

ODMR/DD MUI/Registry Assessment Tool
Data Collection Instrument ■ Annual Assessment and Accreditation Reviews 2008
 _____ **County Board of Mental Retardation and Developmental Disabilities**
Date of Site Visit: _____

Notification/Immediate Actions/Reporting/Investigation/Prevention (Part 1)						Section A
Item #		Requirement	Reviewer Guidelines	ID#	ID#	ID#
			Indicate type of MUI incident:			
			MUI Incident #:			
			County Board Discovery Date:			
			Creation Date:			
1.	Notifications are made per rule requirements	OAC 5123:2-17-02 (E) The provider or county board shall immediately report to the law enforcement entity having jurisdiction of the location where the incident occurred, any allegation of abuse, including misappropriation, or neglect, which may constitute a criminal act. The county board shall ensure that the notification has been made.	<ul style="list-style-type: none"> Alleged Criminal Acts 	COMPLIANT	COMPLIANT	COMPLIANT
<ul style="list-style-type: none"> Immediately report to LE/CSB any allegation of abuse, including misappropriation or neglect, which may constitute a criminal act. Interpretation: The county board must ensure the notification has been made and it must be reported to the entity having jurisdiction of the location where the incident occurred. 			NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT	
			N/A	N/A	N/A	

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2.	Notifications are made per rule requirements	OAC 5123:2-17-02 (F) All allegations of abuse or neglect as defined in section 2151.03 and section 2151.031 of the Revised Code of an individual under the age of twenty-one years shall be immediately reported to the local public children's services agency and the county board shall ensure the notification had been made.	<ul style="list-style-type: none"> Abused or neglected children Immediately report to LE/CSB any allegation of abuse, including misappropriation or neglect, which may constitute a criminal act. Interpretation: The county board must ensure the notification has been made and it must be reported to the entity having jurisdiction of the location where the incident occurred. 	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A
3.	Immediate Actions	OAC 5123:2-17-02 (D)(3) Immediately upon identification or notification of an MUI, the provider or county board, when acting as the provider for the individual, shall take all reasonable measures to ensure the health and safety of any at-risk individuals.	<ul style="list-style-type: none"> (a) Immediate and ongoing medical attention, as appropriate; (b) Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect until such time as the provider has reasonably determined that such removal is no longer necessary; (c) Other necessary measures to protect the health and safety of at-risk individuals. 	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT

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4.	Immediate Actions	OAC 5123:2-17-02 (D)(4)(a-b) Immediately upon receipt of a report or notification of an allegation, the county board shall: Ensure that all reasonable measures necessary to protect the health and safety of any at-risk individual have been taken; and determine if additional measures are needed.	<ul style="list-style-type: none"> In cases where the County does not feel this is in place, they MUST direct the Provider to take additional measures. 	COMPLIANT	COMPLIANT	COMPLIANT
				NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT
5.	Reporting of MUI's	OAC 5123:2-17-02 (D)(5) The provider or county board staff shall immediately, but no later than four hours after discovery of the incident, notify the county board through means identified by the county board of the following incidents or allegations	<ul style="list-style-type: none"> Any provider or county board staff shall report the following to the I.A. within 4 hours: Abuse, Exploitation, Misappropriation, Neglect, Suspicious or accidental death and when the provider has received inquiries from the media regarding an MUI. 	COMPLIANT	COMPLIANT	COMPLIANT
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6.	Reporting of MUI's	OAC 5123:2-17-02 (D)(6) For all MUIs, including those listed in paragraph (D)(5) of this rule, the agency providers or county board as a provider shall submit a written incident report to the county board no later than three p.m. the next working day following initial knowledge of a potential or determined MUI. The report shall be submitted in a format prescribed by the department. Individual providers shall make the notification to the county board contact person designated to receive or manage these reports, no later than three p.m. the next working day following initial knowledge of a potential or determined MUI.	<ul style="list-style-type: none"> Compare the incident date with the Discovery date 	COMPLIANT	COMPLIANT	COMPLIANT
				NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT
7.	Reporting of MUI's	OAC 5123:2-17-02 (D)(7) The county board shall enter preliminary information regarding the incident on the ITS and in the manner prescribed by the department by three p.m. on the working day following notification by the provider or becoming aware of the MUI.	<ul style="list-style-type: none"> Compare the discovery date with the created date 	COMPLIANT	COMPLIANT	COMPLIANT
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8.	Notifications are made per rule requirements	OAC 5123:2-17-02 (G)(1)(a), (G)(2-4) The provider, including a county board as a provider, shall make the following notifications, as applicable, when the incident or discovery of the incident occurs when such provider has responsibility for the individual. The notification shall be made on the same day the incident or discovery of the incident occurs and include immediate actions taken.	<ul style="list-style-type: none"> • Guardian or advocate selected by the individual or other person whom the individual has identified. • Notification to the report is not required. • Notification is not made to the PPI, PPI's spouse or PPI's significant other. • All notifications or efforts to notify shall be documented and the county board shall ensure all notifications have been made. 	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A
9.	Notifications are made per rule requirements	OAC 5123:2-17-02 (G)(1)(b), (G)(2-4) The provider, including a county board as a provider, shall make the following notifications, as applicable, when the incident or discovery of the incident occurs when such provider has responsibility for the individual. The notification shall be made on the same day the incident or discovery of the incident occurs and include immediate actions taken.	<ul style="list-style-type: none"> • SSA serving the individual. • Notification to the report is not required. • Notification is not made to the PPI, PPI's spouse or PPI's significant other. • All notifications or efforts to notify shall be documented and the county board shall ensure all notifications have been made. 	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A

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10.	Notifications are made per rule requirements	<p>OAC 5123:2-17-02 (G)(1)(c), (G)(2-4) The provider, including a county board as a provider, shall make the following notifications, as applicable, when the incident or discovery of the incident occurs when such provider has responsibility for the individual. The notification shall be made on the same day the incident or discovery of the incident occurs and include immediate actions taken.</p>	<ul style="list-style-type: none"> • Licensed or certified residential provider. • Notification to the report is not required. • Notification is not made to the PPI, PPI's spouse or PPI's significant other. • All notifications or efforts to notify shall be documented and the county board shall ensure all notifications have been made. 	<p>COMPLIANT</p> <p>NON-COMPLIANT</p> <p>N/A</p>	<p>COMPLIANT</p> <p>NON-COMPLIANT</p> <p>N/A</p>	<p>COMPLIANT</p> <p>NON-COMPLIANT</p> <p>N/A</p>
11.	Notifications are made per rule requirements	<p>OAC 5123:2-17-02 (G)(1)(d), (G)(2-4) The provider, including a county board as a provider, shall make the following notifications, as applicable, when the incident or discovery of the incident occurs when such provider has responsibility for the individual. The notification shall be made on the same day the incident or discovery of the incident occurs and include immediate actions taken.</p>	<ul style="list-style-type: none"> • Staff or family living at the individual's home who have responsibility for the individual's care. • Notification to the report is not required. • Notification is not made to the PPI, PPI's spouse or PPI's significant other. • All notifications or efforts to notify shall be documented and the county board shall ensure all notifications have been made. 	<p>COMPLIANT</p> <p>NON-COMPLIANT</p> <p>N/A</p>	<p>COMPLIANT</p> <p>NON-COMPLIANT</p> <p>N/A</p>	<p>COMPLIANT</p> <p>NON-COMPLIANT</p> <p>N/A</p>

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12.	Quality Investigations are conducted in a timely manner	OAC 5123:2-17-02 (H)(12) The investigative agent shall complete a report of the investigation and submit it for closure in the ITS within thirty working days unless the department grants an extension.	<ul style="list-style-type: none"> Compare the final due date to the recommended closure date. 	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT
13.	Quality Investigations are conducted in a timely manner	OAC 5123:2-17-02 (H)(13) The report shall follow the format prescribed by the department.	<ul style="list-style-type: none"> The investigative agent shall include: <ul style="list-style-type: none"> The initial allegation A list of persons interviewed and documents reviewed A summary of each interview and document reviewed Findings and conclusions section which shall include the cause and contributing factors to the incident Facts that support the findings and conclusions. 	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT

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14.	Written summaries are developed and sent	OAC 5123:2-17-02 (J)(1)(a-c), (J)(3) and (J)(4) No later than five calendar days following the county board's recommendation via the ITS, the report be closed, the county board shall provide a written summary of the investigation.	<ul style="list-style-type: none"> • The written summary was dated within 5 calendar days after the recommended closure date. • Individual/legal guardian/advocate. • Licensed or certified provider and provider. • SSA • Unless either party was the alleged PPI. • Except for an ICF/MR when no SSA is assigned. 	COMPLIANT	COMPLIANT	COMPLIANT
				NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT
15.	Written summaries are developed and sent	OAC 5123:2-17-02 (J)(1) and (J)(5) No later than five calendar days following the county board's recommendation via the ITS, the report be closed, the county board shall provide a written summary of the investigation.	Written summary included: <ul style="list-style-type: none"> • Initial allegation. • Statement of facts and findings. • Case substantiation. • Preventative measures implemented. • Individual/legal guardian/advocate/provider may dispute the findings. 	COMPLIANT	COMPLIANT	COMPLIANT
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16.	Prevention Plans are effective in addressing issues	OAC 5123:2-17-02 (K)(7) (a-c) The county board shall consider the following criteria when determining whether to close a case	<ul style="list-style-type: none"> • Whether sufficient reasonable measures have been taken to ensure the health and safety • Whether a thorough investigation has been conducted consistent with the standards for protocol and non-protocol investigations; • Whether the team, including the county board and provider, collaborated on developing preventive measures to address the causes and contributing factors 	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT
17.	Prevention Plans	OAC 5123:2-17-02 (K)(7) (d) That the county board shall ensure that the preventive measures have been implemented to prevent reoccurrence	<ul style="list-style-type: none"> • The prevention plan entered on the ITS was acceptable • The prevention plan entered on the ITS was implemented appropriately (Documentation of staff training, environmental changes, discipline, staff termination, ISP changes, Behavior Plan changes). 	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT

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18.	Trends and patterns	OAC 5123:2-17-02 (K)(7) (e) and (L)(5) The County Board shall consider Whether the incident is part of a pattern or trend as flagged through ITS requiring some additional action;	<ul style="list-style-type: none"> The trends noted by the ODMRDD MUI unit were addressed appropriately (included in the ISP, Special team meeting minutes, Addendum to the ISP) 	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT
19.	Notifications are made per rule requirements	OAC 5123:2-17-02 (K)(8) As soon as possible, but no later than five working days after a case is closed, the county board shall provide notification to the provider that the case was closed.	<ul style="list-style-type: none"> There must be some notification (fax, checklist, e-mail confirmation, letter or phone notation) in the file. 	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A

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20.	Notifications are made per rule requirements	OAC 5123:2-17-02 (J)(3) No later than five working days following the closure of a case, the county board shall make a reasonable attempt to notify the PPI as to whether the MUI has been substantiated, unsubstantiated/insufficient evidence, or unsubstantiated/unfounded.	<ul style="list-style-type: none"> Suggestion of a brief disposition form letter with the basic information or boxes to check. 	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A
21.	Quality Investigations	OAC 5123:2-17-02 (H)(1), (H)(5) All MUIs require an investigation meeting the requirements established in either appendix A or appendix B to this rule. Investigations were not conducted by investigative agents certified under rule 5123:2-5-07 of the Administrative Code.	<ul style="list-style-type: none"> Investigation was conducted by a department certified Investigative Agent. 	COMPLIANT NON-COMPLIANT N/A – CONDUCTED BY L.E.	COMPLIANT NON-COMPLIANT N/A – CONDUCTED BY L.E.	COMPLIANT NON-COMPLIANT N/A – CONDUCTED BY L.E.

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22.	<p>OAC 5123-2-17-02 Appendix A Investigation Protocol (1)(a-d) and OAC 5123:2-17-02 (H)(6)(a-h)</p> <p>If LE or PCSA has declined to investigate, the I.A. shall commence the investigation within 24-hours of discovery of the incident.</p> <p>(a) Abuse. (b) Exploitation. (c) Misappropriation. (d) Neglect. (e) Prohibited sexual relations. (f) Rights code violation. (g) Suspicious or accidental death. (h) Peer to Peer Acts. (i) Failure to Report (j) Any other MUI that the DC determines should be initiated immediately or within twenty-four hours.</p>	<ul style="list-style-type: none"> • Interviewing the reporter of the incident. • Gathering relevant documents such as nursing notes, progress notes, or incident report. • Notifying law enforcement or the public children's services agency and documenting the time, date, and name of the person notified. If law enforcement or the public children's services agency decides not to conduct an investigation, the investigative agent shall commence the investigation. • Initiating interviews with witness(es) or victim(s). 	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	
23.	<p>OAC 5123-2-17-02 Appendix A Investigation Protocol (2)</p> <p>The I.A. shall Interview the victim no later than three working days following notification of the major unusual incident and document the results.</p>	<ul style="list-style-type: none"> • Exceptions to this requirement are when the individual is unable to provide any information or the investigative agent determines that the circumstances warrant interviewing the individual later in the investigation. 	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	

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24.	Quality Investigations	OAC 5123-2-17-02 Appendix A Investigation Protocol (3) The I.A. shall Visit the scene of the incident.	<ul style="list-style-type: none"> The I.A. will assess the scene where the incident occurred, when applicable. 	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT
25.	Quality Investigations	OAC 5123-2-17-02 Appendix A Investigation Protocol (4) The I.A. shall Follow-up with law enforcement.	<ul style="list-style-type: none"> Include a copy of the police report, as applicable. 	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT

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26.	Quality Investigations	OAC 5123-2-17-02 Appendix A Investigation Protocol (5) The I.A. shall Secure physical evidence.	<ul style="list-style-type: none"> • Note environmental factors that may have caused or contributed to any injury. • Take photographs of injuries, as applicable. • Secure and sketch/photograph the scene of the incident, • detailed description of any injury that may have resulted from the incident, including the shape/color/size, photograph of any injury, • name of the person who took the photograph, the date/time the photograph was taken, • written description of the physical evidence with date/time/location of the gathering of evidence. • Photograph and/or describe materials/objects that played a part in the incident. • written description, sketch, or photograph of the area where the incident occurred. 	COMPLIANT	COMPLIANT	COMPLIANT
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27.	Quality Investigations	OAC 5123-2-17-02 Appendix A Investigation Protocol (6) The I.A. shall Review all relevant documents relating to the primary person involved that form the basis for the reported incident and the relevant documents relating to the individual who is the alleged victim.	<ul style="list-style-type: none"> The I.A. will review relevant documents related to the PPI to assess similar incidents and work history. 	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT
28.	Quality Investigations	OAC 5123-2-17-02 Appendix A Investigation Protocol (7) The I.A. shall Gather written statements from all relevant witnesses.	<ul style="list-style-type: none"> Alternative methods include a statement written by the investigator using the individual's words and/or videotaping the individual's statement. The I.A. will gather written statements from all relevant witnesses according to the witness' ability. 	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT
29.	Quality Investigations	OAC 5123-2-17-02 Appendix A Investigation Protocol (8) The I.A. shall Interview direct witnesses to the incident and provide documentation of the interviews.	<ul style="list-style-type: none"> The I.A. shall interview all witnesses or document reasons why the interviews could not be completed. 	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT

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30.	Quality Investigations	OAC 5123-2-17-02 Appendix A Investigation Protocol (9) The I.A. shall Interview medical professionals as to the possible cause/age of the injuries and provide documentation of the interviews. Include a statement from a qualified medical professional as to whether or not the injury is consistent with the description of the incident, including the apparent age of the injury and probable force necessary to cause the injury. Include a description of treatment received or ordered. Qualified medical professionals include, but are not limited to, physicians, nurses, emergency medical technicians, and therapists.	<ul style="list-style-type: none"> As appropriate, medical professionals should be contacted to review any allegation that involves injury/harm to the individual to determine whether the injury is consistent with the time/action in the allegation. The I.A. should document the interview. 	COMPLIANT	COMPLIANT	COMPLIANT
				NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT
31.	Quality Investigations	OAC 5123-2-17-02 Appendix A Investigation Protocol (10) The I.A. shall Interview others who may have relevant information and provide documentation of each interview.		COMPLIANT	COMPLIANT	COMPLIANT
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32.	Quality Investigations	OAC 5123-2-17-02 Appendix A Investigation Protocol (11)		COMPLIANT	COMPLIANT	COMPLIANT
		The I.A. shall Conduct follow-up interviews if needed.		NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT

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33.	OAC 5123-2-17-02 Appendix A (Physical Abuse specific requirements 1 - 4) The I.A. shall ensure The investigation into a Physical Abuse allegation included.	The I.A. shall gather all necessary information/documents as it relates to the allegation of physical abuse. <ul style="list-style-type: none"> • Provide written statements that include a description of the amount of physical force used (speed of the force, range of motion, open or closed hand (fist), the sound made by impact, texture of surface and the distance if the individual was dragged/pulled/shoved. • Description of the individual's reaction to the physical force used (individual fell backwards/head or other body part jerked backward/ indication of pain or discomfort through words, vocalizations, or body movements. • Comments made during the incident by the PPI. • How the harm to the individual is linked to the physical force used by the PPI. 	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A	
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Quality Investigations	OAC 5123-2-17-02 Appendix A (Sexual Abuse specific requirements 1 - 10) The I.A. shall ensure The investigation into a Sexual Abuse allegation included.	The I.A. shall gather all necessary information/documents as it relates to the allegation of sexual abuse. <ul style="list-style-type: none"> • sexual activity was unwanted or the individual was unwilling. • PPI engaged in importuning, voyeurism, public indecency, pandering, or prostitution with regard to an individual. • individual's capacity to consent. • touching of an erogenous zone for the apparent sexual arousal or gratification of either person. • Describe the sexual conduct/contact, including any penetration of the individual. • results of any physical assessment conducted by a medical professional. • results of any human sexuality assessment. • copy of the police report • medical information related to the incident • Document the date, time, and officer's name (for law enforcement agency notification) 	COMPLIANT	COMPLIANT	COMPLIANT	
			NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT	
			N/A	N/A	N/A	

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35.	Quality Investigations	OAC 5123-2-17-02 Appendix A (Verbal Abuse specific requirements 1 - 4) The I.A. shall ensure The investigation into a Verbal Abuse allegation included.	The I.A. shall gather all necessary information/documents as it relates to the allegation of verbal abuse. <ul style="list-style-type: none"> • statement of the exact words or gestures used to threaten, coerce, intimidate, harass, or humiliate the individual and the context in which these were used. • description of the reaction of the individual • volume used, including such description as loud, soft, and tone of voice, and where the PPI was located in relation to the individual • past history of verbal interactions between the PPI and the individual 	COMPLIANT	COMPLIANT	COMPLIANT
				NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT
				N/A	N/A	N/A

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36.	Quality Investigations	OAC 5123-2-17-02 Appendix A (Suspicious or Accidental Death specific requirements 1 - 4) The I.A. shall ensure The investigation into a suspicious or Accidental Death included.	The I.A. shall gather all necessary information/documents as it relates to the suspicious or accidental death. <ul style="list-style-type: none"> • statement explaining why the death is considered suspicious or accidental • relevant medical interventions, treatment, or care received by the individual. • copy of the police and/or coroner's investigation report • Complete the required questions following deaths as specified by the department 	COMPLIANT	COMPLIANT	COMPLIANT
				NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT
				N/A	N/A	N/A

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37.	<p>OAC 5123-2-17-02 Appendix A (Exploitation or Misappropriation specific requirements 1 – 9) The I.A. shall ensure The investigation into a Exploitation or Misappropriation allegation included.</p>	<p>The I.A. shall gather all necessary information/documents as it relates to the allegation of Exploitation or Misappropriation.</p> <ul style="list-style-type: none"> • Was there an unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit or gain of the PPI? • Include any indication of the intent of the PPI. • Describe any items taken from the individual or anything received by the PPI as a result of the exploitation or misappropriation. • Gather copies of all financial records related to the incident, including cancelled checks • Document the time, date, and officer's name (for law enforcement agency notification). • any indication that the individual may have consented or not consented to the taking of his/her property or to the exploitation • Verify that the property belonged to the individual • Provide a description of how the improper act occurred • Obtain the outcome of a criminal case, if resolved 	<p>COMPLIANT</p> <p>NON-COMPLIANT</p> <p>N/A</p>	<p>COMPLIANT</p> <p>NON-COMPLIANT</p> <p>N/A</p>	<p>COMPLIANT</p> <p>NON-COMPLIANT</p> <p>N/A</p>	

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38.	<p>OAC 5123-2-17-02 Appendix A (Failure to report specific requirements 1 – 7) The I.A. shall ensure The investigation into a Failure to report allegation included.</p>	<p>The I.A. shall gather all necessary information/documents as it relates to the allegation of Failure to report.</p> <ul style="list-style-type: none"> • statement indicating the abuse, neglect, or misappropriation the PPI shall report, including when and how it occurred. • statement indicating that the PPI was aware including when and how the PPI became aware • how the PPI's failure to report caused physical harm or a substantial risk of harm to the individual; be specific regarding any wound, injury, or increased risk of harm to which the individual was exposed as a result of the failure to report. • Explain why the PPI knew or should have known that failing to report would result in a substantial risk of harm to the individual • written description of any injury • explanation from the PPI of why he/she failed to report • statement of any reasons or circumstances explaining the PPI's failure to report. 	<p>COMPLIANT</p> <p>NON-COMPLIANT</p> <p>N/A</p>	<p>COMPLIANT</p> <p>NON-COMPLIANT</p> <p>N/A</p>	<p>COMPLIANT</p> <p>NON-COMPLIANT</p> <p>N/A</p>	

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39.	Quality Investigations	OAC 5123-2-17-02 Appendix A (Neglect specific requirements 1 – 5) The I.A. shall ensure The investigation into a Neglect allegation included.	The I.A. shall gather all necessary information/documents as it relates to the allegation of Neglect. <ul style="list-style-type: none"> • Verify and document the PPI’s duty to provide care to the individual • Document the treatment, care, goods, services, or supervision required but not provided by the PPI. Include the time period of the alleged neglect • Verify and document the PPI’s knowledge that the withheld treatment, care, goods, services, or supervision was needed by the individual. i.e. IP, medical information, statements made by others to the PPI, statements made by the PPI, or training received by the PPI. • Verify that the PPI’s action/inaction resulted or reasonably could have resulted in, harm to the individual. • Describe the harm or any risk of harm to the individual caused by the PPI’s action or inaction. 	COMPLIANT	COMPLIANT	COMPLIANT
				NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT
				N/A	N/A	N/A

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40.	OAC 5123-2-17-02 Appendix A (Prohibited Sexual Relations specific requirements 1 – 5) The I.A. shall ensure The investigation into a Prohibited Sexual Relations allegation included.	The I.A. shall gather all necessary information/documents as it relates to the allegation of Prohibited Sexual Relations. <ul style="list-style-type: none"> • Describe and document the type of sexual conduct or contact • Whether or not the incident was consensual. (Note: Consent does not excuse sexual contact by a caregiver with an individual when the caregiver is paid to care for the individual.) • Was PPI providing paid care to the individual? • PPI was not married to the individual • Any known, long-term, personal relationship the PPI has with the individual or other circumstances relevant to the sexual contact or conduct 	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A	
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41.	Quality Investigations	OAC 5123-2-17-02 Appendix A (Rights Code Violation specific requirements 1 – 2) The I.A. shall ensure The investigation into a Rights Code Violation allegation included.	The I.A. shall gather all necessary information/documents as it relates to the allegation of Rights Code Violation. <ul style="list-style-type: none"> • Indicate the specific right(s) of the individual violated by the PPI and describe how each right was violated, including any information or circumstances relevant to the incident • harm or risk of harm caused to the individual as a result of the rights code violation by the PPI. 	COMPLIANT	COMPLIANT	COMPLIANT
				NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT
				N/A	N/A	N/A
42.	Quality Investigations	OAC 5123-2-17-02 Appendix A Investigation Protocol (12) The I.A. shall ensure Include a clear statement of the allegation		COMPLIANT	COMPLIANT	COMPLIANT
				NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT
43.	Quality Investigations	OAC 5123-2-17-02 Appendix A Investigation Protocol (13) The I.A. shall Evaluate all witnesses and documentary evidence in a clear, complete, and non-ambiguous manner		COMPLIANT	COMPLIANT	COMPLIANT
				NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT

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44.	Quality Investigations	OAC 5123-2-17-02 Appendix A Investigation Protocol (14) (a-f) The I.A. shall Evaluate the relative credibility of the witnesses. Factors to be considered in judging the credibility of a witness include:	<ul style="list-style-type: none"> • whether the witness's statements are logical, internally consistent, and consistent with other credible statements and known facts (e.g., does the witness appear to leave out or not know about information that he/she should know about?) • whether the witness was in a position to hear or see what is claimed • whether the witness has a history of being reliable and honest when reporting incidents or making statements regarding incidents • whether the witness has a special interest or motive for making a false statement (e.g., is there a possible bias of the witness?) • relevant disciplinary history of the primary person involved (PPI), such as involvement in similar past allegations • witness's demeanor during the interview (e.g., did the witness appear evasive or not forthcoming?) • whether the witness did other things that might affect his/her credibility 	COMPLIANT	COMPLIANT	COMPLIANT
				NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT

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45.	Quality Investigations	OAC 5123-2-17-02 Appendix A Investigation Protocol (15) The I.A. shall Include a succinct and well-reasoned analysis of the evidence		COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT
46.		OAC 5123-2-17-02 Appendix A Investigation Protocol (16) The I.A. shall Include a clearly stated conclusion that identifies which allegations were and were not substantiated		COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT	COMPLIANT NON-COMPLIANT
47.	Quality Investigations	OAC 5123-2-17-02 Appendix B Non-Protocol Investigation (Law Enforcement)	<ul style="list-style-type: none"> • Did the investigation commence within 3 working days? • What was the criminal act that occurred? • Did arrest, incarceration and/or charges occur? What was the outcome? • What action has been taken to reduce the likelihood of reoccurrence? • Was there any reason to suspend staff • Was there neglect resulting in the arrest? 	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A

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48.	Quality Investigations	OAC 5123-2-17-02 Appendix B Non-Protocol Investigation (Attempted Suicide)	<ul style="list-style-type: none"> • Did the investigation commence within 3 working days? • Immediate action that has occurred to protect the individual • The method used for self-harm • Was there neglect? • What action had been taken to reduce the likelihood of reoccurrence? (Removing sharp objects, psych. Hospitalization, special slotting, etc.) • Long-term prevention planning. (Counseling, psych. Medication, etc.) • Was there a discussion of the medical or mental health history? 	COMPLIANT	COMPLIANT	COMPLIANT	
					NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT
						N/A	N/A
49.	Quality Investigations	OAC 5123-2-17-02 Appendix B Non-Protocol Investigation (Unknown Injury – Non suspicious)	<ul style="list-style-type: none"> • Did the investigation commence within 3 working days? • Immediate action taken. • Attempts made to identify the potential cause. • Was there neglect? • Prevention planning, as appropriate based on the identified cause. 	COMPLIANT	COMPLIANT	COMPLIANT	
					NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT
						N/A	N/A

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50.	Quality Investigations	OAC 5123-2-17-02 Appendix B Non-Protocol Investigation (Known Injury)	<ul style="list-style-type: none"> • Did the investigation commence within 3 working days? • Immediate action taken. • What was the cause of the injury? • Was there neglect? • Prevention planning, as appropriate based on the identified cause. 	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A
51.	Quality Investigations	OAC 5123-2-17-02 Appendix B Non-Protocol Investigation (Medical Emergency)	<ul style="list-style-type: none"> • Did the investigation commence within 3 working days? • Immediate action taken? (Heimlich, CPR, 911, ER visit) • The cause of the medical emergency • Was there neglect? • Medical history discussion. • Medical orders/follow-up • Prevention planning. 	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A

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52.	Quality Investigations	OAC 5123-2-17-02 Appendix B Non-Protocol Investigation (Unplanned Hospital Admission)	<ul style="list-style-type: none"> • Did the investigation commence within 3 working days? • Immediate action taken. • The cause of the unplanned hospitalization • Was there neglect? • Medical history discussion. • Medical orders/follow-up • Prevention planning. 	COMPLIANT	COMPLIANT	COMPLIANT	
					NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT
						N/A	N/A
53.	Quality Investigations	OAC 5123-2-17-02 Appendix B Non-Protocol Investigation (Unapproved Behavior Support)	<ul style="list-style-type: none"> • Did the investigation commence within 3 working days? • Did the report indicate what unapproved behavior intervention was used and why it was implemented? • Did any injury/harm occur as a result? • Immediate action taken to protect health and safety. • Was there neglect? • Prevention planning (amendment/creation of BSP, re-training, etc.) 	COMPLIANT	COMPLIANT	COMPLIANT	
					NON-COMPLIANT	NON-COMPLIANT	NON-COMPLIANT
						N/A	N/A

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54.	Quality Investigations	OAC 5123-2-17-02 Appendix B Non-Protocol Investigation (Non-suspicious or Natural Death)	<ul style="list-style-type: none"> • Did the investigation commence within 3 working days? • Death Certificate • Autopsy • Cancer screening, if applicable • Was the death protocol completed? 	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A
55.	Quality Investigations	OAC 5123-2-17-02 Appendix B Non-Protocol Investigation (Missing Person)	<ul style="list-style-type: none"> • Did the investigation commence within 3 working days? • Immediate action taken. • Was there neglect? • Prevention planning (adding to the plan, re-training, etc.) 	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A	COMPLIANT NON-COMPLIANT N/A

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Analyzing MUI's to identify Patterns and Trends/Unusual Incidents				Section B
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56.	Trends and Patterns Identified and addressed	<p>OAC 5123:2-17-02 (L)(1) All agency providers including county boards as providers shall send the county board a quarterly report regarding incident trends and patterns and the action taken to address them. The county board shall review all individual providers quarterly for incident trends and patterns and take action to address them.</p>	<ul style="list-style-type: none"> • Evidence that a quarterly report was prepared using information contained on the online system established by the Department for each provider in the county. The report should have identified the number and types of incidents that had occurred. • The county board will make available a copy of the report, copy of the meeting minutes or a copy of the cover letter 	<p>COMPLIANT</p> <p>NON-COMPLIANT</p> <p>PARTIAL</p>
57.	Trends and Patterns Identified and addressed	<p>OAC 5123:2-17-02 (L)(2) County boards and agency providers shall conduct an in-depth analysis of MUIs to identify trends and patterns semi-annually and annually (July thirty-first and January thirty-first, respectively) with the annual review being comprehensive for the year.</p>	<ul style="list-style-type: none"> • The county board will make available a copy of the report, copy of the meeting minutes or a copy of the cover letter 	<p>COMPLIANT</p> <p>NON-COMPLIANT</p> <p>PARTIAL</p>

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58.	Trends and Patterns Identified and addressed	OAC 5123:2-17-02 (L)(3) County boards shall conduct the analysis and follow-up for all entities operated by county boards such as workshops, schools, transportation, and for all individual providers. The county board shall send its analysis and follow-up actions to the department upon request (Per amendment to the rule).	<ul style="list-style-type: none"> • Date that the information was received from county board • Was the review conducted by the county board thorough? • Upon request by the Department, the County Board shall provide evidence that this review has been conducted and that appropriate action has been taken • Note – Rule prior to the amendment reads: Shall send analysis.... By August thirty-first for the semi-annual review and by February twenty-eighth for the annual review. 	COMPLIANT NON-COMPLIANT PARTIAL
59.	Trends and Patterns Identified and addressed	OAC 5123:2-17-02 (L)(7) Each county board or as applicable, each C.O.G. to which the county board belongs, shall have a committee that reviews trends and patterns of MUIs. The committee shall be made up of a reasonable representation of the county board(s), provider agencies, families, and other stakeholders deemed appropriate by the committee.	<ul style="list-style-type: none"> • The committee shall be made up of a reasonable representation of the county board(s), provider agencies, families, and other stakeholders deemed appropriate by the committee. • The committee shall meet each September (for 1st six month review) and March (for annual review of the previous year) 	COMPLIANT NON-COMPLIANT PARTIAL

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60.	OAC 5123:2-17-02 (L)(10) The county board or council of governments shall record and maintain minutes of each meeting, distribute the minutes to members of the committee, and make the minutes available to any person upon request.	<ul style="list-style-type: none"> The Regional Manager will review the meeting minutes beginning October 1, 2007 	COMPLIANT NON-COMPLIANT PARTIAL	
61.	OAC 5123:2-17-02 (L)(6) The county board shall ensure that trends and patterns of MUIs are included and addressed in the affected individual's service plan.	<ul style="list-style-type: none"> The Regional Manager will review the meeting minutes from the semi-annual or annual reviews to determine if trends/patterns of MUIs were addressed. The Regional Managers will verify the information in the individual's ISP(s), if applicable. 	COMPLIANT NON-COMPLIANT PARTIAL	

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Analyzing MUI's to identify Patterns and Trends/Unusual Incidents				Section B
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62.	Notifications are made per rule requirements	OAC 5123:2-17-02 (M)(4) Individual providers shall make reports to the person designated by the county board on the day the UI is discovered. The county board shall designate a person responsible for logging these incidents.	<ul style="list-style-type: none"> County Board shall have a person designated to log all of the reports/incidents from the Individual Providers 	COMPLIANT NON-COMPLIANT
63.	Trends and Patterns Identified and addressed	OAC 5123:2-17-02 (M)(8) The county board shall review, on a monthly basis, a representative sampling of provider logs, individual provider log(s), and logs where the county board is a provider for the purpose of ensuring that all MUIs required to be reported have been reported and that trends and patterns have been identified and addressed. The sampling shall be made available to the department for review upon request.	The county board will make available a copy of the UI logs/UI reports for the agencies identified at the onset of the review. The review will include three to six months of information based on the size of the county. Findings will be rendered if the reviews of UI logs/UI reports indicate that an incident that should have been filed as a MUI was not filed accordingly.	COMPLIANT NON-COMPLIANT PARTIAL

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Personnel Requirements			Section C	
Item #		Requirement	Reviewer Guidelines	Result
64.	Quality Investigations	OAC 5123: 2-17-02 (H)(2) The county board shall evidence they employed at least one investigative agent or contracted with a person or government entity, for the services of an investigative agent pursuant to section 5126.221 of the revised code.	The I.A. or the person responsible for supervising the work of the investigative agents shall report directly to a county board's superintendent. The county board will provide the verification i.e. a copy of the T.O. for the county board.	COMPLIANT NON-COMPLIANT
65.	Quality Investigations	OAC 5123: 2-17-02 (H)(2) The county board shall evidence that they employed at least one investigative agent or contracted with a person or government entity, for the services of an investigative agent pursuant to section 5126.221 of the revised code.	I.A. Functions per statute: Neither a county board nor a person or government entity with which a county board contracts for the services of an investigative agent shall assign any duties to an investigative agent other than conducting investigations AND I.A. is conducting all investigations	COMPLIANT NON-COMPLIANT

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66.	Quality Investigations	OAC 5123: 2-17-02 (H)(2) and (P)(4) The county board shall evidence the Investigative Agent responsible for conducting investigations was certified by the Department and received initial and annual department-approved training.	The county board will provide the verification (copy of the I.A. certification and copy of any ODMRDD MUI course certificate).	COMPLIANT NON-COMPLIANT

Conformance Reports				Section D
Item #		Requirement	Reviewer Guidelines	Result
67.	Reporting Of MUI's	OAC 5123: 2-17-02 (D)(7) The county board shall evidence that they entered preliminary information regarding the incident through the online system by 3:00 p.m. on the working day immediately following notification by the provider or becoming aware of the MUI.	County must be at 96.5% compliance. Pull 24 hour conformance report for the past 6 months.	COMPLIANT NON-COMPLIANT

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68.	Quality Investigations	OAC 5123: 2-17-02 (H)(11) All MR/DD employees shall cooperate with administrative investigations conducted by entities authorized to conduct investigations. Providers and county boards shall respond to requests for information within the timeframe requested. The timeframes identified shall be reasonable.	County must be at 95% compliance Pull reply past due report for the past 6 months	COMPLIANT NON-COMPLIANT
69.	Reporting Of MUI's	OAC 5123: 2-17-02 (H)(12) The investigative agent shall complete a report of the investigation and submit it for closure in the ITS within thirty working days unless the department grants an extension.	County must be at 93% compliance Pull investigation overdue report for the past 6 months New state average is 96.5%, Please make this a recommendation in the report.	COMPLIANT NON-COMPLIANT

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Conformance Reports			Section D	
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70.	Prevention Plans are effective in addressing issues	<p>OAC 5123: 2-17-02 (K)(7)(a-f) The county board shall consider the following criteria when determining whether to close a case:</p> <ul style="list-style-type: none"> (a) Whether sufficient reasonable measures have been taken to ensure the health and safety of any at-risk individual; (b) Whether a thorough investigation has been conducted consistent with the standards for protocol and non-protocol investigations; (c) Whether the team, including the county board and provider, collaborated on developing preventive measures to address the causes and contributing factors; (d) That the county board has ensured that the preventive measures have been implemented to prevent reoccurrence; (e) Whether the incident is part of a pattern or trend as flagged through ITS requiring some additional action; (f) Whether all requirements set forth in statute or rule, including appendix A and appendix B to this rule, have been satisfied. 	<p>County must be at 90% compliance</p> <p>Pull “Closed Case Sampling for Grade Card” report for the past 6 months (off of the “I” drive access data base) in order to obtain the percentage of non-protocol cases that were closed appropriately.</p>	<p>COMPLIANT</p> <p>NON-COMPLIANT</p>
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71.	<p>OAC 5123:2-17-02 (D)(3)(a-c) Immediately upon identification or notification of an MUI, the provider or county board, when acting as the provider for the individual, shall take all reasonable measures to ensure the health and safety of any at-risk individuals. The provider and county board shall discuss any disagreements regarding reasonable measures in order to resolve them. If the provider and county board are unable to agree on reasonable measures to ensure the health and safety of at-risk individuals, the department shall make the determination. Such measures shall include:</p> <ul style="list-style-type: none"> (a) Immediate and ongoing medical attention, as appropriate; (b) Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect until such time as the provider has reasonably determined that such removal is no longer necessary; (c) Other necessary measures to protect the health and safety of at-risk individuals. 		<p>COMPLIANT</p> <p>NON-COMPLIANT</p>	

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72.	<p>OAC 5123:2-17-02 (D)(4)(a-c) Immediately upon receipt of a report or notification of an allegation, the county board shall:</p> <ul style="list-style-type: none"> (a) Ensure that all reasonable measures necessary to protect the health and safety of any at-risk individual have been taken; (b) Determine if additional measures are needed; (c) Notify the department if the circumstances in paragraph (I) of this rule that require a department-directed investigation are present. Such notification shall take place on the first working day the county board becomes aware of the incident. 		COMPLIANT	NON-COMPLIANT
73.	<p>OAC 5123:2-17-02 (D)(8) When a provider has placed an employee on leave or otherwise taken protective action pending the outcome of the investigation, the county board or department, as applicable, shall keep the provider apprised of the status of the investigation so that the provider can resume normal operations as soon as possible consistent with the health and safety of any at-risk individuals.</p>		COMPLIANT	NON-COMPLIANT
74.	<p>OAC 5123:2-17-02 (D)(10) The county board shall have a system that is available twenty-four hours a day, seven days a week, to receive and respond to all reports required by this rule. The county board shall communicate this system in writing to all providers in the county and to the department.</p>		COMPLIANT	NON-COMPLIANT

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75.	Policy and Procedure	<p>OAC 5123:2-17-02 (G)(5) In any case where law enforcement has been notified of an alleged crime, the department may provide notification of the incident to any other provider, developmental center, or county board for whom the PPI works, for the purpose of ensuring the health and safety of any at-risk individual. The notified provider or county board shall take such steps necessary to address the health and safety needs of any at-risk individual and may consult the department in this regard. The department shall inform any notified entity as to whether the incident is substantiated. Providers, developmental centers, or county boards employing a PPI shall notify the department when they are aware that the PPI works for another provider.</p>	The county board must contact the department when an alleged PPI works for another provider entity.	<p>COMPLIANT</p> <p>NON-COMPLIANT</p>
76.	Policy and Procedure	<p>OAC 5123:2-17-02 (H)(4) County board staff may assist the investigative agent by gathering documents or entering information into the ITS or other administrative or clerical duties that are not specific to the investigative agent role.</p>		<p>COMPLIANT</p> <p>NON-COMPLIANT</p>

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77.	<p>OAC 5123:2-17-02 (H)(9) If the MUI involves an individual who resides in an ICF/MR, including a developmental center, and the incident occurs at a program operated by a county board, it is the responsibility of the ICF/MR to complete an investigation and assure that the investigation complies with federal guidelines. The investigative agent may utilize information from the ICF/MR investigation to meet the requirements of this rule or conduct a separate investigation. Copies of the full investigation shall be provided to the ICF/MR and the county board.</p>		<p>COMPLIANT</p> <p>NON-COMPLIANT</p>	
78.	<p>OAC 5123:2-17-02 (H)(11) All MR/DD employees shall cooperate with administrative investigations conducted by entities authorized to conduct investigations. Providers and county boards shall respond to requests for information within the timeframe requested. The timeframes identified shall be reasonable.</p>		<p>COMPLIANT</p> <p>NON-COMPLIANT</p>	
79.	<p>OAC 5123:2-17-02 (H)(14) The county board may request extensions of the time period for submission of the report. The department shall grant such extensions for good cause. If an extension is granted, the department may require submission of interim reports and may identify alternative actions to assist with the timely conclusion of the report.</p>		<p>COMPLIANT</p> <p>NON-COMPLIANT</p>	

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80.	Policy and Procedure	<p>OAC 5123:2-17-02 (I)(1)(a-i) The department shall conduct the administrative investigation when the MUI includes an allegation against:</p> <ul style="list-style-type: none"> (a) The superintendent of a county board or developmental center. (b) The executive director or equivalent of a regional council of governments. (c) A management employee who reports directly to the superintendent of the county board, the superintendent of a developmental center, or executive director or equivalent of a regional council of governments. (d) An investigative agent. (e) A service and support administrator. (f) An MUI contact employed by a county board. (g) A current member of a county board. (h) A person having any known relationship with any of the persons specified in paragraphs (I)(1)(a) to (I)(1)(g) of this rule when such relationship may present a conflict of interest or the appearance of a conflict of interest. (i) An employee of a county board when it is alleged that the employee is responsible for an individual's death, has committed sexual abuse, engaged in prohibited sexual activity, or committed physical abuse or neglect resulting in emergency room treatment or hospitalization. 		<p>COMPLIANT</p> <p>NON-COMPLIANT</p>

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81.	<p>OAC 5123:2-17-02 (I)(2), (I)(3) A department-directed investigation or investigation review may be conducted following the receipt of a request from a county board, developmental center, provider, individual, or guardian if the department determines that there is a reasonable basis for the request.</p> <p>The department may conduct a review or investigation of any MUI or may request that a review or investigation be conducted by another county board, a regional council of governments, or any other governmental entity authorized to conduct an investigation.</p>		<p>COMPLIANT</p> <p>NON-COMPLIANT</p>	
82.	<p>OAC 5123:2-17-02 (J)(2) In the case of an individual's death, the written summary shall be provided to the individual's family, only upon request by the individual's family.</p>		<p>COMPLIANT</p> <p>NON-COMPLIANT</p>	
83.	<p>OAC 5123:2-17-02 (J)(3) The written summary shall not be provided to the PPI, the PPI's spouse, or the PPI's significant other. No later than five working days following the closure of a case, the county board shall make a reasonable attempt to notify the PPI as to whether the MUI has been substantiated, unsubstantiated/insufficient evidence, or unsubstantiated/unfounded.</p>		<p>COMPLIANT</p> <p>NON-COMPLIANT</p>	

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84.	Policy and Procedure	OAC 5123:2-17-02 (J)(4) Except for an ICF/MR, if a service and support administrator is not assigned, a county board designee shall be responsible for ensuring the preventive measures are implemented based upon the written summary.		COMPLIANT NON-COMPLIANT
85.	Policy and Procedure	OAC 5123:2-17-02 (J)(5) An individual, individual's guardian, individual's advocate, or provider may dispute the findings by submitting a letter of dispute and supporting documentation to the county board superintendent, or to the director of the department if the department has conducted the investigation, within fifteen calendar days following receipt of the summary. An individual may receive assistance from any person selected by the individual to prepare a letter and provide supporting documentation.		COMPLIANT NON-COMPLIANT
86.	Policy and Procedure	OAC 5123:2-17-02 (J)(6) The superintendent or designee or the director or designee, as applicable, shall consider the letter of dispute, the supporting documentation, and any other relevant information and issue a determination within thirty calendar days of such submission and take action consistent with such determination, including confirming or modifying the findings or directing that more information be gathered and the findings be reconsidered.		COMPLIANT NON-COMPLIANT

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87.	OAC 5123:2-17-02 (J)(7) In cases where the letter of dispute has been filed with the county board, the disputant may dispute the final findings made by the county board by filing those findings and any documentation contesting such findings as are disputed with the director of the department within fifteen calendar days of the county board determination. The director will issue a decision within thirty calendar days.		COMPLIANT NON-COMPLIANT	
88.	OAC 5123:2-17-02 (K)(1) County boards and agency providers shall implement a written procedure for the internal review of all MUIs and shall be responsible for taking all reasonable steps necessary to prevent the reoccurrence of MUIs.		COMPLIANT NON-COMPLIANT	
89.	OAC 5123:2-17-02 (K)(2) The individual's team, including the county board and agency provider, shall collaborate on the development of preventive measures to address the causes and contributing factors to the incident. The team members shall jointly determine what constitutes reasonable steps necessary to prevent the reoccurrence of MUIs. If there is no service and support administrator, individual team, or agency provider involved with the individual, a county board designee shall ensure that preventive measures as are reasonably possible are fully implemented.		COMPLIANT NON-COMPLIANT	

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90.	OAC 5123:2-17-02 (K)(3) The department shall review reports submitted by a county board or developmental center for incidents listed in paragraph (K)(4) of this rule. The department may review any other report and may obtain additional information necessary to consider the report, including copies of all investigation reports that have been prepared. Such additional information shall be provided within the time period specified by the department.		COMPLIANT NON-COMPLIANT	
91.	OAC 5123:2-17-02 (K)(5)(a-e) The county board shall review and close reports regarding all incidents listed below: (a) Attempted suicide. (b) Known injury. (c) Law enforcement. (d) Medical emergency. (e) Unscheduled hospitalization.		COMPLIANT NON-COMPLIANT	
92.	OAC 5123:2-17-02 (L)(1) County boards and agency providers shall send the county board a quarterly report regarding MUI trends and patterns. The county board shall review all individual providers quarterly for MUI trends and patterns. The semi-annual review shall be cumulative for the first two quarters and include an in-depth analysis. The annual review shall be cumulative for all four quarters and include an in-depth analysis. Each review period shall include the preventive measures taken to address the trends and patterns.		COMPLIANT NON-COMPLIANT	

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93.	Policy and Procedure	OAC 5123:2-17-02 (L)(3) County boards shall conduct the analysis and follow-up for all entities operated by county boards such as workshops, schools, transportation, and for all individual providers. The county board shall send its analysis and follow-up actions to the department by August thirty-first for the semi-annual review and by February twenty-eighth for the annual review.		COMPLIANT NON-COMPLIANT
94.	Policy and Procedure	OAC 5123:2-17-02 (L)(4) Each agency provider shall send its analysis and follow-up actions to the county board for all programs operated in the county by August thirty-first for the semi-annual review and by February twenty-eighth for the annual review. The county board shall keep the analysis and follow-up actions on file and make them available to the department upon request.		COMPLIANT NON-COMPLIANT
95.	Policy and Procedure	OAC 5123:2-17-02 (L)(5) The county board and department shall review the analysis to ensure that all issues have been reasonably addressed to prevent reoccurrence.		COMPLIANT NON-COMPLIANT
96.	Policy and Procedure	OAC 5123:2-17-02 (L)(6) The county board shall ensure that trends and patterns of MUIs are included and addressed in the affected individual's service plan.		COMPLIANT NON-COMPLIANT

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97.	OAC 5123:2-17-02 (L)(7) Each county board or as applicable, each council of governments to which the county board belongs, shall have a committee that reviews trends and patterns of MUIs. The committee shall be made up of a reasonable representation of the county board(s), provider agencies, families, and other stakeholders deemed appropriate by the committee.		COMPLIANT NON-COMPLIANT	
98.	OAC 5123:2-17-02 (L)(9) The committee shall meet each September to review and analyze data for the first six months of the calendar year and each March to review and analyze data for the preceding calendar year. The county board or council of governments shall send the aggregate data prepared for the meeting to all participants ten calendar days in advance of the meeting. The county board or council of governments shall hold the first meeting no later than September 30, 2007.		COMPLIANT NON-COMPLIANT	
99.	OAC 5123:2-17-02 (L)(10) The county board or council of governments shall record and maintain minutes of each meeting, distribute the minutes to members of the committee, and make the minutes available to any person upon request.		COMPLIANT NON-COMPLIANT	

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100.	OAC 5123:2-17-02 (M)(1)(a-d) Each agency provider and county board as a provider shall develop and implement a policy and procedure that: (a) Identifies what is to be reported as a UI which shall include UIs as defined by this rule; (b) Requires anyone who becomes aware of a UI to report it to the person designated by the provider who can initiate proper action; (c) Requires the report to be made no later than twenty-four hours after the occurrence of the incident; (d) Requires appropriate actions be taken to protect the health and safety of any at-risk individuals.		COMPLIANT	NON-COMPLIANT
101.	OAC 5123:2-17-02 (M)(2) The agency provider and county board as a provider shall ensure that all staff are trained and knowledgeable regarding the policy and procedure.		COMPLIANT	NON-COMPLIANT
102.	OAC 5123:2-17-02 (M)(3) If the UI occurs at a site operated by the county board or at a site operated by an entity with which the county board contracts, the county board or contract entity shall notify the licensed provider or staff or family, as applicable, at the individual's home. The notification shall be made the same day that the incident is discovered.		COMPLIANT	NON-COMPLIANT

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103.	OAC 5123:2-17-02 (M)(4) Individual providers shall make reports to the person designated by the county board on the day the UI is discovered. The county board shall designate a person responsible for logging these incidents.		COMPLIANT NON-COMPLIANT	
104.	OAC 5123:2-17-02 (M)(5) Each agency provider and county board as a provider shall review all UIs as necessary, but no less than monthly, to ensure appropriate preventive measures have been implemented and trends and patterns identified and addressed as appropriate.		COMPLIANT NON-COMPLIANT	
105.	OAC 5123:2-17-02 (M)(6) The UI reports, documentation of identified trends and patterns, and corrective action shall be made available to the county board and department upon request.		COMPLIANT NON-COMPLIANT	
106.	OAC 5123:2-17-02 (M)(7) Each agency provider and county board as a provider shall maintain a log of all UIs. The log shall include, but not be limited to, the name of the individual, a brief description of the incident, any injuries, time, date, location, and preventive measures.		COMPLIANT NON-COMPLIANT	

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107.	OAC 5123:2-17-02 (M)(8) The county board shall review, on a monthly basis, a representative sampling of provider logs, individual provider log(s), and logs where the county board is a provider for the purpose of ensuring that all MUIs required to be reported have been reported and that trends and patterns have been identified and addressed. The sampling shall be made available to the department for review upon request.		COMPLIANT NON-COMPLIANT	
108.	OAC 5123:2-17-02 (M)(9) When the county board is a provider of relevant services, the department shall review, on a monthly basis, a representative sampling of county board logs. The county board shall submit the specified logs to the department upon request. The department shall review the logs to ensure all MUIs have been reported and trends and patterns have been identified and addressed.		COMPLIANT NON-COMPLIANT	
109.	OAC 5123:2-17-02 (M)(10) The agency provider and the county board as a provider shall ensure that trends and patterns of UIs are included and addressed in each individual's service plan.		COMPLIANT NON-COMPLIANT	

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110.	Policy and Procedure OAC 5123:2-17-02 (O)(1) Reports made under section 5123.61 of the Revised Code and this rule are not public records as defined in section 149.43 of the Revised Code. Records may be provided to parties authorized to receive them in accordance with sections 5123.613 and 5126.044 of the Revised Code, to any governmental entity authorized to investigate the circumstances of the alleged abuse or neglect, misappropriation, or exploitation and to any party to the extent that release of a record is necessary for the health or safety of an individual.		COMPLIANT NON-COMPLIANT	
111.	Policy and Procedure OAC 5123:2-17-02 (O)(2) A county board shall not review, copy, or include in any report required by this rule personnel records of an employee that are confidential under state or federal statutes or rules, including medical and insurance records, workers' compensation records, employment eligibility verification (I-9) forms, and social security numbers.		COMPLIANT NON-COMPLIANT	
112.	Policy and Procedure OAC 5123:2-17-02 (O)(3) A county board may review, but not copy, personnel records that include confidential information about an employee which may include, but is not limited to, payroll records, performance evaluations, disciplinary records, correspondence to employees regarding status of employment, and criminal records checks. The county board may include in reports required by this rule information about the results of the review of personnel records specified in this paragraph.		COMPLIANT NON-COMPLIANT	

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Item #		Requirement	Reviewer Guidelines	Result
113.	Policy and Procedure	OAC 5123:2-17-02 (O)(4) A county board may review and copy personnel records prepared in connection with the provider's daily operations, such as training records, timesheets, and work schedules.		COMPLIANT NON-COMPLIANT
114.	Policy and Procedure	OAC 5123:2-17-02 (O)(5) Upon the department's request, the provider shall provide to the department copies of personnel records that are not confidential.		COMPLIANT NON-COMPLIANT
115.	Policy and Procedure	OAC 5123:2-17-02 (O)(6) The provider may redact any confidential information contained in a record as identified in paragraph (O)(2) of this rule before the copies are provided to the county board or the department.		COMPLIANT NON-COMPLIANT
116.	Policy and Procedure	OAC 5123:2-17-02 (O)(7) Any party entitled to receive a report required by this rule may waive receipt of the report. Any waiver of receipt of a report shall be made in writing.		COMPLIANT NON-COMPLIANT

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Policy and Procedures			Section E	
Item #	Requirement	Reviewer Guidelines	Result	
117.	OAC 5123:2-17-02 (P)(1) All agency providers and county boards shall ensure their staff are trained on the requirements of this rule regarding the identification and reporting of MUIs and UIs prior to unsupervised contact with any individual and in all cases, no later than thirty calendar days after employment. Thereafter, all employees shall receive training during each calendar year which shall include a review of health and safety alerts released since the previous calendar year's training.		COMPLIANT NON-COMPLIANT	
118.	OAC 5123:2-17-02 (P)(2) All individual providers shall follow the requirements for initial training on the provisions of this rule according to their certification requirements and shall receive annual training from the date of certification on identification and reporting of MUIs and UIs and health and safety alerts released since the previous calendar year's training.		COMPLIANT NON-COMPLIANT	
119.	OAC 5123:2-17-02 (P)(3) All agency providers and county boards shall ensure that all staff responsible for administrative compliance with this rule receive training on all applicable requirements of this rule at the time of employment or no later than ninety calendar days from the time of employment and each calendar year thereafter. The training shall include the review of health and safety alerts released since the previous calendar year's training.		COMPLIANT NON-COMPLIANT	

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Interview Questions – Notification of MUI/Written Summary/Case Closure				Section G
Prompt	Interview Questions	ID #	ID #	ID #
<p>The provider, including a county board as a provider, shall make the following notifications, as applicable, when the incident or discovery of the incident occurs when such provider has responsibility for the individual. The notification shall be made on the same day the incident or discovery of the incident occurs and include immediate actions taken to the Guardian or advocate selected by the individual or other person whom the individual has identified. [5123:2-17-02 (G)(1)(a)]</p>	<p>Regional Manager contacted the person listed above in order to verify that they were notified that an MUI would be filed regarding the incident. The person contacted indicated that they received notification from:</p>	<input type="checkbox"/> COUNTY BOARD <input type="checkbox"/> PROVIDER AGENCY <input type="checkbox"/> NEITHER (Guardian/Advocate/Individual not made aware of MUI being filed). <input type="checkbox"/> N/A (Guardian/Advocate were the alleged PPI and Individual lives at their residence.)	<input type="checkbox"/> COUNTY BOARD <input type="checkbox"/> PROVIDER AGENCY <input type="checkbox"/> NEITHER (Guardian/Advocate/Individual not made aware of MUI being filed). <input type="checkbox"/> N/A (Guardian/Advocate were the alleged PPI and Individual lives at their residence.)	<input type="checkbox"/> COUNTY BOARD <input type="checkbox"/> PROVIDER AGENCY <input type="checkbox"/> NEITHER (Guardian/Advocate/Individual not made aware of MUI being filed). <input type="checkbox"/> N/A (Guardian/Advocate were the alleged PPI and Individual lives at their residence.)

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Interview Questions – Notification of MUI/Written Summary/Case Closure				Section G
Prompt	Interview Questions	ID #	ID #	ID #
The provider, including a county board as a provider, shall make the following notifications, as applicable, when the incident or discovery of the incident occurs when such provider has responsibility for the individual. The notification shall be made on the same day the incident or discovery of the incident occurs and include immediate actions taken to the Licensed or certified residential provider. [5123:2-17-02 (G)(1)(c)]	Regional Manager contacted the Provider Agency regarding notification that an MUI would be filed for an incident that occurred at the County Board Program.	<input type="checkbox"/> YES (Agency was notified by the County Board) <input type="checkbox"/> NO (Agency was not notified) <input type="checkbox"/> NA (Incident shall take place at a County Board Program)	<input type="checkbox"/> YES (Agency was notified by the County Board) <input type="checkbox"/> NO (Agency was not notified) <input type="checkbox"/> NA (Incident shall take place at a County Board Program)	<input type="checkbox"/> YES (Agency was notified by the County Board) <input type="checkbox"/> NO (Agency was not notified) <input type="checkbox"/> NA (Incident shall take place at a County Board Program)

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Interview Questions – Notification of MUI/Written Summary/Case Closure				Section G
Prompt	Interview Questions	ID #	ID #	ID #
No later than five calendar days following the county board's, developmental center's, or department's recommendation via the ITS that the report be closed, the county board or developmental center shall provide a written summary of the investigation including the allegations, the facts and findings, including as applicable, whether the case was substantiated or unsubstantiated, and preventive measures implemented in response to the incident to The individual or individual's legal guardian or an advocate selected by the individual, as applicable [5123:2-17-02 (J)(1)(a)]	Regional Manager verified that the Individual, guardian or advocate selected received the written summary from the county board.	<input type="checkbox"/> YES (received summary and submitted comments regarding the findings to the county board) <input type="checkbox"/> YES (received a copy, but shall submit comments regarding the findings to the county board) <input type="checkbox"/> NO (shall receive copy of the written summary) <input type="checkbox"/> NA (person mentioned was alleged PPI)	<input type="checkbox"/> YES (received summary and submitted comments regarding the findings to the county board) <input type="checkbox"/> YES (received a copy, but shall submit comments regarding the findings to the county board) <input type="checkbox"/> NO (shall receive copy of the written summary) <input type="checkbox"/> NA (person mentioned was alleged PPI)	<input type="checkbox"/> YES (received summary and submitted comments regarding the findings to the county board) <input type="checkbox"/> YES (received a copy, but shall submit comments regarding the findings to the county board) <input type="checkbox"/> NO (shall receive copy of the written summary) <input type="checkbox"/> NA (person mentioned was alleged PPI)

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Interview Questions – Notification of MUI/Written Summary/Case Closure				Section G
Prompt	Interview Questions	ID #	ID #	ID #
No later than five calendar days following the county board's, developmental center's, or department's recommendation via the ITS that the report be closed, the county board or developmental center shall provide a written summary of the investigation including the allegations, the facts and findings, including as applicable, whether the case was substantiated or unsubstantiated, and preventive measures implemented in response to the incident to The licensed or certified provider and provider at the time of the incident [5123:2-17-02 (J)(1)(b)]	Regional Manager verified that the Provider received the written summary from the county board.	<input type="checkbox"/> YES (received summary and submitted comments regarding the findings to the county board) <input type="checkbox"/> YES (received a copy, but shall submit comments regarding the findings to the county board) <input type="checkbox"/> NO (shall receive copy of the written summary) <input type="checkbox"/> NA (person mentioned was alleged PPI)	<input type="checkbox"/> YES (received summary and submitted comments regarding the findings to the county board) <input type="checkbox"/> YES (received a copy, but shall submit comments regarding the findings to the county board) <input type="checkbox"/> NO (shall receive copy of the written summary) <input type="checkbox"/> NA (person mentioned was alleged PPI)	<input type="checkbox"/> YES (received summary and submitted comments regarding the findings to the county board) <input type="checkbox"/> YES (received a copy, but shall submit comments regarding the findings to the county board) <input type="checkbox"/> NO (shall receive copy of the written summary) <input type="checkbox"/> NA (person mentioned was alleged PPI)
As soon as possible, but no later than five working days after a case is closed, the county board shall provide notification to the provider that the case was closed [5123:2-17-02 (K)(8)]	Regional Manager verifies with the Provider.	<input type="checkbox"/> YES (provider indicates that they were notified) <input type="checkbox"/> NO (provider indicates they were never notified)	<input type="checkbox"/> YES (provider indicates that they were notified) <input type="checkbox"/> NO (provider indicates they were never notified)	<input type="checkbox"/> YES (provider indicates that they were notified) <input type="checkbox"/> NO (provider indicates they were never notified)

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