R&M Welty Inc.

INTERNAL REVIEW POLICY

Internal Reviews

Whenever there is a reportable or potentially reportable incident, R&M Welty, Inc., will review the incident in question and ensure that the proper policies and procedures are followed with all County, State, and DHS guidelines. R&M Welty will then conduct these reviews in a fair, impartial, and thoughtful manner. R&M Welty will remain in compliance with the Minnesota Data Privacy Act with regards to the disbursement of investigatory information.

R&M Welty, Inc., will conduct all investigations in a timely manner, with the understanding that the duration of the investigation may be influenced by the scope and complexity of the situation being investigated. **Employees may be placed on investigatory leave during or following an investigation.** When applicable, the results of an internal review will be summarized, and the findings reported to the County Licensor, Case Manager, and persons served guardian (as applicable).

Investigatory results will then be utilized to improve the quality of care, to amend and improve present operating policies, and to determine if abuse or neglect of a persons served occurred. This data will then be used to determine if employees require corrective action or appropriate coaching and counseling.

Internal reviews will be conducted by two appropriate members of the Administrative Team that are deemed to be unbiased with the situation in question. As part of the investigatory process, it will be determined if the common entry point will need to be notified. All internal review reports will be done in good faith.

Incident Reporting

After an incident, all staff on duty must complete an incident report form which details the incident and staff's response to the incident. **This report must be completed prior to leaving their shift.** Should an employee leave prior to completing this report, they will be required to return to work to complete it. All reports should be turned into the House Manager, or another appropriate supervisor. **Staff are to follow all reporting guidelines and directions as is outlined in the *Incident Response, Reporting, and Review Policy*.**

Below is an example of an Incident Report Form. When there is an incident, the staff on duty and the supervisor of the home must fill out an official Incident Report form.

--- Example ---

Incident Reports and Internal Reviews

All incidents must be reported within 24 hours of the incident or within 24 hours of when the program became aware of the incident. A separate form must be completed for each staff present – do not use identifying information, such as names or initials, if the incident involved another person receiving services.

In such cases refer to the other persons as "Person 1", "Person 2", and so on. Additionally, do not use identifying information for the staff persons, instead use "Staff 1", "Staff 2", and so on.

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Date of incident:
Time of incident: am/pm
Location of incident:
Person name:
Program name:
License Number:

I. **Incident Type** (check all that apply):

___ Death or serious injury (must also be reported using the forms from the Office of Ombudsman for Mental Health and Developmental Disabilities)

___ Any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition that requires the program to call 911, physical treatment, or hospitalization

___ Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team

___ Any act or situation involving a person that requires the program to call 911, law enforcement, or the fire department

___ Unauthorized or unexplained absence from a program

___ Conduct by a person against another person that: is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the program

___ Any sexual activity between persons that involves force or coercion

___ Any emergency use of manual restraint (also refer to Emergency Use of Manual Restraint Policy)

___ A report of alleged or suspected child or vulnerable adult maltreatment (also refer to Maltreatment of Minors of Vulnerable Adults Reporting Policy)

II. Description of Incident:

III. Description of staff response to the incident:

___ Applicable coordinated service and support plan addendum(s) were implemented for the person(s) involved.

___ Applicable program policies and procedures were implemented as written.

Staff person(s) who respond to the incident:

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IV. Persons Notified (within 24 hours of the incident) |
Name – Date – Time for all

Case manager:
Legal representative or designated emergency contact

Other:
Other:
Other:
Ombudsman**:
DHS Licensing or OHFC for ICF/DD**:
**Notified of death and serious injuries only

V. Internal Review of Incident

Items A to C are required for serious injuries, including deaths, emergency use of manual restraint, and alleged or suspected maltreatment. Items D and E are required for ALL Incidents.

A. Were the related policies and procedures followed?
    a. If no, explain
B. Were the policies and procedures adequate?
    a. If no, explain
C. Is there a need for additional staff training?
    a. If yes, what training is needed, when will it be provided, and who will attend?
D. Is the incident similar to past events with the persons or the services involved?
    a. If yes, identify the incident patterns.
E. Is there a need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences?
    a. If yes, identify the corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program. (Include applicable implementation dates, staff assigned to take the corrective action and attach relevant documentation.)

For emergency use of manual restraints only: Is there a need to revise the person's service and support strategies?