Washington State Department of Social & Health Services

AGING AND LONG TERM SUPPORT ADMINISTRATION
RESIDENTIAL CARE SERVICES
"Transforming Lives"

CHAPTER 20 – COMPLAINT INVESTIGATIONS

Overview

This section contains the Standard Operating Procedures (SOP) that Residential Care Services (RCS) staff must follow when conducting complaint investigations across all RCS programs. For the purpose of this chapter, 'facility/home/provider' in this document will refer to adult family homes, nursing homes, assisted living facilities, certified community residential support services (CCRSS) providers, and intermediate care facilities. 'Vulnerable adult' refers to the resident, client, or patient.

Applicable Federal Rules (CFR), Statutes (RCW), and Regulations (WAC):

Chapter 70.128 RCW: ADULT FAMILY HOMES

Chapter 388-76 WAC: Adult Family Homes

Chapter 18.20 RCW: ASSISTED LIVING FACILITIES

Chapter 388-78A WAC: Assisted Living Facilities

Chapter 70.97 RCW: ENHANCED SERVICES FACILITIES

Chapter 388-107 WAC: Enhanced Service Facilities

Chapter 71A.12 RCW: STATE SERVICES

Chapter 388-101 WAC: Certified Community Residential Services and Supports

Chapter 388-101D WAC: Requirements for Providers of Residential Services & Supports

Chapter 70.129 RCW: Long-Term Care Resident Rights

Chapter 74.34 RCW: Abuse of Vulnerable Adults

Chapter 18.51 RCW: NURSING HOMES

Chapter 388-97 WAC: Nursing Homes

Chapter 388-111 WAC: Residential Habilitation Centers-Compliance Standards

42 CFR Part 483.420 Condition of Participation: Client protections

42 C.F.R. § 483.1 through 483.206: Nursing Homes

State Operating Manual Chapter 5 – Complaint Procedures for NH & ICF/IID

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20A – COMPLAINT INVESTIGATION – ALL SETTINGS

Background

RCS has primary investigative responsibility for alleged reports of provider practice violations related to abuse, neglect, exploitation, and abandonment of vulnerable adults in all licensed and/or certified settings regulated by RCS. This standard operating procedure provides consistent practices across all RCS programs; and to support staff that are cross-trained for various programs.

Each complaint is unique and the investigation must focus on the areas where RCS has jurisdiction in that particular setting. Regulations and the population served by each care setting vary so all these factors must be considered when developing the required investigative plan.

This Standard Operating Procedure (SOP) outlines the expectations for staff conducting complaint investigations:

- How to process and review complaint assignments
- How to prepare for an investigation and develop a plan
- What to do after leaving a facility/home/provider and make a final determination
- How to write reports and submit/mail them within the required timelines
- When a complaint is considered closed
- How to report complaints from the field

Rescinded Procedures:

This Complaint Investigation SOP will supersede all other versions of the following complaint investigation procedures/guidelines including the following:

- 2004 RCS Operational Principles and Procedures for Communications in the Complaint/Incident Investigation; MB#R04-052

- 2007 Complaint Investigation (C/I) Guidance Manual; MB# R07-008

- 2007 Release of Final AFH & BH Complaint/Incident Investigation Protocols; MB#R07-027

- 2007 CRU Complaint/Incident Referral processing, MB# R13-031

- 2008 Complaint/Incident (C/I) Investigative Protocols, MB# R08-033

- 2008 NH Final Complaint/Incident Investigation Protocols 1-13, MB# R08-045

- 2008 Use of Key Triggers Reference Documents with NH Protocols, MB# R046

- 2008 RCS Operational Principles and Procedures for the Resident and Client Protection Program (RCPP)

- 2010 Operational Procedure for Complaint/Incident Resolution in ICF/IID

- 2010 Residential Habilitation Centers ICFs/MR only Reporting and Investigating Guidelines
- 2010 Operational Procedure for Complaint/Incident Resolution in Licensed LTC Residential Facilities
- 2011 RCS Operational Principles and Procedures for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) Complaint/Incident Resolution
- 2015 RCS Standard Operating Procedures 2-Day and 10 Day Complaint Investigation Management (Field Operations); MB# R11-031
- 2013 CRU Complaint/Incident Referral Processing, MB# R13-031
- 2015 RCS Standard Operating Procedures Complaint/Investigation in Licensed/Certified LTC Facilities/Settings (Field Operations); MB# R15-002
- 2016 Revisions to Standard Operating Procedure (SOP) for Complaint Investigations SOP for All Settings, MB# R16-025
- 2016 SOP: Revisions to Writing Complaint Investigation Summary Reports (ISR), MB #R16-052
- Any other associated policies, procedures or protocols in existence for complaint investigations dated prior to this SOP.

Change Log

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Procedures:

I. PROCESSING, REVIEWING AND ASSIGNMENT OF COMPLAINTS/INCIDENTS:

A. When the Field Manager (FM) or designee receives notification of a complaint intake from Complaint Resolution Unit (CRU), the FM will assign it for investigation to appropriate staff, with additional instructions, if necessary.

B. Once assigned, the Complaint Investigator will review the complaint intake, the assigned CRU priority assignment, and any CRU referrals made at the point of intake.

C. Consider requesting a priority change of the complaint intake based upon consideration of priority criteria and any known current issues with the client or provider. Requests for change in priority will be reviewed and approved by the FM following the established protocol.

D. Only FMs or RAs may request a change of priority assigned by the CRU based upon consideration of priority criteria and any known current issues with the provider. Send an email to cru@dshs.wa.gov with a cc to the Administrative Assistant, the complaint investigator and the Regional Administrator as appropriate. When requesting the priority change, the FM will follow the established RCS SOP Manual, Chapter 4-Section: Processing Complaint Referrals and Priority Changes, including providing a rationale based on risk of potential harm to the client.

E. Recommend that CRU make any additional agency referrals, which were not made at the time CRU processed the intake as appropriate.

II. OFFSITE ACTIVITIES TO PREPARE FOR THE INVESTIGATION

A. Offsite preparation

1. After a complaint has been assigned and reviewed, the investigator will identify any preliminary issues related to the allegation/s and begin the offsite preparation.
   a. Upon notice/receipt of the intake, the Complaint Investigator will coordinate onsite visits with the assigned Adult Protective Services (APS) Investigator when appropriate and able, and follow the process outlined in the RCS SOP Manual, Chapter 20- Section Coordination and Communication with APS.
   b. It is the expectation that public complainants are called and interviewed prior to the initiation of an investigation. Attempt to contact the public complainant by telephone for additional information a minimum of three times. Note the date and times of these attempts on the working papers.

      However, there may be times when contacting the complainant is not possible (urgency, travel, etc.). Investigators will discuss any situations where the complainant will not be contacted with their FM. If no contact was made this must be documented in the working papers.
   c. Refer to the Communication Points to Use with Public Complainants for sample questions to consider using when interviewing a complainant.

B. Developing an investigation plan

1. Prior to investigating the complaint onsite, the investigator will develop a brief documented investigative plan to include:
   a. Focused interview questions based on the specific allegations
   b. Plans for protecting the confidentiality of the complainant and others identified in the complaint/incident.
   c. Review of elements of the regulatory requirements pertinent to the allegation and select preliminary regulations that could potentially be cited.
2. Determine if local law enforcement will be contacted to coordinate investigative activities and before conducting any onsite investigation. Determine if the investigation will be conducted in coordination with other respective entities (APS, DOH, etc.).

C. Interviewing public complainants prior to onsite investigation

Effective communication is key to complaint investigation. The investigator must be courteous, respectful, objective, neutral, and able to communicate with public complainants in a clear and easily understood manner.

When interviewing a complainant, explain that confidentiality will be respected and that their name would only be disclosed should a legal hearing occur. Explain that while you will do everything possible to protect their confidentiality, sometimes a facility/home/provider may recognize the situation or issue being investigated and independently relate this to the complainant.

Questions to consider when interviewing the complainant before going onsite:

- When and how often do you typically visit the facility/home/provider?
- What are your concerns?
- How did you become aware of the issue(s)?
- When did it happen? Has it happened before?
- Did you tell anyone? If so, whom?
- Does the facility/home/provider know about this concern?
- Has anything been done about it?
- Is it still a problem?
- How did it affect the vulnerable adult?
- Is the vulnerable adult able to describe what happened or identify the alleged perpetrator? Do you know the name of the alleged perpetrator?
- If not, who could provide additional information?
- Have other vulnerable adults been affected?
- Is there a particular staff member or other vulnerable adult/family member/visitor you are concerned about?
- When might that person be on duty or in the facility/home/provider?
- Are there any other concerns?

D. Review facility/home/provider history

The investigator may refer to numerous resources regarding the facility/home/provider's compliance history. This is especially helpful if the investigator is not familiar with the

facility/home/provider, or if there are particular areas of concern expressed by the complainant. It is not necessary to comprehensively review each of these resources prior to investigation.

1. Alleged Victim and Alleged Perpetrator Complaint/Incident History

- Review previous complaints/incidents within the last year for the facility. Determine if there have been similar issues, victims, alleged perpetrators or vulnerable adults reported.
- Review ASPEN, FMS, TIVA, CARE, or Developmental Disabilities Administration (DDA) Incident Report System as applicable if there are applicable repeat complaints/incidents with the named vulnerable adult or perpetrator in the complaint intake.

2. Status of Provider (may need to review based on complainant's alleged issue)

- License/certification number and number of vulnerable adults for which the facility/home/provider is licensed, if applicable.
- Current state contracts and/or any specialty designations, if applicable
- Exemptions, if applicable
- Most recent inspection/certification evaluation findings
- Enforcement history including any conditions on the license/certification
- Compliance status: any uncorrected deficiencies
- Recent changes in ownership

3. Allegation of an Unlicensed or Uncertified Provider

- Consult with ALTSA divisions (APS, RCS, and HCS), if appropriate, to see if they have any information associated with the reported provider's address.
- Consult with your FM to determine if the setting requires an RCS license/certification or not.
- Plan to obtain key information about the facility/home/provider and it's function during your investigation.

E. Planning for investigative observations

If this will be the first time that the investigator has been to the facility/home/provider, the investigator will plan to do a brief general tour of the facility/home to familiarize yourself with the layout of vulnerable adult rooms and common areas, when applicable.

A complaint investigation is not a full-inspection/investigations. These are focused inspections/investigations. The purpose of any observation or touring activity of environment during a complaint investigation is to focus on observing vulnerable adults in relationship to the alleged care issues. It is important for the investigator to be aware that this focused touring is very different from the general-purpose touring process required during the full-inspection process.

The key to effective investigation is to plan focused observations using critical-thinking on the identified issue or concern.

1. When observing vulnerable adults, for example, note:
    - Appearance, hygiene, apparel
    - Demeanor—(i.e. behaviors, mood, whether they appear comfortable, relaxed, happy)
    - Cognitive status and communication capabilities
    - Mobility (i.e. limitations/adaptive devices)
    - Presence of IVs, feeding tubes, catheters, splints, bruises, bandages

- Injured/affected areas of vulnerable adult's body (ask the vulnerable adult permission to observe, they have the right to refuse.)—accompanied by provider, staff and/or a nurse colleague if a skin observation is to be completed within the bikini area. If a nurse is not available, speak with your FM, or RCS nurse.
- Presence of restraining devices, safety (or medical) devices or practices
- Interactions between staff and other vulnerable adults
- Vulnerable adult's room—homelike? Personal belongings reflect history and/or preferences? Clear pathways? Safety issues with cooking appliances? Quality of life concerns?
- Vulnerable adult isolated or secluded? Door closed? Meals in room? Vulnerable adult in controlled access unit?

2. When observing staff, for example, note:
   - Interactions with vulnerable adults and other staff. Were staff respectful of vulnerable adult privacy, dignity, and independence?
   - Interventions and assistance provided to vulnerable adults
   - Provide redirection and cuing to vulnerable adults as needed?
   - Adequate supervision and staffing?
   - Techniques and skills?
   - Atmosphere—welcoming, homelike vs. institutional
   - Environment—odors, cleanliness, lighting, temperature, safety hazards both inside/outside, restricted or blocked egress, clear pathways, pets, uneven surfaces, screens, pests, oxygen storage, signage and handling, safety issues in kitchenette or common areas

   Accommodations—accessible phones, lowered sinks, bedside commodes, adaptive equipment and/or utensils, etc.

3. Where should the observations be done?
   - In conjunction with treatments, activities, mealtimes, time of day or day of week, specific shift(s), when certain staff or vulnerable adults are present.
   - Hospital or other setting such as facility/home?
   - Specific location of incident or occurrence?

4. How many observations are needed?
   - Should be determined by the concern; may need to do more than one observation or conduct observations on a specific shift or across shifts

<u>F. Planning for investigative interviews</u>

The goal of investigative interviewing is to determine if there is facility/home/provider failed practice (facility/home/provider failed to do something or did something wrong) in relationship to an allegation of abuse, neglect, abandonment or misappropriation of vulnerable adult funds. There are numerous parties that may have information about the vulnerable adult's situation but the relevance to determining failed facility/home/provider practice will be the guiding factor as to whether these individuals are actually interviewed. Whenever possible, the vulnerable adult will be the primary source of interview data.

1. Who needs to be interviewed, pertinent to the issue or concern?

   There are many individuals, whose interviews may be pertinent to the situation. Use critical-thinking to consider including:

- Vulnerable adults
- Vulnerable adults alleged as victims and alleged as perpetrators
- Vulnerable adult representatives
- Administrative staff
- Alleged perpetrators
- Visitors
- Family
- Roommate
- Prior vulnerable adult
- Long-Term Care (LTC), Developmental Disabilities (DD) and Mental Health (MH) ombuds
- Veteran's Administration
- Health care facilities/home/provider
- Other department and agency staff (HCS/DDA/MH/APS case managers)
- Nurse delegators
- Activity centers
- Social clubs
- Local law enforcement

If the named vulnerable adult is not in the facility/home, or need to protect the vulnerable adult's confidentiality, consider interviewing other vulnerable adults.

2. When/where do the interviews need to be done?
   - Before going onsite
   - Before or after observations
   - Best settings
   - Special accommodations needed (I.e. interpreter, large print questions, etc.)
   - Consult with your FM as applicable.

3. General questions to consider using with interviewees:
   - Are you aware of the reported issue(s)? (Do not disclose the actual allegation but speak in general terms.)
   - How has this issue affected the vulnerable adult(s)?
   - How did you become aware of the problem?
   - How long has it been going on?
   - Have you told anyone?
   - Is the facility/home/provider aware?
   - What was the facility/home/provider's response?
   - What has the facility/home/provider done about it?
   - Has the problem been resolved?
   - Do you have any other questions?

G. Planning for record reviews

As the complaint investigator is developing the investigative plan, he/she will be mindful of records, which may need to be reviewed as part of the onsite investigation. This plan may need to be adjusted and/or expanded, based on observation, interview, and data obtained onsite. Keep in mind the investigator will not spend excessive time gathering and recording information from the record, but use the record review to validate and/or clarify information already obtained through observation and interview. Document the vulnerable adult's legal representative mailing

address, phone number, and email address, unless information is already provided in other data sheets, face sheets, or other similar document in the record.

Records that may be relevant to specific issues being investigated include, but are not limited to the following:

- Open and/or closed vulnerable adult records
- Admission agreements
- Assessments
- Negotiated care plan/service agreements/Individual Program Plan/Person Centered Service Plans
- Medication Administration Records (MAR)/Daily Medication Logs
- Behavioral monitoring
- Notes related to informed consent:
- House Policies
- Staffing schedules
- Maintenance and housekeeping records
- Contracts
- Incident logs
- Hospital records
- Outside provider health agency records
- Financial records related to managing vulnerable adult funds

III. DATA GATHERING AND THE INVESTIGATIVE PROCESS

A. Data gathering and the impact on decision-making during the investigative process.

Findings vs. Deficient Practice: A “finding” is a piece of information about facility/home/provider practices obtained through observation, interview, or record review. An analysis of investigative “findings” for sampled vulnerable adults should lead the investigator to reach conclusions about the facility/home/provider, how it cares for vulnerable adults, and whether or not the facility/home/provider practices are deficient. Similarly, findings in procedure, policy or structure may also be analyzed to determine if practices are deficient.
“Deficient practice” conveys a bigger picture. Webster defines “deficient” as: (1) lacking an essential quality or element and (2) inadequate in amount or degree. “Practice” is defined as a habitual or customary action or manner of doing something. “Practice” can also be defined as the action, error, or lack of action on the part of the facility relative to a requirement.

When you consider the definitions, it is clear that there is a difference between the two concepts—a “finding” is an item of information, while “deficient practice” is the product of inadequately providing services or the provision of poor quality of services to one or more vulnerable adults. “Practice,” by definition, is more than one happening or occurrence. This is not to say that one-time observations can never be cited as deficient practice; one severe incident with one vulnerable adult can result in a deficiency.

Investigators have a responsibility to look at multiple opportunities throughout the investigation to determine if the complaint is reflective of a pattern or habit of behavior. Investigators will always go back and review the language of the specific regulation to support the deficient practice. After reviewing this, it can then be determined if the failed practice is related.

The investigator will articulate, in general, the preliminary failed practice to the facility/home/provider in an oral summation to the facility/home/provider at exit. The specific failed practice is provided in writing in the SOD. In addition to assuring that vulnerable adult health and safety is protected, the determination of failed facility/home/provider practice is one of the most important decisions the investigator will make during the course of a complaint investigation.

During the process of investigation and data collection, the investigator will be evaluating findings. Ask yourself:

- Have I verified the findings by some other means? (Other interviews, observation of another vulnerable adult's care, etc.)
- Have I tested my conclusions for assumptions? When I have made an assumption, what other information would either validate or change the assumption?
- Do my facts give clear-cut direction in the decision of compliance? If not, what other facts or information could make the decision more clear-cut? More observations? Another interview? A specific person to be interviewed?

When investigators decide there is deficient practice before the evidence or data is gathered, there can be faulty decision-making regarding compliance, particularly if something "bad" has happened to a vulnerable adult. Deciding there is deficient practice before gathering sufficient evidence means the investigator has relied on assumptions or emotions rather than the facts of the case to make a decision.

The order and manner in which information is gathered will depend on the type of complaint that is being investigated. It is very important to remember that the determination of whether the complaint "happened" is not enough. The investigator also needs to determine noncompliant practices related to the complaint situation.

B. Sample selection

The investigator will focus on selecting sample vulnerable adults who are most likely to have those conditions/needs/problems described in the allegation. Based on the setting and the size of the facility/home/provider, it is not always possible to find a sample of vulnerable adults with similar or same care needs. However, that does not obviate the need to use a sampling process while conducting the investigation. For Residential Habilitation Centers (RHC), Intermediate Care Facilities of Individuals with Intellectual Disabilities (ICF/IID) and Certified Community Residential Services and Supports (CCRSS), determine if the incident is related to a systems failure or an isolated incident to determine if you need to conduct a sample selection.

Additional vulnerable adult factors that may assist with vulnerable adult selection and completion of the sample include:

- Availability of interviewable and non-interviewable vulnerable adults
- Vulnerable adults that are new admissions (because the facility is responsible to provide care from the 1st day of admission—can give insight on routine practices of the facility)
- Vulnerable adults most at risk of neglect and abuse (i.e. those with dementia, vulnerable adults with infrequent visitors, vulnerable adults with behavior problems, bedfast vulnerable adults, vulnerable adults who are totally dependent)

In order to make effective decisions based on investigative data, there are several underlying critical elements to the investigative process. Some may be:

- Recognizing if we have regulatory authority for every issue that is in the complaint
- Determining an accurate set of problems and issues to investigate

- Determining and focusing on what to look for and where to find it
- Noticing “red flags” (detecting indicators of potential problems)
- Uncovering the system that contributed to the problem (the specific failed facility practice)
- Identifying a representative sample so that the scope of the problem can be determined
- Determining the scope and severity of the problems
- Interpreting the rules and regulations as they apply to the alleged issue
- Determining what to cite and where to cite
- Documenting the findings so that a picture is created with words
- Documenting an accurate deficient practice statement based on the regulation

Keep in mind that observations provide first-hand knowledge to the investigator. Observations are the most powerful evidence investigators collect, especially when validated by interviews and record reviews. The investigator will spend as much time as possible performing observations, and conducting formal and informal interviews. The investigator will not spend excessive time gathering and recording information from the record. Instead, use the record review to obtain information necessary to validate and/or clarify information already obtained through observation and interview. Complaint investigators will not routinely be reviewing the entire record, or making a determination of failed practice based only on record review.

IV. ONSITE ACTIVITIES

A. Investigator role

The RCS Complaint Investigator role is a focused investigation but does not preclude an investigator to report newly discovered unalleged violations. The role is not to be a criminal investigation but instead:

- To identify areas of failed facility/home/provider practice or noncompliance related to the allegation (issue), and
- To determine if vulnerable adults are adequately protected when an allegation of abuse and neglect has been reported.

During the course of onsite investigative work, if the Complaint Investigator identifies concerns regarding either vulnerable adult or personal safety, immediate contact will be made with the FM. If the investigator arrives at the facility/home/provider to conduct the investigation and is denied access to either vulnerable adults or the facility, immediate contact will be made with the Field Manager.

The Complaint Investigator will not take the original (or a copy) of complaint intake forms out of the office. This prevents the possibility of inadvertent disclosure of complainant and vulnerable adult identity. The Complaint Investigator will also not leave the working papers (original or copy) in the investigator’s car (to protect vulnerable adult confidentiality in case of theft) where they can be discovered.

B. Entry and Introduction into a facility/home

Complaint Investigator will provide their name, function, general purpose of their visit, and their business card.

- If the administrator or designee is not present, the Complaint Investigator will request that he/she be notified. In an ICF/IID, the investigator has to notify the administrator or switchboard of their entry into the provider.

- Establish a courteous, respectful, objective, neutral tone to encourage and facilitate communication.
- State that you are an RCS investigator investigating a complaint without being descriptive as to the content of the complaint.
- Briefly explain the investigative process if necessary.

Note: In an ICF/IID, the investigator requests the list of incidents within the last 30-90 days from the Electronic IR System, in part, to keep the identity of the persons involved confidential.

C. Conducting the investigation

The Complaint Investigator must attempt to conduct the onsite visit so that the visit is made at the time of day and/or day of the week the issue is most likely to occur; when the alleged perpetrator/caregiver may be working; or when there might be inadequate staff to meet vulnerable adult needs.

1. Initiate the onsite investigation within the priority timeframes established by the intake priority response time. All initiation must be done onsite. Initiation by phone may be considered on a case-by-case basis with approval from the FM.
2. After initiating the investigation, focus planned onsite observations from the alleged issues. Protect the identity of the vulnerable adults/clients who are alleged victims and the complainant by expanding the sample of vulnerable adults/clients if possible, to be reviewed and or look at more than one area of concern in the provider. Do not disclose the information about the complainant, even if the complainant did not request to remain anonymous. Maintain confidentiality of all records including the CRU intake form.
3. The CRU intake form will not be taken out of the office at any time. Any other information related to the investigation will be in the possession of the Complaint Investigator at all times. When Complaint Investigators have multiple investigations on the same day, the documents may be secured in the trunk of a locked vehicle. If the vehicle doesn't have a trunk, secure the documents in a locked car so they are not visible from the outside.
4. The Complaint Investigator must identify him or herself as an RCS Investigator when they enter the facility/home. Explain the general purpose of your visit such as investigating a complaint and checking on the health and safety of vulnerable adults/clients. The Complaint Investigator is to provide a business card to the staff persons present and to vulnerable adults as appropriate.
5. Interview each vulnerable adult named as an alleged victim and/or their representative unless there are compelling reasons for not doing so. Those reasons must be documented in the investigation working papers. Also, when possible, interview other potential victims in an attempt to maintain confidentiality of the reported alleged victim.
6. When interviewing the alleged victim(s), give victim or their legal representative a copy of the written ***Vulnerable Adult Statement of Rights Form*** (VASOR), available per attachments below.
    a. A form must be given with each new complaint.
    b. If needed to keep the identity of the alleged victim confidential, give the form to all vulnerable adults who were interviewed.
    c. It is permissible for the investigator to give both the vulnerable adult and the legal representative copies. If one refuses, the VASOR must be given to the other.{ See grid for additional details.}
    d. Regardless of who generated the complaint, whether the facility or otherwise, the notification must be provided.

VASOR provided to:	Under what circumstance:	When to document:

Vulnerable Adult	• If available for interview
	• If unavailable for interview, may leave in room
	• The form must be provided even if:
	  ○ The vulnerable adult is cognitively impaired
	  ○ The form has been provided previously for a separate complaint
	• Only one form per complaint is required, no matter how many times interviewed for a particular complaint
		Document in working papers:
		• Person
		• Time
		• Why the form was given, or the reason why the form was not given

Legal Rep.	• When the vulnerable adult is known to have a legal representative, and:
	  ○ The vulnerable adult is unavailable for interview
	  ○ The vulnerable adult refuses to accept the form
	  ○ When vulnerable adult is hospitalized
	  ○ If the vulnerable adult is deceased
	• If the form is required to be given as above, and the legal representative is not available in person, RCS staff must mail the form within 10 days of the on-site visit by RCS staff person responsible as determined by each office
		Document in working papers:
		• Person(s)
		• Time
		• Why the form was given, or the reason why the form was not given

Not required to be given to either vulnerable adult or legal rep.	• If the vulnerable adult refuses, and there is no legal representative • If both the vulnerable adult and the legal representative refuse • If vulnerable adult is deceased, and there is no legal representative	Document in working papers why the form was not given

c. There are two different forms depending in which setting the complaint is taking place:

1. DSHS 16-234A for CCRSS (Supported Living) and ICF/IID that are RHCs (Rainier School, Lakeland Village, and Fircrest).
2. DSHS 16-234 for all other settings (NH, AFH, ALF, ESF, non-RHC ICF/IIDs).

Document in your working papers when the form was given or when the form was not given to vulnerable adults/clients and the reason why. Both of these forms are available in the DSHS Forms Directory in several different languages.

d. A cover letter is to accompany the VASOR when being mailed to the legal representative. {See appendices A for sample letter}.

7. If the vulnerable adult named in the complaint is unavailable at the time of onsite visit and complaint initiation, the Complaint Investigator may interview a representative sample of vulnerable adults/clients when appropriate. If unable to make contact with the vulnerable adult, the Complaint Investigator must make two more attempts to interview either the vulnerable adult or the legal representative and document the date and time and how the attempts were made in the working papers. Consult with your FM and document in the working papers if you are unable to interview the vulnerable adult named in the report.
8. Using observations, record reviews, and interviews, investigate reported problems in a manner appropriate to the identified issues.
9. Interview staff persons employed by the facility/home/provider who may have direct knowledge of complaints. The staff member will be contacted during their regular working hours if possible. The Complaint Investigator must preserve the anonymity of support staff or other staff who are acting as witnesses. If requested, attempt to provide anonymity with the understanding that you may not be able to protect anonymity if there is court action.
10. Prior to exiting the facility/home, let the provider/administrator or designated staff person on site know you are leaving and explain what to expect next and an approximate timeline.

Note: In the CCRSS setting: Complaint Investigators will need to conduct interviews with the Administrator or designee(s) if available. Collect copies of client records relevant to the investigation; calling and/or emailing Administrators or designee for copies of documentation is permissible when needing to collect documents for record review. Inform the Administrator or designee they will be contacted with a final determination.

D. Investigative Observations

Initially observe the general environment of the provider, staff, and vulnerable adult interactions, and general care and service delivery as you enter the facility/home. Conduct more focused observations later in the investigation as indicated by your pre-planning.

- Obtain copy of vulnerable adult census and names of staff on duty, if applicable. In an ICF/IID, the investigator does not request a census unless it is needed for the nature of the complaint.
- Do a brief tour of the environment, if applicable to the complaint, to observe general appearance of vulnerable adults and facility/home.

E. Investigative interviews: vulnerable adults, staff, representatives

Vulnerable adult Interviews-Choose the best location for interviews considering:

- Privacy
- Comfort of the vulnerable adult and accommodation of vulnerable adult needs
- Ensure that monitors and intercoms are turned off

The following questions listed are probes that the Complaint Investigator may consider using when conducting interviews. All interviews will be generally focused on the allegation(s) raised in the complaint/incident, and interviews will be done for those vulnerable adults, families, and

collateral representatives that are pertinent to the sample of vulnerable adults selected, if applicable, by the investigator.

1. Sample of questions for the vulnerable adult-specific questions:
   - How long have you lived here?
   - How do you feel about living here?
   - How are you treated?
   - Who takes care of your needs?
   - What do they do for you?
   - Do staff give you the assistance you require for your condition?
   - Do staff come when you call?
   - How do staff and other vulnerable adults talk to you or treat you?

2. Sample of questions for the vulnerable adult probes related to reported concerns:
   - "I heard this happened. Tell me about it"….(who, what, where, when)
   - How did it make you feel? How did it affect you? Ask for specifics that describe or explain what type of outcome they had (i.e. "It made me nervous. I couldn't sleep for a week")
   - Has this happened before? (when, where, etc.)
   - Who did you tell? Is the facility aware?
   - What have they done about it?
   - Is it still a problem?
   - Do you have any other concerns?

3. Sample of questions for the vulnerable adult probes related to quality-of-life and/or vulnerable adult rights:
   - Are there rules related to living here? (i.e. bedtimes, meal times, visitors, etc.)
   - How do you spend your time? Is that satisfactory to you?
   - If dissatisfaction, boredom, fears, etc. are expressed, ask specifically what happened that caused them to feel that way.
   - Do you have any concerns about living here?
   - Family and/or representatives' questions
   - How often are you in the provider? How recently have you been in the provider?
   - What have been your direct observations?
   - Do you still have concerns regarding care and services or other issues?

4. Sample of questions for the staff questions:
   - What vulnerable adults have had issues like the reported concern or had a change in condition? (ask in a manner that avoids divulging the nature of the complaint)
   - What can you tell me about it?
   - How did you become aware of the problem?
   - When did it happen?
   - Has it ever happened before?
   - What have you done about it?
   - Is it still a problem?
   - What do you think may have caused it?
   - What process (facility practice) do you follow for concerns related to the reported concern or change of condition?
   - Who do you communicate with when the reported concern or change of condition occurs?
   - How do you ensure staff are aware of changes in the vulnerable adult(s) care plan?

- Can you show me your documentation?
- Do you have concerns regarding care and services or other issues?

F. Record reviews

Record reviews will be confined to the identified allegation(s). Based on observation and interview, determine what records need to be reviewed. Expand the scope of the requested documents if it assists to conceal the source of information/complainant.

Refer to your investigative plan to assist with identification of specific records that you believe you will need, i.e. open and/or closed vulnerable adult records pertinent sections (admission agreement, assessments, negotiated care plan/service agreement, MAR, behavioral monitoring, informed consent, etc.), house policies, staffing schedules, maintenance and housekeeping records, contracts, and incident logs.

Review vulnerable adult records-Demographics:

For those vulnerable adults named in the complaint/incident document name, date of birth, date of admission, pertinent diagnoses to alleged issue, designated Vulnerable Adult Representative (with telephone number), primary health care provider/facility (with telephone number), and vulnerable adult room number (if applicable), when it relates to to the allegation or other findings. Document vulnerable adult's care and service needs with related interventions for all sampled vulnerable adults.

1. Document baseline data (pertinent to alleged issues):
    - Risk factors, cognitive ability, psychosocial or behavioral status, communication ability, transfer and mobility status, Activities of Daily Living (ADL) needs, dietary needs, medications, etc.
    - Review any recent changes in medical, mental, physical, behavioral conditions, and/or medications
    - History of related incidents and/or occurrences
    - Other contributing factors

2. Document supporting information (pertinent to alleged issues):
    - Documentation related to alleged incident and/or occurrence.
    - Pertinent assessments that occurred before and after the incident, if applicable.
    - Pertinent interventions the facility/home/provider put into place before and after the incident.
    - Determine whether the facility/home/provider re-evaluated the vulnerable adult after the event and/or if new interventions were put into place.
    - Determine if appropriate notifications occurred.
    - For significant changes:
        - Was a reassessment done? Was it done timely and by a qualified party?
        - Were interventions implemented?
        - Were appropriate parties notified?

Review only if necessary-Facility/Home/Provider Records:

1. Review pertinent sources of information confining review to the alleged issue(s) and focus on:

- Evidence of facility/home/provider investigation
- Disclosure of Services
- Admission/Rental Agreements
- Policies and Procedures

2. Personnel Files (review only if necessary):
   - Name(s) and date of hire
   - References—obtained and checked out
   - Current background checks with disclaimer and no disqualifying convictions
   - Qualifications i.e. orientation to facility, specialty training (DDA/MH/Dementia), current CPR and First Aid Card, TB results, HIV/AIDS, Food Handler's card, Basic/Modified Fundamentals
   - Current license or certification (if applicable)
   - Continuing education (pertinent training)
   - Evaluations/counseling for similar incidents
   - Nurse delegated tasks pertinent to reported concerns

G. Review and analysis of data:

For the determination of failed practice, analyze the data to briefly review your investigative plan. Determine if you have reviewed sufficient information to answer the following:

- Did the allegation occur?
- Is the facility/home/provider's explanation of how and what happened consistent with the investigative findings?
- Conclusions validated by interviews, observations and record reviews?
- Investigation (when required) thorough and in accordance with regulatory requirements?
- Did facility/home/provider the provider comply with reporting and notification requirements?
- Did the facility/home/provider recognize and address trends or patterns?
- If there are system problems, have they been corrected?
- Are appropriate interventions in place to prevent a reoccurrence for the vulnerable adult and other "at risk" vulnerable adults?
- Did the vulnerable adult experience additional harm because of the facility/home/provider's failure to be in compliance?

If vulnerable adult harm occurred:

- Did or should the facility/home/provider have identified the vulnerable adult to be "at risk?" (assessment)
- Did the facility/home/provider develop interventions addressing risk factors? (care-planning)
- Did the facility/home/provider implement preventive measures as planned? (care observation)
- Did the facility/home/provider have systems in place to ensure provision of preventive measures, including sufficient trained staff? (quality assurance)

If harm occurred because of an incident:

- Was the facility/home/provider response timely, including protection of the vulnerable adult as necessary?
- Was the facility/home/provider timely and thorough? Was acute, clinical management provided as needed for medical, physical, psychological issues?

- Were interventions timely and consistent? Were interventions re-evaluated for effectiveness?
- Were outcomes avoidable or preventable? Were outcomes unavoidable?

Compare findings to regulatory requirements:

- Is there failed practice? Is there more than one failed practice?
- If "yes", what is the scope and severity of each failed practice?

H. Status report on exit from facility or last day of onsite data collection

Use this opportunity to explain preliminary findings and identified deficiencies to the Administrator or designee to provide them with an opportunity to ask questions and present additional information. Ensure facility/home/provider representative is aware of vulnerable adult issues, which need immediate attention. Document all interviews and conversations with the provider's plan of intended outcome to ensure resident/client safety.

Review issues and preliminary findings:

- Consider potential deficient practices or nature of finding.
- Provide facility/home/provider with an opportunity to discuss, ask questions, and present related additional information.
- Inform the facility/home/provider the process which will follow such as what to expect including possible need for further data collection, the Statement of Deficiencies (SOD) report, and the Informal Dispute Resolution (IDR) process.
- Clarify that if further information is obtained, the licensee or designee will be contacted by telephone if there will be any additions or significant changes to the deficiencies discussed during the exit.
- Explain that with citations, the SOD will be mailed within 10 working days from the last date of data collection; the cover letter will explain if a plan of correction is required; the plan of correction must be mailed back within 10 calendar days of receipt; and that the FM is a resource for questions regarding the findings.
- Ensure the Administrator or designee has a business card or contact information for you and your FM. Thank the staff for their cooperation with the investigation.

V. OFFSITE ACTIVITIES AND FINAL DETERMINATION

As identified by Chapter 74.34 RCW, the Complaint Investigator may need to interview "independent sources of relevant information" after the onsite investigation is completed. However, these sources are not required to be part of each investigation, and will be kept to a minimum number, enough to support or prove information without overly extending the time it takes to complete the investigation with the supporting information. Contacts with independent contacts must be made in within seven days of exit of the facility/home/provider office.

The Complaint Investigator must review and analyze all data pertinent to the complaint and determine if there is failed provider practice. Coordinate enforcement recommendations with the FM.

Call the public complainant/reporter to summarize the investigative findings and inform the complainant that an Investigative Summary Report (ISR) will follow if they requested one. The public complainant must be called even if they did not request the outcome report. Note the date and time of the call in the Complaint Investigator's working papers.

Make any necessary referrals following the established Standard Operating Procedures in RCS SOP Manual, Chapter 4 – Complaint Resolution Unit:

1. Processing Law Enforcement Referrals
2. Processing Referrals to APS
3. Processing Referrals to Agencies Other Than Law Enforcement and APS

A. Evaluate investigative evidence

The goal of data gathering and fact finding during a complaint investigation is to provide irrefutable evidence regarding a provider's compliance or noncompliance with the regulations. If, as you collect findings, you determine that it is more likely than not that there is deficient practice, it is important to identify the specific regulation that relates to the failed practice. Review the elements of the regulation as you collect data and before making your final determination.

When reviewing the data:

- Devote as much time as possible to performing observations and conducting interviews.
- Limit record reviews to obtaining validating or clarifying information
- Use pieces of information in the record to assist with directing what observations and interviews you conducted

Consider the strength of your investigative evidence, for example:

- What types of observations demonstrate what was or was not happening?
- What did the vulnerable adult think?
- Which staff persons should have or had information and could have been interviewed?
- What single piece of the record would or should provide information about what was done or what should have been done?

Consider the following:

- Is the information you obtained by physical evidence, interview, or record review consistent?
- Are the stories different or consistent?
- If they are different, is there someone that can explain the differences or has evidence that explains the differences? If not, then ask, "Do I have enough information to verify which story is more 'correct' or plausible?"
- Where could you get more information if needed?
- Is the information credible or is credibility an issue?
- How do you determine whom to believe?
- How was it determined?
- Why do you believe or disbelieve the person that was interviewed?
- Are there other facts that verify or present further contradictions? Which version is true?
- What does the documentation in the record tell you?
- Is it accurate?
- How do you know?
- Do the findings support each other?
- Would other facts clarify the situation?
- Who or which facility/home staff member was closest to providing the services or care that is in question?
- What other records could be reviewed to clarify the situation?

- What other observations could be made?

If, at this point, the Complaint Investigator cannot make a determination of compliance or non-compliance, it may be that you will need to do more observations, interviews, and record reviews until a decision can be made. Discuss this with your FM.

B. Inform the facility/home/provider of the final outcome

Call the Administrator or designee to summarize the final investigative findings.

Offer to review the appropriate regulatory requirements related to the deficiency or the nature of the finding with the facility/home/provider. If indicated, review information which was discussed during the status report/exit conference, if applicable.

C. Write statement of deficiency (if applicable)

1. When writing the Statement of Deficiencies (SOD) keep in mind they must be:
   a. Review all pertinent investigative findings, and confirm analysis of deficiency citations. Confer with the FM if an enforcement action may be recommended or if other questions arise. Only written after consultation with the Field Manager.
   b. Written according to Principles of Documentation for NH and ICF/IID (non-ALF) or the Principles of Documentation for Community Programs (AFH, ALF, CCRSS, and ESF).
   c. Written according to the RCS SOP Manual, Chapter 7-General Enforcement (all settings) .
   d. See section "F" below under **Complaint Closure** for more information on SOD reports.
   e. NH-Entered into ePOC to the NH providers within ten (10) working days of the **exit date**. If a citations is at a Scope/Severity G or higher (harm), the written citation needs to go to compliance staff for review by the 6th day before being sent to the provider.
   f. ICF/IID to be mailed within 10 working days **of the exit date**. All community programs after the **last day of data collection** for a complaint.
2. For each complaint investigation completed, the Complaint Investigator must write an Investigative Summary Report (ISR) in a publicly disclosable format within 15 working days of last day of data collection. The ISR will not repeat detailed information already contained in related statements of deficiency or consultation letters, or include any information about other investigations related to the intake(s).
3. Refer to the RCS SOP Manual, Chapter 20B- Complaint Investigations, Writing Investigation Summary Reports (ISR).

D. Referrals

If the Complaint Investigator determines additional referrals are necessary, notify the Complaint Resolution Unit and follow the established RCS SOP Manual, Chapter 4, Section-Processing Referrals to Agencies Other Than Law Enforcement and APS.
This procedure includes referrals to professional licensing boards (DOH), Medicaid Fraud Control Unit (MFCC), Child Protective Services, and Adult Protective Services (APS).

E. Report Notification

1. The Complaint Investigator must forward the SOD to the Field Manager in the following manner:

Facility/Home Type	How to Notify FM SOD is Complete
Nursing Homes	• Enter electronic copy of the SOD into ASPEN • Notify FM the SOD has been entered. How FMs are notified is up to the FM.
ICF/IID	• Enter the electronic copy of the SOD into ASPEN/ACTS • Notify FM the SOD has been entered. How FMs are notified is up to the FM.
Certified Community Residential Services & Supports (CCRSS)	• Enter electronic copy of the SOD into FMS. You may submit a draft of the SOD to the FM for review prior to entering the data into FMS. • Notify FM and the Administrative Assistant (AA) the SOD has been entered and completed in FMS; in the email notification, include the relevant Staff Client Identification List . How FMs are notified is up to the FM.
ESF, AFH, ALF	• Enter the electronic copy of the SOD into FMS. • Notify FM the SOD has been entered. How FMs are notified is up to the FM.

F. Complaint Closure

1. If a SOD has been written and approved by the FM:
   a. For a NH, the SOD must be sent via ePOC within 10 working days of the last date onsite (not necessarily the exit date).
   b. ICF/IID to be mailed within 10 working days **of the exit date**. All community programs after the **last day of data collection** for a complaint.The administrative support staff will mail the SOD to the provider via USPS Certified Mail with Return Receipt Requested for all settings. If the SOD is not being mailed until the 9th or 10th day, the administrative support staff will fax or email (when a fax number and email address is available) the SOD in addition to mailing it. It is also acceptable for staff to deliver SODs in-person when necessary but the SOD must still be mailed via Certified Mail.
2. If the public complainant has requested to be notified as to the outcome of the investigation (the "Follow-Up Requested" box will be checked on the intake), the administrative staff will mail the public complainant a Public Outcome Letter generated in TIVA and provide a copy of the ISR. A copy of the "How to Read Your RCS Investigative Summary Report", if applicable, will also be sent. If the complainant has requested a copy of the SOD or consultation, the complainant must request a copy via email to the public disclosure unit at pdd@dshs.wa.gov .

Note: The ISR will not be sent until the SOD report has been received by the facility/home/provider.

3. A complaint investigation is considered closed when:
   a. All required reports and letters have been sent.
   b. All data has been entered into the appropriate tracking systems and approved by the FM.
   c. A *Back in Compliance* letter has been sent to the facility/home/provider (not applicable for CCRSS).
   d. For CCRSS, review a POC and do a follow-up to determine if provider is back in compliance, which can take at minimum 45 days.
4. Documentation from complaint investigations is to be sent to Central Files within 10 working days after the complaint investigation is considered closed.

VI. FILING A COMPLAINT FROM THE FIELD

1. When an individual contacts RCS staff and shares concerns regarding the health or safety of a client, the nature of the complaint will be evaluated. The complainant will be given the toll-free number (1-800-562-6078) to make the report to the RCS Complaint Resolution Unit (CRU). Mandated reporters, in this case such as county employees, other state agencies, etc) will contact the CRU via email or fax at cru@dshs.wa.gov . However, RCS staff will need to send their concerns to CRU via email.
2. When RCS staff are making a mandatory report, Chapter 74.34 RCW requires the following information which RCS staff will obtain, when possible, and report to CRU immediately:
   a. The name and address of the person making the report;
   b. The name and address of the vulnerable adult and the name of the facility/home/provider or agency providing care for/to the vulnerable adult;
   c. The name and address of the legal guardian or alternate decision maker;
   d. The nature and extent of the abandonment, abuse, financial exploitation;
   e. Any history of previous abandonment, abuse financial exploitation, neglect, or self-neglect;
   f. The identity of the alleged perpetrator, if known; and
   g. Other information that may be helpful in establishing the extent of the abuse, financial exploitation, neglect, or the cause of death of the deceased vulnerable adult.
3. If needed, consult with your FM first and then contact the CRU at 1-800-562-6078 or by email at cru@dshs.wa.gov and CRU will make any necessary referrals (APS, DOH, Law Enforcement, etc.).
4. Immediately notify the FM, and law enforcement if necessary, if the issues are serious and immediate in nature. The mandated reporter will immediately notify CRU and initiate appropriate and immediate investigation. (Lack of an assigned complaint number or completed intake form shall not delay initiation of an investigation.)
5. If concerns are discovered during a routine certification, survey or inspection, RCS staff and evaluators, for reportable incidents not reported per facility reporting guidelines, will:
   a. Immediately call the CRU and notify the RCS Field Manager if there is a reasonable cause to believe that abuse, neglect, abandonment, or financial

exploitation of a client or resident has occurred. Otherwise, make reports to CRU via email when possible.

b. Immediately notify law enforcement and the RCS Field Manager if there is a reason to suspect a client or resident is in immediate danger and needs further assistance for safety.

c. RCS staff and evaluators will consult with the Field Manager regarding additional guidance.

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20B – WRITING INVESTIGATION SUMMARY REPORTS (ISR)

BACKGROUND

This Standard Operating Procedure provides guidance to staff on how to document complaint activities so that Investigation Summary Reports (ISRs) clearly articulate the outcome of the investigation and are:

- Objective
- Consistent in appearance
- Concise in explaining investigative activities
- Publicly disclosable

The ISR provides a brief summary of investigative activities conducted by RCS staff in response to a complaint. The ISR will not:

- Contain information that would identify the resident/client or the complainant.
- Contain opinions of the investigator.
- Repeat specific information that was contained in a Statement of Deficiency (SOD) Report.

The SOD Report is a document that will specifically:

- Reflect the content of each requirement that is not met;
- Clearly identify the specific deficient practice and the evidence that supports the finding;
- Identify the extent of the deficient practice, including systemic practices where appropriate; and
- Identify the source(s) of the evidence (i.e. interview, observation and record review).

For the purpose of this chapter, 'facility/home/provider' in this document will refer to adult family homes, nursing homes, assisted living facilities, certified community residential support services (CCRSS) providers, enhanced services facilities, and intermediate care facilities. 'Vulnerable adult' refers to the resident, client, or patient.

PROCEDURES

The Investigator will:

A. Complete an Investigation Summary Report (ISR) within 15 working days of the last day of data collection for each complaint/incident investigated. Timeframes may only be extended with management approval.

B. Create a separate ISR for each intake. Although more than one intake may have been investigated on the same visit, the ISR should not reference violations from other intakes.

C. Use pronouns (he, she, they, them) throughout the ISR to maintain confidentiality of all parties.

D. Do not use "see intake" as a descriptor in the ISR (ISR's are meant for the public view, intakes are confidential and cannot be viewed by the public).

E. Do not mention Adult Protective Service (APS) and/or Child Protective Service (CPS) investigations. RCS can neither confirm nor deny the involvement of APS/CPS in cases.

F. Working papers must include documentation to support activities and interviews indicated in the Investigation Summary Report (ISR).

G. Write related statement of deficiencies or consultations, assuring the SOD is mailed within 10 working days of exit or last day of data collection (depending on the requirements of the program). Timeframes may only be extended with field manager approval.

NOTE: the ISR should not be sent until the SOD report has been received by the facility.

INVESTIGATION SUMMARY REPORT DETAILS

The Field Manager or designee will:

A. Review complaint packets and Investigation Summary reports to:

- Ensure they are complete
- Spelling and grammatical errors are addressed, and
- All tasks were done within established timeframes

B. Forward the completed complaint packets to Central Files. See Chapter 9 – Central Files Standard Operating Procedure for timelines for sending documents to Central Files

QUALITY ASSURANCE REVIEW

A. This process will be reviewed at least every two years for accuracy and compliance.

Investigation Summary Report Details:

Residential Care Services
Investigation Summary Report

Provider/Facility:	*Name of facility/home/provider*		**Intake ID(s):**	*Assigned CRU intake # (1 intake ID per ISR)*	
License/Cert. #:	*License Number of RCS licensed facility/Home or Certification Number of provider*				
Investigator:	*Name of person(s) who investigated complaint and wrote ISR*	**Region/Unit:**	*Geographic area that identifies the general location of the facility or supported living program*	**Investigation Date(s):**	*Dates auto filled from TIVA - Dates the investigator was first on-site through the last data collection*
Complainant Contact Date(s):	*Dates auto filled from Provider Notes when the Activity "Complainant contact" is selected. Actually details of the call (left message, no answer, etc) will not copy over to the ISR but will remain in TIVA.*				
Allegations:	*Allegations, concerns, issues, or complaints about the named facility told to the hotline or the investigator, which RCS has the authority to investigate. Descriptions should focus on the general nature of the alleged issue.* *If there is more than one allegation the allegation must be sequentially numbered (i.e. 1, 2, 3)*				
Investigation Methods:	*Identifies the sources of information collected by the investigator in order to investigate allegations, concerns, issues, or complaints. Check appropriate Method text boxes and enter text into each checked box.*				
☐ **Sample:**	*Total number of current residents reviewed, observed, or interviewed as part of the investigative sample. If closed records were reviewed, the total number of closed records should be identified and stated.*	☐ **Observations:**	*People/things the investigator sees, hears or smells. This may include, but is not limited to: watching care, meal service, medication assistance, call light response, staff interactions with residents, resident appearance, activities, and environment (cleanliness, odors, noise).*		
☐ **Interviews:**	*People the investigator talked to in order to obtain information. To record these interviews on the ISR the investigator will not use titles.* *Examples include, but are not limited to: Named Resident/Client, Residents/Clients, Nursing Staff, Facility Staff Physician, Case-Manager, and Hospital Staff.* *For others not in the categories listed above investigators may use: others not associated with the facility or collateral contact.*	☐ **Record Reviews:**	*Records the investigator reads, may include the records of the resident you are concerned about, records of other residents, medication records, staffing schedules, menus, and records from outside the facility/home such as hospital records.*		
Allegation Summary:	*A brief statement related to what the investigator found after investigating each numbered allegation. Statements are based on the investigators analysis and summarization of findings. Analyses will include concise facts that articulate what the investigator observed and what the facility did or did not do in relationship to the alleged issue(s).* *If there is more than one allegation the summary should be sequentially numbered and correlate with each separate allegation.*				
Unalleged Violation(s):		☐ **Yes**		☐ **No**	
Regulatory issues discovered during investigation that were not originally stated in the CRU intake report that result in a citation related to the reviewed resident. If there are no unalleged violations enter "None". If there are unalleged violations, investigator enters the statement "Additional deficiencies not related to the original complaint were identified".					
Conclusion/Action:	☐ **Failed Provider Practice Identified/Citation(s) Written**		☐ **Failed Provider Practice Not Identified/No Citation Written**		
The action taken in response to the investigative conclusions. Include one of the following statements: "No Failed Practice Identified" or "Failed Practice Identified". If citations are written, list the regulatory reference and the piece of the requirement with which the home failed to comply. A reference statement will be made to the Statement of Deficiencies (including SOD date).					

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20C – Accessing Investigation Information in TIVA

Background

This Standard Operating Procedure contains instructions, guidelines, and policies regarding access to information in the TIVA system related to Provider Practice (PP) and Adult Protective Services (APS) investigations.

A. Principles

A. Staff who access information in TIVA that was obtained during an investigation will be required to sign a confidentiality agreement prior to accessing the information.

B. Staff will not print (generate paper copies of) information related to APS investigations.

C. Staff will not transcribe or copy, manually or electronically, any information from APS investigations into working papers, notes, text fields within TIVA or other software applications, or other documents.

D. Staff will only access investigation information in TIVA if he or she has reason to believe the information would be relevant to an investigation of allegations of abuse, abandonment, financial exploitation, or neglect of a vulnerable adult unless explicitly permitted for other use by the RCS Director.

E. Staff who access investigation information in TIVA for purposes other than investigation without the express permission of the Director will be subject to a progressive disciplinary process up to and including immediate termination.

I. Procedures

A. Prior to setting access permissions to RCPP investigation information, TIVA administrative staff or designees will confirm that the individual has signed a confidentiality agreement.

B. TIVA software administrators will set access permission to PP and APS information in TIVA to:

1. Complaint Resolution Unit (CRU) intake staff;
2. Investigators, Licensors, and Surveyors;
3. Field Managers, and Regional Administrators
4. Administrative staff at field office with legitimate business function needs as determined by the Director, Office Chief, RA, FM on an individual basis; and
5. Headquarters staff with legitimate business function needs as determined by the Director, Office Chief, RA, FM on an individual basis.

C. TIVA administrative staff will set access limits to protected cases (e.g. investigations in which DSHS staff are involved) as directed by the RCS Director, Office Chief, RA, or RQIC.

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20D – USE OF PHOTOGRAPHY

BACKGROUND

Photography can be a useful tool when it comes to documenting evidence. The need for photographic evidence may occur during an inspection/survey/re-certification or during a complaint investigation so staff who conduct field visits should have photographic equipment available at all times. Some things to keep in mind when taking photographs include:

- RCS staff and contracted staff are not required to have specialized training in photography prior to photographing evidence. However, the staff must be sure to follow all steps outlined below when preparing to photograph and handling the photographs upon return to the office.
- Photographs do not substitute for documentation of any observation, interview or record review and are not a routine part of the inspection or investigation process.
- Staff should have equipment readily available and easy to access which may mean leaving it in the trunk of a locked car while out on inspections. The camera should be returned to a secure location in the office when the licensor/surveyor is done with the investigation.
- When taking pictures with measurements of certain markings on a resident/client (i.e. bruises, break in the skin), staff will not touch the resident/client.
- The preservation of resident/client rights, privacy and dignity are to be observed at all times.

PROCEDURES

A. Prep Before Photographing

The Licensor/Surveyor will:

1. Consult with the Field Manager about plans for photographing and explain the specific situation.
2. Obtain consent from the resident/client or his/her legal representative prior to photographing unless:
   a. Immediate photographing is necessary to preserve evidence; or
   b. The legal representative is the alleged perpetrator.
3. Use the Photography Release Form to document permission or refusal.
4. Obtain permission from the resident prior to photographing the resident room or resident possessions.
5. Make sure a staff person from the facility is present when taking pictures of the resident. Document the name and title of the staff person assisting.
6. For photographs of resident/client condition, RCS staff must use the macro to micro technique. Take a series of pictures to include: outside of residence to show address or location of resident/client, picture of resident/client in the environment, and then photographs of any specific markings, bruising or resident/client condition.
7. Use a disposable tape measure when photographing markings on a resident/client. Place the tape measure next to the site in question, or have the facility staff assist in holding the tape measure above the area. The licensor/surveyor will ask the field manager regarding the process for obtaining the tape measure in his/her field office.

8. Not need to obtain consent from the facility/provider if photographing the environment. However, the licensor/surveyor should notify the facility/provider when taking pictures of the environment.

The Regional Administrator (for field offices) or Field Manager (for Supported Living and ICF/IID) will:

1. Develop a system to ensure that the following information is maintained for every photograph:
   a. Who took the picture;
   b. Who/what is the subject of the photograph
   c. Date and time the picture was taken;
   d. The complaint investigation number (if applicable)
2. Develop a procedure for securing and checking out all digital cameras.
3. Assure disposable tape measures are available at all time to the licensors/surveyors.
4. Work with the local Information Technology (IT) staff to create a system for processing and storing the photos

B. After Photographing:

The Licensor/Surveyor will:

1. According to the system developed by his/her field office, transfer the photograph(s) from the digital camera into a designated secured electronic folder located in the field office shared drive.
2. **AFTER** assuring all photographs have transferred, delete the photographs from the camera.
3. Make a notation in the working papers that photographs are associated with the investigation or inspection. Document the location of the photographs.
4. Store any hard copies of photographs in a secure manner (i.e. in a location precluding access by unauthorized persons) according to his/her field office process.
5. If sharing the photography with others such as the AG office:
   a. Document the name of the recipient and sufficient information to identify what photograph was shared.
   b. Do not send a photocopy of the photograph. Print an original copy from the electronic file.
   c. Include a narrative description with the photograph.
   d. Assure all information is transferred in a confidential manner.
6. Follow RCS guidelines for investigation working papers on record retention of the photographs.

QUALITY ASSURANCE REVIEW

A. This process will be reviewed at least every two years for accuracy and compliance.

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20E – Reporting Criminal Neglect (AKA Criminal Mistreatment)

Background

This Standard Operating Procedure provides guidance to staff for the reporting of criminal mistreatment to Local Law Enforcement (LLE) and the Medicaid Fraud control Unit (MFCU), so that RCS staff consistently:

- Utilize criteria that may be indicators of criminal mistreatment (See Appendix A1)
- Make timely referrals
- Communicate effectively with law enforcement and the MFCU, and
- Inform and update RCS Field Manager about field staff and LLE investigative coordination activities

RCS has the primary investigative responsibility for reports concerning allegations of vulnerable adult abuse, financial exploitation, abandonment, neglect, and misappropriation of resident funds in licensed and certified long-term care residential settings.

- The Complaint Resolution Unit (CRU) is the primary complaint/incident referral system for RCS. At the time of intake, CRU may refer the complaint/incident for investigation to a number of units/agencies (e.g. WA State Department of Health, law enforcement, local prosecutors, Adult Protective Services, etc.), based on the nature and detail of the intake report.
- RCS must report to LLE and the MFCU whenever there is reason to suspect that criminal mistreatment or criminal neglect has occurred. The determination of whether a person had the requisite criminal intent when s/he caused the injury to a resident or client is a legal determination that must only be made by a prosecuting attorney.
- However, during any RCS investigation, there may be multiple points in time at which a referral to LLE and/or Medicaid Fraud should be made. These points of time include:
  1. At initial intake;
  2. During the initial on-site visit to the facility or certified setting, where the investigator finds circumstances to be of greater seriousness, or markedly different than the original report to CRU had indicated;
  3. During the writing of the Statement of Deficiencies (SOD), where managers or staff notice a pattern to the areas of citation that create a picture of criminal neglect;
  4. During enforcement activities.
- Essentially, the key to effectively identifying criminal neglect is for RCS staff to identify those situations where a person who has responsibility (i.e. is paid to take care of a resident or client), or is employed to provide basic necessities of life to a dependent person, either recklessly or negligently withholds that basic necessity of life. That withholding or failure to act then creates an imminent and substantial risk of death, great bodily harm, substantial bodily harm, or extreme emotional distress for the resident or client.

Procedures

A. Investigator/Licensor Responsibilities

1. Investigators will familiarize themselves with the criteria for identification of situations that are indicative of criminal neglect (see attached “Criminal Mistreatment Indicators”).
2. When conducting investigations, investigators will write detailed investigative notes and use quotes when documenting any statements from witnesses.

3. Investigators will assist LLE to understand what resident or client care should have been provided, and will advise LLE about possible witnesses.
4. In investigative notes, investigators will write down observations about the demeanor of licensees or caregivers.
5. Any photographs of the resident/client will be taken consistent with RCS operational principles and procedures outlined in the RCS Operational Principles and Procedures for Enforcement Process: Use of Photography.
6. Investigators will keep LLE and their Field Manager (FM) informed about the progress of the investigation.
7. RCS staff will provide timely access to LLE for all records obtained during the normal course of business for RCS investigative work. As needed, RCS will also help LLE to understand and interpret RCS records.

B. Communication Between Investigating Entities

1. RCS Field Managers are the initial and primary contact points between LLE, MFCU, and RCS staff.
2. During an on-site investigation, if an investigator calls 911 to report criminal neglect, the investigator must also notify the Field Manager.
3. It is an expectation that investigators will apprise the FM of any interactions/follow-up discussions or coordination activities with LLE or the MFCU so that the manager if informed of the progress of the investigation.

C. Field Unit Responsibilities

1. All SODs will be reviewed by staff and FMs with the purpose of determining whether referrals to LLE or the MFCU should be made. Refer to the attached “Criminal Mistreatment Indicators” for assistance in determining whether a referral should be made.
2. Field units should continue to notify the CRU when any LLE referrals need to be made from the field. Once the Critical Incident Tracking System (Fam-Link) is operational for RCS (June, 2012), field units will be expected to complete a LLE referral and tracking form in CITs prior to the sending of any documents or referral to LLE and to the MFCU.

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20F– PROTECTION OF RESIDENT PRIVACY AND DATA SECURITY

BACKGROUND

This Standard Operating Procedure provides guidance to assure that resident-specific data is exempt from public inspection and copying, or inadvertent disclosure.

- A major goal of both federal and state privacy laws is to assure that resident health information is properly protected, while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being.
- Health care information is personal and sensitive information. If improperly used or released, it may do significant harm to a resident's interests.
- A central aspect of federal and state privacy rules is the principle of "minimum necessary".
- In order to retain the full trust and confidence of residents, the department must assure that health care information is not improperly disclosed.
- While conducting complaint and incident investigations, department staff will implement reasonable safeguards for the security of all resident health care information.
- Individually identifiable resident information is information, including demographic data, that relates to:
  1. The individual's past, present or future physical or mental health or condition,
  2. The provision of health care to the individual, or
  3. The past, present, or future payment for the provision of health care to the individual, and
  4. That identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g. name, address, birth date, Social Security number, etc.).

PROCEDURES

A. RCS staff must not take either the original Complaint Resolution Unit (CRU) intake form or a copy of the intake into the facility while conducting investigation activities.

B. Investigators will not routinely make copies of resident records, but keep any copying to the "minimum necessary".

C. During the course of a complaint/incident investigation, if the investigator makes any copies of resident records with individually identifiable resident information, copies will not be left unattended in a vehicle at any time.

D. If theft of any investigator's personal property or department owned equipment results in the potential for inadvertent disclosure of resident individually identifiable health information, immediately contact the Field Manager and consult with the Assistant Director as indicated.

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20G– COORDINATION AND COMMUNICATION WITH ADULT PROTECTIVE SERVICES

BACKGROUND

Residential Care Services staff must frequently coordinate complaint investigations with other investigative authorities such as Adult Protective Services (APS).

This Standard Operating Procedure is meant to provide RCS staff with direction for coordination, communication, and sharing of information with Adult Protective Services (APS) during investigations involving individuals alleged to have abandoned, abused, neglected, or financially exploited:

1. Clients receiving Certified Community Residential Services and Support; and
2. Residents of NHs, ALFs, AFHs, ICFs/IID, and ESF.

In nursing homes, misappropriation of property is also reviewed and investigated.

PROCEDURE

A. OFF SITE PREPARATION

1. Upon notice/receipt of intake/allegation, the RCS investigator will coordinate onsite visits with the APS investigator whenever deemed appropriate and possible.

B. INVESTIGATION

1. The RCS investigator will:
   a. Initially assess safety and risk of the alleged victim (AV) and other residents/clients from the alleged perpetrator (AP).
   b. Upon initiation of the onsite visit, evaluate resident safety and risk and call the Field Manager (FM) for implementation of necessary action to protect the residents/clients.
   c. If protective action is needed pending the investigation and no action has been taken by the provider, the RCS FM will contact the Compliance Specialist and will initiate enforcement action to protect residents/clients.
   d. Remain onsite at the facility when resident/client safety concerns exist and until they are resolved. Examples of how to resolve the immediate safety concerns include:
      i. Calling 911;
      ii. Calling Law Enforcement;
      iii. RCS may ask for a safety plan from the facility/provider (in community programs); and
      iv. The perpetrator or immediate safety concern is removed from the home.
   e. Collaborate with APS before making a final decision and escalate conflicting findings to the FM.
   f. Write an Investigation Summary Report (ISR) when the investigation is complete and any statements of deficiencies (SOD) as needed to address failed practice.
   g. Share and or request outcome reports with APS as deemed necessary.
   h. Make a report to law enforcement if a crime is suspected to have occurred.

i. RCS investigators, managers and Compliance Specialist will coordinate with APS during legal proceedings resulting from investigations.

C. MAKING REPORTS TO APS:

1. In cases where only RCS is assigned to investigate and new information leads to a need to coordinate the investigation with APS, the investigator will:
   a. Consult with the RCS FM.
   b. RCS FM will contact CRU and make a report.
   c. RCS investigator will collaborate with APS.

D. STAFFING:

1. RCS FM and Compliance Specialist at their discretion may request a staffing with the APS supervisor to discuss issues with the investigation and/or potential enforcement action.

E. NOTIFICATIONS OF APS FINDINGS

1. APS will inform the RCS Field Manager or RCS investigator of finding or outcome of APS investigation, including any appeal order. Refer to APS Chapter 6 Long term Care manual for guidelines for APS investigation.
2. Field Manager will notify Compliance Specialist of outcome or finding from APS investigation.

F. ENFORCEMENT ACTION

1. Compliance Specialist will search the name of the individual in the ADS Registry for possible enforcement action.

QUALITY ASSURANCE REVIEW

This process will be reviewed every two years for compliance and accuracy.

AUTHORITY

- RCW 70.128.090
- RCW 70.128.130

APPENDIX A – CRIMINAL MISTREATMENT INDICATORS

Report to local law enforcement and the Medicaid Fraud Control Unit (MFCU) whenever there is reason to suspect that criminal mistreatment has occurred.

The determination of whether a person had the requisite criminal intent when s/he caused the injury is a legal determination that must be made by a prosecuting attorney.

Presence of one (1) or more of the following are potential indicators of criminal mistreatment.

- **Pressure ulcers**
  - **Untreated; infected, odorous, eschar**
  - **Improperly treated**
  - **On locations indicating improper placement i.e. on front of body**
  - **Stage III or IV Pressure Ulcers**
- **Inappropriate medication (too much, too little, or contraindicated)**
- **Lack of treatment causing significant injury or death, or the risk thereof**
- **Delayed treatment causing significant injury or death, or the risk thereof**
- **Significant injury or death following a fall**
- **Significant injury or death**
- **Withholding food**
- **Withholding or limiting oxygen contrary to physician's orders**
- **Unsanitary living conditions that pose significant danger to residents**
- **Repeated falls (two or more falls in a one month period)**
- **Unexplained fractures**
- **Bruising or other injury to face, neck, ears, trunk, back, genitalia, buttocks, or soles of feet**
- **Insufficient staffing that negatively impacts residents**
- **Reports of falsified records**
- **Missing multiple medical appointments (two or more in a two month period)**
- **Untreated medical or mental conditions**
- **Withholding assistive devices (walker, wheelchair, glasses, hearing aide, etc)**
- **Use of restraints when none are indicated**
- **Rapid weight loss**
- **Significant dehydration**
- **Urine burns**
- **Repeated infections at site of catheter, etc.**

• **Malnutrition (unless caused by resident's underlying disease)** • **Contractures developed while in the facility**	

Criminal Mistreatment Defined

Causing or creating an imminent and substantial risk of one of the following by withholding any basic necessity of life:

- **Death**
- **Great bodily harm**
- **Substantial bodily harm**
- **Bodily harm/injury**
- **Extreme emotional distress**

Other Definitions

Basic necessities of life – Food, water, shelter, clothing, and medically necessary health care, including but not limited to health-related treatment or activities, hygiene, oxygen, and medication.

Great bodily harm -- bodily injury which creates a high probability of death, or which causes serious permanent disfigurement, or which causes a permanent or protracted loss or impairment of the function of any bodily part or organ.

Substantial bodily harm -- bodily injury which involves a temporary but substantial disfigurement or which causes a temporary but substantial loss or impairment of the function of any bodily part or organ, or which causes a fracture of any bodily part.

The determination of whether a person had the requisite criminal intent when s/he caused the injury is a legal determination that must be made by a prosecuting attorney.

Report any suspected crime to local law enforcement and the MFCU.

To report to the MFCU, or if you have questions concerning criminal mistreatment, contact:

(360) 586-8888 or mfcureferrals@atg.wa.gov

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APPENDIX B- GLOSSARY OF TERMS

"Administrator or designee" encompasses the various titles of the responsible person for the facility/home/provider. Such as superintendent, director, provider, program manager, individual or entity representative, resident manager, administrator, executive director.

"Allegation" – A statement (claim, assertion, witnessing) or an indication made by someone (regardless of capacity or decision-making ability) that indicates that abuse, neglect, exploitation or misappropriation of vulnerable adult property may have occurred and as such requires a thorough investigation.

"Certification" means a process used by the department to determine if an applicant or service provider complies with federal health, safety, and program standards and is eligible to provide certified community residential services and support to clients.

"Complaint" – A report communicated to Residential Care Services' (RCS) Complaint Resolution Unit (CRU) by anyone NOT acting as an administrator or designee for a provider that is licensed or certified by Residential Care Services (RCS). The report alleges abuse, neglect, exploitation, or misappropriation of vulnerable adult property for one or more vulnerable adult(s)/vulnerable adult(s). The complainant could be a vulnerable adult, a family member, a health care provider, a concerned citizen, other public agencies, or a mandated or permissive reporter. Report sources may be verbal or written.

"Confidential Information" – A type of information that is protected by state or federal laws, including information about vulnerable adults/vulnerable adults, DSHS clients, employees, vendors or contractors, and agency systems that is not available to the public without legal authority.

"Department" – This term refers to the Washington state Department of Social and Health Services (DSHS).

"Evidence" – Data sources, to include observation, interview and/or record review, described in the findings of the deficiency citation. These data sources within the deficiency citation inform the entity of the failure to comply with regulations.

"Fact" – An event known to have actually happened. A truth that is known by actual experience or observation.

"Facility/Home/Provider"– Refers to the following statues: RCW 74.34.020(5), these terms refer to a residence licensed or certified under Chapter 18.20 RCW, assisted living facilities; Chapter 70.97 RCW, enhanced service facilities; Chapter 18.51 RCW nursing homes; Chapter 70.128 RCW adult family homes; Chapter 72.36 RCW soldiers' homes; or Chapter 71A.20 RCW, residential habilitation centers; or any other facility licensed or certified by the Department.

"Failed Facility Practice" – Describes the action(s), error(s), or lack of action(s) on the part of the licensee relative to statute(s) or regulation(s) and, to the extent possible, the resulting negative outcome(s) to vulnerable adult(s). Term includes deficient practice, which is defined as "lacking an essential quality or element, and inadequate in amount or degree".

“Finding” – A term used to describe each item of information found during the regulatory process about facility/home/provider practices relative to a specific requirement cited as being not met.

“Health Care” – The care, services or supplies related to the health of a vulnerable adult, including, but not limited to, preventative, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care; counseling for a physical or mental condition, a prescribed drug, device or equipment.

“Incident” – An official notification communicated to RCS’ Complaint Resolution Unit (CRU) from a self-reporting provider/provider representative that RCS licenses or regulates. Owners, operators and managers of facilities must self-report incidents and/or allegations of vulnerable adult abuse, abandonment, financial exploitation, sexual abuse, physical abuse, mistreatment, neglect and misappropriation of vulnerable adult property as outlined in RCW 74.34, Abuse of Vulnerable Adults. Nursing homes must also report vulnerable adult injuries of unknown source and any other requirements outlined in WAC 388-97, Nursing Homes.

“Inspection” – A generic term used to describe the process by which RCS staff evaluates a licensee’s compliance with statutes and regulations. Complaint/incident investigations are only one type of onsite inspection/survey done to determine the health and safety of vulnerable adults in licensed or certified long-term care residential settings.

“Licensee or designee” – A generic term to describe individuals/entities/providers licensed or certified to provide adult family home, assisted living facility and/or nursing home care in the state of Washington.

“Legal Representative”—A generic term which Includes the resident representatives who act on behalf of the resident concerning care and services provided by the facility, home, or provider. This would include power of attorney, surrogate decision-maker, guardian, any other person who is authorized by law to act for another person.

“Long-term care facility” – As defined in RCW 70.129.010(3), this term refers to a facility that is licensed or is required to be licensed under Chapter 18.20 (Assisted Living Facilities), 72.36 (Soldiers’ and Veterans’ Homes), or 70.128 RCW (Adult Family Homes).

“Mandated Reporter” – As defined in RCW 74.34.020(8), this is an employee of the Department; law enforcement; social worker; professional school personnel; individual provider; an employee of a facility; an operator of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care or hospice agency; county coroner or medical examiner; Christian Science practitioner; or health care provider subject to Chapter 18.130 RCW.

“Medicaid Fraud Control Unit” (MFCU) – This statewide Unit now based in Olympia, and with a branch of four staff in Spokane to focus on Eastern Washington, investigates and prosecutes the criminal abuse and neglect of vulnerable adults of Medicaid-funded facilities and fraud perpetrated by health care providers against the Medicaid system.

“Outcome” – In this context, the term means an actual or potential result or consequence, directly or indirectly, related to failed facility practices of the licensee or designee. Harm to vulnerable adults that is unrelated to failed facility practice is not a negative outcome for complaint/incident investigation processes.

“Permissive Reporter” – This term refers to any person, employee of a financial institution, attorney, or volunteer in a facility or program providing services for vulnerable adults.

“Physical Restraint” – Refers to a manual method, obstacle, or a physical or mechanical device, material, or equipment attached or adjacent to the vulnerable adult’s body that restricts freedom of movement or access to his or her body, is used for discipline or convenience, and not required to treat the vulnerable adult’s medical symptoms.

“Practitioner” – The term includes a licensed physician, osteopathic physician, podiatric physician, pharmacist, licensed practical nurse, registered nurse, advanced registered nurse practitioner, dentist and physician assistant. Refer to Chapter 69.41 RCW for a complete listing of practitioners.

“Priority Definitions” – For both complaints and incidents, the period of actual time by when those investigations shall be initiated onsite within a specified number of days from receipt in the RCS’ Regional units:

- 2-Working Days: This is an allegation of a life-threatening situation that has caused, or is at risk of causing, substantial harm of such consequence that urgent intervention is necessary.

- 10-Working Days: This is an allegation of a situation that has caused harm, injury, or impairment to the vulnerable adult. A timely response is indicated because the situation is present and ongoing, or there is high potential for reoccurrence of the incident.

- 20-Working Days: This is an allegation of a situation that is not likely to reoccur, but if it did, would pose a risk of potential harm for that vulnerable adult or other vulnerable adults. The provider/facility may have investigated the situation, and initiated corrective action. Investigation by RCS is required because of the need to determine whether the provider’s systems are intact.

- 45-working days: This is an allegation of a situation that commonly involves the failure to provide general care and services. The vulnerable adult has experienced no more than discomfort, and no significant impairment to physical, mental, or safety status.

- 90-working days: Complaint investigation may be delayed if the allegation is general in nature, anonymous, and a survey/inspection is scheduled within 90 working days. In general, this is a priority assignment made by the Field Manager, not by the CRU. Complaint issues in this category do not meet the criteria for a 2, 10, 20, or 45 working days assignment.

- Quality Review: This is a reported allegation where the provider appears to have taken appropriate action in response to the situation, and measures have been instituted by the provider to prevent reoccurrences. All appropriate parties have been notified, including professional licensing boards (if appropriate). Allegations may also receive a “Quality Review” designation if another report of a more urgent nature has already prompted an investigation of the situation by the Department. [Onsite investigation is not indicated by this Intake].

“Statement of Deficiencies” (SOD) – The official written report document from RCS staff that identifies violations of statute(s) and/or regulation(s), failed facility practice(s) and relevant

findings found during a complaint/incident investigation conducted at an adult family home, an assisted living facility, an enhanced services facility, and/or nursing home.

"Vulnerable adult" means as comprehensively defined in RCW 74.34.020

APPENDIX C – SAMPLE COVER LETTER

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

Date

Dear Legal Representative,

Washington State Law (RCW 74.34.305) specifies that when the department opens an investigation of a report of abandonment, abuse, financial exploitation, or neglect of a vulnerable adult, the department shall provide a written statement of rights to the alleged victim(s) or legal representative.

This document is being sent to you as the identified legal representative for first/last name of client. We may have previously spoken to you or you received a phone call/voicemail about our current investigation, this document, and the reason for our contact. Our goal is to ensure you and the vulnerable adult in which you are responsible for are aware of your rights while we are conducting an investigation of alleged provider practice noncompliance concerns.

The enclosed document provides you with an explanation of your rights. If you have any questions, please contact {Field Manager}, Residential Care Services, at (XXX) XXX-XXXX.

Sincerely,

Field Manager or Investigator Name
Title, Program
Residential Care Services

APPENDIX D – ACRONYM LIST

ACTS	ASPEN Complaints/Incidents Tracking System
AFH	Adult Family Homes
ALTSA	Aging and Long Term Care Supports
APS	Adult Protective Services
ASPEN	Automated Survey Processing Environment System
ALF	Assisted Living Facilities
CARE	Comprehensive Assessment and Reporting Evaluation System
DDA	Developmental Disabilities Administration
DOH	Department of Health
ESF	Enhanced Service Facilities
FM	Field Manager
FMS	Facility Management System
HCS	Home and Community Services
ICF/IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
LTC	Long Term Care
MAR	Medication Administration Records
MH	Mental Health
NH	Nursing Homes
RA	Regional Administrator
RCS	Residential Care Services
RCW	Revised Code of Washington
RHC	Residential Habilitation Centers
SOD	Statement of Deficiency
SOP	Standard Operating Procedures
TIVA	Tracking Incidents for Vulnerable Adults
VASOR	Vulnerable Adult Statement of Rights
WAC	Washington Administrative Code

Washington State Department of Social & Health Services

APPENDIX E – CHANGE LOG

EFFECTIVE DATE	CHAPTER SECT #	WHAT CHANGED? BRIEF DESCRIPTION	REASON FOR CHANGE?	COMMUNICATION &TRAINING PLAN
08.16.19	20A Inspection & 20B Writing ISR	Complete rewrite of sections for full inspection process for all settings, and minor formatting to other sections.	Incomplete directives on inspection, and updates on ISR.	MB issued:R19-057 Announce in RCS newsletter
9/2017	A6	Coordination with APS added	Workgroup product	MB issued R17-049
5/2016	20A2 Writing ISRs	Last update prior to conversion to chapter format.		Posted on-line for employee review. Announced in Weekly Update MB issued: R16-052
4/2016	20A4 Use of Photography	SOP language updated from 2010 version and converted into chapter format SOP changed to include all settings	SOP format changed SOPs consolidated to cover all settings so updates can be tracked.	Posted on-line for employee review. MB issued: R16-027
3/2016	20A1 Complaint Investigation	Last update prior to conversion to chapter format.	SOP was for multiple settings. One SOP developed for all settings to ensure consistency.	Posted on-line for employee review. Announced in Weekly Update MB issued: R16-025
7/2014	20A3 Accessing Complaint Information in TIVA	Last update prior to conversion to chapter format.		
	20A5 Reporting Criminal Neglect	Last update prior to conversion to chapter format.		
2/2007	20A6 Protection of Resident Privacy and Data Security	Last update prior to conversion to chapter format.		
11/2017	Page 20	Per PTQA Office Chief, removed #9 referencing use of cell phones & photography	**Workgroup to review, determine next steps**	**TBD**

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