

**Greene Arc, Inc.**  
Policy and Procedure Manual

**891 Incident Reporting Policy & Procedures Manual**



**INCIDENT REPORTING  
POLICY AND PROCEDURE MANUAL**

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**§ 6000.902 Purpose**

The purpose of this policy is to specify the guidelines and procedures for the incident management process. The incident management process is a subset of a larger risk management process. Incident policies, procedures, training, response and reporting are all important components of the incident management process. Combined with other areas of risk assessment, such as employee injuries, complaints, satisfaction surveys and hiring practices, incident management is an essential component of a comprehensive quality management process.

All individuals who receive support and service authorized by a County Intellectual and Developmental Disability Program, and/or who receive supports and service from licensed facilities, are covered under this policy.

Anyone who receives funds from the Intellectual and Developmental Disability system, either directly or indirectly, to provide supports or services for individuals authorized to receive services for a County Intellectual and Developmental Disability Program and employees of facilities licensed by the Department of Human Services, Office of Intellectual and Developmental Disability (ODP), are to report incidents as defined within this policy.

Following the processes outlined in this policy will satisfy the incident reporting requirements of Title 55 PA Code Public Welfare for the following chapters:

- Chapter 20 – Licensor or Approval of Facilities and Agencies
- Chapter 2380 – Adult Training Facilities
- Chapter 2390 – Vocational Facilities
- Chapter 6400 – Community Homes for Individuals with an Intellectual Disability Disability or Autism
- Chapter 6500 – Family Living Homes
- Chapter 6600 – Intermediate Care Facilities for Persons with Intellectual and Developmental Disability

This Policy establishes processes that will protect the health and safety, enhance the dignity and protect the rights of individuals receiving supports and services. The processes include uniform practices for:

- Building organizational policies and structures to support incident management
- Timely and appropriate action in response to incidents
- Reporting of incidents
- Investigation of incidents

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- Taking corrective action in response to incidents that both mitigate risk(s) and decrease the chance of a future occurrence of a similar incident
- Implementing quality management, risk management and incident management processes for the analysis and interpretation of individual and aggregate incident data

This Policy is applicable to individuals or families who are their own Providers. Specific application is covered in Attachment I.

In addition to the ODP reporting processes, reporting requirements of other laws, regulations and policies must be followed.

#### **Background:**

The primary goal of the Office of Developmental Programs (ODP) incident management system is to ensure that when an incident occurs, or is suspected or alleged to have occurred, the response to the incident protects and promotes and health, safety and rights of the individual.

- Greene Arc, Inc. will adhere to the incident management bulletins #00-01-15 and #00-21-02.
- Greene Arc, Inc. will assure that at least two (2) Certified Investigators are employed and/or available for conducting investigations.
- Greene Arc, Inc. will identify at least four (4) Point Persons to serve in the reporting capacity and notify all employees of their contact information.
- Greene Arc, Inc. uses the incident management process and have trained staff.

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**POINT PEOPLE** are the people you report an incident or alleged incident to. They will be responsible for filing the report on-line to **EIM**.

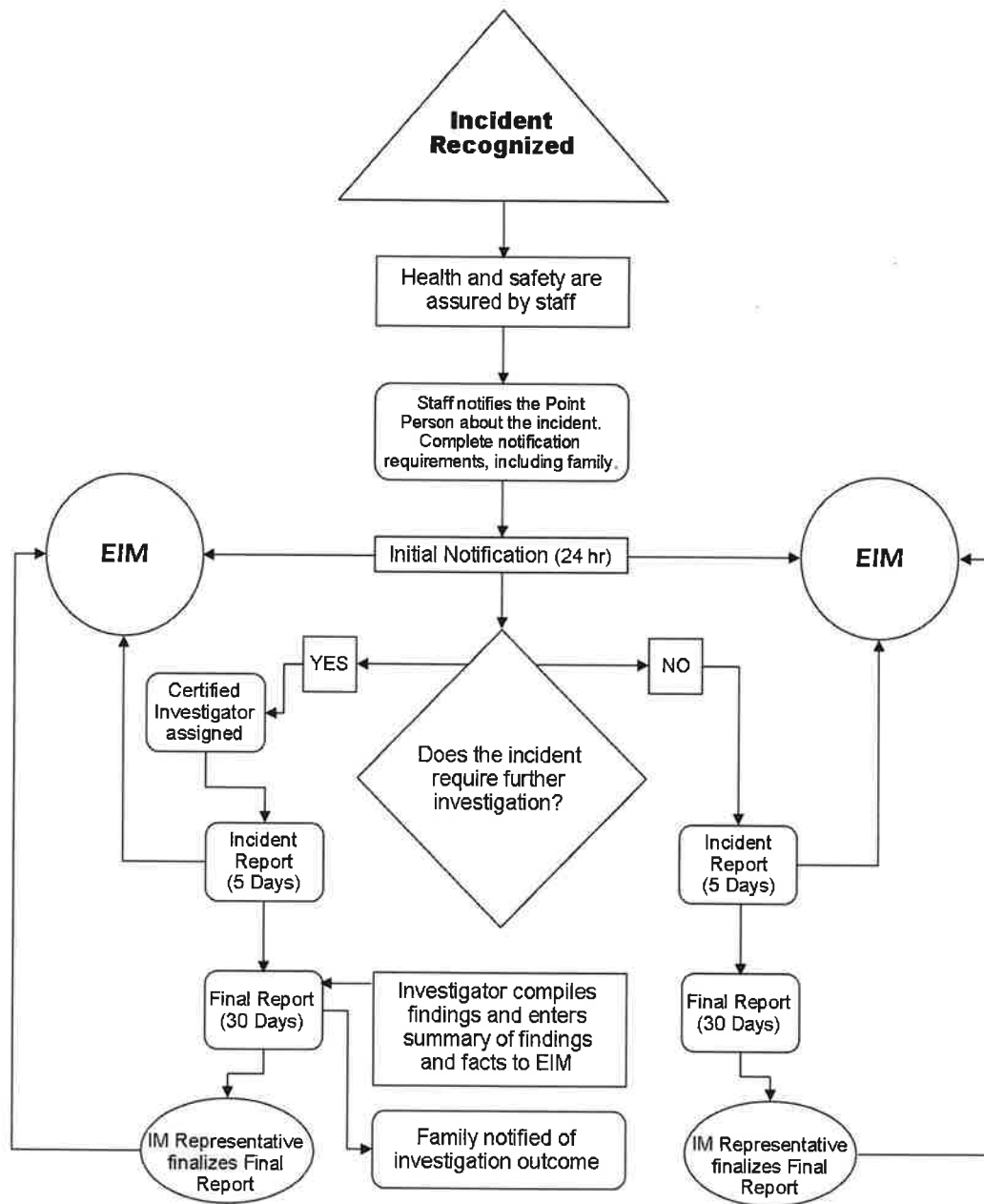
<b>MARY KEIM</b>	Work: 724-627-5511, ext. 116	Cell: 724-757-5064
<b>SANDRA KETCHEM</b>	Work: 724-966-7483	Cell: 724-998-5438
<b>JANIE PHILLIPS</b>	Work: 724-966-7402	Cell: 724-998-5079
<b>KIM TROUT</b>	Work: 724-499-5470	Cell: 724-710-4950
<b>PATRICIA ARTHUR</b>	Work: 724-627-5511, ext. 114	Cell: 724-998-1332
<b>TABITHA RUSH</b>	Work: 724-627-5511, ext. 126	Cell: 724-710-4261
<b>HEATHER SHAFFER</b>	Work: 724-627-5511, ext. 106	
<b>JULIE MILLER</b>	Work: 724-627-5511, ext. 125	
<b>KIM THOMPSON</b>	Work: 724-627-5511, ext. 121	

**CERTIFIED INVESTIGATORS** are the people who have been trained and received a certificate in investigation from DHS.

<b>MARY KEIM</b>	Work: 724-627-5511, ext. 116	Cell: 724-757-5064
<b>KIM TROUT</b>	Work: 724-499-5470	Cell: 724-710-4950
<b>JANINE WILEY</b>	Work: 724-966-7483	
<b>KIM THOMPSON</b>	Work: 724-627-5511, ext. 121	
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**POINT PERSON REPORTABLE FLOW CHART**



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#### **§ 6000.904 Definitions**

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

- Department – The Department of Human Services
- EIM – Enterprise Incident Management
- ODP – The Office of Developmental Programs

#### **RESPONSIBILITY FOR REPORTING/INVESTIGATING**

#### **§ 6000.911 Providers**

- 1) Employees, contracted Agents and volunteers of Greene Arc, Inc. covered within the scope of this subchapter are to respond to events that are defined as an incident in this subchapter. When an incident is recognized or discovered by Greene Arc, Inc., prompt action is to be taken to protect the individual's health, safety and rights. The responsibility for this protective action is assigned to a Greene Arc, Inc. Initial Reporter and Point Person. The protection may include dialing 911, escorting to medical care, separating the perpetrator, calling ChildLine, arranging for counseling and referring to a Victim Assistance Program. Unless otherwise indicated in the Individual Support Plan, the Greene Arc, Inc. Point Person or designee is to inform the individual's family within 24 hours (or within 72 hours for medication error and restraint) of the occurrence of an incident and to also inform the family of any investigation and the outcome of the investigation.
- 2) After taking all appropriate actions following an incident to protect the individual, Greene Arc, Inc. is to report all categories of incidents, alleged incidents and suspected incidents and complete an investigation as necessary whenever:
  - (a) Services are rendered by the Provider;
  - (b) An incident involves a target, the alleged target is within the scope of the Provider to investigate, which includes employees, staff, volunteers, contractors, consultants, interns and other individuals receiving services from the Provider. (55 Pa. Code §§ 2380.17, 2390.18, 6100.401, 6400.18, 6500.20)

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- 3) When a Provider becomes aware of an incident that is outside of the scope of its responsibility to report, the Provider must:
  - (a) Ensure prompt action is taken to protect the individual's health, safety and rights;
  - (b) Contact the individual's SC to report the incident;
  - (c) Provide the necessary information to the SC to ensure that the incident is able to be reported in the Department's information management system; and
  - (d) Collaborate with the SC to develop and implement corrective actions as a result of the incident and investigation, as it applies to the delivery of service by the Provider.
- 4) When multiple Providers learn of an incident, the Provider rendering services for the individual at the time the incident occurred must report the incident and begin any required investigation within 24 hours. If it cannot be reasonably determined which Provider was rendering service at the time of the incident, all Providers who are aware of the incident should report and investigate the incident.
- 5) If, during an investigation, the Certified Investigator assigned by Greene Arc, Inc. determines that an alleged perpetrator is not an employee, a volunteer or an individual receiving services from the Provider, the Certified Investigator is to complete the investigation summary in the EIM incident management application stating the reason why the investigation could not be concluded. The Certified Investigator is to review the protective action taken by the Agency and ensure communication with County staff occurs outside of EIM to alert the County that appropriate interventions may be needed to protect the individual.
- 6) In addition, employees, contracted Agents or volunteers of Greene Arc, Inc. are to report deaths, alleged abuse or neglect when they become aware of such incidents, regardless of where or when these incidents occur. If the death, alleged abuse or neglect occurred beyond Provider's responsibility, as specified in § 6000.911(b)(1)-(3) (relating to Providers), Greene Arc, Inc. is not to report the incident in EIM but instead, should give notice of the incident outside of EIM, to the individual's Supports Coordinator.



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- 7) Any person, including the victim, shall be free from intimidation, discriminatory, retaliatory or disciplinary actions exclusively for the reporting or cooperating with a Certified Investigation. These individuals have specific rights as defined by the Whistleblower Law (43 P.S. §§ 1421-1428) and the Older Adults Protective Services Act (35 P.S. § 10225.5102). See Appendix F (relating to related laws, regulations and policies).

**§ 6000.912 Individuals and Families**

- 1) If an individual or family member observes or suspects any health or safety concerns (that may or may not be defined as an incident) or any inappropriate conduct related to a service or support the individual is receiving, whether occurring in the home or out of the home, they should contact the Provider and/or the individual's Supports Coordinator. In the event of the death of an individual, the family should notify the Supports Coordinator. They may also contact the Intellectual Disabilities Customer Service Line directly from 8:30am to 4:00pm Monday through Friday at 1-888-565-9435. As specified, the Supports Coordinator will either inform Greene Arc, Inc. of the incident or file an Incident Report. Once informed by the Supports Coordinator, Greene Arc, Inc. is subsequently responsible to take prompt action to protect the individual, complete an investigation, as necessary and file an Incident Report.
- 2) When an individual or the individual's Representative arranges his/her own supports through a payment agent or intermediary service organization and an incident occurs, the individual, the individual's family (or their Representative) is to inform the Provider (when it is appropriate) or the Supports Coordinator that the incident has occurred. The Provider or Supports Coordinator will take prompt action to protect the individual, ensure a Certified Investigator is assigned, as necessary and file an Incident Report in EIM.

**§ 6000.913 County Behavioral Health/Intellectual and Developmental Disability Programs**

- 1) When an individual or a family member informs their Supports Coordinator that an event has occurred that can be defined as an incident and there is a relationship, as specified in § 6000.911(b)(1)-(3) (relating to Providers), the Supports Coordinator is to immediately notify Greene Arc, Inc., rendering the support or service. Greene Arc, Inc. is

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responsible for taking prompt action to protect the individual, completing an investigation, as necessary and filing an Incident Report in EIM.

- 2) When an individual or a family member informs the Supports Coordinator of an event that can be categorized as abuse or neglect, as defined and there is no relationship as specified in § 6000.911(b)(1)-(3), the Supports Coordinator will take prompt action to protect the individual. Once the individual's health and safety are assured, the Supports Coordinator will ensure a Certified Investigator is assigned, as necessary and will file an Incident Report in EIM.
- 3) When a family member of an individual informs the individual's Supports Coordinator of the death of the individual, the Supports Coordinator will determine if a report has been filed by Greene Arc, Inc. If Greene Arc, Inc. is not required to file the report, the Supports Coordinator will file an Incident Report in EIM.
- 4) In some circumstances, County Intellectual and Developmental Disability Program staff may be required to report incidents. County staff are to report deaths and incidents of alleged abuse or neglect when Greene Arc, Inc. or Supports Coordinator relationships do not currently exist or, in circumstances when the process for reporting or investigating incidents described in this subchapter for Providers or Supports Coordination Entities compromises objectivity.
- 5) If a County Incident Manager or designee is informed that a Greene Arc, Inc. Certified Investigator suspects that abuse or neglect is occurring beyond the authority of Greene Arc, Inc. to investigate, the County is to take all available action to protect the health and safety of the individual. The County may need to employ the resources of law enforcement, ChildLine, Area Agency on Aging, counselors or other Protective Service Agencies to protect the individual.

#### **REPORTABLE INCIDENTS**

##### **§ 6000.921 Categories of Incidents**

The following are the categories of incidents to be responded to by staff that is knowledgeable about incident management processes and protecting individuals. After the immediate health and safety assurances have been met, these incidents are to be reported in EIM. The categories

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are divided into those that must be reported within 24 hours of discovery or recognition and those that are to be reported within 72 hours.

- 1) For the incidents that require reporting within 24 hours, the first section of the Incident Report must be completed in EIM within 24 hours. The first section includes a minimum data set (individual and Provider demographics, action taken to protect the individual and description of the incident and the category of incident). The final section of the Incident Report includes additional information about the incident, any required investigation and corrective actions. The final section is to be completed within 30 days of recognition or discovery of the incident.
- 2) The second set of incidents requires reporting within 72 hours of recognition or discovery. These incidents are reported using abbreviated data entry screens in EIM.
- 3) When multiple individuals associated with a Provider/Entity are involved in certain primary categories or secondary categories (or both) of incidents, the incident can be reported using a site report. Only those events designated in the list of reportable incidents as a site report may be filed in this manner. An individual who is part of a group involved in a site report, and is injured, must have a separate individual report completed using the proper classification.
- 4) Providers, Supports Coordination Entities, Counties and ODP must be vigilant to report any incident where there is a suspected crime to law enforcement. When an individual is allegedly abused, neglected or the victim of a crime, the individual is to be offered the support of a Victims Assistance Program. See Appendix G (relating to Victims Assistance Programs).

### **§ 6000.922 Incidents to be reported within 24 hours**

All incident categories (with the exception of medication errors and physical restraints) shall be reported in the Department's information management system within 24 hours (55 Pa. Code §§ 2380.17, 2390.18, 6100.401, 6400.18, 6500.20).<sup>3</sup> Incidents include suspicions, allegations and actual occurrences of harm. Incidents must be reported regardless of the actual or perceived harm to the individual.

- 1) **Abuse** – Abuse is a deliberate or careless act by a person, including another individual receiving services, which may result in mental or physical harm.

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- (a) **Misapplication/Unauthorized Use of Restraint (injury)** – The use of a restraint that does not follow ODP’s regulatory requirements, the misapplication of an approved restraint technique or the use of a restraint that results in an injury requiring treatment beyond first aid. Examples include, but are not limited to the following, all of which are prohibited:
- Prone position physical restraints
  - Any physical restraint that inhibits digestion or respiration, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor
  - Any physical restraint that is used more than 30 cumulative minutes within a two-hour period
  - Chemical restraints
  - Mechanical restraints
- (b) **Misapplication/Unauthorized Use of Restraint (no injury)** – The use of a restraint that does not follow ODP’s regulatory requirements or the misapplication of an approved restraint technique. Examples include, but are not limited to the following, all of which are prohibited:
- Prone position physical restraints
  - Any physical restraint that inhibits digestion or respiration, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor
  - Any physical restraint that is used more than 30 cumulative minutes within a two-hour period
  - Chemical restraints
  - Mechanical restraints
- (c) **Physical** – An act which causes, or may cause, physical injury to an individual, such as striking or hitting. Physical injuries may or may not be present with physical abuse. Allegations of physical acts without obvious signs of injury must be reported. Monitoring or body checks may be necessary to look for signs of injury after initial discovery of the incident. In addition, injuries attributed to a staff person, or another individual receiving services, that require treatment beyond first aid or an inpatient admission to a hospital are to be reported as abuse.

If the incident involved an injury, common examples of situations that may be present with physical abuse include, but are not limited to:

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- A patterned bruise, no matter its size, that is in the shape of an identifiable object such as a belt buckle, shoe, hanger, fingermark, etc.
  - Unexplained serious injuries or multiple bruises, cuts or abrasions.
  - A spiral fracture.
  - Dislocated joints.
  - Bilateral bruising, which is bruising on both sides of the body (i.e., the top of both shoulders, both sides of the face or inside of both thighs).
  - Bruising to an area of the body which does not typically or easily bruise (i.e., mid line stomach, breasts, genitals, inner thighs or middle of the back).
  - Injuries that are not consistent with what is reported to have happened.
  - Injuries explained as caused by self-injury to parts of the body the individual has not previously injured or cannot access.
- (d) **Psychological** – An act which causes, or may cause, mental or emotional anguish by threat, intimidation, humiliation, isolation or other verbal or nonverbal conduct to diminish another. Examples include, but are not limited to:
- Bullying, rejecting, degrading and terrorizing acts.
  - Disregard for privacy during personal care.
  - Paid caregiver ignoring an individual including, but not limited to:
    - Active ignoring (that is not part of an approved plan), such as ignoring a call or request for help/assistance.
    - Passive acts, such as non-essential use of a cellphone (or other electronic device), watching TV, etc.
  - Threats of isolation.
  - Yelling, name-calling, blaming and shaming.
  - Mimicking or mocking an individual's voice, speech, behaviors, etc.
  - Statements that are intended to humiliate or infantilize, including insults, threats of abandonment or institutionalization and other controlling, dominant or jealous behavior.
  - The act of taking, transmitting, or displaying an electronic image (in any medium including social media, personal computers, cell phones, etc.) of an individual that is intended to shame, degrade, humiliate or otherwise harm the personal dignity of the individual.
  - When an individual witnesses an incident for which they were not the intended victim, but it causes or has caused mental or emotional anguish.

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- (e) **Seclusion** – The involuntary confinement of an individual in an area from which the individual is prevented from leaving. This includes verbal instruction or any explicit or implicit intimidation that indicates to an individual that they may not leave a room, regardless of whether the individual has the ability to physically remove himself or herself from the situation.

Examples include, but are not limited to the following prohibited acts:

- Placing an individual in a locked room. A locked room includes a room with any type of engaged locking device such as a key lock, spring lock, bolt lock, foot pressure lock, device or object or a person physically holding the door shut.
- Placing an individual in a room from which they are unable to exit independently due to the general accessibility of the room (i.e., wheelchair ramps, transitions, etc.), features of the door hardware (i.e., handles that do not meet the accessibility needs of the individual) or any other obstacle that prevents an individual from exiting.

- 2) **Behavioral Health Crisis Event** – An event or situation that exceeds the individual's current resources and coping mechanisms that causes the individual to experience extreme disorganization of thought, hopelessness, sadness, confusion, panic or other emotional distress. The event includes action(s) by an individual that pose a danger to themselves or others and are unable to be mitigated without the assistance of law enforcement, mental health or medical services.

- (a) **Community-Based Crisis Response** – An event in which law enforcement or emergency services respond to and resolve without transport to another location for intake, assessment or treatment.

- (b) **Facility-Based Crisis Response** – An event in which law enforcement or emergency services respond to and an individual is transported to a psychiatric facility, including crisis facility or the psychiatric department of an acute care hospital for evaluation or treatment that does not result in an admission.

- (c) **Immediate Arrest and Incarceration Crisis Response** – An event in which law enforcement responds to a behavioral health crisis event and arrests, charges and incarcerates an individual without first obtaining a mental health evaluation/admission at a facility designated to provide such services.

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- (d) **Psychiatric Hospitalization (involuntary)** – An involuntary inpatient admission to a psychiatric facility, including crisis facility, or the psychiatric department of an acute care hospital for evaluation or treatment.
  - (e) **Psychiatric Hospitalization (voluntary)** – A voluntary inpatient admission to a psychiatric facility, including crisis facility, or the psychiatric department of an acute care hospital for evaluation or treatment.
- 3) **Death** – All deaths are reportable. Deaths attributed to, or suspected to have been the result of abuse or neglect, require additional reporting in the appropriate corresponding category. In addition, any critical incidents that are discovered during an investigation into a death require additional reporting in the appropriate corresponding category.
- (a) **Natural Causes: Services Provided** – Primarily attributed to a terminal illness or an internal malfunction of the body not directly influenced by external forces. For example, a person who has been diagnosed with cancer and is receiving hospice services or when a do not resuscitate (DNR) order is in place. A death should be reported in this category if it occurs while an individual is enrolled in a Waiver program or ACAP or is receiving services in a Provider-operated setting.
  - (b) **Unexpected: Services Provided** – An unexpected death is primarily attributed to an external unexpected force acting upon the individual. Deaths attributed to events such as car accidents, falls, homicide, choking and suicides would be considered unexpected. A death should be reported in this category if it occurs while an individual is enrolled in a Waiver program or ACAP or is receiving services in a Provider-operated setting.
  - (c) **Natural Causes: Only Supports Provided** – Primarily attributed to a terminal illness or an internal malfunction of the body not directly influenced by external forces. For example, a person who has been diagnosed with cancer and is receiving hospice services or when a DNR order is in place.
  - (d) **Unexpected: Only Supports Provided** – An unexpected death is primarily attributed to an external, unexpected force acting upon the individual. Deaths attributed to events such as car accidents, falls, homicide, choking and suicides would be considered unexpected.

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- 4) **Exploitation** – An act or course of conduct by a person against an individual or an individual’s resources without informed consent or with consent obtained through misrepresentation, coercion or threats of force, which results in monetary, personal or other benefit, gain or profit for the target, or monetary or personal loss to the individual. Exploitation should be reported regardless of the actual or perceived value of the loss.
- (a) **Failure to Obtain Informed Consent** – An intentional act or course of conduct by a person, which results in the misuse of an individual’s consent or failure to obtain consent. Examples include, but are not limited to signing on behalf of or coercing/deceiving an individual into:
- Applying for credit cards.
  - Signing contracts.
  - Signing loan documents, wills and other items that relate to the personal property, money or identity of an individual.
- (b) **Material Resources** – The illegal or improper act or process of a person using the material resources or possessions of an individual for his or her own personal benefit or gain. This includes, but is not limited to:
- Misusing or stealing an individual’s possessions.
  - Soliciting gifts.
  - Coercing an individual to spend his or her funds for things he or she may not want or need, things for use by others or for the benefit of the household.
- (c) **Medical Responsibilities/Resources** – An act or course of conduct of a person that results in an individual paying for medical care or items that are normally covered by insurance or other means. This includes, but is not limited to:
- Requiring an individual to pay for a medical appointment, procedure or equipment due to failure of the ISP team to provide support or resources to find a Medical Provider that accepts the individual’s insurance, or whose services are covered by other means.
  - Requiring an individual to pay for an appointment, procedure or equipment when there is a failure on the part of the Service Provider to support an individual, to attend or schedule medical appointments or to maintain medical equipment.
- (d) **Missing/Theft of Medications** – Missing medications without explanation or theft of medications.



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- (e) **Misuse/Theft of Funds** – The illegal or improper act or process of a person using the funds of an individual for his or her own personal benefit or gain. This includes misuse or mismanagement by a Representative Payee or other responsible party, theft of money, Supplemental Nutrition Assistance Program (SNAP) benefits or soliciting monetary gifts from an individual.
- (f) **Room and Board** – Requiring an individual to pay for items that are covered as part of room and board charges, charging more than allowable rates for room and board or charging for a service or support that is included in a rate for which a Provider is, or will be, reimbursed. This includes any situation in which the individual is required to pay for the same item/service twice. Examples of items that are covered as part of the Room and Board Residency Agreement (contract) include, but are not limited to:
- Standard toiletries (shampoo, deodorant, soap, toothpaste, etc.)
  - Utility costs, including trash removal, lawn care and snow removal
  - Household furniture
  - Basic linens (blankets, towels, washcloths, sheets, pillowcases)
  - Cleaning, laundry and other household supplies
  - One telephone with local telephone service
  - Internet service
  - Food choices of the individual, with consideration of the food cost and nutrition, including the individual's preference, culture, religion and beliefs, and an individual's prescribed diet, if the prescribed diet is not covered by the individual's health care plan or another funding source
    - Prescribed dietary items necessary for individuals' basic health and nutrition include, but are not limited to:
      - a) Products used to thicken liquids/foods
      - b) Phenylketonuria (PKU) diet foods
      - c) Meal replacement shakes and snacks
      - d) Diabetic diet foods
  - Laundering of towels, bedding and the individual's clothing
  - Food preparation, maintenance and housekeeping, including staff wages and benefits to perform these tasks
  - Meals provided away from the residential service location that are arranged by a staff person in lieu of meals provided in the residential service location
  - Incontinence products, if the incontinence product is not covered by the individual's health care plan or another funding source
  - Building and equipment repair, renovation and depreciation

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- Rent, taxes and property insurance (55 Pa. Code § 6100.684)
- (g) **Unpaid Labor** – The illegal or improper act or process of a person who is using an individual to perform unpaid labor that would otherwise be compensated in a manner consistent with labor laws.
- 5) **Fire** – A situation that requires fire personnel or other safety personnel to extinguish a fire, clear smoke from the premises, etc. While not required, it is strongly recommended that situations in which staff extinguishes small fires without the involvement of fire personnel be reported.
- (a) **Fire with Property Damage** – The fire causes property damage that may or may not make the premises uninhabitable.
  - (b) **Fire without Property Damage** – The fire does not cause property damage and may or may not result in the premises being uninhabitable.
- 6) **Law Enforcement Activity** – Law enforcement activity that occurs during the provision of service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual. This includes law enforcement responding to a possible crime when an individual is in the community or in a vehicle.
- (a) **Individual Charged with a Crime/Under Police Investigation** – When an individual is formally charged with a crime by the police or when an individual is informed he or she is suspected of committing a crime, and charges may be forthcoming. All charges or suspected charges related to a Behavioral Health Crisis Event should be reported as such and not as a law enforcement activity.
  - (b) **Licensed Service Location Crime** – A crime such as vandalism, break-ins, threats or actual occurrences of acts that may result in harm, etc. that occur at the Provider’s service location.
- 7) **Missing Individual** – An individual is considered missing when they are out of contact for more than 24 hours without prior arrangement or the individual is in immediate jeopardy when missing for any period. Based on an individual’s history, safety skills and familiarity with the area, an individual may be considered in jeopardy before 24 hours elapse. In addition, when police are contacted about a missing individual or the police independently

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find and return an individual, this is a reportable incident regardless of the amount of time an individual has been missing.

- (a) **In Jeopardy** – The unexpected or risky absence of any duration for an individual whose absence constitutes an immediate danger to the individual or others.
- 8) **Neglect** – The failure to obtain or provide the needed services and supports defined as necessary or otherwise required by law, regulation, policy or plan (ISP, Behavior Support Plan, safety plan, etc.). This includes acts that are intentional or unintentional regardless of the obvious occurrence of harm.
- (a) **Failure to Provide Medication Management** – An event that may cause harm or lead to inappropriate medication use while the medication is in the control of the person(s) charged with administration. Incidents of this nature include, when harm occurs to the individual, the medication error occurs over more than one consecutive administration or an individual receives medication intended for another individual. Incidents of this type include, but are not limited to a failure to:
- Administer medications via the correct route
  - Implement medication changes in a timely manner
  - Obtain medications from the pharmacy
- (b) **Failure to Provide Needed Care** – The failure to obtain or provide the needed services and supports. This includes, but is not limited to:
- Failure to implement medical, social, behavioral and restrictive procedures as outlined in the ISP
  - Failure to provide needed care such as food, clothing, personal hygiene, prompt and adequate medical care, emergency services and other basic treatment and necessities needed for development of physical, intellectual, emotional capacity and well-being
  - Failure to obtain, keep in working order or arrange for repair or replacement of equipment such as glasses, dentures, hearing aids, walkers, wheelchairs, etc.
  - Failure to intercede on behalf of the individual with regards to reporting or acting on changes to healthcare needs or failure to ensure medical equipment is repaired or replaced as needed
- (c) **Failure to Provide Needed Supervision** – The failure to provide attention and supervision, including leaving individuals unattended. This is based upon the

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supervision care needs in the ISP or recommendations or requirements from a court of law or as a condition of probation or parole.

- (d) **Failure to Provide Protection from Hazards** – The failure to protect an individual from health and safety hazards as part of routine care, service provision or as outlined in the ISP. Examples of failure to provide protection from health and safety hazards include, but are not limited to:
- Failure to prepare and serve food required by an individual’s medical diagnosis
  - Failure to provide protections from poisonous materials
  - Failure to provide shelter and basic utilities
  - Failure to provide basic protections from environmental hazards, such as exposure to the sun, extreme elements and other weather-related conditions
  - Failure to regulate water temperatures
  - Failure to provide protection from hazardous activities such as the manufacture, distribution, exposure to and use of illegal drugs
- (e) **Moving Violation** – Any staff or volunteer receiving a moving violation citation during the provision of services to an individual, regardless if operating an Entity’s vehicle or personal vehicle.
- 9) **Passive Neglect** – The inability to provide supports due to environmental factors which are beyond the control of an unpaid caregiver because of lack of experience, information, resources or ability. Passive neglect is reportable if there are no current risk mitigation strategies in the ISP that specifically address the area of passive neglect. Passive neglect is reported by an individual’s SCO.
- (a) **Inability to Provide Medical/Personal Care** – The inability of an unpaid caregiver to provide adequate medical or personal care due to lack of education, training, resources or the physical ability of the caregiver to perform such tasks. This includes the inability to obtain or maintain communication devices, mobility aides and other durable medical equipment.
- (b) **Inability to Provide Necessities** – The inability of an unpaid caregiver to provide food, clothing, adequate housing, utilities or other basic necessities that are essential to maintain the health and safety of an individual.

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10) **Rights Violation** – An unauthorized act which improperly restricts or denies the human or civil rights of an individual, including those rights which are specifically mandated under applicable law, regulation, policy or plan. This includes acts that are intentional or unintentional regardless of the obvious occurrence of harm.

(a) **Civil/Legal** – Any violation of civil or legal rights afforded by law. This includes the right to vote, speak freely, practice religious choice, access law enforcement and legal services, as well as participate in local, state or national government activities.

(b) **Communication** – The failure to support an individual to communicate at all times. This includes a failure to obtain needed communication evaluations, assistive devices or services, provide communication support or maintain communication devices in working order. Communication includes, but is not limited to:

- Display of text in fonts and sizes that meet communication needs
- Access to sign language interpreters
- Access to translation to preferred languages
- Access to persons that can facilitate an individual's unique communication style
- Access to braille materials and other tactile communication assistance
- Access to plain-language materials

(c) **Health** – The failure to support choice and opportunity related to health care. This includes failure to inform and educate an individual about physical or behavioral health evaluations and assessments, changes in health status, diagnosis information, test results, medications, treatment options, etc. This also includes the denial of the right of an individual to make informed health care decisions.

(d) **Privacy** – Any violation of an individual's safely exercised choice to be free from being observed or disturbed by others. This includes an individual's choice to maintain the privacy of his or her physical person, living area, possessions, electronic social media (emails, posts on the internet, accounts, content or any similar items), communication with others (whether in face-to-face meetings, phone, email, physical mail or any other correspondence), use of image or likeness without the expressed permission of the individual (including videos or photos taken of the individual for promotional, marketing or any other purpose) or any similar area where a reasonable expectation of privacy exists.

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- (e) **Services** – Any violation of an individual’s right to control services received. This includes when an individual refuses to participate in, voices a concern about or wants to make a change to a service and the ISP team does not address these choices. Individuals have the right to participate in the development and implementation of their ISPs and can choose where, when and how to receive needed services. This also includes the right to control specific schedules and activities related to services.
  - (f) **Unauthorized Restrictive Procedure** – Any restrictive procedure (other than a physical, chemical or mechanical restraint) that does not follow ODP’s guidelines related to restrictive procedures or that is prohibited by ODP. Restrictive procedures limit an individual’s movement, activity or function, interfere with the individual’s ability to acquire positive reinforcement, result in the loss of objects or activities that an individual values or require an individual to engage in a behavior in which, given the freedom of choice, the individual would not engage.
- 11) **Self-Neglect** – An action or lack of action by an individual that results in the individual denying him/herself proper care, supports and services. Self-neglect is reportable if there are no current risk mitigation strategies in the ISP that specifically address the area of self-neglect. Self-neglect is reported by an individual’s SCO.
- (a) **Environmental** – Hazardous or unsafe living conditions (e.g., improper wiring, no indoor plumbing, no heat, no running water, hoarding conditions), unsanitary or unclean living quarters (e.g., animal or insect infestation, no functioning toilet, fecal or urine odor) or grossly inadequate housing or homelessness.
  - (b) **Medical** – The refusal by an individual to take medications on a regular basis, ignoring acute or chronic health or medical problems, refusal to obtain, use or maintain prescribed medical devices (e.g., eyeglasses, hearing aids, dentures) needed to maintain health and safety.
  - (c) **Personal Care/Nutrition** – Refusal to consistently wear or obtain appropriate or adequate clothing for activities or weather conditions, refusal to maintain proper hygiene that presents a serious risk to health or safety or refusal to maintain a proper diet, which may lead to malnutrition, illness or dehydration.
  - (d) **Other** – Other forms of self-neglect may include refusing to accept services or supports that are essential to maintain health and safety.