

REPORTING MEASURES

REPORTING ABUSE, NEGLECT, & EXPLOITATION

In accordance with section 415.1034, F.S., the Provider or any employee of the Provider who knows, or has reasonable cause to suspect, that an Individual who receives services from APD is being or has been abused, neglected or exploited, will immediately report such knowledge or suspicion to the central abuse registry and tracking system of the District on the statewide toll free telephone number (1-800-96ABUSE). TTY users call 1-800-453-5145. In addition, the Program Administrator and WSC will be notified and the procedures for reporting an Incident will be followed.

The Provider will share responsibility and assist the District and others in the notification and resolution of the following issues and concerns for, or on behalf of, each Individual served by the Provider and will notify the District of an emergency or of an unusual occurrence or circumstance in accordance with District operating procedures or protocols. Notification of unusual occurrence or circumstance includes but is not limited to concerns about abuse, neglect, or exploitation and reporting of abuse or any other reportable events.

Notification to the District of an emergency or of an unusual occurrence or circumstance in accordance with District operating procedures or protocols. Said notification of unusual occurrence or circumstance includes but is not limited to:

- concerns about abuse, neglect, or exploitation and reporting of abuse
- reportable events as defined in HRSR 215-6, Incident Reporting and Individual Risk Prevention
- HRSR 210-1, Review of Suspicious Child Deaths.

If you suspect abuse, call 1-800-96ABUSE (962-2873).

REPORTING RIGHTS VIOLATIONS

All citizens of the United States have the same rights. In addition, individuals with developmental disabilities have additional, specified rights that are found in "The Bill of Rights of Persons With Developmental Disabilities, 393.13 Treatment of persons with developmental disabilities".

All staff will review the **Bill of Rights** on Intake and will review the **Rights, Responsibilities, & Choice** Quarterly to ensure that the clients with whom they work know and understand their rights. Staff will ensure the **Rights, Responsibilities, & Choice** Chart is available to the client in his home.

Any suspicion or knowledge of a violation to an individual's rights must be reported immediately to the Program Administrator. At that time it will become an Incident and the procedures for reporting incidents will be followed.

REPORTING INCIDENTS

Anytime an incident occurs, you must report it to the Program Administrator, the WSC, and the District. For all incidents, you must complete the Incident Report and contact and submit your report to the Program Administrator. Stay current with procedure changes in incident reporting through the APD website.

A **critical incident** MUST be reported within 1 hour of becoming aware of the incident

A **reportable incident** must be reported within 1 day.

The Incident Report must also be submitted to the WSC. In addition, if the incident is a medication error, then you must also complete the Medication Error Report (MER) and submit it to the Program Administrator who will then submit it to the WSC and the District. The Program Administrator will maintain a log of each incident. The Incident Report and the Medication Error Report forms are found on the APD website.

Types of Incidents

CRITICAL Must be reported within 1 hour of becoming aware of the incident

Includes client death, sexual misconduct, missing incompetent child or adult, client arrest, media.

REPORTABLE Must be reported within 1 business day

Includes altercation, client injury (more than first aid), missing competent adult, suicide attempt, hospitalization, medication errors, any event that jeopardizes a client's health, safety, or welfare.

Any suspicion of abuse, neglect, or exploitation or suspicion or knowledge of a rights violation will be treated as an incident.

* When reporting an incident, leave message with business name, phone number, client name, brief summary of incident.

* Email ALL incident reports (initial and follow up) to: suncoastincidentreports@apdcares.org

OR

- if 3rd party encrypted to: suncoastincidents@apdcares.org

*In Subject line type:

- If Critical Incident: "Critical Incident - Client Initials"

- If Reportable Incident: "Reportable Incident - Client Initials"

Types of Medication Errors (also an incident reportable on the MER): medication given to the wrong person, wrong medication given, wrong dose of medication given, medication not given, newly prescribed order not started within 24 hours, medication not given at the right time, medication refill not ordered timely (no doses missed), family error, count on controlled medication not accurate, client refused medication, medication administration record not accurately documented.

All clients will be taught the steps to take if they have a problem as indicated on the **Client Reporting Measures** which will be reviewed and signed on Intake and Annually. The information is reviewed Quarterly.

The steps for resolving problems, issues, concerns, grievances:

1. If the problem is between you and your roommate, friend, neighbor, or other non-staff person, try to resolve the issue yourself. Your coach will assist you with this, if necessary.
2. If the problem concerns staff or your provider, then talk to the person to find a resolution.
3. If the problem cannot be resolved, talk to the program administrator.
4. Complete the Grievance Form, if the problem is not resolved.
5. If the problem is still not resolved, talk to your support coordinator.
6. If you feel your grievance still has not been resolved, complete the Grievance Form, give it to the Program Administrator, and the matter will be turned over to the District at your request within 10 days. You are entitled to have your grievance responded to in writing within 30 days

REPORTING GRIEVANCES

Anytime a grievance is made, you must report it to the Program Administrator. For all grievances, you must complete the Incident Report, contact and submit your report to the Program Administrator who will submit it to the WSC and the District.

Types of grievances include: conflicts (between neighbors, roommates, family, etc) and complaints (about staff, provider, etc).

Upon initial agreement for services and annually thereafter, client and family, guardian or guardian advocate, if applicable, will be given a **Grievance Procedures and Acknowledgment Form** and a **Grievance Form** and directions for completion.

The client will sign each time these procedures are reviewed at least annually. Other individuals will be utilized to provide assistance to the client as a third party, if necessary.

All staff will receive training in the importance of the grievance process and the processes involved. All communication of procedural steps and responses will be in clear, understandable language to clients and will be given both verbally and in writing.

Grievances will be directed to the Program Administrator (or assigned representative) who has problem-solving authority in these matters. The Program Administrator, or representative, will resolve the grievance within 30 days, note the resolution on the **Grievance Form**, sign an agreement with the client, and place a copy in a permanent **Grievance Log**. The **Grievance Log** will be maintained as a permanent record of grievances received from individuals who receive services. This log will include date, name, nature of complaint, and disposition.

If a grievance is not resolved within 30 days, the grievance will be forwarded to APD.

Staff will be responsible for assisting each client with recognizing and reporting abuse, neglect, exploitation, rights violations, incidents, and grievances. Staff will also be responsible for ensuring each client has a copy of the **Client Reporting Measures** posted or available in his home.

I have read and understand the Reporting Measures Policy and agree to follow its dictates.

Staff Signature

Date