

DSHS-AL TSA COMPLAINT HOTLINE SCRIPT

All callers hear this message when they call 1-800-562-6078

You have reached the Residential Care Services complaint line. If you are calling to make a report or complaint about a Washington state licensed long-term care facility or a certified supported living agency, you have come to the right place.

If this is a life-threatening emergency, please hang up now and dial 911.

Please leave a message as it is the fastest way for us to respond to your concerns. Your report will remain confidential and you will have the option of remaining anonymous by pressing options **2** or **3**. If you prefer to fax your report, our fax number is 360-725-2644.

Please listen carefully as the options have changed. Choose from one of the following options:

If you are calling to make a facility or agency report, **Press 1**.

If you are a member of the public with a concern about resident or client abuse, neglect, rights or exploitation, **Press 2**

If you are a facility or agency employee wishing to make an anonymous report, **Press 3**.

To repeat this message, **Press #**.

(Public) Callers who Press 2 hear this message:

In a moment, you'll hear a series of questions. As you leave information, please make every effort to provide as many details as possible. Listen carefully to the questions and speak slowly and clearly. After answering all the questions, please wait for a confirmation number. To begin...

- After the tone, please state and spell your first and last name. If you would like to remain anonymous, please say 'anonymous' and describe your relationship to the resident or client you are calling about. **Press #** when finished.
- If you would like to receive a callback, please say your telephone number, including the area code, where we can reach you between the hours of 8:00 AM to 4:30 PM Monday through Friday. **Press #** when finished.
- May we leave messages for you at the number you provided? Say 'yes' or 'no'. **Press #** when finished.
- State the facility or agency name, if known. **Press #** when finished.
- State the facility or agency address, if known. If you do not know the address, please be as specific as possible regarding the description of the facility or agency, as there may be several associated with one name. **Press #** when finished.
- State and spell the names of the residents or clients you are concerned about. Please include birthdates if this information is available to you. **Press #** when finished.
- Lastly, please briefly describe your concern. **Press #** when finished.

Thank you for calling in your concern. Your report is now complete. Please be ready to write down your confirmation number. Your confirmation number is: _____. To repeat the confirmation number, **Press #**. If you are finished, you may hang up.

(Facility/Provider) Callers who Press 1 hear this list:

Please choose the type of incident you are reporting from the following list: If you know the number for the type of incident you are calling to report you may press that number now.

- To provide a follow-up report related to a previously reported incident, **Press 1**.
- To report a resident-to-resident or client-to-client incident, **Press 2**.
- To report a staff-to-resident or staff-to-client incident. **Press 3**.
- To report an injury of unknown source, **Press 4**.

DSHS-ALTA COMPLAINT HOTLINE SCRIPT

- To report a resident or client fall, **Press 5.**
- To report a financial exploitation or misappropriation incident, **Press 6.**
- To report a medication error incident, **Press 7.**
- To report an elopement or missing resident or client, **Press 8.**
- To report any other type of resident related incident such as: death, attempted suicide, disease outbreaks, fires, or weather-related issues concerning residents or clients, **Press 9.**
- To repeat this menu **Press #.**

Report a follow-up to a previously reported incident:

The following series of questions is for follow up on a previously reported complaint. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. After answering all the questions, please wait for a confirmation number. To begin...

- State & spell your first and last name and provide your job title. **Press #** when finished.
- State the facility or agency name, address and phone number. **Press #** when finished.
- State the date that the original report was made, the name of the reporter and the original report confirmation number if known. **Press #** when finished.
- What were the results of the investigation? **Press #** when finished.

Your report is now complete. Please be ready to write down your confirmation number. Your confirmation number is _____. To return to the main menu, **Press 1.** To make another facility report, **Press 2.** To repeat the confirmation number, **Press #.** If you are finished you may hang up. Thank you.

Report a resident-to-resident or client-to-client incident:

The following series of questions is for reporting resident-to-resident or client-to-client incidents. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. After answering all the questions, please wait for a confirmation number. To begin...

- State and spell your first and last name and provide your job title. **Press #** when finished.
- State the facility or agency name, address and phone number, including area code. **Press #** when finished.
- If you would like to receive a callback, please say your telephone number, including the area code, where we can reach you between the hours of 8:00 AM to 4:30 PM Monday through Friday. **Press #** when finished.
- State and spell the names of all residents or clients involved. Include first and last name, middle initial, and date of birth. **Press #** when finished.
- State the resident or client's primary diagnosis. **Press #** when finished.
- State the date and time the incident occurred. **Press #** when finished.
- State what happened. **Press #** when finished.
- Describe any injuries sustained by including the size, shape, color and location on the body and any treatment that was required. **Press #** when finished.
- If the incident is a pattern of behavior, describe the behavior and how often it happens. **Press #** when finished.
- Describe the actions taken to prevent recurrences including any care plan changes that were made as a result of this incident. **Press #** when finished.
- Who was notified? If Law Enforcement was notified, please include the case number, if known. **Press #** when finished.
- Briefly state any other pertinent information not previously stated. **Press #** when finished.

DSHS-ALTA COMPLAINT HOTLINE SCRIPT

Your report is now complete. Please be ready to write down your confirmation number. Your confirmation number is _____. To return to the main menu, **Press 1**. To make another facility report, **Press 2**. To repeat the confirmation number, **Press #**. If you are finished you may hang up. Thank you.

Report a staff-to-resident or staff-to-client incident:

The following series of questions is for reporting staff-to-resident or staff-to-client incidents. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. After answering all the questions, please wait for a confirmation number. To begin...

- State and spell your first and last name and provide your job title. **Press #** when finished.
- State the facility or agency name, address and phone number, including area code. **Press #** when finished.
- If you would like to receive a callback, please say your telephone number, including the area code where we can reach you between the hours of 8:00 AM to 4:30 PM Monday through Friday. **Press #** when finished.
- State and spell the names of all resident or clients involved. Include first and last name, middle initial and date of birth. **Press #** when finished.
- State the resident or client's primary diagnosis. **Press #** when finished.
- State the date and time the incident occurred. **Press #** when finished.
- State what happened. **Press #** when finished.
- Describe any injuries sustained by including the size, shape, color and location on the body and any treatment that was required. **Press #** when finished.
- State and spell the first and last name including the middle initial of the alleged employee involved and provide their job title and associated license information. **Press #** when finished.
- State the alleged employee's date of birth, social security number and what action was taken with the employee? If suspended or terminated, include the date. **Press #** when finished.
- Describe the actions taken to prevent recurrences including any care plan changes that were made as a result of this incident. **Press #** when finished.
- Who was notified? If Law Enforcement was notified, please include the case number, if known. **Press #** when finished.
- Briefly state any other pertinent information not previously stated. **Press #** when finished.

Your report is now complete. Please be ready to write down your confirmation number. Your confirmation number is _____. To return to the main menu, **Press 1**. To make another facility report, **Press 2**. To repeat the confirmation number press #. If you are finished, you may hang up.

Report an injury of unknown source:

The following series of questions is for reporting injuries of an unknown source. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. After answering all the questions, please wait for a confirmation number. To begin...

- State and spell your first and last name and provide your job title. **Press #** when finished.
- State the facility or agency name, address and phone number, including area code. **Press #** when finished.
- If you would like to receive a callback, please say your telephone number, including the area code, where we can reach you between the hours of 8:00 AM to 4:30 PM Monday through Friday. **Press #** when finished.
- State and spell the resident or client's first and last name, including the middle initial and date of birth. **Press #** when finished.

DSHS-ALTA COMPLAINT HOTLINE SCRIPT

- State the resident or client's primary diagnosis. **Press #** when finished.
- State the date and time when the injury was first discovered. **Press #** when finished.
- Describe any injuries sustained by including the size, shape, color and location on the body and any treatment that was required. **Press #** when finished.
- Describe the actions taken to prevent recurrences including any care plan changes that were made as a result of this incident. **Press #** when finished.
- Who was notified? **Press #** when finished.
- Briefly state any other pertinent information not previously stated. If none, say "no additional information. **Press #** when finished.

Your report is now complete. Please be ready to write down your confirmation number. Your confirmation number is _____. To return to the main menu, **Press 1**. To make another facility report, **Press 2**. To repeat the confirmation number **press #**. If you are finished, you may hang up.

Report a resident or client fall:

The following series of questions is for reporting resident or client fall incidents. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. After answering all the questions, please wait for a confirmation number. To begin...

- State and spell your first and last name and provide your job title. **Press #** when finished.
- State the facility or agency name, address and phone number, including area code. **Press #** when finished.
- If you would like to receive a callback, please say your telephone number, including the area code, where we can reach you between the hours of 8:00 AM to 4:30 PM Monday through Friday. **Press #** when finished.
- State and spell the resident or client's first and last name, including the middle initial and date of birth. **Press #** when finished.
- State the resident or client's primary diagnosis. **Press #** when finished.
- State the resident or client's ambulatory status. **Press #** when finished.
- State the date and time when the incident occurred. **Press #** when finished.
- Describe where the resident or client was and how they fell. **Press #** when finished.
- Describe any injuries sustained by including the size, shape, color and location on the body and any treatment that was required. **Press #** when finished.
- What fall preventions were in place prior to the incident? If none, say 'none'. **Press #** when finished.
- Describe the actions taken to prevent recurrences including any care plan changes that were made as a result of this incident. **Press #** when finished.
- Who was notified of the fall? **Press #** when finished.
- Briefly state any other pertinent information not previously stated. **Press # when finished.**

Your report is now complete. Please be ready to write down your confirmation number. Your confirmation number is _____. To return to the main menu, **Press 1**. To make another facility report, **Press 2**. To repeat the confirmation number **press #**. If you are finished, you may hang up.

Report financial exploitation or misappropriation of resident or client property:

The following series of questions is for reporting exploitation of residents or misappropriation of their property. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. After answering all the questions, please wait for a confirmation number. To begin...

- State and spell your first and last name and provide your job title. **Press #** when finished.
- State the facility or agency name, address and phone number, including area code.

DSHS-ALTA COMPLAINT HOTLINE SCRIPT

Press # when finished.

- If you would like to receive a callback, please say your telephone number, including the area code, where we can reach you between the hours of 8:00 AM to 4:30 PM Monday through Friday.
Press # when finished.
- State and spell the names of all resident or clients involved. Include first and last name, middle initial and date of birth. **Press #** when finished.
- State the resident or client's primary diagnosis. **Press #** when finished.
- State the date and time the incident occurred. **Press #** when finished.
- Describe the alleged exploitation or misappropriation of property including the dollar amount, if the problem is ongoing, and where it occurred. **Press #** when finished.
- If there is a suspected perpetrator, state the person's name, job title and/or the relationship to the resident or client. **Press #** when finished.
- If the suspected perpetrator is an employee, state the employee's date of birth, date of hire and social security number. Otherwise, say "not employee". **Press #** when finished.
- Describe the actions taken to prevent recurrences. **Press #** when finished.
- Describe how the resident or client was reimbursed. If there was no reimbursement, please explain. **Press #** when finished.
- Who was notified? If Law Enforcement was notified, please include the case number, if known. **Press #** when finished.
- Briefly state any other pertinent information not previously stated. **Press #** when finished.

Your report is now complete. Please be ready to write down your confirmation number. Your confirmation number is _____. To return to the main menu, **Press 1**. To make another facility report, **Press 2**. To repeat the confirmation number **Press #**. If you are finished, you may hang up.

Report a medication error incident:

The following series of questions is for reporting medication error incidents. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. After answering all the questions, please wait for a confirmation number. To begin...

- State and spell your first and last name and provide your job title. **Press #** when finished.
- State the facility or agency name, address and phone number including area code.
Press # when finished.
- If you would like to receive a callback, please say your telephone number, including the area code, where we can reach you between the hours of 8:00 AM to 4:30 PM Monday through Friday.
Press # when finished.
- State and spell all affected residents or clients first and last name, including the middle initial and date of birth. **Press #** when finished.
- State the resident or client's primary diagnosis. **Press #** when finished.
- State the date and time or timeframe of the medication error. **Press #** when finished.
- Describe the medication error- when and how it was discovered, including the name of the medication and dose. **Press #** when finished.
- Describe any outcome to the resident or client and any treatment required. **Press #** when finished.
- State and spell the first and last name including the middle initial of any employees involved and provide their job title and associated license information. **Press #** when finished.
- State the alleged employee's date of birth and social security number and what action was taken with the employee. **Press #** when finished.
- Describe the action taken to prevent recurrences. **Press #** when finished.
- Who was notified of the medication error? **Press #** when finished.

DSHS-ALTA COMPLAINT HOTLINE SCRIPT

- Briefly state any other pertinent information not previously stated. **Press #** when finished.

Your report is now complete. Please be ready to write down your confirmation number. Your confirmation number is _____. To return to the main menu, **Press 1**. To make another facility report, **Press 2**. To repeat the confirmation number **Press #**. If you are finished, you may hang up.

Report an elopement/missing resident or client:

The following series of questions is for reporting elopement incidents or missing residents or clients. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. After answering all the questions, please wait for a confirmation number. To begin...

- State and spell your first and last name and provide your job title. **Press #** when finished.
- State the facility or agency name, address and phone number including area code. **Press #** when finished.
- If you would like to receive a callback, please say your telephone number, including the area code, where we can reach you between the hours of 8:00 AM to 4:30 PM Monday through Friday. **Press #** when finished.
- State and spell all affected residents or clients first and last name, including the middle initial and date of birth. **Press #** when finished.
- State the resident or client's primary diagnosis. **Press #** when finished.
- Describe the circumstances of the incident and where it occurred and when the resident or client was last seen. **Press #** when finished.
- Is the resident or client his or her own responsible party? **Press #** when finished.
- Has this resident or client previously eloped or gone missing? **Press #** when finished.
- State the date and time when the resident or client returned and how the resident or client was returned. If the resident or client has not returned, say "not returned". **Press #** when finished.
- Describe any injuries sustained by including the size, shape, color and location on the body and any treatment that was required. **Press #** when finished.
- Describe the actions taken to prevent recurrences including any care plan changes that were made as a result of this incident. **Press #** when finished.
- Who was notified? If Law Enforcement has been notified, please include case number. **Press #** when finished.
- Briefly state any other pertinent information not previously stated. If none, say "no additional information." **Press #** when finished.

Your report is now complete. Please be ready to write down your confirmation number. Your confirmation number is _____. To return to the main menu, **Press 1**. To make another facility report, **Press 2**. To repeat the confirmation number **Press #**. If you are finished, you may hang up.

Report any other type of resident-related incident:

The following series of questions is for reporting multiple types of other incidents. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. After answering all the questions, please wait for a confirmation number. To begin...

- State and spell your first and last name and provide your job title. **Press #** when finished.
- State the facility or agency name, address and phone number including area code. **Press #** when finished.
- If you would like to receive a callback, please say your telephone number, including the area code, where we can reach you between the hours of 8:00 AM to 4:30 PM Monday through Friday. **Press #** when finished.

DSHS-AL TSA COMPLAINT HOTLINE SCRIPT

- State and spell the resident or client's first and last name, including the middle initial and date of birth. **Press #** when finished.
- State the resident or client's primary diagnosis. **Press #** when finished.
- When did this incident occur? Include date and time if known. **Press #** when finished.
- Describe the circumstances of the incident and where it occurred. **Press #** when finished.
- Describe any injuries sustained by including the size, shape, color and location on the body and any treatment that was required. **Press #** when finished.
- Who was notified? If Law Enforcement was notified, please include the case number, if known. **Press #** when finished.
- Is this a building maintenance issue? If yes, press 1; otherwise, press 2 to skip maintenance related questions. **Press #** when finished.
- Describe approximately how many residents or clients are currently impacted by the identified maintenance issue. **Press #** when finished.
- State how long this issue has been present. **Press #** when finished.
- Describe the actions planned or taken to correct the maintenance issue. **Press #** when finished.
- How long do you anticipate it will last? **Press #** when finished.
- Briefly state any other pertinent information not previously stated. If none, say "no additional information." **Press #** when finished.

Your report is now complete. Please be ready to write down your confirmation number. Your confirmation number is _____. To return to the main menu, **Press 1**. To make another facility report, **Press 2**. To repeat the confirmation number **Press #**. If you are finished, you may hang up.