APPENDIX A

Sample Selection and Analyses

APPENDIX A

SAMPLE SELECTION AND ANALYSIS

Sample Selection and Size

A proportional stratified random sample was determined to represent the total population of cases within the state area offices. The sample includes a total of 218 cases. This number was determined from a population of 1240 cases asserted as the total cases received from 2/90 to 1/91. The degree of accuracy used was 0.05 and the degree of confidence was 90 percent. Using the formula for calculating the sample size and a finite correction adjustment, a sample size of 225 cases was determined as needed. A total of 218 cases were received or 97 percent of the required cases.

To select the sample cases, a stratified random selection method was used. First, the area office was determined as the variable on which to base the strata. Then, the proportional size and actual needed number of cases in each area office was determined. A table of random numbers was used to randomly select the determined number of cases per area office. After this random selection, a table of the cases' DLIs by area office was created. This random selection was checked to ensure that it included a range of DLIs in each area office.

Analysis

The data were processed using a standard statistics package (SPSSX 4.1) mainframe connection to the Virtual Machine operating system of the City University of New York Computer Center's IBM 3090 processor complex. Descriptive procedures include frequency distributions for statewide, as well as area specific variable. Mean numbers of percentages were determined for ease of interpretation of all findings. Significance testing of the variation among area offices of selected variables was determined. All questionable data were individually confirmed with copies of the individual cases sent from the state.

APPENDIX B

Sample Forms With Sample Case

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Long Term Care Services

RHCF Complaint Survey and Investigation System

Cover Page

Facility Name _____

Street _____

City _____ Zip _____

Case ID (340) PFI YR MO SEQ AO

Case ID (General) PFI YR MO SEQ AO

Method of Contact (check one)
1 ☐ Letter 2 ☐ Phone 3 ☐ In-Person 4 ☐ DLI
5 ☐ Answer service 6 ☐ OHSM 7 ☐ Other _____

Date of Initial Report m d y

Time of Initial Report hr : min am/pm

Complaint Source (check up to three)

Professional Staff
11 ☐ Administrator
12 ☐ Physician
13 ☐ RN
14 ☐ LPN
15 ☐ Phys. Therapist
16 ☐ Pharmacist
17 ☐ R. Dietician
18 ☐ DON
19 ☐ Other _____

Nonprofessional
21 ☐ Aide
22 ☐ Orderly
23 ☐ Housekeeping
29 ☐ Other _____

Other
31 ☐ Family/Friend
32 ☐ Resident (Other)
33 ☐ Anonymous
34 ☐ OHSM
35 ☐ Resident (Self)
39 ☐ Other _____

Outside Agency
41 ☐ SOFA
42 ☐ Legislature
43 ☐ Consumer Group
44 ☐ DSS
45 ☐ HCFA
49 ☐ Other _____

Complainant (print)
Name: Last, First _____
Number, Street _____
City, State, Zip _____
Phone Number Home (____) _____ Work (____) _____

Patient
Affected # N ☐ None O ☐ One S ☐ Several Room # _____ Age ___ Sex M ☐ Male F ☐ Female

Allegations (print)
_____
_____
_____
_____
_____
_____

Date of Alleged Event m d y

Time of Alleged Event hr : min am/pm

Patient at Risk? 1 ☐ Yes 2 ☐ No 3 ☐ Unknown

New Resident? 1 ☐ Yes 2 ☐ No 3 ☐ Unknown

Complaint Registered With Facility? 1 ☐ Yes 2 ☐ No 3 ☐ Unknown

Case Determination (check one or both) 1 ☐ 340 Complaint 2 ☐ General Complaint

EW YORK STATE DEPARTMENT OF HEALTH
ureau of Long Term Care Services

RHCF Complaint Survey and Investigation System

Area Office Investigation (Non-340)

Case ID [ ]-[ ]

Investigator #1 (print) Code [ ] Last First

Investigator #2 (print) Code [ ] Last First

Date of Assignment [ ][ ] m [ ][ ] d [ ][ ] y Team Leader Code [ ]

Method of Investigation (check all that apply)

Offsite
- 11 [ ] Phone
- 12 [ ] Letter

Initial Offsite Contact Date [ ][ ] m [ ][ ] d [ ][ ] y

Onsite
- 1 [ ] Cert/Recert
- 2 [ ] PCV
- 3 [ ] Complaint
- 4 [ ] Interim
- 5 [ ] Other

Initial Onsite Date [ ][ ] m [ ][ ] d [ ][ ] y

Initial Onsite Time [ ][ ] hr : [ ][ ] min [ ][ ] am/pm

Special Care Population (check all that apply)
- 1 [ ] None
- 2 [ ] AIDS
- 3 [ ] Head Trauma
- 4 [ ] Pediatrics
- 5 [ ] Ventilator Dependent
- 9 [ ] Other _____

General Complaint → 340 1 [ ] Yes 2 [ ] No

Total # of Onsite Visits [ ][ ]

Time Spent (Investigators, Team Leaders, LTCPD)

Consultation	[ ][ ].[ ]	hrs
Onsite	[ ][ ].[ ]	hrs
Telephone Interviews	[ ][ ].[ ]	hrs
Travel	[ ][ ].[ ]	hrs
Write/Review Report	[ ][ ].[ ]	hrs

Total Professional Time [ ][ ] hrs

Time Spent (Stenos, Keyboard Specialist, Clerks)

Letters	[ ][ ].[ ]	hrs
Logging	[ ][ ].[ ]	hrs
Phone Calls	[ ][ ].[ ]	hrs
Typing	[ ][ ].[ ]	hrs

Total Support Time [ ][ ] hrs

Area Office (check all that apply) Recommendation [ ][ ] m [ ][ ] d [ ][ ] y
- 1 [ ] None
- 2 [ ] SOF
- 3 [ ] SOD
- 4 [ ] Other _____
- 5 [ ] Follow-up on Survey
- 6 [ ] Conduct Focused Survey

Actions [ ][ ] m [ ][ ] d [ ][ ] y
- 1 [ ] None
- 2 [ ] SOF
- 3 [ ] SOD
- 4 [ ] Other _____
- 5 [ ] Follow-up on Survey
- 6 [ ] Conduct Focused Survey

Site Observations(s)? (Not specific to this case)
- 1 [ ] Yes Complete observation form DOH-1264 (d)
- 2 [ ] No

Investigator's Comments/Remarks (specific to this case only)

Report Completion Date [ ][ ] m [ ][ ] d [ ][ ] y

Approved by LTCPD [ ][ ] m [ ][ ] d [ ][ ] y

Respond to Complainant?
- 1 [ ] Yes
- 2 [ ] No

Response (Closure) Date [ ][ ] m [ ][ ] d [ ][ ] y

Signatures

Investigator #1 _____ Investigator #2 _____ AO Administrator (Designee) _____

R2

Area Office Investigation (Non-340)

Case ID _____ - _____

Complaint Nature - Resident Specific
(check all that apply)

RESOLUTION

			LOC	S/D	DLI	U	SN	SOF	SOD	TRI
Nursing Care	101	Elimination								
	102	Groom/Personal Care								
	103	Infect Management								
	104	Mobility								
	105	Physical Restraint								
	106	Positioning								
	107	Skin Care								
	108	Suctioning								
	109	Tracheostomy Care								
	110	Ventilator Care								
	111	Other _____								
Dietary/Nutrition	201	Adapt Feed Dev Avail								
	202	Parenteral Feed								
	203	Prep/Delivery								
	204	Proper Diet/Amount								
	205	Temperature/Taste								
	206	Tube Feed								
	207	Under/Over Weight								
	208	Other _____								
	209	Lack of Assistance								
Medications	301	Incorrect Drug/Dose								
	302	Improper Proc/Tech								
	303	IV Administration								
	304	Psychoactive Drugs								
	305	Rate of Flow								
	306	Other _____								
Consultations	401	Dental								
	402	Ophthalmology								
	403	Podiatry								
	404	Psychiatric								
	405	Speech/Hearing								
	406	Use of Private Phys								
	407	Other _____								
Resident Rights/QOL	501	Activities								
	502	Choice								
	503	Exercise Rights								
	504	Informed								
	505	Privacy/Confident								
	506	Religious Liberty								
	507	Security/Protection								
	508	Other _____								
	509	Verbal Abuse								
Miscellaneous	601	Care Plan								
	602	DNR								
	603	Failure to Treat								
	604	Psychosocial								
	605	Rehab (not mobility)								
	606	Safety								
	607	Other _____								

Location (LOC)

O - Facility/unit wide

Administrative
- A - Admin/business off
- B - Food prep/kitchen
- C - Housekeep/main off
- D - Laundry
- E - Pharmacy
- F - Other _____

Public Areas
- G - Codr/elev/stairs
- H - Lobby
- I - Off premise
- J - Parking lot
- K - Visitors/staff bathroom
- L - Other _____

Resident Care Unit/Area
- M - Nursing station/office
- N - OT, S/L, hearing
- P - Physical therapy
- Q - Resid room/bathroom
- R - Shower room
- S - Tx/exam rooms
- T - Other _____

Resident Convenience Area
- U - Activities/rec room
- V - Beauty/barber shop
- W - Day room
- X - Dining room
- Y - Screen porch/yard
- Z - Other _____

Service Department (S/D)

A - Medical; B - Nursing; C - Dietary; D - Rehab Therapy; E - Pharmacy; F - Lab/Radiology; G - Dental; H - Social Services; I - Activities; J - Housekeep/Maint; K - Administration; Z - Other _____

Resolution

U - Unsustained
SN - Sustained no SOF or SOD
TRI - Triggered survey

Area Office Investigation (Non-340)

Case ID _____ - _____

Complaint Nature - Facility Specific
(check all that apply)

			LOC	S/D	RESOLUTION U	SN	SOF	SOD	TRI
Environmental	101	Call System							
	102	Fire Safety Equip							
	103	Hazardous Waste							
	104	HVAC							
	105	Insects/Rodents							
	106	Light Low/Glare							
	107	Noise							
	108	Odors							
	109	Safety Bars/Rails							
	110	Smoking							
	111	Sanitation/Cleanliness							
	112	Waste Disposal							
	113	Water Temperature							
	114	Other _____							
Staffing	201	Competency							
	202	Qualifications							
	203	Management							
	204	Nonfacility Employee							
	205	Other _____							
Housekeeping/ Maintenance/ Laundry	301	Furniture							
	302	Linen (lack, clean, storage)							
	303	Pers Cloth (lack, clean, stor)							
	304	Resident Related Equipment							
	305	Storage Chemicals/Cleaners							
	306	Other _____							
Infection Control	401	Hand Washing Sinks							
	402	Soap & Towels							
	403	Other _____							
Pharmaceuticals	501	Emergency Kit							
	502	Outdated Drugs							
	503	Storage							
	504	Other _____							
Miscellaneous	601	Administrative							
	602	Nonfacility Complaints							
	603	Theft of Funds/Possessions							
	604	Other _____							

Location (LOC)

O - Facility/unit wide

Administrative
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- B - Food prep/kitchen
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- D - Laundry
- E - Pharmacy
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- J - Parking lot
- K - Visitors/staff bathroom
- L - Other _____

Resident Care Unit/Area
- M - Nursing station/office
- N - OT, S/L, hearing
- P - Physical therapy
- Q - Resid room/bathroom
- R - Shower room
- S - Tx/exam rooms
- T - Other _____

Resident Convenience Area
- U - Activities/rec room
- V - Beauty/barber shop
- W - Day room
- X - Dining room
- Y - Screen porch/yard
- Z - Other _____

Service Department (S/D)

A - Medical, B - Nursing, C - Dietary, D - Rehab Therapy, E - Pharmacy, F - Lab/Radiology, G - Dental, H - Social Services, I - Activities, J - Housekeep/Maint, K - Administration, Z - Other _____

Resolution

U - Unsustained
SN - Sustained no SOF or SOD
TRI - Triggered survey

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Long Term Care Services

RHCF Complaint Survey and Investigation System

Observation Form

Case ID _____-_

Investigator (print) Code _____ Last _____ First _____

Date of Site Visit _____ m _____ d _____ y Time of Observation _____ hr : _____ min _____ am/pm

Patient Specific? 1 ☐ Yes 2 ☐ No Affected #: N ☐ None O ☐ One S ☐ Several

Facility Specific? 1 ☐ Yes 2 ☐ No

Resident Specific Observation (check all that apply)

			LOC
Dietary/Nutrition	001	Adapt Feed Dev Avail	
	002	Dehydration	
	003	Parenteral Feed	
	004	Prep/Delivery	
	005	Proper Diet	
	006	Temp/Taste/Quantity	
	007	Timeliness	
	008	Tube Feed	
	009	Under/Over Weight	
	010	Other _____	
	011	Lack of Assistance	
Mobility	101	ROM	
	102	Transfer	
	103	Use of Mechanical Dev	
	104	Other _____	
Medications	201	Compromised Par Admin	
	202	Improper Proc/Tech	
	203	Rate of Flow	
	204	Other _____	
Restraints	301	Psychoactive Drugs	
	302	Not Applied	
	303	Improper Type	
	304	Improper Application	
	305	Impro Type & Application	
	306	Other _____	
	307	Not Released	
Injury Related	401	Contusion/Abrasion	
	402	Decubitus	
	403	Fracture	
	404	Hematoma	
	405	Laceration	
	406	Patient Abuse	
	407	Other	

			LOC
Elimination	501	Incontinent B/B	
	502	Indwelling Catheter	
	503	Ostomy	
	504	Other _____	
Positioning Dev. (splints, handrolls)	601	Improper Application	
	602	Not Applied	
	603	Other	
Infection Management	701	Isolation Issue	
	702	Procedures	
	703	Techniques	
	704	Other	
Respiratory	801	Compromised Suctioning	
	802	Compromised Trac Care	
	803	Compromised Vent Care	
	804	Other	
Quality of Life	901	Activities	
	902	Choice	
	903	Environment	
	904	Facility Philosophy	
	905	Grooming/Person Care	
	906	Interactions	
	907	Personal/Social/Spirit	
	908	Privacy	
	909	Security	
	910	Other	

Location (LOC)

O - Facility/unit wide

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- C - Housekeep/main off
- D - Laundry
- E - Pharmacy
- F - Other _____

Public Areas
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- H - Lobby
- I - Off premise
- J - Parking lot
- K - Visitors/staff bathroom
- L - Other _____

Resident Care Unit/Area
- M - Nursing station/office
- N - OT, S/L, hearing
- P - Physical therapy
- Q - Resid room/bathroom
- R - Shower room
- S - Tx/exam rooms
- T - Other _____

Resident Convenience Area
- U - Activities/rec room
- V - Beauty/barber shop
- W - Day room
- X - Dining room
- Y - Screen porch/yard
- Z - Other _____

Observation Form

Case ID _____ - _____

ate of Site Visit _____ (m d y) Time of Observation _____ : _____ (hr min am/pm)

acility Specific Observation (check all that apply)

			LOC
Environmental	101	Call System	
	102	Fire Safety Equip	
	103	Hazardous Waste	
	104	HVAC	
	105	Insects/Rodents	
	106	Light Low/Glare	
	107	Noise	
	108	Odors	
	109	Safety Bars/Rails	
	110	Sanitation	
	111	Smoking	
	112	Waste Disposal	
	113	Water Temperature	
	114	Other _____	
Staffing	201	Competency	
	202	Management	
	203	Nonfacility Employee	
	204	Qualifications	
	205	Other _____	
Infection Control	301	Hand Washing Sinks	
	302	Soap & Towels	
	303	Other _____	
Pharmaceuticals	401	Emergency Kit	
	402	Outdated Drugs	
	403	Storage	
	404	Other _____	
Housekeeping/ Maintenance/ Laundry	501	Furniture	
	502	Linen	
	503	Personal Clothing	
	504	Resident Related Equip	
	505	Storage Chemicals/Cleaner	
	506	Other _____	
Miscellaneous	601	Administrative	
	602	Nonfacility Complaints	
	603	Theft of Funds/Possession	
	604	Other _____	

ecommendations (check all that apply)

1 ☐ Summary of Findings
2 ☐ Statement of Deficiency
3 ☐ Follow-up on survey
4 ☐ Conduct Limited/Focused Survey
5 ☐ Initiate New 340 Complaint
6 ☐ Initiate New Non-340 Complaint

vestigator's Comments/Remarks

_____

_____

_____

_____

_____

_____

Investigator's Signature _____ Date To Team Leader _____ (m d y) Team Leader Code _____

Location (LOC)

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C - Housekeep/main off
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R - Shower room
S - Tx/exam rooms
T - Other _____

Resident Convenience Area
U - Activities/rec room
V - Beauty/barber shop
W - Day room
X - Dining room
Y - Screen porch/yard
Z - Other _____

SAMPLE CASE

NEW YORK STATE DEPARTMENT OF HEALTH - SYRACUSE OFFICE OF HEALTH SYSTEMS MANAGEMENT

HEALTH CARE FACILITY REPORT FORM

Possible 240 conversion

I.O. LOG #: _____

LOG #: _____

Person Making Report	Name and Home Address (Include Title, Position, or Relationship to Patient/Facility) [redacted]
	Telephone # Area Code Extension — Home: [redacted] Work: ( )
Facility Identifying Information	Name & Address of Facility: _____ County: _____
	INVESTIGATIVE RESPONSE: ☐ Initiate Immediately ☐ Initiate by Letter ☐ Initiate Within 2 Weeks ☒ Other: As soon as possible
Patient	Name & Current Location [redacted]
Accused	Name & Current Address: _____
Complaint	Include: Date, time and specific location of allegations; names of all persons involved and witnesses, if any; names of persons who attempted to dissuade the person making the report from doing so. Has the patient/resident been the object of these allegations on prior occasions? Any other information the person making the report deems appropriate.
Informants/Witnesses	7/14/90 – pt. found in another room, had apparently fallen out of w/c; transferred to hospital for x rays. Hospital transferred back to NH. Xrays confirmed fx hip, pt. then transferred back to hospital. Patient currently in _____ in _____ after hip surgery. Family was assured pt. would be restrained while in w/c and feels pt. was neglected; [redacted] is person who assured family

Name and Title of Person Receiving the Report: [redacted]

Investigator: _____

Date Received 7-16-90 Time Received 4:05 pm

☒ Phone Call ☐ Letter ☐ Other

☒ Weekday ☐ Weeknight ☐ Weekend ☐ Holiday

Date of Investigation: _____

OSP Contacted? ☐ Yes ☒ No D.A. Contacted? ☐ Yes ☒ No

O.P.M.C. Contacted? ☐ Yes ☒ No

Other: _____

SHA-48 (rev. 1/87)

==>

RHCFCOVF

RHCF Complaint Survey and Investigation System (Cover Sheet)

Case ID (-(340) Case ID . (-(General)
Name
Street City ZIP
Initial Report Date 07 16 90 Initial Report Time 04 05 P M
Contact Method 2 Complaint Src 1 31
Complaint Src2 __ Complaint Src 3 __
Complainant
Last _____ First _____
Street _____ City _____ State NY ZIP _____
Home Phone ( ) Work Phone (___) ___ ____
Patient
Affected # 0 Room # Age _ Sex
Allegations
PT FOUND IN ANOTHER ROOM, FALLEN OUT OF W/C SUSTAINED FX HIP___
PT NOT RESTRAINED THOUGH FAMILY ASSURED BY STAFF SHE WOULD BE._
PT TO ER AND RET BEFORE XRAYS READ. XRAYS READ, PT BACK TO ER__
NO SURG AVAIL., PT THEN TRANSFERRED TO FOR SURGERY_____
Alleged Event Date 07 16 90 Alleged Event Time __ __ _ M
Patient at Risk? 3 New Patient? 2 Complaint Registered? 3
_ 340 Complaint X General Complaint
PF1= Help PF2= Check PF3= Save PF6= Print PF12= Return
Aa B0--SESSION1 R 7 C 23 o-o80 15:44 2/10/92

RHCF Complaint Survey and Investigation System

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Long Term Care Operations

Area Office Investigation (Non-340)

Case ID 10.7.2.5.9.0.1.0.7.5.1.1-4

Investigator #1 (print) Code [redacted] Last First

Investigator #2 (print) Code Last First

Date of Assignment 07/16/90 (m d y) Team Leader Code

Method of Investigation (check all that apply)

Offsite
- 11 [ ] Phone
- 12 [ ] Letter

Initial Contact Date [ ] (m d y)

Onsite
- 1 [ ] Cert/Recert
- 2 [ ] PCV
- 3 [ ] Complaint
- 4 [ ] Interim
- 5 [ ] Other

Initial Onsite Date 07/19/90 (m d y)

Initial Onsite Time 10:00 am/pm (hr min)

Special Care Population (check all that apply)
- 1 [X] None
- 2 [ ] AIDS
- 3 [ ] Head Trauma
- 4 [ ] Pediatrics
- 5 [ ] Ventilator Dependent
- 9 [ ] Other _____

General Complaint → 340
- 1 [ ] Yes
- 2 [X] No

Total # of Onsite Visits 02

Time Spent (Investigators, Team Leaders, LTCPD)

Consultation	[ ] hrs
Onsite	6.00 hrs
Telephone Interviews	1.50 hrs
Travel	3.00 hrs
Write/Review Report	5.00 hrs
Total Professional Time	14.50 hrs

Time Spent (Stenos, Keyboard Specialist, Clerks)

Letters	.50 hrs
Logging	1.00 hrs
Phone Calls	.50 hrs
Typing	.50 hrs
Total Support Time	2.50 hrs

Area Office (check all that apply)

Recommendation
- 1 [ ] None
- 2 [ ] SOF
- 3 [X] SOD
- 4 [ ] Other _____

Actions
- 1 [ ] None
- 2 [ ] SOF
- 3 [X] SOD
- 4 [ ] Other _____

Site Observations(s)? (Not specific to this case)
- 1 [ ] Yes — Complete observation form DOH-1264 (d)
- 2 [X] No

Investigator's Comments/Remarks (specific to this case only)

Respond to Complainant?
- 1 [X] Yes
- 2 [ ] No

Response (Closure) Date 10/16/90 (m d y)

Report Completion Date 08/09/90 (m d y)

Signatures

Investigator #1 | Investigator #2 | AO Administrator (Designee)

RHCF Complaint Survey and Investigation System

Case ID: [illegible] -

Complaint Nature - Resident [illegible]
(check all that apply)

RESOLUTION

Nursing Care	101	[illegible]			
	102	[illegible] Care			
	103	[illegible] Management			
	104	[illegible]			
	105	Physical Restraint			
	106	Positioning			
	107	Skin Care			
	108	Suctioning			
	109	Tracheostomy Care			
	110	Ventilator Care			
	111	Other ________			
Dietary/Nutrition	206	Adapt Feed Dev Avail			
	202	Parenteral Feed			
	205	Prep/Delivery			
	203	Proper Diet/Amount			
	204	Temperature/Taste			
	201	Tube Feed			
	207	Under/Over Weight			
	208	Other			
Medications	301	Incorrect Drug/Dose			
	302	Improper Proc/Tech			
	303	IV Administration			
	304	Psychoactive Drugs			
	305	Rate of Flow			
	306	Other			
Consultations	401	Dental			
	402	Ophthalmology			
	403	Podiatry			
	404	Psychiatric			
	405	Speech/Hearing			
	406	Use of Private Phys			
	407	Other ________			
Resident Rights/QOL	501	Activities			
	502	Choice			
	503	Exercise Rights			
	504	Informed			
	505	Privacy/Confident			
	506	Religious Liberty			
	507	Security/Protection			
	508	Other ________			
Miscellaneous	601	Care Plan			
	602	DNR			
	603	[illegible]			
	604	[illegible]			
	605	[illegible]			
	606	[illegible]	D	S	#
	607	[illegible]			

Location (LOC)

Administrative
A - Admin/business off
B - Food prep/kitchen
C - Housekeep/main off
D - Laundry
E - Pharmacy
F - Other ________

Public Areas
G - Codr/elev/stairs
H - Lobby
I - Off premise
J - Parking lot
K - Visitors/staff bathroom
L - Other ________

Resident Care Unit/Area
M - Nursing station
N - OT, S/L, hearing
P - Physical therapy
Q - Resid room/bathroom
R - Shower room
S - Tx/exam rooms
T - Other ________

Resident Convenience Area
U - Activities/rec room
V - Beauty/barber shop
W - Day room
X - Dining room
Y - Screen porch/yard
Z - Other ________

Service Department (S/D)

A - Medical
B - Nursing
C - Dietary
D - Rehab Therapy
E - Pharmacy
F - Lab/Radiology
G - Dental
H - Social Services
I - Activities
J - Housekeep/Maint
Z - Other ________

Resolution

U - Unsustained
SN - Sustained no SOF or SOD
TRI - Triggered survey

Area Office Investigation (Non-SFQ)

Case ID ____-1

RESOLUTION

Complaint Nature – Facility Type/ITC
(check all that apply)

			LOC	S/D	SR	SCF	SOD	TRI
Environmental	101	Air System						
	102	Cafeteria/Food						
	103	Hazardous Waste						
	104	Pests						
	105	Insects/Rodents						
	106	Light/Low Glare						
	107	Noise						
	108	Odors						
	109	Safety Bars/Rails						
	110	Smoking						
	111	Sanitation/Cleanliness						
	112	Waste Disposal						
	113	Water Temperature						
	114	Other ____						
Staffing	201	Competency						
	202	Qualifications						
	203	Management						
	204	Non-facility Employee						
	205	Other ____						
Housekeeping/ Maintenance/ Laundry	301	Furniture						
	302	Linen (lack, clean, storage)						
	303	Pers Clthn (lack, clean, stor)						
	304	Resident Related Equipment						
	305	Storage Chemicals/Cleaners						
	306	Other ____						
Infection Control	401	Hand Washing Sinks						
	402	Soap & Towels						
	403	Other ____						
Pharmaceuticals	501	Emergency Kit						
	502	Outdated Drugs						
	503	Storage						
	504	Other ____						
Miscellaneous	601	Administrative						
	602	Non-facility Complaints						
	603	Theft of Funds/Possessions						
	604	Other ____						

Location (LOC)

Administrative
A - Admin/business off
B - Food prep/kitchen
C - Housekeep/main off
D - Laundry
E - Pharmacy
F - Other ____

Public Areas
G - Cod/elev/stairs
H - Lobby
I - Off premise
J - Parking lot
K - Visitors/staff bathroom
L - Other ____

Resident Care Unit/Area
M - Nursing station
N - OT, S/L, hearing
P - Physical therapy
Q - Resid room/bathroom
R - Shower room
S - Tx/exam rooms
T - Other ____

Resident Convenience Area
U - Activities/rec room
V - Beauty/barber shop
W - Day room
X - Dining room
Y - Screen porch/yard
Z - Other ____

Service Department (S/D)

A - Medical
B - Nursing
C - Dietary
D - Rehab Therapy
E - Pharmacy
F - Lab/Radiology
G - Dental
H - Social Services
I - Activities
J - Housekeep/Maint
Z - Other ____

Resolution

U - Unsustained
SN - Sustained no SCF or SOD
TRI - Triggered survey

STATE OF NEW YORK DEPARTMENT OF HEALTH

MEMORANDUM

TO: FOR THE RECORD

FROM: [redacted]

DATE: August 9, 1990

SUBJECT:

ALLEGATION:

Resident, [redacted]., had apparently wandered and was discovered in another patient's room. [redacted] had apparently fallen out of wheelchair; transferred to . Hospital for x-rays. X-rays taken at hospital, but before they were read, hospital transferred patient in wheelchair back to nursing home. X-rays confirmed fractured hip and patient then transferred back to Hospital. Patient currently in a hospital recovering from hip surgery because surgeon unavailable at Hospital. Complainant's concerns include:

1.) Patient has fallen 4 times in recent past and family was assured restraint would be applied to prevent future falls.

2.) Patient was transferred in wheelchair from emergency room back to nursing home before x-rays were read.

INVESTIGATION:

I visited the facilities, interviewed staff and reviewed records on 07/19/90. The following information was obtained:

[redacted] widow admitted to Home, [redacted], on 04/22/88 with diagnoses of senile dementia and anemia; services of [redacted]. She had a relatively uneventful stay until 07/11/90 when she was found on the floor in Room 217 at approximately 1605 hours. She was lying on her right side by the foot of the bed; her wheelchair was tipped over and collapsed behind her, and the soft blue belt restraint that she had been wearing was still secured to the wheelchair. It appeared to staff that she had slid out of the restraint and onto the floor.

The nurse aide who found the resident on the floor called the LPN charge nurse who called another LPN. The second LPN reported that the resident's right foot was tangled between the foot rests and she extricated it. They examined the resident and noted two small skin tears on her right lower leg, but no other abrasions/lacerations. The resident stated her back and ankle hurt. They asked the resident if she could stand and she said she could, so they lifted her to her feet, stood her with support on both sides to check her back and sat her in her wheelchair. At about this time, she complained of right foot and right hip pain. The RN supervisor was notified at this time.

The charge nurse called the attending physician, [redacted], but was unable to reach him, so she called [redacted], who ordered an x-ray of her right hip and ankle. The charge nurse notified the family of the incident and the skin tears were treated.

Shortly after 1630 hours, a nurse aide transported the resident via wheelchair to the radiology department at [redacted] Hospital. The aide and the x-ray technician assisted the resident onto the x-ray table, the films were taken, and they assisted her back to her wheelchair. It is not clear exactly how the transfers were enacted; it appears she was supported on both sides by the staff so that there was little actual weight bearing. The nurse aide inquired as to how the films looked and the x-ray technician reported it looked like a fractured right hip. The nurse aide inquired as to the next step and was told to take the resident back to the RHCF, which she did. Meanwhile, one of the resident's daughters arrived in the x-ray department of the hospital and inquired as to the results of the x-ray. She was informed by the x-ray technician that he did not read x-rays and she returned to the RHCF.

Upon the resident's returned at approximately 1700 hours, the charge nurse called the x-ray technician for a report of the x-ray and he told her it looked like a probable fracture. Her attempts to contact [redacted] were unsuccessful, but she contacted [redacted] and notified him of the x-ray findings. He ordered the resident transferred to the [redacted] hospital emergency room for evaluation and admittance. At this time, the resident was transferred from wheelchair to stretcher and transported to the emergency room. Here, she was diagnosed as having a definite fracture and because the orthopedic surgeon was on vacation, was transferred to [redacted] Hospital, [redacted], NY, for surgery.

She had been found unrestrained in her chair by staff at 1530 hours, apparently having untied herself, and was re-restrained at that time. The procedure was reviewed with the staff member involved and found to be appropriate, with the exception that the restraint should have been tied so that it was inaccessible to the resident. This, however, did not affect this particular incident as in this case the resident did not untie the restraint, but slipped out of it.

The resident was then seen by the Nurse Director at approximately 1550 hours, when the resident was noted to be restrained, in the area of the nursing station, attempting to open the medication room door.

SUMMARY:

Based on the investigation the complaint that the resident was not properly restrained, resulting in her fall from the wheelchair, was not substantiated. Nor was there a lack of supervision of the resident, as she had been seen by staff, restrained in her wheelchair, 15 minutes before her fall. It is noted that the 3:30 p.m. re-tying of the restraint was done in a manner that made it accessible to the resident, and though it was not relevant in this case, it could have been in another scenario and could have contributed to a fall. Nor had the interdisciplinary team reviewed her restraint use thoroughly and specified that the restraint should be tied so that it was inaccessible to the resident. The allegations of "4 falls in recent past" could not be substantiated; the only record of a prior fall was 05/08/90.

Problems identified in the care of the resident at the RHCF are;

1.) LPN's failed to call the RN supervisor before moving the resident, and there is no documentation of vital signs and range of motion after the incident. She was then placed in a wheelchair rather than on a stretcher, despite concern over fractured bones, and transported to and from x-ray via wheelchair.

2.) The physician plan for care upon being notified of the fall was incomplete i.e. simply x-rays and no plan for medical evaluation in this [redacted], i.e. she could have been sent to the emergency room for evaluation originally, or he could have made plans to come in and see the film and the resident. This was not done and resulted in unnecessary confusion, i.e. return to the RHCF despite probable fracture and then subsequent transfer back to the hospital emergency room.

Problems identified in the care of the resident at the hospital are:

1.) Failure to transport resident by stretcher once a fractured hip seem probable.

2.) Lack of a clearly defined procedure for reading of x-rays, particularly acute fractures, when a Radiologist is not on duty.

Upon receipt of the complaint, both facility Administrators performed investigations, spoke with the complainant and acted appropriately (see Attachment I; the hospital's investigation report and action plan). [redacted], the resident's attending physician at the RHCF, contacted [redacted], the orthopod at [redacted] Hospital in [redacted] to ask his opinion whether the failure to transport the resident by stretcher affected her fracture or its position. He said he believed it had no impact.

CONCLUSION:

Facilities should be cited as deficient in the area of resident care because of the above identified problems.

[redacted]

APPENDIX C

Form Used by Evaluators

NURSING HOME COMMUNITY COALITION
OF NEW YORK STATE (NHCC)
11 John Street – Suite 601
New York, NY 10038
(212) 385-0355

Case number _____ Reviewer_____

	Y	N	DK/NA	If No, Give Explanation
1. Did the investigators investigate in a timely fashion?				
2. Did the investigators investigate at an appropriate time? i.e. complaint was about a 3-11 shift - did investigator go in at that time?				
3. Did you agree with the DLI?				
4. Did you agree with the resolution?				
5. Did the investigators interview residents? family? staff? other?				
6. Were all aspects of the complaint investigated?				

APPENDIX D

DLI Index and Decision-Making: Deficiencies

APPENDIX D

DEFICIT LEVEL INDEX

The Deficit Level Index (DLI) was developed to help investigators and surveyors decide if a facility should be cited for negative outcomes found, i.e., be given a deficiency. The assumption behind the development of the DLI was that not every violation of the federal and state standards of good care (negative finding) should result in the citing of the nursing home with a deficiency. The DLI is based upon scales that attempt to measure the severity or seriousness of a negative resident outcome. On the next page is a description of the two scales, one measuring the amount of physical harm and one measuring the amount of psychosocial harm or effect on quality of life. As you can see, the scales run from 1 to 5. Depending upon the negative finding or outcome being evaluated, an investigator or a surveyor can use either scale. If more than one scale is used, the highest DLI is chosen for the deficiency decision making.

Resident Outcome Scale

The Resident Outcome Scale, measuring physical harm, is the easiest one to understand and use and seems to intuitively make sense. Thus, a score of one (1) means that the negative resident outcome caused no harm nor was it likely to have caused harm. A score of two (2) means that the negative resident outcome has caused no harm but if a number of similar outcomes were to occur over time, harm would gradually occur. A score of three (3) can mean that either the negative resident outcome has not caused harm but there is a potential for harm from only that one event or that harm has occurred from the negative resident outcome but a physician was not needed. A score of four (4) means that harm was caused by the negative resident outcome and a physician was needed. A score of five (5) means that the harm that has occurred is life threatening.

Reaction Scale

The Reaction Scale, measuring quality of life issues or psychosocial effects of the negative resident outcome being investigated, is more difficult to use and to understand because it deals with intangible issues such as resident rights, self-esteem, dignity and comfort.

The scale attempts to rate these issues independent of both the investigator's feelings and the reasonableness of the actual resident involved, by deciding how a hypothetical "reasonable person" would react in the situation being observed or investigated rather than how the actual resident would react.

The concept of the "reasonable person" is drawn from the notion of the "reasonable man of ordinary prudence," used in the law of negligence. The reasonable person is considered to be a model of all proper qualities. S/he reacts to situations in a rational and nonemotional way. S/he is always aware of her/his surroundings and

would be expected to act more strenuously if negative situations are repeated.

In order to take into account characteristics that would appropriately affect any reaction taken, the investigator does assume that the physical characteristics of the actual resident are the characteristics of the reasonable person. The reasonable person's reaction to any negative event will be appropriately affected by her/his physical characteristics. Being blind, unable to move or speak will affect the reaction the investigator or surveyor assumes would be taken to any negative event.

However, in order to evaluate the event independent of whether the actual resident involved is even aware of it, the reasonable person is considered to be of normal intellect and even temperament. In addition, in order to better measure the responses that would normally be taken to the event being investigated, the reasonable person is assumed not to be concerned about caregiver retaliation.

A score of one (1) means that the investigator or surveyor believes that the event was such that the reasonable person would have reacted to the negative event merely by mentioning it to a staff person. A score of two (2) means that the reasonable person would have done more; she/he would have said something to the staff member immediately responsible or would have removed her/himself from the situation. A score of three (3) means that the reasonable person would have spoken to the supervisors of the individual staff member responsible or with the nursing home administrator. A score of four (4) means that the reasonable person would have communicated with the Health Department or advocacy groups or tried to transfer. A score of five (5) means that the reasonable person would have communicated with the Office of the District Attorney or the Deputy Attorney General for an investigation of possible criminal conduct.

Decision-Making: Deficiencies

In order to determine whether a negative finding should be written as a deficiency against the facility, the investigator or surveyor measures not only the severity of the finding using the DLI but also measures the scope of the finding, i.e. how many times did this or similar events happen? Negative findings with DLI scores of 1 are never written as deficiencies. If an investigator or surveyor finds at least seven (7) negative outcomes with a DLI score of 2, with three (3) of the negative outcomes affecting the same unit of care (for example, nursing), a deficiency may be written. If an investigator or surveyor finds at least three (3) negative findings in the same unit of care or five (5) negative findings in any area, with a DLI score of 3, a deficiency may be written. A deficiency may be written with only one (1) negative finding if it has a DLI score of 4 or 5.

DEFICIT LEVEL INDEX

A

RESIDENT OUTCOME SCALE

Rate the harm to the resident based on the change for the worse or the failure to achieve and maintain the highest practicable level of the resident's physical, mental, and psychological well-being.

DEFICIT LEVEL

1. No harm has occurred nor was it likely to have occurred.

2. No harm has occurred but if multiple similar events were to occur over time, harm would gradually occur.

3. No harm has occurred, but there is the potential for harm from a single occurrence. The harm that could occur need not require physician intervention;

   OR

   Harm has occurred which did not warrant physician intervention.

4. Harm has occurred which warranted physician intervention.

5. Harm has occurred which is physical and life threatening.

B

REACTION SCALE

Rate the discomfort or degradation in quality of life experienced by the resident as determined by the reaction of a reasonable person to the situation. A reasonable person reacts more strenuously with repetition of the same or similar situations.

DEFICIT LEVEL

1. A reasonable person may mention the occurrence to a staff person.

2. A reasonable person would make verbal objection to the staff person immediately responsible or would remove self from the situation.

3. A reasonable person would report the occurrence to the supervisor of the staff person immediately responsible or the facility administrator.

4. A reasonable person would take steps beyond reporting to the facility administrator to ensure no recurrence such as relocation out of the facility or notification of regulatory authorities.

5. A reasonable person would request outside investigation of possible criminal conduct.

APPENDIX E

Questions For Long Term Care Directors

QUESTIONS FOR LONG TERM CARE DIRECTORS CONCERNING THE PATIENT CARE INVESTIGATION SYSTEM

Complaint Comes In By Telephone

1. Who answers the call and takes information?

   - a patient care investigator?
   - support personnel?
   - another professional?

2. What is the procedure for taking the information?

3. What is the caller told?

4. What forms are filled out at this point?

5. What time frame is involved for this step?

Classification

1. Who makes the decision to classify the complaint as a 340 or a non-340 (general)?

2. How do you define 340s and non-340s?

3. Are some complaints classified as "bogus" or without any evidence prior to an investigation? If so, how and who makes this determination?

   Yes_____ Who_____ How_____

4. If any complaints are classified immediately as "bogus", does this mean that the case is immediately thrown out with all paperwork expunged? About how many complaints fall into this category, i.e., bogus and expunged?

   Yes_____ No_____ How many?_____

5. Do you keep paperwork on complaints that have been determined to have no evidence or have been determined to be "bogus" (as defined in question #4)?

6. What do you do with complaints from complainants who complain frequently on the same issue or on different issues?

7. What is the time frame for this step?

Assignment of an Investigator

1. Who assigns an investigator?

2. If your investigative team includes other disciplines in addition to nursing, how is the decision made to assign different specialties?

3. If your investigative team does not include other disciplines in addition to nursing, what do you do if a case involves medical services, physical therapy, social work, etc?

4. What do you do if you have no investigators to send out?

5. How many investigators do you have and what disciplines are represented?

   Investigators _____ Disciplines_____

6. Is the investigative staff different from the survey staff?

   Combined and used interchangeable ____ Separate_____

7. What is the time frame for this step?

48 Hour Visit

1. Are investigators sent out within 48 hours for all 340s?

2. Are all 340s investigated within 48 hours?

3. What are some of the reasons that you have been unable to send investigators out or to investigate within 48 hours?

4. What are some of the reasons that you have chosen not to send an investigator out or to investigate within 48 hours?

5. Under what circumstances would you decide to send an investigator out within 48 hours for a non-340?

Other Time Frames for Investigations

1. What criteria do you use for deciding a complaint can be circumscribed within the normal surveillance system?

2. If you decide to use the normal surveillance system, how long between the complaint call and the survey can elapse?

Investigation

1. Are all investigations conducted on-site?

2. Upon arrival in the facility, what information does the investigator give to the administration?

3. What are the specific steps in an on-site investigation?

   - Are residents and/or family members always interviewed?
   - Are staff always interviewed?
   - Under what circumstances might residents and/or family members or staff not be interviewed?

- What does investigator say to interviewees about the case and the reason s/he is there?
- Under what circumstances might facility records not be reviewed?

4. Does the investigator interview the complainant?

5. Under what circumstances may individuals be interviewed by telephone?

6. What do you believe is the average length of time an investigator spends in the facility on-site? What is the range of times spent, from least time spent to most time spent?

In Office Report Writing

1. What happens if an investigator investigating a 340 determines that the problem seems to be systemic and may be violations of the Federal and/or New York State Code?

Determinations and Action

1. Who makes the final determination that other specific actions will be taken: a focused survey; a follow-up survey; issuing findings; or issuing deficiencies? What criteria are used?

2. Who makes the final determination that the 340 is sustained in the area office? What criteria are used?

3. What happens to the 340 cases if unsustained at the area office level?

4. What is the procedure if a determination is made in the area office to write deficiencies for the facility?

5. If a determination if made that a facility violated the Federal and/or New York State Code but a deficiency is not warranted, what is done?

6. Does Central Office review any of the actions taken at the area office level? If so, which ones are reviewed?

7. What procedure do you have for keeping a history of complaints against facilities for surveyors to look for a pattern of problems?

8. How do you define a sustained non-340 case?

9. How long does it take from the investigation to an action; e.g., sending a statement of deficiencies to the facility?

10. Are all 340 cases determined to be sustained at the area office sent to Central Office?

11. Are all non-340 cases determined to be sustained at the area office sent to Central Office?

Commissioner Designees

1. Under what circumstances are area office personnel used as commissioner designees?

2. How are Commissioner Designees chosen?

3. How many cases are assigned to individual Designees?

4. What criteria are used in making the decisions?

Conclusion

1. What information does the complainant receive at the conclusion of a 340 case?

2. What information does the complainant receive at the conclusion of a non-340 case?

3. How does s/he receive this information?

Notification of Professional Boards

1. What is the procedure for notifying professional boards?

APPENDIX F

Summary of Results by Area Office

NEW ROCHELLE AREA OFFICE

Number of cases in the sample	50
percent of sample	23%
Number of complaints in the sample	120
percent of sample	26%

Time from the initial contact to:	
the initiation of complaint	26 days
the completion of the investigation	116 days
the response to the complainant	193 days

Total professional time spent on complaints	11.0 hours
on-site	3.5 hours
telephone	0.3 hours
write report	4.8 hours

Percent of sustained complaints	28%
Percent of unsustained complaints	68%

Action taken on cases	
None	66%
SOF	10%
SOD	20%
FUS	-
FS	-
Other	4%

Action taken on sustained cases (18 cases)	
None	33%
SOF	11%
SOD	50%
FUS	-
FS	-
Other	6%

Action taken on sustained complaints with DLIs of 4 or 5	
None	1 complaint
SOF	2 complaint
SOD	7 complaint

Percent of cases where evaluator believed that the investigator did not:	
Resolve the case correctly	36%
Investigate all aspects of the case	45%
Interview residents when appropriate	33%
Interview family when appropriate and when family not the complainant	75%
Initiate the investigation in a timely fashion	30%

NEW YORK CITY AREA OFFICE

Number of cases in the sample	56
percent of sample	26%
Number of complaints in the sample	92
percent of sample	20%
Time from the initial contact to:	
the initiation of complaint	19 days
the completion of the investigation	92 days
the response to the complainant	115 days
Total professional time spent on complaints	8.9 hours
on-site	3.0 hours
telephone	0.9 hours
write report	2.8 hours
Percent of sustained complaints	16%
Percent of unsustained complaints	80%
Action taken on cases	
None	89%
SOF	7%
SOD	-
FUS	-
FS	-
Other	4%
Action taken on sustained cases (9 cases)	
None	44%
SOF	33%
SOD	-
FUS	-
FS	-
Other	22%
Action taken on sustained complaints with DLIs of 4 or 5	
None	5 complaints
SOF	8 complaints
SOD	-
Percent of cases where evaluator believed that the investigator did not:	
Resolve the case correctly	23%
Investigate all aspects of the case	41%
Interview residents when appropriate	32%
Interview family when appropriate and when family not the complainant	61%
Initiate the investigation in a timely fashion	22%

SYRACUSE AREA OFFICE

Number of cases in the sample	23
percent of sample	11%
Number of complaints in the sample	33
percent of sample	7%

Time from the initial contact to:	
the initiation of complaint	14 days
the completion of the investigation	70 days
the response to the complainant	169 days

Total professional time spent on complaints	14.0 hours
on-site	3.6 hours
telephone	1.1 hours
write report	6.8 hours

Percent of sustained complaints	61%
Percent of unsustained complaints	39%

Action taken on cases	
None	54%
SOF	26%
SOD	18%
FUS	-
FS	-
Other	-

Action taken on sustained cases (12 cases)	
None	33%
SOF	33%
SOD	33%
FUS	-
FS	-
Other	-

Action taken on sustained complaints with DLIs of 4 or 5	
None	1 complaint
SOF	-
SOD	4 complaints

Percent of cases where evaluator believed that the investigator <u>did not</u>:	
Resolve the case correctly	20%
Investigate all aspects of the case	22%
Interview residents when appropriate	59%
Interview family when appropriate and when family not the complainant	82%
Initiate the investigation in a timely fashion	13%

ROCHESTER AREA OFFICE

Number of cases in the sample	18
percent of sample	8%
Number of complaints in the sample	27
percent of sample	6%
Time from the initial contact to:	
the initiation of complaint	12 days
the completion of the investigation	59 days
the response to the complainant	90 days
Total professional time spent on complaints	8.2 hours
on-site	2.2 hours
telephone	0.1 hours
write report	3.2 hours
Percent of sustained complaints	37%
Percent of unsustained complaints	63%
Action taken on cases	
None	83%
SOF	-
SOD	6%
FUS	11%
FS	-
Other	-
Action taken on sustained cases (5 cases)	
None	60%
SOF	-
SOD	20%
FUS	20%
FS	-
Other	-
Action taken on sustained complaints with DLIs of 4 or 5	
None	-
SOF	-
SOD	4 complaints
Percent of cases where evaluator believed that the investigator did not:	
Resolve the case correctly	38%
Investigate all aspects of the case	58%
Interview residents when appropriate	45%
Interview family when appropriate and when family not the complainant	75%
Initiate the investigation in a timely fashion	6%

BUFFALO AREA OFFICE

Number of cases in the sample	34
percent of sample	16%
Number of complaints in the sample	83
percent of sample	18%

Time from the initial contact to:	
the initiation of complaint	17 days
the completion of the investigation	44 days
the response to the complainant	56 days

Total professional time spent on complaints	10.1 hours
on-site	4.6 hours
telephone	0.1 hours
write report	4.1 hours

Percent of sustained complaints	46%
Percent of unsustained complaints	54%

Action taken on cases	
None	68%
SOF	18%
SOD	15%
FUS	-
FS	-
Other	-

Action taken on sustained cases (16 cases)	
None	31%
SOF	38%
SOD	31%
FUS	-
FS	-
Other	-

Action taken on sustained complaints with DLIs of 4 or 5	
None	6 complaints
SOF	-
SOD	7 complaints

Percent of cases where evaluator believed that the investigator did not:*	
Resolve the case correctly	27%
Investigate all aspects of the case	25%
Interview residents when appropriate	0
Interview family when appropriate and when family not the complainant	0
Initiate the investigation in a timely fashion	26%

*Based on few cases because of lack of documentation

NORTHEAST AREA OFFICE

Number of cases in the sample	37
percent of sample	17%
Number of complaints in the sample	100
percent of sample	22%
Time from the initial contact to:	
the initiation of complaint	11 days
the completion of the investigation	79 days
the response to the complainant	137 days
Total professional time spent on complaints	7.5 hours
on-site	3.3 hours
telephone	0.4 hours
write report	3.0 hours
Percent of sustained complaints	23%
Percent of unsustained complaints	76%
Action taken on cases	
None	89%
SOF	3%
SOD	8%
FUS	-
FS	-
Other	-
Action taken on sustained cases (11 cases)	
None	73%
SOF	-
SOD	27%
FUS	-
FS	-
Other	-
Action taken on sustained complaints with DLIs of 4 or 5	
None	-
SOF	-
SOD	4 complaint
Percent of cases where evaluator believed that the investigator did not:	
Resolve the case correctly	39%
Investigate all aspects of the case	44%
Interview residents when appropriate	75%
Interview family when appropriate and when family not the complainant	93%
Initiate the investigation in a timely fashion	27%

APPENDIX G

Public Law 2803-d

SECTION 2803-d., NEW YORK STATE PUBLIC HEALTH LAW

2803—d. Reporting abuses of persons receiving care or services in residential health care facilities

1. The following persons are required to report in accordance with this section when they have reasonable cause to believe that a person receiving care or services in a residential health care facility has been physically abused, mistreated or neglected by other than a person receiving care or services in the facility: any operator or employee of such facility, any person who, or employee of any corporation, partnership, organization or other entity which, is under contract to provide patient care services in such facility, and any nursing home administrator, physician, medical examiner, coroner, physician's associate, specialist's assistant, osteopath, chiropractor, physical therapist, occupational therapist, registered professional nurse, licensed practical nurse, dentist, podiatrist, optometrist, pharmacist, psychologist, certified social worker, speech pathologist and audiologist.

2. In addition to those persons required to report suspected physical abuse, mistreatment or neglect of persons receiving care or services in residential health care facilities, any other person may make such a report if he or she has reasonable cause to believe that a person receiving care or services has been physically abused, mistreated or neglected in the facility.

3. Reports of suspected physical abuse, mistreatment or neglect made pursuant to this section shall be made immediately by telephone and in writing within forty-eight hours to the department. Written reports shall be made on forms supplied by the commissioner and shall include the following information: the identity of the person making the report and where he can be found: the name and address of the residential health care facility; the names of the operator and administrator of the facility, if known: the name of the subject of the alleged physical abuse, mistreatment or neglect, if known; the nature and extent of the physical abuse, mistreatment or neglect; the date, time and specific location of the occurrence; the names of next of kin or sponsors of the subject of the alleged physical abuse, mistreatment or neglect, if known; and any other information which the person making the report believes would be helpful to further the purposes of this section. Such written reports shall be admissible in evidence, consistent with the provisions of paragraph (f) of subdivision six of this section, in any actions or proceedings relating to physical abuse, mistreatment or neglect of persons receiving care or services in residential health care facilities. Written reports made other than on forms supplied by the commissioner which contain the information required herein shall be treated as if made on such forms.

4. Any person who in good faith makes a report pursuant to this section shall have immunity from any liability, civil or criminal, for having made such a report. For the purpose of any proceeding civil or criminal, the good faith of any person required to report instances of physical abuse, mistreatment or neglect of persons receiving care or services in residential health care facilities shall be presumed.

5. Notwithstanding the provisions of section two hundred thirty of this chapter, any licensed person who commits an act of physical abuse, mistreatment or neglect of a person receiving care or services in a residential health care facility and any licensed person required by this section to report an instance of suspected physical abuse, mistreatment or neglect of a person receiving care or services in a residential health care facility who fails to do so shall be guilty of unprofessional conduct in the practice of his or her profession.

6. (a) Upon receipt of a report made pursuant to this section the commissioner shall cause an investigation to be made of the allegations contained in the report. Notification of the receipt of a report shall be made immediately by the department to the appropriate district attorney if a prior request in writing has been made to the department by the district attorney. Prior to the completion of the investigation by the department, every reasonable effort shall be made to notify, personally or by certified mail, any person under investigation for having committed an act of physical abuse mistreatment or neglect. The commissioner shall make a written determination, based on the findings of the investigation, of whether or not sufficient credible evidence exists to sustain the allegations contained in the report or would support a conclusion that a person not named in such report has committed an act of physical abuse, neglect or mistreatment. A copy of such written determination, together with a notice of the right to a hearing as provided in this subdivision, shall be sent by registered or certified mail to each person who the commissioner has determined has committed an act of physical abuse, neglect or mistreatment. A letter shall be sent to any other person alleged in such report to have committed such an act stating that a determination has been made that there is no sufficient evidence to sustain the allegations relating to such person. A copy of each such determination and letter shall be sent to the facility in which the alleged incident occurred.

(b) The commissioner may make a written determination, based on the findings of the investigation, that sufficient credible evidence exists to support a conclusion that a person required by this section to report suspected physical abuse, mistreatment or neglect has

Over