

ADULT PROTECTIVE SERVICES

Chapter 4.D Organization Related Investigation

Investigation Of Allegations When The Alleged Perpetrator is Staff Of An Organization

A. Organization Related Investigations – The CFS Specialist will conduct an investigation of abuse, neglect and exploitation reports which occur in a facility or allegations against a provider of home based services.

1. Most facilities are licensed or regulated by the Division of Public Health, the Division of Medicaid and Long Term Care or the Division of Developmental Disabilities.
2. Adult Protective Services does not investigate the organization itself.
3. The CFS Specialist will respond based on the Priority response time set by the Hotline and will make all attempts to include representatives of the Licensing Unit, Division of Developmental Disabilities or NE Medicaid in the investigation process in order to reduce the trauma to all the parties involved.
4. The CFS Specialist will conduct interviews and gather information as described in the chapter on Investigations but will work with other entities to collaborate with interviews and collecting information so as to reduce trauma to the alleged victim and streamline work processes. The intake unit has completed the notification process.

B. The CFS Specialist will complete the following steps:

1. Planning the investigation

The CFS Specialist will plan their investigation as outlined in Preparing for Investigation Section and will coordinate with other Department Divisions with related responsibilities:

The CFS specialist will recognize that other entities may have regulatory or statutory responsibilities connected to an organization or subject involved in an APS report. When an APS report is accepted for investigation and an organization is involved or is the site of the allegation, the CFS Specialist will give other agencies and programs an opportunity to participate in a joint investigation or share information.

If staff from other agencies or programs are not available to participate in a joint investigation within the timeframe that APS will initiate the investigation, the APS investigation shall not be delayed.

2. Coordinate with Local Law Enforcement:

The CFS Specialist should attempt to coordinate with local law enforcement to investigate the report of abuse, neglect, or exploitation. Should the local law enforcement agency decline to investigate the allegation of abuse, neglect, or exploitation the CFS Specialist will proceed with the investigation without local law enforcement. The CFS Specialist will document in N-FOCUS the reason for law enforcements denial to pursue investigation.

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Law enforcement will focus primarily on conducting a criminal investigation. The role of the CFS Specialist is to:

1. Determine if abuse, neglect, or exploitation has occurred;
2. Assess the safety of the adults involved;
3. Recommend action and follow through to assure adult safety; and
4. Assess the cause of the problem and make recommendations to reduce risk of recurrence.

3. **Medicaid Fraud Control Unit:**

The Medicaid Fraud Control Unit (a branch of law enforcement) investigates and prosecutes violations of Medicare and Medicaid laws and regulations including Medicaid provider fraud and patient abuse and neglect in Medicaid provider facilities. When APS receives a report of abuse, neglect, or exploitation and the subject of the report receives funds through Medicaid or Medicare or resides in a facility that receives funds, the CFS Specialist will attempt to coordinate with the Medicaid Fraud Control and Patient Abuse Unit. If the Medicaid Fraud Control and Patient Abuse Unit declines to investigate the allegation of abuse, neglect, or exploitation or be unable to investigate within APS timeframes the CFS Specialist proceeds with the investigation without the Medicaid Fraud Control and Patient Abuse Unit. There are times when the Medicaid Fraud and Patient Abuse Unit will take the lead on the investigation and the CFS Specialist will follow the direction they give.

4. **Division of Public Health, Licensure Unit:**

The CFS Specialist will initiate the investigation according to the Priority set by the Adult and Child Abuse and Neglect hotline.

The Licensure Unit also contains an intake function and these workers enter the complaints/reports into their own data system with a number assigned that is different than the CFS intake number. Each week, the Licensure Unit submits a report to the APS Program specialist indicating their initial decisions and their assigned response time. The APS Program Specialist forwards the report to the APS supervisors for review. The Licensure Unit will forward reports containing information with an alleged perpetrator who has a professional license the Professions and Occupations Investigations Unit.

The Licensure Unit uses the following system to describe their response time.

Immediate Jeopardy (IJ) means “A situation in which the provider’s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or a death to a resident.” **42 CFR 488.301; 42 CFR 489.3**

Priority:

A=IJ onsite 2 days

B=Non-IJ High (onsite 10-15 days depending on program)

C=Non-IJ Medium (onsite 45 days)

D=Non IJ-Low (onsite next survey or 6 months depending on program)

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E=Offsite/Desktop review

The CFS Specialist is able to contact representatives from the Licensure unit in Central Office. The ORG chart <http://dhhs.ne.gov/Org%20Charts/PublicHealth.pdf> will assist the CFS Specialist to identify who to contact. The contact person is the program manager assigned responsibility for the type of facility or service. The CFS Specialist does not contact the local surveyors. When the CFS Specialist is aware of a licensing report that is labeled Priority A or B, they are able to contact the Licensing Unit Program Manager and request any initial information. When the Licensing Unit's response time is longer than the CFS response time, the CFS Specialist may contact the program manager after their first visit, especially to share any information that may alter the Licensing Unit's decision.

Licensure Unit staff are a valuable resource for understanding medical terms and care plans. The CFS Specialist may consult licensing staff regarding facility licensing standards at any point during the investigation. If a joint investigation is appropriate and necessary, licensing will focus on policy, procedure, practice, and documentation, which relate to specific standards.

The Licensing Unit submits a summary of their findings to the APS Program Specialist who forwards them to the CFS Specialist as they are completed. The summary of findings is stored in the document imaging section of the organization in N-FOCUS.

The CFS Specialist will provide a copy of the Organization Notification Letter to the Licensure Unit.

Cross Referral to Licensure Unit

While conducting an APS investigation, the CFS Specialist may become aware of some general complaints regarding the operation of, or the care provided within, the facility, such as poor care or poor conditions, which may be in violation of licensing standards. In these cases, a call will be made to the Licensure Unit Complaint intake line (402) 471-0316 or by faxing the complaint to (402) 471-1679.

<http://www.hhs.state.ne.us/crllinvestinvest.htm#Ways>

5. Division of Developmental Disabilities:

The CFS Specialist will coordinate and communicate information regarding the investigation with the DD surveyor/investigator.

In all cases involving a Division of Developmental Disabilities certified organization; the CFS Specialist will contact the DD Surveyor and coordinate actions towards the completion of the investigation. The CFS Specialist will also contact the DD Service Coordinator assigned to the client and request information about the client's plan of care and to discuss how the client will be protected during the investigation.

For clients who are identified as a DOJ covered individual, the CFS Specialist will follow the additional steps listed below.

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The intake unit will identify DOJ covered individuals and provide this identification in the Intake narrative. It will be the responsibility of the APS Supervisor or Administrator reviewing the Intakes for assignment to immediately identify these Intakes and let the assigned worker know that this Intake involves a DOJ covered individual.

For intakes accepted for investigation by APS, the DDD program manager will send an email to the APS Supervisors and the CFS Program Specialist specifying the Intake # and the name and contact information of the assigned DDD Surveyor/Consultant.

The CFS Specialist must initiate action on all accepted Intakes that involve a DOJ covered individual by the next business day of the incident being reported. The CFS Specialist must complete the investigation/assessment within 30 business days of the incident being reported, or as soon as practicable so as to eliminate any undue delay.

Initiate Action means that the CFS Specialist has reviewed the intake and has made a decision about the plan to investigate. This decision point must be documented in N-FOCUS in the Investigation Narrative section - Subject: Contact. The contact will also be included in the Investigation Summary under Evidence/Contact summary section.

For example:

- Priority 2 Intake is accepted for investigation - the CFS Specialist will review the Intake; contact the assigned DDD Surveyor and schedule a time and date to begin the investigation.
- Priority 3 Intake is accepted for investigation, the CFS Specialist will review the intake information and decide what steps are needed such as: obtaining the IPP from the DDD Service Coordinator or calling the facility to schedule a face-to-face interview for Wednesday.
These decisions will be documented on N-FOCUS (investigation narrative, contact) and will meet the definition for initiating action. Initiating action within one day does not negate the current priority response time frames established for APS.

Completing the investigation for DOJ covered individuals

All interviews have been conducted, evidence obtained and the CFS Specialist has gathered and analyzed all the information to determine if either abuse/neglect/exploitation occurred. A decision to open an ongoing case or other action will be determined. The investigation needs to be completed and documented on N-FOCUS within 30 business days of intake assignment.

Exception: If the CFS Specialist has not been able to gather all of the necessary evidence or interview all of the relevant parties within the 30 business day time frame, the CFS Specialist must document the information that is outstanding and any action they are taking to obtain that information. The CFS Specialist will update the status of completing the investigation a minimum of every 5 business

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days until the investigation is complete. This information will be documented in the Investigation Narrative – Consultation Point – Investigation timeframe extension.

Collaboration of Investigation:

- The DD Surveyor will conduct the investigation related to how the provider agency provided safety for the individual and identify any actions that need to be taken to provide ongoing safety for individuals by the provider agency.
- The CFS Specialist will conduct the investigation to assess the safety of the individual and determine if abuse, neglect, or exploitation occurred. The CFS Specialist will document in the Investigation Summary, under the heading of Safety how the alleged victim was unsafe; what safety interventions were taken by APS and/or by the Organization; what safety services were established.

Conducting the Investigation:

- Once the DD Program Manager has notified the APS Supervisor with the intake number and name of assigned DDD Surveyor/Consultant, the assigned CFS Specialist must make contact with the assigned DD Surveyor.
- The assigned CFS Specialist will follow APS procedures related to gathering information and conducting interviews.
- The DD Surveyor and the CFS Specialist will collaborate and conduct joint interviews whenever practicable (feasible) and necessary for the investigation. If schedules cannot be synced, APS response time frames for the first face-to-face contact will not be extended. APS response times established in policy must be met.

Upon completion of the investigation:

- DDD will provide the CFS Program Specialist with a copy of DDD's citations and recommendations issued to the provider.
- The CFS Specialist will provide a copy of the Organization Notification Letter to the DD Surveyor.

6. Long-Term Care Ombudsman:

When APS receives a report of abuse, neglect, or exploitation within a long-term care facility, the CFS Specialist may attempt to contact the long-term care ombudsman to gain collateral information relating to the allegations of abuse, neglect, or exploitation. The long-term care ombudsman may be unable to share information because of their Federal statutory requirement to maintain the privacy and confidentiality of the resident. A release of information may be required for the LTC Ombudsman to share information.

The CFS Specialist will report to the Long-Term Care Ombudsman any violations of patient rights in the long-term care facility that they may discover in the course of the investigation.

The Long Term Care Ombudsmen provides information to persons regarding how to locate an appropriate facility, how to obtain quality care, and how to resolve problems.

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If the resident wants, the Ombudsman can assist him/her with complaints. Reports of resident rights violations are reviewed using specific screening criteria. Some reports will involve dignity and privacy issues that need to be addressed, but may not always rise to the level of abuse and neglect. The Long-Term Care (LTC) Ombudsman program has primary responsibility for handling complaints in this arena. Some reports will involve elements of both abuse and neglect and resident's rights issues and should be handled in a coordinated, cooperative manner by the LTC Ombudsman and the Department. The CFS Specialist may confer with the LTC Ombudsman assigned to the facility to coordinate efforts.

7. Aged and Disabled Waiver (NE Medicaid)

Aged and Disabled Waiver is a DHHS program that manages federally approved Medicaid waiver to provide non-medical services such as Assisted Living and Respite Care for children and adults with disabilities and aged persons who would otherwise live in a nursing facility.

The Division of Medicaid and Long-term Care makes contractual arrangements with the Area Agencies on Aging and the League of Human Dignity to provide Medicaid Waiver services. The Home and Community Based Waiver Service Coordinators are responsible for assessing and determining their client's level of care, developing a plan to assure health and welfare, giving choices between waiver services and institutional care, authorizing services and monitoring services delivery. Resource Developers are responsible for determining that potential providers meet waiver program standards, claims are coded and billed correctly and for continuing monitoring of services delivered. These staff receives alerts when an intake is received involving one of their clients.

The CFS specialist can expect to be contacted by service coordinators looking for information that will help them to ensure safety for clients. Questions that they might ask are:

- Was a care provider a perpetrator and should not have access until investigation is complete?
- Does a client need to have plan adjusted to address safety concerns?
- What are the safety concerns for the client?

Information can be shared with these staff under the authority that they are in charge of the care of the vulnerable adult. If the Service Coordinator is the alleged perpetrator, the CFS Specialist will contact the HCBS Waiver Unit staff located in Central Office to review the case.

8. Initial Contacts

The CFS Specialist will coordinate with all involved DHHS divisions conducting reviews and investigations to maximize the opportunities to gain factual information, minimize the number of interviews and minimize the degree of intrusiveness. If interviews cannot be conducted jointly with licensing or developmental disabilities, the CFS Specialist will follow priority response time assigned by the adult and child abuse and neglect hotline.

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The CFS Specialist or Supervisor will contact the administrator or director of the facility, agency or program regarding the report of any abuse or neglect allegations in order to ensure that action is being taken to protect other vulnerable adults during the investigation. Contact with the administrator or director may be simultaneous with the first visit to the facility, agency or program.

If the administrator or director is the alleged perpetrator, seek supervisory or program consultation for consideration of alternative notification. When appropriate, in compliance with local protocol, notify law enforcement.

The CFS Specialist or Supervisor will contact the facility to:

- a. Inform the director/administrator of the report.
- b. Arrange for safety (alleged victim and others).
- c. Document the director/administrator's plan to keep residents safe.
- d. Make arrangements to interview the alleged victim and other relevant collateral sources.
- e. Identify a contact person (may be the director/administrator).
- f. Identify interviewees (as much as possible).
- g. Plan for personal visit to facility.
- h. Identify documents needed:
 - 1) Organizational chart
 - 2) Staffing records for specified dates
 - 3) Relevant facility policy and procedure
 - 4) Relevant internal logs including medical logs
 - 5) Relevant incident reports
 - 6) Vulnerable adult's facility case record
 - 7) Internal investigation
 - 8) Information from alleged perpetrator's personnel file:
 - 9) Job description including requirements and responsibilities
 - 10) Clarifications, reprimands, disciplinary actions
 - 11) Vulnerable adult abuse registry check and criminal history check Policy and procedure 'check-off'
 - 12) Relevant training history
 - 13) Mandatory reporter training certification
 - 14) Keep the administrator or the administrator's designee informed as to the progress of the assessment.

If the administrator is alleged to be the person responsible for the abuse, The CFS Specialist will consult with the supervisor regarding how to proceed with the investigation.

Regardless of the order in which the interviews are conducted, the cooperation of the administrator will be requested during the investigation.

The CFS Specialist will:

- a. Inform the director/administrator of the report;

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- b. Arrange for safety (alleged victim and others) or request a copy or description of the plan for safety devised by the Organization;
- c. Make arrangements to interview the alleged victim and other relevant collateral sources;
- d. Identify witnesses and others to interview;
- e. Plan for personal visit to facility; and
- f. Identify documents needed.

The CFS Specialist will contact the organization's administrator or designee to schedule a meeting to interview other persons with information relating to the allegation or to gain access to organization records and inform the administrator or, or administrator's designee, that the visit is for the purpose of seeing a resident about whom a protective services report has been received.

If CFS Specialist is denied access to the facility or to the resident, The CFS Specialist will explain the APS statutory responsibility and authority to evaluate any adult is in need of protective services. If access continues to be denied, the CFS Specialist will call law enforcement and request assistance.

9. Interview the alleged victim (privately if all at possible), making all reasonable efforts to communicate with and observe the alleged victim. Some alleged victims who cannot communicate verbally may be able to convey reliable information with the use of appropriate tools such as figure drawings or dolls. Some alleged victims may have more receptive than expressive language—that is, they may be able to respond to questions and statements with gestures, and or indicate feelings by facial expression and body language. All of these types of non-verbal responses, while not definitive, can serve to indicate to the CFS Specialist areas of information to pursue further with collateral contacts such as facility staff or other family members.

In addition, the CFS Specialist will observe and document information about the alleged victim's physical condition, mental functioning, behaviors, and status, including any injuries or indicators of neglect or maltreatment and will draw a conclusion as to whether the adult meets the criteria of a vulnerable adult.

10. Notification of Guardians. The CFS Specialist will make contact with the legal guardian as soon as possible following the interview with the vulnerable adult. The following information will be provided to the legal guardians of an adult alleged to have been abused or neglected in a facility:
 - a. Notice that a report alleging neglect, physical abuse or sexual abuse has been received and information on the nature of the maltreatment;
 - b. Notice that Adult Protective Services is conducting an investigation of the allegations; and
 - c. The safety/protective or corrective measures taken.

11. Interview Collaterals/witnesses

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The CFS Specialist will interview the organization's case worker assigned to the alleged victim if one is identified to gather information about the vulnerable adult and the facility.

The CFS Specialist will document these contacts (or attempts to contact) in N-FOCUS.

The CFS Specialist will interview each available witness identified by any source as having personal knowledge relevant to the report of abuse or neglect or other complaint.

12. Internal Investigation: The facility or organization may have completed an internal investigation. The CFS Specialist will request a copy of the report. A facility's incident report or investigation summary will not be the sole basis for the findings of an APS investigation, but used as one piece of evidence for the entire investigation. The CFS Specialist will create a detailed timeline to document the facts of the known, reported, or suspected abuse or neglect. The CFS Specialist can compare the timeline with the actions taken or not taken by the facility during its internal investigation of the suspected abuse or mistreatment.

The following list of questions may be used to assist in creating a timeline:

- a. Who first saw or suspected abuse or mistreatment and when?
- b. What was the immediate response of the witness or witnesses?
- c. Who was notified of the suspected abuse or mistreatment and when?
- d. Did the resident receive a medical evaluation? By whom and when?
- e. If the resident did not receive a medical evaluation, why not?
- f. What type of paperwork was generated to document the suspected abuse or mistreatment and when?
- g. Did the facility make an effort to secure physical and/or photographic evidence?
- h. Did the facility have its employees write witness statements? When?
- i. When, how, and by whom was the survey agency first notified?
- j. When did you arrive at the facility to begin the investigation?
- k. When and with what other agencies did you consult during the agency investigation?
- l. When did the CFS Specialist notify the facility of the APS findings?
- m. On what date was the final report completed?

The CFS Specialist will determine the identity of the individual responsible for the care of the vulnerable adult at the time of the alleged abuse by evaluating the following information:

- a. Was the person responsible for the care following orders?
- b. Did the person take reasonable measures to protect the vulnerable adult?
- c. Was the vulnerable adult left in a high-risk situation without protection?
- d. Did the abuse happen more than once?
- e. Did the person have the authority or ability to intervene to protect the vulnerable adult?
- f. Did the person respond in a reasonable fashion?

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- g. Did the person participate or implement the act that resulted in abuse of the vulnerable adult?
 - h. Does the alleged abuse meet the definition of vulnerable adult abuse?
 - i. Did the person know about the abuse?
 - j. Did the person direct another employee to commit an act that caused abuse to a vulnerable adult?
 - k. There must be clear and specific documentation that each person you determine to be responsible for the abuse either:
 - l. Knew about the abuse and did not intervene, or
 - m. Caused the abuse to occur, or
 - n. Directed another employee to commit acts that resulted in abuse of the vulnerable adult.
13. Use of Physical Restraints
- Each program has specific criteria regarding use of restraints. Typically, restraint is justified when a vulnerable adult is out of control or a danger to self or others. Licensing personnel can provide assistance in locating specific policy. **Note:** Minor injuries resulting from properly administered physical restraint are not vulnerable adult abuse. Corporal punishment is not permitted in facilities, agencies, or programs.
- C. The Organization Related Investigation Summary will be documented in N-FOCUS in the Organization Related Investigation narrative sections of N-FOCUS to document decisions and recommendations. Correspondence for Investigations are automatically created and saved on N-Focus for Org. Related Investigations whenever the investigation is placed in 'Final' Status. The CFS Specialist is able to reprint these versions of the correspondence at any time and may print the correspondence prior to the investigation being placed in 'Final' status, however, that correspondence is not saved.
- 1. The CFS Specialist will make all efforts to identify the alleged perpetrator even if no name is in the investigation. These efforts to identify the alleged perpetrator will be documented in the Perpetrator section of the investigation summary.
 - 2. Full names of facilities and agencies are used when mentioned for the first time, as individuals outside the immediate area may not understand any acronyms.
 - 3. When completing an Organization Related Investigation, the CFS Specialist will document the director/administrator's plan to keep all clients safe.
 - 4. Case Status Determination in an Organization Related Investigation. The CFS Specialist will make a finding at the end of the investigation. Once these determinations have been made the following will occur:
 - a. The finding will be entered into N-FOCUS.
 - b. The case findings will be shared with the alleged perpetrator and facility director
 - c. Recommendations about changes in practice and conditions that would reduce the likelihood of abuse or neglect will be provided to the director of the facility.

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The CFS Specialist must ensure that there is clear and specific documentation that each alleged perpetrator:

- a. Knew about the abuse and did not intervene, or
- b. Caused the abuse or neglect to occur, or
- c. Directed another employee to commit acts that resulted in abuse of the vulnerable adult.

A facility, agency or program cannot be identified as a perpetrator. To determine a perpetrator within the chain of command for a facility, agency, or program, the CFS Specialist must establish the direct supervisor, director of nursing, director, or administrator either:

- a. Knew about the abusive situation and failed to respond to it, even though having the authority to do so.
- b. Directed other employees to commit acts that caused abuse.

The CFS Specialist will consult with the CFS supervisor when considering a person other than the direct caretaker is responsible for the abuse.

Substantiated Reports. When reports of adult abuse, neglect and/or exploitation are substantiated, the CFS Specialist will:

- a. Assess present situation of the vulnerable adult involved and assure steps are taken to protect the adult; and
- b. Inform the adult's legal guardian as soon as possible.

Service Recommendations

The CFS Specialist will evaluate the vulnerable adult's support systems and ability for self-protection in current living arrangement. The CFS Specialist will make recommendations for any action viewed as necessary or advisable to protect the vulnerable adult, based on the vulnerable adult's ability to receive adequate care in a safe environment.

Organization Related Recommendations

The CFS Specialist will make recommendations for any action viewed as necessary to protect other vulnerable adults who reside in the facility or receive care from the agency or program. When making Organization related recommendations, the CFS Specialist's focus is on identification of the risk factors for abuse, neglect, or exploitation and recommendations related to prevention. The CFS Specialist may consult with Licensing or DDD staff when creating the recommendation. Even though, APS doesn't have any authority to follow up or intervene with these recommendations, the recommendations are helpful for the organization and may be useful information if there are subsequent allegations.

Recommendations about changes in practice or conditions that will reduce the likelihood of maltreatment may be offered.

- One role of the CFS Specialists is to prevent reoccurrence of abuse, neglect, and exploitation.

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- One method to assist organizations who provide services to vulnerable populations is to identify risk factors and to make recommendations that will help prevent.

For example, a risk factor is:

- Accepting residents whose needs cannot be met by facility.

The recommendations may be: According to statements from various staff and a consultation with Division of Developmental Disabilities, APS has reason to believe that there may be residents whose needs cannot be met. Accepting residents whose needs cannot be met is a risk factor that may lead to maltreatment. To help prevent any future abuse, APS recommends that the admission protocol be reviewed and updated as needed.

Other risk factors are:

- High personnel turnover; frequent “reorganization”
- High employee absenteeism; high overtime demands
- Inconsistent and unclear expectations of staff

The recommendation may be “A review of employee files and statements indicated that there has been a high degree of turnover (absenteeism or overtime) and I want to remind you that this can be a risk factor for neglect because staff that is new may be unfamiliar with the care plan.”

Possible ORG Related recommendations may be made regarding the following topics:

- a. Adequate staffing ratio and coverage requirements, including contingency plans for staff absences, emergencies, and assignment of new employees.
- b. Staff receives adequate training before being left alone with difficult patients or clients.
- c. Staff job descriptions, behavioral guidelines and expectations, evaluations, corrective or disciplinary actions and grievance policies.
- d. Staff orientation and ongoing training plans.
- e. Supervision of all levels of staff, including chain of command for the facility, agency or program, according to the table of organization, is clear to all staff.
- f. Required written communications are complete and adequate.
- g. Criminal and abuse background checks are conducted on staff

The CFS specialist will indicate that they have sent the ORG Notification correspondence to the Organization.

County Attorney Recommendations

When the allegations are substantiated, the investigation summary is forwarded to the County Attorney as a request to pursue criminal charges due to a violation of the Adult Protective Services Act pursuant to NE Rev. Statute 28-374(4).

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14. Summary of Findings and Actions:

a. Notifications in Organization Related Investigations:

At the conclusion of the investigation, the CFS Specialist will provide a letter to the facility director informing him or her of the outcome of the investigation, and any suggested improvements in practice that may be deemed necessary. Letters to the facility director will clearly explain that the findings and recommended improvements represent only the opinion of the Division of Children and Family Services, Adult Protective Services. It may be possible that the facility will receive additional findings and recommendations from other divisions who have also participated in the assessment or investigative process, because each Division has unique statutory and regulatory obligations and guidelines.

N-FOCUS will allow the CFS Specialist to create a letter that will include the end date of the investigation, list the allegations with findings, the persons involved and the organization recommendations from the Investigation summary narratives. The CFS Specialist can select this letter to be sent to the organization, a person on N-Focus (ARP), or manually enter the name and address. The worker can print the letter locally or later in an overnight batch process.

b. Notification to Medicaid, Licensure Unit and/or the Division of Developmental Disabilities

The CFS Specialist will provide a copy of the Organization Notification letter that describes the findings to the Licensing Unit or the Division of Developmental Disabilities. Although it is not necessary to reveal confidential information related to the details of the investigation, it is necessary to confirm that an investigation has been initiated and completed, and situations resolved in a manner which protects the clients whether receiving DD services or AD waiver services.

c. Notification to the Long Term Care Ombudsman (LTC Ombudsman)

When the LTC Ombudsman is the reporter of the alleged abuse, neglect, or exploitation, the CFS Specialist is allowed to provide the LTC Ombudsman with a copy of the summary of findings and actions of specific investigations and services provided.

d. Notification of service coordinator/caseworker

The CFS Specialist will notify Resource Development staff, Service Coordinators, Child Care Licensure staff, Medicaid Waiver Provider, Medicaid Managed Care Vendor who are responsible for the care or arrangement of care for the vulnerable adult of the case status determination at the conclusion of the investigation, as needed.

e. Notification of Professionals and Occupations

If the alleged perpetrator is a licensed professional and the investigation is substantiated, the CFS Specialist will make a referral to the Professional and Occupational Licensure staff.

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Email: DHHS.InvestigationsPOL@nebraska.gov

Phone: (402)471-0175

Fax: (402) 471-6238 or (402) 742-8335

Written complaints may be submitted to:

Michael Grutsch, PA-C

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