
CHAPTER 9: ADULT DAY HEALTH CARE WAIVER

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INCIDENTS, ACCIDENTS AND COMPLAINTS

Adult Day Health Care (ADHC) and support coordination providers are responsible for reasonably ensuring the health and welfare of the recipient and are required to report all incidents, accidents, or suspected cases of abuse, neglect, exploitation or extortion. Reporting shall be in accordance with applicable laws, rules and policies and be made to the appropriate agency named below. Only reporting to a supervisor does not satisfy the legal requirement to report. The supervisor shall be responsible for ensuring that reports or referrals are made in a timely manner to the appropriate agency.

Incident/Accident Reports

Providers are responsible for documenting and maintaining records of **all incidents and accidents** involving the recipient. A report of the incident/accident shall be maintained in the recipient's record. The report shall include:

- Date of the incident/accident,
- Circumstances surrounding the incident/accident,
- Description of medical attention required,
- Action taken to correct or prevent incident/accident from occurring again, and
- Name of person completing the report.

Critical Incident Reports

Additional provider responsibilities apply to incidents defined as critical. Critical incidents include, but are not limited to those involving abuse, neglect, exploitation, extortion, major injury, involvement with law enforcement, major illness, elopement/missing, falls and major medication incidents of the recipient. Critical incidents are fully defined in Office of Aging and Adult Services' (OAAS) *Critical Incident Policy and Procedures* and include the specific provider responsibilities that must be followed. Non-compliance will result in administrative actions. (See Appendix B for information on obtaining this policy)

Imminent Danger and Serious Harm

Providers shall report all suspected cases of abuse (physical, mental, and/or sexual), neglect, exploitation or extortion to the appropriate authorities. In addition, any other circumstances that place the recipient's health and well-being at risk should be reported. (See Appendix A for

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contact information)

For recipients age 18 through 59, Adult Protective Services (APS) must be contacted. APS investigates and arranges for services to protect adults with disabilities at risk of abuse, neglect, exploitation or extortion. (See Appendix A for contact information)

For recipients age 60 or older, Elderly Protective Services (EPS) must be contacted. EPS investigates situations of abuse, neglect and/or exploitation of individuals age 60 or older. (See Appendix A for contact information)

If the recipient needs emergency assistance, the worker shall call 911 or the local law enforcement agency before contacting the supervisor.

The responsibilities of the support coordination provider and the direct service provider are outlined in the *OAAS Critical Incident Reporting Policy and Procedures*. (See Appendix B for information on obtaining this policy)

Internal Complaint Policy

Recipients must be able to file a complaint regarding their services without fear of reprisal. The provider shall have a written policy to handle recipient complaints. In order to ensure that the complaints are efficiently handled, the provider shall comply with the following procedures:

- Each provider shall designate an employee to act as a complaint coordinator to investigate complaints. The complaint coordinator shall maintain a log of all complaints received. The complaint log shall include the date the complaint was made, the name and telephone number of the complainant, nature of the complaint and resolution of the complaint.
- All written complaints should be forwarded to the complaint coordinator. If the complaint is verbal, the staff member receiving the complaint must document all pertinent information in writing and forward it to the complaint coordinator.
- The complaint coordinator shall send a letter to the complainant acknowledging receipt of the complaint **within five working days**.
- The complaint coordinator must thoroughly investigate each complaint. The investigation includes, but is not limited to, gathering pertinent facts from the recipient, the responsible representative, the employee, and other interested parties. The provider is encouraged to use all available resources to resolve the

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complaint internally. The employee's supervisor must be informed of the complaint and the resolution.

- The provider must inform the recipient, the complainant, and/or the responsible representative in writing **within ten working days** of receipt of the complaint and the results of the internal investigation.
- If the recipient is dissatisfied with the results of the internal investigation, he/she may continue the complaint resolution process by contacting the Health Standards Section. (See Appendix A for contact information)
- If the recipient is dissatisfied with the results of the support coordination agency's internal investigation, he/she may continue the complaint resolution process by contacting the Office of Aging and Adult Services regional office. (See Appendix A for contact information)