
CHAPTER 30: PERSONAL CARE SERVICES

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

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INCIDENTS, ACCIDENTS AND COMPLAINTS

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 agency named below. Only reporting to a supervisor does not satisfy the legal requirement to report. The supervisor shall be responsible for ensuring that a report or referral is made to the appropriate agency.

Incident/Accident Reports

Providers are responsible for documenting and maintaining records of all incidents and accidents involving the recipient that occurred during the course of delivering services. The Incident/Accident report 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.

Imminent Danger and Serious Harm

Providers must report all suspected cases of abuse (physical, mental, and/or sexual), neglect, exploitation or extortion to Adult Protect Services (APS). APS investigates and arranges for services to protect **disabled and elderly adults** at risk of abuse, neglect, exploitation or extortion. In addition, any other circumstance that place the recipient's health and well-being at risk should be reported. (See Appendix F for contact information)

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

Internal Complaint Policy

Recipients must be able to file a complaint regarding his/her LT-PCS worker without fear of reprisal. The provider shall have a written policy to handle recipient complaints. In order to

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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 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.
- The provider must inform the recipient, the complainant, and/or the responsible representative in writing **within ten working days** of receipt of the complaint, 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 OAAS in writing **within thirty calendar days** of the date of the complaint resolution letter at:

Office of Aging and Adult Services
P.O. Box 2031
Baton Rouge, LA 70821-2031
Attn: Quality Assurance Section

OAAS will notify the complainant **within ten working days** that the complaint has been received and is being investigated.