

# Guidelines for Facility Self-Reporting Effective November 28, 2016

## **Certified Facilities**

**F225** – The facility must ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but **not later than 2 hours** after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or **not later than 24 hours** if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency) in accordance with State law through established procedures.

The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse, neglect or exploitation or mistreatment while the investigation is in progress.

The facility must report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

The requirement is to report and investigate all alleged violations. This is more stringent than the state requirements which include the language “reasonable cause to believe”.

### **Policies and Procedures:**

Policies and procedures must cover the following areas:

Screening  
Training  
Prevention  
Identification  
Investigation  
Protection  
Reporting/Response

Policies and procedures should be consistent with regulatory requirements, including reporting requirements – ensure policies and procedures **do NOT** include “reasonable cause to believe” language.

Facilities must also meet the additional reporting requirements included under the affordable healthcare act for suspected crimes. These additional reporting requirements must be included in the policies and procedures.

Facilities must ensure policies and procedures contain specific reporting timeframes.

Facilities must ensure policies and procedures include prohibitions from taking or using photographs or recordings in any manner that would demean or humiliate a resident(s).

## State-Licensed Only Facilities

Section 198.070.1, RSMo, requires long-term care (LTC) administrators or employees who have “***reasonable cause to believe*** that a resident of a facility has been abused or neglected... shall immediately report or cause a report to be made to the department.”

The LTC employee should have ***reasonable cause to believe*** that the abuse or neglect occurred and the facility must ensure that all employees report allegations of abuse or neglect to the facility administrator. This allows an administrator or director of nursing a short amount of time to conduct an internal investigation to determine if there is reasonable likelihood that the alleged abuse or neglect actually occurred; and, in the case of “neglect,” that the allegation actually rises to the level of “neglect.” Once a determination is made that there is ***reasonable cause to believe*** the abuse or neglect occurred, the LTC employee is mandated to immediately report, or cause such a report to be made, to the department.

Misappropriation of RESIDENT property does not fall under a STATE mandated reporting category in state licensed only facilities, however, it should be reported if the alleged perpetrator is a facility employee for the purpose of a potential employee disqualification list (EDL) investigation.

## How to File a Facility Self-Report

During normal business hours (Monday – Friday between 8:00 a.m. and 5:00 p.m.) facilities are encouraged to call their regional office directly to report incidents that may require a self-report to be generated. Regional office staff will then determine whether the information meets the self-reporting criteria. Regional office staff will verify whether the caller is making the report on behalf of the facility.

Region 1 (Springfield) - (417) 895-6435; Fax (417) 895-6290  
Region 2 (Poplar Bluff) – (573) 840-9580; Fax (573) 840-9586  
Region 3 (Kansas City) – (816) 889-2818; Fax (816) 889-2888  
Region 4 (Cameron) – (816) 632-6541; Fax (816) 632-1810  
Region 5 (Macon) – (660) 385-5763; Fax (660) 385-4706  
Region 6 (Jefferson City) – (573) 751-2270; Fax (573) 526-1269  
Region 7 (St. Louis) – (314) 340-7360; Fax (314) 340-3414

After hours and on weekends facilities must call the Elder Abuse & Neglect Hotline (1-800-392-0210) to report an incident that meets the self-reporting criteria in lieu of calling the regional office. **During times when the hotline or regional office is closed a report may be faxed to the regional office in order to meet mandatory reporting timeframes. Please note: If a report is faxed to the regional office, the facility must follow-up with a call to the hotline (weekends/holidays) or the regional office (weekdays) as soon as possible, i.e., as soon as the hotline or regional office is available to take the report.** Faxed reports must clearly indicate the facility and reporter name and shall include a specific description of the incident, the resident(s) affected, the name staff person(s) involved, and any action taken by the facility as a result of the allegation.

## Facility Investigative Documentation

1. Specific description of the incident (persons involved, date, time, and location of the incident).

2. Relevant information/documentation from the resident's medical record (i.e., face sheet, nurse's notes, MDS, care plans, physician notes, discharge information).
3. A description of the resident's injury and photographs, if possible.
4. Names, addresses, home telephone numbers, dates of birth, social security numbers, and positions for staff involved in the incident.
5. Written statements by all persons with knowledge of the incident. Statements must be signed and dated and give specific details.
6. Documentation of interviews with other residents who might have been affected or that the involved staff person worked with to determine if there are additional concerns.
7. Documentation of any interviews conducted with persons who might have some knowledge of the incident.
8. Copy of disciplinary action taken including the date, if any action was taken.
9. Summary of investigation, including corrective actions/monitoring the facility implemented to prevent the incident from reoccurring.
10. Police report and contact information, if completed and when available.
11. Any other relevant information that would helpful to show what happened for the specific incident and actions taken by the facility not included in the above dot points.