

Audit of Complaint Reviews/Documentation

General Information

Please provide brief information for each field below.

***1. Investigation Identifier/Complaint Number**

***2. DDD Surveyor Name:**

***3. Agency**

***4. Auditor**

***5. Date of Audit**

6. Follow Up Initially Assigned

Audit of Complaint Reviews/Documentation

Required Items

Please provide a response (yes, no, not applicable) for each item below. If desired, enter any additional pertinent data, e.g., dates and times, key facts, etc. Identify overall concerns or issues at the end of each section, if any exist.

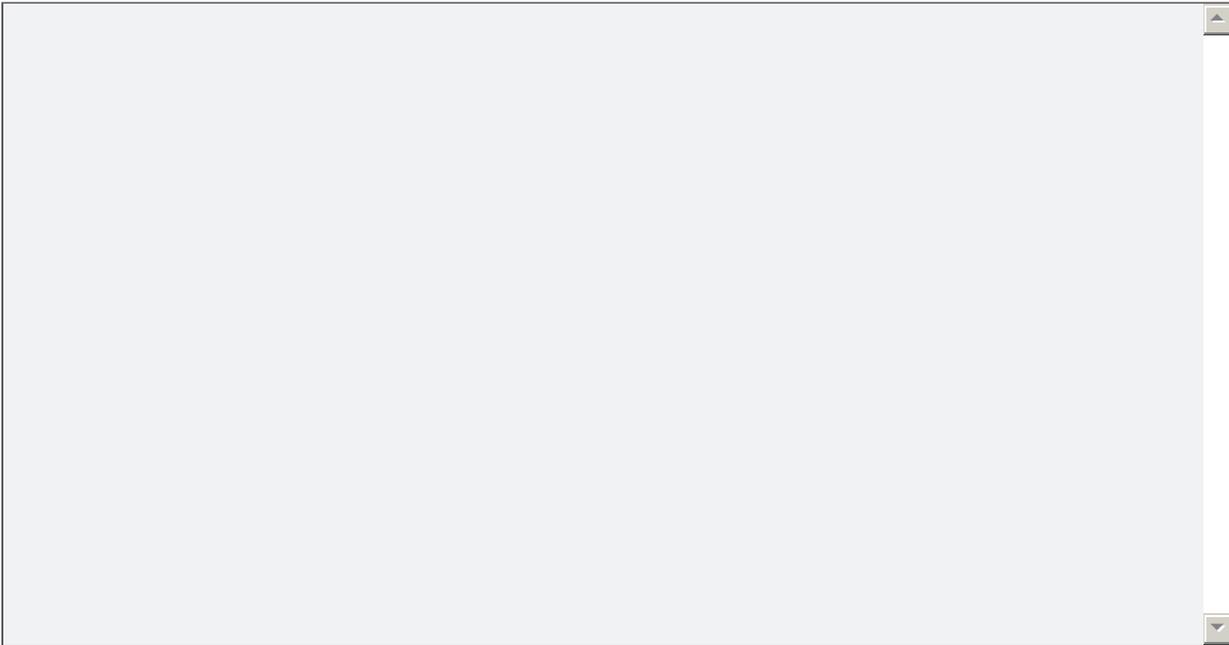
***7. Was the complaint/investigative question clearly addressed/resolved during this review?**

Yes

No

Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

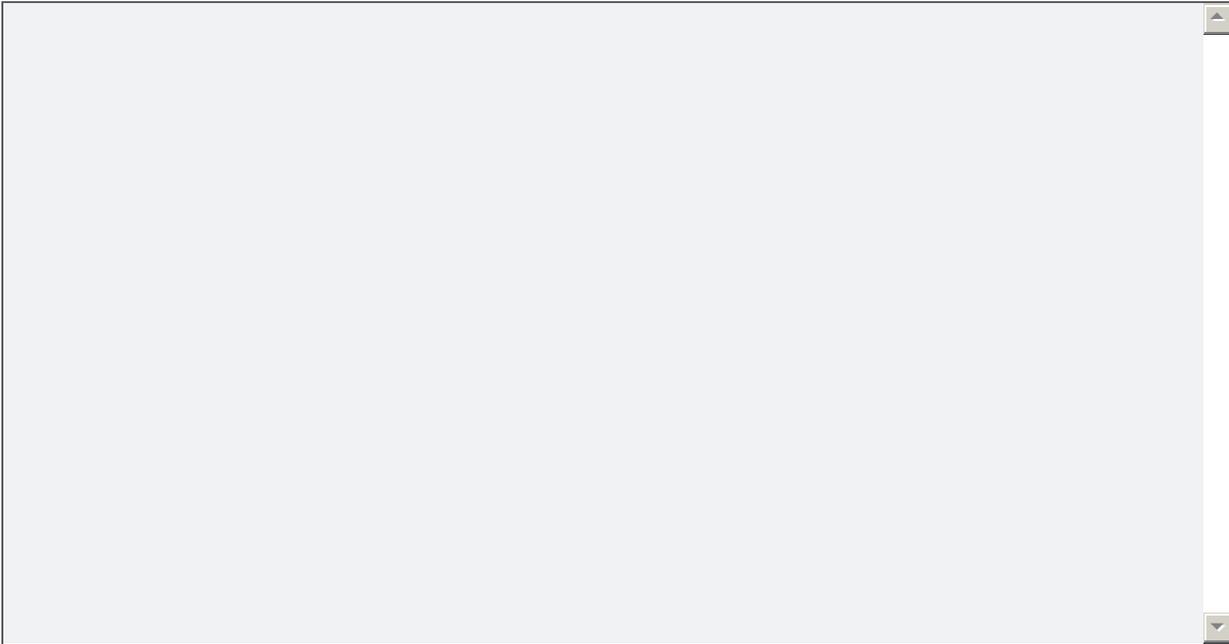
A large, empty rectangular text area with a light gray background and a thin black border. It is intended for providing optional data or identifying overall concerns or issues. The area is currently blank.

Audit of Complaint Reviews/Documentation

*8. Were all fields in the SharePoint document completed?

 Yes No Not applicable

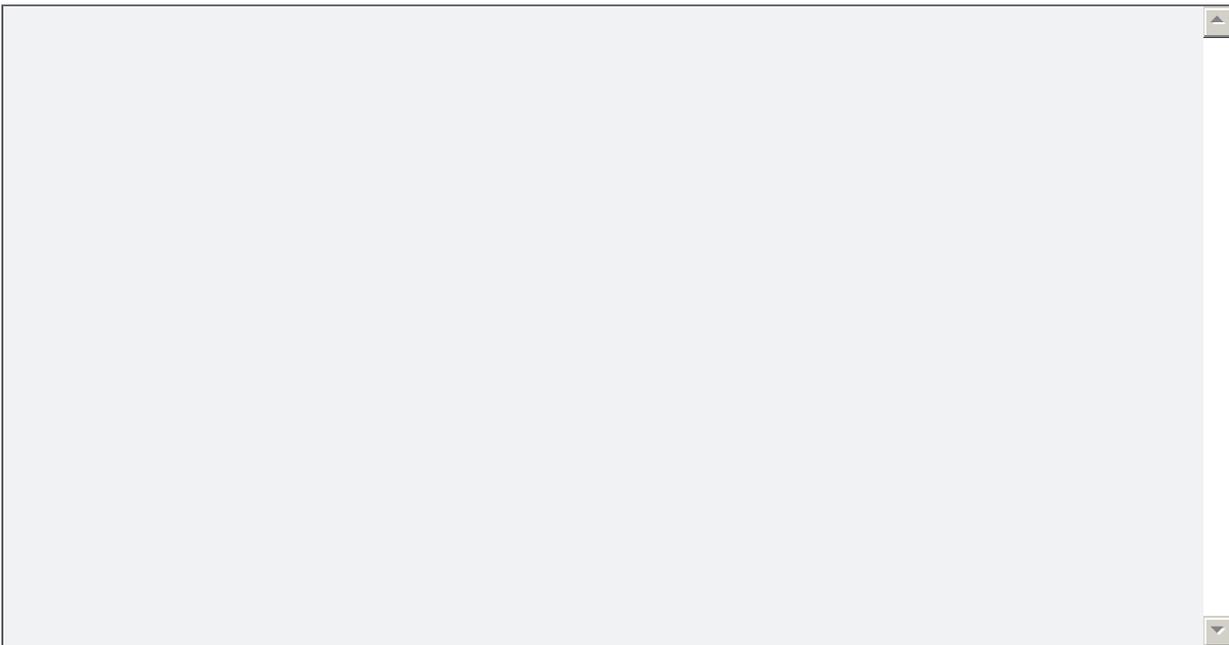
Optional: provide pertinent data and/or identify overall concerns or issues.

A large, empty rectangular text area with a light gray background and a thin black border. It has a vertical scrollbar on the right side, indicating it is a scrollable field for providing optional comments or data.

*9. Was a timeline of the incident/chronology of events included?

 Yes No Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

A large, empty rectangular text area with a light gray background and a thin black border. It has a vertical scrollbar on the right side, indicating it is a scrollable field for providing optional comments or data.

Audit of Complaint Reviews/Documentation

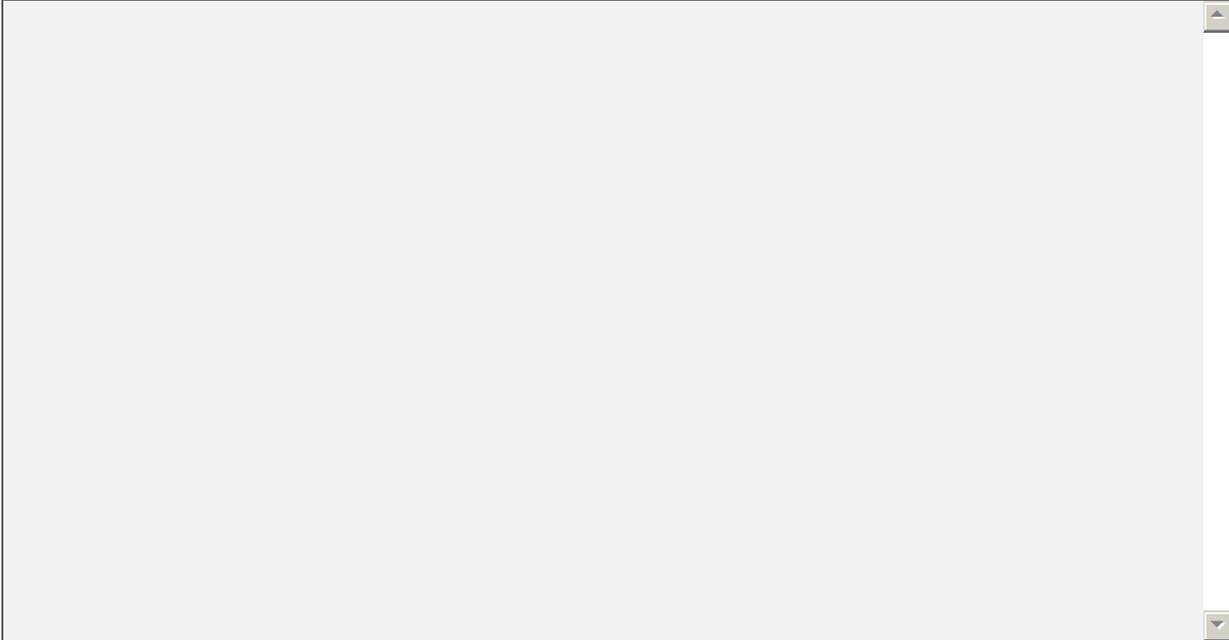
***10. If medication administration was involved, were five rights assessed/documented during this review?**

Yes

No

Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.



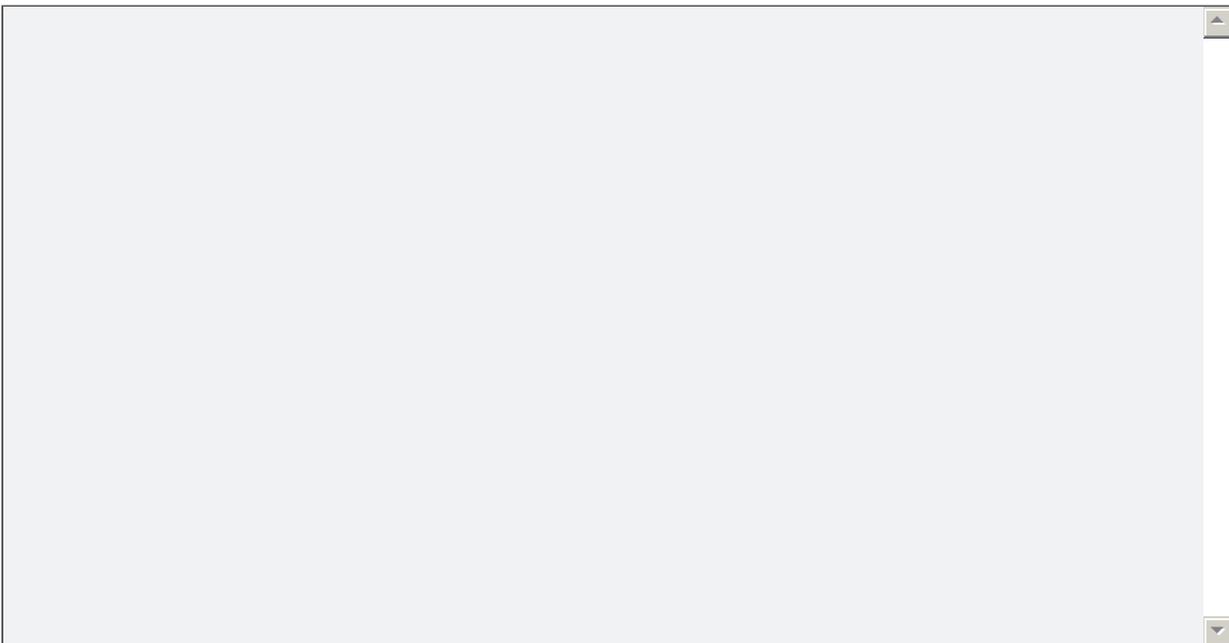
***11. Did the reviewer/investigator assess whether evidence was adequately safeguarded and documented within the report?**

Yes

No

Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

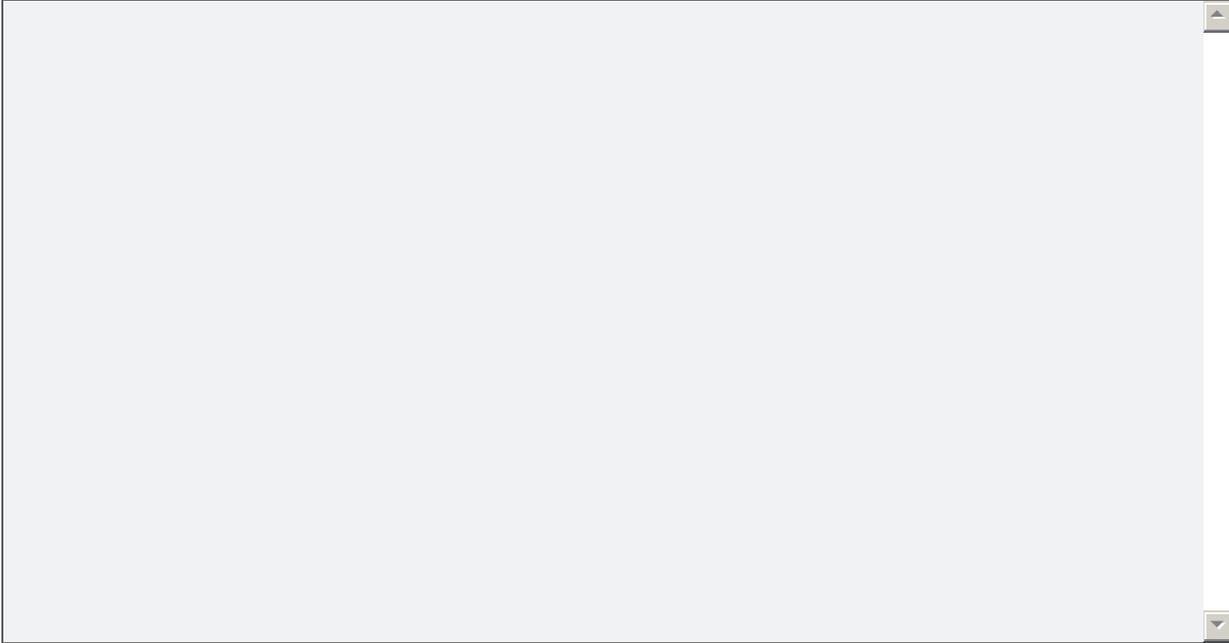


Audit of Complaint Reviews/Documentation

*12. Were inconsistencies in evidence considered and addressed by the reviewer/investigator?

 Yes No Not applicable

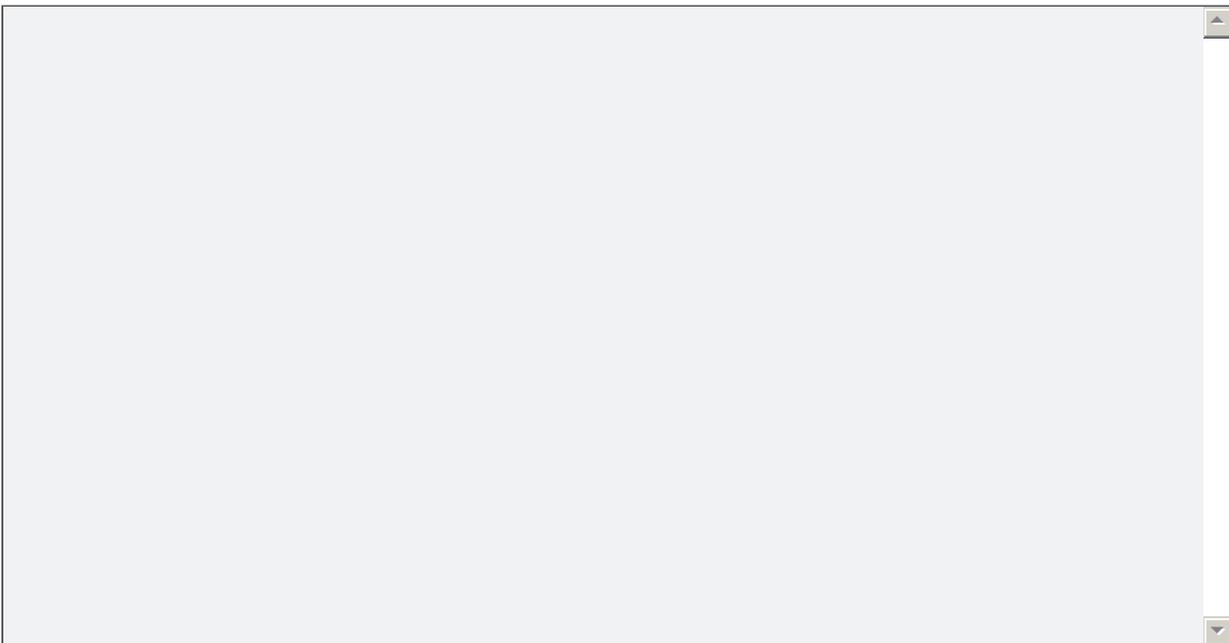
Optional: provide pertinent data and/or identify overall concerns or issues.



*13. Findings consistent with evidence? Was there adequate review and reconciliation of the evidence to provide a basis of findings?

 Yes No Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

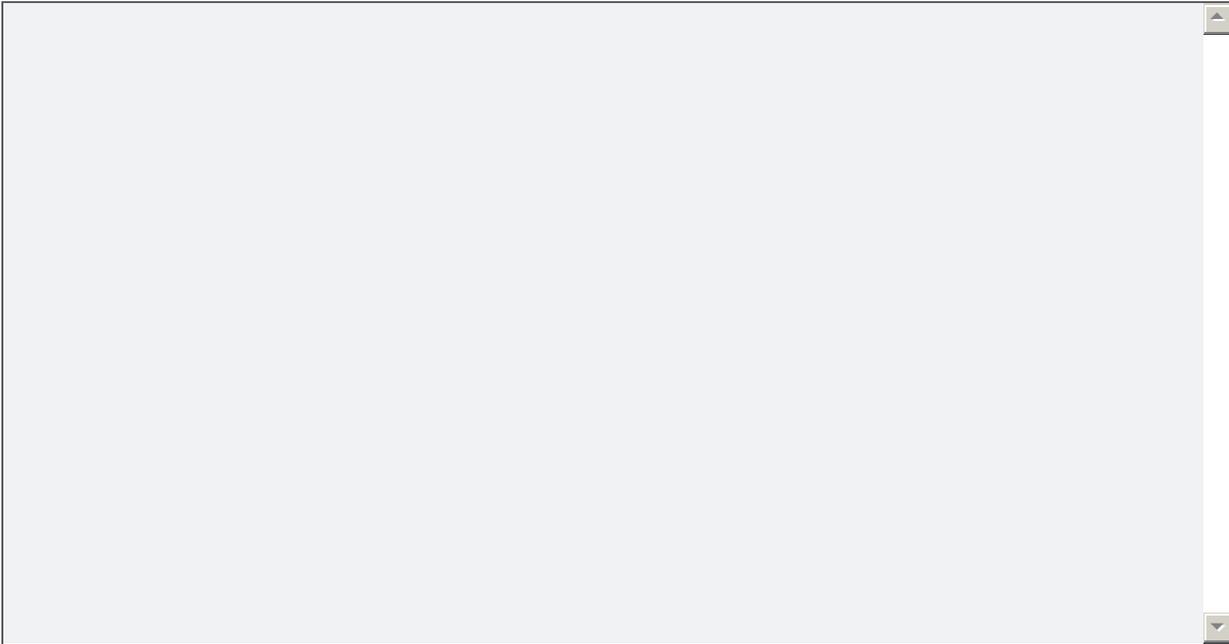


Audit of Complaint Reviews/Documentation

*14. Was all relevant documentation attached to SharePoint form?

 Yes No Not applicable

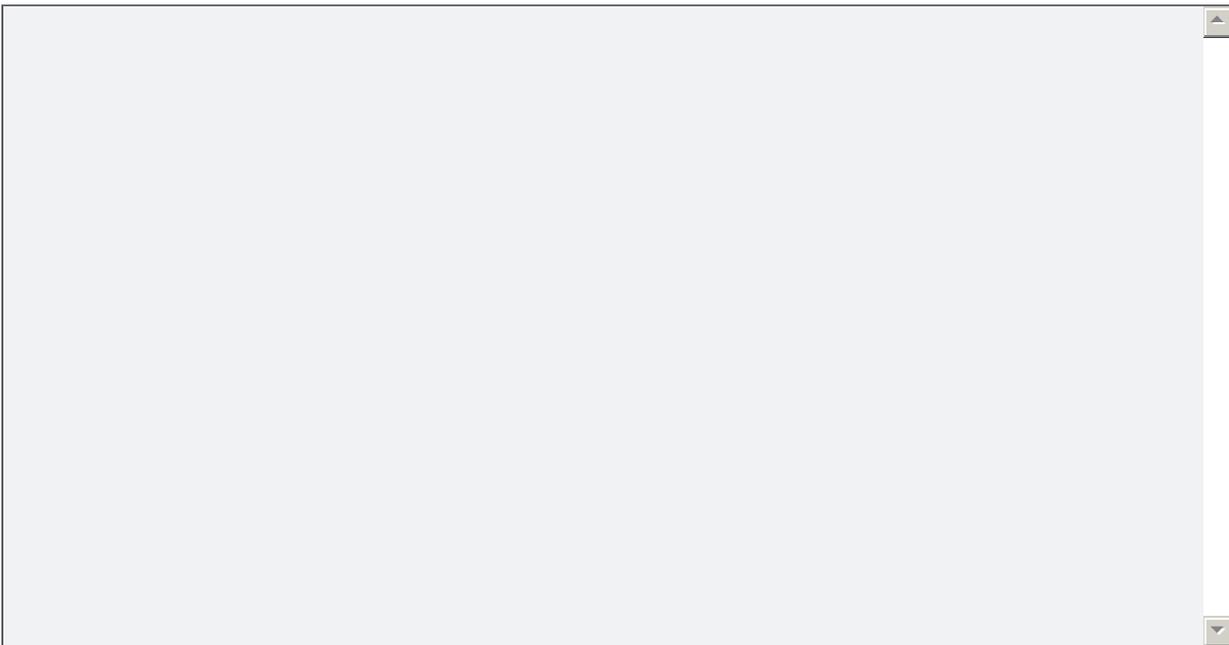
Optional: provide pertinent data and/or identify overall concerns or issues.



*15. Does the report reflect objectivity by the reviewer/investigator?

 Yes No Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

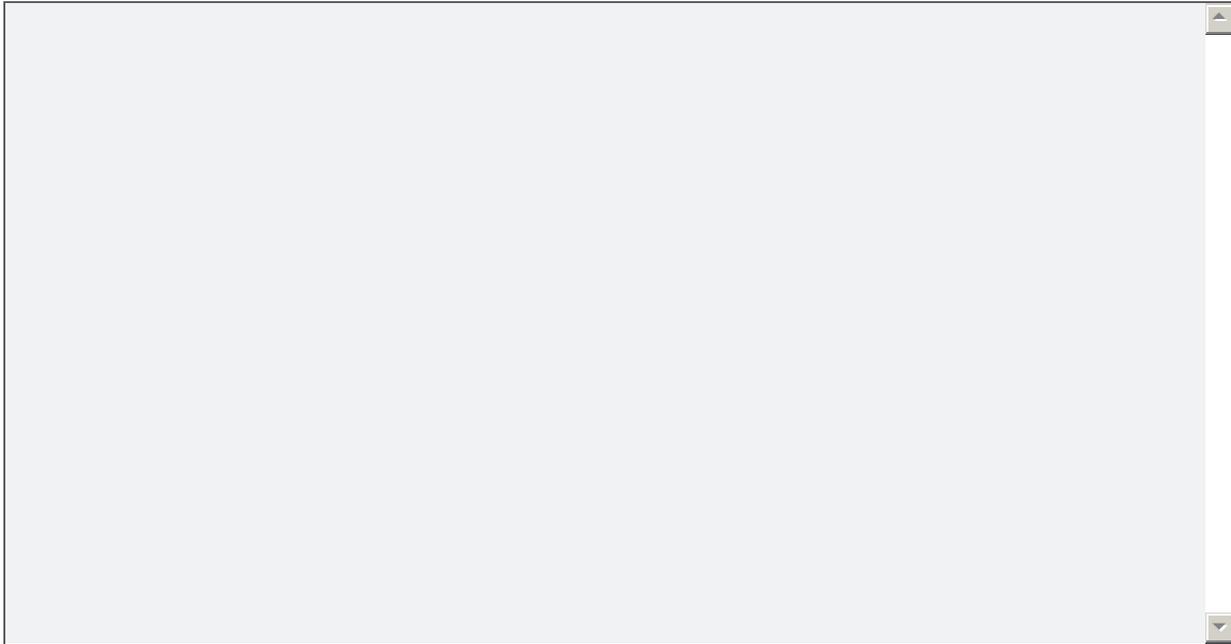


Audit of Complaint Reviews/Documentation

*16. Are relevant/related leads followed/resolved/addressed?

 Yes No Not applicable

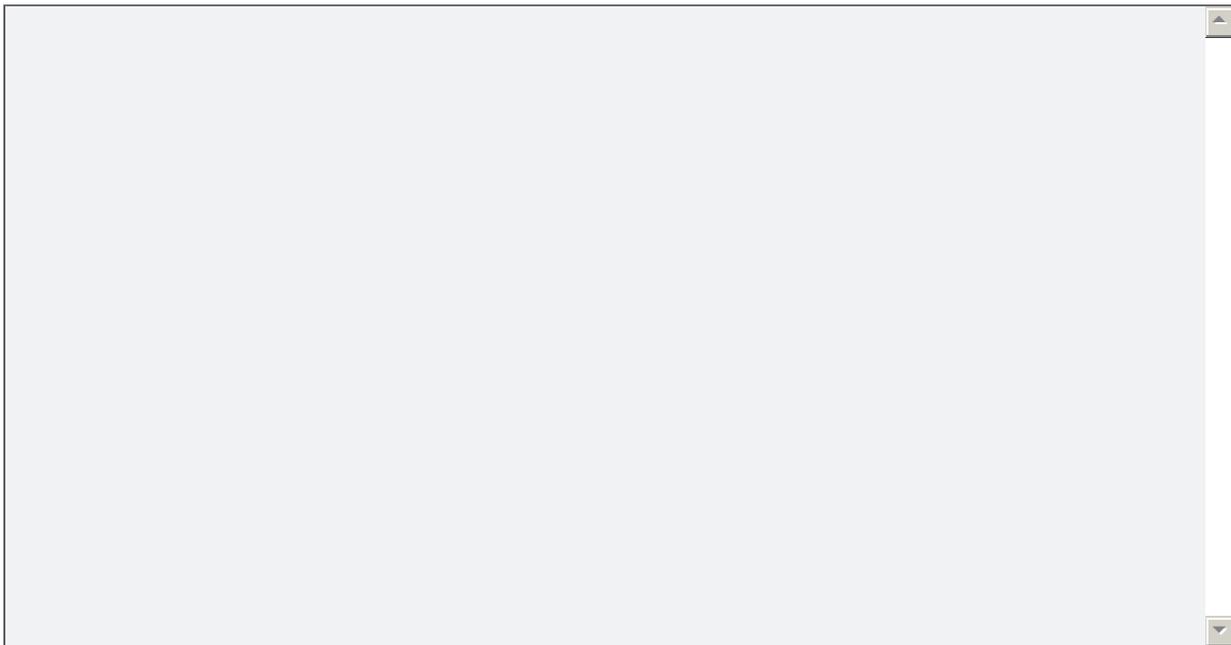
Optional: provide pertinent data and/or identify overall concerns or issues.



*17. Surveyor evaluated provider's immediate actions?

 Yes No Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

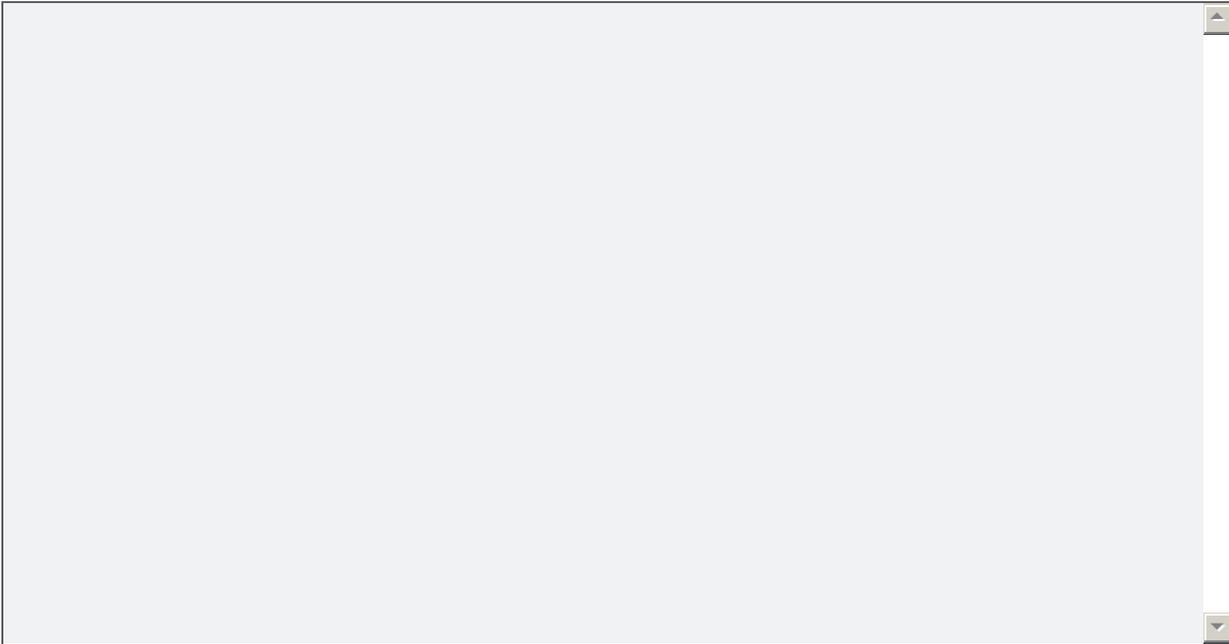


Audit of Complaint Reviews/Documentation

*18. Recommendations consistent with findings?

 Yes No Not applicable

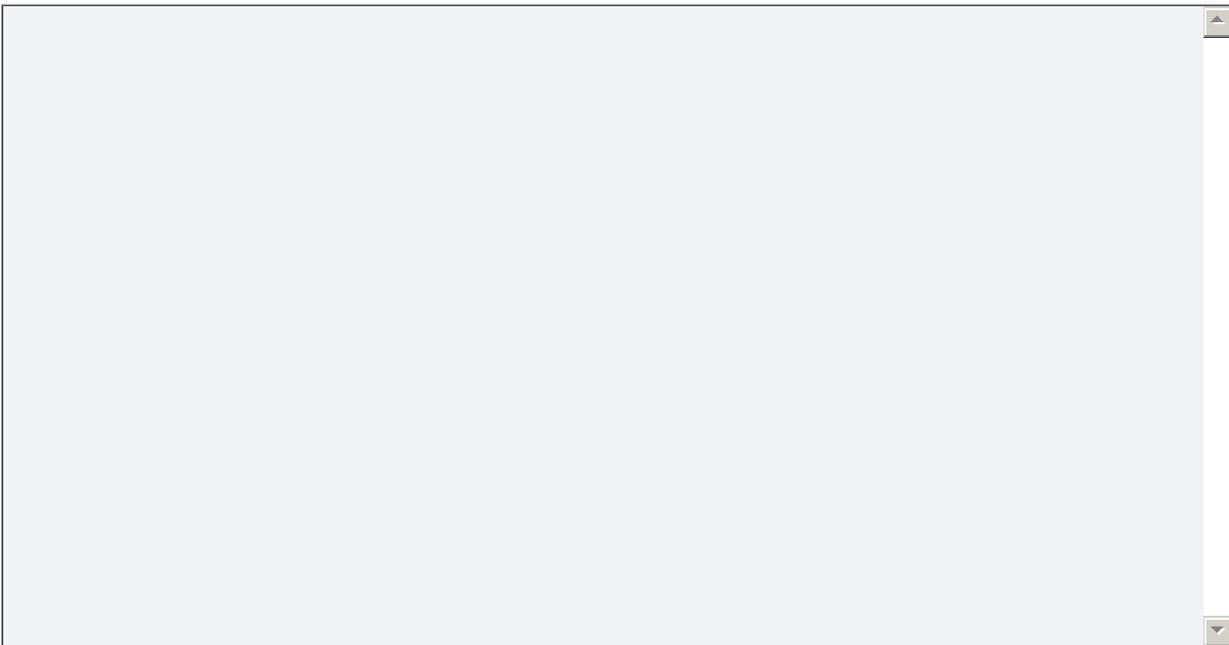
Optional: provide pertinent data and/or identify overall concerns or issues.



*19. Compliant with Regulations?

 Yes No Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

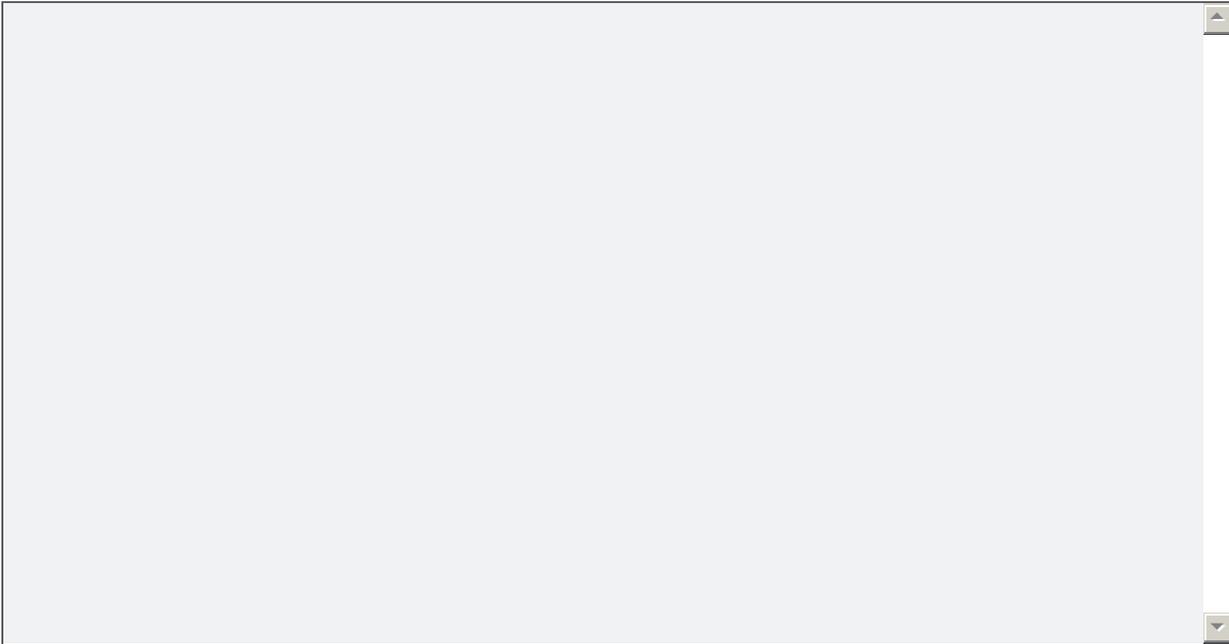


Audit of Complaint Reviews/Documentation

*20. Were citations issued?

 Yes No Not applicable

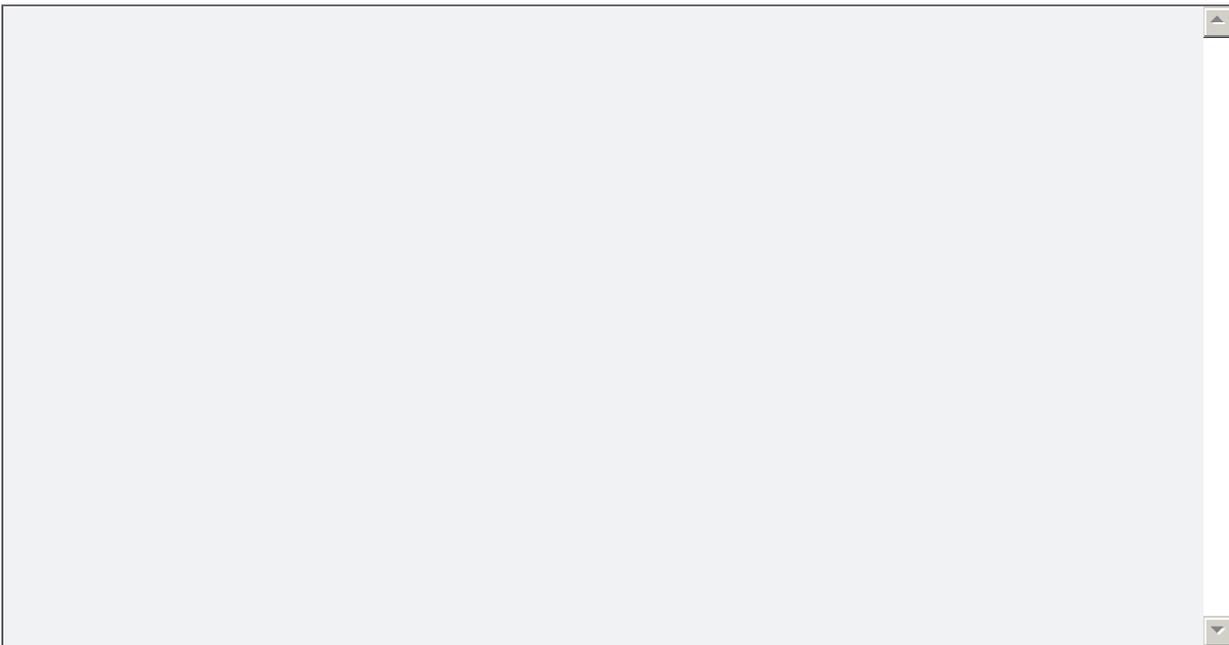
Optional: provide pertinent data and/or identify overall concerns or issues.



*21. Plan of Improvement appears adequate to address citations?

 Yes No Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

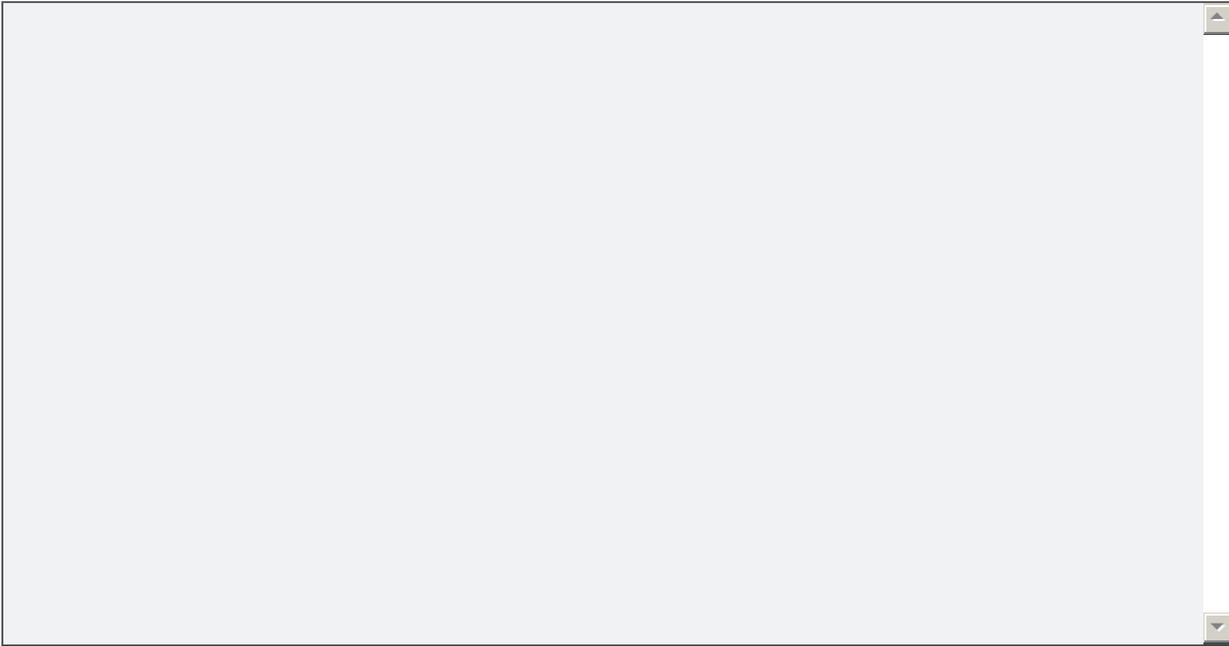


Audit of Complaint Reviews/Documentation

*22. Grammar/punctuation and sentence structure consistent?

 Yes No Not applicable

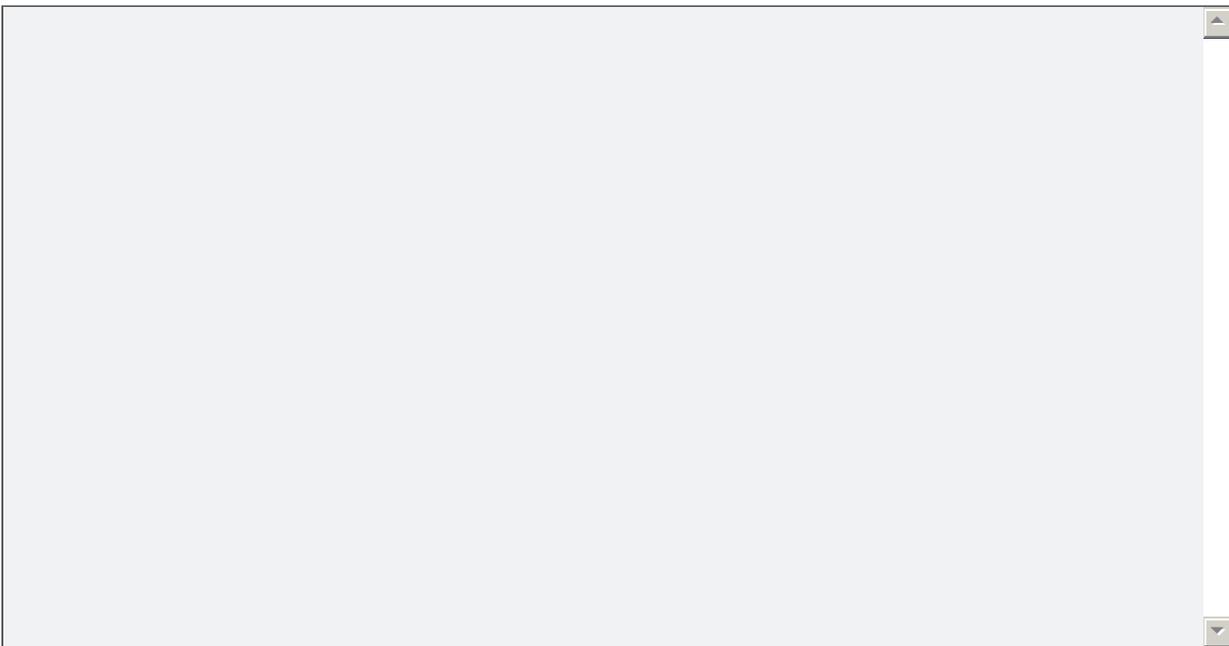
Optional: provide pertinent data and/or identify overall concerns or issues.



*23. Was the narrative report/citation letter organized appropriately for the reader to clearly understand findings?

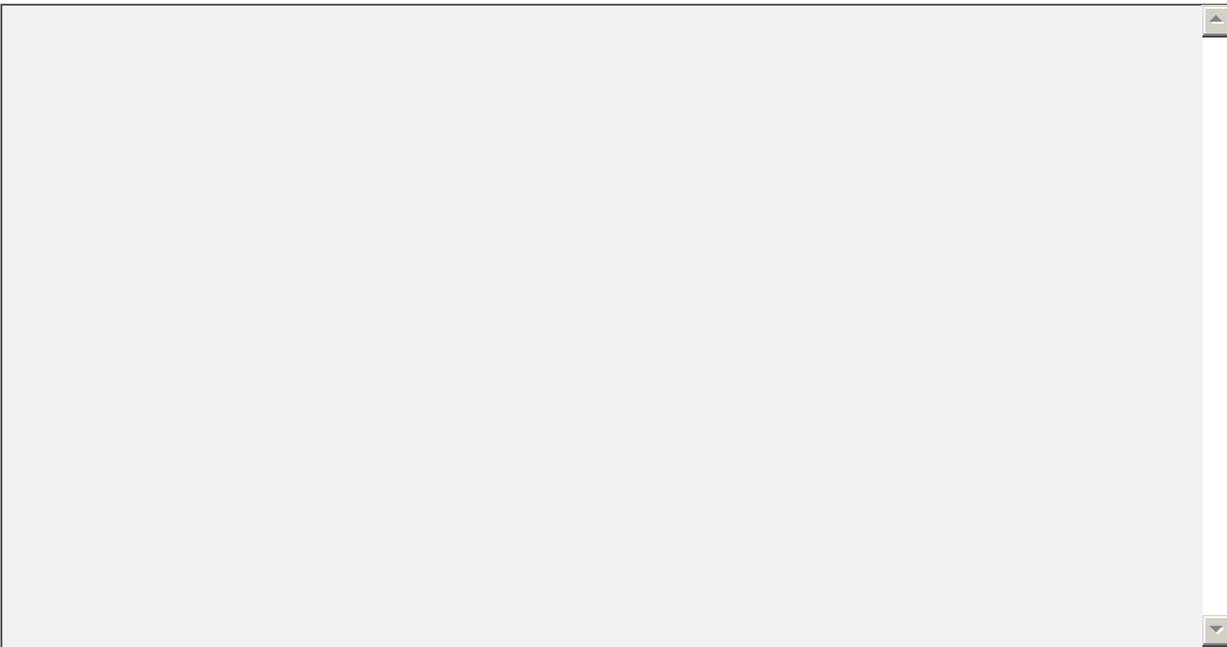
 Yes No Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

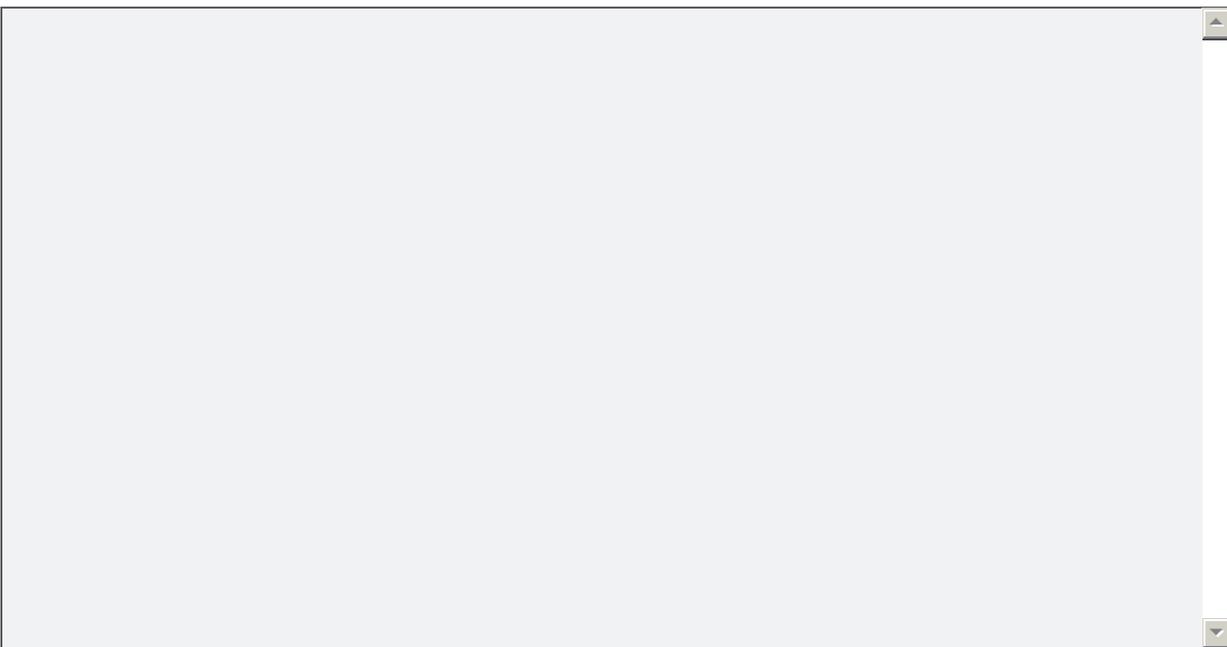


Audit of Complaint Reviews/Documentation

***24. Comments based on review of incident/investigation:**

A large, empty rectangular text box with a light gray background and a thin black border. It is intended for handwritten or typed comments. A vertical scrollbar is visible on the right side of the box.

***25. Recommendations for improvement**

A large, empty rectangular text box with a light gray background and a thin black border. It is intended for handwritten or typed recommendations for improvement. A vertical scrollbar is visible on the right side of the box.



**Division of Developmental Disabilities
Review of Provider's Internal Investigations**



(This form is to be used to evaluate the adequacy of a provider's internal investigation of suspected abuse/neglect/exploitation. This information will assist in determining whether deficiencies should be cited or other action taken by DDD.)

Demographic info regarding the incident reported:

Source of report to DDD of suspected abuse/neglect/exploitation:
Select...

Provider Agency:	Complaint #:
	<input type="text"/>
Alleged Victim Last Name:	Alleged Victim First Name:
<input type="text"/>	<input type="text"/>
DOJ status (Yes/No) : Select...	
Alleged Perpetrator Last Name:	Alleged Perpetrator First Name:
<input type="text"/>	<input type="text"/>
DOJ status (Yes/No): Select...	
Date incident occurred: <input type="text"/>	
Date abuse/neglect/exploitation suspected, if different than date occurred:	
<input type="text"/>	

Based on info requested and/or submitted by the provider (GER, internal investigation, interview, other):

Required item:	Where required:
Prompt reporting: Select...	
Date reported to -administrator (verbally/per GER/other): <input type="text"/>	404 NAC 4-010
SC : <input type="text"/>	404 NAC 4-010/GER ref Guide
Family/legal rep: <input type="text"/>	404 NAC 4-010
CFS/law enforcement: <input type="text"/>	404 NAC 4-010
Date GER submitted: <input type="text"/>	404 NAC 4-008/GER ref guide
Date GER approved: <input type="text"/>	GER ref guide
Comments:	
<input type="text"/>	

Did incident include Emergency Safety Intervention? <u>Select...</u>	NA- DDD info only
Comments: <input type="text"/>	
Did provider take initial action to protect? <u>Select...</u>	404 NAC 4-010
Comments: <input type="text"/>	
Did provider do internal investigation of suspected abuse/neglect -was it timely, thorough and objective? <u>Select...</u>	404 NAC 4-010
Comments: <input type="text"/>	
Based on regulation, LRA investigator training or DOJ expectations (for DOJ individuals only):	
Inv. began w/I 1 day of admin notification (submission of GER?) <u>Select...</u>	DOJ-A16 only
Included interviews or statements from witnesses, including individuals when able? <u>Select...</u>	LRA
Photos taken/medical attention sought/evidence reviewed, as needed? <u>Select...</u>	LRA
Findings/determination is objective(logical)? <u>Select...</u>	404 NAC 4-010
If substantiated, corrective action taken to lessen likelihood of recurrence? <u>Select...</u>	404 NAC 4-010
If other issues were identified, was action taken? <u>Select...</u>	LRA
Trends Id'd? <u>Select...</u>	LRA
Investigation completed and written summary available/submitted to DDD (comments or attachment on GER) w/I 14 days? <u>Select...</u>	404 NAC 4-008
Comments: <input type="text"/>	
Attachments: <input type="text" value="File Attachment"/>	

*If report came from non-provider person, a GER could not be expected unless provider staff witnessed/were aware and they may not have perceived as abuse/neglect exploitation.

Audit of Investigations/Documentation

General Information

Please provide brief information for each field below.

*** 1. Investigation case number**

*** 2. DDD Investigator:**

*** 3. Incident location**

*** 4. Auditor**

*** 5. Date of audit**

Audit of Investigations/Documentation

Required Items

Please provide a response (yes, no, not applicable) for each item below. If desired, enter any additional pertinent data, e.g., dates and times, key facts, etc. Identify overall concerns or issues at the end of each section, if any exist.

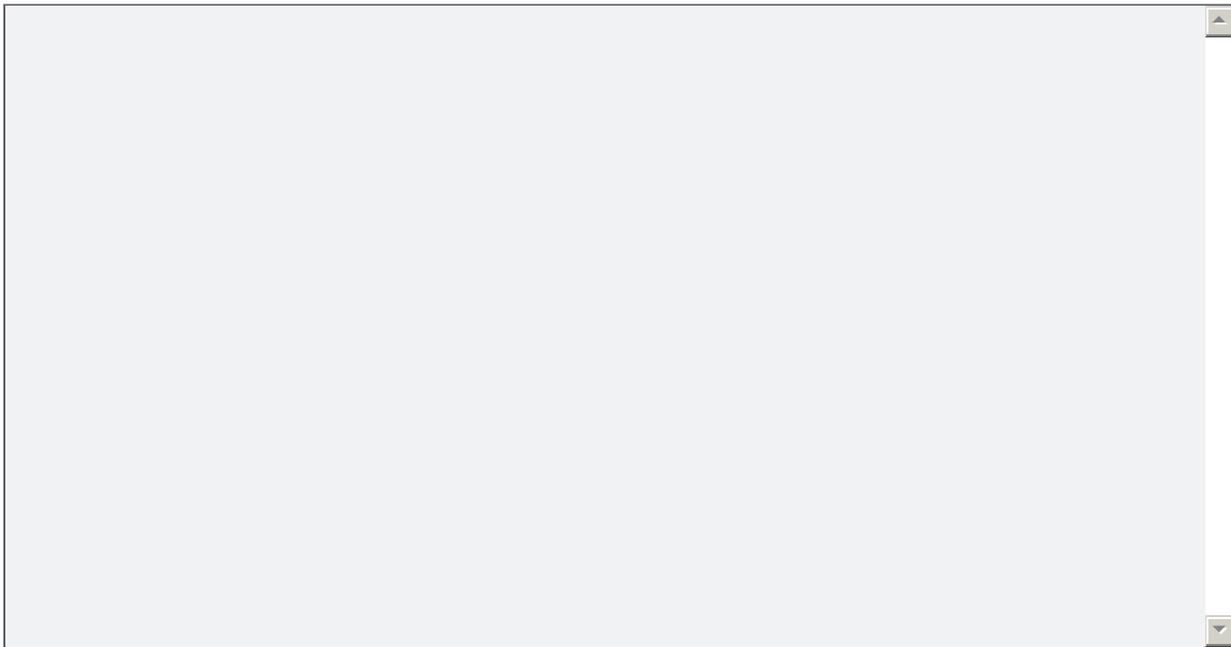
***6. Was the allegation/investigative question clearly addressed/resolved during this review?**

Yes

No

Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

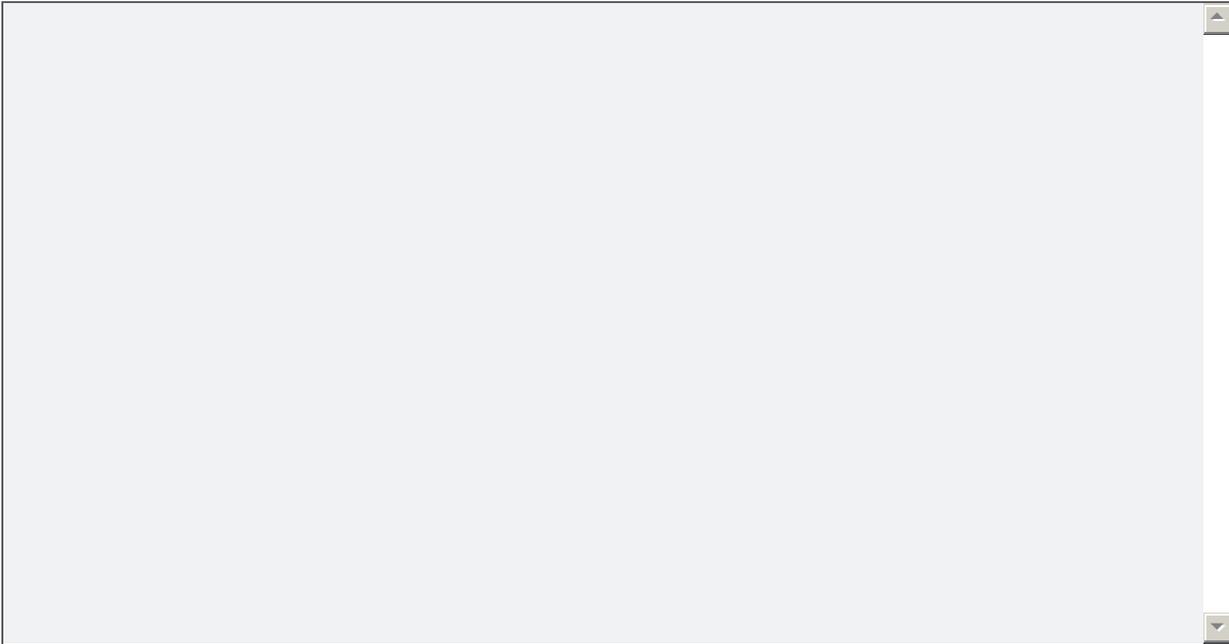


Audit of Investigations/Documentation

*7. Was a timeline of the incident/chronology of events included?

 Yes No Not applicable

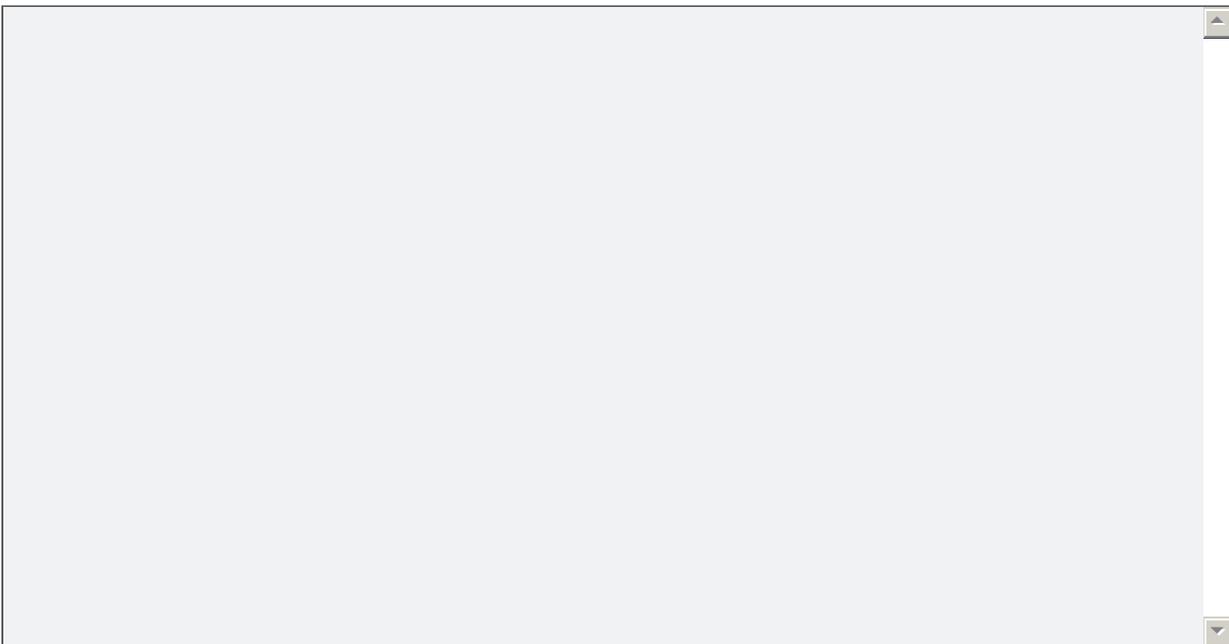
Optional: provide pertinent data and/or identify overall concerns or issues.



*8. Did the investigator assess whether evidence was adequately safeguarded and documented within the report?

 Yes No Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

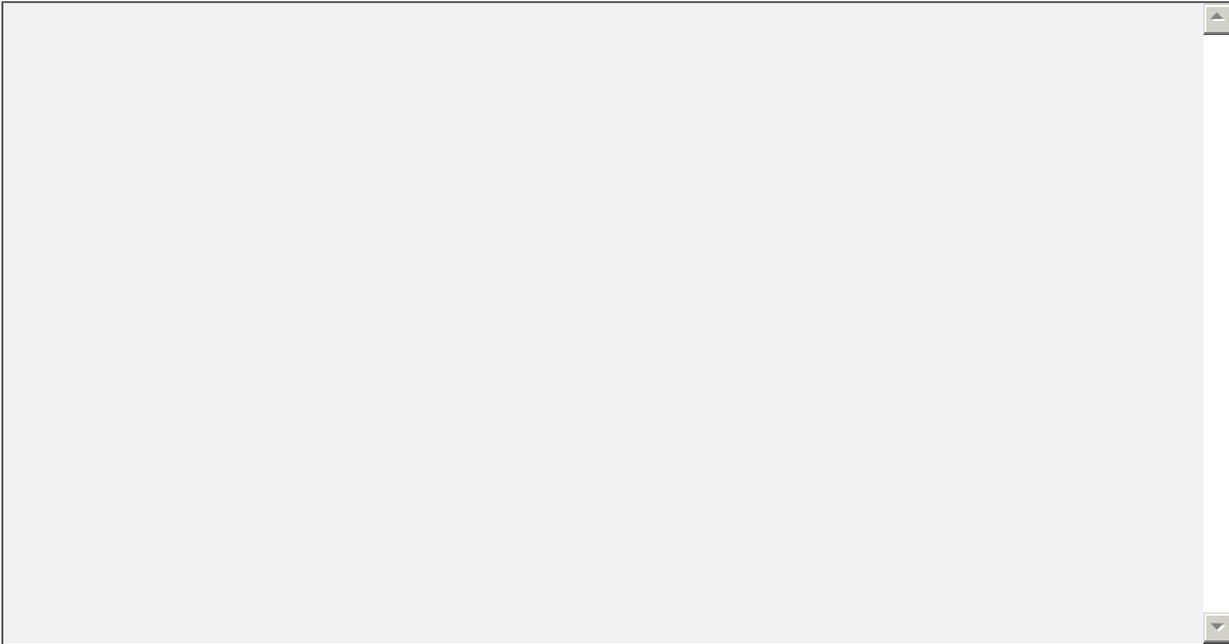


Audit of Investigations/Documentation

*9. Were inconsistencies in evidence identified by the investigator?

 Yes No Not applicable

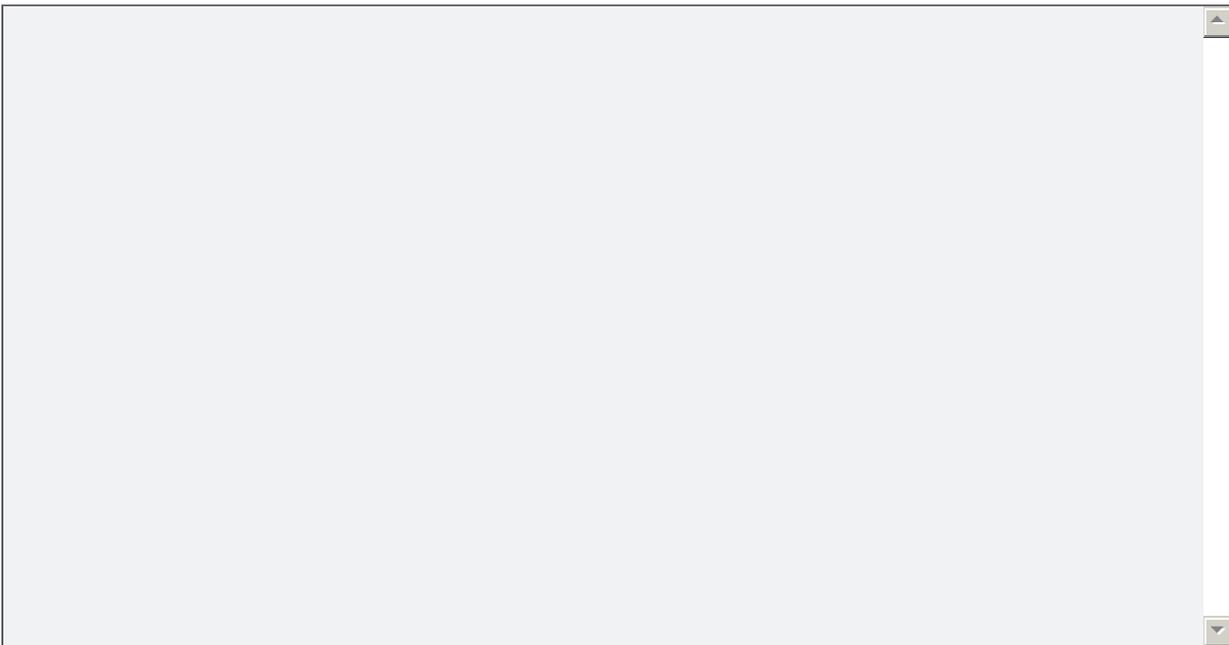
Optional: provide pertinent data and/or identify overall concerns or issues.



*10. Was all relevant documentation in investigation file?

 Yes No Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

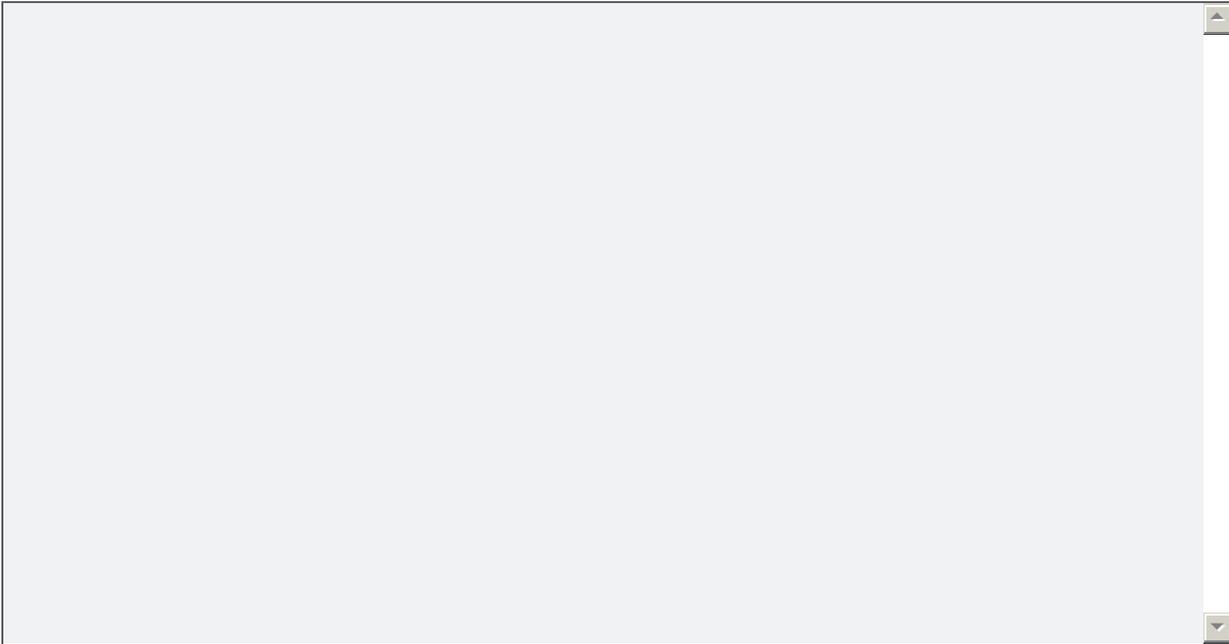


Audit of Investigations/Documentation

*11. Does the report reflect objectivity by the investigator?

 Yes No Not applicable

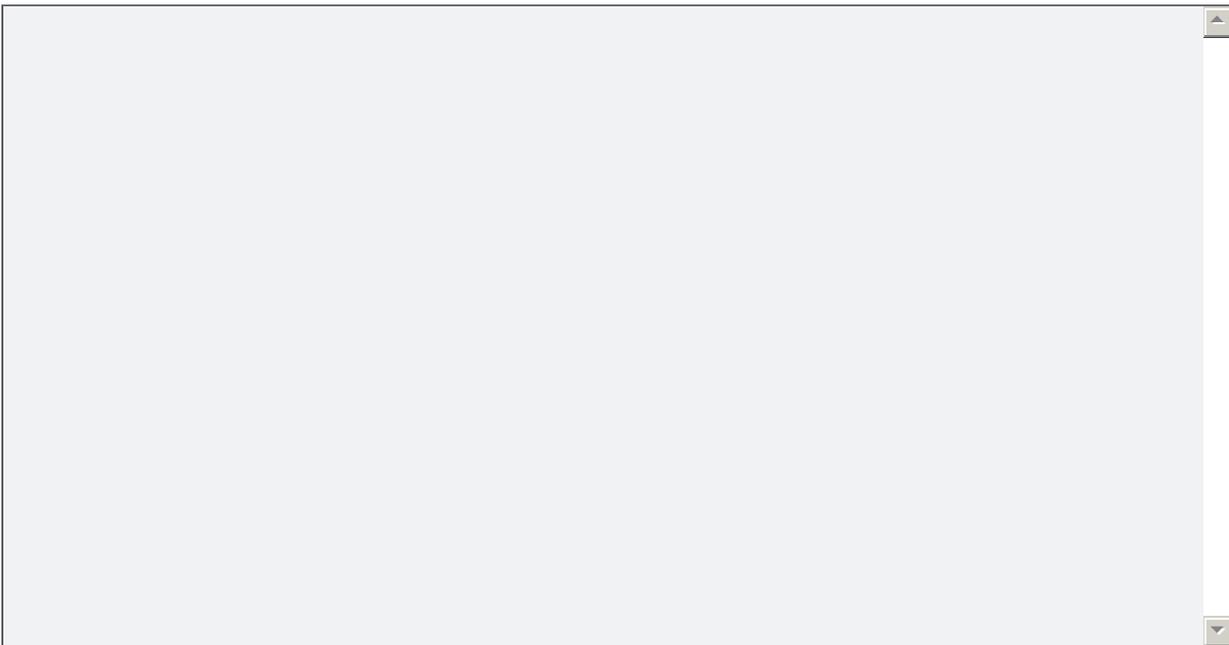
Optional: provide pertinent data and/or identify overall concerns or issues.



*12. Are relevant/related leads followed/resolved/addressed?

 Yes No Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

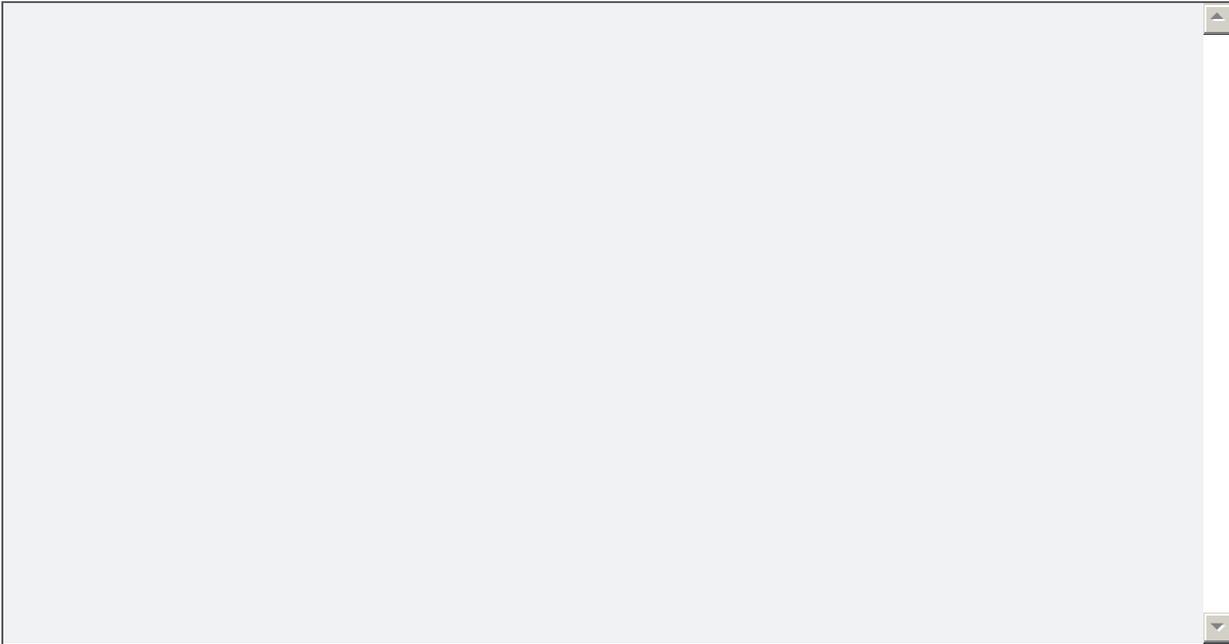


Audit of Investigations/Documentation

*13. Grammar/punctuation and sentence structure consistent?

 Yes No Not applicable

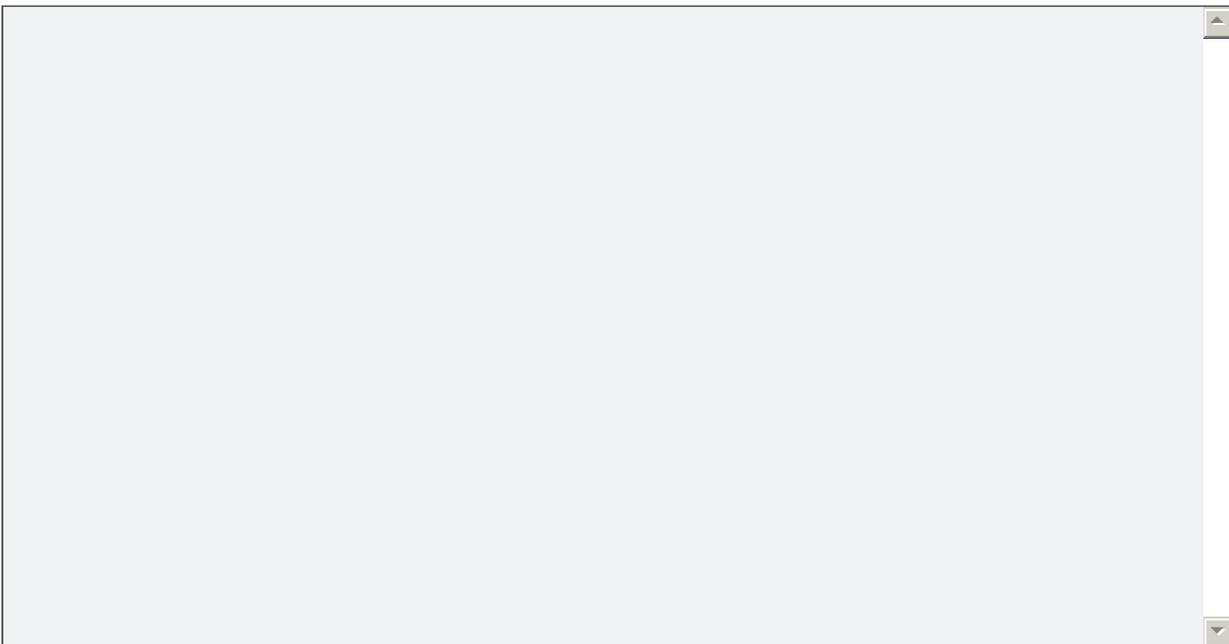
Optional: provide pertinent data and/or identify overall concerns or issues.



*14. Was the investigation report well-organized with content pertinent to the investigation?

 Yes No Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

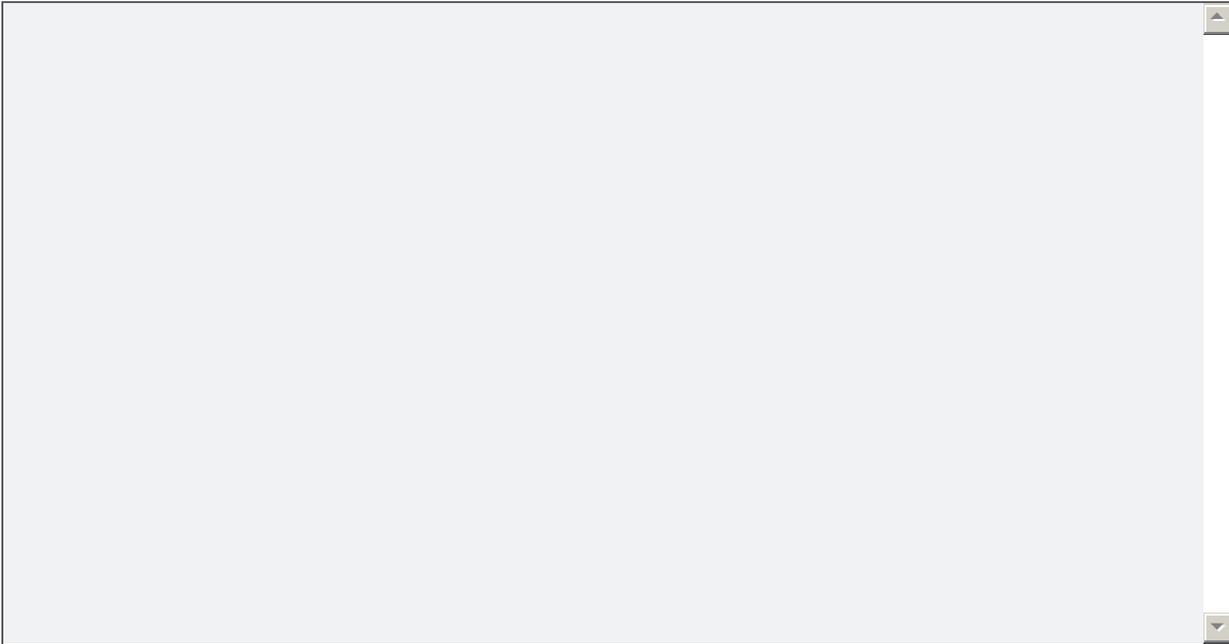


Audit of Investigations/Documentation

*15. Were relevant written statements included in the report?

 Yes No Not applicable

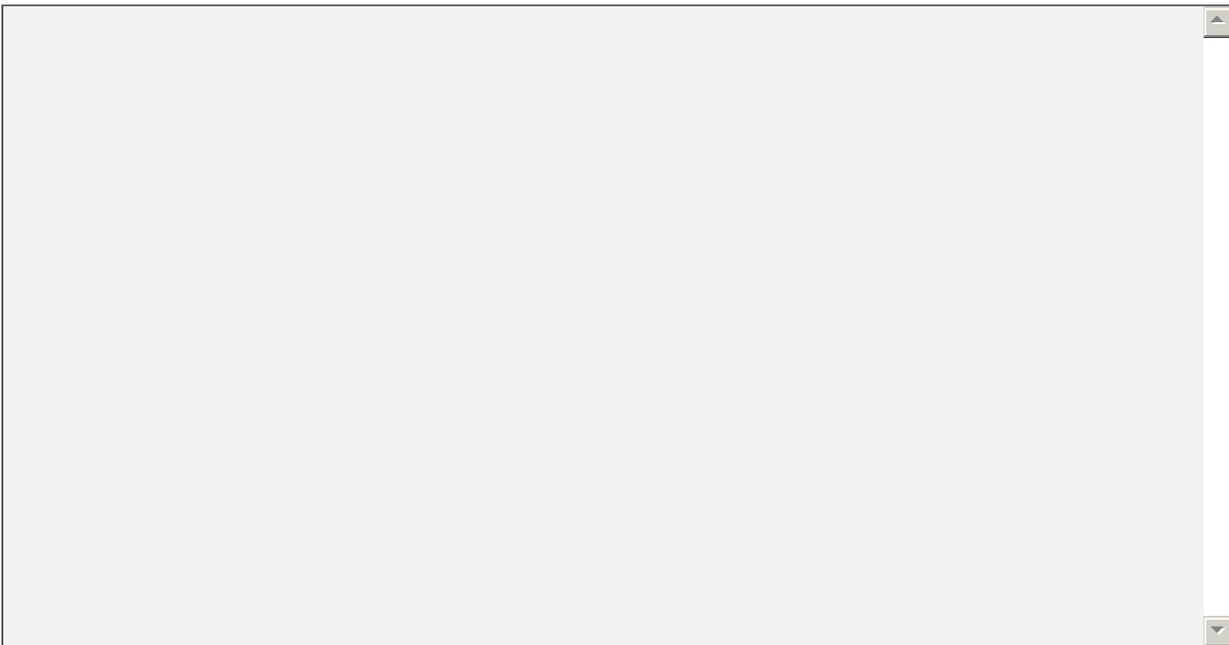
Optional: provide pertinent data and/or identify overall concerns or issues.



*16. Were relevant written statements included in the report?

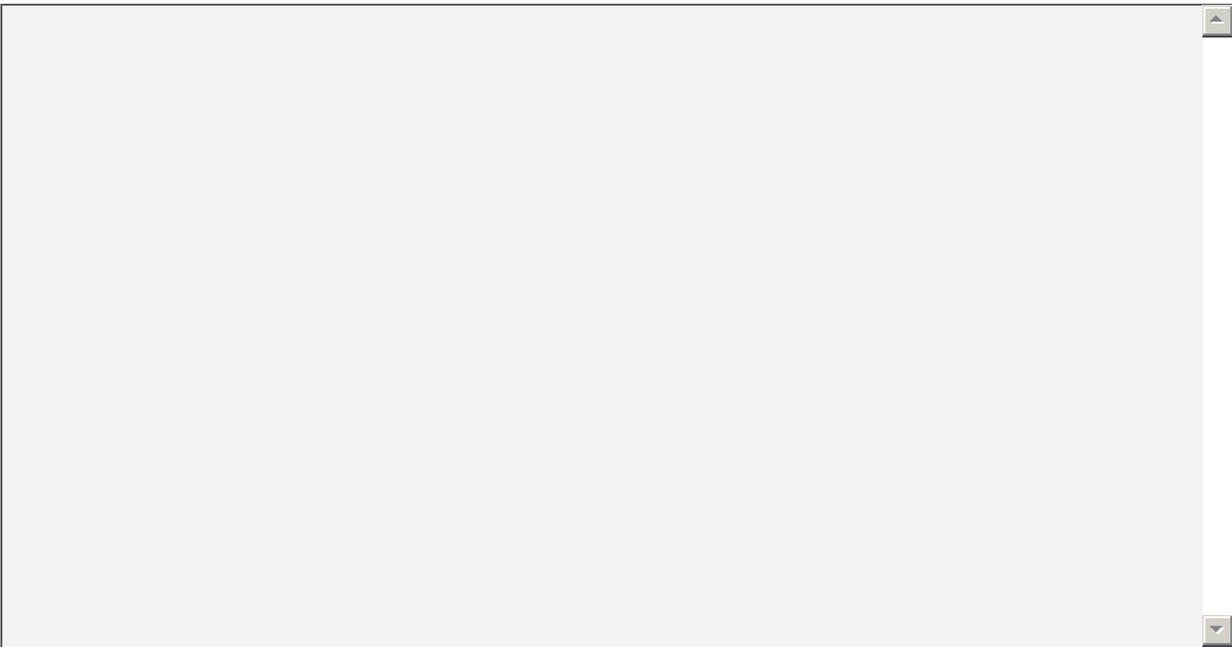
 Yes No Not applicable

Optional: provide pertinent data and/or identify overall concerns or issues.

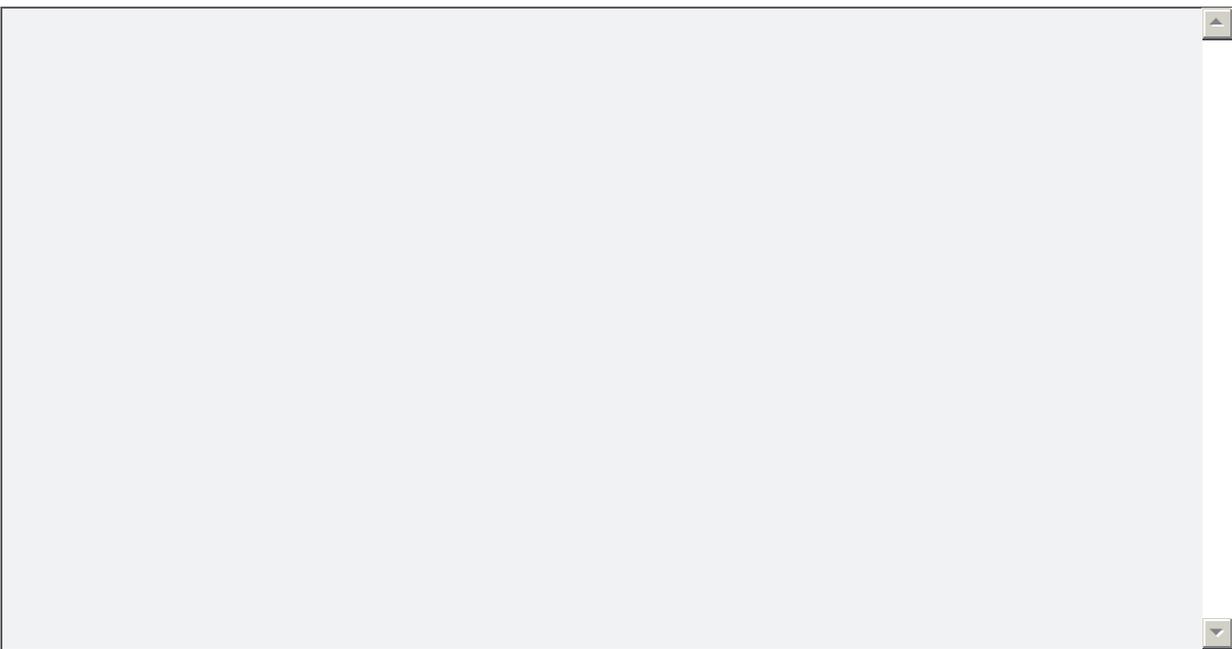


Audit of Investigations/Documentation

***17. Comments based on review of investigation:**

A large, empty rectangular text area with a light gray background and a thin black border. It is intended for entering comments based on the review of an investigation. A vertical scrollbar is visible on the right side of the text area.

***18. Recommendations for improvement**

A large, empty rectangular text area with a light gray background and a thin black border. It is intended for entering recommendations for improvement. A vertical scrollbar is visible on the right side of the text area.