

AGING AND LONG TERM CARE SUPPORT ADMINISTRATION
RESIDENTIAL CARE SERVICES
“Transforming Lives”

CHAPTER 4 – COMPLAINT RESOLUTION UNIT (CRU)

Complaint Resolution Unit (CRU) – Overview

- Chapter 74.34 RCW requires the Department of Social and Health Services (DSHS) to receive reports of and investigate allegations of abuse, neglect or financial exploitation of vulnerable adults and to initiate a response to those reports within 24 hours of knowledge.
- Residential Care Services CRU receives reports of abuse, neglect, and financial exploitation of vulnerable adults related to failed provider practice via a toll free statewide complaint hotline, online, email, fax, regular mail and live phone calls.
- CRU staff analyze and triage information from each report to assess the severity and scope of the reported issues. This process begins when there is “knowledge” of the report.
- CRU is responsible for processing and initiating an electronic recording of all received reports. This process is defined as “initiate a response.”

The following Revised Code of Washington (RCW) Chapters and the Centers for Medicare/Medicaid Services (CMS), State Operating Manual (SOM), Chapter 5, authorize Residential Care Services to investigate reports of abandonment, abuse, financial exploitation, and neglect of vulnerable adults living in settings licensed and/or certified by RCS as well as allegations of failure to comply with State and Federal regulatory requirements.

- [CHAPTER 74.34 RCW ABUSE OF VULNERABLE ADULTS](#)
- [CHAPTER 18.20 RCW ASSISTED LIVING FACILITIES](#)
- [CHAPTER 70.128 RCW ADULT FAMILY HOMES](#)
- [CHAPTER 18.51 RCW NURSING HOMES](#)
- [CHAPTER 71A.10 RCW DEVELOPMENTAL DISABILITIES \(COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS \(CRSS\)\)](#)
- [CHAPTER 70.97 RCW ENHANCED SERVICES FACILITIES \(ESF\)](#)
- [CHAPTER 71A.20 RCW DEVELOPMENTAL DISABILITIES \(RESIDENTIAL HABILITATION CENTERS\)](#)
- [STATE OPERATING MANUAL \(SOM\) CHAPTER 5 COMPLAINT PROCEDURES](#)
- [MB R05-017 - Standing Requests.doc](#)

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CHAPTER 4 COMPLAINT RESOLUTION UNIT (CRU)

This section contains the Standard Operating Procedures (SOPs) that RCS CRU staff are required to follow when processing complaints.

A. CRU Standard Operational Procedures

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APPENDIX A: RESOURCES AND FORMS

1. [Maximum Time Frames for Onsite Investigation \(CMS Standards\)](#)
2. [CRU INI transcribed call Log \(internal form\)](#)
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4. [CRU Confidential Report](#)
5. [Definitions](#)
6. [Immediate Jeopardy and High Profile Indicators](#)

APPENDIX B: [CHANGE LOG](#)

4A1 – TRANSCRIPTION OF HOTLINE MESSAGES

Background

- The CRU is responsible for processing and electronic recording of all reports received via the hotline.

Procedure

- A. Transcribe each message **exactly** as recorded into a Word document, including the resident/client name(s).
- B. Use the following rules for names:
 - 1 If the caller spelled the name: place (All) next to the transcribed name
 - 2 If the caller did not spell the name: place (?) after the name
 - 3 If the caller spelled only one part of a name-place (All) after the spelled part and (?) after the part of the name the caller did not spell
 - 4 Complete notations once per name.
- C. Make a note if the caller does not answer a key question, such as the caller did not provide the name of the resident/client or if the caller did not provide any answer for the Incident Description.
- D. Record the INI numbers of all calls transcribed on a log with:
 - 1 INI number
 - 2 Date Transcribed
 - 3 Comments-incomplete calls, cut off messages, if a critical issue that is on the list below.
 - 4 Transcription logs should be turned into the designated CRU staff at the end of each day
- E. If the call is regarding one of the following critical issues-notify a supervisor with the INI number of the message:
 - 1 Death/Suicide of a resident/client
 - 2 Actual Fire/Natural Disaster
 - 3 Fire alarms or sprinkler alarms going off
 - 4 Suicidal threats
 - 5 Sexual assault-including rape, inappropriate touching
 - 6 Staff to resident/client physical assault and no action taken by the facility/agency
 - 7 Burns
- F. Capitalize what you would normally capitalize in a regular document, such as proper names (facility, people) and the first word in a sentence.
- G. Perform spell check of the Word document.
- H. Place the Word document with one transcription each in the designated Outlook inbox

- 1 Above the INI number put the date of transcription and the Mailbox the message came from
 - 2 Title the word document with date and time the report was received and the INI confirmation number **Example:** 11062016 1532 ID 88564
- I. Save all transcriptions in a folder on the desktop.
- 1 Identify transcription in the folder with date, name of inbox.
 - 2 Delete all transcriptions at the end of the day following the day they were transcribed
- Example:** 9/12/14 Public
- J. Other instructions:
- 1 Take directions regarding the process from the supervisors or manager only.
 - 2 Do not deviate from the approved SOP unless authorized by a supervisor or manager.
 3. [CRU Hotline Script – Revised August 2015](#)

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A2 – PROCESSING HOTLINE TRANSCRIPTIONS

Background

- CRU staff analyze, research and triage information from the report to determine if an intake is required.

Procedure

- A. CRU staff place transcribed hotline calls in the designated CRU Outlook mailbox.
- B. Distribute transcriptions to PS3/RN mailboxes by the designated staff.
- C. PS3/RN staff review the transcribed report to determine if there is an allegation of abuse, neglect, financial exploitation or misappropriation, or other types of provider practice non-compliance involving vulnerable adults living in RCS licensed or certified settings.
- D. If the transcribed report contains an allegation as listed above, transfer information from the transcribed report following the steps outlined in the TIVA manual and authorized SOPs for [Processing 4A2](#) (including [Callback 4A11](#), [RN review 4A18](#), [Referrals 4A6](#) and [4A21](#), [Narratives 4A12](#), etc.) [Intakes 4A9](#). Place the original report under the “Completed” folder in Outlook.
- E. If the transcribed report is not complete, the PS3/RN will search INI, TIVA and Outlook for additional reports from the same caller. If none are found the PS3/RN will assess the report to determine if there is enough information to create an intake, if the callback number or caller ID number should be called to request additional information (see [Call Back 4A11](#)), or if the report should be processed per [Reports for Review 4A7](#).
- F. If the transcribed report does not include an allegation of abuse, neglect, financial exploitation or misappropriation, or other types of provider practice non-compliance involving vulnerable adults living in RCS licensed or certified settings, the PS3/RN processing the report will assess to determine if the report contains an allegation requiring referral to another agency (APS, DOH, CPS and other agencies with referral capability in TIVA). If so, an intake will be generated and appropriate referrals made. If not, the PS3/RN will follow the procedure per [Reports for Review 4A7](#).

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A3 – PROCESSING REPORTS RECEIVED ELECTRONICALLY

Background

- The CRU receives reports of abuse, neglect, financial exploitation of vulnerable adults living in licensed and certified settings and reports of provider non-compliance electronically via email, fax, or the online reporting system.
- Process the reports following the State and Federal requirements and retain following standard DSHS retention schedules.

Procedure

- A. CRU supervisors/lead review the electronic documents received in the dedicated CRU Outlook email account and Online Incident Reporting (OIR) throughout each working day. The CRU supervisors/lead perform a cursory review of the document; analyzing and triaging the information in the reports.
- B. If the report contains an allegation of abuse, neglect, financial exploitation or concerns regarding care and services, the supervisor/lead assigns the report to PS3/RN to do additional research and review for creation of an intake in TIVA.
- C. If the supervisor/lead's review reveals no need to create an intake, the supervisor/lead follows the procedure in [Reports for Review 4A7](#).
- D. The PS3 reviews the information in the electronic report and either:
 1. Creates a complaint intake in TIVA following the authorized standard operating procedure for [Processing Reports 4A3](#) and places the original electronic report in the "Reports Intake Created" folder within the CRU Outlook "Completed" folder/OIR created box or;
 2. Follows the procedure in [Reports for Review 4A7](#).
- E. Forward all attachments in the electronic report to the FM at the time of intake assignment.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A4 – PROCESSING HARD COPY REPORTS

Background

- Process all reports with allegations of abuse, neglect or exploitation of vulnerable adults or failed provider practice received by mail in a timely manner. Retain hard copies per record retention policy whether or not an intake is generated.

Procedure

A. The supervisor or designee:

1. Reviews incoming mail at least twice per day.
2. Stamps mail with date and time received.
3. Provides hard copies to and assigns intake generation to CRU staff.

B. Assigned CRU staff:

1. Before creating a new intake, search TIVA to see if there is an existing intake or corresponding call regarding the same issue. If one is located, CRU staff will follow the process outlined in [Creating and Prioritizing Intakes 4A9](#) regarding the Same Incident from Multiple Reporters and/or [4A19 Processing Follow-up Reports](#).
2. If no reports or intakes are located regarding the same allegation from the same reporter, CRU staff will follow process for creating an intake found in [4A2 Processing Hotline Transcriptions](#).
3. In the TIVA Incident Description box, document the following: “CRU NOTE: ORIGINAL HARDCOPY RETAINED BY CRU.”
4. Document in red on the left side of the hard copy: From left to right- Facility/Provider name and type (such as AFH, ALF, NH, SL, ESF, ICF/IID, the assigned priority of the associated intake, the Intake ID number.

Example: Rainier School ICF/IID 20 WD 3045678

- #### C. All completed hard copies will be taken to the designated CRU filing cabinet for filing at the end of each day.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A5 – PROCESSING LIVE CALLS

Background

- CRU PS3's take live calls from the public Monday through Friday from 8:30 am to 4:30 pm.
- CRU receives reports that may include information outside RCS jurisdiction.
- All CRU staff are mandated reporters and must ensure calls regarding allegations of abuse, neglect and financial exploitation of vulnerable adults or failed provider practice are reported accordingly.

Procedure

- A. Log in to the live call system at the beginning of the live call shift.
- B. CRU staff designate availability, and should remain available during the shift unless they are at authorized meetings or on lunch break. Other exceptions approved by supervisor.
- C. Answer all live calls in a professional manner by stating your name, identifying where you work and offering assistance. Allow the caller to provide information that will assist you in determining how to process the report using the guidelines from the CMS State Operations Manual ([SOM](#)) [Chapter 5](#) – Complaints (section 5010.1).
 - Information about the complainant (e.g., name, address, telephone, etc.);
 - Individuals involved and affected;
 - Narrative/specifics of the complainant's concerns including the date, and time of the allegation;
 - The complainant's views about the frequency and pervasiveness of the allegation;
 - Name of the provider/supplier including location (e.g., unit, room, floor) of the allegation, if applicable;
 - How/why the complainant believes the alleged event occurred;
 - Whether the complainant initiated other courses of action, such as reporting to other agencies, discussing issues with the provider, and obtaining a response/resolution; and
 - The complainant's expectation/desire for resolution/remedy, if appropriate.
- D. If the report involves allegations of abuse, neglect, financial exploitation or failed provider practice in regards to a vulnerable adult living in a licensed or certified setting, [Create an intake 4A9](#) in TIVA following the authorized SOP.
- E. If the report involves an issue outside RCS jurisdiction, but within the jurisdiction of APS, CPS, State Mental Health Institutions or DOH, inform the caller and offer to

make a referral for them. If the caller does not want a referral made, offer to provide the appropriate contact number.

F. Consult a supervisor if unsure how to proceed with the report.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A6 – PROCESSING REFERRALS FROM ADULT PROTECTION SERVICES (APS)

Background

- APS sends referrals to the CRU when the issues relate to a resident/client living in a facility/agency licensed and/or certified by RCS.
- Provider types include Nursing Homes (NH), Assisted Living Facilities (ALF), Adult Family Homes (AFH), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), Enhanced Services Facilities (ESF) and Certified Community Residential Services and Supports (CCRSS) also known as Supported Living (SL) providers.
- Determine whether to create an intake or not to prioritize the intake for investigation.

Procedure

- A. CRU staff will assess all referrals from APS. If there are identified allegations of abuse, neglect, financial exploitation or misappropriation, or failed provider practice, create an intake following approved processes.
- B. If the referral requires a RCS intake, CRU will use the person who made the initial call to APS as the reporter. If the APS referral is from an APS investigator with information obtained during the investigation, the APS investigator will be the reporter.
- C. If the reporter is public, CRU staff will follow SOP [Call Back 4A11](#).

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A7 – REPORTS FOR REVIEW

Background

- CRU staff research, analyze and triage information from the report to determine if an intake is required.

Procedure

- A. If the report does not include an allegation of abuse, neglect, financial exploitation or misappropriation, or other types of provider practice non-compliance involving vulnerable adults living in RCS licensed or certified settings, nor does the report need to be referred to another investigatory agency. CRU staff will place the report in the CRU Outlook mailbox folder “Reports for Review”/Returned OIR box. CRU staff will include their name and the reasoning for placing the report in the folder.
- B. If the report is an additional facility report of an incident and there are no new allegations or participants, do not create an intake. Follow the SOP for [Follow-Up reports 4A19](#) with no new allegation and/or place the report in the Reports for Review Outlook mailbox/OIR Returned box for review. CRU staff will include their name and the reasoning for placing the report in the folder.
- C. If the report is an additional public report, from the exact same public reporter, for the exact same incident and there are no new allegations or participants do not create an intake. Follow the SOP for [Follow-Up reports 4A19](#) with no new allegation and/or place the report in the Reports for Review Outlook mailbox/OIR Return box for review. CRU staff will include their name and the reasoning for placing the report in the folder.
- D. If the report is an additional report from DDA/HCS of an incident and there are no new allegations or participants, do not create an intake. Follow the SOP for [Follow-Up reports A19](#) with no new allegation and/or place the report in the Reports for Review Outlook mailbox/OIR Return box for review. CRU staff will include their name and the reasoning for placing the report in the folder.
- E. The supervisor/lead reviews the report and either agrees with the decision for no intake or disagrees with the decision and instructs staff to create an intake.
- F. Supervisor/lead will document the rationale for not creating an intake on the CRU Reports for Review log. Move the report to the Reports No Intake Created folder in the CRU Outlook mailbox/OIR Reject box.



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4A8 – DOCUMENTING KNOWLEDGE AND RESPONSE

Background

Per Chapter [RCW 74.34](#) Abuse of Vulnerable Adults “The department shall initiate a response to a report, no later than twenty-four hours after knowledge of the report, of suspected abandonment, abuse, financial exploitation, neglect, or self-neglect of a vulnerable adult.”

Procedures

- A. CRU staff will document the date and time the report is received into the appropriate field on the Narrative tab of the TIVA intake.
- B. TIVA will calculate the Knowledge date based on the date the report is received and the definition of Knowledge (See [Definitions 4B5](#) for details).
- C. CRU staff will choose the type of response to initiate, based on the definition of initiate a response, from the drop down list on the Narrative tab of the TIVA intake.
- D. If Intake Created is the type of response initiated, TIVA will auto populate the date and time the intake was created into the Response Initiated field.
- E. If Call Back is the type of response initiated, CRU staff will enter the date and time of the first call back into the Response Initiated field in TIVA. Document the call back date and time per the [Call Back 4A11](#) SOP, in the Follow up portion on the Narrative tab of the TIVA intake.
- F. If Research is the type of response initiated, CRU staff will enter the earliest date and time of the research into the Response Initiated field in TIVA. Document the date and type of research in the Follow up box on the Narrative Tab of the TIVA intake. (e.g., 04.05.2016 Researched CARE to find SL Provider).
- G. If initiating a response or linking an intake is greater than the 24-hour/2wd requirement, a supervisor must put an explanation on the decision tab in TIVA before linking the intake.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A9 – CREATING AND PRIORITIZING INTAKES REGARDING THE SAME INCIDENT FROM MULTIPLE REPORTERS

Background

- CRU often receives reports regarding the same incident from multiple reporters.
- Potential types of reporters include facility, anonymous, law enforcement, state worker and/or public/whistleblowers.
- Make decisions to determine if an intake needs creating and whether or not to prioritize the intake for investigation.

Procedure

- A. Before creating a new intake, search TIVA to see if there is an existing intake regarding the same incident. If one is found, proceed with the following.
- B. Review the additional report to determine if there is a new allegation of abuse, neglect, financial exploitation or misappropriation, or other types of provider practice non-compliance involving vulnerable adults, new AVs or new APs. If a new allegation exists, a new AV or a new AP, create a new intake and prioritize following approved processes.
- C. Multiple reports from a facility or another distinct organization (such as DDA) require only one intake if that intake contains all allegations and participants. If possible, combine multiple reports from the facility or distinct organization into one intake.
- D. If the additional report is not going to be included in an intake, follow the SOP for [Follow-Up reports 4A19](#) with no new allegation and/or the SOP for [Reports for Review 4A7](#).
- E. If the additional report contains information that would be useful to the investigator, forward the information to the appropriate Field Manager referencing the associated intake.
- F. Reports from distinct public reporters require an individual intake. At the request of a Public Outcome Letter (POL), screen the intake in for investigation.
- G. Unless additional intakes regarding the same incident contain new or different allegations, or request POLs, do not screen in for investigation.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A10 – CREATING INTAKES FROM THE LONG-TERM CARE OMBUDS PROGRAM (LTCOP)

Background

- CRU receives reports from the Long-Term Care Ombuds (LTCO) program with requests to generate complaint intakes.
- LTCO's staff can request investigations and they can request investigations for their clients.

Procedure

- A. Identify the Regional LTCO as the reporter.
- B. For reporter type, list the LTCO reporter as a "Public" reporter.
- C. Ensure the box "Follow Up Requested" is checked.
- D. For more information, call the LTCO reporter.
- E. Send the CRU letter with the intake identification number to the LTCO reporter. It is permissible to email the number upon request.
- F. Reference [MB R05-017 - Standing Requests.doc](#):
 - Standing requests will no longer be filled.
 - Staff are required to receive a new request each time a record is needed.
 - If the ombuds is the complainant or has referred an issue to RCS for investigation, then the ombuds should receive a copy of any citation and complaint investigation narrative report issued to the provider.
 - Do not routinely send copies of all survey and complaint investigation narrative reports to the ombuds.
 - A new public records request must be submitted each time a disclosable record is sought. The request must be for specific report(s) that already exist.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A11 – CALL BACK/EMAIL CONTACT

Background

- When there is insufficient information in the report, CRU staff will attempt to contact the reporter to gather additional information.

Procedures

- A. CRU staff will attempt two callbacks (only one email is needed) if possible within the two working day processing timeframe. Exceptions to callbacks are:
 - non-functioning call back number,
 - the person answering the call denies making any report to CRU,
 - the facility report contains sufficient information to create a complete intake, or
 - the report is from a DSHS/State employee calling as a mandated reporter.
- B. Document attempted contacts in the Follow up portion of the TIVA intake.
- C. Once CRU staff leaves a message/sends email, if there is no response from the reporter by the end of the second working day, assess and process the report following the authorized standard operating procedure using the information provided in the original report.
- D. Do not call the facility for information if the reporter is anything other than a facility reporter.
- E. Public reporters who supply contact information will be contacted and the following rules apply:
 - 1 CRU will ask to speak with the reporter by name prior to stating where the call is coming from.
 - a. If the reporter identifies themselves: CRU staff will introduce themselves and where they are calling from, and gather any additional information that is needed and place it in the follow up portion in the TIVA intake.
 - b. If CRU reaches a person who is not the reporter: CRU will inform the person that they are returning the reporter's call; if asked who is calling, you may respond by saying it is a confidential call and you are returning a call from the reporter. CRU may leave their direct call back number. If the reporter left explicit permission to speak with someone other than themselves, and they are available, CRU can continue with gathering the needed information.
 - 2 Leave a general message if the voicemail message does not identify the reporter along with CRU staff's name and direct call back number. Do not identify where the call is coming from.

Example: This is Matt returning a call to Jack. To reach me directly, please call 360-555-1212.

- a. Leave a detailed message if the voicemail identifies the reporter. Give the reason for the call, CRU staff's name and direct call back number.
- F. If the caller states they wish to be anonymous and the reporter leaves a call back number, CRU will return their call, and ensure they are speaking with the original anonymous reporter.
- G. If the reporter is an employee of DSHS/State and calling in their official capacity as a mandated reporter, there is no requirement for CRU staff make contact unless there is a request for additional information for the intake. Do not offer follow up to DSHS/State employees calling in this capacity.
- H. Do not offer follow up if the reporter is a RCS, licensed facility/agency reporting on another RCS licensed facility/agency.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A12 – WRITING INTAKE NARRATIVES

Background

CRU is responsible for processing and electronic recording of all reports received.

Procedure

- A. Do not change the reporter's words, just copy and paste from original report in a sequential order. Leave in names; do not change to initials or AV/AP.
- B. Use first person for narratives to ensure the integrity of the information. All first person narratives should be verbatim and names should match the name on the participant tab. Use the full name of the participant the first time the name is used in the report.
- C. If a nickname is used, put the proper name in brackets after the first time it is used. Example: Jim [James Frost]
- D. Mrs./Mr. needs to be clarified, use the full name in brackets [James Frost]
- E. Accuracy is the key. Do not interpret, do not make assumptions, and do not omit pertinent information.
- F. If there are two participants with the same first name, be sure to distinguish between the two by using last names, titles, etc.
- G. Information in brackets [] is in the voice of the CRU worker.
- H. If report is incomprehensible, use your best judgement around clean up. Use ellipses when removing information.
- I. Reference previous related intakes.
- J. Use CRU NOTES in the narrative to communicate pertinent information in the voice of the CRU worker creating the intake. CRU notes are written objectively and concise. CRU note should contain the location of other information used in determining the priority or any clarifying information. **Example:** CRU NOTE: See SER CARE note dated 2-3-19 OR CRU NOTE: REPORTER REFERS TO JAMES FROST AS JIM THROUGHOUT REPORT.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A13 – CHOOSING THE APPROPRIATE FACILITY

Background

- It is critical CRU assign intakes to the correct facility/agency based on the information included in the report and available databases. Choosing the correct facility allows investigators to initiate an investigation on time, and resident/clients to receive prompt assistance.

Procedure

- A. When choosing the provider, always check the address of the provider in TIVA to ensure it matches the address of the provider in the report.
- B. When choosing a provider that has both a NH and ALF or ICF/IID by the same name, confirm the whereabouts of the resident by checking ASPEN, or through a call back.
- C. When choosing a provider that has a SL certification as well as another license (ALF, AFH or ICF/IID), make every effort to determine where the resident/client resides. To do this, check the address of the resident/client in CARE or AWA, checking other intakes associated with the resident/client, checking intakes for the provider, or by call back.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A14 – SEARCHING AND CREATING PARTICIPANTS

Background

- Sometimes the same individual is listed in the TIVA system multiple times due to lack of a comprehensive search. Failure to find an individual results in the creation of a new person record.
- A thorough search is necessary to ensure all intakes are associated with the correct person record. Complete this search before creation of a new person record in TIVA. A thorough search results in an accurate, factual assessment and analysis linking all prior intakes and assists in determining the most appropriate priority for the current intake.
- A thorough search provides the investigator with a complete picture of all incidents resulting in a more comprehensive investigation.
- Names entered in TIVA with the wrong spelling may occur. Although you may have the correct spelling, keep this in mind when searching.

Procedure

- A. The following search techniques, if applicable, should be attempted prior to creating a person record in TIVA:
1. Use as few letters as possible, and use the *
 2. Always have the AKA box checked
 3. Consider nicknames, and alternative ways of spelling
 4. Search by DOB only
 5. Search by SSN only
 6. Search using middle name as the first name
 7. With unique names, use the first name only and the city name
 8. For hyphenated names try switching the order around
 9. First name only and DOB
 10. First initial, last name
 11. Search by address
 12. Search by Provider address
 13. Search in other programs (CARE, AWA, ASPEN, ACES, HSQA, etc.)
 14. Look at prior Intakes under the provider
 15. Use the DOH data base, HSQA, to search for a participant that works at a facility
 16. Change your Search Precision from High to Medium

- B. After a complete and thorough search, create a person in TIVA. Enter all available information into the person record (DOB, phone numbers, address). Attempt to confirm the correct spelling of a name.
- C. If the person is a NH resident, check ASPEN prior to creating a person. Obtain the correct spelling, DOB and SS# from ASPEN.
- D. If the person is a SL client, perform a search in CARE and/or AWA. The CARE and TIVA systems should contain all SL clients.
- E. If the person is a resident of an AFH, perform a search in CARE.
- F. If the person is a resident of an ICF/IID, perform a search in CARE. The CARE and TIVA systems should contain all ICF/IID clients.
- G. If the person is a Provider of an AFH, check FMS. TIVA should contain all AFH Providers.
- H. If the person is a staff member, perform a search in HSQA to check for credentials. To perform an accurate credential search both name and DOB are required. If credentials are found, indicate that in roles on the participant tab. Enter the DOB into the person record in TIVA.
- I. After choosing or creating a person, the primary address must be updated as needed.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A15– ASSIGNING INITIAL INTAKE PRIORITIES

Background

- Assign every intake an initial priority.

Procedure

- A. **Emergent** – Intake constitutes Immediate Jeopardy, (IJ). The intake presents a situation in which the provider’s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. Immediate corrective action is necessary. Harm does not have to occur before considering IJ designation. Need to consider both potential and actual harm.
- B. **RCS High** – The alleged noncompliance may have caused harm that negatively impacts the individual’s mental, physical, and/or psychosocial status and is of such consequence to the person’s well-being that a rapid response by the State Agency is indicated. Usually, specific rather than general information factors into the assignment of this level of priority.
- 1 Intake contains specific information such as descriptive identifiers, individual names, date/time/location of occurrence, and description of harm.
- C. **Routine Intake** –
1. The alleged noncompliance caused or may cause harm that is of limited consequence and does not significantly impair the individual’s mental, physical, and/or psychosocial status or function. **OR**
 2. The alleged noncompliance may have caused physical, mental, and/or psychosocial discomfort that does not constitute injury or damage. In most cases, an investigation of the allegation can wait until the next onsite survey.
- D. **Quality Review** – Assign intakes this priority if an onsite investigation is not necessary.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A16 – DETERMINING IMMEDIATE JEOPARDY COMPLAINTS

Background

- If a facility's noncompliance has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident, designate it as an "Immediate Jeopardy" intake.

Procedure

- A. The CRU intake staff processes the intake per the approved CRU intake process.
- B. During the prioritization process, the intake staff determines the intake may be an immediate jeopardy (2WD).
- C. The intake staff consults with the supervisor or designee to make a collaborative decision regarding determination of immediate jeopardy.
- D. If a nursing home or ICF/IID intake, the intake staff and/or supervisor notify a CRU RN for clinical review. Reference [State Operating Manual \(SOM\) Chapter 5](#) as needed.
- E. The CRU RN reviews the intake and provides consultation to the supervisor and intake staff regarding the determination of immediate jeopardy. Refer to the list of [Immediate Jeopardy and High Profile Indicators 4B6](#).
- F. After confirming the intake as an immediate jeopardy situation, the CRU RN or intake staff completes the [Processing 4A2-6](#) and [Assigning of the intake 4A15](#) per SOP.
- G. Notify the appropriate Regional Field Manager to alert the field of the pending immediate jeopardy. A supervisor or delegated CRU staff completes this task.
- H. Supervisor or intake staff emails a copy of the intake to the RCS Office Chief of Field Operations or the RCS Office Chief of Headquarter Operations (dependent on provider type), FM, RA and the CRU Manager.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A17 – CHOOSING ALLEGED VIOLATION CATEGORIES

Background

- CRU staff choose the complaint allegation categories.

Procedure

- A. Review the intake narrative and any callback information and identify the allegations from the reporter.
- B. CRU chooses the allegation, which RCS has jurisdiction over.
- C. Choose the most appropriate allegation(s) from the “Allegation Categories” listed in the TIVA manual and per the attached list [4B3](#).
- D. The intake must have at least one allegation to process the intake.
- E. For intakes assigned for investigation, do not select allegation 99 "No Alleged Violation".

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A18 – RN REVIEW OF NURSING HOME AND ICF/IID INTAKES

Background

- All intakes involving Nursing Homes (NH) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) must be reviewed and a priority assigned by a CRU RN.

Procedure

A. The CRU intake staff:

1. Processes the intake per the approved CRU intake process.
2. Completes all required information, except ACTS ID.
3. Prioritizes the intake following approved prioritization processes.
4. Places the completed intake in the Intake Review box.

B. The CRU RN will:

1. Review each nursing home and ICF/IID intake completed by CRU intake staff for prioritization using CRU [Prioritization Guidelines 4A15](#) and [A20](#) per the CRU SOP, State Operations Manual [SOM Chapter 5](#), the [Revised Immediate Jeopardy Appendix Q](#), and the list of [Immediate Jeopardy and High Profile Indicators](#).
2. Confirms and/or changes the priority.
3. Completes the ACTS ID for the nursing home and ICF/IID intakes and creates or deletes referrals.
4. Add Medicaid Fraud referrals based on criteria provided by Medicaid Fraud unit.
5. Notify the supervisor regarding any issues with the intake that would impact the investigation.
6. Finishes processing the intake and assigns in accordance with [4A15](#) SOP.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A19 – PROCESSING FOLLOW-UP REPORTS

Background

- Integrate follow-up reports with the original report and any associated intakes created to reduce redundancy and for efficient use of staff time.
- Document any additional information received on an intake as “follow-up” information and communicate to appropriate staff or administration.

Procedure

- A. Transcribe reports in the Follow-up box per [SOP 4A1](#). Place in the Outlook folder “Follow-up”. Place all follow up emails and faxes also in this folder. OIR follow-ups will be in the OIR folder with staff’s name.
- B. For all follow-ups, if the follow-up pertains to an intake that has already linked and assigned for investigation and there exists no new allegation; e-mail the follow up report to the FM. In the e-mail, include the original Intake number, the facility name, priority and date assigned to the field. Place both the original follow up report and the e-mail sent to the FM (from your sent Outlook box) in the Correspondence folder.
- C. If the follow up pertains to an intake that is still pending in TIVA, communicate with the CRU staff who is working the intake. Give follow up to the CRU staff to incorporate into the intake, or the follow up staff may add the follow up to the intake.
- D. If the follow up pertains to a transcription in a CRU staff’s Outlook or OIR box; communicate with that CRU staff to let them know there is a follow up. [Process Reports 4A19](#) and complete the original report and the follow up report, per SOP guidelines.
- E. If the follow up pertains to a report that is still in INI, find the pending report, transcribe, and [Process Reports 4A19](#) per SOP guidelines.
- F. If the follow up pertains to an intake that was linked as a QR and the facility is a NH; determine if a call back was made on the original intake. If a call back was made and the follow up contains no new allegation or participants, follow the process in [Reports for Review 4A7](#) SOP. If the original intake does not contain a call back or the follow up contains new allegations or participants, [Create an Intake 4A9](#) and [Prioritize 4A20](#) per SOP guidelines. Add a CRU NOTE to the intake stating the report is a follow up and include the original intake number.
- G. If the follow up pertains to an intake linked as a QR and the facility is not a NH, create a new intake only if the follow up has information that would change the priority, a new allegation or new participants. Otherwise, follow the process in [Reports for Review 4A7](#) SOP.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A20 – PRIORITIZING INTAKES

Background

- CRU will prioritize intakes following established priorities determined by RCS.
- CRU staff will complete the prioritization in a timely manner following all established guidelines and link or assign intakes.
- If there are clinical components in the narrative, PS3's may consult with a CRU RN regarding prioritization.

Procedure

- A. CRU staff will prioritize complaint intakes using the following guidelines:
1. **2 working days (Immediate Jeopardy)** - A situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. Immediate corrective action is necessary.
 2. **10 working days (Non Immediate Jeopardy-High)** - The alleged noncompliance may have caused harm that negatively impacts the individual's mental, physical and/or psychosocial status and are of such consequence to the person's well-being, the SA conducts a rapid response. Usually, specific rather than general information (such as, descriptive identifiers, individual names, date/time/location of occurrence, description of harm, etc.) factors into the assignment of this level of priority.
 3. **20 working days (Non Immediate Jeopardy-Medium)** - The alleged noncompliance caused or may cause harm that is of limited consequence and does not significantly impair the individual's mental, physical and/or psychosocial status or function. Initiate complaint and incident investigations within 20 working days of linking the intake to the RCS Field Unit.
 4. **45 working days (Non Immediate Jeopardy-Low)** - The alleged noncompliance may have caused physical, mental and/or psychosocial discomfort that does not constitute injury or damage. In most cases, an investigation of the allegation can wait until the next onsite survey. Initiate investigations within 45 working days of linking the intake to the RCS Field Unit.
 5. **90 working days-Complaint investigation** delay may occur if the allegation is general in nature, anonymous, and a scheduled survey is within 90 working days. In general, this is a priority assignment made by the field manager, not the CRU.

Complaint issues in this category do not meet the criteria for a 2, 10, 20 or 45 working day assignment.

6. **Quality Review** – Assign intakes this priority if an onsite investigation is not necessary. The field conducts an offsite administrative review (e.g., written/verbal communication or documentation) to determine if further action is necessary. The field may review the information at the next onsite survey. Allegations may also receive a “Quality Review” designation if any other report of a more urgent nature has already prompted an investigation of the situation by the Department.
7. Prioritization of reports should take into consideration the list of Immediate Jeopardy and High Profile Indicators located in [CRU Resources and Forms 4B](#).
8. Priorities are for RCS use only and not divulged to the complaint reporter.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A21 – PROCESSING LAW ENFORCEMENT (LE) REFERRALS

Background

- Notify Law Enforcement (LE) for all reports of abuse, neglect and exploitation of Vulnerable Adults (VA) or reports containing allegations of a crime against a VA.
- CRU staff must report to LE all incidents outlined in [RCW 74.34](#).

Procedure

- A. In an emergency, call 911 or the local emergency number immediately. An emergency is any situation that requires immediate assistance from the police, fire department or ambulance.
- B. When you call 911, be prepared to answer the call-taker's questions, which may include:
 1. The location of the emergency, including the street address;
 2. The nature of the emergency with details pertinent to first responders action;
 3. Your name, role and contact information;
 4. Collect and document the 911 generated call reference number, the date and time of the 911 call on the CRU intake.
 5. Do not hang up until the call-taker instructs you to.
- C. If the situation is such that the VA's health and safety may be at risk, CRU staff may request LE conduct a welfare check.
 1. Call the non-emergency phone for the appropriate LE jurisdiction and request a welfare check of the resident/client.
- D. Non-emergency situations. In these situations, there is no immediate need for law enforcement; however the allegation(s) in the report include possible crimes against a VA, a VA may be in danger due to an elopement or CRU must by statute, report to LE.

Per [RCW 74.34](#), incidents of physical assault between vulnerable adults, which do not require more than basic first aid, are not required to be reported to a law enforcement agency, unless requested by the VA or his /her legal representative or family member unless:

- a. Resulting in an injury to the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital or anal area
 - b. Resulting in a fracture
 - c. There is a pattern of physical assault between the same vulnerable adults.
 - d. The incident involved an attempt to choke a vulnerable adult
- E. Refer intakes to the Local LE where the incident occurred. Determine the LE by using the website "[Police Jurisdiction Lookup](#)"

- F. If the jurisdiction is King County based on the jurisdictional map provided by the King County Sheriff's Office (KCSO), follow the procedure in H below.
- G. Create the LE referral on the referral tab following instructions in the TIVA manual.
Add the following paragraph to the "Reason for Referral" field and insert the appropriate Field Manager name and phone number:
This complaint is being referred to law enforcement because it has been reported to Residential Care Services that an alleged crime occurred within the setting of a regulated long term-care provider or entity. If you have any questions regarding this referral, please contact (Field Manager Name) at (Phone Number).
- H. King County LE referrals
1. Call KCSO non-emergency phone number at 206-296-3311.
 2. Tell the Call Receiver (CR) your name, you are calling from RCS and you are making a LE referral.
 3. CR will ask if anything is in progress or if someone is currently being hurt. In most cases the answer to this will be no.
 4. Inform the CR where the incident occurred. This could be the facility, the Supported Living (SL) client's home, or another area (such as a store, park etc.)
 5. At this point, the CR will inform you of the jurisdiction. If KCSO jurisdiction, proceed with call. If another LE agency jurisdiction, end the call and create the appropriate referral to LE.
 6. CR will ask where is the client is now.
 7. CR will request the names of who is involved. Provide information (address/phone number) for the reporter, AV (s), AP (s).
 8. Provide the CR with the name and phone number for the appropriate field manager.
 9. CR will ask what happened and when. Provide the incident description and any relevant follow up information. If known, provide date and time of incident. If incident date and time are unknown, inform CR of this and the date of the received report.
 10. Create a [LE referral 4A21](#) in TIVA for KCSO. Document the CAD number in the referral. Send the referral. If you are on hold and unable to wait, you can request a call back. An operator will call you back when lines are clear.
 11. If the facility/agency provides a case number for a KCSO case, call (206) 263-2110 to verify the information and ensure the incident is under review. Document this in a CRU NOTE.
- I. No referral to LE is required if the report is from a LE agency.
- J. If APS has already sent a local LE referral for the same incident, RCS does not need to send a duplicate local LE referral.

- K. Report any incident that fits the criteria in this SOP to [LE referral A421](#) even if the facility/agency reports informing LE and/or provides a case number (with the exception of KCSO-see above process).

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A22 – PROCESSING REFERRALS TO ADULT PROTECTIVE SERVICES (APS)

Background

- The CRU sends referrals to APS when there is a possibility of an allegation of abuse, neglect and/or exploitation concerning a resident or client of a facility or agency licensed and/or certified by RCS including Nursing Home (NH), Assisted Living Facility (ALF), Adult Family Home (AFH), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Enhanced Services Facilities (ESF), and Certified Community Residential Services and Supports (CCRSS or Supported Living (SL)) providers or a Vulnerable Adult (VA) living in their own home.

Procedure

- A. Send a referral to APS when an Alleged Perpetrator (AP) is involved in the incident. The AP may be a facility staff or a person outside the facility. The name of the AP is not required when referring to APS.
- B. Send a referral to APS for all resident-to-resident or client-to-client incidents.
- C. CRU staff will process the intake per current standard operating procedure, following the approved prioritization process and add a referral to APS regardless of harm to the resident or client or un-substantiation/recanting of the allegation.
- D. Send all TIVA referrals to APS via automated email.
- E. DDA/HCS Incident Reports (IR's) that are sent to both RCS and APS do not need an APS referral.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A23 – PROCESSING REFERRALS TO AGENCIES OTHER THAN LAW ENFORCEMENT AND ADULT PROTECTIVE SERVICES

Background

- CRU receives reports that may include information outside RCS jurisdiction.
- These reports require a referral to other state agencies or facilities utilizing the automatic referral system in TIVA, by telephone or by manual fax.

Procedure

Determine if the information provided in the intake warrants a referral to any of the referral types listed below.

1. Create TIVA referrals on the referral tab following instructions in the TIVA manual.

TIVA Referrals Include

- A. **Medicaid Fraud Control Unit (MFCU):** Follow current directive from MFCU. MFCU has TIVA access.
- B. **Construction Review:** Send a referral regarding any physical/construction related changes to a NH or ALF. Examples include installing new carpet, building ramps, the addition of a new roof and concerns about the facility having the right permits to do the construction changes.
- C. **Child Protective Services Intake (CPS):** Send a referral when someone reports that a child 17 years old and under may be abused or neglected.
- D. **Department of Health (DOH) – Hospitals:** Send a referral for any complaint about treatment at a hospital.
- E. **Department of Health – Non-Hospital Facilities:** Send a referral for any complaint about treatment at a facility regulated by DOH such as mental health facility (non-state hospitals), home health clinics, hospice centers, dialysis centers, or any other similar facility.
- F. **Eastern State Hospital (ESH):** Send a referral to the appropriate state hospital for any complaint involving a patient or staff member at that state hospital or about the state hospital itself.
- G. **Labor and Industries (L&I):** Send a referral if there are issues regarding reports of wages, working conditions, child labor, and worker compensation issues.
- H. **Labor and Industries Division of Safety and Health (DOSH):** Send a referral if there are issues regarding reports of unsafe working conditions (no ventilation in

the kitchen, fridge-leaking Freon), the need for inspection of electrical work, boilers, elevators, and manufactured homes.

- I. **Professional (Prof'l) Licensing Board:** Send a referral when there is an allegation of abuse neglect or substandard care by a licensed staff member (RN, LPN, NAC, NAR, MD, etc.). For Home Care Aides select NAC in the TIVA dropdown menu.
- J. **State Fire Marshall:** Send a referral when there are issues regarding fire and life safety at a NH, ALF, ESF and ICF/IID facility. For example, overloading of the electrical system and outlets, issues with the sprinklers, fires, blocked exit doors, and extinguishers out of reach.
- K. **Office of Fraud and Accountability (OFA):** Send a referral when there is an allegation of EBT fraud
- L. **RCS Behavioral Health Support Team (BHST):** Send a referral when a facility reporter requests a consultation with the RCS BHST to assist with resident behavioral issues. The facility/agency must agree to the referral and documented clearly in the body of the referral in TIVA.

Telephone or manual fax referrals include:

- M. **County Health Department:** Send a referral when there are issues regarding well or sewer issues at a facility or when directed in cases of an outbreak of illness at a facility where the facility has not notified the County DOH.
- N. **Local Building Code Enforcement Agency:** Send a referral regarding any physical/construction related changes to an AFH or other concerns regarding housing.
 - 1) When making these referrals, document in a CRU NOTE in the narrative.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A24 – PROCESSING COMPLAINT REFERRALS AND PRIORITY CHANGES

Background

- CRU is responsible for processing and electronic recording of all RCS field staff requests for referrals, mandated reports, intake information changes and priority changes.
- This centralized process must ensure all complaints/incidents are screened, triaged and prioritized, in a uniform manner and in accordance with CRU policy and Federal/State requirements. RCS field staff primarily communicates requests and changes to CRU using email transmittal. CRU will accept other methods as needed. Send all Emails to CRU at cru@dshs.wa.gov.

Procedure

A. Referrals

1. Email the following information to the CRU:
 - a. Intake number, facility/agency name, referral type, brief rationale for referral.
 - b. If the referral is for an individual instead of a facility/agency, also include the alleged perpetrator's name, Social Security Number (SSN) if available, Date of Birth (DOB), license number.
 - c. In an emergency to protect residents, the field can immediately refer the complaint/incident to the appropriate referral agency (e.g. police), but will need to email the CRU with the information in **a** and **b** above and that the referral has been done.

B. Mandated Reporting

1. Email the following information to the CRU:
 - a. Complainant first/last name, telephone number, (inform CRU if reporter wants to remain anonymous), details regarding “who, what, where and when” of the mandatory report.
2. For mandated reports of immediate jeopardy or high profile situations during CRU live call hours (Monday through Friday, 8:30 am to 4:30 pm), the RCS staff may choose to speak to a CRU representative personally to file their report.
 - a. CRU staff will accept the report via live call from the RCS staff in these situations.

C. Intake Information Changes

Email the following information to the CRU **prior to completing any provider action or creating a note in TIVA:**

- a. Intake number, facility/agency name, changes/corrections to be made (e.g. address, telephone number, complainant, facility, alleged perpetrator, alleged victim name).

D. Priority Changes

1. Only FMs or RAs may request a change of priority assigned by the CRU based upon consideration of priority criteria and any known current issues with the provider.
2. Send an email to cru@dshs.wa.gov with a cc to the Administrative Assistant, the complaint investigator and the Regional Administrator as appropriate.
3. Include the following information to the CRU **prior to completing any provider action or creating a note in TIVA:**
 - a. Intake number, facility/agency name, rationale for the priority change based on the following levels of harm as listed in the [Prioritization Categories 4A20](#):
 - The alleged noncompliance has caused or is likely to cause serious injury, harm, impairment or death. (2 working day)
 - The alleged noncompliance may have caused harm that negatively impacts the resident/client's mental, physical and/or psychosocial status. (10 working day)
 - The alleged noncompliance has caused or is likely to cause harm that is of limited consequence and does not significantly impair the resident/client. (20 working day)
 - The alleged noncompliance may have caused physical, mental, and/or psychosocial discomfort. (45 working day)
 - No harm or impact on the resident/client. (Quality Review)
4. Do not change the following types of reports to a Quality Review priority (including but not limited to):
 - a. The suicide of a resident or client.
 - b. The report includes the death of a resident or client and there is suspected abuse or neglect.
 - c. Any incident in which there is actual physical or mental harm. Examples include but are not limited to fractures, head trauma, bruises, loss or impairment of function, pressure ulcers, or other significant injury.
 - d. When the only rationale is that the resident/client is no longer in the facility or receiving care from the provider because of hospitalization, transfer, or discharge.
 - e. Any incident in which the reporter is a public reporter and requests follow-up.

E. Confirmation of information or priority changes.

The appropriate Administrative Assistant will monitor the requested changes and report any delays for follow-up.



Example:

Please change the priority on the above referenced intake from 10-WD to 20-WD.

Rationale: The facility report provides information to conclude there was no actual harm, the potential harm would not significantly impair the resident and this is a situation that is not likely to recur to the resident or other residents.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A25 – Creating Confidential Intakes

Background

- CRU receives reports that include complaints regarding DSHS employees.
- Reports involving complaints regarding DSHS employees must remain confidential.

Procedure

- A. When reviewing received reports and it is identified there are allegations against a DSHS employee:
 1. Do not include the confidential information in the TIVA intake.
 2. Identify any related TIVA intake numbers.
 3. Identify the reporter, date of the complaint and contact information for the reporter.
 4. Copy the allegation regarding the employee and paste into a Confidential Intake Report form.
- B. Determine the appropriate Division/Agency using an Outlook search and place a check in the box on the form.
- C. Email the completed [Confidential Intake Report form 4B4](#) to the CRU Manager.
- D. The CRU Manager validates the appropriate Division/Agency and emails the report to the appropriate appointing authority.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A26 – FAX FAILURES

Background

- CRU sends referrals to agencies via the fax referrals system in TIVA for reported issues that are not within RCS jurisdiction.
- The TIVA fax referral system fails occasionally. When this occurs, an alternate system is required to ensure fax referrals are sent to the appropriate agency in a timely manner.

Procedure

- A. Appointed CRU staff receives notice of a fax failure via automated email from TIVA.
Example: A referral tracking fax failure has been reported for Intake ID 1234567 on Provider ID 123456/BH1234.
- B. CRU staff researches the fax failure in TIVA and attempts to re-send the fax referral using TIVA two additional times on the date of the original fax failure, if possible.
- C. If re-sending the referral is unsuccessful, CRU staff must identify if the fax failure is an internal TIVA issue or an external issue with the receiver's fax machine by first contacting the receiver to ensure their fax machine is functional.
- D. When the failure is due to a TIVA issue CRU staff will:
 - 1 Notify the TIVA help desk and inform the CRU manager.
 - 2 Create a new referral and select "Manual Fax" as the method.
 - 3 Print out a hard copy of the referral and manually fax it to the referring agency.
 - 4 In TIVA place a check in the permanent fax failure box and save.
 - 5 Review the fax log in TIVA to verify the removal of the referred intake from the fax log.
- E. If the receiver's fax machine is not functional, inquire if the receiver has the ability to receive an encrypted email. If they agree, email the referral and document in TIVA.
- F. If the receiver's fax machine is not functional and they cannot accept an email, provide the information for the referral verbally and document in TIVA.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A27 – EXTENUATING CIRCUMSTANCES

Background

- Per [State Operating Manual \(SOM\) Chapter 5 Complaint Procedures](#), Section 5070 - Priority Assignment for Nursing Homes, Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers:
- An assessment of each complaint or incident intake must be made by an individual who is professionally qualified to evaluate the nature of the problem based upon his/her knowledge of Federal requirements and his/her knowledge of current clinical standards of practice. In situations where a determination that immediate jeopardy may be present and ongoing, the department is required to start the on-site investigation within two working days of receipt of the complaint or incident report. In a complaint or a survey related to a report of a patient death associated with use of restraint or seclusion, the department requires a completed five working day investigation, for the Regional Office (RO) authorization for investigation. Prioritize all non-immediate jeopardy situations, the complaint/incident within two working days of its receipt, unless there are extenuating circumstances that impede the collection of relevant information.

Procedure

- A. Extenuating Circumstances will be defined as:
 - No facility or residence noted on report; or
 - No name of AV and AP for a report where the participants information would be critical to proceed with the investigation; or
 - CRU computer systems essential for intake completion inaccessible for more than 1 hour; or
 - Suspension of operations per DSHS administrative policy.
- B. If the report contains information, which would necessitate an investigation, critical information is missing (see above) and the 2-day timeline has expired, consult a supervisor and develop a plan on how to proceed.
- C. If determined by the Supervisor/Manager to continue attempts to gather information, they can only approve an additional 24 hours. If attempts are unsuccessful to gather and clarify the necessary information to prioritize an intake, add the information to [Reports for Review 4A7](#) SOP.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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4A28 - PROCESSING RETURNED CRU LETTERS

Background

- At a request for follow-up, CRU staff are responsible for sending the CRU letter to the public reporter.
- The letters return to CRU when they letters are undeliverable by the US Postal Service.

Procedure

- A. Open the letter to find the assigned intake identification number, listed on the bottom of the CRU letter under: “The Intake number assigned to your concern is _____.”
- B. Open the intake in TIVA and click on the “Participants” tab to identify the reporter.
- C. Call the reporter back at their listed phone number.
 1. Ask to speak with the reporter by name. If the reporter identifies himself or herself, introduce yourself and state where you are calling from.
 2. Inform the reporter of their returned letter to CRU.
 3. Verify the reporter’s mailing address. If the address in TIVA was incorrect, update the reporter’s mailing address in TIVA. **NOTE:** Sometimes mail sent to an anonymous reporter is undeliverable. In this case, offer to send the letter via e-mail so the reporter can stay anonymous.
- D. Print a new letter for the reporter with their updated mailing address or e-mail the reporter a new letter at their provided e-mail address.
- E. E-mail the Field Manager (FM) and provide the FM with the reporter’s updated mailing address or e-mail address.

Example: In the subject line of the e-mail, write “Additional information for intake ID _____, [facility name], [priority], linked on [linked date]” and provide the reporter’s mailing or e-mail address in the body of the e-mail.

Quality Assurance Review

Review this process at least every two years for accuracy and compliance.

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APPENDIX A1 – RCS MAXIMUM TIME FRAMES FOR ONSITE INVESTIGATION

Per CMS State Operations Manual ([SOM](#)) Chapter 5 (Rev. 8/27/13) & [IJ Appendix Q](#)

Onsite within 2 working days of receipt	Onsite within 10 working days of prioritization	Onsite within 20 working days of prioritization	Onsite within 45 working days of prioritization	Onsite within 90 working days of prioritization	Administrative Review (Quality Review)
Immediate Jeopardy (IJ)	Non-IJ (High)	Non-IJ (Medium)	Non-IJ (Low)		
A situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. Immediate corrective action is necessary.	The alleged noncompliance may have caused harm that negatively impacts the individual's mental, physical and/or psychosocial status and are of such consequence to the person's well-being that a rapid response by the SA is indicated. Usually, specific rather than general information (such as, descriptive identifiers, individual names, date/time/location of occurrence, description of harm, etc.) factors into the assignment of this level of priority.	The alleged noncompliance caused or may cause harm that is of limited consequence and does not significantly impair the individual's mental, physical and/or psychosocial status or function.	The alleged noncompliance may have caused physical, mental and/or psychosocial discomfort that does not constitute injury or damage. In most cases, an investigation of the allegation can wait until the next onsite survey.	Complaint investigation may be delayed if the allegation is general in nature, anonymous, and a survey is scheduled within 90 working days. In general, this is a priority assignment made by the field manager, not the CRU. Complaint issues in this category do not meet the criteria for a 2, 10, 20 or 45 working day assignment.	Intakes are assigned this priority if an onsite investigation is not necessary. The field conducts an offsite administrative review (e.g., written/verbal communication or documentation) to determine if further action is necessary. The field may review the information at the next onsite survey. Allegations may also receive a "Quality Review" designation if any other report of a more urgent nature has already prompted an investigation of the situation by the Department.

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APPENDIX A2 – CRU INI TRANSCRIBED CALL LOG

Log all INI numbers of transcribed calls

Transcriber Name: _____

Date: _____

	INI Number	TIVA	R4R	Corres.	Blank INI #		Comments
1							
2							
3							
4							
5							
6							
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39							

Reviewer_____

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APPENDIX A3 – RCS-CRU ALLEGATION CATEGORIES

TIVA Allegations		
Code	Allegation Categories	Allegation Description
1	Resident/Patient/Client abuse	Per RCW 74.34-physical, mental, sexual, resident to resident, staff to resident
2	Resident/Patient/Client neglect	Per RCW 74.34-serious disregard of the consequences to the resident that presented a clear and present danger (failure to prevent/treat pressure sores, not giving medication, failure to follow care plan resulting in harm to the resident)
3	Misappropriation of property	Per RCW 74.34-stealing/borrowing money/possessions, asking for or taking loans, using a resident's services and not paying for them
4	Injury of unknown origin	Suspicious Injuries of unknown source
5	Restraints/Seclusion - Death	Death associated with chemical, physical restraints or seclusion
6	Restraints/Seclusion - General	Use of chemical, physical restraints or seclusion/isolation
7	Resident/Patient/Client Rights	Violation of civil, legal or resident rights
8	Admission, transfer and Discharge Rights	Admission/Transfer/Discharge issues
9	Death - General	Deaths required to be reported-sudden unanticipated death of an otherwise healthy individual, after an accident or a severe illness
10	Quality of Life	Care and environmental issues related to dignity
11	Quality of care/treatment	Care and services in accordance with care plans
12	Accidents	Accidents through no fault of provider or staff
13	Dental Services	Routine and emergency dental care
14	Dietary Services	Food safe, nourishing, palatable & well balanced, sufficient supply
15	Nursing Services	Nursing services provided per regulation and care plan



16	Pharmaceutical services	Resident/client medication services
17	Physician services	Care and services from health care provider
18	Rehab services	Physical, occupational, speech therapy
19	Educational services	School, training, active treatment (ICF only)
20	Other Services	Services not identified in 13 - 19
22	Physical environment	Safe, functional and sanitary living conditions
23	Infection control	Prevent development and transmission of disease
24	Resident/Patient/Client Assessment	Required assessments are completed
25	Administration/Personnel	Facility Operation in regulatory compliance
26	Fraud/False Billing	Billing irregularities
29	Falsification of Records/Reports	Documentation omissions and/or inaccuracies
30	Unqualified personnel	Employee background or training issues
34	Fatality/transfusion fatality	Unanticipated/unexplained death
35	State licensure	No valid license
36	Other	Any issue not otherwise described
37	Life safety code	Compliance with Fire Marshal regulations, city/county building codes
31	State monitoring	Violations discovered during monitoring visits
99	No alleged violation	No violation given

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APPENDIX A4 – CRU CONFIDENTIAL REPORT

Report prepared by: Date & Time Report Received: TIVA Intake ID (s):	Alleged Employee(s): Division: <input type="checkbox"/> RCS <input type="checkbox"/> HCS <input type="checkbox"/> DDA
Reporter Name: Contact Information:	
Allegation/Complaint	
Route to:	
RCS <input type="checkbox"/> Director <input type="checkbox"/> Office Chief Field Operations <input type="checkbox"/> Region () Regional Administrator <input type="checkbox"/> Other: Date:	HCS <input type="checkbox"/> Date: DDA <input type="checkbox"/> Date:

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APPENDIX A5 – DEFINITIONS

Below are the following definitions used throughout this chapter.

Note - The WAC does not define some terms

Definitions

Chapter 74.34 RCW provides definitions that apply to the CRU unit.

1. "**Abandonment**" means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.
2. "**Abuse**" means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and personal exploitation of a vulnerable adult, and improper use of restraint against a vulnerable adult, which have the following meanings:
 - (a) "**Sexual abuse**" means any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse also includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under chapter 71A.12 RCW, and a vulnerable adult living in that facility or receiving service from a program authorized under chapter 71A.12 RCW, whether or not it is consensual.
 - (b) "**Physical abuse**" means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.
 - (c) "**Mental abuse**" means a willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.
 - (d) "**Personal exploitation**" means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.
 - (e) "**Improper use of restraint**" means the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline or in a manner that: (i) Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW; (ii) is not medically authorized; or (iii) otherwise constitutes abuse under this section.

3. **“Chemical restraint”** means the administration of any drug to manage a vulnerable adult’s behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult’s freedom of movement, and is not standard treatment for the vulnerable adult’s medical or psychiatric condition.
4. **“Consent”** means express written consent granted after the vulnerable adult or his or her legal representative has been fully informed of the nature of the services to be offered and that the receipt of services is voluntary.
5. **“Department”** means the department of social and health services.
6. **“Facility”** means a residence licensed or required to be licensed under chapter 18.20 RCW, assisted living facilities; chapter 18.51 RCW, nursing homes; chapter 70.128 RCW, adult family homes; chapter 72.36 RCW, soldiers' homes; or chapter 71A.20 RCW, residential habilitation centers; or any other facility licensed or certified by the department.
7. **“Financial exploitation”** means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any person's or entity's profit or advantage other than for the vulnerable adult's profit or advantage. "Financial exploitation" includes, but is not limited to:
 - (a) The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;
 - (b) The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or
 - (c) Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.
8. **“Financial institution”** has the same meaning as in RCW ((30.22.040 and 30.22.041)) 30A.22.040 and 30A.22.041. For purposes of this chapter only, "financial institution" also means a "broker-dealer" or "investment adviser" as defined in RCW 21.20.005.
9. **“Hospital”** means a facility licensed under chapter 170.41, 71.12, or 72.23 RCW and any employee, agent, officer, director, or independent contractor thereof.
10. **“Incapacitated person”** means a person who is at a significant risk of personal or financial harm under RCW 11.88.010(1)(a), (b), (c), or (d).
11. **“Individual provider”** means a person under contract with the department to provide services in the home under chapter 74.09 or 74.39A RCW.

12. **"Initiate a response"** are various activities taken by the CRU staff after "knowledge" of a report such as conducting research, calling the reporter, discussing the report with the supervisor and creating an intake in TIVA.
13. **"Interested person"** means a person who demonstrates to the court's satisfaction that the person is interested in the welfare of the vulnerable adult, that the person has a good faith belief that the court's intervention is necessary, and that the vulnerable adult is unable, due to incapacity, undue influence, or duress at the time the petition is filed, to protect his or her own interests.
14. **"Knowledge"** is defined as the date the complaint is received Monday-Friday, 8:00am to 5:00pm, or the first working day after a holiday weekend.
15. **"Mandated reporter"** is an employee of the department; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; Christian Science practitioner; or health care provider subject to chapter 18.130 RCW.
16. **"Mechanical restraint"** means any device attached or adjacent to the vulnerable adult's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. "Mechanical restraint" does not include the use of devices, materials, or equipment that are (a) medically authorized, as required, and (b) used in a manner that is consistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW.
17. **"Neglect"** means (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or (b) an act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100.
18. **"Permissive reporter"** means any person, including, but not limited to, an employee of a financial institution, attorney, or volunteer in a facility or program providing services for vulnerable adults.
19. **"Physical restraint"** means the application of physical force without the use of any device, for the purpose of restraining the free movement of a vulnerable adult's body. "Physical restraint" does not include (a) briefly holding without undue force a vulnerable adult in order to calm or comfort him or her, or (b) holding a vulnerable adult's hand to safely escort him or her from one area to another.
20. **"Protective services"** means any services provided by the department to a vulnerable adult with the consent of the vulnerable adult, or the legal representative of the vulnerable adult, who has been abandoned, abused, financially exploited,

neglected, or in a state of self-neglect. These services may include, but are not limited to case management, social casework, home care, placement, arranging for medical evaluations, psychological evaluations, day care, or referral for legal assistance.

21. **"Self-neglect"** means the failure of a vulnerable adult, not living in a facility, to provide for himself or herself the goods and services necessary for the vulnerable adult's physical or mental health, and the absence of which impairs or threatens the vulnerable adult's well-being. This definition may include a vulnerable adult who is receiving services through home health, hospice, or a home care agency, or an individual provider when the neglect is not a result of inaction by that agency or individual provider.

22. **"Social worker"** means:(a) A social worker as defined in RCW 18.320.010(2); or (b) Anyone engaged in a professional capacity during the regular course of employment in encouraging or promoting the health, welfare, support, or education of vulnerable adults, or providing social services to vulnerable adults, whether in an individual capacity or as an employee or agent of any public or private organization or institution.

23. **"Vulnerable adult"** includes a person:

- (a) Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or
- (b) Found incapacitated under chapter 11.88 RCW; or
- (c) Who has a developmental disability as defined under RCW 71A.10.020; or
- (d) Admitted to any facility; or
- (e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or
- (f) Receiving services from an individual provider; or
- (g) Who self-directs his or her own care and receives services from a personal aide under chapter 74.39 RCW.

Other Definitions Used by CRU

1. **"Initiation"** means the first date of the investigation.
2. **"Received date"** is the date the report was received by the hotline, the date the email or fax was received in the CRU Outlook Inbox, the date the CRU staff spoke to a live caller or the date the CRU received a letter from the US Postal Service.
3. **"Date assigned to field"** is the date the CRU staff "linked" the intake to the appropriate regional office via the administrative assistant, completing CRU's responsibility for the development of the intake.
4. **"Linked"** is the date the CRU assigned the complaint intake to the regional field office. Only de-linking can modify the intake.

5. **“Referral”** is when a report includes other jurisdictions outside of RCS, including but not limited to APS, DOH, DOL, MFCU, law enforcement. Send the intake to the other agency as a referral.
6. **“TIVA”** is an acronym for “Tracking Incidents of Vulnerable Adults”.
7. **“Participant”** means any or all individuals who are participants in an intake.
8. **“Reporter”** means the individual making the report of alleged abuse, neglect, financial exploitation or other non-compliance with regulatory requirements to the CRU. Reporter types are *Public, Facility, Law Enforcement or Anonymous*.
 - *Public reporters are **generally** residents or clients, family of residents or clients, DSHS staff, DDA staff, Long Term Care Ombudsman staff, facility staff when it is clear they are not making an official facility report or are reporting as whistle blowers, hospital staff, and teachers.*
 - *Facility reporters are **generally** facility or agency Administrators or other management staff making a report as the official “facility” or provider report, staff who leave the facility/agency phone number and give permission to call them back, staff who state they reported their call to the hotline to their management.*
9. **“Alleged Victim”** means the vulnerable adult(s) identified in the report as allegedly being abused, neglected, financially exploited or the subject of non-compliance with regulatory requirements.
10. **“Alleged Perpetrator”** means the individual(s) perpetrating the alleged abuse, neglect, financial exploitation or other non-compliance with regulatory requirements.
11. **“Relationship”** means the participant’s connection to the alleged victim.
12. **“Reference Person”** means in most cases the alleged victim. If no alleged victim is identified the Reference Person may be the alleged perpetrator, the name of a facility reporter or the provider.
13. **“Provider”** is a person, group, or facility that provides services. RCS TIVA providers include Adult Family Homes, Assisted Living Facilities, Nursing Homes, Certified Supported Living providers, ICF/IID facilities and Enhanced Services Facilities.
14. **“Research”**: Research conducted in any available database or ancillary program to determine vital information needed in order to determine appropriate avenue to process report and/or to create an intake in TIVA.

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APPENDIX A6 – IMMEDIATE JEOPARDY AND HIGH PROFILE INDICATORS

- ◆ No one at the home answering door, residents observed inside alone
- ◆ Residents alone without qualified caregivers
- ◆ Caregiver under influence of alcohol/drugs
- ◆ Residents without food, water, and shelter
- ◆ Residents residing in a (licensed facility) basement with no fire escape or windows
- ◆ Unlicensed AFH
- ◆ Any type of sexual allegation
- ◆ Any facilities' utilities shut off
- ◆ AFH in foreclosure without notification to state agency
- ◆ Any facility with life-threatening electrical hazards
- ◆ Residents with multiple unexplained bruises of varying sizes, color, and location
- ◆ Residents with multiple untreated stage 3 – 4 pressure ulcers and/or deep tissue injury
- ◆ Residents missing and not found, in danger or found dead
- ◆ Unexpected resident death
- ◆ Residents in grave danger because they have no medication or necessary treatments, such as oxygen with resultant bad outcomes (diabetic reactions, aspiration, choking, turning purple, or air hunger)
- ◆ Residents whose code status is not followed with a negative outcome (no code with resulting death (no CPR/911))
- ◆ Residents restrained with side rails, wrist and body restraints, with outcome such as death, serious injury, and/or strangulation
- ◆ Fires resulting in remarkable facility damage, resident injury, and resident evacuation
- ◆ Any type of facility evacuations
- ◆ Any resident accidents that cause a resident death
- ◆ Any resident deaths where coroner was contacted
- ◆ Residents verbally and physically abused with remarkable physical and psychological injury and no facility protection
- ◆ Children and/or non-trained workers providing care and services
- ◆ Abused family members in the licensed facility
- ◆ Visitors abusing residents and no facility protection
- ◆ Suicide
- ◆ Any type of illness outbreak that affects multiple residents (staph, e-coli, MRSA, hepatitis A, foodborne illnesses)
- ◆ Staff walking out of the facility/strikes
- ◆ Lack of staffing that leaves multiple residents without care/meds/treatments

- ◆ Residents starting fires and no facility resident protection
- ◆ Residents smoking with oxygen
- ◆ Residents falling down stairwells with no facility protection
- ◆ Residents locked in their room, doors tied shut
- ◆ Licensed facility (example AFH) with meth lab or other illegal substance use
- ◆ Firearms in facility
- ◆ Any allegations about state employees, investigator, surveyors, and managers
- ◆ Allegations that newspapers have been contacted about the care and services of any facility
- ◆ Allegations that the Governor has been contacted about the care and services of any facility

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Appendix B – COMPLAINT RESOLUTION UNIT (CRU) CHANGE LOG

Effective Date	Chpt Sect #	What Changed? brief description	Reason for Change?	Communication & Training Plan
10/18/2019	4A12	Updated to reflect current CRU practice.	Updated to reflect current CRU practice.	Reviewed with CRU staff, Business Operations Chief & Public Disclosure Team.
6/28/2019	Full Chapter	All Sections	Updated to reflect current CRU practice.	SOPs reviewed with CRU staff, posted for review. MB issued R19-046
3/2016	Full Chapter	All Sections	All SOPs, forms & resources are to be captured in a formal RCS Chapter format	SOPs posted on Q-Sure Posted for employee review MB issued R16-022
1/2016	Full Chapter	SOP conversion to chapter format Chapter number issued (4)	RCS transitioning to chapter format:	Posted for on-line review
3/2015 through 9/2015	All Sections		N/A	Procedures reviewed with CRU staff and training provided.
11/2014	All Sections	OPP conversion to SOPs	Needed field staff review and feedback	Provided draft to field for feedback
2/2014-10/2014	All Sections	Procedure developed into a formal process of Operating Principles and Procedures (OPPs) and Standard Operating Procedures (SOPs)	Needed clear and consistent direction for CRU staff	

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