style="list-style-type: none"> • Notification should be entered into IRMA and should indicate at least date, time, and who was notified. The agency will likely also use a document to capture notifications prior to IRMA entry. • Surveyor should verify through review of IRMA information and agency used notification sheet. 					
<p>624.5(e)(1) IA 108</p>	<p>8. A death was reported to the Justice Center as required.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>STATE OPERATED – ALL SITES AND SERVICES VOLUNTARY OPERATED - ALL CERTIFIED SITES</p> <ul style="list-style-type: none"> • The agency must immediately report the death of any individual who received applicable services upon discovery (witnessing or learning). For purposes of this requirement, notification must occur no later than 24 hours after discovery. • The notification should occur via telephone using the VPCR Death Reporting Line • This is applicable to any individual receiving services at the time of death or within 30 days preceding her/his death. • This reporting must occur regardless of whether the death did or did not occur under the auspices of an agency. • Notification should be entered into IRMA and should indicate at least date, time, and who was notified. The agency will likely also use a document to capture notifications prior to IRMA entry. • Surveyor should verify through review of IRMA information and agency used notification sheet. • Note: A death is to be reported as a serious notable occurrence. 					

<p>624.5(e)(2) IA 109</p>	<p>9. A death was reported to OPWDD.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT STATE OPERATED – ALL SITES AND SERVICES VOLUNTARY OPERATED - ALL SITES AND SERVICES</p> <ul style="list-style-type: none"> Any death reported to the Justice Center must be reported to OPWDD, via same mechanism described in #6 above. Note: A death reported for purposes of this requirement is to be reported as a serious notable occurrence. <p>If you need additional guidance is needed to determine auspices or responsible agency, refer to Parts 624.5(d)(4) and 624.5(d)(5)</p>					
<p>624.5(f)(1)(i)-(ii) IA 110</p>	<p>10. Initial information on the Reportable Incident or Serious Notable Occurrence was entered into IRMA within 24 hours of occurrence or discovery, or close of next working day, whichever is later.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT Applies to all Reportable Incidents and Serious Notable Occurrences</p> <ul style="list-style-type: none"> This refers to the initial information/creation of an IRMA report for a RI and SNO. Saturday, Sunday and official holidays are considered non-working days. Note: Reporting to the VPCR causes automatic IRMA entry. The agency should verify the information is complete/accurate within the timeframe. 					
<p>624.5 (f) (1) (iii) IA 111</p>	<p>11. Subsequent information on Reportable Incident or Serious Notable Occurrence was entered into IRMA.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT Subsequent information is information concerning the incident or occurrence that is not included in the initial information entered in IRMA. While the requirement calls for this to be entered into IRMA within certain timeframes of the information being available, it will be difficult to discern this, so focus on ensuring that notifications and early information about the event, and immediate care and protections is entered into IRMA. Subsequent information that must be entered includes findings and recommendations made by the Justice Center, even if they come at a much later date. Use this citation when you know information was available but not entered, e.g. you were able to verify notifications via paper documentation but it was not present in IRMA.</p>					

<p>624,5 (f)(2)(i) IA 112</p>	<p>12. A Minor Notable Occurrence was either detailed in a written initial incident/occurrence report or entered into IRMA within 48 hours or by close of the next working day, whichever is later.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>Minor Notable Occurrences <i>It is NOT REQUIRED that Minor notable occurrences are entered into IRMA, but agencies may enter information about minor notable occurrences into IRMA in lieu of completing a written initial incident/occurrence report. Therefore: the agency shall either:</i></p> <p>(a) complete a written initial incident/occurrence report in the form and format specified by OPWDD; or (b) enter initial information into IRMA.</p>					
<p>624.5(m)(1-4) IA 113</p>	<p>13. Reporting updates were entered into IRMA on at least a monthly basis until closure of the incident or occurrence.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>Information updated into IRMA should be inclusive of the following types of information: All Reportable Incidents and Serious Notable Occurrences</p> <ul style="list-style-type: none"> ▪ (m)(2) The Updates should occur through completion of required field in IRMA for the reporting update. The reporting update should include: <ul style="list-style-type: none"> ○ a brief review of additions to the evidence summary and specific investigatory actions taken since the last update was entered into IRMA, if any; ○ if there have been no additions to the evidence summary or investigatory actions taken since the last report, an explanation of why no progress has been made. ○ This would be where the agency would report that they are awaiting Justice Center's acceptance of the results of the agency's investigation of abuse/neglect. ▪ (m)(3) If the agency is not responsible for conducting the investigation, the agency shall complete the required fields to the extent possible given information provided to the agency. ▪ (m)(4) If the agency is responsible for conducting the investigation and it has not been completed within 30 days, the agency must inform OPWDD of the reason for extending the timeframe of the investigation and shall continue to keep OPWDD informed on at least a monthly basis of the progress of the investigation and other actions taken. (Effective July 29, 2013) <p>Updates may need to occur more frequently if requested by OPWDD. This is information that IMU would provide if applicable.</p>					

624.5(h)(3-5) IA 114	14. The investigation report in IRMA contains all pertinent information.	MET	NOT MET	NA	
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Guidance:
PER INCIDENT

- For the sample of incidents reviewed that require IMRA entry, surveyor’s review should include IRMA review and all supporting documentation related to the event.
- The purpose of this review is to determine that the investigation report entered into IRMA contains all pertinent information so that it may be relied upon as the source of accurate and complete information.
- The surveyor should evaluate that information obtained and reviewed was identified in the investigation report entered into IRMA and consistent with the written documentation.
- In addition the surveyor should ensure that investigation activities were sufficient to provide an accurate investigation report.
 - The surveyor should evaluate whether the investigator identified and interviewed all potential witnesses.
 - The surveyor should also evaluate whether the investigator identified and reviewed all information that may have been pertinent to the occurrence, including historic information such as communication from a certified program, notes in the individual’s record, accident reports, etc.
 - See also IM Protections –Site Visit/Service Review #4 guidance.

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Notification Requirements					
624.6(a) IA 115	15. For an individual residing in a facility certified or operated by OPWDD, MHLS was notified within three working days of all reportable incidents of abuse or neglect.	MET	NOT MET	NA	
Guidance: PER INCIDENT Allegations of Abuse/Neglect <ul style="list-style-type: none"> • This is applicable for an allegation of abuse or neglect involving a person who <u>resides</u> in a facility certified or operated by OPWDD. • Responsibility for submittal falls to the agency under whose auspices the event occurred and/or that is responsible for the person. • Notification is evidenced in IRMA, and notification to MHLS occurs through IRMA. 					
624.6(b) IA 116	16. For an individual in a State Operated or Sponsored site, the Board of Visitors was notified within three working days of all reportable incidents of abuse or neglect.	MET	NOT MET	NA	
Guidance: PER INCIDENT Allegations of Abuse/Neglect <ul style="list-style-type: none"> • The DDSOO must send a written initial incident report (form 147) to the appropriate board of visitors within three working days of occurrence or discovery. • Applicable for a report of abuse or neglect that occurs when a person receiving services is under the auspices of: <ul style="list-style-type: none"> ○ a residential facility operated by OPWDD ○ a certified day program operated by OPWDD ○ a family care home sponsored by OPWDD • Surveyor should verify through review of IRMA information and agency used notification sheet. Note: DDSOO must also inform the board of visitors of the results of the investigation. 					

<p>624.6(c) IA 117</p>	<p>17. The Coroner/Medical Examiner was notified for if the death was a suicide, homicide, accidental death, or death due to suspicious, unusual, or unnatural circumstances. In NYC, the NYC police were also notified.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>For Deaths as described in Requirement above.</p> <ul style="list-style-type: none"> The above events must be reported immediately by telephone, and later in writing, to the coroner/ medical examiner. In New York City, the police must also be notified. Surveyor should verify through review of IRMA information and agency used notification sheet. 					
<p>624.6(d) (1-2) IA 118</p>	<p>18. Law Enforcement was notified as required.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <ul style="list-style-type: none"> An appropriate law enforcement official must be contacted immediately in the event that an emergency response by law enforcement is needed. Agencies shall report to an appropriate law enforcement official anytime a crime may have been committed against an individual by a custodian. This is in addition to reporting to the Justice Center when the event or situation is a reportable incident (if the services are certified or operated by OPWDD). The report to the appropriate law enforcement official shall be made as soon as practicable, but in no event later than 24 hours after occurrence or discovery. Information about the report to the appropriate law enforcement official shall be entered into IRMA within 24 hours of the report being made. Surveyor should verify through review of IRMA information and agency used notification sheet. 					

<p>624.6(e) IA 119</p>	<p>19. The Agency reported resignations and terminations of subjects under investigation to the Justice Center.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT Applicable to Allegations of Abuse/Neglect</p> <p>This will be determined by documentation review, IRMA review and interview while reviewing incidents. If you determine that the target of the allegation is no longer employed, ask if the termination was reported to the Justice Center.</p> <p>In a case where a subject of a report of abuse or neglect in a program certified or operated by OPWDD resigns from his or her position or is terminated while under investigation, the agency shall promptly report such resignation or termination to the Justice Center.</p> <p>Per the glossary, section 624.20, a "subject of a report" is: A custodian who is reported to the VPCR for the alleged abuse or neglect of a person receiving services.)</p>					
<p>624.6(f)(1-3) IA 120</p>	<p>20. Telephone notification was made to appropriate "parties" for the reportable incident and notable occurrence.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <ul style="list-style-type: none"> • The agency must provide telephone notice to one of the following: a person’s guardian, a parent, spouse or adult child. • The telephone notice shall be provided as soon as reasonably possible, but no later than 24 hours after completion of the written initial incident/occurrence report (for minor notable occurrences) or entry of initial information in IRMA by the agency. • However, the agency should not provide such notice to a party in the following situations: <ul style="list-style-type: none"> ○ there is written advice from the guardian, parent, spouse or adult child that he or she objects to such notification to himself or herself (notice shall then be provided to another party who is a guardian, parent, spouse or adult child, if one exists); or ○ if the person receiving services is a capable adult who objects to such notification being made. If the capable adult objects to notification of all parties who are a guardian, parent, spouse or adult child, the capable adult shall be provided the notice described in this subdivision; or ○ if the guardian, parent, spouse or adult child is the alleged abuser. • Most agencies have a "script" which they use to document that this telephone notification has occurred, the information conveyed, and response/request by the parties notified. • Review documentation and discuss as needed. Surveyor should verify through review of IRMA information and agency used notification sheet. 					

<p>624.6 (f) (4)(i-iii) IA 121</p>	<p>21. Telephone notification to the appropriate party included all required information.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>The telephone notice shall include:</p> <ul style="list-style-type: none"> ▪ A description of the event or situation and a description of initial actions taken to address the incident or occurrence, if any 624.6 (f) (4) (i); ▪ An offer to meet with the chief executive officer (or designee) to further discuss the incident or occurrence 624.6 (f) (4) (ii); and ▪ For reports of abuse and neglect, an offer to provide information on the status and/or finding of the report 624.6 (f) (4) (iii). Requested information can be provided verbally or in writing, unless the person is a capable adult and objects to the provision of this information. In providing such information, the agency must protect the privacy rights of other parties. <p>Most agencies have a "script" which they use to document that this telephone notification has occurred, the information conveyed, and response/request by the parties notified. Review documentation and discuss as needed.</p>					
<p>624.6 (f) (7) (iii) IA 122</p>	<p>22. The Agency provided the written incident/occurrence report to eligible requestor(s) within 10 days.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>The copy of the written initial incident/occurrence report (147) must be provided to an eligible requestor as soon as reasonable, but in no event more than 10 days after the request is made. The agency should be able to provide documentation that demonstrates whether the request was made and when/how the report was provided to the requestor.</p> <p>In providing such information, the agency must protect the privacy rights of other parties.</p>					

<p>624.6 (f) (8) (i)-(iii) IA 123</p>	<p>23. The Agency provided a report to the eligible requestor(s) on initial actions taken to address the incident/notable occurrence, within 10 days.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>The report must be documented on the OPWDD 148 – <i>Report on Actions Taken</i> and should include:</p> <ul style="list-style-type: none"> • any immediate steps taken in response to the incident or occurrence to safeguard the health or safety of the person receiving services • A general description of any initial medical or dental treatment or counseling provided to the person in response to the incident or occurrence • The report must be provided within 10 days of initial entry into IRMA or for minor notable occurrences, completion of the 147. • The agency should be able to provide documentation that demonstrates whether the request was made and when/how the report was provided to the requestor. <p>In providing such information, the agency must protect the privacy rights of other parties.</p>					
<p>624.6 (h)(1) IA 124</p>	<p>24. The individual's service coordinator was notified by the agency of all reportable incidents and notable occurrences within 24 hours.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <ul style="list-style-type: none"> ▪ The service coordinator must be notified within 24 hours of the completion of the written initial incident/occurrence report (for minor notable occurrences) or entry of initial information in IRMA by the agency. The notification must include a description of immediate protections. ▪ This applies to individuals who receive non-ICF services certified, funded or operated by OPWDD. ▪ It includes PCSS and Willowbrook Service Coordinators. • Surveyor should verify through review of IRMA information and agency used notification sheet. <p>While not designating a separate standard on this document, as it is not used for ICFs routinely, be aware that 624.6(i) also requires that the Individual's QIDP and the Willowbrook Coordinator (if applicable) must also be notified by the agency of all reportable incidents and occurrences involving any individual who resides in an ICF that is operated or certified by OPWDD. 624.6 (i) The QIDP and WCSC must also be provided with subsequent information. Information to the QIDP and WCSC shall be provided in the same manner that the information is provided to the Non-ICF service coordinator.</p>					

<p>624.6 (h) (2) IA 125</p>	<p>25. The service coordinator was provided with subsequent information needed to update an individual's plan of services and to monitor protective, corrective, and other actions taken.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
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Guidance:

PER INCIDENT

- Surveyor should verify through review of IRMA information and agency used notification sheet.
- The service coordinator must be provided with written information identifying investigative conclusions (including the findings of a report of abuse or neglect) and recommendations pertaining to the individual's care, protection, and treatment.
- The information provided must exclude information that directly or indirectly identifies agency employees, consultants, contractors, volunteers, or other individuals receiving services.
- This information must be provided to the service coordinator within 10 days following completion of the investigation.
- If the IRC review results in additional findings, conclusions, or recommendations regarding the individual's care, protection, and/or treatment, this information must be provided to the service coordinator, in written form, within 3 weeks following committee review.
- The service coordinator may request additional information concerning the incident or occurrence in order to monitor protective, corrective, and/or other actions taken.
 - In the event that an agency receives a request for this information from a service coordinator, the agency must provide information that it deems appropriate. In providing this information, the agency must exclude information that directly or indirectly identifies agency employees, consultants, contractors, volunteers, and other individuals receiving services.
 - If an agency determines that it would be inappropriate to disclose specific information requested, the agency must advise the service coordinator of this determination and its justification, in writing, within 10 days following the request.
 - If the agency does not have specific information requested by the service coordinator (e.g. if the Justice Center conducted the investigation and it has not provided that information to the agency) the agency shall advise the service coordinator that it does not have the requested information. If the information may be available from the Justice Center the agency shall so advise the service coordinator.

624.6(k) IA 126	26. A designated staff person has notified other agencies as required.	MET	NOT MET	NA	
<p>Guideline: PER INCIDENT</p> <ul style="list-style-type: none"> ▪ It is the responsibility of a designated staff member of the agency where a report on a reportable incident or notable occurrence is received or made out, to notify any other agency with which the person is associated of that reportable incident or notable occurrence if it has resulted in visible evidence of injury to the person, may be of concern to another agency, or may have an impact upon programming or activities elsewhere. • Surveyor should verify through review of IRMA information and agency used notification sheet and discussion with agency staff. • The agency should be able to explain process for identifying when this is necessary and identification of responsible staff to complete the notification • Service supports received by the individuals can be found in IRMA if certified/funded/operated by OPWDD. Additional information may need to be sought from agency staff if you think this is an issue that needed to be shared but are unsure of other involved agencies. 					
624.5(o)(1-2) 624.7(d) IA 127	27. The Incident or occurrence is closed in IRMA when the entity responsible determines that no further investigation is necessary.	MET	NOT MET	NA	
<p>Guidance: PER INCIDENT</p> <ul style="list-style-type: none"> ▪ Surveyor should verify through review of IRMA information and determine if based on information available the incident should be closed. ▪ An incident or occurrence is considered closed: <ul style="list-style-type: none"> ○ For incidents and occurrences that are not subject to Justice Center (VPCR) oversight (i.e. notable occurrences or incidents/occurrences in programs that are not certified or operated by OPWDD) <ul style="list-style-type: none"> ▪ if the agency conducts the investigation, when the IRC has ascertained that no further investigation is necessary; or ▪ if the investigation is conducted by the Central Office of OPWDD, when the Central Office of OPWDD notifies the agency of the results of the investigation; or ○ For incidents that are subject to Justice Center (VPCR) oversight (i.e. reportable incidents in programs certified or operated by OPWDD): <ul style="list-style-type: none"> ▪ if the agency conducts the investigation, when the Justice Center provides written notice to the agency of the JC’s review of the investigation ▪ if the Central Office of OPWDD conducts the investigation, when the Justice Center provides the agency written notice of JC’s review of the investigation; or ▪ if the Justice Center conducts the investigation, when the Justice Center provides written notice to the agency that the investigation is completed. 					

<p>624.5 (p) (3) 624.5(p)(3) IA 128</p>	<p>28. The Final Report to the Justice Center was made timely if the reportable incident is subject to their oversight.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
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Guidance:

PER INCIDENT

- Final reports for reportable incidents of abuse/neglect must be submitted within 50 days of the Justice Center (VPCR) accepting a report of abuse or neglect. Final reports include the full investigative record.
- Surveyor will review agency mechanism to ensure that these submissions are occurring within time frames and review their documentation and IRMA information to verify timeframes.
- For allegations of abuse/neglect occurring after January 01, 2015, the final report/investigative record must be uploaded by the provider agency. If the documents/information is viewable in the IRMA folder, it has been provided to the Justice Center via the WSIR. .

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Incident Review Committee

624.7 (f) (4)(i-viii) IA 129	29. The IRC membership meets agency and regulatory requirements.	MET	NOT MET	NA	
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Guidance:

ANSWER FOR AGENCY AS A WHOLE

During the central review, the surveyor should check the minutes of IRC meetings for the past year to verify that required members were present at meetings.

The Incident Review Committee is required to include members that meet the following criteria:

- a member of the governing body; (except for State-operated services)
- for State-operated services, a high-level administrator (note: this cannot be the director);
- at least two professional staff, including but not limited to, licensed clinicians, such as occupational, physical, and speech therapists, social workers, psychologists, and nurses; a behavioral intervention specialist (BIS, see section 633.16[b] of this Title); and others with primary responsibility for developing and/or monitoring individuals' plans of care, such as developmental and habilitation specialists or a QIDP. At least one of the professional staff must be a licensed health care practitioner (e.g. physician, physician's assistant, nurse practitioner or registered nurse);
- other staff, including administrative staff, as deemed necessary by the agency to achieve the purposes of the committee pursuant to this section;
- at least one direct support professional (except for agencies that do not have direct support professionals);
- at least one individual receiving services;
- at least one representative of advocacy organizations (e.g., self-advocacy, family or other advocacy organizations); and
- participation of a psychologist on the committee is recommended.

624.7 (f) (7) (ii)(a-d) IA 130	30. The IRC guards against conflicts of interest.	MET	NOT MET	NA	
<p>Guidance: ANSWER FOR AGENCY AS A WHOLE</p> <ul style="list-style-type: none"> ▪ Discuss with IRC chair and other members if possible regarding how this is guarded. ▪ During review of IRC minutes, be cognizant of the issues that may point to potential conflict. <ul style="list-style-type: none"> • Any committee member who recognizes a potential conflict of interest in his or her assignment shall report this information to the committee and recuse him or herself from participating in committee review of the incident or occurrence in question. • No committee member may participate in the review of any reportable incident or notable occurrence in which he or she was directly involved, in which his or her testimony is incorporated, in which his or her spouse, domestic partner, or other immediate family member was directly involved, or which he or she investigated or participated in the investigation. Such members may, however, participate in committee deliberation regarding appropriate corrective, preventive, or remedial action. • For reportable incidents and serious notable occurrences, no committee member may participate in the review of an investigation in which his or her spouse, domestic partner, or immediate family member provides supervision to the program where the incident took place or supervised directly involved parties. • No committee member may participate in the review of a reportable incident or serious notable occurrence, if such committee member is the immediate supervisor of staff directly involved in the event or situation. Such member may, however, participate in committee deliberation regarding appropriate corrective, preventive or remedial action. <ul style="list-style-type: none"> • It is understood that there may be case specific occurrences, when someone from or with knowledge of the agency's own organizational entity where the event which is under discussion occurred; or by someone who is familiar with the person(s) involved needs to be present to provide information. However if there is conflict, they should not be present for discussion or deliberation. 					
624.7 (f) (8) IA 131	31. Members of the committee are trained in confidentiality laws and regulations, and comply with section 74 of the Public Officers Law.	MET	NOT MET	NA	
<p>Guidance: ANSWER FOR AGENCY AS A WHOLE</p> <ul style="list-style-type: none"> ▪ Verify that the agency implements and effective mechanism for training and compliance for IRC members since June 30, 2013 for first use of this protocol. ▪ Thereafter review since last visit or the past year, whichever is shorter. 					

<p>624.7 (c) (1) IA 132</p>	<p>32. The IRC met within one month of a report of a reportable incident or serious notable occurrence or (minimally) on a quarterly basis.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>An IRC shall meet as determined by agency policy, but no less frequently than on a quarterly basis and always within one month of the report of a reportable incident or serious notable occurrence or sooner should the circumstances so warrant. The IRC shall meet as necessary to meet the timeframes established for submission of a final report to the Justice Center for reportable incidents.</p> <p>Through review of IRMA information of dates of reported events and classifications and review of meeting minutes, ensure that the committee is meeting initial and subsequent review timeframes and are meeting with the required frequency. There should be minutes that document date, time, participants and deliberations of meetings. Dates/times should provide evidence that the IRC met with the required frequency.</p>					
<p>624.7 (c) (2) IA 133</p>	<p>33. The IRC reviewed and monitored the minor notable occurrence.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>The IRC must maintain a record of incident/occurrence reviews, recommendation, and/or actions taken, through a written summary of same, most typically recorded as meeting minutes.</p> <p>BPC will review this requirement during on-site central visit. The IRC shall review and monitor all minor notable occurrences that are reported, which may be done by a sub-committee of the IRC or by individual assignment to members of the IRC; and maintain a record of such incident/occurrence review, recommendations, and/or actions taken in such a manner as to provide for tracking and trending; <i>The surveyor should ask the agency for written evidence that all minor notable occurrences have been reviewed, including recommendations and actions taken. There should be evidence in IRC meeting minutes that information needed for tracking and trending is provided to the committee.</i></p> <p><i>The surveyor should read a sample of minor notable occurrences in order to verify that review requirements have been met and patterns/trends have been identified if any exist.</i></p>					

<p>624.7 (c) (3) IA 134</p>	<p>34. The IRC reviewed and monitored the reportable incident or serious notable occurrence.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>The IRC must maintain a record of incident/occurrence reviews, recommendation, and/or actions taken, through a written summary of same, most typically recorded as meeting minutes.</p>					
<p>624.7 (c) (4) IA 135</p>	<p>35. The IRC reviewed and monitored investigatory procedures for the reportable incident or serious notable occurrences.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>The IRC must maintain a record of incident/occurrence reviews, recommendation, and/or actions taken, through a written summary of same, most typically recorded as meeting minutes.</p> <p>Guidance regarding investigation adequacy is available in the Site/Service protocol. The IRC should be conscious of thoroughness and adequacy of investigative actions, and reasonableness of interpretation of findings and conclusions. If the IRC identifies concerns with the investigation procedures, they must report and request further action to address.</p>					
<p>624.7 (c) (5) IA 136</p>	<p>36. The IRC made written recommendations to appropriate staff to improve processes and minimize the prevalence of a reportable incident or notable occurrence.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>The IRC must maintain a record of incident/occurrence reviews, recommendation, and/or actions taken, through a written summary of same, most typically recorded as meeting minutes.</p> <p>The IRC may concur with recommendation made by the investigator, but also identify additional actions for the prevention or minimization of events.</p>					

<p>624.7 (c) (7) IA 137</p>	<p>37. The IRC forwarded findings and recommendations to the CEO within two weeks of meeting.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>Form and format of communication may be determined by the agency's IRC but must be documented and available for review. These recommendations could include changes to agency policy or procedures and improvements to conditions contributing to incidents.</p>					
<p>624.7 (c) (8) IA 138</p>	<p>38. The IRC kept documentation of their reviews and recommendations and tracked the conveyance of results and recommendations to appropriate parties within the Agency.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>The IRC through its chair should have a means to communicate recommendations to parties responsible, track the recommendations made and ensure that a response is provided to the IRC.</p>					
<p>624.7 (c) (9) IA 139</p>	<p>39. The IRC monitored actions taken on any and all recommendations made.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <p>The IRC must monitor actions taken as a result of on their own recommendations as well as those made by the investigator. This also includes Corrective Actions plans developed as a result of their investigation of reports of abuse and neglect. The IRC must advise the Chief Executive Officer if they perceive any problems with the implementations of recommendations. The IRC should be requesting and receiving evidence that actions on the recommendations occurred. Evidence of their monitoring should be documented in the meeting minutes.</p> <p>The IRC should be requesting and receiving information regarding actions taken in response to the recommendations, and reviewing/monitoring that the actions were appropriate. Evidence of the monitoring should be documented in the meeting minutes.</p> <p>See #43, 624.7(e)(3-4) for further IRC requirements for the review of recommendations made by OPWDD or the Justice Center.</p>					

<p>624.7 (c) (10) IA 140</p>	<p>40. The IRC monitored trends of other events or situations which may be potentially harmful, but do not meet the definition of a reportable incident or notable occurrence</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: ANSWER AGENCY AS A WHOLE The full committee may take on this responsibility, or it may be done by a subcommittee, with a member of the subcommittee reporting to the full committee. <i>Review meeting minutes to ensure that the committee is monitoring for general trends and/ or patterns of events that may be potentially harmful to individuals. The committee should evaluate information provided about minor notable occurrences and agency reported events that do not meet the definitions of notable events for trends and/or patterns. If a pattern or trend is identified, the committee minutes should document that the committee recommended corrective actions to protect individuals and prevent recurrence. If the surveyor identified any patterns or trends during his/her sample review of minor notable occurrences, verify that the committee also identified the trend/pattern. For state agencies and voluntary agencies that use IRMA to report minor notable occurrences, the surveyor should generate a report from IRMA to gather information about whether any patterns/trends should have been identified.</i></p>					
<p>624.7 (g) (1) IA 141</p>	<p>41. Within three weeks of the IRC meeting, the portion of the minutes addressing RIs and SNOs were entered into IRMA.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT This can be verified through IRMA review.</p>					
<p>624.7 (g) (2) IA 142</p>	<p>42. Minutes included all of the required information regarding RIs and SNOs.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT The minutes shall clearly state:</p> <ul style="list-style-type: none"> • the filing number or identification code of the report, (if used), • the person's full name and identification number (if used), and • provide a brief summary of the situation (including date, location and type) that caused the report to be generated, • committee findings (including reclassification of event, if applicable), and • recommendations and actions taken on the part of the agency as a result of such recommendations. • Full names of all parties involved are to be recorded (not initials). 					

<p>624.7 (e) (3-4) IA 143</p>	<p>43. The IRC monitored implementation of recommended actions made by OPWDD or the Justice Center</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <ul style="list-style-type: none"> At State Operated facilities this <u>excludes</u> disciplinary actions At VOs, this <u>includes</u> disciplinary actions <p>Similarly to monitoring implementation of agency/internal recommendations, the IRC should be requesting and receiving information regarding actions taken in response to the recommendations made to the agency by OPWDD and the Justice Center, including Corrective Action Plans (CAPs). This requires reviewing/monitoring that the actions were appropriate. Evidence of the monitoring should be documented in the meeting minutes.</p>					
<p>624.7 (c) (11) IA 144</p>	<p>44. The IRC reported at least annually to the chief executive officer, chief agency executives, the governing body, and OPWDD concerning its monitoring functions, including trend analysis and response.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: ANSWER FOR AGENCY AS A WHOLE</p> <p>The IRC must report on identified trends in reportable incidents and notable occurrences, as well as corrective, preventative, remedial and/or disciplinary action pertaining to these trends.</p> <p>An IRC should ensure that the trend report is inclusive of all incident categories, including internal and that the analysis is can result in effectiveness of initiatives implemented and recommendations for future agency actions.</p> <p>Consider the following when reviewing annual incident trend report, a quality report may include:</p> <ul style="list-style-type: none"> Provide a comparison of incident types and number over a period of time as identified by the agency Identify trends within the agency and by site. This may include trends in date, time of day, location, person receiving services, involved staff, circumstances (e.g. staffing level, type of activity, individual behavior, etc.) Identify reasons for the trends and increases/decreases in incidents Identify corrective actions and systemic changes implemented over the year based on incidents reported and reviewed throughout the year Provide analysis of whether the changes/actions implemented were effective Provide recommendations for future actions based on current trend analysis Provide a trend analysis of Internal Events/Notable Events/Minor Events/Agency Reportables Provide a trend analysis of Medication Errors if managed through the agency's incident management process or "agency reportable" process 					

PART 625

Applicable to Events occurring while individual was not under the Auspices of the Agency

REG	REQUIREMENT	MET	NOT MET	NA	Comments
625.4(a)(1) 625.5(c)(2) IA 145	45. All events and situations as defined in Part 625 that are required to be reported have been reported to OPWDD through IRMA entry.	MET	NOT MET	NA	

Guidance:

ANSWER FOR AGENCY AS A WHOLE

During review of the sample of agency minor events/non-reportables, determine if any events meet the requirement for reporting per 625.

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)**

Follow up on any information provided by 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.**

<p>625.3(b)(1)-(6) IA 146</p>	<p>46. The agency took action to protect the individual when the event or situation meets Part 625 reporting definitions (non-death).</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT Events and situations reported e that meet the definition of physical, sexual, or emotional abuse; active, passive, or self-neglect; or financial exploitation even if occurring NOT under the auspices of the agency, require that action be taken to assist/protect the individual. These may include: The agency shall intervene in an event or situation that meets the definition of physical, sexual, or emotional abuse; active, passive, or self-neglect; or financial exploitation by taking actions to protect the involved individual with developmental disabilities. Such actions, as appropriate, may include but are not limited to the following. The agency is expected to act diligently in the best interest of protecting the person. Agency actions as stated in the requirement below must be entered into IRMA. (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); (2) offering to make referrals to appropriate service providers, clinicians, State agencies, or any other appropriate parties; (3) interviewing the involved individual and/or witnesses; (4) assessing and monitoring the individual; (5) reviewing records and other relevant documentation; and (6) educating the individual about his or her choices and options regarding the matter.</p> <p>Please Note: Per 625.3(d) The agency must notify Adult Protective Services (APS) of any of the described events that involve an adult receiving services who: only receives FSS, ISS or Article 16 services; is not available the agency staff, or is in need of protective services the agency cannot provide. Per 625.3(e) Statewide Central register of Child Abuse and Maltreatment must be contacted by mandated reporters for incidents of child abuse or maltreatment.</p>					
<p>625.4(a)(2-3) IA 147</p>	<p>47. Subsequent information is provided to OPWDD via IRMA entry.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <ul style="list-style-type: none"> Subsequent information should be provided as known within 24 hours or within close of the next working day. This information should include initial actions taken by the agency to protect the individual. Updates should be entered into IRMA on a monthly basis until the event/situation is resolved. 					

<p>625.5 (a) (3-4) IA 148</p>	<p>48. Subsequent information regarding the death is submitted to the Justice Center as required.</p>	<p>MET</p>	<p>NOT MET</p>	<p>NA</p>	
<p>Guidance: PER INCIDENT</p> <ul style="list-style-type: none"> • Information known timely re: the death must be provided within five working days of discovery of the death. • The results of an autopsy, if performed and if available to the provider agency, shall be submitted to the Justice Center within 60 working days of discovery of the death. (The Justice Center may extend the timeframe for good cause.) 					