

## **CRITICAL INCIDENT MANAGEMENT POLICY**

Care and Help Home Care, LLC (the "Company") recognized the importance of preventing and minimizing critical incidents and is committed to preventing and minimizing critical incidents, as well as complying with all related regulatory requirements. As part of this policy and commitment, the Company has developed and implemented the following policies and procedures that comprise the Company's critical incident management system which consists of responding to critical incidents, reporting them, investigating them and performing follow up and implementing changes as needed (collectively, "Critical Incident Management System").

The Company's Critical Incident Management System is a vital in ensuring and protecting the health and welfare of waiver participants (also referred to sometimes as consumer clients)

### **Reportable Critical Incidents**

Reportable critical incidents include an occurrence of any event that jeopardizes the client consumer's health or welfare, including (but not limited to) the following:

- (i) Death, serious injury or hospitalization of a consumer client. (Pre-planned hospitalizations are not critical incidents.)
- (ii) Provider and staff member misconduct, including deliberate, willful, unlawful or dishonest activities.
- (iii) Abuse, including the infliction of injury, unreasonable confinement, intimidation, punishment or mental anguish, of the participant. Abuse includes any of the following:
  - (A) Physical abuse.
  - (B) Psychological abuse.
  - (C) Sexual abuse.
  - (D) Verbal abuse.
- (iv) Neglect.
- (v) Exploitation.
- (vi) Service interruption, which is an event that results in the participant's inability to receive services and that places the participant's health or welfare at risk.
- (vii) Medication errors that result in hospitalization, an emergency room visit or other medical intervention.

It should be noted that critical incidents are not mere complaints, which are dissatisfaction with program operations, activities or services received, or not received.

### **Critical Incident Management and Reporting: Provider Responsibilities**

The Company requires each employee, other staff and anyone else who becomes aware of or suspects any critical incident, or another injustice, dangerous or inappropriate act, to immediately report it to his or her supervisor and the Administrator. Moreover, each employee who becomes aware or suspects an occurrence of any critical incident must take immediate action to assure the consumer client is protected from further harm and respond to emergency needs of the consumer/client. The Company will report promptly any critical incident to the Pennsylvania Department of Health and Human Services ("DHS"), Office of Long-Term Living ("OLTL"), or the service coordination entity, or both, on a form prescribed.

### **Prevention**

The Company strives to prevent any and all critical incidents as well as all other injustices and inappropriate acts to the Company's consumer clients by requiring all employees and staff to attend periodically mandatory training designed to prevent, report and manage any critical incidents and other inappropriate conduct. Specifically, all employees and staff must be vigilant and promptly report any instances of the following.

- i. Medication errors
- ii. Look for physical signs of abuse
  - a. Injury that has not been cared for properly
  - b. Injury that is inconsistent with explanation for its cause
  - c. Pain from touching
  - d. Cuts, puncture wounds, burns, bruises, and welts
  - e. Dehydration or malnutrition without illness-related cause
  - f. Poor Coloration
  - g. Sunken eyes or cheeks
  - h. Inappropriate administration of medication
  - i. Soiled clothing or bed
  - j. Frequent use of hospital or health care/doctor shopping
  - k. Lack of necessities such as food, water, or utilities
  - l. Lack of personal effects, pleasant living environment, personal items
  - m. Forced Isolation
- iii. Look for behavioral signs of abuse
  - a. Fear
  - b. Anxiety, agitation
  - c. Anger
  - d. Isolation, withdrawal
  - e. Depression
  - f. Non-responsiveness, resignation, ambivalence
  - g. Contradictory statements, implausible stories
  - h. Hesitation to talk openly
  - i. Confusion or disorientation
- iv. Look for Caregiver signs of abuse:



- a. Prevents elders from speaking to or seeing visitors
- b. Anger, indifference, aggressive behavior toward elder
- c. History of substance abuse, mental illness, criminal behavior, or family violence
- d. Lack of affection toward the elder
- e. Flirtation or coyness as possible indicator of inappropriate sexual relationship
- f. Conflicting accounts of incidents
- g. Withholds affection
- v. It is prohibited for any Company employee or staff to have a consumer client's money in any format, including checks, cash, credit card and bank account or ask for gifts. Financial exploitation of consumer clients, especially those who are elderly or disabled is an increasing problem and protecting them from becoming victims is everyone's business and responsibility.
- vi. Look for signs of financial exploitation or abuse, such as:
  - a. Sudden changes in bank account or banking practice
  - b. Unexplained withdrawal of a lot of money by a person accompanying the victim
  - c. Adding additional names on a bank signature card.
  - d. Unapproved withdrawal of fund using an ATM card
  - e. Sudden changes in a will or other financial documents
  - f. Unexplained missing funds or valuables
  - g. Providing substandard care
  - h. Unpaid bills despite having enough money
  - i. Forged signature for financial transactions or for the titles of property
  - j. Sudden appearance of previously uninvolved relatives claiming their rights to a person's affairs and possessions
  - k. Unexplained sudden transfer of assets
  - m. Providing unnecessary services
  - n. Complaints of financial exploitation

The Company will have zero tolerance policy for anyone who becomes aware but fails to report any Critical Incident. If you suspect or witness any of the above, you must contact your immediate supervisor, Administrator or any member of the management as soon as possible so investigation can begin.

### **Report Format**

It is the policy of the Company to provide accurate and timely documentation of unusual occurrences, accidents, and incidents. All extraordinary occurrences and critical incidents that happen AT ANY TIME must be reported to the Administrator or the Chief Executive Officer/President and must be followed by a written report that includes at least the following information:

- a. report information
- b. Participant demographics
- c. OLTL program information
- d. event details and type

e. description of the incident

f. actions taken to immediately secure the participant's well-being

With respect to critical incidents:

**The Company's Administrator and another designated employee will be trained on how to use these reporting systems.**

### **Reporting Timeframes**

#### **Verbal Reporting for Protective Services Incidents**

In instances where the Company has firsthand knowledge of the incident, verbal reporting by the entity that has firsthand knowledge of the incident must occur immediately to the APS or OAPSA agency (depending on the age of the participant) and the incident must be entered into EIM within 24 hours of making the verbal report. If the incident occurs over the weekend, a written report must be entered the Monday after the incident occurred.

In addition, law enforcement officials, the Department of Human Services (Department) Adult Protective Services (for APS incidents) Office, or the Department of Aging's Older Adult Protective Services Office (for OAPSA) must be verbally contacted immediately when suspected abuse or neglect involves one of the following:

- Sexual abuse
- Serious injury
- Serious bodily injury
- Suspicious death

#### **Written Report**

Within 48 hours of making the verbal report, a written report must be submitted to law enforcement officials. These reports must include: name, age and address of recipient, name and address of the recipient's guardian, attorney-in-fact or next of kin, name and address of facility, nature of alleged

offense, any specific comments or observations that are directly related to the alleged incident and those involved.

For both Protective Services and Non-Protective Services Incidents: Incidents must be entered into EIM within 24 hours of discovery if Company discovers or has independent knowledge of the critical incident. If the incident occurs over the weekend, a written report must be entered the Monday after the incident occurred. In the case of protective services a copy of the EIM record to the OAPSA or APS agency within 48 hours of making the oral report.

In addition, the Company must inform the participant's SC within 24 hours of the incident. (SCs will call OLTL's Bureau of Participant Operations to inform them of the incident within 24 hours of learning of an incident, either directly or through the Company.)

If the Department requires additional follow-up information to a critical incident, the Company will provide it and continue to cooperate.



### **Management of Critical Incidents**

Upon becoming aware of a suspected critical incident, the Company shall form a Critical Incident Committee (CIM) consisting of both Managing Members and the Administrator. As a first order of business, CIM shall ensure and verify that sufficient measures have been taken to safeguard the participant (such as suspending the direct care worker from caring for the participant, family member(s), calling 911/law enforcement, contacting protective services or otherwise, as needed).

After the participant is safeguarded, CIM will:

1. Determine if the incident is reportable.
2. Document the critical incident using the Enterprise Incident Management (EIM) system.

All critical incidents must be documented and initial reports must include:

- Reporter information;
- Participant demographics
- OLTL Program Information
- Event detail and type; and
- Description of the Incident.

#### **Notice to Participant**

The Company's staff is to notify the participant (and representative if requested by the participant) that a critical incident report has been filed. A copy of the notice need to be provided to the participant within 24 hours. It must be understandable and language appropriate accessible format). If the participant's representative is suspected to be involved in the critical incident, the representative should not be notified.

Within 48 hours of the conclusion of the critical incident investigation, the Service Coordinator must inform the participant of the resolution and measures implemented to prevent recurrence. The Company must seek input from the participant into the resolution and measures implemented to prevent recurrence of the critical incident. If the representative of the participant is not suspected to be involved in the critical incident, the participant may request the representative be informed upon discover and conclusion, which must be documented in the critical incident report. All information must be provided in an understandable and appropriate language accessible format.

Participants have the right to refuse involvement in the critical incident investigation and have the right to have an advocate present during any interviews and/or investigations resulting from a critical incident report. If the participant chooses not to report an incident or declines further intervention, the critical incident must still be reported and the Service Coordinator must investigate the incident. Documentation is to be kept indicating that the participant did not wish to report the incident or declined interventions. If the incident involves potential danger to the participant, the Service Coordinator needs to inform the participant that they are a mandated reporter and are required by law to report and submit the incident to protective services. The participant must also be informed by the Service Coordinator that their services may be jeopardized if they are putting themselves or others at risk.

### **Investigations of Critical Incidents**

CIM will begin investigation within 24 hours in order to identify the root cause of the critical incident and ensure similar critical incident does not reoccur. All employees and staff of the Company are required to fully cooperate with the CIM and the investigation. When the investigation is completed, the CIM will ensure that the following information is documented within 30 days and kept on file.

- Actions taken to secure the health and safety of the participant
- Measures taken to prevent or mitigate recurrence of the critical incident, both with respect to such individual and other participants
- Any disciplinary actions taken against the Company's staff or employees

Service Coordinators are responsible for investigating reports of critical incidents that they discover or have independent knowledge of, as well as incidents submitted to them by providers. If the critical incident involved the Service Coordinator or Service Coordination Entity (SCE), the SC or SCE should not investigate and should turn the investigation over to OLTL immediately.

### **Self-audits**

The Company will conduct quarterly self-audits to determine compliance with the requirements set forth in this policy and report any discovered violations or non-compliance with the applicable regulations, MA Provider Agreement or ethical practices, either an individual or entity, to the Department of Human Services' (formerly known as Department of Public Welfare) Bureau of Program Integrity (BPI). The Company will immediately self-report any discovered exclusion of an employee or contractor, either an individual or entity, to the Bureau of Program Integrity, as provided above.

(EMPLOYEE CERTIFICATION & ACKNOWLEDGMENT FOLLOWS)