Dear Assisted Living Facility Administrator:

This letter contains important information regarding upcoming changes to the Complaint Resolution Unit (CRU) Hotline script. Residential Care Services (RCS) will be implementing a new automated system to manage information and complete intake reports received by the CRU. In anticipation of fully and effectively implementing this new system, RCS has revised some of the complaint hotline "script" questions that you and your staff answer when making an official facility report or a mandated report. Please review and share this information as needed.

Effective July 23, 2012 hotline callers will be required to respond to the revised questions. To assist you in this process, we are enclosing a copy of the revised script along with a worksheet that you may opt to use as a training tool or to complete as a guide when making your report.

The script revisions are relatively minor and are intended to gather more complete information at the time of the initial report. As a result, the "follow-up" report option will no longer be offered. Highlights of requested information that may be new or changed include:

- Additional details regarding clients/residents named in the report including middle initial, date of birth, gender, and ADSA Identification (if known);
- Date and time the allegation/incident was first reported to supervisors. (This is in addition to the original request or the date and time the incident was alleged to have occurred);
- Resident mental status, ambulatory status and transfer status descriptors are taken from the MDS assessment. Refer to the enclosed worksheet for a list of options for each status type.

Please note that the enclosed script replaces Appendix E in the Boarding Home Guidebook and reflects the changes described above. The script and worksheet are also posted on the ADSA ALF professional page at http://www.aasa.dshs.wa.gov/professional/bh.htm.

Do not delay calling in a report because you do not have all of the information. Reporting timeline requirements have not changed.

Please contact your RCS Field Manager if you have any questions.

Sincerely,

Joyce Pashley Stockwell
Director
Residential Care Services

Enclosures: Hotline Script (Rev. July 2012)
Optional Incident Description Worksheet
All callers hear this message when they call 1-800-562-6078

You have reached the Residential Care Services complaint line for reports regarding Nursing Homes, Assisted Living Facilities, Adult Family Homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities and Certified Residential Service Providers. If this is a life-threatening emergency, please hang up now and dial 9-1-1. Please listen carefully as the menu has changed:

Please leave a message as it is the fastest way for us to respond to your concerns. To fax information dial 360-725-2644. To send information via postal mail the address is: PO Box 45600, Olympia WA 98504-5600. Your report will remain confidential and you will have the option of remaining anonymous. We make return calls between the hours of 8 AM to 4:30 PM Monday through Friday. To begin your report, please choose from the following two options:

Press 1 if you are a resident, relative, community member or an agency member with a concern about resident abuse, neglect, rights or exploitation in one of the previously mentioned settings.

Press 2 if you are calling to make an official facility report. Also press 2 if you are a mandated reporter or a current employee reporting from a licensed Nursing Home, Assisted Living Facility, Adult Family Home, ICF/IID facility, or as a Certified Residential Care provider.

Callers who press 1 hear this message:

Thank you for calling in your concern and as you leave your information please make every effort to include the following:

State your concern, when it first happened and if it continues to be a problem. State the name of the person you are concerned about, date of birth if known, and name and address of the facility where they live. If you suspect a specific individual of abusing, neglecting or exploiting this person, state their name and their relationship to the alleged victim on this concern.

If you would like us to call you back leave your telephone number including area code and the best time you may be reached between 8 AM and 4:30 PM Monday through Friday.

Callers who press 2 hear this list:

If you know the number for the type of incident you are calling to report you may press that number now or select from the following list:

- To report a resident-to-resident incident press 2 now.
- To report a staff-to-resident incident press 3 now.
- To report an injury of unknown source press 4 now.
- To report a resident fall press 5 now.
- To report an exploitation or misappropriation incident press 6 now.
- To report any other type of resident related incident including but not limited to: outbreaks, fires or weather related issues concerning residents press 7 now.
- To report a medication error incident press 8 now.
- To repeat this menu press 9 now.
- To return to the main menu press the star (*) key.
Report a resident-to-resident incident:
- State & spell your first and last name and give your job title.
- State the facility name, type of facility, address and phone number.
- State and spell the first and last name, including the middle initial of each resident involved including their gender and date of birth. State the ADSA identification number if known.
- State the primary diagnosis for each resident involved.
- Describe the level of independence or impairment in decision-making and cognition for each resident involved.
- Describe the level of staff assistance required for ambulation with each resident involved.
- Describe the level of staff assistance required for each resident involved to transfer within the facility.
- State the date and time when the incident occurred.
- State the date and time when the incident or allegation was first reported to supervisors.
- Were the doctors, responsible parties and all appropriate agencies notified? If yes, indicate who and when.
- Was the incident sexual in nature?
- Describe the circumstances of the incident and where the incident occurred.
- Was the incident isolated or a pattern of behavior?
- Who witnessed the incident?
- Was the care plan followed when the incident occurred?
- Describe any injuries sustained by the resident. If the incident resulted in an injury include the size, shape, color and location on the body.
- What treatment was required? Will additional care be needed? If so, describe it.
- What measures were taken to ensure staff and responsible parties were notified of the changes to the care plan?
- Describe the care plan changes made as a result of this incident.
- State any other pertinent information not previously stated.

Report a staff-to-resident incident:
- State & spell your first and last name and give your job title.
- State the facility name, type of facility, address and phone number.
- State and spell the first and last name, including the middle initial for each resident involved including their gender and date of birth. State the ADSA identification number if known.
- State the primary diagnosis for each resident involved.
- Describe the level of independence or impairment in decision-making and cognition for each resident involved.
- Describe the level of staff assistance required for ambulation with each resident involved.
- Describe the level of staff assistance required for each resident involved to transfer within the facility.
- State the date and time when the incident occurred.
- State the date and time when the incident or allegation was first reported to supervisors.
- Were the doctors, responsible parties and all appropriate agencies notified? If yes indicate who and when.
- Was the incident or allegation sexual in nature?
- Describe the incident or allegation.
- Who witnessed the incident?
- Describe any injuries sustained by the resident. If the incident resulted in an injury include the size, shape, color and location on the body.
- What treatment was required? Will additional care be needed? If so, describe it.
- Was there evidence of psychological harm? If so, describe it.
- Describe measures taken to protect the resident during the investigation and to prevent recurrences.
• State and spell the first and last name including the middle initial of each employee involved, and give their job title and license.
• State each employee's date of birth, date of hire and social security number.
• Does the employee have previous warnings or incidents at your facility concerning conduct with residents? If so, describe.
• What action was taken with the employee? If suspended or terminated, include the date.
• State any other pertinent information not previously stated.

Report an injury of unknown source:

• State & spell your first and last name and give your job title.
• State the facility name, type of facility, address and phone number.
• State and spell the first and last name, including the middle initial of each resident involved, including their gender and date of birth. State the ADSA identification number if known.
• State the primary diagnosis for each resident involved.
• Describe the level of independence or impairment in decision-making and cognition for each resident involved.
• Describe the level of staff assistance required for ambulation with each resident involved.
• Describe the level of staff assistance required for each resident involved to transfer within the facility.
• State the date and time when the injury was sustained or discovered.
• State the date and time when the incident or allegation was first reported to supervisors.
• Were the doctors, responsible parties and all appropriate agencies notified? If Yes, indicated who and when.
• Was the incident sexual in nature?
• Describe any injuries sustained by the resident. If the incident resulted in an injury include the size, shape, color and location on the body. Has the resident had similar injuries in the past three months?
• What treatment was required? Will additional care be needed? If so, describe it.
• Describe the care plan changes made as a result of this incident.
• State any other pertinent information not previously stated.

Report a resident fall:

• State & spell your first and last name and give your job title.
• State the facility name, type of facility, address and phone number.
• State and spell the first and last name, including the middle initial of each resident involved including their gender and date of birth. State the ADSA identification number if known.
• State the primary diagnosis for each resident involved.
• Describe the level of independence or impairment in decision-making and cognition for each resident involved.
• Describe the level of staff assistance required for ambulation with each resident involved.
• Describe the level of staff assistance required for each resident involved to transfer within the facility.
• State the date and time the fall occurred.
• State the date and time when the incident or allegation was first reported to supervisors.
• Were the doctors, responsible parties and all appropriate agencies notified? If so, indicate who and when.
• Describe the fall and if it was witnessed, indicate who observed it.
• Was the care plan followed when the incident occurred? What fall precautions were in place at the time of the incident?
• Describe any injuries sustained by the resident. If the incident resulted in an injury include the size, shape, color and location on the body. Had the resident had other falls within the past three months?
• What treatment was required? Will additional care be needed? If so, describe it.
• If staff was involved, state their name and explain the circumstances.
• What measures were taken to ensure staff and responsible parties were notified of the changes to the care plan?
• Describe the care plan changes made as a result of this incident including any additional fall prevention measures.
• State any other pertinent information, not previously stated.

Report exploitation or misappropriation of resident property:

• State & spell your first and last name and give your job title.
• State the facility name, type of facility, address and phone number.
• State and spell the first and last name, including the middle initial of each resident involved including their gender and date of birth. State the ADSA identification number if known.
• State the primary diagnosis for each resident involved.
• Describe the level of independence or impairment in decision-making and cognition for each resident involved.
• If known, state the time and date the incident first took place or was first suspected.
• State the date and time when the incident or allegation was first reported to supervisors.
• Were the doctors, responsible parties and all appropriate agencies notified? If yes indicate who and when.
• Describe the alleged exploitation or misappropriation of property including the dollar amount and indicate if the problem is ongoing, where occurred, and if resident had a lock box or other means to safeguard valuables.
• Is there an alleged perpetrator? If so state the person’s name, job title or the relationship to the resident. If a name is not known, did the resident describe the perpetrator?
• If the alleged perpetrator is an employee, what is the employee’s date of birth, date of hire and social security number?
• Does the employee have previous warnings or incidents at your facility concerning conduct with residents? If yes, describe.
• What action was taken with the employee? If suspended or terminated, include the date.
• What action has been taken to prevent recurrences?
• Will the resident be reimbursed? If not, why?
• State additional agencies notified such as: Law enforcement, Fire Department, Medical Examiner, Adult Protective Services. State case number if known and agency name.
• State any other pertinent information, not previously stated.

Report any other type of resident-related incident:

• This series of questions is designed for reporting a miscellaneous type of resident incident in a Residential Care facility. Speak slowly and clearly.
• State and spell your first and last name and give your job title.
• State the facility name, type of facility, address and phone number.
• State and spell the first and last name, including the middle initial of each resident involved including their gender and date of birth. State the ADSA identification number if known.
• State the primary diagnosis for each resident involved.
• Describe the level of independence or impairment in decision-making and cognition for each resident involved.
- Describe the level of staff assistance required for ambulation with each resident involved.
- Describe the level of staff assistance required for each resident involved to transfer within the facility.
- State the date and time when the incident occurred.
- State the date and time when the incident or allegation was first reported to supervisors.
- Were the doctors, responsible parties and all appropriate agencies notified? If yes indicated who and when.
- Was the incident sexual in nature?
- Describe the circumstances of the incident and where the incident occurred. If an elopement, are they their own responsible party?
- Who witnessed the incident?
- Describe any injuries sustained by the resident. If the incident resulted in an injury include the size, shape, color and location on the body.
- What treatment was required? Will additional care be needed? If so, describe it.
- Was there evidence of psychological harm? If so describe it.
- Is there an alleged perpetrator? If so state the person's name, job title or the relationship to the resident. If a name is not known, did the resident describe the perpetrator?
- If the alleged perpetrator is an employee, what is the employee's date of birth, date of hire and social security number?
- Does the employee have previous warnings or incidents at your facility concerning conduct with residents?
- What action was taken with the employee? If suspended or terminated, include the date.
- What action has been taken to prevent recurrences?
- State additional agencies notified such as: Law enforcement, Fire Department, Medical Examiner, Adult Protective Services. State case number if known and agency name.
- State any other pertinent information not previously stated.

Report a medication error incident:

- State & spell your first and last name and your job title.
- State the facility name, type of facility, address and phone number.
- State and spell the first and last name, including the middle initial of each resident involved including their gender, date of birth. State the ADSA identification number if known.
- State the primary diagnosis for each resident involved.
- Describe the level of independence or impairment in decision-making and cognition for each resident involved.
- State the date and time or the timeframe of the medication error.
- State the date and time when the incident or allegation was first reported to supervisors.
- Were the doctors, responsible parties and all appropriate agencies notified? If yes indicated who and when.
- Describe the error and when it was discovered. Include the name of the medication and dose.
- Was there a negative outcome for any of the residents as a result of the medication error? Describe.
- What treatment if any was required for the resident?
- State and spell the first and last name including the middle initial of the employees involved, and give their job title and license.
- State employees date of birth, date of hire and social security number. Does the employee have previous warnings or incidents at your facility concerning conduct with residents?
- Describe the action if any taken with the employee.
- What action has been taken to prevent recurrences?
- State any other pertinent information, not previously stated.
**INCIDENT DESCRIPTION WORKSHEET**

Please answer the following questions to the best of your ability. Specific details will help in providing a more complete report. Use the blank column on the right to note your responses. Use of this worksheet is optional. Press 1 to listen to your recorded answer; press 1, 1 to forward to the next question.

### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Reporter's first and last name (spell)/job title:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility name/type of facility/address/phone:</td>
<td></td>
</tr>
<tr>
<td>Alleged-All residents/person involved: spell first/last name with middle initial/gender/DOB/ADSA ID (if known):</td>
<td></td>
</tr>
<tr>
<td>Diagnosis:</td>
<td></td>
</tr>
<tr>
<td>Mental Status: (CHOOSE FROM: Independent, Modified Independence, Moderately Impaired OR Severely Impaired)</td>
<td></td>
</tr>
<tr>
<td>Ambulatory Status: (CHOOSE FROM: Independent, Supervision, Limited Assistance, Extensive Assistance OR Total Dependence)</td>
<td></td>
</tr>
<tr>
<td>Transfer Status: (CHOOSE FROM: Independent, Supervision, Limited Assistance, Extensive Assistance OR Total Dependence)</td>
<td></td>
</tr>
<tr>
<td>Date and time of incident:</td>
<td></td>
</tr>
<tr>
<td>Date and time incident first reported to supervisors:</td>
<td></td>
</tr>
<tr>
<td>MD/Responsible Party Notified:</td>
<td></td>
</tr>
<tr>
<td>Sexual:</td>
<td></td>
</tr>
<tr>
<td>Describe incident/allegation/circumstances/location:</td>
<td></td>
</tr>
<tr>
<td>Witnesses:</td>
<td></td>
</tr>
</tbody>
</table>

### FALLS

| Fall preventions at time of incident: |   |
| Fall result in injury/Describe: size/shape/color/location (where applicable). Similar injuries in last three months(?) |   |
| Describe Injuries: size/shape/color/location (if applicable): |   |
| Treatment/additional care (if applicable): |   |
| Action taken to prevent recurrences: |   |
| Pattern/Isolated: |   |

### STAFF

| Staff involved: |   |
| Measures to notify staff of care plan changes: |   |
| Care plan followed (at time of incident): |   |
| Care plan changes: |   |
| Alleged Perp/Title/license/certification/registered: |   |
| DOB/Hire/SSN |   |
| Previous warnings/incidents (conduct with residents): |   |
| Action Taken (include dates if applicable): |   |
| Action taken to prevent recurrences: |   |
| Additional agencies/LLE/Fire Dept/Medical Examiner/case number: |   |

### EXPLOITATION

| Describe exploitation/dollar amount/location/victim's access to secure valuables: |   |
| Victim reimbursed/if not why: |   |

### MEDICATION ERROR

| Describe Error/discovered/including meds/dosages: |   |
| Negative outcome to resident(s): |   |
| Treatment/additional care (if applicable): |   |
| Other pertinent information not previously stated: |   |