DHS Oregon Department of Human Services

Seniors and People with Disabilities

Policy Transmittal

Cathy Cooper
Authorized Signature

Number: **SPD-PT-10-031**
Issue Date: 8/16/2010

Topic: Foster Care

Transmitting (check the box that best applies):

☒ New Policy ☐ Policy Change ☒ Policy Clarification ☐ Executive Letter
☐ Administrative Rule ☐ Manual Update ☐ Other: _____

Applies to (check all that apply):

☐ All DHS employees
☒ Area Agencies on Aging
☐ Children, Adults and Families
☐ County DD Program Managers
☐ County Mental Health Directors
☐ Health Services
☒ Seniors and People with Disabilities
☐ Other (please specify):

Policy/Rule Title:	Report of Serious Event		
Policy/Rule Number(s):	n/a	Release No:	
Effective Date:	Immediately	Expiration:	n/a
References:	n/a		
Web Address:	n/a		

Discussion/Interpretation:

When serious events occur, immediate action in the form of a suspension or condition may need to be taken to protect residents. The Report of Serious Event (ROSE) form is designed to provide Licensors, Supervisors, Managers and Central Office staff the information needed in determining when circumstances, alone or in combination, pose an immediate and/or serious threat to resident health and safety. The completed form will be used to ensure timely and effective decisions are made to minimize harm or potential harm to residents and ensure their health and safety. This information is also necessary should subsequent corrective action need to be taken.

Note: This form replaces the Adult Protective Services Alert form SDS 0606 and should be used for both facility and community incidents.

Implementation/Transition Instructions: When a serious event occurs, complete the

form in its entirety and submit it by email to the appropriate Program Coordinators in Central Office. Include all documentation, photos and/or statements already gathered. Once the completed form has been received, Central Office will review the information and conduct a telephone conference with the Local Office contact person(s) for follow up questions and other documentation that may be needed. A course of action that includes regular communication between the Local Office and Central Office will be developed to ensure proper steps are taken to assess immediate or serious risk to residents and to ensure administrative protocols are maintained throughout the process. Guidelines have been developed to assist in completion of the form.

Training/Communication Plan: A communication plan should be developed by Local Offices with Central Office consultation as necessary.

Local/Branch Action Required: Review and apply as appropriate.

Central Office Action Required: Review upon receipt, develop plan of action with Local Office staff and make appropriate notifications as necessary to Administrators, Directors, and Communications.

Field/Stakeholder review: ☒ Yes ☐ No

If yes, reviewed by: SPD Policy and Operations Committee

Filing Instructions: Please file according to Local Office protocol.

If you have any questions about this policy, contact:

Contact(s):	Connie Rush, Adult Foster Home Program Coordinator		
Phone:	503-947-5163	**Fax:**	503-378-8966
E-mail:	Connie.l.rush@state.or.us		

Guidelines for Determining Immediate and Serious Threat to Resident Health and Safety in Facilities

A set of Criteria has been developed and is present in the form of a guide to assist Licensors, Supervisors and Managers in exercising professional judgment to determine when circumstances, alone or in combination, pose an immediate and/or serious threat to resident health and safety. This guide provides direction in relating specific situations to significant provider failures and should promote greater consistency throughout the state.

Definitions

“Allegation(s)” means the broad description of asserted violation(s) that may pose an immediate and serious threat to patient health and safety.

“Immediate and/or Serious Threat” means there is a high probability that serious harm or injury to residents could occur at any time, or has already occurred and may well occur again if residents are not protected effectively from the harm, or the threat is not removed.

"Licensee" means the person(s) who applied for and was issued a license, and whose name(s) is on the license and who is responsible for the operation of the facility.

“Potential Outcome” means the situation(s) or condition(s) discovered or found that represent the possibility of a threat to resident health or safety which requires further investigation.

"Resident" means any person who is receiving room, board, care, and services for compensation in a licensed facility.

“Violation(s)” means the specific failure to comply with program requirements as well as care and services provided to residents.

Guiding Principals

- An immediate and/or serious threat need not result in actual harm to a resident. The threat of probable harm is perceived as being serious or significant. A threat could be perceived as something which will result in potentially severe temporary or permanent injury, disability, or death, and must be perceived as something which is likely to occur in the very near future. Only one person needs to be in jeopardy. All of the residents do not have to be threatened or injured. Mental abuse can be as damaging as physical abuse and may constitute an immediate and serious threat.

- The absence of sufficient caregiver training does not, in and of itself, pose a threat. However, if caregivers lack the skill or knowledge necessary to properly care for residents, this may present a threat of harm.

- A violation or allegation may or may not be a threat considering such factors as the season of the year or geographic location. If the situation is severe enough it may outweigh the potential concerns of moving a resident to another home or facility.

Procedures

1. Allegations and violations may represent a situation that warrants further investigation. First determine whether or not the situation is isolated, widespread, or ongoing.
2. Consider obstacles that may exist for the Licensee to correct the problem and whether or not the Licensee will be able to achieve and maintain compliance.
3. Weigh the likelihood and severity of harm to a resident and whether it is likely that harm is imminent or likely to occur again at a later date.
4. Determine the degree of harm that is likely to occur.
5. Is it probable that the threat will result in temporary or permanent injury or death?
6. Finally, consider the history of the Licensee. Is this a new or repetitive and persistent violation? Has the Licensee demonstrated continued non-compliance in general? An

accumulation of repeated violations may pose an immediate and/or serious threat to residents and may warrant immediate action.

Suspension of a License to Operate a Facility

Suspension of a license will be taken if one of the following has been determined:

1. An imminent and/or serious threat of harm (abuse, neglect or exploitation) has occurred or is likely to occur at a later date.
2. Licensee has made no effort to correct the violation(s) therefore probability of imminent and/or serious harm continues.
3. Licensee has made effort, however the time needed for correction allows for probability of imminent and/or serious harm.
4. Licensee has made effort, however the violations have persisted for a significant amount of time indicating the Licensee is unwilling or unable to make permanent correction of the violation. Therefore, the probability of imminent and/or serious harm continues.

Inform the Licensee of the situation(s) determined to pose an imminent and/or serious threat to the health and/or safety of the residents. If the Licensee can correct the situation without delay, immediate suspension of the license may not be necessary. This does not preclude the Department from issuing a suspension or other corrective action at a later time.

Upon discovery of imminent and/or serious threat to resident health and/or safety, the Licensor and his/her Supervisor and/or Manager must contact the relevant Facility Program Coordinators in Central Office. Complete the ROSE form (SDS 307) and submit to Central Office.

Once the information has been reviewed, Central Office will conduct a telephone conference with the local office for follow up questions and documentation. A joint decision will be made on a course of action to be taken. If additional information is obtained after a plan is

developed, both offices will review the information and discuss any potential changes to the original plan.

Regular communication between the local office and Central Office is essential to ensure proper steps are taken to minimize any additional risk to residents and to ensure legal sufficiency is maintained throughout the process.

DHS
Oregon Department of Human Services
Seniors and People with Disabilities

Adult Protective Services
Report of Serious Event

Date:	Branch name and #	Local office contact:	Phone number:

☐ Title XIX	☐ OPI	☐ HCW	☐ No benefits or services
☐ Own home (community)		☐ Assisted living facility	☐ Nursing facility
☐ Residential care facility		☐ Adult foster home	☐ Room & board

☐ **NOTICE TO LAW ENFORCEMENT:** {NAME OF LAW ENFORCEMENT AGENCY}

In compliance with ORS 124.065 (2), our office is reporting in writing to your agency that the Department has a reasonable belief that a crime has been committed. If your agency does not have jurisdiction, please notify our office immediately.

The contact person listed above is available if your agency has questions, needs to coordinate our investigations or needs to report back to the Department pursuant to ORS 124.070 (3), (4), and (5).

Reason for referral: {Narrative here}

Additional information for law enforcement not otherwise documented in this form: {Narrative here}

Information for all Incidents

Reported victim:	Address:	Phone number:	Prime #/DOB/SSN:

1. What are the allegations or violations that present an imminent threat?

   {Narrative here}

2. What are the care needs of the client(s)/resident(s)? *(Please list full name of each client or resident and his or her functioning and care needs individually.)*

   {Narrative here}

3. What is the current location of the client(s)/resident(s)?

   {Narrative here}

4. Is/are the client(s)/resident(s) safe? What safety planning is in place or made available?

   {Narrative here}

5. List any DHS staff that has conducted an onsite visit due to these allegations. Include date, time and outcome of visit.

   {Narrative here}

6. Is Adult Protective Services involved? (*Please include APS Specialist name.*)

   {Narrative here}

7. What documents, statements, photos or other evidence has been obtained so far?

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{Narrative here}

8. Please explain any interaction with family members regarding the situation (*Or any interested party to the reported victim including, but not limited to neighbors, community members, church members, legislators.)*

   {Narrative here}

9. Is there any media involvement? *(Please specify which ones.)*

   {Narrative here}

10. Have there been any press releases or any interviews with the press? *(Please specify.)*

    {Narrative here}

11. Is there any media follow up needed? *(Please specify.)*

    {Narrative here}

12. Are there other agencies or community partners involved? *(Provide names of agency and contacts and role in incident or resolution.)*

    {Narrative here}

Information for a Community Incident (Incidents which do not occur in facilities licensed by DHS to provide care and service to adults age 65 or older or adults age 18 or older with a physical disability such as an individual's private home or room and board facility.) Please list full name and contact information for each alleged perpetrator.

Reported perpetrator name:	Address:	Phone number:

13. What is the relationship of the perpetrator(s) to the client(s)/resident(s)?

    {Narrative here}

14. Does the perpetrator(s) receive services or benefits through DHS?

    {Narrative here}

Information for a Facility Incident (Incidents which occur in facilities licensed by DHS to provide care and service to adults age 65 or older or adults age 18 or older with a physical disability such as an AFH, ALF, RCF or NF.) Please list full name and contact information for the facility involved and for each alleged perpetrator

Provider name and title:		Phone number:
Address:		
Reported perpetrator name:	Address:	Phone number:

Provider license #:	{XXXXXX}
Class:	{1, 2 or 3}
Capacity:	{1 through 5}

Number of residents	
Private pay:	Medicaid:
{1 through 5}	{1 through 5}

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15. How many and which residents are involved in the allegation? *(Please list full name and prime number of each client or resident.)*

    {Narrative here}

16. Please provide any history of the licensee which is similar to the current issue?

    {Narrative here}

17. How many qualified caregivers are in or available to work in the home?

    {Narrative here}

18. Has this issue been discussed with the licensee? What was their response?

    {Narrative here}

19. What date was the license last renewed? Is there a pending renewal application?

    {Narrative here}

20. Has the provider submitted a written plan to ensure resident safety?

    {Narrative here}

21. Does the provider hold a professional license *(i.e., RN, CNA, etc.)*?

    {Narrative here}

Additional information or comments:

{Narrative here}

Disclaimer: All information contained within this document is considered confidential and is protected by federal and state law and may not be further disclosed except by law or by court order.

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