

	<p>STARBRIDGE POLICIES & PROCEDURES MANUAL</p>
<p>SECTION:</p>	<p>Investigative Reports Part 624 – Events that Occur Under the Auspices of Starbridge (Incident Management)</p>
<p>SITE(S) / PROGRAM(S):</p>	<p>All Sites/Programs Certified or Funded by OPWDD</p>
<p>President/CEO Approval:</p>	<p>Date Approved: 5/22/2024</p>
<p>Board of Directors Approval: (Meeting Minutes)</p>	<p>Date Approved: 5/22/2024</p>
<p>Date(s) Revised:</p>	

Starbridge will thoroughly investigate all reportable incidents / notable occurrences that occur under the auspices of the agency. Investigations of all reportable incidents / notable occurrences shall be initiated immediately, with further investigation undertaken commensurate with the seriousness and circumstances of the situation.

Investigators are designated by the President/CEO unless the Office of People with Developmental Disabilities (OPWDD) or the Justice Center advises the President/CEO that the reportable incident/notable occurrence will be investigated by OPWDD or the Justice Center. Investigators will complete all trainings required by OPWDD and the Justice Center prior to completion of an investigation for reportable incidents / notable occurrences.

Investigative reports shall be completed by Starbridge within 30 days of the reportable incident / notable occurrence notification to the Justice Center and/or OPWDD. Starbridge may extend the timeframe for completion of a specific investigation beyond 30 days if there is adequate justification to do so.

The assigned investigator shall be unbiased, objective and have no potential conflict of interest in the investigation. Conflicts of interest include an investigation in which he or she was directly involved, testimony is incorporated or directly involves a spouse, family member or someone in which they are involved in a personal relationship. Assigned investigators will not conduct investigations in which his or her spouse, family member or someone in which they are involved in a personal relationship provides supervision to the program where the incident took place or provides supervision to directly involved parties. Although the President/CEO is in the direct line of supervision of all staff, the President/CEO (not a designee) may conduct the investigation of a reportable incident or serious notable occurrence unless he or she is the immediate supervisor of any staff who are directly involved in the reportable incident or serious notable occurrence.

Starbridge will cooperate with dissemination of investigative reports or any additional information requested by the Justice Center and/or OPWDD in accordance with law or regulation. All information requested will be provided in a timely manner. All relevant records, reports and/or meeting minutes at which the reportable incident or notable occurrence was discussed shall be made available to reviewers or investigators. (See Investigative Review or Reports by OPWDD or the Justice Center)

Investigative reports completed by Starbridge, and all attachments generated in accordance with the investigation process, shall be kept confidential and will not be disclosed except when authorized by law or regulation. Records of reportable incidents that are reported to the Justice Center are to be kept confidential pursuant to section 496 of the Social Services Law. Investigative reports will be retained for a minimum of seven years, unless pending audit or litigation concerning a reportable incident.

PROCEDURES TO IMPLEMENT IMMEDIATELY UPON FILING AN OWPDD 147

STAFF RESPONSIBLE

PROCEDURES

Quality Improvement
Director / VP, Corporate
Compliance

1. Completes the Incident Log, enters the 147 into IRMA within 24 hours of occurrence or discovery, or by close of the next working day, whichever is later.
2. Ensures that an Incident Review Committee meeting is scheduled within 30 days of the report of a Reportable Incident (Abuse/Neglect or Significant Incident) or a Serious Notable Occurrence.
3. Monitors IRMA to determine if Starbridge will complete the investigation. (If the Justice Center or OPWDD investigates the Reportable Incident/Notable Occurrence, the Starbridge investigator's actions are limited – see section below.)
4. Assigns an unbiased investigator.

Assigned Investigator

1. If the assigned investigator recognizes a potential conflict of interest in the assignment, he or she shall report this information to the Quality Improvement Director (or the VP, Corporate Compliance if the QID is unavailable). The QID shall relieve the assigned investigator of the duty to investigate if it is determined that there is a conflict of interest in the assignment.
2. Reviews the Reportable Incident/Notable Occurrence information for compliance to 624 regulations of reporting and investigation standards.
3. Commences the investigation. Immediate actions include:
 - Securing and/or documenting (e.g. photographing) the scene as appropriate;
 - Collecting and securing physical evidence;
 - Taking preliminary statements from witnesses and involved parties; and
 - Performing such other actions as specified by the Justice Center or OPWDD.

In the event that law enforcement directs Starbridge to forgo any of the actions specified, Starbridge shall comply with such direction.

4. If Starbridge can reasonably anticipate that the Justice Center or OPWDD are likely to investigate the Reportable Incident/Notable Occurrence, the investigator's actions are restricted to the items listed above.
5. Completes appropriate investigative steps to address the event or situation. This includes but is not limited to:
 - If a person is physically injured, an appropriate medical examination of the injured person shall be obtained. The name of the examiner shall be recorded and his or her written findings shall be retained.
 - Witnesses to the incident or occurrence shall be identified and statements reviewed.
 - Pertinent information shall be reviewed (e.g., records, photos, observations of incident scene, expert assessments).
 - Physical evidence, if any, shall be identified and appropriate steps shall be taken to safeguard and preserve physical evidence.
6. Determines if the Reportable Incident/Notable Occurrence has been classified appropriately. If event or situation needs to be reclassified, report the reclassification in IRMA and, if appropriate, to the Justice Center. Starbridge shall make all additional reports and notifications that may be warranted by the reclassification. At its discretion, the Justice Center may reclassify the incident based on initial reports or any additional information.
7. For reports of Reportable Incidents/Notable Occurrences, the investigator will:
 - Complete the Report on Actions Taken form (OPWDD 148). Mail a copy of the Report on Actions Taken within 10 days of the occurrence being filed to authorized parties (refer to the Notification Record). The report shall include immediate steps taken in response to the incident or alleged abuse to safeguard the health or safety of the person receiving services, and a general description of any initial medical or dental treatment or counseling provided to the person in response to the incident or alleged abuse.
8. If a capable adult, legal guardian, or family member/advocate (with appropriate consent) request additional information for a Reportable Incident/Notable Occurrence, the investigator/Quality Improvement Director will:
 - Upon request, set up a meeting with the eligible person within 7 working days of the request.
 - Upon written request, mail a redacted copy of the initial incident or allegation of abuse report (OPWDD 147 form), as

soon as possible but no more than 10 days after the request. Notifies the recipient that all contents are preliminary and have not been substantiated.

- Upon written request, provides information to the eligible person on the status and/or resolution of the incident or alleged abuse. With the person's, legal guardian's, spouse's or adult child's authorization, requested information may be provided verbally or in writing. The investigator will respond to all requests within 21 days of the closure of the allegation. **(Note: this right does not apply to disclosure of the investigation report and other investigation documents to the Advocate. These documents and the person's record may only be disclosed to "qualified persons" – the guardian / parent / spouse / adult child, health care provider, behavioral health care provider, law enforcement or the recipient's attorney ONLY.)**
- Upon written request, discloses investigative report and documents pertaining to allegations and investigations into reportable incidents to guardian / parent / spouse / adult child, health care provider, behavioral health care provider, law enforcement or the recipient's attorney. Completes the cover letter for the Disclosure of Investigative Records Subject to Jonathan's Law.

All information shared with the capable adult, legal guardian, family member, advocate, health care provider, behavioral health care provider, law enforcement or the recipient's attorney, verbally or in writing, will incorporate redaction of the names of employees who are involved in the incident or alleged abuse or are interviewed as part of the investigation, persons receiving services and any information tending to identify such employees or persons. Redaction may be waived if the employee or person authorizes disclosure. If disclosure is authorized, the names or other information tending to identify that person will be disclosed unless redaction is necessary because it might tend to identify a different employee or person receiving services.

All disclosed information sent to an eligible requestor will specify that records and documents released in accordance with the law shall not be further disseminated by the recipient.

9. Completes the cover letter for Disclosure of Investigative Records Subject to Jonathan's Law to the qualified person along with the records. The cover letter will include specific information pursuant to Mental Hygiene Law section 33.25(c) informing the qualified person about dissemination of the records.

10. A copy of the sent Report on Actions Taken form, any written requests for a meeting, a copy of the redacted initial incident report (OPW 147 form), and/or request on the status and resolution of the incident or alleged abuse will be documented and filed with the 147 investigation. Meeting requests will be documented by minutes including those in attendance and information discussed. Any written information that is distributed to an eligible person will include a copy of the cover letter sent and copies of the report(s) with redaction that was provided.

11. Gathers and reviews all information located in the individual's record and program/services records that are pertinent to the investigation. Other pertinent information shall also be obtained/reviewed (e.g., photos, observations of incident scene).

12. Interviews all persons, including individuals receiving services, with knowledge about the incident or occurrence. Interviews will be conducted separately by the investigator/designated person. Interviews of individuals receiving services should be conducted by an individual with an understanding of the persons' unique needs and/or capabilities.

13. Complete the investigative report using OPWDD's Investigative Report template.

14. The investigative report shall be completed within 30 days of the Reportable Incident/Notable Occurrence notification to the Justice Center and/or OPWDD.

15. Starbridge may extend the timeframe for completion of a specific investigation beyond 30 days if there is adequate justification to do so. The investigator shall document its justification for the extension in the investigative report. The Quality Improvement Director will enter the justification in IRMA. Circumstances which may justify an extension include (but are not limited to):

- A related investigation is being conducted by an outside entity (e.g. law enforcement) which has requested that the agency delay necessary investigatory actions; and
- Delays in obtaining necessary evidence which are beyond the control of the agency (e.g. an essential witness is temporarily unavailable to be interviewed and/or provide a written statement).

16. Completes investigation incorporating an investigation summary, conclusion for Reportable Incidents of abuse/neglect, results/recommendations, and an administrative review (if appropriate).

17. Within 10 days of the completion of the investigative report, forwards results and recommendations pertaining to information which may be needed to update the individual's plan of services and to monitor protective, corrective, and other actions taken to the care manager/care coordinator. Specifically:

- The care manager/care coordinator must be provided with written information identifying investigative conclusions (including the findings of a Reportable Incident of abuse/neglect) and recommendations pertaining to the individual's care, protection, and treatment. The information provided must exclude information that directly or indirectly identifies agency employees, consultants, contractors, volunteers, or other individuals receiving services.

If the care manager/care coordinator is the subject or involved in the investigation, forwards results and recommendations to the service coordinator's supervisor.

18. For all assigned investigations, updates the Incident Review Committee meeting minutes on a monthly basis.

19. Presents status of investigation to the Incident Review Committee until the committee determines the investigation to be complete and thorough, and accepts the investigation findings and recommendations.

20. Shall maintain the confidentiality of information regarding the identities of reporters, witnesses, and subjects of Reportable Incidents and Notable Occurrences, and limits access to such information to parties who need to know, including, but not limited to, personnel administrators and assigned investigators.

Quality Improvement
Director

1. Responds to potential requests from the individual's care manager/care coordinator for additional information concerning the Reportable Incident/Notable Occurrence in order to monitor protective, corrective, and/or other actions taken.

- Determines appropriate information to be forwarded to the care manager/care coordinator. All information will be redacted to ensure that agency employees, consultants, contractors, volunteers, and other individuals receiving services directly or indirectly involved are not identified.
- If Starbridge determines that it would be inappropriate to disclose specific information requested, the Quality Improvement Director will advise the care manager/care coordinator of this determination, and its justification, in writing, within 10 days following receipt of the request.

- If Starbridge does not have specific information requested by the care manager/care coordinator (e.g. if the Justice Center conducted the investigation and it has not provided that information to the agency) the Quality Improvement Director shall advise the care manager/care coordinator that it does not have the requested information. Starbridge will inform the care manager/care coordinator if the information may be available from the Justice Center or OPWDD.

INVESTIGATIVE REPORTS FOR REPORTABLE INCIDENTS OF ABUSE/NEGLECT ONLY

STAFF RESPONSIBLE

PROCEDURES

Assigned Investigator

If the Allegation of Abuse/Neglect Occurred in a Certified Setting

1. After consulting with supervisor, immediately notifies the subject of the allegation of abuse/neglect that an investigation is being conducted by completing and sending Justice Center form letter titled "Investigations Notice to Suspect or Subject of Abuse or Neglect That an Investigation has been Initiated." (This notification does NOT need to be completed if the investigator and supervisor determine that notification would impede the investigation. This determination must be documented in the investigative report and IRMA.)

2. Prior to conducting any interviews with any individual who receives services, completes OPWDD form Chapter 394 Reportable Abuse/Neglect Personal Representative Notification Documentation." Personal Representative of alleged victims shall be notified of the intent to interview within 24 hours. Personal Representatives of potential witnesses shall be notified of the intent to interview within 48 hours. When contacting Personal Representatives of potential witnesses, the investigator will not disclose confidential information regarding the allegation.

3. In a case where the target of a report of alleged abuse or neglect resigns from his or her position or is terminated while under investigation, the investigator will promptly report the resignation or termination to the Justice Center. The investigation shall continue through completion regardless of whether an employee or other custodian who is directly involved leaves employment (or contact with individuals receiving services) before the investigation is complete.

For ALL Allegations of Abuse/Neglect

4. Upon completion of the investigation for Reportable Incidents of Abuse/Neglect, a finding is determined by the investigator. The finding shall be based on a preponderance of evidence and shall indicate whether:

- the report of abuse or neglect is *substantiated* because it is determined that the incident occurred and the subject of the report was responsible or, if no subject can be identified and an incident occurred, that the agency was responsible; or
- the report of abuse or neglect is *unsubstantiated* because it is determined not to have occurred or the subject of the report was not responsible, or because it cannot be determined that the incident occurred or that the subject of the report was

responsible.

5. If investigator identifies a systemic problem caused or contributed to the incident, determines a concurrent finding with a corresponding recommendation.

6. In all investigations of Reportable Abuse/Neglect, or in investigations of Significant Incidents when there is a target identified in the report, investigator schedules an Administrative Review with the Program Director. If report of abuse/neglect is substantiated, the investigator shall complete an Administrative Review with the Program Director within 3 working days of the completion of the investigation.

Investigator, Program Director, and President/CEO

1. For substantiated reports of abuse/neglect, develops and implements a Prevention and Remediation Plan to address and assure the continued health, safety, and welfare of individuals receiving services and to provide for the prevention of future acts of abuse and neglect.

- The plan shall include results and recommendations identifying implementation dates and specify by title agency staff that are responsible for monitoring the implementation of each remedial action identified and for assessing the efficacy of the remedial action.
- After review and approval, the plan must include written endorsement by the President/CEO or designee.

Investigator

1. Forwards the summary of the investigation and the Prevention and Remediation Plan to the President/CEO.

President/CEO

1. Reviews and if approved, signs a written endorsement of the Prevention and Remediation Plan. Forwards the endorsement to the investigator.

Quality Improvement Director

1. Enters the Prevention and Remediation Plan into IRMA by the close of the fifth working day after the development of the plan. OPWDD will inform the Justice Center about plans developed.

SUBMISSION OF INVESTIGATIVE RECORDS

STAFF RESPONSIBLE

PROCEDURES

Investigator

1. Upon completion of the final investigative report, will ensure all documents/attachments to the investigation are scanned and uploaded as PDF's into the investigation folder on the QI network folder. Will notify Quality Improvement Director when all documents have been uploaded and saved.

Quality Improvement
Director

1. Within 50 days of the Justice Center accepting the initial report, will submit via the Justice Center's Web Submission of Investigation Report (WSIR) application the entirety of the investigative record.
2. For reports of abuse/neglect that are not required to be reported to the Justice Center and for the death of any individual that occurs under the auspices of Starbridge, will submit the investigative record to OPWDD by entering/uploading the entirety of the investigative record into IRMA.
3. If timeframes above need to be extended, the investigator will document the legitimate reason in the investigation. The investigative report will be submitted as soon thereafter as practicably possible.
4. In the event that the Justice Center or OPWDD conducts the investigation, Starbridge is not required to submit the investigative record to the Justice Center and/or OPWDD. In the event that OPWDD conducts the investigation, OPWDD will submit the investigative record to the Justice Center. However, Starbridge will provide information as requested by the Justice Center and/or OPWDD that may be deemed necessary to complete the record.

PROCEDURES TO IMPLEMENT FOR CONFIDENTIAL STORAGE AND RETENTION OF INVESTIGATIVE REPORTS

Quality Improvement

1. All investigative reports and attachments, minutes and materials will be kept in a locked file located in the Quality Improvement office. Copies of investigation reports, incident forms, minutes, etc. will never be placed in the chart or record of the individual receiving services. The individual's record may include a notation that an incident report was filed on "x" date and a general, brief statement about the type of incident.
2. No copies of any reports, forms, minutes, etc. will be allowed to leave the premises except by notification of required state agencies or personnel, or by agency personnel in the implementation of provisions of State and Federal Law.
3. Investigative reports and attachments will be kept for 7 years from the date that the incident or occurrence is closed. When there is a pending audit or litigation concerning an incident or occurrence, Starbridge shall retain the pertinent records during the pendency of the audit or litigation.