
CHAPTER 30: PERSONAL CARE SERVICES

SECTION 30.9: LT-PCS - INCIDENTS/ACCIDENTS/COMPLAINTS

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INCIDENTS, ACCIDENTS, AND COMPLAINTS

Long Term – Personal Care Services (LT-PCS) staff must report all incidents, accidents, or suspected cases of abuse, neglect, exploitation or extortion to the on-duty supervisor immediately and as mandated by law to the appropriate entity (Adult Protective Services (APS) or Elderly Protective Services (EPS)). Any illegal activities **MUST** be reported to law enforcement. Reporting to a supervisor only, **does not** satisfy the legal requirement to report. The supervisor is responsible for ensuring that a report or referral is made, in a timely manner, to the appropriate entity.

Incident/Accident Reports

Providers are responsible for documenting and maintaining records of all incidents and accidents involving the beneficiary that occurred during the course of delivering services. The incident/accident report must be maintained in the beneficiary's record. The report must include:

1. Beneficiary identifying information;
2. Event information (including date, time, location, etc.) of the incident/accident;
3. Circumstances surrounding the incident/accident;
4. Description of incident/accident (including any medical attention or law enforcement involvement, witnesses, etc.);
5. Action taken to correct or prevent future occurrences of the incident/accident; and
6. Name of person completing the report.

Imminent Danger and Serious Harm

Providers must report all suspected cases of abuse (physical, mental, emotional, and/or sexual), neglect, exploitation or extortion to the appropriate authority. In addition, any other circumstances that place the beneficiary's health and well-being at risk shall be reported to the appropriate authorities. (See Appendix F of this manual chapter for contact information).

For beneficiaries ages 18 through 59 and emancipated minors, 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 B of this manual chapter for contact information).

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For beneficiaries age 60 or older, EPS must be contacted. EPS investigates situations of abuse, neglect and/or exploitation of individuals age 60 or older. (See Appendix B of this manual chapter for contact information).

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

Internal Complaint Policy

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

1. Each provider must designate an employee to act as a complaint coordinator to investigate complaints. The complaint coordinator must maintain a log of all complaints received. The complaint log must include the date the complaint was made, the name and telephone number of the complainant, nature of the complaint and resolution of the complaint;
2. 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;
3. The complaint coordinator must send a letter to the complainant acknowledging receipt of the complaint **within five (5) working days**;
4. The complaint coordinator must thoroughly investigate each complaint. The investigation includes, but is not limited to, gathering pertinent facts from the beneficiary, the personal representative, the worker, and other interested parties. The provider is encouraged to use all available resources to resolve the complaint internally. The LT-PCS supervisor must be informed of the complaint and the resolution;
5. The provider must inform the beneficiary, the complainant, and/or the responsible representative in writing **within ten (10) working days** of receipt of the complaint, the results of the internal investigation; and

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6. If the beneficiary is dissatisfied with the results of the provider's internal investigation, they may continue the complaint resolution process by contacting the Health Standards Section (HSS). (See Appendix B of this manual chapter for contact information).