

DEVELOPMENTAL DISABILITIES
ADMINISTRATION

**POLICY ON REPORTABLE
INCIDENTS AND
INVESTIGATIONS**

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Important Acronyms

AIR	Agency Investigation Report
APS	Adult Protective Services
CPS	Child Protective Services
DDA	Developmental Disabilities Administration
FRC	Forensic Residential Center
IR	Incident Report
MBON	Maryland Board of Nursing
MDLC	Maryland Disability Law Center
OHCQ	Office of Health Care Quality
POC	Plan of Correction
PORII	Policy on Reportable Incidents and Investigations
RC	Resource Coordinator/Resource Coordination Office
RGS	Resident Grievance System
RO	Regional Office
SB	Support Broker
SMA	State Medicaid Agency
SRC	State Residential Center

BACKGROUND AND INTENT

To protect the rights of individuals with developmental disabilities, community agencies that are licensed by the Developmental Disabilities Administration (DDA); State Residential Centers (SRCs) and Forensic Residential Centers (FRCs) that are operated by DDA; and support brokers are required to identify report, investigate, review, correct and monitor situations and events that threaten the health, safety or well-being of people receiving services (individuals). The purpose of these activities is to protect individuals from harm and enhance the quality of services provided to them.

The purpose of this policy is to ensure the health, safety and welfare of individuals receiving services from DDA-licensed and DDA-funded providers by formalizing a process to identify, report, and resolve incidents in a timely manner. An incident includes an allegation or an actual occurrence of an event that adversely and/or has the potential to negatively affect the health, safety, and welfare of a person.

Accurate and complete documentation, and conducting a thorough investigation of all incidents are necessary to assure that the appropriate agencies receive information that can be used for system improvements. DDA-licensed and operated providers must report and collaborate with state agencies such as DDA, the Office of Health Care Quality (OHCQ), and the State Medicaid Agency (SMA) to ensure that corrective measures are immediately taken to protect the individual and all others who may be affected and to prevent recurrence. For example, the prompt reporting and investigation of the alleged abuse of an individual can ensure that immediate steps are taken to protect that individual and others from being exposed to the same or similar risk. Uniform reporting of incidents assists in identifying trends across the service delivery system. This information can be used to develop preventive and quality improvement strategies

This policy applies to all community agencies, SRCs and FRCs licensed by DDA, regardless of funding source. Support brokers (SB) certified by the DDA to support people through DDA's self-directed waiver are also required to follow this policy. The policy describes the types of incidents that the community agency/SRC/FRC/SB ("agency") is required to review internally, as well as those that must be reported to external entities, such as DDA's regional office, OHCQ, etc. It includes specific timeframes for reporting and investigating certain incidents. Please see page 8 for specific instructions regarding resource coordination agencies. This policy also briefly outlines the respective roles of OHCQ and the DDA with regard to incident investigations.

This policy does not mandate that OHCQ or DDA investigate every incident, event or problem involving individuals receiving services from an agency. However OHCQ, DDA, and SMA have the prerogative and authority to investigate any incident, including those which are not officially reported to OHCQ and/or DDA.

The requirements that are set forth in this policy pertain to any incident that jeopardizes the health and safety and/or has the potential to cause harm to an individual. This may include incidents which have not been specifically described in the policy. Each agency shall develop and implement internal operating procedures for identifying and addressing any situation that has or could have an undesirable outcome for the individuals it serves.

GENERAL REQUIREMENTS

Incident Reporting: Appendices 1A - L of this policy contain the most common types of incidents that the agency shall report. There may be other unusual events or situations that have not been described in the policy. Therefore each agency shall determine, either systematically or on a case-by-case basis if there are other incidents that should be reported and investigated. The failure to identify a specific type of incident within this policy does not relieve the agency of its reporting responsibilities.

Agency Internal Protocol: Every agency shall develop an internal protocol to ensure compliance with this policy. The protocol shall establish operating procedures, to include the definition of responsibilities of the director or designee, employees, interns, volunteers, consultants and contractors with regard to identifying, reporting, investigating, reviewing, addressing and monitoring the follow-up of incidents and identify trainings, other than the Policy on Reportable Incidents and Investigations (PORII), to be provided to assist in the completion of identified duties. The protocol shall also include provisions for a standing committee and identify what trainings, in addition to the PORII, will be provided for standing committees. The agency's protocol shall also include the use of the Agency Investigation Report (AIR), formerly known as the Appendix 7 form, to investigate incidents that are reportable externally and internally, and the Standing Committee Review form, AIR Addendum, to document follow up and review of all incidents by the standing committee.

Staff Designated to Report and Investigate: Every agency shall designate staff to implement the reporting and investigation duties as delineated by this policy and each agency's internal procedures. Designated staff shall be qualified, through successful completion of Investigations training, to carry out the duties and responsibilities mandated by PORII. Each agency shall maintain qualified staff in sufficient numbers to ensure availability to process and investigate reportable and internally investigated incidents as required by the timeframes set forth in this policy. Documentation indicating an employee's qualifications must be maintained in their personnel file and available to the Administration upon request.

Policy Distribution and Emergency Information: Every agency director, or their designee, shall ensure a copy of this policy and the agency's internal protocol on incident management is available to employees, interns, volunteers, consultants and contractors, members of the standing committees, as well as individuals receiving services, their parents or guardians and advocates. The agency shall also ensure immediate access to telephone numbers for emergency contacts within the agency as well as the appropriate DDA regional office to the above-listed persons. This information should be available through both electronic means and via posted information at licensed sites.

Freedom from Retaliation: Every agency shall institute measures to reduce the potential for retaliation against any person reporting an incident.

Work Days: For the purpose of this policy, working days are Monday through Friday, excluding State holidays.

Comprehensive Approach: This policy reflects a comprehensive approach to reporting, reviewing and investigating incidents.

- OHCQ reviews and prioritizes reportable incidents as described in Appendices 1A-1G: abuse, neglect, death, hospital admissions, injuries, medication errors, and choking as well as all community complaints (collectively, “Type I” incidents).
- DDA reviews and prioritizes reportable incidents as described in Appendices 1H-1L: incidents requiring law enforcement/fire department/EMS, theft, unexpected or risky absence, restraints, and other (collectively, “Type II” incidents).

I. REPORTABLE INCIDENTS

- A. Reportable incidents are significant events or situations that, because of the severity or the sensitivity of the situation, shall be reported electronically within prescribed timeframes to OHCQ, the DDA regional office, and the involved Resource Coordinator/Resource Coordination office (RC). All reportable incidents are reported to DDA. Incidents in Appendices 1A-1G are also reportable to OHCQ. The agency shall notify family and/or advocates as identified by the interdisciplinary team for all reportable incidents. Some reportable incidents shall also be reported to other external entities such as Maryland Disability Law Center (MDLC), local department of social services (Adult Protective Services [APS]), law enforcement, etc.
- B. Appendices 1A-L includes examples of events and situations categorized as reportable incidents.
- C. The agency director, or designee, shall be advised of all incidents in the reportable category immediately upon discovery. The director/designee shall immediately assure the health, safety and/or well-being of any involved individuals. The director/designee shall also assure that all required parties are notified of the incident as defined by this policy.
- D. Reporting requirements for reportable incidents are defined in Appendices 2A-L.
- E. As specified in Appendices 2A-L, some types of incidents shall be reported to the DDA regional office immediately either verbally or by e-mail. Within 1 working day of the discovery of the incident, the agency shall submit a completed Incident Report, formerly known as the Appendix 4, for each reportable incident electronically to OHCQ, the DDA regional office, and the RC. **Please note: verbal notification is not a substitute for the completed Incident Report (IR).**
- F. The agency shall investigate each incident following their internal protocol. The agency shall confirm with the outside authorities, when applicable, i.e., law enforcement, fire department, Protective Services, etc. if the agency should initiate/continue its investigation. The agency shall complete its **investigation and submit its AIR electronically to OHCQ and the DDA regional office within 10 working days of the discovery of the incident.** It should be noted that an AIR is required even if the agency

is instructed by the outside authority not to initiate/continue its investigation. The completed AIR shall be forwarded to the agency's standing committee for review. Upon completing their review, the standing committee shall complete the AIR addendum form and attach it to the AIR.

- G. The agency shall provide follow-up and any actions necessary to resolve the incident. This may include corrective, preventive or disciplinary actions, as indicated by the agency investigation and/or OHCQ and/or outside authority (i.e., law enforcement, Protective Services).

II. INTERNALLY INVESTIGATED INCIDENTS

- A. Internally investigated incidents are those events or situations that shall be reported to designated staff within the agency. The agency is responsible for reviewing and investigating each of these incidents.
- B. Appendices 1A-L includes examples of events and situations categorized as internally investigated incidents.
- C. The agency director/designee shall take whatever action is necessary to assure the health, safety and/or well-being of any involved individuals.
- D. Internally investigated incidents shall be reported to the agency director, or designee, within 1 working day of discovery. In addition, the agency shall immediately investigate each incident. The method for reporting and investigating shall be in accordance with the agency's internal protocol. Within 21 working days, an Agency Investigation Report (AIR) shall be completed by the agency using the DDA-approved format. The completed AIR shall be forwarded to the agency's standing committee for review. Upon completing their review, the standing committee shall complete the AIR addendum form and attach it to the AIR.
- E. **If the investigation reveals that the incident was of a more serious nature, this information shall be reflected in the AIR and the procedure, as per the Appendices 2A-L, must be followed.**
- F. Final agency action on each incident shall be documented on the AIR Addendum and reflected in the corresponding Standing Committee minutes.
- G. Each agency shall submit electronically to DDA and OHCQ a listing of all internally investigated incidents which occurred during the prior quarterly period. This quarterly report is due January 15, April 15, July 15, and October 15.
- H. The report shall be in the DDA format, Appendix 5. The report due January 15 shall include a listing of all internally investigated incidents occurring during the time period from October 1 through December 31 of the previous calendar year; the report due April 15 shall include internally investigated incidents occurring during the time period from January 1 through March 31; the report due July 15 shall include internally investigated

incidents occurring April 1 through June 30; and the report due October 15 shall include internally investigated incidents occurring during the time period from July 1 through September 30.

- I. When 3 internally investigated incidents occur within a 4 week time frame for the same individual, the third incident must be handled as a reportable incident and reported and investigated accordingly. Documentation regarding the other two incidents shall be included in this report. The next occurring internally investigated incident begins a new 4-week cycle.
- J. Files containing incident reports, any investigatory materials, meeting minutes, records of interviews, documented disciplinary actions, etc. shall be kept on file by the agency for a minimum of 6 years.

III. RESOURCE COORDINATION AGENCY RESPONSIBILITIES

- A. If an incident is alleged for an individual who receives resource coordination services during a period the individual is receiving services or supports from another DDA-licensed agency or certified provider (agency 2):
 - a. the RC agency will document the incident as per their internal protocol;
 - b. the RC agency will notify agency 2 of the allegation and the need to report the incident as per PORII;
 - c. the RC agency will carbon copy (“cc”) the appropriate DDA regional office when notifying agency 2 of the allegation.
 - d. If the resource coordination agency is unable to determine if agency 2 has reported the alleged incident, the resource coordination agency will contact the appropriate DDA regional office.
 - i. The DDA regional office will determine if an IR has been submitted for the alleged incident, and if not;
 - ii. The DDA regional office will contact agency 2 to follow-up for submission of an IR to DDA and OHCQ, as delineated in Appendices 2A-L.
- B. If an incident is alleged for an individual who is funded by DDA for only resource coordination services, the resource coordinator will submit an IR to the appropriate DDA regional office and OHCQ, as delineated in Appendices 2A-L.
- C. If a resource coordinator has significant concerns regarding the services an individual is receiving from another agency or certified provider, and the team process has been utilized to address the issue(s) to no avail, the resource coordinator will submit an IR to the appropriate DDA regional office and OHCQ as delineated in Appendices 2A-L. In the case of issues of abuse, neglect, and/or mistreatment, the team process may be bypassed.
- D. If there is disagreement between resource coordination and another agency regarding the need for submission or the content of an IR:
 - a. an IR should be submitted to OHCQ and/or the appropriate DDA regional office by the resource coordination agency.
 - b. OHCQ and/or DDA will determine the subsequent need for or revisions to an existing IR from the other agency.

- E. Upon request of DDA or OHCQ, a resource coordination agency will submit an IR for an incident alleged for an individual receiving resource coordination services. Such requests will be based on the protocol outlined above.
- F. For any IR submitted by a Resource Coordinator, a subsequent AIR must be completed and submitted as required by Appendices 2A-L of this policy.

IV. SUPPORT BROKER RESPONSIBILITIES—SELF-DIRECTED SERVICES

Services provided to individuals through DDA-funded self-directed waivers are subject to compliance with this policy. As indicated in Support Broker training, incidents as denoted in this policy are reportable to DDA. DDA will determine the need for follow-up actions.

V. INVESTIGATION, FOLLOW-UP AND RECORDS MAINTENANCE REQUIREMENTS

- A. The primary concern of the agency regarding incidents shall be the health, safety and/or well-being of the individual(s). The agency director/designee shall always assure prompt treatment and care and the protection of all individuals from further harm.
- B. No one may participate in an investigation of an incident in which there is a conflict of interest, such as an incident in which he/she was directly involved or in which a spouse or other family member was involved.
- C. No member of a standing committee of an agency may participate in the decision making process for any incident in which there is a conflict of interest, or in which the committee member was involved.
- D. All documentation regarding incidents shall be retrievable by the complete name of the individual and, if used, by a file number or other identification code. When an event/situation involves more than one individual, records shall be retrievable by file number or identification code, if utilized, in addition to being retrievable by each individual's name.
- E. Any incident report and/or documentation of an investigation shall be maintained confidentially.
- F. All relevant records, including but not limited to, reports, investigations, interview notes, and meeting minutes shall be available to OHCQ, DDA, and/or SMA staff upon request. Any appropriate internal or external authorities may interview any individual, staff or other relevant parties regarding an internal or reportable incident. Reviews and/or investigations conducted by OHCQ and/or DDA shall assure confidentiality, except when reporting to other authorities as indicated in this policy.
- G. All records relevant to an internally investigated or a reportable incident, including but not limited to, reports, investigations, meeting minutes, interview records, and

documentation of corrective, preventive and/or disciplinary action or any other follow-up activity shall be submitted to the agency's standing committee within 7 calendar days of the closure of the matter. For internally investigated incidents, closure means the completion of the agency investigation. For reportable incidents, a two-fold review may occur. The standing committee shall review the incident upon completion of the agency investigation, and should the incident be externally investigated by OHCQ, DDA, SMA, or other external authorities, the Standing Committee shall re-evaluate the incident upon receipt of reports indicating closure of the investigation by the external party. The agency should also share any information regarding unusual incidents not addressed in the policy and any follow-up actions implemented to inform the standing committee how the agency addressed those matters.

VI. ADMINISTRATION PRIORITIZATION and INVESTIGATION PROCEDURES

A. Purpose.

- a. Outline Administration Process:** The purpose of this Prioritization Protocol ("Protocol") is to outline the screening and prioritization process for reportable incidents and complaints; delineate the roles and responsibilities of the OHCQ, DDA, and any other entities involved in investigations; establish timelines for the investigation and issuance of reports related to certain specified reportable incidents; and, identify the procedures for monitoring the implementation of plans of correction.
 - b. Insight:** The protocol establishes how the Administration reviews, evaluates, and prioritizes incidents for investigation. The protocol does not include procedures to be followed when an incident or complaint is referred to another unit within OHCQ or appropriate external agency.
 - c. Administrative Responsibilities:** The OHCQ investigates Type 1 incidents, events or problems involving an individual in an agency based on their scope and severity. The DDA evaluates Type 2 incidents to determine appropriate follow-up. The OHCQ, DDA, and SMA have the prerogative and authority to investigate any incident, including those which are not reported to OHCQ and/or DDA.
- B. Incident Screening and Evaluation Process:** OHCQ reviews and prioritizes reportable incidents as described in Appendices 1A-1G: abuse, neglect, death, hospital admissions, injuries, medication errors, and choking as well as all community complaints (collectively, "Type 1" incidents). DDA reviews and prioritizes reportable incidents as described in Appendices 1H-1L: incidents requiring law enforcement/fire department/EMS, theft, unexpected or risky absence, restraints, and other (collectively, "Type 2" incidents).
- a. Submission:** All support brokers, licensed providers, state residential centers, and forensic residential centers (collectively, "agency") are required to identify, report, investigate, review, correct and monitor any event that threatens the health, safety or well-being of individuals receiving services. Agency requirements for the submission of reportable incidents to DDA and OHCQ are outlined in DDA's PORII, under "General Requirements" and under "Appendices 1 and 2."
 - b. Initial Screening:** Agency self-reported incidents and community complaints are reviewed within one working day of receipt by OHCQ and/or DDA triage staff to ensure that those incidents posing immediate jeopardy to the individual are immediately

investigated. A triage unit staff reviews each report and notifies the DD Investigations Unit Manager (at OHCQ) or the QA Coordinator (at DDA regional offices) of the need to evaluate the report for appropriate assignment based upon the severity and scope of the incident. (See Section (c), below). The content of the written report is evaluated to ensure the following information is included:

- i. The individual is not in immediate danger;
- ii. When applicable, law enforcement and/or adult/child protective services have been contacted;
- iii. Staff suspected of abuse or neglect have been suspended from *independent* duty;
- iv. The individual has received needed intervention and health care;
- v. Systemic and/or environmental issues have been identified and emergently handled.

If this information is not available in the report, the triage staff corresponds with the agency to ascertain the status of the individual and ensure health and safety. An inability to obtain this information from the agency within a reasonable timeframe (generally no more than 48 hours of initial review of the report), will influence the decision to begin an on-site investigation or activity more quickly.

- c. **Incident/Complaint Evaluation-OHCQ:** A triage committee meets to review self-reported Type 1 incidents or complaints, including those that may have been assigned on an emergency basis. The committee ensures a comprehensive review of reported incidents and community complaints has occurred.

The committee takes into consideration the number and frequency of reportable incidents or complaints attributed to the agency and the quality of the agency's internal investigations. The committee also reviews submitted AIRs, to ensure appropriate actions were taken by the agency. Incidents which may have been previously determined to not require investigation may be re-categorized based on information received in an AIR.

- d. **Incident Evaluation-DDA:** Agency self-reported Type 2 incidents are reviewed within one working day of receipt by DDA Regional QA staff to ensure that those incidents posing immediate jeopardy to the individual receive immediate follow up. Each report is reviewed for completeness and for evidence of agency intervention that safeguards the health and safety of the individual. An initial review determines if intake information is sufficient to determine dangerous conditions are not present and ongoing. If, based on review of the IR, the DDA Regional QA staff is unable to determine that action has been taken by the agency to protect the participant from harm; the DDA Regional QA staff will intervene. Intervention may be via contact with the licensee by email or telephone or an on-site visit. An IR that is incomplete or contains errors will result in an email from the DDA Regional QA staff to the agency requesting revision to the IR and resubmission of a complete and correct IR. Based upon their review and/or if an IR is submitted incorrectly (the classification should be a Type I incident, not a Type II), DDA may refer an incident to OHCQ for further review and possible investigation.
- e. **DDA Determination:** When an agency reports three or more incidents that involve the same individual within a four week period, DDA will determine, based upon the agency's compliance history and nature of the incidents, whether an on-site visit is warranted.
- f. **Referrals:** When an incident is alleged to have occurred outside of a site or service licensed by DDA, and the agency has not yet done so, the OHCQ or DDA refers it to the appropriate entities or jurisdictions for their review and investigation. When indicated,

incidents are referred to the Attorney General’s Medicaid Fraud Control Unit for consideration of filing criminal charges. When an incident involves legal issues for the individual, it may be referred to the Maryland Disability Law Center (MDLC).

- g. Deaths:** All deaths are submitted to the OHCQ Mortality Investigation Unit for review and investigation. The OHCQ Mortality Investigation Unit evaluates death reports, determines priority for investigations and conducts investigations using its own policies and procedures. Findings are submitted to the DHMH Mortality and Quality Review Committee (MQRC). The MQRC is independent of OHCQ and DDA and reviews the investigations of all deaths of individuals that occur in DDA-licensed settings and services.

C. OHCQ Incident Prioritization and Guidelines for Investigation. The OHCQ assigns a priority level based on the following:

<u>PRIORITY DESCRIPTION</u>	<u>CLASSIFICATION CRITERIA TO DETERMINE PRIORITY LEVEL OF INCIDENT</u>	<u>RESPONSE TIME</u>
Immediate Jeopardy	Definition: the incident presents an immediate and serious threat of injury, harm, impairment or death of an individual.	OHCQ will initiate an on-site investigation within 2 working days of receipt.
High	Definition: the individual is not in imminent danger, but the incident presents a situation where a serious threat exists to the individual’s health and/or safety or harm that could significantly compromise an individual’s physical and/or mental health.	OHCQ will initiate an on-site investigation within 10 working days of receipt.
Medium	Definition: the incident involves a situation or presents an opportunity for harm that did not affect or would minimally affect an individual’s physical and/or mental health.	OHCQ will initiate an on-site investigation within 30 working days of assignment.
Administrative Review	Definition: The incident presents minimal risk for harm or no harm and an on-site investigation is not necessary. A provider submits documentation that indicates situation has been addressed through the implementation of corrective and preventive measures.	OHCQ will electronically correspond with the licensee to ascertain the status of the individual. In some instances, submission of an acceptable AIR may be sufficient to determine appropriate actions have been taken by the agency.
Referrals	Definition: The incident involves a situation or presents an opportunity where criminal issues, issues that may require legal advocacy or the incident is outside of the OHCQ jurisdiction are present. Referrals may be made on an immediate jeopardy basis. Referrals include other units within OHCQ when determined the incident occurred outside the purview of DDA services and referrals to other divisions of the DD Unit (licensure and mortality)	OHCQ will make referrals, within 1 working day of triage committee review to appropriate internal unit or appropriate agency for follow-up. Incidents referred to the DD Licensure unit will be reviewed during the next re-licensure

<u>PRIORITY DESCRIPTION</u>	<u>CLASSIFICATION CRITERIA TO DETERMINE PRIORITY LEVEL OF INCIDENT</u>	<u>RESPONSE TIME</u>
		survey.
No Further Action Necessary (NFA)	Definition: The incident involves a situation that has been resolved satisfactorily and appropriately at the time of reporting or within a short timeframe. The individual's health and safety are assured and the agency has implemented corrective action.	The AIR is reviewed by the DDA Regional Office. The Regional Office will notify the OHCQ within 5 working days of the receipt of any additional information that may require the OHCQ re-evaluate or investigate the incident.

D. Roles and Responsibilities:

- a. During the investigation of an incident an OHCQ investigator reviews the AIR, if already completed, and related documentation. The investigator(s) will make his or her best effort to interview all persons with knowledge of the incident, including, but not limited to: the individual receiving services, her/his guardian or family member(s), the agency's direct care and administrative staff who were involved in the incident, etc. The investigator also makes direct observations of the individual in her/his environment. When possible, evidence is corroborated between interviews, record reviews, and observations. Deficiencies are, to the extent practicable, cited at an exit conference held upon completion of the on-site investigation. Investigations are completed, whenever possible, within 45 working days of initiation.
- b. The OHCQ may require an agency, depending on the severity of the incident, to make immediate correction to ensure the health and safety of the individual. This may occur at any time upon receipt of a report of an incident.
- c. When an investigation results in deficiencies, the agency's Plan of Correction (POC) is due to the OHCQ within 10 working days of the exit conference. The POC due date may be sooner than 10 working days when the nature of the deficiency warrants a more immediate response. The investigator reviews the POC to: verify that all deficiencies have been addressed, review proposed corrective and preventative measures for appropriateness, and determine if responsible parties have been identified. The investigator reviews each POC, to the extent practicable, within 10 working days of its receipt.
- d. If a POC is deemed unacceptable, the OHCQ will send notice to the agency in writing within 5 working days of review to detail the issues which require further review and consideration. The agency must submit a revised POC to OHCQ within five working days of receipt of notification that a POC is not accepted. The investigator reviews the revised POC with procedures outlined in "c" above. These timeframes may be extended upon request with good cause shown.
- e. Upon acceptance of an agency POC, OHCQ will send the Statement of Deficiency (SOD) and the approved POC within 10 working days to the:
 - i. Agency;
 - ii. Complainant;
 - iii. Agency's Executive Director and Board President;
 - iv. DDA Regional Office;

- v. Maryland Disability Law Center, if appropriate;
 - vi. Medicaid Fraud Control Unit of the Attorney General's Office, if appropriate;
 - vii. Office of the Inspector General, if appropriate; and
 - viii. Any other parties deemed appropriate by the OHCQ.
- f. The agency shall provide a copy of the SOD and the POC to the individual receiving services who is specifically the subject to the deficient practice, and to their resource coordinator, guardian or family, as appropriate.
 - g. The SOD and POC are also sent to any requesting party under the Public Information Act. In addition, the DDA Regional Office Representative and the MDLC Representative may receive a copy of the Investigation Summary completed by the OHCQ investigator when deficiencies are not cited. This summary is not a public document pursuant to the Md. Code Ann., Health Occ. Art., 1-401(a)(3) and may not be re-disclosed.
 - h. Methods of Investigation. OHCQ shall conduct investigations through:
 - i. On-site inspections;
 - ii. Interviews; or
 - iii. Reviews of relevant records and documents.
 - i. The agency and OHCQ may receive extensions of the time periods set forth in this policy for good cause shown.

E. Follow-Up Procedures.

- a. Staff from the DDA Regional Office (RO) conducts site visits; review quality assurance plans and provide technical assistance to agencies. These activities are designed to improve the agency's quality assurance plan and procedures to ensure that systems are in place for preventing the reoccurrence of incidents or patterns of deficiencies within an agency.
- b. DDA Regional Office staff review IRs and AIRs and determine what follow-up from the Regional Office is appropriate, for example: no further action required, contact the agency, conduct an on-site visit, or discuss the need for further investigation with OHCQ. The Regional Office will forward pertinent information to the OHCQ within 5 working days of receipt with a recommendation that the OHCQ re-evaluate or investigate an incident.
- c. The OHCQ and/or SMA will conduct follow-up monitoring for all Priority A incidents and identify a 10-percent targeted sample taken from the B Priority incidents to be completed within six months of approval of the POC to determine whether or not the agency has implemented the POC. The OHCQ, in collaboration with the SMA and DDA, will identify the targeted sample based on criteria which include, but are not limited to: agency history, severity of the incident, and investigator recommendation.

F. Information Sharing.

- a. OHCQ will forward information to MDLC as required by law or on request, if legally permissible.
- b. The DDA and OHCQ will have quarterly meetings to facilitate the exchange of pertinent information.

- c. The DDA, OHCQ and MDLC will have quarterly meetings to facilitate the exchange of pertinent information.
- d. The OHCQ, DDA, agencies and advocates will meet annually to share information and trends found during the survey process.

TYPE I INCIDENTS
Primary Reviewer: OHCQ
Appendices 1A-1G

Abuse

Neglect

Death

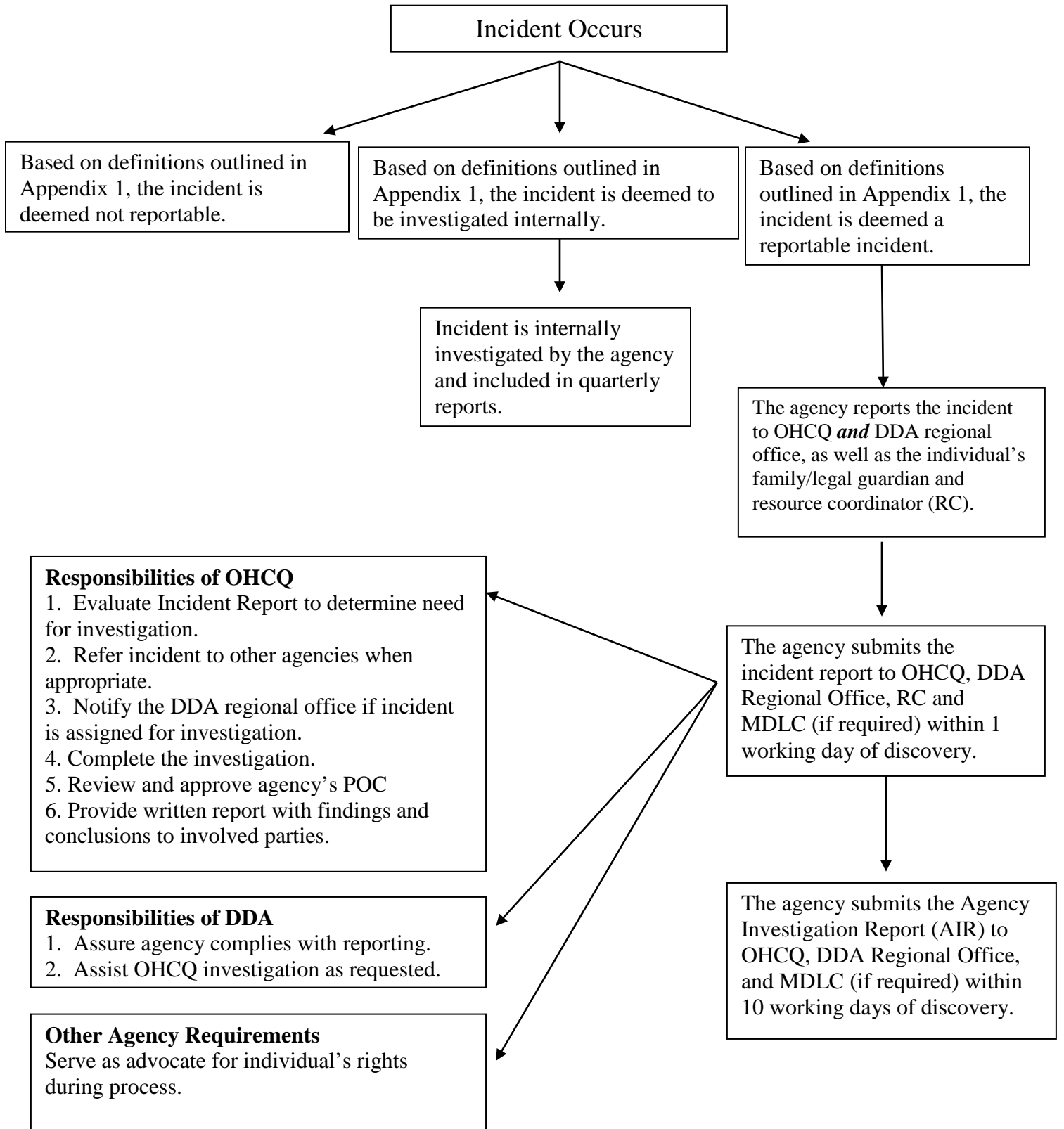
Hospital Admissions/Emergency Room Visits

Injury

Medication Error

Choking

Type I Incident



Appendix 1A

ABUSE
(Type I)

Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Actions considered willful include, but are not limited to, physical abuse; verbal abuse/Mental abuse; sexual abuse; involuntary seclusion. The failure of a witness or resident to report an allegation of abuse, neglect, mistreatment, or misappropriation of property does not refute that it has occurred. [e.g.,] if a nurse aide witnesses an act of abuse but fails to report the incident, the failure to report does not support a conclusion that the abuse did not occur. If an individual is abused..., the individual's inability to provide information about the incident is immaterial when the abuse is substantiated by other supporting evidence.

<i>INTERNALLY INVESTIGATED INCIDENTS</i>	<i>REPORTABLE INCIDENTS</i>	
<p>Any suspected or confirmed incident of abuse is a reportable incident, with the exception noted in Appendix 2A which says:</p> <p><u>Reporting History of Unsubstantiated Abuse</u> For an individual who repeatedly alleges unsubstantiated abuse, which is documented in the Individual Plan, addressed in a behavior plan and reviewed annually by the interdisciplinary team (to determine if it is still applicable); allegations of abuse may be treated as internally investigated incidents.</p> <p><u>Physical Aggression</u> An incident involving physical contact or alleged physical contact between two or more individuals that does not result in injury or if an injury is sustained, it is defined as an internally investigated injury* may be treated as an internally investigated incident.</p> <p>* See Appendix 1E – Internally Investigated Injuries</p> <p><i>Even though an incident may meet the requirements to be treated as internally investigated, the scope (frequency of occurrence), severity, and/or evidence of a pattern of the incident occurring may indicate that the incident instead be treated as a reportable incident.</i></p>	<p>Any suspected or confirmed incident of the following involving staff and individuals, such as:</p> <p><u>PHYSICAL ABUSE</u> - Physical contact, which may include, but is not limited to, hitting, slapping, pinching, kicking, biting, strangling, pushing, shoving or otherwise mishandling an individual; physical contact that is not necessary for the safety of the individual and causes discomfort to the individual; the handling of an individual with more force than is reasonably necessary.</p> <p><u>SEXUAL ABUSE</u> - Any sexual activity between an individual receiving DDA funded services and an employee, intern, volunteer, consultant, or contractor of an agency who provides care or supports or has the responsibility for the supervision of a vulnerable individual, whether consensual or not, is considered to be sexual abuse AND IS PROHIBITED. Any sexual activity between individuals receiving DDA funded services and others; or between individuals receiving DDA funded services is considered sexual abuse unless the involved individuals are consenting adults. Any touching or fondling of an individual directly or through clothing for the arousing or gratifying of sexual desires and/or causing an individual to touch another person for the purpose of arousing or gratifying sexual desires.</p> <p><u>PSYCHOLOGICAL ABUSE</u> - Psychological abuse, also referred to as emotional or mental abuse, is a sustained and repetitive form of mistreatment to cause mental or emotional anguish by threat, intimidation, humiliation, isolation or other verbal or nonverbal conduct in order to systematically diminish another. It can include bullying, rejecting, degrading, terrorizing, isolating, corrupting/exploiting and "denying emotional responsiveness." Emotional abuse includes verbal abuse such as yelling, name-calling, blaming, and shaming.</p>	<p>Any suspected or confirmed incident of the following involving two or more individuals, such as:</p> <p><u>PHYSICAL ABUSE</u> - An incident involving physical contact or alleged physical contact between two or more individuals that results in a moderate or severe injury.*</p> <p><u>SEXUAL ABUSE</u> - Any sexual activity between an individual receiving DDA funded services and others; or among individuals receiving DDA funded services is sexual abuse unless the individuals involved are consenting adults with the cognitive ability to make a judgment; any touching or fondling of a non-consenting individual directly or through clothing for the arousing or gratifying of sexual desires; causing an individual to touch a non-consenting person for the purpose of arousing or gratifying sexual desires;</p> <p><u>INHUMANE TREATMENT</u> - Any deliberate act of cruelty that endangers the physical or emotional well-being of an individual.</p> <p><u>VIOLATION OF INDIVIDUAL RIGHTS</u> - Any action or inaction that deprives an individual of the ability to exercise his or her legal rights, as articulated in state or federal law.</p>

	<p>Abusive statements are intended to humiliate or infantilize, and include insults, threats of abandonment or institutionalization and other controlling, dominant or jealous behavior.</p> <p><u>USE OF AVERSIVE TECHNIQUES</u> - The application of painful or noxious stimuli to the body which is intrusive upon an individual's physical, mental or emotional well-being in order to terminate challenging behavior.</p> <p><u>INHUMANE TREATMENT</u> - Any deliberate act of cruelty that endangers the physical or emotional well-being of an individual; the deliberate and willful determination of an agency to follow treatment practices (a) that are contraindicated by the individual plan, (b) that violate an individual's human rights or (c) do not follow accepted treatment practices and standards in the field of developmental disabilities.</p> <p><u>SECLUSION</u> - Keeping an individual involuntarily apart from others in a separate room or space, e.g., the involuntary placement of an individual alone in a room.</p> <p><u>VIOLATION OF INDIVIDUAL RIGHTS</u> - Any action or inaction that deprives an individual of the ability to exercise his or her legal rights, as articulated in state or federal law.</p>	<p>* See Appendix 1E - Reportable Injuries</p>
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Appendix 1B

NEGLECT
(Type I)

The failure to provide proper care and attention to an individual that results in significant harm or jeopardy of harm to the individual's health, safety, or well-being; failure to provide necessities such as food, clothing, essential medical treatment, adequate supervision, shelter or a safe environment.

<i>INTERNALLY INVESTIGATED INCIDENTS</i>	<i>REPORTABLE INCIDENTS</i>
N/A	Any suspected or confirmed incident of neglect or any known or suspected mistreatment of an at-risk adult and circumstances or conditions which may reasonably result in mistreatment as per the above definition.

Appendix 1C

DEATH
(Type I)

<i>INTERNALLY INVESTIGATED INCIDENTS</i>	<i>REPORTABLE INCIDENTS</i>
N/A	All loss of life, regardless of cause, is considered a reportable incident.

Appendix 1D

HOSPITAL ADMISSIONS/EMERGENCY ROOM VISITS
(Type I)

<i>INTERNALLY INVESTIGATED INCIDENTS</i>	<i>REPORTABLE INCIDENTS</i>
<p>An unexpected and/or unplanned hospital admission for treatment of a medical or a psychiatric issue for an individual whose IP documents a need for frequent/repeated hospitalizations because of a chronic condition. e.g., neurological, mental health, respiratory, cardiac, impaction</p> <p>An emergency room visit that does not result in a hospital admission and /or may be the result of a moderate injury or illness, not related to abuse, neglect or restraint use, or that may be secondary to a behavioral outburst or mental health issue. Whether or not the 911 system was activated must be denoted on the report.</p> <p><i>*Refer to Appendices 1E and 2E</i></p>	<p>An unexpected and/or unplanned hospital admission or in-patient service for an individual who's IP does not document the need for frequent/repeated hospitalizations because of a chronic somatic or psychiatric condition.</p>

Appendix 1E

INJURY
(Type I)

Any physical harm, hurt or damage to an individual caused by an act of that person or others, whether or not the cause can be identified

Note: In the text of this policy, injuries have been categorized as to level of severity for the purpose of providing a guideline to agencies in determining the appropriate reporting and investigating requirements. The agency should therefore be alerted to exercise cautious judgment in determining the extent of medical attention that is required for any injury in determining the appropriate reporting and investigating requirements.

For Additional information, please refer to “The American Red Cross First Aid and Safety Handbook.”

<i>INTERNALLY INVESTIGATED INCIDENTS</i>	<i>REPORTABLE INCIDENTS</i>
<p>Injuries that may or may not require medical treatment, and that are not as the result of abuse or neglect*</p> <p>* Refer to Appendices 1A and 1B</p>	<p>Injuries that result in medical emergencies. These injuries require immediate assessment and intervention. Virtually any injury in the extreme, including those in other categories, should be considered a reportable injury.</p>

Appendix 1F

MEDICATION ERROR
(Type I)

The failure to administer medications as prescribed and/or the administration of medication not prescribed by a licensed physician/nurse practitioner/physician’s assistant, e.g. incorrect dosage, time of administration and/or route, and omission of dosages.

<i>INTERNALLY INVESTIGATED INCIDENTS</i>	<i>REPORTABLE INCIDENTS</i>
<p>A medication error with no adverse effects and that does not require nursing or medical interventions including observations beyond notification of the incident.</p>	<p>Any significant medication error that has the potential to cause harm or:</p> <ul style="list-style-type: none"> • results in an individual requiring nursing, medical or dental observation and/or treatment by a physician, physician's assistant or nurse; • any medication error that results in the admission of an individual to a hospital or 24-hour infirmary for treatment or observation. <p>e.g., the wrong dosage given to an individual over a period of time causing side effects to occur.</p>

CHOKING
(Type I)

Choking is the obstruction of the flow of air from the environment into the lungs. Choking prevents breathing, and can be partial or complete, with partial choking allowing some, although inadequate, flow of air into the lungs.

<i>INTERNALLY INVESTIGATED INCIDENTS</i>	<i>REPORTABLE INCIDENTS</i>
The person chokes, requiring intervention such as the Heimlich maneuver or Foreign-Body Airway Obstruction interventions based on current acceptable standards, and the intervention is successful. The choking is not due to lack of staff training and or implementation of identified eating/feeding protocols.	Choking occurs as a result of failure to train staff regarding a person’s specialized diet, failure to chop food as required by person’s documented dietary plan, failure to follow protocol for choking victim. The individual loses consciousness or receives CPR (chest compressions and/or artificial respiration) as a result of choking.

TYPE II INCIDENTS
Primary Reviewer: DDA
Appendices 1H-1L

Law Enforcement/Fire Department/Emergency Medical Services

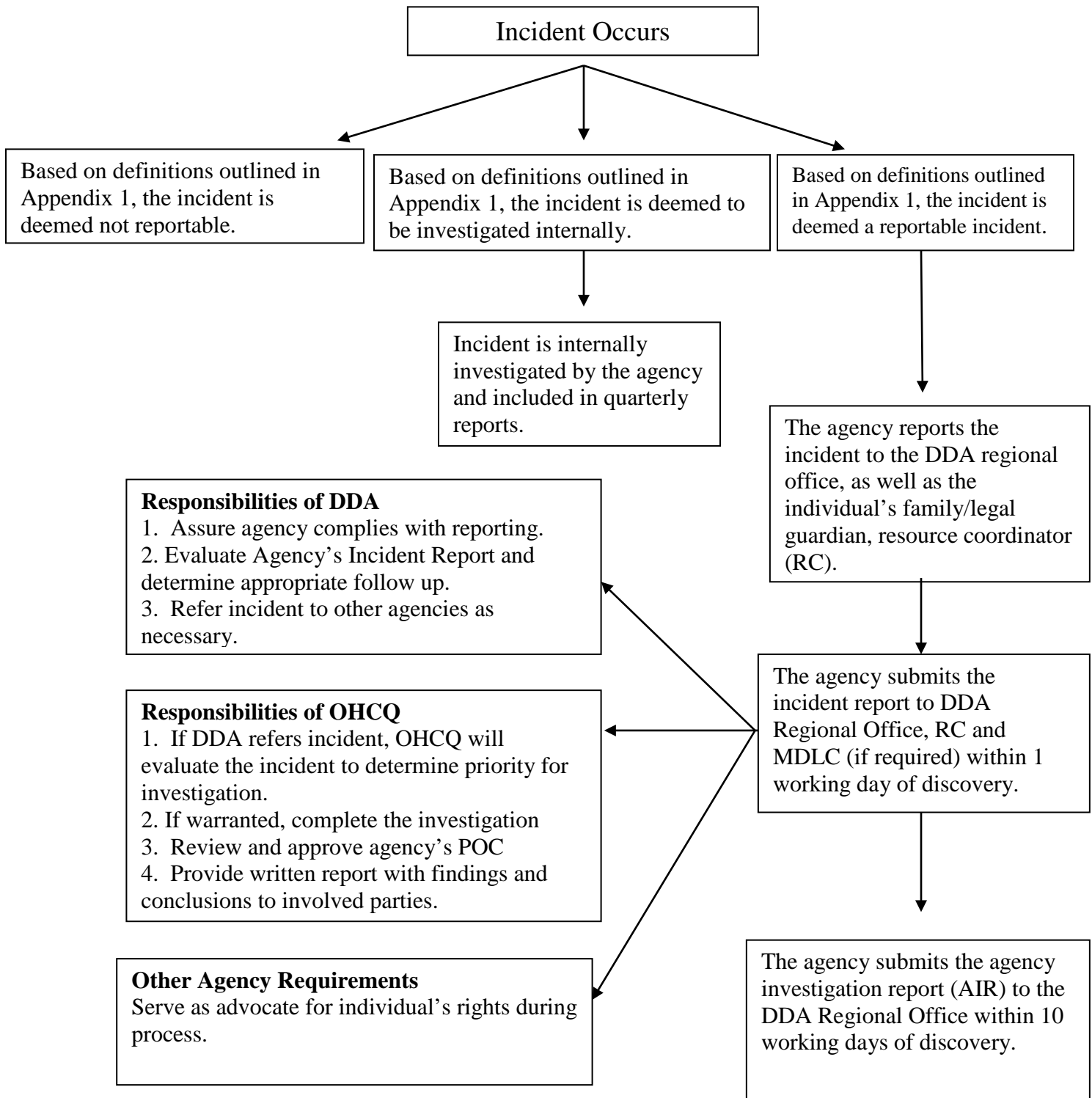
Theft of an Individual's Property or Funds

Unexpected or risky absence

Restraints

Other

Type II Incident



**INCIDENTS REQUIRING SERVICES OF A LAW
ENFORCEMENT AGENCY OR FIRE DEPARTMENT/EMERGENCY MEDICAL
SERVICES (EMS)**
(Type II)

POLICE	
<i>INTERNALLY INVESTIGATED INCIDENTS</i>	<i>REPORTABLE INCIDENTS</i>
<p>Police visits to a licensed site/service that <u>did not result</u> in a police report being taken.</p> <p>Incidents where the police are responding to the individual exhibiting out of control behaviors at the licensed site/service, there is a BP in place to address the behaviors, the BP was implemented, and/or the individual is judged <u>not to be</u> a safety risk to self or others. In these incidents the police usually have a brief discussion with the individual and leave without further intervention. Incidents where the individual calls the police as a means of attention getting and there are no safety risks identified.</p>	<p>Police visits to a licensed site/service that <u>resulted</u> in a police report being taken. These visits may have resulted in the police responding to a possible crime at the licensed site/service and/or at another location in the community (e.g. in response to an individual exhibiting out of control behavior.) Some police visits will result in the individual being taken to the police station or a hospital for psychiatric evaluation... (Incidents where the police are responding to theft are to be reported under <u>Reportable – Theft.</u>)</p> <p>Incidents where the police are responding to the individual exhibiting out of control behaviors at the licensed site/service, there is no BP in place to address the behaviors, the BP was not implemented, and/or the individual is judged <u>to be</u> a safety risk to self or others.</p>

FIRE DEPARTMENT/EMS
(Type II)

<i>INTERNALLY INVESTIGATED INCIDENTS</i>	<i>REPORTABLE INCIDENTS</i>
<p>For ambulance service provided by the fire department, which is not related to a fire, refer to appendix 1D – Hospital admissions/Emergency Room Visits.</p>	<p>Any incident requiring the services of a fire department is a reportable incident.</p>

Appendix 1I

THEFT OF AN INDIVIDUAL'S PROPERTY OR FUNDS

(Type II)

Any suspected or confirmed misappropriation of an individual's personal property or money

<i>INTERNALLY INVESTIGATED INCIDENTS</i>	<i>REPORTABLE INCIDENTS</i>
Any suspected or confirmed incident of theft of an individual's property or funds valued at less than \$50 per incident.	Any suspected or confirmed theft of an individual's property or funds valued at \$50 or more per incident or \$100 or more over the course of a 30-day period.

Appendix 1J

UNEXPECTED OR RISKY ABSENCE

(Type II)

The unexpected or unauthorized absence of an individual who's IP does not indicate the person has unsupervised time.

<i>INTERNALLY INVESTIGATED INCIDENTS</i>	<i>REPORTABLE INCIDENTS</i>
The unexpected or risky absence of an individual for less than 4 hours.	<p>The unexpected or risky absence of an individual for more than four hours;</p> <p>The unexpected or risky absence of any duration for an individual whose absence constitutes an immediate danger to that individual or others, e.g., an individual who has brittle diabetes missing while on an outing, an individual who has a history of sexual predation, and individual with Alzheimer's Disease, an individual who is court committed, an individual leaving house in 20° weather in a t-shirt, an individual not able to cross street independently.</p>

RESTRAINTS
(Type II)

Any physical, chemical or mechanical intervention used to impede an individual’s physical mobility or limit free access to the environment and /or to control acute, episodic behavior including those that are approved as part of an individual’s plan or those used on an emergency basis.

<i>INTERNALLY INVESTIGATED INCIDENTS</i>	<i>REPORTABLE INCIDENTS</i>
<i>N/A</i>	<p><u>UNAUTHORIZED/ INAPPROPRIATE USE OF RESTRAINTS-</u></p> <ul style="list-style-type: none"> - The use of mechanical devices or physical interventions to restrain a person without having a behavior plan which has been reviewed and approved by the standing committee or use of a restraint without documentation of a mechanical support plan. -The use of physical interventions that are not part of the DDA approved curriculum – Behavioral Principles and Strategies. -The use of mechanical devices, physical interventions or psychotropic medication to restrict the movement of a person for the convenience of staff, as a substitute for programming or for disciplinary/punishment purposes. <p><u>CHEMICAL INTERVENTION-</u> The use of any medication as an intervention that is not considered a chemical support to sedate, calm or manage acute, episodic behavior, even if part of an approved plan, which restricts the movement or function of a person.</p> <p><u>USE OF RESTRAINTS THAT RESULT IN ANY TYPE OF INJURY -</u> The use of a mechanical or physical restraint which results in an injury, of any level, to the person.</p>

Appendix 1L

OTHER
(Type II)

Any incident not otherwise defined in this policy that impacts or may impact the health or safety of an individual person.

<i>INTERNALLY INVESTIGATED INCIDENTS</i>	<i>REPORTABLE INCIDENTS</i>
<p>Family/domestic issues that overflow into the agency; such as:</p> <ul style="list-style-type: none"> • APS/CPS involvement in home environment related to home visits by individual; • Lack of appropriate supervision while on home visit(s) resulting in involvement of law enforcement either as a missing person, victim or perpetrator of a crime. 	<p>Examples of incidents in this category are:</p> <ul style="list-style-type: none"> • Suicide threat/attempt; • An outbreak of a communicable disease as require by CDC/local health department guidelines*; • Three (3) internally investigated incidents within a four-week period <p>* Additional reporting requirements can be found at the Office of Epidemiology & Disease Control Program's website: http://phpa.dhmh.maryland.gov/SitePages/reportable-diseases.aspx</p>

TYPE I INCIDENTS: Appendices 2A-2G

Appendix 2A-ABUSE-Type I

REPORTABLE INCIDENT	REPORT TO	TIME FRAMES	RESPONSIBILITIES OF OHCQ	RESPONSIBILITIES OF DDA REGIONAL OFFICE	OTHER AGENCY REQUIREMENTS
<p>ABUSE - Physical and sexual between staff and individuals in DDA funded services or sexual abuse between two or more individuals in DDA funded services.</p> <p>Physical abuse between two or more individuals in DDA funded services that results in a reportable injury.</p> <p>Any action or inaction that deprives an individual in DDA funded services of the ability to exercise his or her legal rights, as articulated in state or federal law.</p> <p>ABUSE – Psychological abuse, use of aversive techniques or inhumane treatment involving staff and individuals in DDA funded services or inhumane treatment involving two or more individuals in DDA funded services.</p>	<p>Law enforcement, local department of social services (Adult Protective Services (APS)), OHCQ, DDA regional office, family/legal guardian/advocate(s), case manager/resource coordinator, State protection and advocacy agency (MDLC), MBON (when applicable).FRCs and SRCs must also report all incidents to Resident Grievance System (RGS).</p> <p>OHCQ, DDA regional Office, family/legal guardian/advocate (s), case manager/resource coordinator, state protection and advocacy agency (MDLC), and MBON when applicable.</p> <p>SRCs must also report incident to Resident Grievance System (RGS).</p>	<p><u>Initial report</u> - may be verbal, or e-mail using DDA format, reported immediately.</p> <p><u>Completed Incident Report</u> - must be received by OHCQ, State protection and advocacy agency (MDLC), RC, and DDA regional office within 1 working day of discovery.</p> <p><u>AIR</u> - must be received by OHCQ, State protection and advocacy agency (MDLC), and DDA regional office within 10 working days of discovery.</p>	<ol style="list-style-type: none"> 1. Evaluate the Agency's Incident Report and any subsequent correspondence and determine whether OHCQ will investigate. 2. Refer the matter to other agencies, e.g., law enforcement, protective services, etc., initially or at any time during the review and/or investigation process, if warranted. 3. Notify the DDA regional office of incidents assigned for on-site and administrative investigation. 4. If OHCQ investigates, the investigation must be initiated in accordance with the timeframes established in this policy. 5. The written report with findings and conclusions is provided to interested/involved parties as delineated in this policy 	<ol style="list-style-type: none"> 1. Assure that the Agency complies with reporting and investigating requirements. 2. At the discretion of the Regional Director and in coordination with OHCQ, assist in investigating incident and/or conduct inquiries in addition to those of OHCQ and/or other agencies, and/or refer the matter to additional agencies, as indicated. 	<ol style="list-style-type: none"> 1. THE SAFETY OF ALL INDIVIDUALS IS OF PARAMOUNT CONCERN. RELOCATION OF THE STAFF OR INDIVIDUAL MAY BE NECESSARY. 2. Other individuals in DDA funded services who may have had contact with the alleged perpetrator should be evaluated to determine if they, too, may have been abused. 3. If the agency is aware of a confirmed diagnosis of a sexually transmitted disease in an individual, it is incumbent upon the agency to investigate the possibility of sexual abuse. 4. Any allegation of sexual contact between an individual receiving services and a minor must be reported to a law enforcement agency and the Department of Social Services, Child Protective Services. 5. Any allegation of an incident of sexual abuse that occurred when an individual with a developmental disability is not under the care or supervision of an agency must be reported to the Department of Social Services, Adult Protective Services. 6. Certificate holders who are found to be in violation of the Certified Nursing Assistants/Certified Medication Technicians (CNA/CMT) — Code of Ethics (COMAR 10.39.07) shall be reported to the Maryland Board of Nursing 7. For an individual who repeatedly alleges unsubstantiated abuse, which is documented by the interdisciplinary team, addressed in a behavior plan and reviewed annually by the interdisciplinary team (to determine if it is still applicable); allegations of abuse may be reported as internally investigated incidents. 8. An incident involving physical contact or alleged physical contact between two or more individuals that does not result in injury or if an injury is sustained, it is defined as an internally investigated injury* may be reported as an internally investigated incident. 9. As required by Article - Health – General; Title 7. Developmental Disabilities Law; Subtitle 10. Rights of Individuals §7–1005. (b) (1) In addition to any other reporting requirement of law, a person who believes that an individual with developmental disability has been abused promptly shall report the alleged abuse to the executive officer or administrative head of the licensee. <p>* See Appendix 1E - Internally Investigated Injuries</p> <p><i>Responsibility of RC: Serve as advocate for individual's rights during process. Ensure immediate health and safety through communication with the individual, agency, and others, as appropriate.</i></p>

Appendix 2B-NEGLECT (Requiring Notification of Law Enforcement) -Type I

REPORTABLE INCIDENT	REPORT TO	TIME FRAMES	RESPONSIBILITIES OF OHCQ	RESPONSIBILITIES OF DDA REGIONAL OFFICE	OTHER AGENCY REQUIREMENTS
<p>NEGLECT (with notification to the police): The failure to provide proper care, attention, supervision to an individual that results in:</p> <p>1) the existence of an immediate, risk of life-threatening harm to an adult in need of protective services or</p> <p>2) circumstances or conditions which might reasonably result in mistreatment and could cause injury.</p>	<p>OHCQ, DDA regional office, family/legal guardian/advocate(s), case manager/ Resource coordinator, state protection and advocacy agency (MDLC), local department of social services (Adult Protective Services (APS)), law enforcement, MBON (when applicable).</p> <p>FRC/SRCs must also report incident to Resident Grievance System (RGS).</p>	<p><u>Initial report</u> - may be verbal or e-mail using DDA format, reported immediately.</p> <p>Incident Report- must be received by OHCQ, State protection and advocacy agency (MDLC), RC and the DDA regional office within 1 working day of discovery.</p> <p><u>AIR</u> - must be received by OHCQ, State protection and advocacy agency (MDLC), and DDA regional office within 10 working days of discovery.</p>	<ol style="list-style-type: none"> 1. Evaluate the Agency’s Incident report and any subsequent correspondence and determine whether OHCQ will investigate. 2. Refer the matter to other agencies, e.g., law enforcement, protective services, etc., initially or at any time during the review and/or investigation process, if warranted. 3. Notify the DDA regional office of incidents assigned for on-site and administrative investigation. 4. If OHCQ investigates, the investigation must be initiated in accordance with the timeframes established in this policy. 5. The written report with findings and conclusions is provided to interested/involved parties as delineated in this policy. 	<ol style="list-style-type: none"> 1. Assure that Agency complies with reporting and investigating requirements. 2. At the discretion of the Regional Director and in coordination with OHCQ, assist in investigating incident and/or conduct inquiries in addition to those of OHCQ and/or other agencies, and/or refer the matter to additional agencies, as indicated. 	<p>Certificate holders who are found to be in violation of the Certified Nursing Assistants/Certified Medication Technicians (CNA/CMT) — Code of Ethics (COMAR 10.39.07) shall be reported to the Maryland Board of Nursing</p> <p><i>Responsibility of RC: Serve as advocate for individual’s rights during process. Ensure immediate health and safety through communication with the individual, agency, and others, as appropriate.</i></p>

NEGLECT (Not requiring Notification to law Enforcement) -Type I

<p>Neglect (without notification of the police): The failure to provide proper care, attention or supervision to an individual that results in jeopardy of harm</p>	<p>OHCQ, DDA regional office, family/legal guardian/advocate(s), case manager/ Resource coordinator, state protection and advocacy agency</p>	<p><u>Initial report</u> - may be verbal or e-mail using DDA format, reported immediately.</p> <p>Incident Report- must be received by OHCQ, State protection and advocacy agency (MDLC), RC, and</p>	<ol style="list-style-type: none"> 1. Evaluate the Agency’s Incident report and any subsequent correspondence and determine whether OHCQ will investigate. 2. Refer the matter to other agencies, e.g., law 	<ol style="list-style-type: none"> 1. Assure that Agency complies with reporting and investigating requirements. 2. At the discretion of the Regional Director and in coordination with OHCQ, assist in investigating incident and/or conduct 	<p>Certificate holders who are found to be in violation of the Certified Nursing Assistants/Certified Medication Technicians (CNA/CMT) — Code of Ethics (COMAR 10.39.07) shall be reported to the Maryland Board of Nursing</p> <p>If, during the course of the investigation, the existence of an immediate, substantial risk of life-threatening harm to an adult in need of protective services or circumstances</p>
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	(MDLC). FRC/SRCs must also report incident to Resident Grievance System (RGS).	the DDA regional office within 1 working day of discovery. <u>AIR</u> - must be received by OHCQ, State protection and advocacy agency (MDLC), and DDA regional office within 10 working days of discovery.	enforcement, protective services, etc., initially or at any time during the review and/or investigation process, if warranted. 3. Notify the DDA regional office of incidents assigned for on-site and administrative investigation. 4. If OHCQ investigates, the investigation must be initiated in accordance with the timeframes established in this policy. 5. The written report with findings and conclusions is provided to interested/involved parties as delineated in this policy	inquiries in addition to those of OHCQ and/or other agencies, and/or refer the matter to additional agencies, as indicated.	or conditions which might reasonably result in mistreatment and could cause injury is discovered, the police must then be notified. <i>Responsibility of RC: Serve as advocate for individual's rights during process. Ensure immediate health and safety through communication with the individual, agency, and others, as appropriate.</i>
Examples of jeopardy of harm include: Lack of supervision (according to the ratios identified in the IP) that does not result in death, hospitalization or ER visit; Medicare/Medicaid fraud; failure to provide physical aids as indicated by LHCP or recommendations as documented in the IP, inappropriate clothing related to weather conditions.					

Appendix 2C-DEATH-Type I

REPORTABLE INCIDENT	REPORT TO	TIME FRAMES	RESPONSIBILITIES OF OHCQ	RESPONSIBILITIES OF DDA REGIONAL OFFICE	OTHER AGENCY REQUIREMENTS
DEATH – Unusual, suspicious or due to unnatural causes	OHCQ, DDA regional office, DDA headquarters, family/legal guardian/advocate(s), case manager/ resource coordinator, State protection and advocacy agency (MDLC), local health departments, law enforcement (required by Health General §7–206) . <u>ALL</u> deaths of individuals receiving supports through DDA are to be reported to the Office of the Chief Medical Examiner immediately. It is imperative that notification to the Medical Examiner be made immediately after death to provide the Examiner's	<u>Initial report</u> - may be verbal or e-mail using DDA format, reported immediately. <u>Completed Incident Report</u> - must be received by OHCQ, State protection and advocacy agency (MDLC), RC, the DDA regional office, and DDA headquarters, within 1 working day of discovery. <u>AIR</u> must be received by OHCQ, State protection and advocacy agency (MDLC), and DDA regional office within 10 working days of discovery.	1. Evaluate the Agency's Incident report and any subsequent correspondence and determine whether OHCQ will investigate. 2. Refer the matter to other agencies, e.g., law enforcement, protective services, etc., initially or at any time during the review and/or investigation process, if warranted. 3. If OHCQ investigates, the investigation must be initiated in accordance with the timeframes established in this policy.	1. Assure that agency complies with reporting and investigating requirements. 2. At the discretion of the Regional Director and in coordination with OHCQ, assist in investigating incident and/or conduct inquiries in addition to those of OHCQ and/or other agencies, and/or refer the matter to additional agencies, as indicated.	If an individual's death occurs in the hospital the agency shall inform the hospital that the individual was receiving services from or residing in a state-funded and/or state operated facility. 10.35.01.18B: Notification and Investigation. The sheriff, police, or chief law enforcement officer, in the jurisdiction where a death occurs, shall notify the medical examiner whenever a death that constitutes a medical examiner's case occurs in a State-funded or State-operated facility. If the death may have occurred by violence, by suicide, by casualty, suddenly when

<p>DEATH – expected due to terminal illness</p>	<p>Office with time to determine the need for autopsy. For additional information on this requirement, please refer to COMAR 10.35.01.18</p> <p>FRC/SRCs must also report incident to Resident Grievance System (RGS).</p>		<p>4. Upon completion of each investigation, the Office of Health Care Quality submits to the Mortality Review Committee its final report for each death, Health General Article § 5-805.</p> <p>5. The written report with findings and conclusions is provided to interested/involved parties as delineated in this policy</p>		<p>the person was in apparently good health, not attended by a physician, or in any suspicious or unusual manner</p> <p><i>Responsibility of RC: Assist in family/guardian contact and final arrangements, as needed and warranted.</i></p>
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Appendix 2D-HOSPITAL ADMISSIONS-Type I

REPORTABLE INCIDENT	REPORT TO	TIME FRAMES	RESPONSIBILITIES OF OHCQ	RESPONSIBILITIES OF DDA REGIONAL OFFICE	OTHER AGENCY REQUIREMENTS
<p>HOSPITAL ADMISSION – an unexpected and/or unplanned hospital admission or in-patient service for an individual whose IP does not document the need for frequent/repeated hospitalizations because of a chronic condition</p> <p>An unexpected and/or unplanned hospital admission for a medical or a psychiatric problem of an individual whose IP documents a need for frequent/repeated hospitalizations because of a chronic condition must be internally investigated and the agency must complete an AIR for their files,</p> <p>An emergency room visit that does not result</p>	<p>OHCQ, DDA regional office, family/legal guardian/advocate(s), case manager/resource coordinator, State protection and advocacy agency (MDLC).</p> <p>FRC/SRCs must also report incident to Resident Grievance System (RGS).</p>	<p><u>Incident Report</u> - must be received by OHCQ, State protection and advocacy agency (MDLC), RC, and the DDA regional office within 1 working day of discovery.</p> <p><u>AIR</u> must be received by OHCQ, State protection and advocacy agency (MDLC), and DDA regional office within 10 working days of discovery.</p>	<p>1. Evaluate the Agency’s Incident report and any subsequent correspondence and determine whether OHCQ will investigate.</p> <p>2. Refer the matter to other agencies, e.g., law enforcement, protective services, etc., initially or at any time during the review and/or investigation process, if warranted.</p> <p>3. Notify the DDA regional office of incidents assigned for on-site and administrative investigation.</p> <p>4. If OHCQ investigates, the investigation must be initiated in accordance with the timeframes established in this policy.</p> <p>5. The written report with findings and conclusions is provided to interested/involved parties as delineated in this policy</p>	<p>1. Assure that the agency complies with reporting and investigating requirements.</p> <p>2. At the discretion of the Regional Director and in coordination with OHCQ, assist in investigating incident and/or conduct inquiries in addition to those of OHCQ and/or other agencies, and/or refer the matter to additional agencies, as indicated.</p>	<p>1. Advocate for the provision of appropriate supports for an individual who requires assistance during a hospital stay that does not interfere with the provision of needed somatic or mental health treatment.</p> <p>2. Ensure involvement of agency professionals, as indicated, in treatment and/or discharge planning.</p> <p>3. <i>Responsibility of RC: Serve as advocate for individual’s rights during process. Ensure immediate health and safety through communication with the individual, agency, and others, as appropriate.</i></p>

in a hospital admission and /or may be the investigated injury* not result of an internally related to abuse, neglect or restraint use, or that may be secondary to a behavioral outburst or mental health issue must be internally investigated and the agency must complete an AIR for their files. The reports must denote if the 911 system was utilized.

*Refer to Appendices 1E and 2E

Appendix 2E-INJURY-Type I

REPORTABLE INCIDENT	REPORT TO	TIME FRAMES	RESPONSIBILITIES OF OHCQ	RESPONSIBILITIES OF DDA REGIONAL OFFICE	OTHER AGENCY REQUIREMENTS
<p>INJURY Injuries that result in medical emergencies, requiring immediate assessment and intervention. Virtually any injury in the extreme should be considered a reportable injury.</p>	<p>OHCQ, DDA regional office, family/legal guardian/ advocate(s), case manager/resource coordinator, State protection and advocacy agency (MDLC).</p> <p>FRC/SRCs must also report incident to Resident Grievance System (RGS).</p>	<p><u>Incident Report</u> – must be received by OHCQ, State protection and advocacy agency (MDLC), RC, and the DDA regional office within 1 working day of discovery.</p> <p><u>AIR</u> must be received by OHCQ, State protection and advocacy agency (MDLC), and DDA regional office within 10 working days of discovery.</p>	<ol style="list-style-type: none"> 1. Evaluate the Agency’s Incident report and any subsequent correspondence and determine whether OHCQ will investigate. 2. Refer the matter to other agencies, e.g., law enforcement, protective services, etc., initially or at any time during the review and/or investigation process, if warranted. 3. Notify the DDA regional office of incidents assigned for on-site and administrative investigation. 4. If OHCQ investigates, the investigation must be initiated in accordance with the timeframes established in this policy. 5. The written report with findings and conclusions is provided to interested/involved parties as delineated in this policy 	<ol style="list-style-type: none"> 1. Assure that Agency complies with reporting and investigating requirements. 2. At the discretion of the Regional Director and in coordination with OHCQ, assist in investigating incident and/or conduct inquiries in addition to those of OHCQ and/or other agencies, and/or refer the matter to additional agencies, as indicated. 	<ol style="list-style-type: none"> 1. Any injury that results from a suspected or confirmed abuse, whether or not it results in a hospitalization, must be reported as an incident of abuse. 2. Any injury that results from a suspected or confirmed neglect, whether or not it results in a hospitalization, must be reported as an incidence of neglect. 3. As part of the internal quality assurance plan, an annual report must be sent to DDA by the agency which documents injuries of unknown origin, identifies and analyzes trends and outlines a plan of action to reduce or eliminate the possibility of similar future injuries. 4. <i>Responsibility of RC: Serve as advocate for individual’s rights during process. Ensure immediate health and safety through communication with the individual, agency, and others, as appropriate.</i>

Appendix 2F-MEDICATION ERROR-Type I

REPORTABLE INCIDENT	REPORT TO	TIME FRAMES	RESPONSIBILITIES OF OHCQ	RESPONSIBILITIES OF DDA REGIONAL OFFICE	OTHER AGENCY REQUIREMENTS
<p>Medication Error Any significant medication error that has the potential to cause harm or:</p> <ol style="list-style-type: none"> 1. results in an individual requiring nursing, medical or dental observation and/or treatment by a physician, physician's assistant or nurse; 2. any medication error that results in the admission of an individual to a hospital or 24-hour infirmary for treatment or observation. 	<p>OHCQ, DDA regional office, family/legal guardian/advocate(s), case manager/resource coordinator, State protection and advocacy agency (MDLC).</p> <p>FRC/SRCs must also report incident to Resident Grievance System (RGS).</p>	<p><u>Incident Report</u> – must be received by OHCQ, State protection and advocacy agency (MDLC), RC, and the DDA regional office within 1 working day of discovery.</p> <p><u>AIR</u> – must be received by OHCQ, State protection and advocacy agency (MDLC), and DDA regional office within 10 working days of discovery.</p>	<ol style="list-style-type: none"> 1. Evaluate the Agency's Incident report and any subsequent correspondence and determine whether OHCQ will investigate. 2. Refer the matter to other agencies, e.g., law enforcement, protective services, etc., initially or at any time during the review and/or investigation process, if warranted. 3. Notify the DDA regional office of incidents assigned for on-site and administrative investigation. 4. If OHCQ investigates, the investigation must be initiated in accordance with the timeframes established in this policy. 5. The written report with findings and conclusions is provided to interested/involved parties as delineated in this policy 	<ol style="list-style-type: none"> 1. Assure that agency complies with reporting and investigating requirements. 2. At the discretion of the Regional Director and in coordination with OHCQ, assist in investigating incident and/or conduct inquiries in addition to those of OHCQ and/or other agencies, and/or refer the matter to additional agencies, as indicated. 	<ol style="list-style-type: none"> 1. All medication errors, whether or not there are effects, must be reported to the agency's delegating RN, and/or the FRC/SRC licensed health care practitioner for review. 2. Any medication error that results in the admission of an individual to a 24-hour infirmary or a hospital for observation and/or treatment should be reported as a medication error. 3. <i>Responsibility of RC: Serve as advocate for individual's rights during process. Ensure immediate health and safety through communication with the individual, agency, and others, as appropriate.</i>

Appendix 2G-CHOKING-Type I

REPORTABLE INCIDENT	REPORT TO	TIME FRAMES	RESPONSIBILITIES OF OHCQ	RESPONSIBILITIES OF DDA REGIONAL OFFICE	OTHER AGENCY REQUIREMENTS
<p>CHOKING As a result of failure to train staff regarding a person's specialized diet, failure to chop food as required by person's documented dietary plan, failure to follow protocol for choking victim. The individual loses consciousness or receives CPR (chest compressions and/or artificial respiration) as a result of choking.</p>	<p>OHCQ, DDA regional office, family/legal guardian/advocate(s), case manager/resource coordinator.</p> <p>If incident is the result of neglect, MDLC must be notified.</p>	<p><u>Incident Report</u> – must be received by OHCQ, RC, and the DDA regional office within 1 working day of discovery.</p> <p><u>AIR</u> – must be received by OHCQ and DDA regional office within 10 working days of discovery.</p>	<ol style="list-style-type: none"> 1. Evaluate the Agency's Incident report and any subsequent correspondence and determine whether OHCQ will investigate. 2. Refer the matter to other agencies, e.g., law enforcement, protective services, etc., initially or at any time during the review and/or investigation process, if warranted. 3. Notify the DDA regional office of incidents assigned for on-site and administrative investigation. 4. If OHCQ investigates, the investigation must be initiated in accordance with the timeframes established in this policy. 5. The written report with findings and conclusions is provided to interested/involved parties as delineated in this policy 	<ol style="list-style-type: none"> 1. Assure that Agency complies with reporting and investigating requirements. 2. At the discretion of the Regional Director and in coordination with OHCQ, assist in investigating incident and/or conduct inquiries in addition to those of OHCQ and/or other agencies, and/or refer the matter to additional agencies, as indicated. 	<p><i>1. Responsibility of RC: Serve as advocate for individual's rights during process. Ensure immediate health and safety through communication with the individual, agency, and others, as appropriate.</i></p>

TYPE II INCIDENTS: Appendices 2H-2L

Appendix 2H-INCIDENTS REQUIRING SERVICES OF LAW ENFORCEMENT, FIRE DEPARTMENT, EMS-Type II

REPORTABLE INCIDENT	REPORT TO	TIME FRAMES	RESPONSIBILITIES OF OHCQ	RESPONSIBILITIES OF DDA REGIONAL OFFICE	OTHER AGENCY REQUIREMENTS
<p>Incident, including a crime, reported to/requiring services of a law enforcement agency or a fire department</p>	<p>DDA regional office, family/legal guardian/advocate(s), case manager/resource coordinator.</p> <p>If incident is the result of abuse or neglect, MDLC must be notified, and OHCQ must receive the report (refer to appendix 2A).</p> <p>SRCs must also report incident to Resident Grievance System (RGS).</p>	<p><u>Incident Report</u> - must be received by the DDA regional office and RC within 1 working day of discovery.</p> <p><u>AIR</u> – must be received by DDA Regional Office within 10 working days of discovery.</p>	<ol style="list-style-type: none"> 1. Upon referral from DDA, prioritize incident according to guidelines of this policy. 2. If OHCQ investigates, the investigation must be initiated in accordance with the timeframes established in this policy. 3. The written report with findings and conclusions is provided to interested/involved parties as delineated in this policy 	<ol style="list-style-type: none"> 1. Assure that agency complies with reporting and investigating requirements. 2. Evaluate the Agency’s Incident report and any subsequent correspondence and determine appropriate DDA follow-up which may include investigation, generalized training, agency-specific training or technical assistance. 3. Refer the matter to other agencies, e.g., OHCQ, law enforcement, protective services, etc., initially or at any time during the review and/or investigation process, if warranted. 	<ol style="list-style-type: none"> 1. The agency must submit to DDA the police report # or preferably the report if received. 2. The agency must submit to DDA the report from the Fire Marshall, if received. 3. <i>Responsibility of RC: Serve as advocate for individual’s rights during process. Ensure immediate health and safety through communication with the individual, agency, and others, as appropriate.</i>

Appendix 2I-THEFT-Type II

REPORTABLE INCIDENT	REPORT TO	TIME FRAMES	RESPONSIBILITIES OF OHCQ	RESPONSIBILITIES OF DDA REGIONAL OFFICE	OTHER AGENCY REQUIREMENTS
<p>Suspected or confirmed theft or misuse of an individual's property or funds valued at \$50 or more per incident or \$100 or more over the course of a 30 day period.</p>	<p>Law enforcement agency, , DDA regional office, family/legal guardian/advocate(s), case manager/resource coordinator, and MBON (when applicable)</p> <p>If theft or misuse of an individual's property or funds is the result of abuse or neglect, MDLC must be notified, and OHCQ must receive the report (see Appendices 2A and 2B).</p> <p>FRCs and SRCs must also report incident to Resident Grievance System (RGS).</p>	<p><u>Incident Report</u> - must be received by the DDA regional office and RC within 1 working day of discovery.</p> <p><u>AIR</u> must be received by DDA regional office within 10 working days of discovery.</p>	<p>.</p> <ol style="list-style-type: none"> 1. Upon referral from DDA, prioritize incident according to guidelines of this policy. 2. If OHCQ investigates, the investigation must be initiated in accordance with the timeframes established in this policy. 3. The written report with findings and conclusions is provided to interested/involved parties as delineated in this policy 	<ol style="list-style-type: none"> 1. Assure that Agency complies with reporting and investigating requirements. 2. Evaluate the Agency's Incident report and any subsequent correspondence and determine appropriate DDA follow-up which may include investigation, generalized training, agency-specific training or technical assistance. 3. Refer the matter to other agencies, e.g., OHCQ, law enforcement, protective services, etc., initially or at any time during the review and/or investigation process, if warranted. 	<ol style="list-style-type: none"> 1. The agency must submit to DDA the police report # or preferably the report if received. 2. Certificate holders who are found to be in violation of the Certified Nursing Assistants/Certified Medication Technicians (CNA/CMT) — Code of Ethics (COMAR 10.39.07) shall be reported to the Maryland Board of Nursing 3. <i>Responsibility of RC: Serve as advocate for individual's rights during process. Ensure immediate health and safety through communication with the individual, agency, and others, as appropriate.</i>

Appendix 2J-UNEXPECTED OR RISKY ABSENCE-Type II

REPORTABLE INCIDENT	REPORT TO	TIME FRAMES	RESPONSIBILITIES OF OHCQ	RESPONSIBILITIES OF DDA REGIONAL OFFICE	OTHER AGENCY REQUIREMENTS
<p>Unexpected or risky absence</p>	<p>Law enforcement, DDA regional office, family/legal guardian/advocate(s) , case manager/resource coordinator.</p> <p>If elopement is the result of abuse or neglect, MDLC must be notified, and OHCQ must receive the report (see Appendices 2A and 2B).</p> <p>FRC/SRCs must also report incident to Resident Grievance System (RGS).</p>	<p><u>Incident Report</u> – must be received by the DDA regional office and RC within 1 working day of discovery.</p> <p><u>AIR</u> – must be received by DDA regional office within 10 working days of discovery.</p>	<ol style="list-style-type: none"> 1. Upon referral from DDA, prioritize incident according to guidelines of this policy. 2. If OHCQ investigates, the investigation must be initiated in accordance with the timeframes established in this policy. 3. The written report with findings and conclusions is provided to interested/involved parties as delineated in this policy 	<ol style="list-style-type: none"> 1. Assure that Agency complies with reporting and investigating requirements. 2. Evaluate the Agency’s Incident report and any subsequent correspondence and determine appropriate DDA follow-up which may include investigation, generalized training, agency-specific training or technical assistance. 3. Refer the matter to other agencies, e.g., OHCQ, law enforcement, protective services, etc., initially or at any time during the review and/or investigation process, if warranted. 4. Assist the agency in developing material or implementing a system to canvass area and search for a missing individual, if warranted and recommended by law enforcement. 	<ol style="list-style-type: none"> 1. If elopement is result of abuse or neglect, it must be reported as abuse or neglect. 2. The agency shall contact the DDA and RC upon the individual’s return to the program or the home. 3. <i>Responsibility of RC: Serve as advocate for individual’s rights during process. Assist the agency in developing material or implementing a system to canvass area and search for a missing individual, if warranted and recommended by law enforcement. Ensure well-being of individual through communication with the individual, agency, and others, as appropriate upon the individual’s return to the site/service.</i>

Appendix 2K-RESTRAINTS-Type II

REPORTABLE INCIDENT	REPORT TO	TIME FRAMES	RESPONSIBILITIES OF OHCQ	RESPONSIBILITIES OF DDA REGIONAL OFFICE	OTHER AGENCY/SRC/FRC REQUIREMENTS
Restraint	DDA regional office, family/legal guardian/advocate(s) case manager/resource coordinator, State protection and advocacy agency (MDLC). FRC/SRCs must also report incident to Resident Grievance System (RGS).	Incident Report – must be received by the State protection and advocacy agency (MDLC), RC, and the DDA regional office within 1 working day of discovery. AIR must be received by the State protection and advocacy agency (MDLC) and DDA regional office within 10 working days of discovery.	1. Upon referral from DDA, prioritize incident according to guidelines of this policy. 2. If OHCQ investigates, the investigation must be initiated in accordance with the timeframes established in this policy. 3. The written report with findings and conclusions is provided to interested/involved parties as delineated in this policy.	1. Assure that Agency complies with reporting and investigating requirements. 2. Evaluate the Agency’s Incident report and any subsequent correspondence and determine appropriate DDA follow-up which may include investigation, generalized training, agency-specific training or technical assistance. 3. Refer the matter to other agencies, e.g., OHCQ, law enforcement, protective services, etc., initially or at any time during the review and/or investigation process, if warranted.	1. Unauthorized/inappropriate use of restraints: 10.22.10.06C. The licensee shall: (a) Convene the team within 5 calendar days after an emergency use of a restrictive technique to review the situation and action taken; (b) Determine subsequent action include whether the development or modification of a BP is necessary; and (c) Document that the requirements of this regulation have been met. <i>2. Responsibility of RC: Serve as advocate for individual’s rights during process. Ensure immediate health and safety through communication with the individual, agency, and others, as appropriate.</i>

Appendix 2L-OTHER-Type II

REPORTABLE INCIDENT	REPORT TO	TIME FRAMES	RESPONSIBILITIES OF OHCQ	RESPONSIBILITIES OF DDA REGIONAL OFFICE	OTHER AGENCY/SRC/FRC REQUIREMENTS
Other – examples: Suicide threat/attempt An outbreak of a communicable disease	DDA RO, family/legal guardian/advocate(s), case manager/RC. If incident is the result of abuse or neglect, MDLC must be notified and OHCQ must receive a report (see Appendices 2A & 2B). SRCs must also report incident to Resident Grievance System.	Incident Report – must be received by the DDA regional office within 1 working day of discovery. AIR – must be received by DDA regional office within 10 working days of discovery.	1. Upon referral from DDA, prioritize incident according to guidelines of this policy. 2. If OHCQ investigates, the investigation must be initiated in accordance with the timeframes established in this policy. 3. The written report with findings and conclusions is provided to interested/involved parties as delineated in this policy	1. Assure that Agency complies with reporting and investigating requirements. 2. Evaluate the Agency’s Incident report and any subsequent correspondence and determine appropriate DDA follow-up which may include investigation, generalized training, agency-specific training or technical assistance. 3. Refer the matter to other agencies, e.g., OHCQ, law enforcement, etc., initially or at any time during the review and/or investigation process, if warranted.	1. Communicable diseases have additional reporting requirements beyond the scope of this policy. Additional reporting requirements can be found at the Office of Epidemiology & Disease Control Program’s website: http://phpa.dhmmh.maryland.gov/SitePages/reportable-diseases.aspx <i>2. Responsibility of RC: Serve as advocate for individual’s rights during process. Ensure immediate health and safety through communication with the individual, agency, and others, as appropriate.</i>

