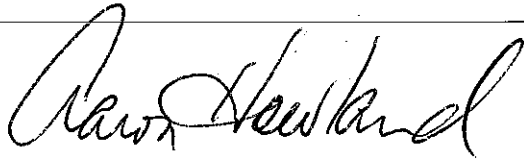


<b>Catholic Charities Disabilities Services</b>
<b>Agency Standard and Procedure</b>

<b>Standard Category</b>	<b>Quality Assurance</b>
<b>Standard Title</b>	<b>TBI Program Incident Investigation</b>
<b>Regulations</b>	<b>Department of Health TBI Waiver Program</b>
<b>Original Issue Date</b>	<b>June 27, 2018</b>
<b>Latest Revision Date</b>	
<b>Number of Pages</b>	<b>3</b>
<b>Attachments</b>	<b>Section X: Incident Reporting Policy for Waiver Providers</b>
<b>Approved by:</b> <b>Aaron Howland, Executive Director</b>	

**Standard:** Catholic Charities Disabilities Services (CCDS) will have an incident management system that meets all regulatory requirements and reflects best practices.

Specifically, once an incident has been discovered, staff will respond to the situation in a timely manner, and provide all necessary protective actions to ensure that the individual is safe. The incident will be investigated to the extent necessary to determine the facts and identify opportunities for improvement. The Incident Review Committee will sanction the findings of the investigation and both ensure that all needed changes are made and that incidents are analyzed to identify systemic changes that need to be made. All incidents will be reported and, where required, investigated in compliance with the requirements of the Department of Health (DOH) Traumatic Brain Injury (TBI) Waiver Program.

## Procedures

1. Serious Reportable Incidents (SRIs) are defined as any situation in which an individual receiving TBI services experiences a perceived or actual threat to his or her health and welfare or to his or her ability to remain in the community.
2. Serious Reportable Incidents<sup>1</sup> include:
  - allegations of physical abuse
  - allegations of sexual abuse
  - allegations of psychological abuse
  - seclusion
  - unauthorized or inappropriate use of restraint
  - use of aversive conditioning
  - violation of civil rights
  - mistreatment
  - neglect
  - missing person
  - restraint
  - death
  - unplanned hospitalization
  - possible criminal action
  - sensitive situation
  - medication error or refusal
  - medical treatment due to accident or injury
3. The local Regional Resource Development Specialist (RRDS) office must be notified immediately by phone or fax of any occurrence of a serious reportable injury. The 24-hour provider report is signed by the Service Coordinator and Supervisor and is sent via the 24 hour fax line or encrypted email within 24 hour of knowledge or discovery of the incident.
4. If CCDS is not the reporting waiver provider, a copy of the report must also be sent via fax or encrypted email to the CCDS Service Coordinator by the reporting agency.
5. The Service Coordinator is responsible for notifying the waiver participant and/or his or her legal guardian within 24 hours or receiving the report that an incident has been reported and is being investigated.
6. It is the responsibility of the HCBS/TBI waiver provider agency originating the incident report to notify any other program or waiver provider when there is visible evidence of injury or when the incident or response to the incident may impact services or activities. However, consideration of the individual's privacy should be balanced against the need to notify other service providers.

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<sup>1</sup> See attachment for definitions

7. Upon receipt of the 24 hour Provider Report, the RRDS reviews the report within 48 hours and completes the RRDS Initial Response Form, assigning an incident number to the case. The RRDS assigns responsibility for the investigation generally to the provider reporting the incident (investigating waiver provider). The Quality Assurance Department (QA) along with the Service Coordinator will be responsible to conduct all necessary activities to complete the investigation. If there is concern regarding a potential conflict of interest or appearance of a conflict, the RRDS will assign another waiver provider who provides services to the individual to conduct the investigation. The RRDS and/or Nurse Evaluator will conduct the investigation if the scope of the incident goes beyond one service provider, there is an appearance of conflict of interest among the providers, the provider has demonstrated non-compliance with program manual standards or improper procedures or DOH requests the RRDS complete the investigation.
8. Within 7 days of reporting the incident, a "Serious Reportable Incident Follow-up," utilizing the appropriate report form must be submitted by QA to the RRDS describing the investigation activities that have taken place to date. This form must be signed by the Service Coordinator and the Service Coordinator's Supervisor or QA before submission.
9. Within 30 days of reporting the incident, a completed final report utilizing the appropriate report form, must be submitted to the RRDS for their review. The RRDS will determine if the investigation can be closed or needs further investigation.
10. If the RRDS determines the incident requires further investigation or resolution, we will continue the investigation. A follow-up report must be submitted monthly until the RRDS determines the investigation closed.
11. The RRDS will continue to respond to each follow-up report until the incident is closed.
12. All serious reportable incidents will be presented to the agency's incident review committee (IRC) on a monthly basis until closed. The IRC will ascertain that all necessary and appropriate corrective, preventive, and/or disciplinary action has been taken in accordance with the committee's recommendations.
13. The IRC will keep minutes of their meetings and maintained in a manner that ensures confidentiality.
14. The IRC will identify trends in serious reportable incidents and recommend appropriate corrective and preventive policies and procedures.

## **Section X**

### **Incident Reporting Policy for Waiver Providers**

## Background and Intent

This section describes waiver provider agency responsibilities for reporting, investigating, reviewing and tracking two categories of incidents involving individuals in the HCBS/TBI waiver. Serious Reportable Incidents, which must be reported to DOH in accordance with Section III of this Policy, and Recordable Incidents, which must be reported, investigated and tracked within the provider agency in accordance with Section VII. All HCBS/TBI waiver service providers are subject to this policy and reviews of their compliance.

The HCBS/TBI waiver staff must be informed of serious incidents and the providers' response to these incidents in order to:

1. Assist the HCBS/TBI waiver staff in their role as an external monitor to ensure the quality of care provided to participants and to maintain the participants' health and welfare as outlined in the State's agreement with the federal government.
2. Assist the HCBS/TBI waiver staff to establish a database that documents trends and identifies specific areas of concern. This information assists the HCBS/TBI waiver to identify and develop training and policies aimed at increasing provider skills in the prevention, identification, and investigation of incidents.
3. Assist providers to recognize trends in incidents within their agencies, take corrective measures to minimize the probability of a recurrence of the same or similar situations, and to develop and implement appropriate staff training programs.

## Serious Reportable Incidents

Serious Reportable Incidents are defined as any situation in which the participant experiences a perceived or actual threat to his/her health and welfare or to his/her ability to remain in the community. These incidents must be reported to DOH via the appropriate RRDS using the process outlined in Section III of this policy. Some of these incidents must also be reported to Adult Protective Services and the police.

### Serious Reportable Incidents include:

1. **Allegations of Abuse and Neglect** are defined as the maltreatment or mishandling of a participant which would endanger his/her physical or emotional well-being through the action or inaction on the part of anyone, including but not limited to, any employee, intern, volunteer, consultant, contractor, or visitor of any HCBS/TBI waiver provider, or another participant, family member, friend, or others, whether or not the participant is or appears to be injured or harmed.

Types of allegations of abuse and neglect must be classified as follows:

- a. **Physical Abuse** is defined as physical actions such as hitting, slapping, pinching, kicking, hurling, strangling, shoving, unauthorized or unnecessary use of physical interventions, or other mishandling of a participant. Physical

contact that is not necessary for the safety of the person and causes discomfort to the participant or the use of more force than is reasonably necessary is also considered to be physical abuse.

~~Situations where physical intervention is used to assure the health and welfare of the participant or others must also be reported as a Serious Reportable Incident~~

- b. ~~Sexual Abuse~~ is defined as any sexual contact between a participant and any employee, intern, volunteer, consultant, contractor or visitor of the HCBS/TBI waiver provider providing services to the participant. Sexual abuse may also occur with any other person living in the community if it is non-consensual or if, according to New York State law, the participant is not competent to consent. Sexual contact is defined as the touching or fondling of the sexual or other body parts of a person for the purpose of gratifying the sexual desire of either party, whether directly or through clothing. Sexual contact also includes causing a person to touch someone else for the purpose of arousing or gratifying personal sexual desires. Forcing or coercing a participant to watch, listen to, or read material of a sexual nature is also considered sexual abuse. A situation in which one participant has a sexual contact with another participant, who is either not capable of consent to or did not agree to participate in the relationship, is considered to be a Serious Reportable Incident.
- c. ~~Psychological Abuse~~ is defined as the use of verbal or nonverbal expressions that subject the participant to ridicule, humiliation, scorn, contempt or dehumanization, or are otherwise denigrating or socially stigmatizing. Use of language and/or gestures and a tone of voice, such as screaming or shouting at or in the presence of a participant, may in certain circumstances constitute psychological abuse.
- d. ~~Seclusion~~ is defined as the placement of the waiver participant alone in a locked room or area from which he/she cannot leave at will, or from which his/her normal egress is prevented by someone's direct and continuous physical action.

The act of seclusion should not be confused with a limited quiet time procedure. Quiet time is a procedure in which a HCBS/TBI waiver participant is accompanied by staff away from an activity for a brief period of time to help the participant recompose him/herself. In removing the participant from ongoing activity, the objective is to offer a changed environment in which the individual may calm down. The use of quiet time is not considered to be an incident unless it is excessive or used as a punishment.

- e. ~~Unauthorized or Inappropriate Use of Restraint~~ is defined as:
- The use of a mechanical restraining device to control a participant

without the written, prior authorization of a physician if the physician cannot be present within 30 minutes;

- The use of a mechanical restraining device without it being specified in a Service Plan;
- The use of restraint for medical purposes without a physician's order; or
- The intentional use of a medication to control a person's behavior that has not been prescribed by a physician for that purpose.

Inappropriate use of a restraint shall include, but not be limited to, the use of a device(s) or medication for convenience, as a substitute for programming, or for disciplinary (punishment) purposes.

- f. Use of Aversive Conditioning is defined as the use of unpleasant or uncomfortable procedures when trying to change the behaviors of a participant.
  - g. Violation of Civil Rights is defined as action or inaction that deprives a participant of the ability to exercise his or her legal rights, as articulated in State or federal law (e.g., the Americans with Disabilities Act).
  - h. Mistreatment is defined as a deliberate decision to act toward the participant in a manner that goes against that person's individual human rights, the Service Plan, or that is not generally considered acceptable professional practice.
  - i. Neglect is defined as a condition of deprivation in which a participant's health and welfare is jeopardized because of inconsistent or inappropriate services, treatment or care which does not meet their needs, or failure to provide an appropriate and/or safe environment. Failure to provide appropriate services, treatment or medical care through gross error in judgment and inattention is considered to be a form of neglect. For example, neglect occurs if a Service Coordinator is aware that an agency listed in a Service Plan cannot provide the requested services, but does not seek an alternate waiver provider to meet the participant's needs.
2. Missing Person is defined as unexpected absence of a participant from his/her home or scheduled waiver service. It is mandated that formal search procedures be initiated immediately upon discovery of the absence of a participant whose absence constitutes a recognized danger to the well being of that individual or others. For others, consideration should be given to the missing person's habits, deficits, capabilities, health problems, etc. in making the decision of when to begin a formal search, but this must be initiated no more than 24 hours after the participant has been missing.
3. Restraint is defined as the act of limiting or controlling a person's behavior through the use of any device which prevents the free movement of any limb as ordered by

a physician; any device or medication which immobilizes a person, as ordered by a physician; any device which is ordered for the expressed purpose of controlling behavior in an emergency; or any medication as ordered by a physician which renders the participant unable to satisfactorily participate in services, community inclusion time or other activities.

**NOTE:** This does not preclude the use of mechanical supports to provide stability necessary for therapeutic measures such as immobilization of fractures, administration of intravenous fluids or other medically necessary procedures.

4. Death of a Participant is defined as any loss of life, regardless of cause. The follow-up report of the investigation submitted to the RRDS must include information concerning the death, medical records, death certificate, police reports, autopsy reports, EMS records, emergency room records and any other information deemed relevant.

5. Hospitalization is defined as any unplanned admission to a hospital.

**NOTE:** The planned overnight use of a hospital for any procedure is not considered a Serious Reportable Incident, but should be noted in the subsequent Revised Service Plan.

6. Possible Criminal Action is defined as any action by a participant that is or appears to be a crime under New York State or federal law.

7. Sensitive Situation is defined as any situation which needs to be brought to the attention of DOH, through the RRDS office, as expeditiously as possible, and does not fit within the categories described above. This includes any situation that would threaten the participant's ability to remain in the community or the health and welfare of the participant, such as the admission to a psychiatric facility/unit or substance abuse facility/unit.

8. Medication Error/Refusal is defined as any situation in which a participant experiences marked adverse reactions which threaten his/her health and welfare due to: refusing to take prescribed medication; taking medication in an incorrect dosage, form, or route of administration; taking medication on an incorrect schedule; taking medication which was not prescribed; or, the failure on the part of waiver staff to properly follow the plan for assisting the participant in self-medication.

9. Medical Treatment Due to Accident or Injury is defined as any medical intervention(s) which are the direct result of an accident or injury to the participant, regardless of whether hospitalization is required or not.



## **Incident Reporting Procedure**

The RRDS is responsible for following this procedure whenever a notice of a Serious Reportable Incident is received from a waiver provider.

### Procedure

1. When an RRDS is contacted by a waiver provider via phone, fax or e-mail that a Serious Reportable Incident has occurred, the RRDS must log the contact into their regional database of incidents and assign a reporting number to the incident. This number must be included in all future reports and correspondence relating to the incident. At the time of the initial contact, the RRDS must discuss the provider's plan for investigating the incident. The RRDS may provide technical support and may choose to involve DOH, if necessary.

### Assigning a number to an incident:

Each incident number consists of four sets of numbers, each series being separated by a dash ( - ):

- A two digit number indicating the Recipient/Exception code;
- a two digit number indicating the year of the incident (e.g. 05);
- a two digit number indicating the RRDS region (e.g. 09); and
- a three digit number assigned to the specific incident.

Numbers start at 001 for each RRDS region and continue in consecutive order from January to December.

Example: An incident in the HCBS/TBI waiver is reported to the Lower Hudson Valley RRDS in 2006 and is the 7<sup>th</sup> incident reported to that region. The incident number is 81-06-04-007.

### RRDS Region Code:

- 01 Long Island
- 02 New York City (Bronx, Queens, Manhattan, Brooklyn, Staten Island)
- 04 Lower Hudson Valley
- 05 Capital
- 06 Adirondack
- 07 Syracuse
- 08 Binghamton
- 09 Rochester
- 10 Buffalo

2. Within 24 hours, the RRDS must receive a copy of the reporting form from the investigating waiver provider (see Incident Reporting Policy). The RRDS must verify that the number assigned to the incident is correct on the report. The RRDS will review

the 24-hour report and determine if the incident has been adequately investigated and is considered closed, or if further investigation is warranted and the incident must remain open. The RRDS will notify the provider and the Service Coordinator the status of the Incident using the RRDS Serious Reportable incident Status Resolution form. The RRDS will notify DOH waiver management staff regarding Serious Reportable Incidents requiring DOH involvement.

- The incident is closed.  
If the RRDS determines that the incident is closed, a letter is forwarded to the investigating provider and the participant's Service Coordinator. The resolution of the incident must be documented in the RRDS incident database.
  - The incident requires further investigation.  
If the RRDS determines that the incident is to remain open pending further investigation, the provider is required to submit a report one week after the incident and then each month, starting on the anniversary date of the incident, until the RRDS determines that the incident is closed. The RRDS may indicate what further information is necessary for resolution of the incident.
  - The incident involves abuse, neglect or death.  
If the incident involves the abuse, neglect or death of a participant, the RRDS must provide the DOH Clinical Consultant with copies of all communications related to the incident. The RRDS and the Clinical Consultant will review all reports and come to a mutual decision regarding the determination of the investigation prior to notifying the investigating provider.
3. When the incident is finally determined to have been adequately investigated and closed, the RRDS will forward a letter to the investigating agency and the Service Coordinator.

### Reporting Time Frames

1. The local RRDS office must be notified **immediately** by phone/fax of any occurrence of a Serious Reportable Incident.

- SC +  
sup sign-  
b4 submit
2. **Within 24 hours** of reporting the incident, a written report using the DOH Report of Serious Reportable Incidents form must be faxed or express mailed to the RRDS. **If the Service Coordinator is not the person reporting the incident, the investigating agency must also inform the Service Coordinator within 24 hours of the incident.**

- inform  
QA
3. The RRDS will provide the reporting agency with an identification number for the incident that must be used on all subsequent communications regarding the incident. \* and 7 day + 30 day flu data - QA send or

4. **Within one week** of the incident, the provider agency must submit a Serious Reportable Incident Follow-Up Report (Appendix B) to the RRDS describing

the investigation activities that have taken place to date. This report must include the following information:

- a. Who was interviewed or called in for consultation;
- b. What is the conclusion of the investigation and the current status of the situation;
- c. What actions were taken (e.g., behavior plan developed, staff changed, police called);
- d. What was the outcome of these actions (e.g., HCBS/TBI waiver participant's behavior has changed, HCBS/TBI waiver participant is more satisfied with staff, safety of HCBS/TBI waiver participant has been secured); and
- e. What, if any, long term activities the provider has initiated to decrease, either in frequency or intensity, the possibility of similar incidents occurring in the future.

5. **Within thirty days** following the initial reporting of the incident, a completed final report using the Serious Reportable Incident Follow-Up form must be sent to the RRDS. Such final report must cover the information described in #4 above.

6. **Within two weeks** of receipt of the investigating agency's Final Report, the RRDS must send a written notice to the investigating agency and Service Coordinator indicating whether the incident is considered open or closed. If it is to remain open, the reasons for that decision must be identified by the RRDS on the Incident Resolution Status Report (Appendix B).

7. If the incident is determined to require further investigation or resolution, continued follow-up and investigation by the investigating agency is expected. A Serious Reportable Incident Follow-Up Report must be submitted **monthly** to the RRDS on the date of the anniversary of the incident.

8. The RRDS will continue to respond to each Follow-up Report using the Incident Resolution Status Report until the incident is considered closed by the RRDS.

### Reporting Process

Any employee of a HCBS/TBI waiver provider witnessing any actions or lack of action that constitutes a Serious Reportable Incident as described in this policy must notify the RRDS and the Service Coordinator **immediately** by phone, followed by a fax and following the timeframes described above. It is understood any employee may need to notify their supervisor and the supervisor may be the person to notify the RRDS and the Service Coordinator. However, the staff that witnesses the Serious Reportable Incident must complete the Report of Serious Reportable Incidents Form.

\* 1 day report +  
Investigation  
report -  
Submit QA -  
QA signs  
Resp. Agency  
Provider -  
SC signs  
investigator

- In situations where no HCBS/TBI waiver provider has witnessed the Serious Reportable Incident, the employee who first became aware of the incident is responsible for filling out the reporting form. Again, the supervisor may report the incident to the RRDS and Service Coordinator.
- When a provider's employee reports a Serious Reportable Incident that he/she did not directly witness, the RRDS will assign the responsibility for the investigation to the agency whose employee was allegedly involved. If the incident does not involve a provider's employee, the RRDS has the discretion to assign the responsibility of the investigation to any of the participant's HCBS/TBI waiver providers.
- If the RRDS is concerned that the provider responsible for investigating the Serious Reportable Incident is not in a position to conduct an objective, thorough investigation, the RRDS has the discretion to involve DOH in conducting the investigation.

#### Notification of the Waiver Participant, Legal Guardian and Others

Any Serious Reportable Incident must be reported by the provider to the participant or the waiver participant's court appointed legal guardian within 24 hours. The waiver participant has the right to decide whether or not other individuals are to be notified.

#### Notification of Other HCBS/TBI Waiver Providers

It is the responsibility of the HCBS/TBI waiver provider agency originating the incident report to notify any other program or waiver provider when there is visible evidence of injury to the HCBS/TBI waiver participant or when the incident or response to the incident may impact services or activities. Consideration of the individual's privacy should be balanced against the need to notify other service providers.

### **Investigation of Serious Reportable Incidents**

#### Investigations by the Provider

The provider must designate at least one individual to be responsible for conducting a thorough and objective investigation. The investigator is required to have experience and/or training in conducting investigations. A provider may choose to contract with another agency to perform the investigation. However, the contracted agency must not have any involvement or stake in the outcome of the investigation. The decision of the contracted agency is binding. The results of the investigation are presented to the Incident Review Committee, which will determine if the investigation is complete, the appropriate action and necessary follow-up.

People conducting the investigation must not include:

- Individuals directly involved in the incident.
- Individuals whose testimony is incorporated in the investigation.

- Individuals who are the supervisor, supervisee, spouse, significant other or immediate family member of anyone involved in the investigation.

An investigation of a Serious Reportable Incident must contain the following information:

1. A clear and objective description of the event under investigation. This must include a description of the people involved in the alleged incident, the names of all witnesses and the time and place the incident occurred;
2. Identification of whether this was a unique occurrence or if this is believed to be related to previously reported incidents;
3. Details of structured interviews with all individuals involved in the events and all witnesses;
4. The investigator's conclusions if the allegation is substantiated, unsubstantiated or whether no definitive conclusions can be reached. The reasoning behind this decision must be included; and
5. The investigator's recommendations for action. This action may be directed towards individual employers or the participant, or may address larger program concerns such as training, supervision or agency policy.

If a participant is alleged to have abused another participant or member of the community (including staff), it is necessary for the investigation to take into consideration the aggressor's cognitive abilities to make a judgment as to the interventions that should follow the investigation of the incident.

#### Investigations by DOH

As described in the HCBS/TBI waiver Provider Agreement, the Department and its representative(s) (i.e., the RRDS or others identified as such by the HCBS/TBI waiver staff) have the authority to investigate the conduct, performance and/or alleged neglect of duties of administrators or employees of any agency or individual serving as a HCBS/TBI waiver provider. This level of intervention will occur when there are concerns that the provider has not followed the procedures described in this policy. If the provider is found to be noncompliant with these policies, the State will take appropriate action that may include terminating the Provider Agreement.

DOH works cooperatively with other State agencies that provide services to individuals with disabilities, informing them when mutual providers experience significant or numerous Serious Reportable Incidents.

Any employee under investigation for Serious Reportable Incidents by DOH or another State agency is not permitted to provide service to any HCBS/TBI waiver participant.

## **Provider's Serious Incident Review Committee**

### **1. Organization and Membership of the Serious Incident Review Committee**

- The Committee may be organized on an agency-wide, multi-program or program-specific basis. Independent HCBS/TBI waiver providers must also form a committee to review serious incidents. One way to accomplish this is to partner with other independent providers or existing agencies for this purpose.
- The Committee must contain at least five individuals. Participation of a cross section of staff, including professional staff, direct care staff and at least one member of the administrative staff is strongly recommended.
- The Executive Director of the agency shall not serve as a member of the Committee, but may be consulted by the Committee in its deliberations.
- The Program Administrator may be designated as a member only if the Committee is an agency-wide or multi-program committee.
- The Committee must meet at least quarterly, and always within one month of a report of a Serious Reportable Incident involving a HCBS/TBI waiver participant.

### **2. Responsibilities of the Serious Incident Review Committee**

This Committee is responsible for reviewing the investigation of every Serious Reportable Incident. The Committee will evaluate whether the investigation has been thorough and objective. It will determine if the conclusions and recommendations of the investigator are in line with best clinical practices and are in compliance with the guidelines of the HCBS/TBI waiver.

In addition, the Committee will:

- a. Assure that the providers' Incident Reporting Policies and Procedures comply with DOH HCBS/TBI Incident Reporting Policy.
- b. Review all Serious Reportable Incidents and Recordable Incidents (discussed in Section VII) to assure that incidents are appropriately reported, investigated and documented.
- c. Ascertain that necessary and appropriate corrective, preventive, and/or disciplinary action has been taken in accordance with the Committee's recommendations. If other actions are taken, the Committee must document the original recommendations and explain why these recommendations were revised.

- d. Develop recommendations for changes in provider policy and procedure to prevent or minimize the occurrence of similar situations. These recommendations must be presented to the appropriate administrative staff.
- e. Identify trends in Serious Reportable Incidents (by type, client, site, employee, involvement, time, date, circumstance, etc.), and recommend appropriate corrective and preventive policies and procedures.
- f. Report, at least annually, to the HCBS/TBI waiver staff regarding reportable incidents and allegations of HCBS/TBI waiver providers and corrective, preventive and/or disciplinary action pertaining to identified trends. This report must include the name and position of each of the members of the committee and documentation of any changes in the membership during the reporting period. This report will be submitted to the RRDS in the agency's region between January 1 and January 31 of each year for the prior year. The RRDS will review and submit these reports to DOH. In addition, DOH may request reports at any time.

3. Documentation of Serious Incident Review Committee Activity

- The chairperson shall ensure that minutes are kept for all meetings and collected in one location.
- Minutes addressing the review of Serious Reportable Incidents shall state the identification number of the incident (provided by the RRDS), the waiver participant's name and CIN number, a brief summary of the situation that caused the report to be generated (including date and type of incident), Committee findings and recommendations, and actions taken on the part of the agency/program as a result of such recommendations.
- Minutes are to be maintained in a manner that ensures confidentiality.
- DOH may request to review minutes at any time.

All information regarding Serious Reportable Incident reports, including but not limited to the information collected to complete the investigation and the investigation report and minutes of the standing Serious Incident Review Committee, must be maintained separately from the participant's records.

**Recordable Incidents**

Recordable Incidents are defined as incidents that do not meet the level of severity as described in Section II, Serious Reportable Incidents, but which impact the participant's life in the community. An example of these incidents is a fall that does not require medical attention. These Recordable Incidents do not need to be reported to DOH. However, DOH reserves the right to review these incidents at any time.

Agency policies and procedures regarding Recordable Incidents must include an explanation or identification of the:

- (1) Title or position of the individual(s) responsible for implementing these policies;
- (2) Process for reporting, investigating and resolving Recordable Incidents within the agency;
- (3) Process for identifying patterns of incidents which involve a specific participant or patterns within the agency that threaten the health and welfare of participants in general;
- (4) System for tracking the reporting, investigation and the outcome of all Recordable Incidents; and
- (5) Criteria used to determine when a Recordable Incident should be upgraded to a Serious Reportable Incident to be reported to DOH.