

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: RHC INCIDENT INVESTIGATIONS POLICY 12.02

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Authority: [42 C.F.R. 483.12](#) *Admission, Transfer, and Discharge Rights*  
[42 C.F.R. 483.420](#) *Condition of Participation: Client Protections*  
[Chapter 26.44 RCW](#) *Abuse of Children*  
[Chapter 43.20A RCW](#) *DSHS*  
[Chapter 70.124 RCW](#) *Abuse of Patients*  
[Title 71A RCW](#) *Developmental Disabilities*  
[Chapter 74.34 RCW](#) *Abuse of Vulnerable Adults*

Reference: [Executive Order 96-01](#) *Providing for the transfer of criminal and major administrative investigations involving DSHS employees to the State Patrol*

[DSHS-WSP Interagency Agreement for Criminal and Administrative Investigations](#)

[DSHS Administrative Policy 8.02](#) *Client Abuse*  
[DSHS Administrative Policy 9.01](#) *Incident Reporting*  
[DSHS Administrative Policy 9.03](#) *Administrative Review – Death of a Residential Client*

[DDA Policy 5.13](#) *Protection from Abuse – Mandatory Reporting*  
[DDA Policy 7.05](#) *Mortality Reviews*  
[DDA Policy 12.01](#) *Incident Reporting and Management for DDA Employees*  
[RHC SOP 101.2](#) *Prevention and Detection of Abuse, Neglect, and Mistreatment*

Note: For ICF/IID CFR definitions of abuse and neglect refer to W127 and W149 in Appendix J of the [State Operations Manual for ICF/IID](#).

For Nursing Facility CFR definitions relating to and including abuse and neglect, refer to F600, F602, F603, F604 and F605 in Appendix PP of the [State Operations Manual for Long Term Care Facilities](#)

## **BACKGROUND**

Federal regulations require that Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) and Nursing Facilities (NFs) have evidence that all incidents of suspected abandonment, abuse, neglect, financial exploitation, or other serious incidents involving clients are thoroughly investigated, and that an immediate protection plan is implemented. The Developmental Disabilities Administration (DDA) established the Statewide Investigation Unit (SIU), independent of the Residential Habilitation Centers (RHCs), to investigate suspected client abandonment, abuse, neglect, financial exploitation, and other critical client incidents.

## **PURPOSE**

This policy establishes and prescribes the roles and responsibilities for the SIU and for ICF/IID and NF staff responsible for investigations and oversight following incidents involving alleged or suspected abuse, neglect, or mistreatment. This policy is focused on roles and responsibilities for investigation, client protections, and plans of correction following a five-day investigation.

For incident reporting requirements and procedures refer to [DDA Policy 12.01, \*Incident Reporting and Management for DDA Employees\*](#), and [RHC SOP 101.2, \*Prevention and Detection of Abuse, Neglect, and Mistreatment\*](#).

Under [42 C.F.R. 483.12](#) and [42 C.F.R. 483.420](#), SIU is the designated body assigned to investigate allegations of incidents that may have involved abuse, neglect, or mistreatment of RHC clients. The RHC superintendent or assistant superintendent is responsible for ensuring immediate actions are taken to assure client safety following alleged or suspected incidents of abuse, neglect, or mistreatment pending investigation (e.g. removing staff from direct client contact pending investigation). The superintendent or assistant superintendent is also responsible for taking appropriate actions to protect and promote client safety when areas of risk are revealed during the course of, or at the conclusion of, a five-day investigation.

## **SCOPE**

This policy applies to SIU, ICF/IID, and NF staff responsible for investigation and oversight following incidents involving alleged or suspected abuse, neglect, or mistreatment. The DDA-SIU investigates category I incidents. Category II incidents are investigated by RHC employees. The DDA-SIU does not routinely investigate issues involving safety hazards, personnel performance, or major administrative allegations, unless a category I incident type is inherent to the concern. Special investigation assignments not involving category I incident types are at the discretion of the DDA Assistant Secretary or designee, in consultation with the SIU Unit Manager.

## **DEFINITIONS**

**Abuse** means the willful infliction of injury, unreasonable confinement, intimidation or punishment resulting in physical harm, pain or personal anguish. For nursing facilities the term “willful” used in the definition of abuse means the individual’s action was deliberate (not

inadvertent or accidental), regardless of whether the individual intended to inflict injury or harm. For individuals unable to communicate feelings of fear, humiliation, etc., associated with abusive episodes, the assumption is that any actions that would usually be viewed as psychologically or verbally abusive by a member of the general public, would also be viewed as abusive by the client residing in the ICF/IID, regardless of that client's perceived ability to comprehend the nature of the incident.

**Physical abuse** refers to any action intended to cause physical harm or pain, trauma, or bodily harm (e.g., hitting, slapping, punching, kicking, pinching, etc.). It includes the use of corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purposes of punishment.

**Psychological abuse** includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation, sexual coercion, and intimidation (e.g. living in fear in one's own home).

**Sexual abuse** includes any incident where a client is coerced or manipulated to participate in any form of sexual activity for which the client did not give affirmative permission (or gave affirmative permission without the attendant understanding required to give permission) or sexual assault against a client who is unable to defend him or herself.

**Verbal abuse** refers to any use of insulting, demeaning, disrespectful, oral, written or gestured language directed towards and in the presence of the client.

**Corrective action plans** refers to actions that must be taken following any incident investigation which reveals a potential threat to the clients at the facility whether or not actual abuse, neglect, or mistreatment is confirmed. Corrective actions imposed by the facility, including personnel actions, must be commensurate with the severity of the incident or threat. Corrective action is action that is reasonably likely to prevent abuse, neglect, mistreatment, or injury from occurring or recurring [42 C.F.R. 483.420(d)(4)].

**Category I incident** refers to the most critical incident classification requiring a five-day investigation, most notably all incidents involving alleged or immediate suspicion of abuse, neglect, or mistreatment.

**Category II incident** refers to a second class of incidents that also require a five-day investigation

**DDA Statewide Investigation Unit (DDA-SIU)** refers to the DDA independent investigation unit comprised of DDA Central Office employees (with duty stations at the RHCs) who conduct investigations of Category I incidents at the RHCs.

**Five working days** means the first working day commences immediately following the report being received by the administrator of the facility or designee and concludes 24 hours later. Each

consecutive working day is counted up to the fifth day, at which time the [DSHS 16-202, 5-Day Investigation Report](#), must be submitted to the RHC designee.

**Mistreatment** includes behavior or facility practices that result in any type of client exploitation such as financial, physical, sexual, or criminal. Mistreatment also refers to the use of behavioral management techniques outside of their use as approved by the specially constituted committee and facility policies and procedures.

**Neglect** means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Staff failure to intervene appropriately to prevent self-injurious behavior may constitute neglect. Staff failure to implement facility safeguards, once client-to-client aggression is identified, may also constitute neglect.

**Professional medical attention** means care beyond first aid by a medical professional, including primary care providers, paramedics, fire fighters, urgent care, or emergency room personnel.

**SIU Investigator** means the DDA Compliance and Investigation Manager (CIM) who reports to the DDA SIU Unit Manager.

**Washington State Patrol DSHS Special Investigation Unit (WSP)** refers to the unit of the Washington State Patrol assigned to DSHS.

**Willful** for ICF/IID in the context of abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain, or personal anguish.

**Willful** for nursing facilities used in the definition of abuse is defined to mean the individual's action was deliberate (not inadvertent or accidental), regardless of whether the individual intended to inflict injury or harm.

**Work day or working day** means Monday through Friday, excluding state and federal holidays.

## **POLICY**

- A. ICF/IID and NFs must have systems in place to provide immediate protective responses to incidents to prevent any further injury or harm to individuals.
- B. Incidents requiring an investigation at the RHCs are classified into Category I or Category II. See Policy Section (F). The RHCs must refer clear Category I incidents to the DDA-SIU for investigation. The facility may investigate allegations initially meeting Category I criteria only when a preponderance of evidence initially gathered support a conclusion that the allegation or suspected incident did not, in fact, involve abuse, neglect, or mistreatment as initially reported. All cases involving initial reports of alleged or suspected abuse, however, must still be fully investigated using [DSHS 16-202, 5-Day Investigation Report](#), and completed according to Procedures Section (B).

- C. All Category I incident investigations of suspected criminal acts by current or former DSHS employees must be referred to local law enforcement, WSP, or both.
1. When law enforcement is conducting an investigation, the DDA-SIU will continue its investigation without interviewing the accused employee (if identified) and others as determined by law enforcement. In these cases, law enforcement informs the RHC administration when permission has been granted to conduct the interview. The RHC administration informs the DDA-SIU that permission was received to conduct the interview if the investigation has been assigned to the DDA-SIU.
  2. All allegations that, if proven to be true, may lead to employee demotion or dismissal will be referred to WSP. If WSP declines the referral, then another investigator will be assigned by the Appointing Authority. Cases of progressive discipline should not be referred to WSP.
- D. All investigations must be conducted in a timely and thorough manner consistent with state and federal law and administration policies and protocols.
1. SIU will make every effort to resolve discrepancies during the course of the five-day investigation. In the event testimonial discrepancies cannot be resolved (e.g., he-said, she-said scenarios) these discrepancies will be pointed out in the summary of evidence.
  2. The SIU investigator or unit manager must apprise the superintendent or designee of any key evidence or disclosures made during the course of the investigation that may warrant timely action to ensure client health and safety.
- E. SIU will make a determination, based on evidence collected, on the likelihood that a specific incident, statement, or allegation occurred, as reported (i.e. more likely than not, insufficient evidence, or likely did not occur). SIU's conclusion will be based on facts collected and objective descriptions of acts or omissions. Conclusions may be put into environmental or historical context, but will be void of formal categorization such as "abuse, neglect, or mistreatment."
1. It should be noted that an SIU-verified employee action or omission, in an ICF/IID or NF setting, does not in and of itself mean that the action or omission meets the CFR definition for abuse, neglect, or mistreatment.
  2. For ICF/IID settings only, SIU will include with the five-day investigation report, any identified threats to client safety or client rights afforded per 42 CFR 483.420.
- F. The RHC superintendent will make a determination as to whether abuse, neglect or mistreatment occurred following the receipt of SIU's five-day investigation report and findings.

1. The superintendent or designee's determination of whether or not abuse, neglect, or mistreatment occurred must be made based on a preponderance of the evidence in the context of CFR guidance and definitions.
  2. This determination is facility-specific, CFR-driven, and independent of any chapter 74.34 RCW civil or criminal investigation that may be pending or concluded.
- G. The superintendent or designee will determine whether a plan of correction is necessary following all SIU five-day investigation reports.
1. Corrective actions must be taken following any incident investigation that reveals a potential threat to the clients at the facility whether or not actual abuse, neglect, or mistreatment is confirmed.
  2. Corrective actions imposed by the facility, including personnel actions, must be commensurate with the severity of the incident or threat.
  3. Copies of the RHC's corrective action plan or determination that none is warranted must be submitted to the SIU within ten days.
- H. Incident Classification
1. The following types of incidents and allegations are considered **Category I** incidents:
    - a. Abandonment;
    - b. Abuse, including:
      - 1) Improper use of physical, mechanical, or chemical restraint;
      - 2) Mental abuse;
      - 3) Personal exploitation;
      - 4) Physical abuse;
      - 5) Sexual abuse;
    - c. Client-to-client altercations when there is suspected staff or facility neglect;
    - d. Episodes of choking when there is suspected staff or facility neglect;
    - e. Suspicious deaths, accidental deaths, or suicide;
    - f. Unexpected deaths, where abuse or neglect may be involved or become a concern at any point during the mortality review process;

- g. Financial exploitation;
  - h. Injury of unknown origin that requires hospitalization or raises suspicion of abuse;
  - i. Medication error that causes, or is likely to cause, injury or harm as assessed by a medical or nursing professional;
  - j. Medication errors resulting from reported patterns;
  - k. Neglect;
  - l. Physical intervention or restraint resulting in injury requiring treatment beyond basic first aid; and
  - m. Suicide threats or suicide attempts when there is suspected staff or facility neglect. "Suicide threat" means the action of a client who has the physical ability and resources to carry out the threat and:
    - 1) Communicates or suggests in any verbal or nonverbal way in an interpersonal interaction, that stops short of a self-harm, the client wishes to die or may attempt suicide; or
    - 2) Engaged in a behavior that is potentially self-injurious with a nonfatal outcome but there is evidence the client had intent to die but was thwarted, rescued, or changed his or her mind after taking initial action.
2. The following types of incidents and allegations are considered **Category II** incidents:
- a. Client-to-client altercations under [RCW 74.34.035](#), when neglect by staff is not suspected;
  - b. Episodes of choking requiring intervention when there is not suspected staff or facility neglect, regardless of outcome;
  - c. Client who leaves the grounds of the facility without necessary support or supervision when suspected neglect is not involved;
  - d. Deaths, not otherwise defined in Policy Section (H)(1) above;
  - e. Physical intervention or restraint resulting in injury to the client that requires only minor first aid;

- f. Suicide threats or suicide attempts when there is no suspected staff or facility neglect. “Suicide threat” is defined as the action of a client who has the physical ability and resources to carry out the threat and:
    - 1) Communicates or suggests in any verbal or nonverbal way in an interpersonal interaction, that stops short of a self-harm, the client wishes to die or may attempt suicide; or
    - 2) Engaged in a behavior that is potentially self-injurious with a nonfatal outcome but there is evidence the client had intent to die but was thwarted, rescued, or changed his or her mind after taking initial action;
  - g. Emergency restraints (physical or mechanical) or emergency medications regardless of whether or not there is resultant injury; and
  - h. Vehicular accident with client injury when operated by a state employee if suspected neglect is not involved.
- I. The DDA-SIU conducts Category I incident investigations. The DDA Assistant Secretary or designee, in conjunction with the SIU Unit Manager, may request other incident types be investigated by the DDA-SIU.
- J. The RHC’s appointing authority or designee is responsible for the release of all SIU investigative documents, reports, evidence, etc., in accordance with federal and state laws, as well as department policies, regarding confidentiality and disclosure.

## **PROCEDURES**

- A. Initial RHC Actions Following an Incident
- 1. Protect the person. Develop and implement an immediate protection plan to include;
    - a. Ensuring everyone is safe;
    - b. Assessing for injury or trauma; and
    - c. Providing care and referring for treatment as needed.
  - 2. Reporting
    - a. Report all incidents involving alleged or suspected abuse, neglect, financial exploitation, abandonment, or mistreatment of a child or vulnerable adult to the proper authorities pursuant to [RCW 26.44](#) and [RCW 74.34](#). For more information about incident reporting requirements and procedures, refer to [DDA Policy 12.01, Incident Reporting and](#)



*Management for DDA Employees, and [RHC SOP 101.2](#), Prevention and Detection of Abuse, Neglect, and Mistreatment.*

- b. Report incident to WSP if a founded allegation would result in employee demotion or dismissal.

B. Initial RHC Investigation

1. The RHC must begin an initial investigation for both Category I and Category II incident types immediately following the alleged or suspected incident.
2. The facility may conduct all Category II investigations.
3. The facility may initiate and complete investigations for incidents initially reported as Category I only if:
  - a. The facility ensures any incident reported involving, or suspected to involve abandonment, abuse, neglect, or exploitation is reported to the Complaint Resolution Unit and other investigative bodies as described in Procedures Section (A)(2);
  - b. The facility conducts a complete investigation for any incident initially reported as involving alleged or suspected abuse or neglect;
  - c. The facility informs the SIU they are conducting a five-day investigation for an incident initially reported as a Category I incident; and
  - d. The RHC's review and investigation determines, based on the preponderance of evidence initially gathered, that the alleged or suspected incident did, in fact, not involve abandonment, abuse, neglect, or exploitation as initially reported.
4. If at any point during an internal facility investigation evidence is revealed that suggests abuse or neglect has occurred, a formal referral to SIU must be made. If the incident is referred to the SIU then documentation of the facility's initial investigation to date must be made available to the SIU.
  - a. Ask witnesses to write a detailed and legible statement of what occurred. If an employee refuses to make a statement, document the refusal. Do not ask for a verbal or written statement from an accused employee.
  - b. Enter the incident into the appropriate incident management systems or database (e.g., local RHC IR system or database, DDA Electronic IR System, Employee Investigation Management System (EIMS)).
5. The RHC must collect evidence according to Attachment A, *Guidelines to*

*Securing and Preserving Evidence.* For internal investigations or in the event there will be a delay in the arrival of an outside investigator, it may be necessary to secure:

- a. Physical evidence;
  - b. Documentary evidence; and
  - c. Demonstrative evidence.
6. Except as permitted by [RCW 74.34.035\(8\)](#) and [RCW 74.34.095\(1\)](#), the identities of those involved in Category I and Category II incidents are confidential and not subject to disclosure.
7. The Superintendent or designee must:
- a. Ensure all procedures as noted above have occurred; and
  - b. Manage disclosure and release of investigation records according to state and federal law and department policy.

C. Referral to the DDA-SIU

1. The Superintendent or designee must refer Category I incidents to the DDA-SIU except for those determined to not meet criteria as defined in Procedures Section (B)(3).
2. When law enforcement is conducting an investigation, the DDA-SIU must not interview the accused employee, or others unless permitted by law enforcement.
3. If law enforcement declines to take the investigation or complete the investigation, the RHC must notify DDA-SIU no more than one working day after learning that law enforcement declines.
4. The DDA-SIU must complete and submit the final [DSHS 16-202](#), *5-Day Investigation Report*, including the individual testimonies (verbal and written) of all people involved in the incident, as well as any pertinent documentation. The initial *5-Day Investigation Report* must indicate the results of the investigation to the extent approved by law enforcement, with clear indication if the investigation will proceed once authorized by law enforcement.
5. If law enforcement is conducting an investigation and has not yet provided clearance to interview an accused employee or others, an initial [DSHS 16-202](#), *5-Day Investigation Report*, must be submitted to the RHC within five working days, with initial results included, pending any additional interviews. See Attachment C, *How to Calculate When the Investigative Report is Due*.

6. After the DDA-SIU completes the investigation and the RHC thoroughly reviews the [DSHS 16-202, 5-Day Investigation Report](#), the RHC must determine whether to return the accused employee to providing client care.
7. If at any time the facility, appointing authority, or DDA-SIU is unsure whether an alleged action or inaction is a crime, they may contact WSP for assistance.
8. See Attachment B, *RHC Referral Flow Chart*.

D. DDA-SIU Investigation of Category I Incidents

The DDA-SIU investigator must:

1. Immediately report to the Superintendent or designee and the SIU Unit Manager, verbally and by email, information that:
  - a. May reveal a current or new threat to the health or safety of RHC clients or employees; or
  - b. May necessitate immediate action by the RHC or may be relevant to known pending administrative or personnel action;
2. Complete and submit [DSHS 16-202, 5-Day Investigation Report](#), along with supporting documents to the superintendent or designee and the DDA-SIU Unit Manager no more than five working days after the incident per [42 CFR 483.420\(d\)\(4\)](#) and [42 CFR 483.12\(B\)\(4\)](#). See Attachment C, *How to Calculate When the Investigative Report is Due*.

E. DDA-SIU Investigation, Request for Independent Review

1. To request an independent review of an SIU investigation by DDA headquarters, the Superintendent must submit the request to the Office Chief of Quality Assurance and Communications no more than ten days after receiving the investigation report. The superintendent or designee may request an independent review if:
  - a. There are key factual errors or the summary of evidence contains substantial factual errors in testimonial, physical, or demonstrative evidence which, without correction, invalidates the investigation analysis or calls into question a chief premise for a finding; or
  - b. Key evidence was not collected, including interviews, which, if considered, would likely have significant impact on the investigation analysis or affect the investigation finding.

2. The Superintendent or designee must make an effort to resolve concerns about SIU reports through the SIU Unit Manager before escalating requests for an independent review to the Chief of Quality Assurance & Communications.
3. An independent review by DDA headquarters must include the Office Chief of Quality Assurance & Communications, and either the Special Assistant to the Deputy Assistant Secretary or DDA's Medicaid Compliance Administrator, with final approval from the Deputy Assistant Secretary.
4. The RHC must still document and submit corrective actions needed within ten working days to the SIU, as described in Procedures Section (F), for any findings affecting the health, safety, or well-being of clients, whether or not an independent review is planned or pending.
5. The RHC may reference the facility's intent to request an independent review on [DSHS 16-202A](#), *Plan of Correction*, but the RHC must not:
  - a. Include argument;
  - b. Detail investigative concerns; or
  - c. Otherwise seek to undermine the credibility of the investigative report or the SIU on Plans of Corrections or addendums to POCs.
6. The SIU investigative report must be amended should it be required following the independent review process.

F. Investigation of Category II Incidents

1. The RHC conducts all Category II incident investigations, unless after consultation with the SIU Unit Manager, the DDA Assistant Secretary or designee requests the incident be investigated by the DDA-SIU.
2. Submit completed [DSHS 16-202](#), *5-Day Investigation Report*, to the Superintendent or designee no more than five working days after the incident per [42 CFR 483.420\(d\)\(4\)](#) and [42 CFR 483.12\(B\)\(4\)](#). See Attachment C, *How to Calculate When the Investigative Report is Due*.
3. If at any time new information is discovered that suggests abuse, neglect, exploitation, or abandonment may have occurred, and has not already been reported, the RHC must immediately:
  - a. Upgrade the incident to a Category I;
  - b. Report the incident to Residential Care Services' Complaint Resolution Unit; and

- c. Refer the incident to the DDA-SIU, local law enforcement, or WSP according to [DDA Policy 12.01](#), *Incident Reporting and Management for DDA Employees*.
4. If the referral packet is provided to SIU after the second working day, the RHC must submit the completed [DSHS 16-202](#), *5-Day Investigation Report*, to the Superintendent no more than five working days after the incident per [42 CFR 483.420\(d\)\(4\)](#) and [42 CFR 483.12\(B\)\(4\)](#). The SIU must conduct and complete a supplemental report as an addendum.

G. RHC Administrative Review, Determination, and Plan of Correction

1. Upon receipt of the *5-Day Investigation Report*, [DSHS 16-202](#), the RHC must:
  - a. Determine whether abuse, neglect, or mistreatment occurred based on a preponderance of the evidence in the context of CFR Guidelines and definitions.
  - b. Document the corrective actions the RHC will take to address each incident where abuse, neglect or mistreatment was determined to have occurred on [DSHS 16-202A](#), *Plan of Correction (5-Day Investigation)*. For a Category I incident completed by the DDA-SIU, the RHC will send the completed form to the SIU Unit Manager no more than ten working days after the submission of [DSHS 16-202](#), *5-Day Investigation Report*.
  - c. The plan of correction (POC) will:
    - 1) Describe the specific correction actions the RHC will take;
    - 2) Identify the person who will ensure that each corrective action has been completed; and
    - 3) State the date the RHC expects to complete each corrective action.
  - d. Enter the follow-up into the appropriate incident management systems or databases (e.g., local RHC IR system or database, DDA Electronic IR System, EIMS).
2. The RHC must record the completion date for each corrective action step in the completed date section. For a Category I incident completed by the DDA-SIU, the RHC must send the completed POC and any related documentation to the SIU Unit Manager no more than thirty working days after receiving the final 5-Day Investigation Report.

**H. DDA-SIU Quality Assurance Functions**

The DDA-SIU Unit Manager or designee must:

1. Review all Category I investigation reports conducted by the DDA-SIU to ensure investigations are thorough, complete, and to verify whether investigation procedures are being followed consistently and as required by this policy;
2. Maintain a system for tracking all Category I incidents investigated by the DDA-SIU. The tracking system must contain aggregate data that may be used to produce the following reports:
  - a. Number of referrals made to the DDA-SIU within a given timeframe (e.g. month, quarter, etc.);
  - b. Number of investigation reports finalized by the DDA-SIU within that timeframe;
  - c. Total number of POCs received in association with SIU Category I investigations within that timeframe;
  - d. Of those POCs received, how many were received within ten working days following the submission of the completed SIU Category I investigation report; and
  - e. Percentage of POCs fully implemented at thirty working days following the submission of the completed SIU Category I investigation report within that timeframe, or in the process of implementation with clear target dates for any outstanding corrections.
3. Conduct quarterly reviews of RHC events and incidents logs and review a sample of these investigation reports to verify whether investigation procedures are being followed consistently as required by this policy.
  - a. For all investigation reports reviewed by SIU, SIU must complete a Category II Worksheet to offer feedback to the facility focused on investigation process.
  - b. The RHC will provide a copy of this worksheet to the facility investigator and their supervisor for review and signature.

**EXCEPTIONS**

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary or designee.

**SUPERSESION**

DDA Policy 12.02  
Issued June 16, 2017

Approved: /s/: Deborah Roberts  
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: March 13, 2019

Attachment A, *Guidelines to Secure and Preserve Evidence*  
Attachment B, *RHC Referral Flow Chart to Law Enforcement, WSP, and DDA-SIU*  
Attachment C, *Five-Day Timeline: How to Calculate When the Investigative Report is Due*

## ATTACHMENT A

### GUIDELINES TO SECURE AND PRESERVE EVIDENCE

For internal investigations or in the event there will be a delay in the arrival of an outside investigator, it may be necessary to secure and preserve evidence. State-operated ICF/IID and state-operated nursing facility employees must follow these guidelines:

- A. **Physical Evidence** (objects, property, possessions, other materials):
  1. **Do not touch or move any item that was used as or could have been used as a weapon. Wait for law enforcement to arrive.**
  2. **If possible, secure/protect the incident scene and do not disturb evidence.**
  3. **If evidence has to be disturbed, follow this guide:**
    - a. **Porous Materials** (e.g., clothing, sheets): Store in porous containers such as paper bags.
    - b. **Non-porous Materials** (e.g., plastics, metals, glass, latex gloves): Store in non-porous containers such as plastic bags.
    - c. **Secure all Physical Evidence: *The chain of custody is critical.*** The investigator must show exactly where the evidence has been from the moment of collection to its presentation at a hearing.
  4. **Secure Location**: Maintain all evidence collected in a secured double-locked location with limited access (e.g., locked closet or file cabinet secured by a locked exterior door). Record or track all evidence in writing, including the names of all persons who had access to the evidence.
- B. **Demonstrative Evidence** (photos, diagrams, maps, drawings, audio tapes, videotapes):
  1. **Photograph** the area of the body where the alleged injury has occurred. This should be done whether or not signs of injury are visible.
  2. **Photograph or sketch** the area of a possible incident scene when the scene cannot be secured.
- C. **Documentary Evidence** (employee statements, incident reports, attendance records, progress notes, nursing/medical assessments, etc.):
- D. **Employee Inquiries**: It may be necessary to talk with witnesses and other employees immediately to develop a protection plan necessary for client safety. Be sure to document key information disclosed during these initial inquiries for the investigator. Record the names and phone numbers/contact information of any persons in the area



## ATTACHMENT A

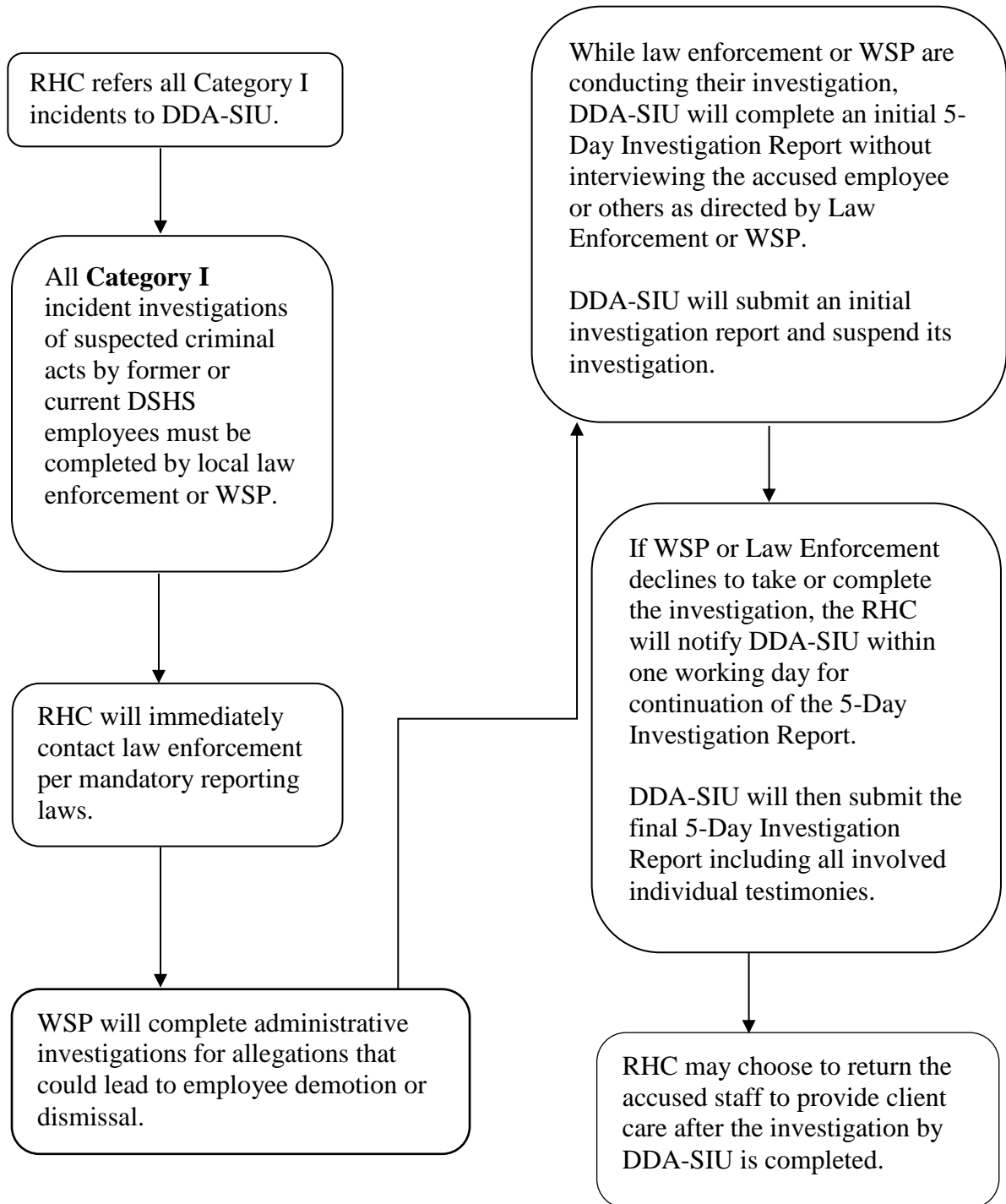
(i.e., witnesses, responders). Formal interviews and written statements should be coordinated with the investigator.

**E. Investigation Kits:** The facility must maintain an investigation kit and employees must be aware of its location and content. A basic investigation kit includes, at a minimum, the following items:

1. A camera (and film if necessary);
2. Clean paper and plastic bags; and
3. A notebook and pen.

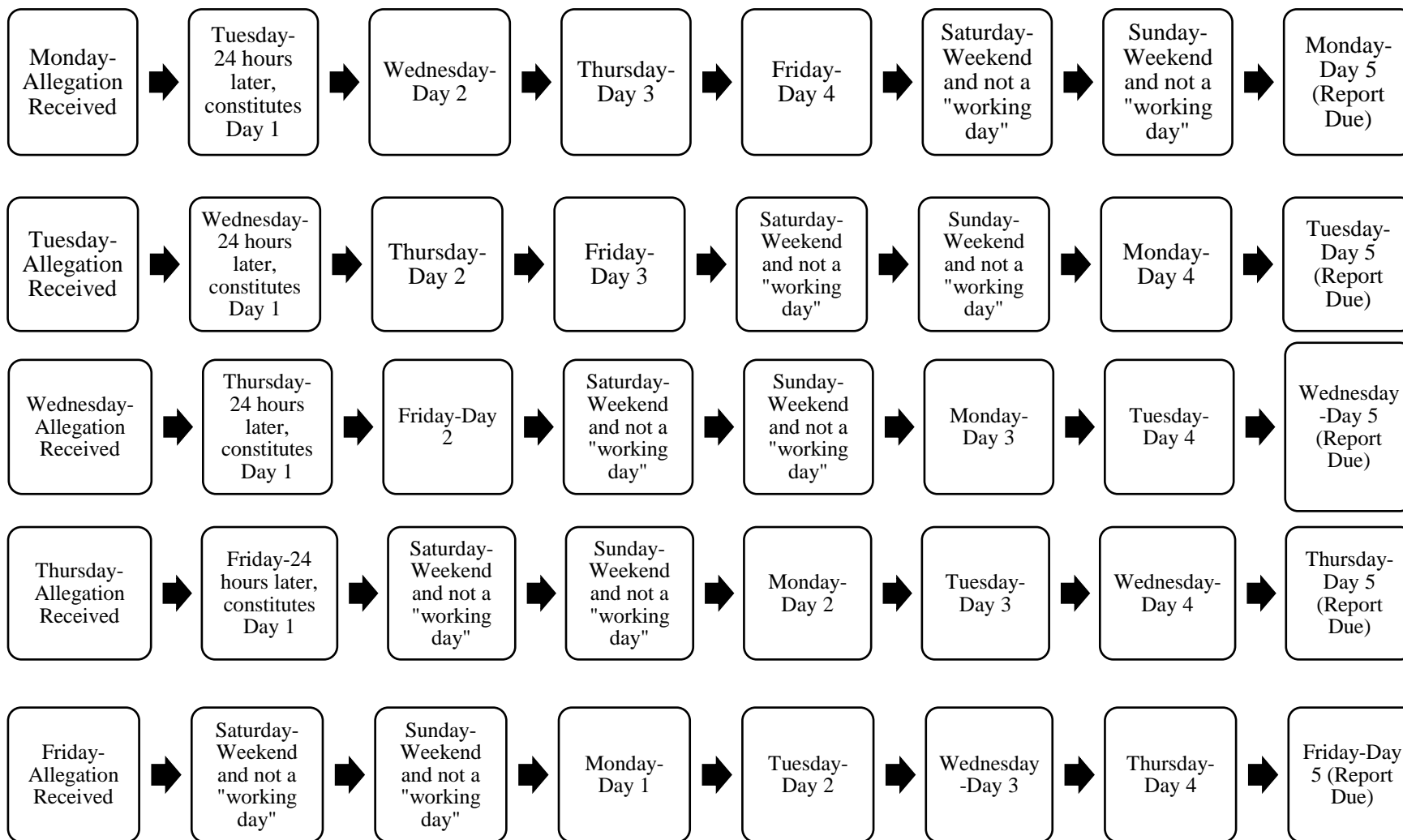
ATTACHMENT B

**RHC Referral Flow Chart To  
Law Enforcement, WSP, and DDA-SIU**



ATTACHMENT C

**5-Day Timeline  
How to Calculate When the Investigative Report is Due**



ATTACHMENT C

**Example for calculating over holidays using  
Thanksgiving as an example**

