

July 28, 2022

# LTC COVID-19 Update

Presented by:

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## Today's Topics

- Monkeypox, brief update
- Disinfection best practices – Deanna Paddock
- Part 4 updated surveyor guidance – Lori Davenport
- Q&A

**AHCA/NCAL Quality Awards virtual workshops**, (IHCA members only), Gold starts Aug 2, Silver starts Aug 4, details [HERE](#)

**IHCA/INCAL Annual Convention & Expo**, August 15-16, details [HERE](#), online registration ends Aug 5.

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# Monkeypox

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## Brief Update

- [www.Monkeypox.health.in.gov](http://www.Monkeypox.health.in.gov)
- Men, Women and Children
  - 20% women
  - 12 countries
  - Majority MSM – but not all
  - Indiana has reported cases
  - Presenting with concerning rash - use website for help and information



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# Disinfection Best Practices Frequently Asked Questions Deanna Paddack

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## Question #1

- Seems like the list of bugs and viruses keep growing -  
--- How many products does a facility need to clean and disinfect the environment and is there a product that will kill almost anything?



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## Question #2

- How do I make sure the facility is using the right product in the right places and the right way?



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## Question #3

- What communication do I need as a housekeeper each day to prioritize the order that I clean rooms and common areas?



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## Question #4

- Should I wear certain PPE when I clean a room, handling bed linen and / or personal laundry?



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## Question #5

- Could you talk me through getting trash and or soiled laundry out of an isolation room properly?



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## Updated Surveyor Guidance Appendix PP in State Operations Manual Implementation – October Part 4

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### Right to Be Free from physical restraints – F604

- Clarification –
  - A bed rail is a restraint if the bed rail keeps a resident from voluntarily getting out of bed in a safe manner due to his/her physical or cognitive inability to lower the bed rail independently.
  - Open discussion – not having a side rail could be a problem in some cases too.
  - Call it what it is – review your policy and review MDS codes for restraints



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## Develop / Implement Abuse/Neglect ... Policies – F607

- Key areas

1. QAPI – Providers must include QAPI coordination in policies and procedures for prohibiting abuse and neglect and that the policies and procedures should direct staff how to share information with the Quality Assessment and Assurance (QAA) committee. The QAA must effectively oversee facility processes and determine the need for improvement and/or action.



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## Develop / Implement Abuse/Neglect ... Policies – F607

- Key areas

2. Moved things around – added citations to F607 and deleted F608.

Adds citation (from the deleted F608) and the investigative protocol related to a **failure to develop and implement written policies and procedures for posting conspicuous notice of employee rights as well as prohibiting and preventing retaliation.**



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## Reporting of Reasonable Suspicion of a Crime – F608

- Deleted Tag F608
- Moved investigative protocols, have been moved to 607 and 609



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## Reporting of Alleged Violations – F609

- Significant revisions – 4 total
  1. Added citation from the deleted tag F608 and the investigative protocol related to the failure to ensure suspected crimes are reported and covered individuals (employees) are notified about their reporting responsibilities. – upon hire and annually in a language they understand



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## Reporting of Alleged Violations – F609

2. A facility policy and procedures should address the following: Orienting staff to reporting requirements and covered individuals (employees) are notified annually of their responsibilities in a language they understand.
3. What should happen if the covered individual refused to report a suspected crime to law enforcement, or a surveyor can't verify that a report was done.



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## Reporting of Alleged Violations – F609

3. Clarified reporting requirements with added guidance on what exactly needs to be reported and what does not. There are examples of each type of alleged violation.

There are three new categories: **mental/verbal conflict**, **sexual contact**, and **physical altercations**; **injuries of unknow source**, **neglect**; and **misappropriation of resident property and exploitation**.



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## Reporting of Alleged Violations – F609

4. Updated the guidance for contents of a facility report of alleged violations – sample forms – handouts



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Q & A

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## Contact Information

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# THANK YOU!



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# Environmental Facts for *Candida auris* Disinfection Practices



*Candida auris* (*C. auris*) is a species of yeast classified by the Centers for Disease Control and Prevention (CDC) as an emerging organism of epidemiological concern. Stringent environmental and device disinfection, robust hand hygiene and wearing proper PPE are needed to stop transmission and prevent the spread of this organism. Surfaces containing *C. auris* need to be disinfected with specific chemicals, as *C. auris* is naturally resistant to some disinfectants. Here are some examples of best practices for infection control measures and disinfection:

## **Alcohol Based Hand Rub (ABHR) sanitizer is acceptable to use for hand hygiene with *Candida auris*.**

All staff including environmental services (EVS) should use ABHR before and after the removal of gloves when cleaning rooms. Also, all staff should wear a gown and gloves to clean the room.

## **Please focus on disinfecting the following items in unit common spaces at least once every shift**

- Phones, computer keyboards and mouse
- Nursing Stations, writing devices and utensils
- Medication carts

## **Cleaning and Disinfection Practices**

- **Use products on EPA List P.** If these are not available, use sporicidal products. **(See page 2- How to access EPA List P products).**
- Ensure EVS staff know product contact dwell time (wet to dry times) for the product chosen.
  - Refer to instructions for use (IFUs) and manufacturer's guidelines.
- Ensure EVS staff use an adequate number of cleaning cloths according to IFUs for the cleaning agent. **Note: The number of cleaning cloths per room should be changed with each surface- i.e., bedside table, bed (may require several cloths), etc.**
- Create a workflow plan for cleaning rooms: EVS should be cleaning the *C. auris* rooms **last**.
- EVS cleaning cart reminders: Storage of food, drinks, or personal items is not permitted on carts.
- Staff should disinfect all surfaces of items that come out of the room, i.e., spray bottles or cleaning canisters, including any shared medical equipment

## **Six steps for Safe and Effective Disinfectant use from EPA**

**Step 1: Check that your product is EPA-approved:** Find the EPA registration number on the product. Then, check to see if it is on the EPA's list of approved disinfectants here: [List P](#)

**Step 2: Read the directions:** Follow the product's directions. Check "use sites" and "surface types" to see where you can use the product. Read the "precautionary statements."

**Step 3: Pre-clean the surface:** Make sure to wash the surface with soap and water if the directions mention pre-cleaning or if the surface is visibly dirty.

**Step 4: Follow the contact time:** You can find the contact time in the directions. The surface should remain wet the whole time to ensure the product is effective

**Step 5: Wear gloves and wash your hands:** For disposable gloves, discard them after each cleaning. For reusable gloves, dedicate a pair to disinfecting *Candida auris*. Wash your hands after removing the gloves.

**Step 6: Lock up the disinfectants:** Keep lids tightly closed and store out of reach of children.

## Accessing EPA List P

### How to Use list P Products Effectively- [List P Approved Products](#)

A product's effectiveness can change depending on how you use it. Disinfectants may have different directions for different pathogens. Follow the label directions for *C. auris*, including the contact time.

### How to Check if a Product is on List P

Disinfectant products may be marketed and sold under different brand and product names. To determine whether EPA expects a given product to kill *C. auris*, determine whether its primary registration number is on this list:

- First, find the EPA registration number on the product label. Look for "EPA Reg. No." followed by two or three sets of numbers.
- If your product's registration number has **two** parts (ex. 1234-12), it has a **primary registration number**. If this number is on List P, the product is qualified for use against *C. auris*.
- If your product's registration number has **three parts** (ex. 1234-12-123), you have a **supplemental distributor product**. These products have the same chemical composition and efficacy as primary products, but often have different brand or product names.
- **If the first two parts of this registration number (ex. 1234-12) are on List P, the product is qualified for use against *C. auris*.** (The **first two parts** of this registration number reflect the primary registration, while the third identifies the distributor's EPA company number.)
- Regardless of whether you are using a primary registration product or a supplemental distributor product, always check that the product's label includes directions for use for against *C. auris*.

Information about listed products is current as of the date on this list. Inclusion on this list does not constitute an endorsement by EPA. If you have 3 subsets of numbers **only search the first 2 subset of numbers**. **Note: It is important that they only enter the first 2 subsets of numbers to find the product, not more. The EPA registration number is very small and hard to find and often found near the bar code or ingredient list.**

---

|   |  |
|---|--|
| <b>i</b> EPA Registration Number              | <input type="text" value="12345-12"/>    |
| Active Ingredient(s)                          | <input type="text"/>                     |
| <b>i</b> Product Name                         | <input type="text" value="Product A"/>   |
| Company                                       | <input type="text" value="Company XYZ"/> |
| <b>i</b> Contact Time (in minutes)            | <input type="text"/>                     |
| <b>i</b> Formulation Type                     | <input type="text"/>                     |
| <b>i</b> Surface Types                        | <input type="text"/>                     |
| <b>i</b> For use on Tier 1 viruses?           | <input type="text"/>                     |
| <b>i</b> For use on Tier 2 viruses?           | <input type="text"/>                     |
| <b>i</b> For use on Tier 3 viruses?           | <input type="text"/>                     |
| Follow directions for the following pathogens | <input type="text"/>                     |

[Clear Filter\(s\)](#)

Show  entries [Export to PDF](#) [Export to CSV](#)



## **EXHIBIT 358**

### **Sample Form for Facility Reported Incidents**

This sample form can be used to ensure the reporting of reasonable suspicion of crimes against a resident or individual receiving care from the facility within prescribed timeframes to the appropriate entities, consistent with Section 1150B of the Act; and all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property. The information collected is critical in determining what may be occurring in a facility and the effect(s) that it may have on residents.

#### **Section 1150B(b) of the Social Security Act –**

(1) Each covered individual shall report to the Secretary and 1 or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime (as defined by the law of the applicable political subdivision) against any individual who is a resident of, or is receiving care from, the facility.

(2) Timing —If the events that cause the suspicion—

(A) result in serious bodily injury, the individual shall report the suspicion immediately, but not later than 2 hours after forming the suspicion; and

(B) do not result in serious bodily injury, the individual shall report the suspicion not later than 24 hours after forming the suspicion.

**42 C.F.R. 483.12(c)(1) (F609)** - In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: (1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

**483.12(c)(4)** - Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

“**Abuse**,” is defined at §483.5 as “the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of

abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.”

“**Alleged violation**” is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.

“**Crime**”: Section 1150B(b)(1) of the Act provides that a “crime” is defined by law of the applicable political subdivision where the facility is located. A political subdivision would be a city, county, township or village, or any local unit of government created by or pursuant to State law.

“**Criminal sexual abuse**”: In the case of “criminal sexual abuse” which is defined in section 2011(19)(B) of the Act (as added by section 6703(a)(1)(C) of the Affordable Care Act), serious bodily injury/harm shall be considered to have occurred if the conduct causing the injury is conduct described in section 2241 (relating to aggravated sexual abuse) or section 2242 (relating to sexual abuse) of Title 18, United States Code, or any similar offense under State law. In other words, serious bodily injury includes sexual intercourse with a resident by force or incapacitation or through threats of harm to the resident or others or any sexual act involving a child. Serious bodily injury also includes sexual intercourse with a resident who is incapable of declining to participate in the sexual act or lacks the ability to understand the nature of the sexual act.

“**Exploitation**,” as defined at §483.5, means “taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion.”

“**Injuries of unknown source**” – An injury should be classified as an “injury of unknown source” when all of the following criteria are met:

- The source of the injury was not observed by any person; and
- The source of the injury could not be explained by the resident; and
- The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

“**Misappropriation of resident property**,” as defined at §483.5, means “the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident’s belongings or money without the resident’s consent.”

“**Mistreatment**,” as defined at §483.5, is “inappropriate treatment or exploitation of a resident.”

“Neglect,” as defined at §483.5, means “the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.”

“Serious bodily injury” means an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; requiring medical intervention such as surgery, hospitalization, or physical rehabilitation; or an injury resulting from criminal sexual abuse (See section 2011(19)(A) of the Act).

“Sexual abuse,” is defined at §483.5 as “non-consensual sexual contact of any type with a resident.”

“Willful,” is defined at §483.5 in the definition of “abuse,” and “means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.”

### Initial Report

**It is important that the facility provide as much information as possible, to the best of its knowledge, at the time of submission of the report.**

#### 1. Facility Information

|                                 |
|---------------------------------|
| Facility Name:                  |
| CMS Certification Number (CCN): |
| Address:                        |
| Phone number:                   |
| Email address                   |

#### 2. Allegation Type

Select all that apply to the reporting incident.

|  |          |  |               |
|--|----------|--|---------------|
| Abuse specify whether:                     | Physical | Sexual   | Mental/Verbal |
| Deprivation of Goods and Services by Staff |          |  |               |
| Neglect                                    |          | Misappropriation of Resident Property/Exploitation |               |
| Injury of Unknown Source                   |          | Suspected Crime                                    |               |

#### 3. Information about when the Facility became aware of the incident

|   |
|---|
| Date/Time/Name of when staff became aware of the incident |
|---|



|  |
|--|
| Date/Time administrator was notified of the incident and by whom |
|--|

**4. Alleged Victim(s)**

Please be sure to input the current location of alleged victim at time of filling out this form.

|                                     |                |
|-------------------------------------|----------------|
| Full Name:                          | Date of Birth: |
| Current location of alleged victim: |                |

**5. Alleged Perpetrator(s)**

If not a staff member, please insert as much accurate information as possible.

|                                    |
|------------------------------------|
| Full Name                          |
| Position (if staff)                |
| Contact information, if known      |
| Relationship to the alleged victim |

**6. Allegation Details**

Provide a brief description of the specific allegation, including but not limited to, identifying:

|  |
|--|
| Who made the allegation (unless it was reported anonymously), and their relationship to the alleged victim |
| What was reported and to whom or which agency/entity   |
| Date and time when the alleged incident occurred   |
| Where the alleged incident occurred  |

Provide details of any physical harm, pain, or mental anguish to the alleged victim(s), including but not limited to:

|   |
|---|
| Whether serious bodily injury occurred, if known  |
| Describe any type of injury such as a bruise, scratch, laceration, puncture wound, fracture, bleeding, redness on the skin, etc.  |
| Describe any changes in the resident's behavior that indicate something different from the resident's normal baseline such as crying, expressions or displays of fear, cowering, anger, withdrawal, difficulty sleeping, etc. |

Provide all steps taken immediately to ensure resident(s) are protected. Such steps could include:

- Immediate assessment of the alleged victim and provision of medical treatment as necessary;
- Evaluation of whether the alleged victim feels safe and if he/she does not feel safe, taking immediate steps to protect the resident, such as a room relocation and/or increased supervision;
- Immediate notification to the alleged perpetrator's (if a resident) and/or the alleged victim's physician and the resident representative when there is injury, a significant change in condition or status, and/or a need to alter treatment significantly;
- If the alleged perpetrator is facility staff, removal of the alleged perpetrator's access to the alleged victim and other residents and assurance that ongoing safety and protection is provided for the alleged victim and other residents;
- If the alleged perpetrator is a resident or visitor, removal of the alleged perpetrator's access to the alleged victim and, as appropriate, other residents and assurance that ongoing safety and protection is provided for the alleged victim and other residents;
- Other measures the facility is taking to prevent further potential abuse, neglect, exploitation, and misappropriation of resident property.

|  |
|--|
|  |
|--|

**7. Witness(es)**

|                                 |                                |
|---------------------------------|--------------------------------|
| Full Name:                      | Position (if staff):           |
| Relationship to alleged victim: | Contact information, if known: |

**8. Notification to Law Enforcement, if applicable**

|  |
|--|
| Was the incident reported to a law enforcement agency? (Yes/No)                  |
| If yes, name of the law enforcement agency notified and contact person           |
| Name of reporting individual(s) and position(s)                                  |
| Date and time (including am/pm) the report was made, report number if available: |

**9. Notification to Other Agencies**

|   |
|---|
| Were other agencies notified?   |
| If YES, which other agency and who at that agency was notified of the allegation (ex: Adult Protective Services, Ombudsman) |
| Date and Time (include am/pm) the report was made:  |

## **10. Submission Report**

|   |
|---|
| Name/title of person submitting report                                      |
| Date/time (am/pm) report was submitted                                      |
| Contact number and E-mail address of person submitting report for follow up |

Advanced Copy

## Exhibit 359

### Follow-up Investigation Report

Within five (5) business days of the incident, the facility must provide in its report sufficient information to describe the results of the investigation, and indicate any corrective actions taken if the allegation was verified. It is important that the facility provide as much information as possible, to the best of its knowledge at the time of submission of the report. The facility should include any updates to information provided in the initial report and the following additional information, which should include, but are not limited to, the following:

#### **1. Additional/Updated Information Related to the Reported Incident:**

Provide a brief description of any additional information and/or updates, if applicable.

|  |
|--|
| Describe any additional outcomes to the resident(s), identifying/describing any physical and mental harm |
|--|

|  |
|--|
| Whether the allegation was reported to the resident representative, and if so, date/time |
|--|

|   |
|---|
| Whether the allegation was reported to another agency (e.g., nurse aide registry or professional licensing boards if staff to resident abuse), and if so, which agency, date/time, and outcome if they conducted an investigation |
|---|

#### **2. Steps taken to investigate the allegation:**

Provide a detailed summary of ALL steps taken to investigate allegation.

|   |
|---|
| Summary of interview(s) with the alleged victim and/or the victim's responsible party, if applicable. Indicate any visual cues from the resident of psychosocial distress and harm and the resident's perspective on incurred psychological harm and distress |
|---|

|   |
|---|
| Summary of interview(s) with witness(es), what the individual observed or knowledge of the alleged incident or injury |
|---|

|   |
|---|
|   |
| Summary of interview(s) with the alleged perpetrator(s) (staff, resident, visitor, contractor, etc.)                            |
| Summary of interview(s) with other residents who may have had contact with the alleged perpetrator                              |
| Summary of interview(s) with staff responsible for oversight and supervision of the location where the alleged victim resides   |
| Summary of interview(s) with staff responsible for oversight and supervision of the alleged perpetrator, if staff or a resident |

Provide summary information from the investigation related to the incident from the resident's clinical record, such as relevant portions of the RAI, the resident's care plan, nurses' notes, social services note, lab reports, x-ray reports, physician or other practitioner reports or reports from other disciplines that are related to the incident. If a resident to resident altercation occurred, provide any relevant details that may have caused the alleged perpetrator's behavior, such as habits, routines, medications, diagnosis, how long he/she may have lived at the building, or BIMS score.

If available within the five business day timeframe, provide summary information of other documents obtained, such as hospital/medical progress notes/orders and discharge summaries, law enforcement reports, and death reports as applicable

|  |
|--|
|  |
|--|

### **3. Conclusion**

Provide a brief description of the conclusion of the investigation and indicate if findings were:

*[Note: For incidents reported as injuries of unknown source, indicate if the injury resulted from abuse or neglect, based on evidence from the investigation.]*

|  |
|--|
| Verified – The allegation was verified by evidence collected during the investigation. Indicate if the allegation was verified by evidence collected during the investigation. |
|--|

|  |
|--|
| Not Verified – The allegation was refuted by evidence collected during the investigation. Indicate and describe why the allegation was unable to be verified during the investigation. |
|--|

|  |
|--|
| Inconclusive– The allegation could not be verified or refuted because there was insufficient information to determine whether or not the allegation had occurred. If this was identified as inconclusive, indicate and describe how this was determined. |
|--|

### **4. Corrective Action(s) Taken**

Provide in detail a summary of all corrective action(s) taken.

|   |
|---|
| Describe any action(s) taken as a result of the investigation or allegation |
|---|



Describe the plan for oversight of implementation of corrective action, if the allegation is verified.

As a result of a verified finding of abuse, such as physical, sexual or mental abuse, identify counseling or other interventions planned and implemented to assist the resident

If systemic actions (e.g., changes to facility staffing patterns, changes in facility policies, training) were identified that require correction, identify the steps that have been taken to address the systems

If the allegation was reported to law enforcement or another state agency, where applicable and if available, what is the status or provide conclusions of their investigation.

### **5. Facility investigator**

Provide the name of the facility individual who had the primary responsibility for conducting the investigation.

Name of person(s) investigating allegation:

### **6. Submitted by**

Name of administrator/designee:

Date/time of submission:

|  |
|--|
|  |
| Contact number and E-mail address for follow up: |

Advanced Copy