HealthCap
RISK MANAGEMENT SERVICES

ABUSE, NEGLECT, EXPLOITATION
INCIDENT INVESTIGATION CHECKLIST

Resident Name:_____ **Date**:_____
Note: Checklist to be initiated by Executive Director or Wellness Director. Attach all documents listed below:

Incident Reported (type): _____ **Date of Incident**:_____

- ☐ Obtain Incident Report. Be thorough; accurately describe injury including specific location on the body in objective language. To include safety interventions implemented.
- ☐ Obtain verbal statement from the resident, if possible, transcribe using their exact language and have the resident sign the statement.
- ☐ Obtain verbal statements from any associates involved with the resident during the incident; transcribe using their exact language and have the associate sign the statement.
- ☐ Report to Ombudsman: Yes_____ No ____
- ☐ Report to appropriate state agencies: Yes_____ No ____ List:_____
  *See attached required Initial Report forms- Exhibit 358 & 359
- ☐ Was it reported within the required time frame per regulations: Yes _____ No _____
- ☐ Report to Adult Protective Services Yes_____ No ____
- ☐ Report to Police: Yes_____ No ____
  - Complaint Number:_____
- ☐ Report to Liability Insurance Carrier Yes_____ No ____
- ☐ Notify Attending Physician and/or Medical Director
- ☐ Notify Board or Regional Director as applicable
- ☐ Notify contracted behavioral care services as applicable
- ☐ Notify Hospice as applicable
- ☐ Obtain physician orders as needed per situation.
- ☐ Policy/ Procedures updated as applicable.
- ☐ Staff education implemented as applicable.

SAMPLE

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

- ☐ Obtain report from Attending Physician after their review of the incident.
- ☐ If photographs are taken, maintain two (2) sets, date, time taken and initials of person photographing.
- ☐ Notify the family/legal representative and document their statements.
- ☐ Verify that documentation of notification of physician, family and Ombudsman is in file.
- ☐ Obtain face sheet of resident(s) involved.
- ☐ Obtain associate Assignment sheet.
- ☐ Obtain nursing documentation for 24 hours following incident.
- ☐ Obtain social services documentation for 3 days following incident.
- ☐ Obtain copies of any incident(s) in employee file of suspected abuse/neglect, disciplinary action.
- ☐ Please file information in the investigation file.
- ☐ Follow-up Investigation Report was submitted to the State Agency within 5 working days of the incident.
- ☐ Please include investigation in next month QAPI agenda

Summary of community action/corrective action taken from internal investigation.

SAMPLE

Signature: _____**Print Name**:_____

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