POLICY: Incident Management

PURPOSE: The purpose of this policy is to establish procedures for the identification, reporting, analysis, and prevention of unusual incidents, including abuse, neglect, and exploitation (ANE) and to prescribe procedures for:

- ensuring the health and safety of residents;
- the identification, reporting, trending, analysis, and prevention of unusual incidents; and
- ensuring appropriate communication of the event, its causes, and corrective actions for the prevention of future incidents.

APPROVED BY: Chris Adams  
Assistant Commissioner  
State Supported Living Centers

APPLIES TO: All employees, agents, and contractors of State Centers

DISTRIBUTION: The State Center must ensure the policy, all exhibits, and forms are distributed to applicable staff, contractors, agents, and to any resident or LAR requesting a copy.

CONTACT: Policy/Rules Coordinator  
(512) 438-3169

FORMS AND EXHIBITS:

- Forms:
  - SSLC 001F Emergency Restrictive Practice
  - SSLC 002B High Profile Incident Report
  - SSLC 002C Root Cause Analysis Report Template
  - SSLC 002D Client Injury Report (and instructions)
  - SSLC 002E Incident Management Review Team Meeting Template

- Exhibits:
  - Exhibit A: Guidelines for Securing Evidence
  - Exhibit B: Unusual Incident Codes and Reporting Matrix
  - Exhibit C: Client Injury Reporting Procedure
  - Exhibit D: Reasonable Suspicion of Crime

REFERENCES:

- 40 Texas Administrative Code (TAC), Chapter 3, Subchapters A and C
- Memorandum of Understanding Between DADS, DHS, and DFPS concerning Reportable Incidents in State Centers, State Operated Community Based MHMR Services, and Community MHMR Centers with ICF/MR
- Settlement Agreement, Section D
- Federal Survey & Certification Letter (S&C) #11-15 and #11-30; Provider Letter (PL) #12-07; PL #09-02; PL #11-18
**Definitions to be added to dictionary**

**Advanced Practice Nurse (APN):** A registered nurse approved by the Texas Board of Nursing to practice as an advanced practice nurse on the basis of completion of an advanced educational program. The term includes a nurse practitioner, nurse midwife, nurse anesthetist, and clinical nurse specialist. The term is synonymous with advanced nurse practitioner.

**Agent:** Any person not employed by the State Center but working under the auspices of the State Center (e.g., a volunteer, a student).

**Alleged Perpetrator:** A person alleged to have committed an act of abuse, neglect, or exploitation (ANE).

**Business Hours:** The hours between 8:00 a.m. and 5:00 p.m., Monday through Friday, excluding state and federal holidays.

**Competency-based training:** The provision of knowledge and skills sufficient to enable the trained person to meet specified standards of performance as validated through that person’s demonstration that he or she can use such knowledge or skills effectively in the circumstances for which they are required. (SA, p. 5)

**Critical Incident Team (CIT):** Employees who report to campus to conduct and complete a written in-depth investigation into significant incidents and ensure protective measures are taken as directed by the Director or designee. Team members may include: Director or Designee, Administrator on Duty (AOD), Campus Coordinator (CC), Unit Director (UD), Incident Management Coordinator (IMC), QDDP, Psychologist, Registered Nurse (RN), Primary Investigator (PI), Campus Administrator (CA), and/or other personnel as appropriate.

**Department of Family and Protective Services (DFPS) Investigator:** An employee of DFPS with expertise and demonstrated competence in conducting investigations who has received training on techniques for communicating effectively with individuals with a disability.

**Designee:** A staff member who is immediately available and who is temporarily or permanently appointed to assume designated responsibilities.

**Immediately:** As soon as possible but no later than one hour of discovery, witness, or learning of an incident.

**Incident Management:** A process used to identify and correct systemic issues and problems that contribute directly or indirectly to an unusual incident.

**Incite:** To spur to action or instigate into activity; implies responsibility for initiating another's actions.

**Injury of unknown source:** An injury that was not witnessed by any person, that could not be explained by the resident, and that raises suspicions of possible abuse or neglect because of the
extent of the injury, the location of the injury, the number of injuries observed at one particular point in time, or the incidence of injuries over time.

**Medical Intervention:** Treatment by a licensed medical doctor, osteopath, podiatrist, dentist, physician assistant, or advanced practice nurse in accordance with generally accepted clinical practice.

**Non-Serious Physical Injury:** Any injury requiring minor first aid and determined not to be serious by a registered nurse, advanced practice nurse, physician assistant, or physician.

**Notification:** Formal announcement to a designated third party.

**Primary Care Provider (PCP):** A physician, advanced practice nurse, or physician assistant who provides primary care to a defined population of patients. The PCP is involved in health promotion, disease prevention, health maintenance, and diagnosis and treatment of acute and chronic illnesses.

**Root Cause Analysis:** A process of identifying the basic or causal factors of how an incident occurred through analysis and asking questions such as “why” or “what contributed to this event.” The intended outcome of this process is to identify variations in performance or precipitating variables that could be eliminated and thereby prevent future occurrences.

**Serious Events:** Events that affect two or more residents receiving services from a State Center and that indicate problems in the care or treatment of residents.

**Serious Physical Injury:** Any injury requiring medical intervention or hospitalization or any injury determined to be serious by a physician or advanced practice nurse (APN). Medical intervention is treatment by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or APN. Medical intervention does not include first aid, an examination, diagnostics (e.g., x-ray, blood test), or the prescribing of oral or topical medication. (40 TAC, Part 19, §711.3(39))

**Unauthorized departure on/off campus:** Departure from the State Center grounds or program/living area placing the resident or others at risk of harm.
I. State Center Expectations

State Centers must ensure consistent and effective implementation of this policy by:

1. Demonstrating a commitment of zero tolerance for harm or threat of harm to residents;
2. Ensuring the safety and protection of residents;
3. Notifying appropriate authorities and other persons regarding an unusual incident, including those that may have involved abuse, neglect, or exploitation (ANE) or a reasonable suspicion of crime committed against a resident;
4. Training staff in identifying, reporting, and preventing unusual incidents, including ANE;
5. Maintaining an incident management system designed to classify and use incident data in a timely manner and employ preventive and corrective measures to protect people from harm;
6. Ensuring State Center staff trained in conducting investigations are available 24 hours a day, seven days a week;
7. Ensuring designated investigators are trained in working with people who have intellectual disabilities;
8. Ensuring that an assigned investigator is not in the direct line of supervision of the alleged perpetrator;
9. Ensuring that any employee or agent of the State Center, resident, family member, LAR, or visitor who reports an unusual incident, including ANE or reasonable suspicion of crime, is not subject to retaliation;
10. Ensuring that appropriate disciplinary action is taken against any employee or agent found to have engaged in retaliation, up to and including termination, and
11. Establishing an Incident Management Review Team (IMRT) to review all unusual incidents the next working day following a reported incident. The following staff members, at minimum, compose the IMRT and review all preliminary and final investigation reports in the daily review meeting:
   a. Director
   b. Assistant Director for Programs
   c. Incident Management Coordinator
   d. Quality Assurance Director
   e. Unit directors
   f. Director of Habilitation Therapies
   g. Chief Nurse Executive
   h. Director of Psychology/Behavioral Services
   i. Medical Director
II. Staff Training

A. All Staff:
At pre-service and every 12 months thereafter, all staff must complete competency-based training on incident reporting procedures (UNU0100). All supervisors must ensure that required training is appropriately documented by certification and date of completion. Supervisors will periodically assess employee knowledge and provide additional training as needed.

B. Facility Investigators:
Within one month of employment or assignment as an investigator, and before completing an Unusual Incident Report (UIR), all investigators responsible for completing any part of the UIR must complete the courses, “Comprehensive Investigator Training (CIT0100)” and “People with MR (MEN0300).”

C. Incident Management Coordinators (IMC), Campus Administrators (CA), and Facility Investigators:
Within six months of employment as the IMC, CA, or Facility Investigator, staff must complete “Conducting Serious Incident Investigations or Fundamentals of Investigation” training (INV0100) and a class in root cause analysis.

III. Serious Events and Unusual Incidents

A. Serious Events
Serious events affect two or more residents receiving services from a State Center and indicate problems in the care or treatment of residents. Examples of serious events include, but are not limited to, the following:
1. Environmental disasters (e.g., flood, tornado, fire, hurricane)
2. Evacuation (or securing of homes that affects the entire campus)
3. Negative publicity by the media (e.g., newspaper, radio, Internet or television reports alleging criminal activity)
4. Incident(s) with evidence of sexual assault of a resident by another resident or unknown person (notify family members/LARs of homes where victims live only)
5. Widespread confirmed diagnosis of any condition (communicable disease) reportable to DSHS under 25 TAC, Chapter 97, Subchapter A

B. Unusual Incidents
Unusual incidents seriously threaten the health, safety, or life of residents, and include, but are not limited to, the following:
1. Allegation of abuse, neglect, or exploitation: A report by a person suspecting or having knowledge that a resident has been or is in a state of ANE, including sexual abuse
2. Choking incident: An incident that requires the use of the Heimlich maneuver or immediate transfer to an acute care hospital emergency room
3. Death not under unusual circumstances: An expected or unexpected death which occurs from natural causes
4. **Death under unusual circumstances:** A death which occurs under circumstances including, but not limited to, unnatural death, death by unlawful means or suspicion of death by unlawful means, absence of witness, suicide or suspicion of suicide, or death within 24 hours of admission to the State Center

5. **Encounter with law enforcement:** An incident when a resident is arrested or detained by law enforcement

6. **Life-threatening medication variance:** A medication variance (Category F-I) that requires transfer to the facility infirmary or the hospital and that may have contributed to temporary or permanent harm up to and including death

7. **Reasonable suspicion of crime against a resident:** An incident that may constitute a crime against a resident according to the laws of the local law enforcement jurisdiction

8. **Serious illness, injury, or death resulting from or related to use of a medical device:** These include all deaths including those related to the use of a medical device as defined by the United States Food & Drug Administration (FDA), i.e., an instrument, apparatus, or other article used to prevent, diagnose, mitigate, or treat a disease or to affect the structure or function of the body, with the exception of drugs. Examples of medical devices include but are not limited to x-ray machine, defibrillator, syringe, heating pad, any type of mechanical restraint device (including seatbelt, lap tray, etc.), wheelchair, infusion pump, hospital bed, etc. To be reportable, the illness or injury must be (1) life-threatening; or (2) result in permanent impairment of a body function or damage to a body structure; or (3) necessitate immediate medical or surgical intervention to preclude permanent impairment of a body function or permanent damage to a body structure. See Policy #011, Pharmacy Services, for additional information.

9. **Serious injury:** Any injury requiring medical intervention or hospitalization or any injury determined to be serious by a physician or advanced practice nurse (APN). This includes injuries with known cause.

10. **Sexual incidents:** An incident of sexual assault, sexual exploitation, or diagnosis of pregnancy or sexually transmitted disease that involves one or more residents.

11. **Staff injury due to resident aggression:** A serious injury to a DADS employee, contractor, or agent resulting from resident aggression.

12. **Suicide threat:** An act of self harm indicating suicidal intent that is determined to be credible based on the results of the suicide risk assessment

13. **Theft by staff:** Theft of a resident’s personal property or money by a staff member

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**IV. Protections for Residents**

**A. Discovery or Witness**

1. Upon discovering or witnessing an unusual incident, staff must take immediate and appropriate action to protect the rights and safety of the residents involved.

2. Staff must verbally report the incident to the director or designee immediately. The director or designee:
   a. Takes necessary actions to protect the residents(s). If the alleged perpetrator is a resident, the director places that resident on increased supervision. The director may place other residents on increased supervision as deemed appropriate; and
   b. Notifies the IMC and/or the facility investigator of the incident within one hour.
B. Injury or Possible Injury
1. Staff must initiate necessary first aid to address the injury as soon as they discover or witness an injury.
2. Staff who witnessed/discovered the injury must document its occurrence and relevant facts about it in the “Description of Incident” section of the Client Injury Report (CIR).
3. Staff must notify a licensed nurse. A licensed nurse must complete an initial examination of the resident immediately but no later than one hour. The licensed nurse documents the results of this examination in the “Description of Injury” and appropriate parts of the “Examination/Assessment/Treatment” sections of the CIR. (See Exhibit C, Client Injury Reporting Procedures.)

C. Physical Evidence
1. If physical evidence is present, the initial reporter and the facility investigator(s) must take steps to preserve and secure the physical evidence. (See Exhibit A, Guidelines for Securing Evidence.)
2. The facility investigator should prioritize the collection of evidence that is most at risk of contamination. In most cases, the highest priority will be to identify interviewees and physically separate them until they have been interviewed.

D. Environmental Hazards
1. If the incident creates a hazard to the environment or to residents, the hazard must be cleared or residents removed from the area to ensure safety.
2. The investigator should secure the evidence and take photographs before clearing the hazard.

E. Photographs
1. In cases of injury and in other cases as deemed appropriate, the investigator may take photographs within 24 hours of discovery/witness.
2. The investigator always informs the resident being photographed about the purpose of the photographs as a central element of an investigation to ensure protection of health and safety.
3. If the resident objects or shows displeasure with the request, the investigator must determine if the photographs are absolutely necessary to the investigation. If so, the investigator takes the photographs and notes in the investigation notes that they were taken without the resident’s permission.
4. Each photograph must be labeled with the following information:
   a. The date and time the photograph was taken;
   b. A brief description of the photograph and what it depicts;
   c. The name of the resident photographed; and
   d. The name of the person taking the photograph.

F. Emotional Assessment
1. If an unusual incident occurs that involves aggression or threat of security for one or more residents, including but not limited to an allegation of ANE or a serious injury resulting from aggression by a peer, the State Center must take immediate action to
ensure the safety and security of affected residents and staff by ensuring that appropriate emotional assessments of all persons involved in or related to the incident are completed and necessary interventions are immediately initiated when a person’s safety or security is identified as an issue.

a. The assessment must be completed within 24 hours by a psychologist, board certified behavior analyst (BCBA), or staff with specific training in conducting the assessment to determine appropriate follow-up action.

b. The assessment must be completed with all residents involved in or affected by the incident.

c. The assessment must also include discussion with all relevant staff involved in the incident to ascertain their perception of safety, security, and ability to address any follow-up actions necessary to ensure the continued safety and security of residents, staff, and the environment.

d. The results of the assessment and any immediate corrective actions initiated must be documented in the clinical record of each resident assessed (not just the injured party) and a summary must be documented in the Unusual Incident Report to include all immediate actions for both residents and staff.

2. If issues are identified from the emotional assessment of any resident, immediate action must be initiated to address those issues, provide necessary protection for the resident, and provide specific instructions to staff working directly with the resident to ensure consistent adherence to the immediate corrective actions.

3. Results of the assessment must be reported to the appropriate administrative duty officer as an element of the unusual incident investigation process. Documentation of this report and any additional immediate follow-up action determined necessary by the administrative duty officer must be entered on the UIR.

4. Follow-up assessment of the perceptions of safety and security of the residents and staff must be documented at least every 24 hours until the IDT has opportunity to review the incident, along with all relevant issues associated with the incident and the results of the emotional assessment. Documentation of the follow-up must also be included on the UIR.

5. If a Critical Incident Team (CIT) meeting held, all relevant information and documentation related to the emotional assessment of residents and staff should be fully reviewed by the CIT and documentation of any additional actions determined necessary by the CIT should be incorporated into the UIR.

6. The IMRT must:

a. Review the emotional assessment findings and follow-up action to determine its sufficiency and ensure that all involved residents were provided the assessment, that all immediate and subsequent actions were taken to address the issues from the emotional assessment, and that any identified follow-up actions were consistently carried out until all safety and security concerns were successfully resolved;

b. Review all actions taken with staff to ensure that staff are supported in carrying out any actions necessary to protect residents, staff working with the residents, and the environment itself and that these actions continue until the issue is successfully resolved; and

c. Document its discussion, recommended actions, and follow-up in the UIR.
G. Emotional Security and Restoration

1. General Principles.
   a. The State Center ensures that environments that promote a sense of security, safety, and emotional well-being are maintained and are responsive to residents and staff who may feel afraid or vulnerable due to abuse, neglect, aggression or other forms of trauma. Staff are trained to recognize these emotions and how to be responsive or request additional supports when emotions of fear or anger can disrupt one’s sense of security. Each resident’s psychological history and present needs are considered in developing individualized ways to help him or her feel secure.
   b. Staff are observant of verbal and non-verbal indicators that the resident may be in distress and respond to these indicators, with the intention of restoring the resident’s sense of comfort and emotional regulation and avoiding an emotional outburst that might involve peer-to-peer aggression.
   c. The State Center provide a variety of general approaches and specific interventions to residents who have had a history of trauma or have had more recent experienced trauma, such as peer-to-peer aggression or abuse, neglect, or exploitation.

2. General Approaches.
   a. The IDT discusses any history of trauma and other clinical factors to identify better ways to help the resident feel secure and for staff to avoid actions found to cause distress for him or her.
   b. Staffs are trained on how to:
      i. Recognize signs of victimization and emotional reactions to trauma and respond to help restore emotional balance;
      ii. Recognize their own emotions in non-stressful and stressful situations and manage these emotions so that they are more secure and can help the resident feel secure; and
      iii. Respond to signs of emotional distress and encourage the resident to practice effective coping skills and restoration of emotional balance.
   c. If the resident wants to learn about ways to communicate his/her feelings, how to recognize and prevent victimization, or adaptive behavior that could replace aggression or loss of temper, one or more clinical or skill acquisition plans may be developed.
   d. If the resident wants to participate in individual or group psychotherapy to discuss feelings or present or past trauma, the IDT arranges counseling service.

3. Specific Interventions. In response to an immediate situation in which a resident is a victim of aggression, one or more of the following specific interventions may be implemented to help the resident restore emotional balance and a sense of security:
   a. The resident is encouraged to discuss the incident, including his or her feelings and how staff can provide comfort.
   b. If the resident prefers, a favorite staff person is allowed time to talk to the resident about the event in a setting that private and comfortable for the resident.
   c. If the resident has favorite activities that help him or her relax in stressful situations, those activities are provided.
   d. The resident’s level of supervision may be adjusted for a time, if he or she expresses concerns about safety. Additional staff (e.g., the unit manager or residential coordinator) may also be asked to visit to ensure that the environment is safe.
e. The resident’s psychologist/BCBA or the psychologist on call must talk the resident as soon possible, but no later than 24 hours after the incident, to discuss the resident’s feelings and sense of security, assess any immediate needs, and take action.
f. The Director of Psychology/Behavioral Services designates a staff member to talk with those staff present during the incident to discuss their feelings and stress levels and to take action as needed.
g. The IDT meets within one working day of the incident to review the incident and consider additional action.

H. Emergency Restrictive Practice

1. The unit director/designee notifies the resident’s QDDP or designee of the incidents that require emergency restrictive protections, i.e., those which require an increase in level of supervision or other restrictive practice.
2. The QDDP/designee completes an Emergency Restrictive Practice (ERP) form as necessary (SSLC 001F).
3. The IDT of each resident involved in the alleged incident meets within one working day as needed to determine if the immediate protective restrictive actions are appropriate and whether those actions should continue.
4. The QDDP completes the Individual Support Plan Addendum (ISPA, SSLC 004D) within one working day of the IDT meeting and sends it to the IMC and investigator so recommendations can be written into the investigative report. The recommendations must minimally include a responsible person and a projected due date for completion.

V. Unusual Incident Reporting Responsibilities

A. An employee, agent, contractor, or volunteer who suspects or has knowledge that an unusual incident has occurred must immediately verbally report the incident to the facility’s director/designee.

B. Additionally, if the alleged unusual incident involves an allegation of ANE, the employee, agent, contractor, or volunteer must also immediately report the incident to DFPS by calling 1-800-647-7418. Reporting the allegation through the DFPS website is not acceptable.

C. Should evidence of ANE be identified during the conduct of the facility’s investigation of a non-ANE unusual incident, the director/designee must ensure the allegation, once identified, is immediately reported to DFPS.

D. The director/designee must ensure that the following persons are immediately notified of the unusual incident:
   1. The alleged victim(s) in the unusual incident
   2. The LAR or primary contact of each alleged victim, via telephone call. If unable to notify the LAR or primary contact within 24 hours, the director/designee provides notification by certified letter with a return receipt requested. The LAR/primary contact must also be notified of the disposition of the incident within five business days of the completion of the investigation.
E. If a serious event occurs at the facility, director/designee ensures that all residents and their families and/or LARs are notified about the event. The director/designee monitors the status of the serious event and ensures ongoing relevant information is provided to residents and their families and/or LARs regarding the event until it is resolved.

F. Reporting to DADS Regulatory Services

1. Incidents reportable within 24 hours. The following unusual incidents are reportable to DADS Regulatory Services within 24 hours of initial report of the occurrence or discovery of the incident to the director/designee:
   a. Alleged Class I abuse of a resident (defined as any act or failure to act performed knowingly, recklessly, or intentionally, including incitement to act, which caused or may have caused serious physical injury or death and/or any alleged sexual abuse of a resident by a staff member)
   b. Any non-consensual sexual activity in which there is evidence of coercion, physical force, or taking advantage of the disability of the resident by another resident
   c. Any alleged sexual activity involving a resident under 18 years of age
   d. Any diagnosis of pregnancy or sexually transmitted disease of a resident
   e. Serious physical injury of a resident caused by an aggressive act of another resident
   f. The death of a resident regardless of its cause
   g. Any reasonable suspicion of crime against a resident that did not result in serious physical injury to a resident

2. Incidents reportable within two hours. Per S&C #11-30, the facility is responsible for ensuring that any employee, agent, or contractor who has reasonable suspicion that a crime against a resident has occurred must report it to DADS Consumer Rights and Services within two hours if the incident results in serious physical injury to a resident.

G. Reporting to Law Enforcement

The unusual incidents listed below are reportable to law enforcement. The director/designee records the date and time of the incident, name of the law enforcement employee contacted, and the case number assigned by the law enforcement agency on the UIR. The director/designee ensures that all instructions given by the law enforcement agency are followed.

1. Unauthorized departure of a resident on or off campus if the resident has been missing for more than one hour or more quickly during extreme weather conditions
2. A resident is alleged to be the victim of a crime, including but not limited to theft, vandalism, assault, etc.
3. A resident is alleged to be in possession of goods, merchandise, or items that are prohibited or illegal, including but not limited to weapons, drugs, drug paraphernalia, or child pornography
4. A resident is alleged to have been involved in a violation of the Texas Penal Code, including but not limited to criminal homicide, assault, terroristic threat, arson, robbery, theft, possession of illegal drugs, deadly conduct, or vandalism

H. Reporting to State Office

1. All unusual incidents must be reported to the SSLC State Office.
2. High Profile Incidents
a. A high profile incident includes but is not limited to the following:
   i. Death of a resident
   ii. Determination of “immediate jeopardy” by DADS Regulatory Services
   iii. An incident anticipated to result in media or legislative inquiry
   iv. An arrest or detainment of a resident by law enforcement
   v. An allegation of Class I abuse of a resident
   vi. Unauthorized departure of a resident on or off campus if the resident has been
        missing for more than one hour or more quickly during extreme weather
        conditions
   vii. Any serious physical injury resulting from resident-to-resident aggression for
        which notification to DADS Consumer Rights and Services occurred
   viii. Any incident determined significant by the director/designee

b. During business hours, the director/designee provides a verbal report of the high
   profile incident to the State Office Incident Management Coordinator by telephone as
   indicated in the Unusual Incident Code and Reporting Matrix (Exhibit B). If unable to
   reach the Incident Management Operations Coordinator, the director/designee notifies
   the administrative assistant who will ensure contact with the appropriate designee.
   Voice mail messages are not permissible to satisfy this reporting requirement.

c. Outside business hours, the director/designee verbally reports a high profile incident
   to the State Office On-Call Designee using the on-call number. If the call is not
   immediately answered, the director/designee should proceed with calling the
   following staff in this order: State Office Incident Management Coordinator, Director
   of Operations, and Assistant Commissioner.

d. After making the verbal report, the director/designee sends an e-mail describing the
   incident and providing relevant details of its occurrence to the Assistant
   Commissioner, Director of Operations, State Office Incident Management
   Coordinator, and State Office On-Call Designee within the timeframes set out for the
   specific type of incident in the Unusual Incident Report Coding and Reporting
   Matrix. The content of e-mail will follow the guidelines in the High Profile Incident
   Report template (SSLC 002B).

e. If, due to the severity, intensity, or nature of the incident or situation, it is not possible
   within the specified timeframe to provide a full, thorough, and accurate summary
   describing the incident and impact, the director/designee provides a brief description
   and indicates when additional information will follow.

3. Non-High Profile Unusual Incidents
   a. The director/designee ensures non-high profile unusual incidents are reported through
      the daily incident summary that includes both high profile and non-high profile
      unusual incidents.
   b. The daily summary of all unusual incidents is sent via e-mail to the State Office
      Incident Management Coordinator no later than 9:00 a.m. on the each working day.
   c. The State Office Incident Management Coordinator reviews the summary, revises as
      deemed appropriate, and forwards the summary via e-mail to the following persons
      by the close of business each working day:
      i. Assistant Commissioner
      ii. State Office Director of Operations
      iii. Deputy Commissioner
vi. Director of the Center for Consumer and External Affairs

v. Media Relations Coordinator

vi. Director of Government Relations

VI. State Center Investigations

A. Facility Investigator

1. Each State Center designates a staff member to serve as a primary investigator, and may appoint additional facility investigators as deemed appropriate.

2. The primary investigator is responsible for conducting and documenting an unusual incident investigation, as well as an incident analysis, using the UIR.

3. The investigator must not be in the direct line of supervision of the alleged perpetrator.

4. The investigator must be trained in working with people with intellectual disabilities.

5. Immediately upon notification of an unusual incident, the director or designee notifies the Incident Management Coordinator (IMC) and/or the facility investigator. A trained and authorized facility investigator must initiate a preliminary and limited investigation immediately upon receiving either a verbal or written report of an unusual incident.

B. Investigation

1. The facility investigator must, upon arrival:
   a. Ensure that the victim is not in imminent danger;
   b. Protect the integrity of the investigation;
   c. Secure the scene of the incident;
   d. Identify and separate witnesses;
   e. Preserve and secure all evidence;
   f. Obtain statements from persons involved, including victims, alleged perpetrators, and witnesses by face-to-face interviews, in writing, or by telephone;
   g. Obtain copies of pertinent documents relating to the investigation; and
   h. Ensure investigations are conducted in a manner that respects the dignity and human rights of all persons involved.

2. If there is any suspicion of ANE, the investigator must cease all interviews and internal investigative activities until DFPS completes its investigation.

3. If the incident is reported to DADS Regulatory and DFPS, the UIR cannot be finalized until the DFPS report is received. However, an interim report must be sent to DADS Regulatory within 5 days. This interim report is marked as “Other” with the specification of DADS Regulatory Interim.

4. The facility investigator completes the investigation, submits the final investigation report with appropriate documentation to the IMC, and makes the final presentation to the IMRT within five working days.

C. Root Cause Analysis

The IMC or facility investigator facilitates a comprehensive root cause analysis (RCA) for adverse events or a series of incidents. (See SSLC 002C, Root Cause Analysis Report Template.) Staff most familiar with the resident or incident should be included in the RCA process to insure the thoroughness and credibility of the analysis. The recommendations
D. Documentation of Investigations
The State Center must maintain records of every investigation (including DFPS investigations) in a manner that allows investigators and other appropriate personnel easy access to every investigation involving a particular staff member or resident.

E. Critical Incident Team (CIT)
1. The CIT reports to campus to conduct and complete an in-depth investigation into high profile incidents to ensure protective measures and implement corrective actions as directed by the director/designee. The CIT may also:
   a. Interview residents involved, staff, and other witnesses;
   b. Identify data/information collection responsibilities, reporting requirements, and deadlines;
   c. Provide coordination and oversight of the State Center’s response in accordance with federal, state, and department standards;
   d. Provide clear, factual, and timely information and updates to the State Office Incident Management Coordinator or designee via telephone and e-mail; and
   e. Ensure prompt communication with IDTs, family members, State Office, and other stakeholders as necessary.
2. The CIT starts the preliminary UIR and ensures prompt communication with appropriate parties within the required timeframes. All unusual incidents (including allegations of ANE) are to be documented on the UIR. The same form is used for both the preliminary and final investigation reports, but the majority of the data is gathered as part of the preliminary investigation process.
3. If ANE is suspected, the CIT reports the incident to the DFPS within required timeframes, and the State Center ceases interviews and investigative activities until the DFPS report is received.
4. The facility investigator must complete the final facility investigation report on the UIR for each incident. This report is to be reviewed and approved by the director within five working days of the date the State Center first learned of the incident (an exception is made for DFPS reports that are received within 10 calendar days from the date of initiation).

F. Deaths
1. The State Center is responsible for investigating all deaths of residents.
2. The preliminary investigation at minimum, addresses information contained in the UIR form.
3. Clinical or medical staff should participate in the investigation.
4. All deaths where ANE is suspected must be reported immediately to DFPS.
5. All deaths must be reported to DADS Regulatory within 24 hours whether ANE is suspected or not.
6. The State Center designee completes SSLC 405K, Report of the Death of a Person Served and the UIR, and e-mails both documents to the State Office Director of Operations, State Office Incident Management Coordinator, and the State Office Medical Services Coordinator within one working day of the death.
7. If the death occurs at the State Center and the attending physician is unable to certify the cause of death, the resident dies an unnatural death, or DFPS is notified of the death (suspicion of possible ANE at the time of death); the director/designee must immediately notify the appropriate Justice of the Peace or medical examiner’s office.

8. If notification of the Justice of the Peace is required, the State Center must, within 24 hours of the death, notify the Office of the Attorney General, Medicaid Fraud Control Unit regarding the death. This notification is done through on-line completion of the “Medicaid Fraud Control Unit Resident Death Reporting Form.”

VII. State Center Investigation Reports

A. Preliminary Investigation Report

1. The preliminary investigation report consists of the following documents:
   a. A UIR containing all relevant information available concerning the incident, including, at a minimum:
      i. Type of investigation;
      ii. Type of incident;
      iii. Resident demographics, medical examination, and injury information, as relevant;
      iv. Notifications regarding the incident;
      v. Staff on duty at the location or suspected location of the incident;
      vi. Documentation collected to support or contribute to the investigation;
      vii. Description and chronology of the incident/injury including topics discussed and material statements made (with date and time of statements);
      viii. Relevant history related to a resident and this incident;
      ix. Relevant behavioral and psychiatric information;
      x. Immediate corrective actions taken (including names of the alleged perpetrators and reassignment status);
      xi. Date and signatures of director/designee; and
      xii. Date of review by the IMRT.
   b. A copy of the CIR as appropriate regardless of completion level at the time.
   c. Statement of Witness Form completed by all parties available as identified by the investigator.
   d. Copies of all other related documents (such as logs, medical records, forms)
   e. Notes or any other information gathered such as by telephone or observation

2. The facility investigator must reach final conclusions and submit the completed report to the director/designee within five working days, unless there are extraordinary circumstances and the director/designee grants a written extension. The director/designee reviews and approves the report or returns it to the facility investigator for correction.

B. Final Investigation Report

1. The final investigation report must provide a clear basis for conclusions. It is completed on a separate UIR from the preliminary investigation report and must contain all relevant information in all sections. Information from the Preliminary Report must be updated as appropriate.
2. The final investigation report must explicitly include:
   a. The names of all witnesses;
   b. The names of all alleged victims and alleged perpetrators;
   c. The names, dates, and times of all persons interviewed during the investigation;
   d. For each person interviewed, an accurate summary of topics discussed;
   e. A recording of the witness interview or summary of the questions posed and a summary of material statements made;
   f. All documents reviewed during the investigation;
   g. All sources of evidence considered, including previous investigations of serious incidents involving the alleged victim(s) and alleged perpetrators(s) known to the investigating agency;
   h. The facility investigator's analysis of findings and conclusions, including:
      i. the resolution of identified discrepancies in the accounts and information obtained;
      ii. the proximate cause of the incident and the most obvious reason that the incident occurred based on the chronologies, incident history, and psychiatric/behavioral history; and
      iii. identifying contributing factors to the incident’s occurrence and any reason that increases risk or contributes to the probability of the incident’s reoccurrence; and
   i. Recommendations for each concern identified in the report that are concise and stated in objective and measurable terms, with responsibility for the stated outcome given to a specific employee and an expected completion date for achievement.

3. The State Center must submit the final investigation report to the State Office Incident Management Coordinator for all unusual incidents.

4. The IMC or designee must send a copy of the final investigation report recommendations and concerns to the resident’s unit director or designee and the appropriate discipline director to ensure implementation of any corrective action plans.

5. The supervisor of the designated department and any other staff identified as responsible in the corrective action plan sends any documentation related to completing or complying with the corrective action plan to the IMC.

6. Quality Assurance staff conduct random audits to monitor the successful completion of recommended corrective actions, ensure investigation reports are thorough and complete, and verify that investigation files are organized and easily accessed.

7. Within five working days from the date of the initial report of an incident (excluding ANE), the IMC must send the State Center’s final UIR to DADS Regulatory.

8. State Centers may not release final investigation reports to persons outside of DADS (except DFPS and OIG). The resident and the resident’s LAR may request copies of the final investigation reports of incidents regarding the resident. If someone outside of DADS (e.g., Disability Rights Texas) requests a copy of a final investigation report through an open records request, the State Center forwards the request to DADS Legal Services for review and direction.
**VIII. Incident Management Coordination**

A. The IMC must coordinate all recommendations and remedial actions identified in a final investigation report, root cause analysis report, or final DFPS report.

B. The IMC must:
   1. Oversee and ensure quality control of the investigative process along with analysis of data related to unusual incidents including ANE;
   2. Ensure the accuracy and integrity of the data;
   3. Coordinate all activities related to the daily IMRT meetings at the State Center;
   4. Conduct follow-up tracking of all recommendations made as a part of an unusual incident investigation; and
   5. Transmit information regarding incident management to relevant staff at the State Center and to peers at other State Centers.

C. The IMC reviews all investigations, including the written report and any other relevant documentation, to ensure the investigation is thorough and complete and the report is accurate, complete, and coherent. Any deficiencies or areas of further inquiry in the investigation or report must be addressed promptly.

D. The IMC monitors all unusual incident corrective action plans to ensure corrective actions are completed. The IMC maintains data on unusual incidents including ANE and conducts regular analyses (monthly and quarterly) of unusual incidents to identify both trends and patterns that may contribute to the occurrence of unusual incidents. The product of each analysis is a corrective action plan that identifies the strategies the State Center will implement to reduce the risk of similar events occurring in the future.

E. The IMC establishes an administrative review process for discovered injuries. An injury is determined suspicious in accordance with Exhibit C, Client Injury Reporting Procedure. Factors that might make an injury suspicious include the extent of an injury, its location, the number of injuries occurring at a particular time, or a pattern of injuries over time.

F. IMRT Meetings
   1. The director/designee facilitates IMRT meetings each workday. Assignments for completion of action steps are made or confirmed at the daily meeting. The IMC tracks progress and completion of corrective action plans. Each day, the IMRT reviews incidents from the prior day at both the unit and State Center level.
   2. Each unit reviews all injuries and unusual incidents in unit meetings and comes up with recommendations as appropriate. This includes injuries to staff as a result of resident aggression.
   3. As needed, IDTs meet by close of business the next working day after the incident to review the incident, address protections, and resolve issues.
   4. All Emergency Drill Checklists are reviewed at the next daily IMRT Meeting to ensure follow up on any identified issues.

G. The director/designee must be involved in regularly scheduled meetings with DFPS to discuss and resolve any concerns with timeliness of investigations and false allegations.
X. Tracking, Analysis, and Corrective Action

A. The IMC must:
   1. Have a written process to track all unusual incident investigation recommendations and corrective action plans through completion;
   2. Review and make use of semi-annual audit reports that evaluate whether significant resident injuries are reported for investigation;
   3. Ensure recommendations or corrective action plan items are completed and the incident site is re-visited as needed; and
   4. Ensure that, if an RCA is conducted, the report is completed using the RCA template and presented to the IMRT no later than 30 days after the UIR is completed.

B. When disciplinary or programmatic action is necessary to correct a situation or prevent recurrences, the IMRT implements such action promptly and thoroughly, and tracks and documents such action and the corresponding outcome.

C. The IMC maintains a monitoring and tracking system to ensure that investigations meet requirements.

D. The IMC completes monthly and quarterly analyses of unusual incidents to include: deaths of residents, allegations and confirmations of ANE, restraints, and injuries. These analyses identify both trends and patterns that may contribute to the occurrence of unusual incidents. Data reported for each area minimally includes:
   a. Resident’s name
   b. Other residents involved
   c. Staff involved
   d. Other staff members in the area at the time of the incident
   e. The resident’s unit and home
   f. Date
   g. Day of week
   h. Time of day
   i. Type of incident
   j. Location
   k. Cause
   l. Outcome

E. Data analysis is to determine whether there are relationships between contributory factors and progress toward achievement of goals (or lack thereof).

G. As appropriate, staff produce corrective action plans in response to data analysis that identify the strategies that the State Center intends to implement to reduce the risk of similar events occurring in the future. Each corrective action plan identifies:
   a. Changes to be implemented to reduce risk, or a rationale for not undertaking such changes;
   b. Where improvement actions are planned;
c. Who is responsible for implementation and when the action will be implemented, including any pilot testing;
d. How the effectiveness of the actions will be evaluated; and
e. The effectiveness of previous actions.

H. The IMRT reviews trend analysis information and ensures implementation of preventive and corrective measures to minimize the occurrence of incidents that harm or potentially may harm residents.